



Sen. Sara Feigenholtz

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1 AMENDMENT TO SENATE BILL 2345

2 AMENDMENT NO. _____. Amend Senate Bill 2345 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Interagency Children's Behavioral Health Services Act.

6 Section 5. Children's Behavioral Health Transformation
7 Initiative. This Act establishes a Children's Behavioral
8 Health Transformation Officer. The Officer shall lead the
9 State's comprehensive, interagency effort to ensure that youth
10 with significant and complex behavioral health needs receive
11 appropriate community and residential services and that the
12 State-supported system is transparent and easier for youth and
13 their families to navigate. The Officer shall serve as a
14 policymaker and spokesperson on children's behavioral health,
15 including coordinating the interagency effort through
16 legislation, rules, and budgets and communicating with the

1 General Assembly and federal and local leaders on these
2 critical issues.

3 An Interagency Children's Behavioral Health Services Team
4 is established to find appropriate services, residential
5 treatment, and support for children identified by each
6 participating agency as requiring enhanced agency
7 collaboration to identify and obtain treatment in a
8 residential setting. Responsibilities of each participating
9 agency shall be outlined in an interagency agreement between
10 all the relevant State agencies.

11 Section 10. Interagency agreement. In order to establish
12 the Interagency Children's Behavioral Health Services Team,
13 within 90 days after the effective date of this Act, the
14 Department of Children of Family Services, the Department of
15 Human Services, the Department of Healthcare and Family
16 Services, the Illinois State Board of Education, the
17 Department of Juvenile Justice, and the Department of Public
18 Health shall enter into an interagency agreement for the
19 purpose of establishing the roles and responsibilities of each
20 participating agency.

21 The interagency agreement, among other things, shall
22 address all of the following:

23 (1) Require each participating agency to assign staff
24 to the Interagency Children's Behavioral Health Services
25 Team who have operational knowledge of and decision-making

1 authority over the agency's children's behavioral health
2 programs and services.

3 (2) Require each agency to identify children who meet
4 any of these criteria:

5 (A) have been clinically approved for residential
6 services through any of their existing programs but
7 have not been admitted to an appropriate program
8 within 120 days of their approval for residential
9 treatment;

10 (B) have been in a hospital emergency department
11 seeking treatment for psychiatric or behavioral health
12 emergency for more than 72 hours;

13 (C) are in a psychiatric or general acute care
14 hospital for in-patient psychiatric treatment beyond
15 medical necessity for over 30 days;

16 (D) who are at risk of being taken into the custody
17 of the Department of Children and Family Services, and
18 are not otherwise abused or neglected as determined by
19 the Department of Children and Family Services, based
20 on their need for behavioral health services; or

21 (E) other circumstances that require enhanced
22 interagency collaboration to find appropriate services
23 for the child.

24 (3) Require each agency to present each identified
25 child's clinical case, to the extent permitted by State
26 and federal law, to the Interagency Children's Behavioral

1 Health Services Team during regular team meetings to
2 outline the child's needs and to determine if any of the
3 participating agencies have residential or other
4 supportive services that may be available for the child to
5 ensure that the child receives appropriate treatment,
6 including residential treatment if necessary, as soon as
7 possible.

8 (4) Require the Community and Residential Services
9 Authority to notify the Interagency Children's Behavioral
10 Health Services Team of any child that has been referred
11 for services who meet the criteria set forth in paragraph
12 (2) and to present the clinical cases for the child to the
13 interagency team to determine if any agency program can
14 assist the child.

15 (5) Require the participating agencies to develop a
16 quarterly analysis, to be submitted to the General
17 Assembly, the Governor's Office, and the Community and
18 Residential Services Authority including the following
19 information, to the extent permitted by State and federal
20 law:

21 (A) the number of children presented to the team;

22 (B) the children's clinical presentations that
23 required enhanced agency collaboration;

24 (C) the types of services including residential
25 treatment that were needed to appropriately support
26 the aggregate needs of children presented;

1 (D) the timeframe it took to find placement or
2 appropriate services; and

3 (E) any other data or information the Interagency
4 Children's Behavioral Health Services Team deems
5 appropriate.

6 Section 15. The Children and Family Services Act is
7 amended by changing Sections 5 and 17 as follows:

8 (20 ILCS 505/5) (from Ch. 23, par. 5005)

9 Sec. 5. Direct child welfare services; Department of
10 Children and Family Services. To provide direct child welfare
11 services when not available through other public or private
12 child care or program facilities.

13 (a) For purposes of this Section:

14 (1) "Children" means persons found within the State
15 who are under the age of 18 years. The term also includes
16 persons under age 21 who:

17 (A) were committed to the Department pursuant to
18 the Juvenile Court Act or the Juvenile Court Act of
19 1987 and who continue under the jurisdiction of the
20 court; or

21 (B) were accepted for care, service and training
22 by the Department prior to the age of 18 and whose best
23 interest in the discretion of the Department would be
24 served by continuing that care, service and training

1 because of severe emotional disturbances, physical
2 disability, social adjustment or any combination
3 thereof, or because of the need to complete an
4 educational or vocational training program.

5 (2) "Homeless youth" means persons found within the
6 State who are under the age of 19, are not in a safe and
7 stable living situation and cannot be reunited with their
8 families.

9 (3) "Child welfare services" means public social
10 services which are directed toward the accomplishment of
11 the following purposes:

12 (A) protecting and promoting the health, safety
13 and welfare of children, including homeless,
14 dependent, or neglected children;

15 (B) remedying, or assisting in the solution of
16 problems which may result in, the neglect, abuse,
17 exploitation, or delinquency of children;

18 (C) preventing the unnecessary separation of
19 children from their families by identifying family
20 problems, assisting families in resolving their
21 problems, and preventing the breakup of the family
22 where the prevention of child removal is desirable and
23 possible when the child can be cared for at home
24 without endangering the child's health and safety;

25 (D) restoring to their families children who have
26 been removed, by the provision of services to the

1 child and the families when the child can be cared for
2 at home without endangering the child's health and
3 safety;

4 (E) placing children in suitable adoptive homes,
5 in cases where restoration to the biological family is
6 not safe, possible, or appropriate;

7 (F) assuring safe and adequate care of children
8 away from their homes, in cases where the child cannot
9 be returned home or cannot be placed for adoption. At
10 the time of placement, the Department shall consider
11 concurrent planning, as described in subsection (1-1)
12 of this Section so that permanency may occur at the
13 earliest opportunity. Consideration should be given so
14 that if reunification fails or is delayed, the
15 placement made is the best available placement to
16 provide permanency for the child;

17 (G) (blank);

18 (H) (blank); and

19 (I) placing and maintaining children in facilities
20 that provide separate living quarters for children
21 under the age of 18 and for children 18 years of age
22 and older, unless a child 18 years of age is in the
23 last year of high school education or vocational
24 training, in an approved individual or group treatment
25 program, in a licensed shelter facility, or secure
26 child care facility. The Department is not required to

1 place or maintain children:

2 (i) who are in a foster home, or

3 (ii) who are persons with a developmental
4 disability, as defined in the Mental Health and
5 Developmental Disabilities Code, or

6 (iii) who are female children who are
7 pregnant, pregnant and parenting, or parenting, or

8 (iv) who are siblings, in facilities that
9 provide separate living quarters for children 18
10 years of age and older and for children under 18
11 years of age.

12 (b) (Blank).

13 (b-5) The Department shall adopt rules to establish a
14 process for all licensed residential providers in Illinois to
15 submit data as required by the Department, if they contract or
16 receive reimbursement for children's mental health, substance
17 use, and developmental disability services from the Department
18 of Human Services, the Department of Juvenile Justice, or the
19 Department of Healthcare and Family Services. The requested
20 data must include, but is not limited to, capacity, staffing,
21 and occupancy data for the purpose of establishing State need
22 and placement availability.

23 (c) The Department shall establish and maintain
24 tax-supported child welfare services and extend and seek to
25 improve voluntary services throughout the State, to the end
26 that services and care shall be available on an equal basis

1 throughout the State to children requiring such services.

2 (d) The Director may authorize advance disbursements for
3 any new program initiative to any agency contracting with the
4 Department. As a prerequisite for an advance disbursement, the
5 contractor must post a surety bond in the amount of the advance
6 disbursement and have a purchase of service contract approved
7 by the Department. The Department may pay up to 2 months
8 operational expenses in advance. The amount of the advance
9 disbursement shall be prorated over the life of the contract
10 or the remaining months of the fiscal year, whichever is less,
11 and the installment amount shall then be deducted from future
12 bills. Advance disbursement authorizations for new initiatives
13 shall not be made to any agency after that agency has operated
14 during 2 consecutive fiscal years. The requirements of this
15 Section concerning advance disbursements shall not apply with
16 respect to the following: payments to local public agencies
17 for child day care services as authorized by Section 5a of this
18 Act; and youth service programs receiving grant funds under
19 Section 17a-4.

20 (e) (Blank).

21 (f) (Blank).

22 (g) The Department shall establish rules and regulations
23 concerning its operation of programs designed to meet the
24 goals of child safety and protection, family preservation,
25 family reunification, and adoption, including, but not limited
26 to:

- 1 (1) adoption;
- 2 (2) foster care;
- 3 (3) family counseling;
- 4 (4) protective services;
- 5 (5) (blank);
- 6 (6) homemaker service;
- 7 (7) return of runaway children;
- 8 (8) (blank);
- 9 (9) placement under Section 5-7 of the Juvenile Court
10 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
11 Court Act of 1987 in accordance with the federal Adoption
12 Assistance and Child Welfare Act of 1980; and
- 13 (10) interstate services.

14 Rules and regulations established by the Department shall
15 include provisions for training Department staff and the staff
16 of Department grantees, through contracts with other agencies
17 or resources, in screening techniques to identify substance
18 use disorders, as defined in the Substance Use Disorder Act,
19 approved by the Department of Human Services, as a successor
20 to the Department of Alcoholism and Substance Abuse, for the
21 purpose of identifying children and adults who should be
22 referred for an assessment at an organization appropriately
23 licensed by the Department of Human Services for substance use
24 disorder treatment.

25 (h) If the Department finds that there is no appropriate
26 program or facility within or available to the Department for

1 a youth in care and that no licensed private facility has an
2 adequate and appropriate program or none agrees to accept the
3 youth in care, the Department shall create an appropriate
4 individualized, program-oriented plan for such youth in care.
5 The plan may be developed within the Department or through
6 purchase of services by the Department to the extent that it is
7 within its statutory authority to do.

8 (i) Service programs shall be available throughout the
9 State and shall include but not be limited to the following
10 services:

- 11 (1) case management;
- 12 (2) homemakers;
- 13 (3) counseling;
- 14 (4) parent education;
- 15 (5) day care; and
- 16 (6) emergency assistance and advocacy.

17 In addition, the following services may be made available
18 to assess and meet the needs of children and families:

- 19 (1) comprehensive family-based services;
- 20 (2) assessments;
- 21 (3) respite care; and
- 22 (4) in-home health services.

23 The Department shall provide transportation for any of the
24 services it makes available to children or families or for
25 which it refers children or families.

26 (j) The Department may provide categories of financial

1 assistance and education assistance grants, and shall
2 establish rules and regulations concerning the assistance and
3 grants, to persons who adopt children with physical or mental
4 disabilities, children who are older, or other hard-to-place
5 children who (i) immediately prior to their adoption were
6 youth in care or (ii) were determined eligible for financial
7 assistance with respect to a prior adoption and who become
8 available for adoption because the prior adoption has been
9 dissolved and the parental rights of the adoptive parents have
10 been terminated or because the child's adoptive parents have
11 died. The Department may continue to provide financial
12 assistance and education assistance grants for a child who was
13 determined eligible for financial assistance under this
14 subsection (j) in the interim period beginning when the
15 child's adoptive parents died and ending with the finalization
16 of the new adoption of the child by another adoptive parent or
17 parents. The Department may also provide categories of
18 financial assistance and education assistance grants, and
19 shall establish rules and regulations for the assistance and
20 grants, to persons appointed guardian of the person under
21 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
22 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
23 who were youth in care for 12 months immediately prior to the
24 appointment of the guardian.

25 The amount of assistance may vary, depending upon the
26 needs of the child and the adoptive parents, as set forth in

1 the annual assistance agreement. Special purpose grants are
2 allowed where the child requires special service but such
3 costs may not exceed the amounts which similar services would
4 cost the Department if it were to provide or secure them as
5 guardian of the child.

6 Any financial assistance provided under this subsection is
7 inalienable by assignment, sale, execution, attachment,
8 garnishment, or any other remedy for recovery or collection of
9 a judgment or debt.

10 (j-5) The Department shall not deny or delay the placement
11 of a child for adoption if an approved family is available
12 either outside of the Department region handling the case, or
13 outside of the State of Illinois.

14 (k) The Department shall accept for care and training any
15 child who has been adjudicated neglected or abused, or
16 dependent committed to it pursuant to the Juvenile Court Act
17 or the Juvenile Court Act of 1987.

18 (l) The Department shall offer family preservation
19 services, as defined in Section 8.2 of the Abused and
20 Neglected Child Reporting Act, to help families, including
21 adoptive and extended families. Family preservation services
22 shall be offered (i) to prevent the placement of children in
23 substitute care when the children can be cared for at home or
24 in the custody of the person responsible for the children's
25 welfare, (ii) to reunite children with their families, or
26 (iii) to maintain an adoptive placement. Family preservation

1 services shall only be offered when doing so will not endanger
2 the children's health or safety. With respect to children who
3 are in substitute care pursuant to the Juvenile Court Act of
4 1987, family preservation services shall not be offered if a
5 goal other than those of subdivisions (A), (B), or (B-1) of
6 subsection (2) of Section 2-28 of that Act has been set, except
7 that reunification services may be offered as provided in
8 paragraph (F) of subsection (2) of Section 2-28 of that Act.
9 Nothing in this paragraph shall be construed to create a
10 private right of action or claim on the part of any individual
11 or child welfare agency, except that when a child is the
12 subject of an action under Article II of the Juvenile Court Act
13 of 1987 and the child's service plan calls for services to
14 facilitate achievement of the permanency goal, the court
15 hearing the action under Article II of the Juvenile Court Act
16 of 1987 may order the Department to provide the services set
17 out in the plan, if those services are not provided with
18 reasonable promptness and if those services are available.

19 The Department shall notify the child and his family of
20 the Department's responsibility to offer and provide family
21 preservation services as identified in the service plan. The
22 child and his family shall be eligible for services as soon as
23 the report is determined to be "indicated". The Department may
24 offer services to any child or family with respect to whom a
25 report of suspected child abuse or neglect has been filed,
26 prior to concluding its investigation under Section 7.12 of

1 the Abused and Neglected Child Reporting Act. However, the
2 child's or family's willingness to accept services shall not
3 be considered in the investigation. The Department may also
4 provide services to any child or family who is the subject of
5 any report of suspected child abuse or neglect or may refer
6 such child or family to services available from other agencies
7 in the community, even if the report is determined to be
8 unfounded, if the conditions in the child's or family's home
9 are reasonably likely to subject the child or family to future
10 reports of suspected child abuse or neglect. Acceptance of
11 such services shall be voluntary. The Department may also
12 provide services to any child or family after completion of a
13 family assessment, as an alternative to an investigation, as
14 provided under the "differential response program" provided
15 for in subsection (a-5) of Section 7.4 of the Abused and
16 Neglected Child Reporting Act.

17 The Department may, at its discretion except for those
18 children also adjudicated neglected or dependent, accept for
19 care and training any child who has been adjudicated addicted,
20 as a truant minor in need of supervision or as a minor
21 requiring authoritative intervention, under the Juvenile Court
22 Act or the Juvenile Court Act of 1987, but no such child shall
23 be committed to the Department by any court without the
24 approval of the Department. On and after January 1, 2015 (the
25 effective date of Public Act 98-803) and before January 1,
26 2017, a minor charged with a criminal offense under the

1 Criminal Code of 1961 or the Criminal Code of 2012 or
2 adjudicated delinquent shall not be placed in the custody of
3 or committed to the Department by any court, except (i) a minor
4 less than 16 years of age committed to the Department under
5 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor
6 for whom an independent basis of abuse, neglect, or dependency
7 exists, which must be defined by departmental rule, or (iii) a
8 minor for whom the court has granted a supplemental petition
9 to reinstate wardship pursuant to subsection (2) of Section
10 2-33 of the Juvenile Court Act of 1987. On and after January 1,
11 2017, a minor charged with a criminal offense under the
12 Criminal Code of 1961 or the Criminal Code of 2012 or
13 adjudicated delinquent shall not be placed in the custody of
14 or committed to the Department by any court, except (i) a minor
15 less than 15 years of age committed to the Department under
16 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor
17 for whom an independent basis of abuse, neglect, or dependency
18 exists, which must be defined by departmental rule, or (iii) a
19 minor for whom the court has granted a supplemental petition
20 to reinstate wardship pursuant to subsection (2) of Section
21 2-33 of the Juvenile Court Act of 1987. An independent basis
22 exists when the allegations or adjudication of abuse, neglect,
23 or dependency do not arise from the same facts, incident, or
24 circumstances which give rise to a charge or adjudication of
25 delinquency. The Department shall assign a caseworker to
26 attend any hearing involving a youth in the care and custody of

1 the Department who is placed on aftercare release, including
2 hearings involving sanctions for violation of aftercare
3 release conditions and aftercare release revocation hearings.

4 As soon as is possible after August 7, 2009 (the effective
5 date of Public Act 96-134), the Department shall develop and
6 implement a special program of family preservation services to
7 support intact, foster, and adoptive families who are
8 experiencing extreme hardships due to the difficulty and
9 stress of caring for a child who has been diagnosed with a
10 pervasive developmental disorder if the Department determines
11 that those services are necessary to ensure the health and
12 safety of the child. The Department may offer services to any
13 family whether or not a report has been filed under the Abused
14 and Neglected Child Reporting Act. The Department may refer
15 the child or family to services available from other agencies
16 in the community if the conditions in the child's or family's
17 home are reasonably likely to subject the child or family to
18 future reports of suspected child abuse or neglect. Acceptance
19 of these services shall be voluntary. The Department shall
20 develop and implement a public information campaign to alert
21 health and social service providers and the general public
22 about these special family preservation services. The nature
23 and scope of the services offered and the number of families
24 served under the special program implemented under this
25 paragraph shall be determined by the level of funding that the
26 Department annually allocates for this purpose. The term

1 "pervasive developmental disorder" under this paragraph means
2 a neurological condition, including, but not limited to,
3 Asperger's Syndrome and autism, as defined in the most recent
4 edition of the Diagnostic and Statistical Manual of Mental
5 Disorders of the American Psychiatric Association.

6 (1-1) The legislature recognizes that the best interests
7 of the child require that the child be placed in the most
8 permanent living arrangement as soon as is practically
9 possible. To achieve this goal, the legislature directs the
10 Department of Children and Family Services to conduct
11 concurrent planning so that permanency may occur at the
12 earliest opportunity. Permanent living arrangements may
13 include prevention of placement of a child outside the home of
14 the family when the child can be cared for at home without
15 endangering the child's health or safety; reunification with
16 the family, when safe and appropriate, if temporary placement
17 is necessary; or movement of the child toward the most
18 permanent living arrangement and permanent legal status.

19 When determining reasonable efforts to be made with
20 respect to a child, as described in this subsection, and in
21 making such reasonable efforts, the child's health and safety
22 shall be the paramount concern.

23 When a child is placed in foster care, the Department
24 shall ensure and document that reasonable efforts were made to
25 prevent or eliminate the need to remove the child from the
26 child's home. The Department must make reasonable efforts to

1 reunify the family when temporary placement of the child
2 occurs unless otherwise required, pursuant to the Juvenile
3 Court Act of 1987. At any time after the dispositional hearing
4 where the Department believes that further reunification
5 services would be ineffective, it may request a finding from
6 the court that reasonable efforts are no longer appropriate.
7 The Department is not required to provide further
8 reunification services after such a finding.

9 A decision to place a child in substitute care shall be
10 made with considerations of the child's health, safety, and
11 best interests. At the time of placement, consideration should
12 also be given so that if reunification fails or is delayed, the
13 placement made is the best available placement to provide
14 permanency for the child.

15 The Department shall adopt rules addressing concurrent
16 planning for reunification and permanency. The Department
17 shall consider the following factors when determining
18 appropriateness of concurrent planning:

- 19 (1) the likelihood of prompt reunification;
- 20 (2) the past history of the family;
- 21 (3) the barriers to reunification being addressed by
22 the family;
- 23 (4) the level of cooperation of the family;
- 24 (5) the foster parents' willingness to work with the
25 family to reunite;
- 26 (6) the willingness and ability of the foster family

1 to provide an adoptive home or long-term placement;

2 (7) the age of the child;

3 (8) placement of siblings.

4 (m) The Department may assume temporary custody of any
5 child if:

6 (1) it has received a written consent to such
7 temporary custody signed by the parents of the child or by
8 the parent having custody of the child if the parents are
9 not living together or by the guardian or custodian of the
10 child if the child is not in the custody of either parent,
11 or

12 (2) the child is found in the State and neither a
13 parent, guardian nor custodian of the child can be
14 located.

15 If the child is found in his or her residence without a parent,
16 guardian, custodian, or responsible caretaker, the Department
17 may, instead of removing the child and assuming temporary
18 custody, place an authorized representative of the Department
19 in that residence until such time as a parent, guardian, or
20 custodian enters the home and expresses a willingness and
21 apparent ability to ensure the child's health and safety and
22 resume permanent charge of the child, or until a relative
23 enters the home and is willing and able to ensure the child's
24 health and safety and assume charge of the child until a
25 parent, guardian, or custodian enters the home and expresses
26 such willingness and ability to ensure the child's safety and

1 resume permanent charge. After a caretaker has remained in the
2 home for a period not to exceed 12 hours, the Department must
3 follow those procedures outlined in Section 2-9, 3-11, 4-8, or
4 5-415 of the Juvenile Court Act of 1987.

5 The Department shall have the authority, responsibilities
6 and duties that a legal custodian of the child would have
7 pursuant to subsection (9) of Section 1-3 of the Juvenile
8 Court Act of 1987. Whenever a child is taken into temporary
9 custody pursuant to an investigation under the Abused and
10 Neglected Child Reporting Act, or pursuant to a referral and
11 acceptance under the Juvenile Court Act of 1987 of a minor in
12 limited custody, the Department, during the period of
13 temporary custody and before the child is brought before a
14 judicial officer as required by Section 2-9, 3-11, 4-8, or
15 5-415 of the Juvenile Court Act of 1987, shall have the
16 authority, responsibilities and duties that a legal custodian
17 of the child would have under subsection (9) of Section 1-3 of
18 the Juvenile Court Act of 1987.

19 The Department shall ensure that any child taken into
20 custody is scheduled for an appointment for a medical
21 examination.

22 A parent, guardian, or custodian of a child in the
23 temporary custody of the Department who would have custody of
24 the child if he were not in the temporary custody of the
25 Department may deliver to the Department a signed request that
26 the Department surrender the temporary custody of the child.

1 The Department may retain temporary custody of the child for
2 10 days after the receipt of the request, during which period
3 the Department may cause to be filed a petition pursuant to the
4 Juvenile Court Act of 1987. If a petition is so filed, the
5 Department shall retain temporary custody of the child until
6 the court orders otherwise. If a petition is not filed within
7 the 10-day period, the child shall be surrendered to the
8 custody of the requesting parent, guardian, or custodian not
9 later than the expiration of the 10-day period, at which time
10 the authority and duties of the Department with respect to the
11 temporary custody of the child shall terminate.

12 (m-1) The Department may place children under 18 years of
13 age in a secure child care facility licensed by the Department
14 that cares for children who are in need of secure living
15 arrangements for their health, safety, and well-being after a
16 determination is made by the facility director and the
17 Director or the Director's designate prior to admission to the
18 facility subject to Section 2-27.1 of the Juvenile Court Act
19 of 1987. This subsection (m-1) does not apply to a child who is
20 subject to placement in a correctional facility operated
21 pursuant to Section 3-15-2 of the Unified Code of Corrections,
22 unless the child is a youth in care who was placed in the care
23 of the Department before being subject to placement in a
24 correctional facility and a court of competent jurisdiction
25 has ordered placement of the child in a secure care facility.

26 (n) The Department may place children under 18 years of

1 age in licensed child care facilities when in the opinion of
2 the Department, appropriate services aimed at family
3 preservation have been unsuccessful and cannot ensure the
4 child's health and safety or are unavailable and such
5 placement would be for their best interest. Payment for board,
6 clothing, care, training and supervision of any child placed
7 in a licensed child care facility may be made by the
8 Department, by the parents or guardians of the estates of
9 those children, or by both the Department and the parents or
10 guardians, except that no payments shall be made by the
11 Department for any child placed in a licensed child care
12 facility for board, clothing, care, training and supervision
13 of such a child that exceed the average per capita cost of
14 maintaining and of caring for a child in institutions for
15 dependent or neglected children operated by the Department.
16 However, such restriction on payments does not apply in cases
17 where children require specialized care and treatment for
18 problems of severe emotional disturbance, physical disability,
19 social adjustment, or any combination thereof and suitable
20 facilities for the placement of such children are not
21 available at payment rates within the limitations set forth in
22 this Section. All reimbursements for services delivered shall
23 be absolutely inalienable by assignment, sale, attachment, or
24 garnishment or otherwise.

25 (n-1) The Department shall provide or authorize child
26 welfare services, aimed at assisting minors to achieve

1 sustainable self-sufficiency as independent adults, for any
2 minor eligible for the reinstatement of wardship pursuant to
3 subsection (2) of Section 2-33 of the Juvenile Court Act of
4 1987, whether or not such reinstatement is sought or allowed,
5 provided that the minor consents to such services and has not
6 yet attained the age of 21. The Department shall have
7 responsibility for the development and delivery of services
8 under this Section. An eligible youth may access services
9 under this Section through the Department of Children and
10 Family Services or by referral from the Department of Human
11 Services. Youth participating in services under this Section
12 shall cooperate with the assigned case manager in developing
13 an agreement identifying the services to be provided and how
14 the youth will increase skills to achieve self-sufficiency. A
15 homeless shelter is not considered appropriate housing for any
16 youth receiving child welfare services under this Section. The
17 Department shall continue child welfare services under this
18 Section to any eligible minor until the minor becomes 21 years
19 of age, no longer consents to participate, or achieves
20 self-sufficiency as identified in the minor's service plan.
21 The Department of Children and Family Services shall create
22 clear, readable notice of the rights of former foster youth to
23 child welfare services under this Section and how such
24 services may be obtained. The Department of Children and
25 Family Services and the Department of Human Services shall
26 disseminate this information statewide. The Department shall

1 adopt regulations describing services intended to assist
2 minors in achieving sustainable self-sufficiency as
3 independent adults.

4 (o) The Department shall establish an administrative
5 review and appeal process for children and families who
6 request or receive child welfare services from the Department.
7 Youth in care who are placed by private child welfare
8 agencies, and foster families with whom those youth are
9 placed, shall be afforded the same procedural and appeal
10 rights as children and families in the case of placement by the
11 Department, including the right to an initial review of a
12 private agency decision by that agency. The Department shall
13 ensure that any private child welfare agency, which accepts
14 youth in care for placement, affords those rights to children
15 and foster families. The Department shall accept for
16 administrative review and an appeal hearing a complaint made
17 by (i) a child or foster family concerning a decision
18 following an initial review by a private child welfare agency
19 or (ii) a prospective adoptive parent who alleges a violation
20 of subsection (j-5) of this Section. An appeal of a decision
21 concerning a change in the placement of a child shall be
22 conducted in an expedited manner. A court determination that a
23 current foster home placement is necessary and appropriate
24 under Section 2-28 of the Juvenile Court Act of 1987 does not
25 constitute a judicial determination on the merits of an
26 administrative appeal, filed by a former foster parent,

1 involving a change of placement decision.

2 (p) (Blank).

3 (q) The Department may receive and use, in their entirety,
4 for the benefit of children any gift, donation, or bequest of
5 money or other property which is received on behalf of such
6 children, or any financial benefits to which such children are
7 or may become entitled while under the jurisdiction or care of
8 the Department, except that the benefits described in Section
9 5.46 must be used and conserved consistent with the provisions
10 under Section 5.46.

11 The Department shall set up and administer no-cost,
12 interest-bearing accounts in appropriate financial
13 institutions for children for whom the Department is legally
14 responsible and who have been determined eligible for
15 Veterans' Benefits, Social Security benefits, assistance
16 allotments from the armed forces, court ordered payments,
17 parental voluntary payments, Supplemental Security Income,
18 Railroad Retirement payments, Black Lung benefits, or other
19 miscellaneous payments. Interest earned by each account shall
20 be credited to the account, unless disbursed in accordance
21 with this subsection.

22 In disbursing funds from children's accounts, the
23 Department shall:

24 (1) Establish standards in accordance with State and
25 federal laws for disbursing money from children's
26 accounts. In all circumstances, the Department's

1 "Guardianship Administrator" or his or her designee must
2 approve disbursements from children's accounts. The
3 Department shall be responsible for keeping complete
4 records of all disbursements for each account for any
5 purpose.

6 (2) Calculate on a monthly basis the amounts paid from
7 State funds for the child's board and care, medical care
8 not covered under Medicaid, and social services; and
9 utilize funds from the child's account, as covered by
10 regulation, to reimburse those costs. Monthly,
11 disbursements from all children's accounts, up to 1/12 of
12 \$13,000,000, shall be deposited by the Department into the
13 General Revenue Fund and the balance over 1/12 of
14 \$13,000,000 into the DCFS Children's Services Fund.

15 (3) Maintain any balance remaining after reimbursing
16 for the child's costs of care, as specified in item (2).
17 The balance shall accumulate in accordance with relevant
18 State and federal laws and shall be disbursed to the child
19 or his or her guardian, or to the issuing agency.

20 (r) The Department shall promulgate regulations
21 encouraging all adoption agencies to voluntarily forward to
22 the Department or its agent names and addresses of all persons
23 who have applied for and have been approved for adoption of a
24 hard-to-place child or child with a disability and the names
25 of such children who have not been placed for adoption. A list
26 of such names and addresses shall be maintained by the

1 Department or its agent, and coded lists which maintain the
2 confidentiality of the person seeking to adopt the child and
3 of the child shall be made available, without charge, to every
4 adoption agency in the State to assist the agencies in placing
5 such children for adoption. The Department may delegate to an
6 agent its duty to maintain and make available such lists. The
7 Department shall ensure that such agent maintains the
8 confidentiality of the person seeking to adopt the child and
9 of the child.

10 (s) The Department of Children and Family Services may
11 establish and implement a program to reimburse Department and
12 private child welfare agency foster parents licensed by the
13 Department of Children and Family Services for damages
14 sustained by the foster parents as a result of the malicious or
15 negligent acts of foster children, as well as providing third
16 party coverage for such foster parents with regard to actions
17 of foster children to other individuals. Such coverage will be
18 secondary to the foster parent liability insurance policy, if
19 applicable. The program shall be funded through appropriations
20 from the General Revenue Fund, specifically designated for
21 such purposes.

22 (t) The Department shall perform home studies and
23 investigations and shall exercise supervision over visitation
24 as ordered by a court pursuant to the Illinois Marriage and
25 Dissolution of Marriage Act or the Adoption Act only if:

26 (1) an order entered by an Illinois court specifically

1 directs the Department to perform such services; and

2 (2) the court has ordered one or both of the parties to
3 the proceeding to reimburse the Department for its
4 reasonable costs for providing such services in accordance
5 with Department rules, or has determined that neither
6 party is financially able to pay.

7 The Department shall provide written notification to the
8 court of the specific arrangements for supervised visitation
9 and projected monthly costs within 60 days of the court order.
10 The Department shall send to the court information related to
11 the costs incurred except in cases where the court has
12 determined the parties are financially unable to pay. The
13 court may order additional periodic reports as appropriate.

14 (u) In addition to other information that must be
15 provided, whenever the Department places a child with a
16 prospective adoptive parent or parents, in a licensed foster
17 home, group home, or child care institution, or in a relative
18 home, the Department shall provide to the prospective adoptive
19 parent or parents or other caretaker:

20 (1) available detailed information concerning the
21 child's educational and health history, copies of
22 immunization records (including insurance and medical card
23 information), a history of the child's previous
24 placements, if any, and reasons for placement changes
25 excluding any information that identifies or reveals the
26 location of any previous caretaker;

1 (2) a copy of the child's portion of the client
2 service plan, including any visitation arrangement, and
3 all amendments or revisions to it as related to the child;
4 and

5 (3) information containing details of the child's
6 individualized educational plan when the child is
7 receiving special education services.

8 The caretaker shall be informed of any known social or
9 behavioral information (including, but not limited to,
10 criminal background, fire setting, perpetuation of sexual
11 abuse, destructive behavior, and substance abuse) necessary to
12 care for and safeguard the children to be placed or currently
13 in the home. The Department may prepare a written summary of
14 the information required by this paragraph, which may be
15 provided to the foster or prospective adoptive parent in
16 advance of a placement. The foster or prospective adoptive
17 parent may review the supporting documents in the child's file
18 in the presence of casework staff. In the case of an emergency
19 placement, casework staff shall at least provide known
20 information verbally, if necessary, and must subsequently
21 provide the information in writing as required by this
22 subsection.

23 The information described in this subsection shall be
24 provided in writing. In the case of emergency placements when
25 time does not allow prior review, preparation, and collection
26 of written information, the Department shall provide such

1 information as it becomes available. Within 10 business days
2 after placement, the Department shall obtain from the
3 prospective adoptive parent or parents or other caretaker a
4 signed verification of receipt of the information provided.
5 Within 10 business days after placement, the Department shall
6 provide to the child's guardian ad litem a copy of the
7 information provided to the prospective adoptive parent or
8 parents or other caretaker. The information provided to the
9 prospective adoptive parent or parents or other caretaker
10 shall be reviewed and approved regarding accuracy at the
11 supervisory level.

12 (u-5) Effective July 1, 1995, only foster care placements
13 licensed as foster family homes pursuant to the Child Care Act
14 of 1969 shall be eligible to receive foster care payments from
15 the Department. Relative caregivers who, as of July 1, 1995,
16 were approved pursuant to approved relative placement rules
17 previously promulgated by the Department at 89 Ill. Adm. Code
18 335 and had submitted an application for licensure as a foster
19 family home may continue to receive foster care payments only
20 until the Department determines that they may be licensed as a
21 foster family home or that their application for licensure is
22 denied or until September 30, 1995, whichever occurs first.

23 (v) The Department shall access criminal history record
24 information as defined in the Illinois Uniform Conviction
25 Information Act and information maintained in the adjudicatory
26 and dispositional record system as defined in Section 2605-355

1 of the Illinois State Police Law if the Department determines
2 the information is necessary to perform its duties under the
3 Abused and Neglected Child Reporting Act, the Child Care Act
4 of 1969, and the Children and Family Services Act. The
5 Department shall provide for interactive computerized
6 communication and processing equipment that permits direct
7 on-line communication with the Illinois State Police's central
8 criminal history data repository. The Department shall comply
9 with all certification requirements and provide certified
10 operators who have been trained by personnel from the Illinois
11 State Police. In addition, one Office of the Inspector General
12 investigator shall have training in the use of the criminal
13 history information access system and have access to the
14 terminal. The Department of Children and Family Services and
15 its employees shall abide by rules and regulations established
16 by the Illinois State Police relating to the access and
17 dissemination of this information.

18 (v-1) Prior to final approval for placement of a child,
19 the Department shall conduct a criminal records background
20 check of the prospective foster or adoptive parent, including
21 fingerprint-based checks of national crime information
22 databases. Final approval for placement shall not be granted
23 if the record check reveals a felony conviction for child
24 abuse or neglect, for spousal abuse, for a crime against
25 children, or for a crime involving violence, including rape,
26 sexual assault, or homicide, but not including other physical

1 assault or battery, or if there is a felony conviction for
2 physical assault, battery, or a drug-related offense committed
3 within the past 5 years.

4 (v-2) Prior to final approval for placement of a child,
5 the Department shall check its child abuse and neglect
6 registry for information concerning prospective foster and
7 adoptive parents, and any adult living in the home. If any
8 prospective foster or adoptive parent or other adult living in
9 the home has resided in another state in the preceding 5 years,
10 the Department shall request a check of that other state's
11 child abuse and neglect registry.

12 (w) Within 120 days of August 20, 1995 (the effective date
13 of Public Act 89-392), the Department shall prepare and submit
14 to the Governor and the General Assembly, a written plan for
15 the development of in-state licensed secure child care
16 facilities that care for children who are in need of secure
17 living arrangements for their health, safety, and well-being.
18 For purposes of this subsection, secure care facility shall
19 mean a facility that is designed and operated to ensure that
20 all entrances and exits from the facility, a building or a
21 distinct part of the building, are under the exclusive control
22 of the staff of the facility, whether or not the child has the
23 freedom of movement within the perimeter of the facility,
24 building, or distinct part of the building. The plan shall
25 include descriptions of the types of facilities that are
26 needed in Illinois; the cost of developing these secure care

1 facilities; the estimated number of placements; the potential
2 cost savings resulting from the movement of children currently
3 out-of-state who are projected to be returned to Illinois; the
4 necessary geographic distribution of these facilities in
5 Illinois; and a proposed timetable for development of such
6 facilities.

7 (x) The Department shall conduct annual credit history
8 checks to determine the financial history of children placed
9 under its guardianship pursuant to the Juvenile Court Act of
10 1987. The Department shall conduct such credit checks starting
11 when a youth in care turns 12 years old and each year
12 thereafter for the duration of the guardianship as terminated
13 pursuant to the Juvenile Court Act of 1987. The Department
14 shall determine if financial exploitation of the child's
15 personal information has occurred. If financial exploitation
16 appears to have taken place or is presently ongoing, the
17 Department shall notify the proper law enforcement agency, the
18 proper State's Attorney, or the Attorney General.

19 (y) Beginning on July 22, 2010 (the effective date of
20 Public Act 96-1189), a child with a disability who receives
21 residential and educational services from the Department shall
22 be eligible to receive transition services in accordance with
23 Article 14 of the School Code from the age of 14.5 through age
24 21, inclusive, notwithstanding the child's residential
25 services arrangement. For purposes of this subsection, "child
26 with a disability" means a child with a disability as defined

1 by the federal Individuals with Disabilities Education
2 Improvement Act of 2004.

3 (z) The Department shall access criminal history record
4 information as defined as "background information" in this
5 subsection and criminal history record information as defined
6 in the Illinois Uniform Conviction Information Act for each
7 Department employee or Department applicant. Each Department
8 employee or Department applicant shall submit his or her
9 fingerprints to the Illinois State Police in the form and
10 manner prescribed by the Illinois State Police. These
11 fingerprints shall be checked against the fingerprint records
12 now and hereafter filed in the Illinois State Police and the
13 Federal Bureau of Investigation criminal history records
14 databases. The Illinois State Police shall charge a fee for
15 conducting the criminal history record check, which shall be
16 deposited into the State Police Services Fund and shall not
17 exceed the actual cost of the record check. The Illinois State
18 Police shall furnish, pursuant to positive identification, all
19 Illinois conviction information to the Department of Children
20 and Family Services.

21 For purposes of this subsection:

22 "Background information" means all of the following:

23 (i) Upon the request of the Department of Children and
24 Family Services, conviction information obtained from the
25 Illinois State Police as a result of a fingerprint-based
26 criminal history records check of the Illinois criminal

1 history records database and the Federal Bureau of
2 Investigation criminal history records database concerning
3 a Department employee or Department applicant.

4 (ii) Information obtained by the Department of
5 Children and Family Services after performing a check of
6 the Illinois State Police's Sex Offender Database, as
7 authorized by Section 120 of the Sex Offender Community
8 Notification Law, concerning a Department employee or
9 Department applicant.

10 (iii) Information obtained by the Department of
11 Children and Family Services after performing a check of
12 the Child Abuse and Neglect Tracking System (CANTS)
13 operated and maintained by the Department.

14 "Department employee" means a full-time or temporary
15 employee coded or certified within the State of Illinois
16 Personnel System.

17 "Department applicant" means an individual who has
18 conditional Department full-time or part-time work, a
19 contractor, an individual used to replace or supplement staff,
20 an academic intern, a volunteer in Department offices or on
21 Department contracts, a work-study student, an individual or
22 entity licensed by the Department, or an unlicensed service
23 provider who works as a condition of a contract or an agreement
24 and whose work may bring the unlicensed service provider into
25 contact with Department clients or client records.

26 (Source: P.A. 101-13, eff. 6-12-19; 101-79, eff. 7-12-19;

1 101-81, eff. 7-12-19; 102-538, eff. 8-20-21; 102-558, eff.
2 8-20-21; 102-1014, eff. 5-27-22.)

3 (20 ILCS 505/17) (from Ch. 23, par. 5017)

4 Sec. 17. Youth and Community Services Program. The
5 Department of Human Services shall develop a State program for
6 youth and community services which will assure that youth who
7 come into contact or may come into contact with the child
8 welfare and the juvenile justice systems will have access to
9 needed community, prevention, diversion, emergency and
10 independent living services. The term "youth" means a person
11 under the age of 19 years. The term "homeless youth" means a
12 youth who cannot be reunited with his or her family and is not
13 in a safe and stable living situation. This Section shall not
14 be construed to require the Department of Human Services to
15 provide services under this Section to any homeless youth who
16 is at least 18 years of age but is younger than 19 years of
17 age; however, the Department may, in its discretion, provide
18 services under this Section to any such homeless youth.

19 (a) The goals of the program shall be to:

20 (1) maintain children and youths in their own
21 community;

22 (2) eliminate unnecessary categorical funding of
23 programs by funding more comprehensive and integrated
24 programs;

25 (3) encourage local volunteers and voluntary

1 associations in developing programs aimed at preventing
2 and controlling juvenile delinquency;

3 (4) address voids in services and close service gaps;

4 (5) develop program models aimed at strengthening the
5 relationships between youth and their families and aimed
6 at developing healthy, independent lives for homeless
7 youth;

8 (6) contain costs by redirecting funding to more
9 comprehensive and integrated community-based services; and

10 (7) coordinate education, employment, training and
11 other programs for youths with other State agencies.

12 (b) The duties of the Department under the program shall
13 be to:

14 (1) design models for service delivery by local
15 communities;

16 (2) test alternative systems for delivering youth
17 services;

18 (3) develop standards necessary to achieve and
19 maintain, on a statewide basis, more comprehensive and
20 integrated community-based youth services;

21 (4) monitor and provide technical assistance to local
22 boards and local service systems;

23 (5) assist local organizations in developing programs
24 which address the problems of youths and their families
25 through direct services, advocacy with institutions, and
26 improvement of local conditions; ~~and~~

1 (6) develop a statewide adoption awareness campaign
2 aimed at pregnant teenagers; and -

3 (7) establish temporary emergency placements for youth
4 in crisis as defined by the Department through
5 comprehensive community-based youth services provider
6 grants.

7 (A) Temporary emergency placements must be
8 licensed through the Department of Children and Family
9 Services and should be strategically situated to meet
10 regional need and minimize geographic disruption in
11 consultation with the Children's Behavioral Health
12 Transformation Officer and the Children's Behavioral
13 Health Transformation Team.

14 (B) Temporary emergency placements may be host
15 homes or homeless youth shelters provided under the
16 Comprehensive Community-Based Youth Services program.
17 Beginning on the effective date of this amendatory Act
18 of the 103rd General Assembly, temporary emergency
19 placements must also include temporary emergency
20 placement shelters provided under the Comprehensive
21 Community-Based Youth Services program. Temporary
22 emergency placement shelters shall be managed by
23 Comprehensive Community-Based Youth Services provider
24 organizations and shall be available to house youth in
25 crisis, as defined by the Department, 24/7 and shall
26 provide access to clinical supports for youth while

1 staying at the shelter.

2 (C) Comprehensive Community-Based Youth Services
3 organizations shall retain the sole authority to place
4 youth in host homes and temporary emergency placement
5 shelters provided under the Comprehensive
6 Community-Based Youth Services program.

7 (D) Crisis youth, as defined by the Department,
8 shall be prioritized in temporary emergency
9 placements.

10 (E) Additional placement options may be authorized
11 for crisis and non-crisis program youth with the
12 permission of the youth's parent or legal guardian.

13 (F) While in a temporary emergency placement, the
14 organization shall work with the parent, guardian, or
15 custodian to effectuate the youth's return home or to
16 an alternative long-term living arrangement. As
17 necessary, the agency or association shall also work
18 with the youth's local school district, the
19 Department, the Department of Human Services, the
20 Department of Healthcare and Family Services, and the
21 Department of Juvenile Justice to identify immediate
22 and long-term services, treatment, or placement.

23 (Source: P.A. 89-507, eff. 7-1-97.)

24 Section 20. The School Code is amended by changing
25 Sections 2-3.163, 14-7.02, and 14-15.01 and by adding Section

1 2-3.196 as follows:

2 (105 ILCS 5/2-3.163)

3 Sec. 2-3.163. Prioritization of Urgency of Need for
4 Services database.

5 (a) The General Assembly makes all of the following
6 findings:

7 (1) The Department of Human Services maintains a
8 statewide database known as the Prioritization of Urgency
9 of Need for Services that records information about
10 individuals with developmental disabilities who are
11 potentially in need of services.

12 (2) The Department of Human Services uses the data on
13 Prioritization of Urgency of Need for Services to select
14 individuals for services as funding becomes available, to
15 develop proposals and materials for budgeting, and to plan
16 for future needs.

17 (3) Prioritization of Urgency of Need for Services is
18 available for children and adults with a developmental
19 disability who have an unmet service need anticipated in
20 the next 5 years.

21 (4) Prioritization of Urgency of Need for Services is
22 the first step toward getting developmental disabilities
23 services in this State. If individuals are not on the
24 Prioritization of Urgency of Need for Services waiting
25 list, they are not in queue for State developmental

1 disabilities services.

2 (5) Prioritization of Urgency of Need for Services may
3 be underutilized by children and their parents or
4 guardians due to lack of awareness or lack of information.

5 (b) The State Board of Education may work with school
6 districts to inform all students with developmental
7 disabilities and their parents or guardians about the
8 Prioritization of Urgency of Need for Services database.

9 (c) Subject to appropriation, the Department of Human
10 Services and State Board of Education shall develop and
11 implement an online, computer-based training program for at
12 least one designated employee in every public school in this
13 State to educate him or her about the Prioritization of
14 Urgency of Need for Services database and steps to be taken to
15 ensure children and adolescents are enrolled. The training
16 shall include instruction for at least one designated employee
17 in every public school in contacting the appropriate
18 developmental disabilities Independent Service Coordination
19 agency to enroll children and adolescents in the database. At
20 least one designated employee in every public school shall
21 ensure the opportunity to enroll in the Prioritization of
22 Urgency of Need for Services database is discussed during
23 annual individualized education program (IEP) meetings for all
24 children and adolescents believed to have a developmental
25 disability.

26 (d) The State Board of Education, in consultation with the

1 Department of Human Services, through school districts, shall
2 provide to parents and guardians of students a copy of the
3 Department of Human Services's guide titled "Understanding
4 PUNS: A Guide to Prioritization for Urgency of Need for
5 Services" each year at the annual review meeting for the
6 student's individualized education program, including the
7 consideration required in subsection (e) of this Section.

8 (e) The Department of Human Services shall consider the
9 length of time spent on the Prioritization of Urgency of Need
10 for Services waiting list, in addition to other factors
11 considered, when selecting individuals on the list for
12 services.

13 (f) Subject to appropriation, the Department of Human
14 Services shall expand its selection of individuals from the
15 Prioritization of Urgency of Need for Services database to
16 include individuals who receive services through the Children
17 and Young Adults with Developmental Disabilities - Support
18 Waiver.

19 (Source: P.A. 102-57, eff. 7-9-21.)

20 (105 ILCS 5/2-3.196 new)

21 Sec. 2-3.196. Mental health screenings. On or before
22 December 15, 2023, the State Board of Education, in
23 consultation with the Children's Behavioral Health
24 Transformation Officer, Children's Behavioral Health
25 Transformation Team, and the Office of the Governor, shall

1 file a report with the Governor and the General Assembly that
2 includes recommendations for implementation of mental health
3 screenings in schools for students enrolled in kindergarten
4 through grade 12. This report must include a landscape scan of
5 current district-wide screenings, recommendations for
6 screening tools, training for staff, and linkage and referral
7 for identified students.

8 (105 ILCS 5/14-7.02) (from Ch. 122, par. 14-7.02)

9 Sec. 14-7.02. Children attending private schools, public
10 out-of-state schools, public school residential facilities or
11 private special education facilities.

12 (a) The General Assembly recognizes that non-public
13 schools or special education facilities provide an important
14 service in the educational system in Illinois.

15 (b) If a student's individualized education program (IEP)
16 team determines that because of his or her disability the
17 special education program of a district is unable to meet the
18 needs of the child and the child attends a non-public school or
19 special education facility, a public out-of-state school or a
20 special education facility owned and operated by a county
21 government unit that provides special educational services
22 required by the child and is in compliance with the
23 appropriate rules and regulations of the State Superintendent
24 of Education, the school district in which the child is a
25 resident shall pay the actual cost of tuition for special

1 education and related services provided during the regular
2 school term and during the summer school term if the child's
3 educational needs so require, excluding room, board and
4 transportation costs charged the child by that non-public
5 school or special education facility, public out-of-state
6 school or county special education facility, or \$4,500 per
7 year, whichever is less, and shall provide him any necessary
8 transportation. "Nonpublic special education facility" shall
9 include a residential facility, within or without the State of
10 Illinois, which provides special education and related
11 services to meet the needs of the child by utilizing private
12 schools or public schools, whether located on the site or off
13 the site of the residential facility. Resident district
14 financial responsibility and reimbursement applies for both
15 nonpublic special education facilities that are approved by
16 the State Board of Education pursuant to 23 Ill. Adm. Code 401
17 or other applicable laws or rules and for emergency placements
18 in nonpublic special education facilities that are not
19 approved by the State Board of Education pursuant to 23 Ill.
20 Adm. Code 401 or other applicable laws or rules, subject to the
21 requirements of this Section.

22 (c) Prior to the placement of a child in an out-of-state
23 special education residential facility, the school district
24 must refer to the child or the child's parent or guardian the
25 option to place the child in a special education residential
26 facility located within this State, if any, that provides

1 treatment and services comparable to those provided by the
2 out-of-state special education residential facility. The
3 school district must review annually the placement of a child
4 in an out-of-state special education residential facility. As
5 a part of the review, the school district must refer to the
6 child or the child's parent or guardian the option to place the
7 child in a comparable special education residential facility
8 located within this State, if any.

9 (c-5) Before a provider that operates a nonpublic special
10 education facility terminates a student's placement in that
11 facility, the provider must request an IEP meeting from the
12 contracting school district. If the provider elects to
13 terminate the student's placement following the IEP meeting,
14 the provider must give written notice to this effect to the
15 parent or guardian, the contracting public school district,
16 and the State Board of Education no later than 20 business days
17 before the date of termination, unless the health and safety
18 of any student are endangered. The notice must include the
19 detailed reasons for the termination and any actions taken to
20 address the reason for the termination.

21 (d) Payments shall be made by the resident school district
22 to the entity providing the educational services, whether the
23 entity is the nonpublic special education facility or the
24 school district wherein the facility is located, no less than
25 once per quarter, unless otherwise agreed to in writing by the
26 parties.

1 (e) A school district may place a student in a nonpublic
2 special education facility providing educational services, but
3 not approved by the State Board of Education pursuant to 23
4 Ill. Adm. Code 401 or other applicable laws or rules, provided
5 that the State Board of Education provides an emergency and
6 student-specific approval for placement. The State Board of
7 Education shall promptly, within 10 days after the request,
8 approve a request for emergency and student-specific approval
9 for placement if the following have been demonstrated to the
10 State Board of Education:

11 (1) the facility demonstrates appropriate licensure of
12 teachers for the student population;

13 (2) the facility demonstrates age-appropriate
14 curriculum;

15 (3) the facility provides enrollment and attendance
16 data;

17 (4) the facility demonstrates the ability to implement
18 the child's IEP; and

19 (5) the school district demonstrates that it made good
20 faith efforts to place the student in an approved
21 facility, but no approved facility has accepted the
22 student or has availability for immediate placement of the
23 student.

24 A resident school district may also submit such proof to the
25 State Board of Education as may be required for its student.
26 The State Board of Education may not unreasonably withhold

1 approval once satisfactory proof is provided to the State
2 Board.

3 (f) If an impartial due process hearing officer who is
4 contracted by the State Board of Education pursuant to this
5 Article orders placement of a student with a disability in a
6 residential facility that is not approved by the State Board
7 of Education, then, for purposes of this Section, the facility
8 shall be deemed approved for placement and school district
9 payments and State reimbursements shall be made accordingly.

10 (g) Emergency placement in a facility approved pursuant to
11 subsection (e) or (f) may continue to be utilized so long as
12 (i) the student's IEP team determines annually that such
13 placement continues to be appropriate to meet the student's
14 needs and (ii) at least every 3 years following the student's
15 placement, the IEP team reviews appropriate placements
16 approved by the State Board of Education pursuant to 23 Ill.
17 Adm. Code 401 or other applicable laws or rules to determine
18 whether there are any approved placements that can meet the
19 student's needs, have accepted the student, and have
20 availability for placement of the student.

21 (h) The State Board of Education shall promulgate rules
22 and regulations for determining when placement in a private
23 special education facility is appropriate. Such rules and
24 regulations shall take into account the various types of
25 services needed by a child and the availability of such
26 services to the particular child in the public school. In

1 developing these rules and regulations the State Board of
2 Education shall consult with the Advisory Council on Education
3 of Children with Disabilities and hold public hearings to
4 secure recommendations from parents, school personnel, and
5 others concerned about this matter.

6 The State Board of Education shall also promulgate rules
7 and regulations for transportation to and from a residential
8 school. Transportation to and from home to a residential
9 school more than once each school term shall be subject to
10 prior approval by the State Superintendent in accordance with
11 the rules and regulations of the State Board.

12 (i) A school district making tuition payments pursuant to
13 this Section is eligible for reimbursement from the State for
14 the amount of such payments actually made in excess of the
15 district per capita tuition charge for students not receiving
16 special education services. Such reimbursement shall be
17 approved in accordance with Section 14-12.01 and each district
18 shall file its claims, computed in accordance with rules
19 prescribed by the State Board of Education, on forms
20 prescribed by the State Superintendent of Education. Data used
21 as a basis of reimbursement claims shall be for the preceding
22 regular school term and summer school term. Each school
23 district shall transmit its claims to the State Board of
24 Education on or before August 15. The State Board of
25 Education, before approving any such claims, shall determine
26 their accuracy and whether they are based upon services and

1 facilities provided under approved programs. Upon approval the
2 State Board shall cause vouchers to be prepared showing the
3 amount due for payment of reimbursement claims to school
4 districts, for transmittal to the State Comptroller on the
5 30th day of September, December, and March, respectively, and
6 the final voucher, no later than June 20. If the money
7 appropriated by the General Assembly for such purpose for any
8 year is insufficient, it shall be apportioned on the basis of
9 the claims approved.

10 (j) No child shall be placed in a special education
11 program pursuant to this Section if the tuition cost for
12 special education and related services increases more than 10
13 percent over the tuition cost for the previous school year or
14 exceeds \$4,500 per year unless such costs have been approved
15 by the Illinois Purchased Care Review Board. The Illinois
16 Purchased Care Review Board shall consist of the following
17 persons, or their designees: the Directors of Children and
18 Family Services, Public Health, Public Aid, and the Governor's
19 Office of Management and Budget; the Secretary of Human
20 Services; the State Superintendent of Education; and such
21 other persons as the Governor may designate. The Review Board
22 shall also consist of one non-voting member who is an
23 administrator of a private, nonpublic, special education
24 school. The Review Board shall establish rules and regulations
25 for its determination of allowable costs and payments made by
26 local school districts for special education, room and board,

1 and other related services provided by non-public schools or
2 special education facilities and shall establish uniform
3 standards and criteria which it shall follow. The Review Board
4 shall approve the usual and customary rate or rates of a
5 special education program that (i) is offered by an
6 out-of-state, non-public provider of integrated autism
7 specific educational and autism specific residential services,
8 (ii) offers 2 or more levels of residential care, including at
9 least one locked facility, and (iii) serves 12 or fewer
10 Illinois students.

11 (k) In determining rates based on allowable costs, the
12 Review Board shall consider any wage increases awarded by the
13 General Assembly to front line personnel defined as direct
14 support persons, aides, front-line supervisors, qualified
15 intellectual disabilities professionals, nurses, and
16 non-administrative support staff working in service settings
17 in community-based settings within the State and adjust
18 customary rates or rates of a special education program to be
19 equitable to the wage increase awarded to similar staff
20 positions in a community residential setting. Any wage
21 increase awarded by the General Assembly to front line
22 personnel defined as direct support persons, aides, front-line
23 supervisors, qualified intellectual disabilities
24 professionals, nurses, and non-administrative support staff
25 working in community-based settings within the State,
26 including the \$0.75 per hour increase contained in Public Act

1 100-23 and the \$0.50 per hour increase included in Public Act
2 100-23, shall also be a basis for any facility covered by this
3 Section to appeal its rate before the Review Board under the
4 process defined in Title 89, Part 900, Section 340 of the
5 Illinois Administrative Code. Illinois Administrative Code
6 Title 89, Part 900, Section 342 shall be updated to recognize
7 wage increases awarded to community-based settings to be a
8 basis for appeal. However, any wage increase that is captured
9 upon appeal from a previous year shall not be counted by the
10 Review Board as revenue for the purpose of calculating a
11 facility's future rate.

12 (l) Any definition used by the Review Board in
13 administrative rule or policy to define "related
14 organizations" shall include any and all exceptions contained
15 in federal law or regulation as it pertains to the federal
16 definition of "related organizations".

17 (m) The Review Board shall establish uniform definitions
18 and criteria for accounting separately by special education,
19 room and board and other related services costs. The Board
20 shall also establish guidelines for the coordination of
21 services and financial assistance provided by all State
22 agencies to assure that no otherwise qualified child with a
23 disability receiving services under Article 14 shall be
24 excluded from participation in, be denied the benefits of or
25 be subjected to discrimination under any program or activity
26 provided by any State agency.

1 (n) The Review Board shall review the costs for special
2 education and related services provided by non-public schools
3 or special education facilities and shall approve or
4 disapprove such facilities in accordance with the rules and
5 regulations established by it with respect to allowable costs.

6 (o) The State Board of Education shall provide
7 administrative and staff support for the Review Board as
8 deemed reasonable by the State Superintendent of Education.
9 This support shall not include travel expenses or other
10 compensation for any Review Board member other than the State
11 Superintendent of Education.

12 (p) The Review Board shall seek the advice of the Advisory
13 Council on Education of Children with Disabilities on the
14 rules and regulations to be promulgated by it relative to
15 providing special education services.

16 (q) If a child has been placed in a program in which the
17 actual per pupil costs of tuition for special education and
18 related services based on program enrollment, excluding room,
19 board and transportation costs, exceed \$4,500 and such costs
20 have been approved by the Review Board, the district shall pay
21 such total costs which exceed \$4,500. A district making such
22 tuition payments in excess of \$4,500 pursuant to this Section
23 shall be responsible for an amount in excess of \$4,500 equal to
24 the district per capita tuition charge and shall be eligible
25 for reimbursement from the State for the amount of such
26 payments actually made in excess of the districts per capita

1 tuition charge for students not receiving special education
2 services.

3 (r) If a child has been placed in an approved individual
4 program and the tuition costs including room and board costs
5 have been approved by the Review Board, then such room and
6 board costs shall be paid by the appropriate State agency
7 subject to the provisions of Section 14-8.01 of this Act. Room
8 and board costs not provided by a State agency other than the
9 State Board of Education shall be provided by the State Board
10 of Education on a current basis. In no event, however, shall
11 the State's liability for funding of these tuition costs begin
12 until after the legal obligations of third party payors have
13 been subtracted from such costs. If the money appropriated by
14 the General Assembly for such purpose for any year is
15 insufficient, it shall be apportioned on the basis of the
16 claims approved. Each district shall submit estimated claims
17 to the State Superintendent of Education. Upon approval of
18 such claims, the State Superintendent of Education shall
19 direct the State Comptroller to make payments on a monthly
20 basis. The frequency for submitting estimated claims and the
21 method of determining payment shall be prescribed in rules and
22 regulations adopted by the State Board of Education. Such
23 current state reimbursement shall be reduced by an amount
24 equal to the proceeds which the child or child's parents are
25 eligible to receive under any public or private insurance or
26 assistance program. Nothing in this Section shall be construed

1 as relieving an insurer or similar third party from an
2 otherwise valid obligation to provide or to pay for services
3 provided to a child with a disability.

4 (s) If it otherwise qualifies, a school district is
5 eligible for the transportation reimbursement under Section
6 14-13.01 and for the reimbursement of tuition payments under
7 this Section whether the non-public school or special
8 education facility, public out-of-state school or county
9 special education facility, attended by a child who resides in
10 that district and requires special educational services, is
11 within or outside of the State of Illinois. However, a
12 district is not eligible to claim transportation reimbursement
13 under this Section unless the district certifies to the State
14 Superintendent of Education that the district is unable to
15 provide special educational services required by the child for
16 the current school year.

17 (t) Nothing in this Section authorizes the reimbursement
18 of a school district for the amount paid for tuition of a child
19 attending a non-public school or special education facility,
20 public out-of-state school or county special education
21 facility unless the school district certifies to the State
22 Superintendent of Education that the special education program
23 of that district is unable to meet the needs of that child
24 because of his disability and the State Superintendent of
25 Education finds that the school district is in substantial
26 compliance with Section 14-4.01. However, if a child is

1 unilaterally placed by a State agency or any court in a
2 non-public school or special education facility, public
3 out-of-state school, or county special education facility, a
4 school district shall not be required to certify to the State
5 Superintendent of Education, for the purpose of tuition
6 reimbursement, that the special education program of that
7 district is unable to meet the needs of a child because of his
8 or her disability.

9 (u) Any educational or related services provided, pursuant
10 to this Section in a non-public school or special education
11 facility or a special education facility owned and operated by
12 a county government unit shall be at no cost to the parent or
13 guardian of the child. However, current law and practices
14 relative to contributions by parents or guardians for costs
15 other than educational or related services are not affected by
16 this amendatory Act of 1978.

17 (v) Reimbursement for children attending public school
18 residential facilities shall be made in accordance with the
19 provisions of this Section.

20 (w) Notwithstanding any other provision of law, any school
21 district receiving a payment under this Section or under
22 Section 14-7.02b, 14-13.01, or 29-5 of this Code may classify
23 all or a portion of the funds that it receives in a particular
24 fiscal year or from general State aid pursuant to Section
25 18-8.05 of this Code as funds received in connection with any
26 funding program for which it is entitled to receive funds from

1 the State in that fiscal year (including, without limitation,
2 any funding program referenced in this Section), regardless of
3 the source or timing of the receipt. The district may not
4 classify more funds as funds received in connection with the
5 funding program than the district is entitled to receive in
6 that fiscal year for that program. Any classification by a
7 district must be made by a resolution of its board of
8 education. The resolution must identify the amount of any
9 payments or general State aid to be classified under this
10 paragraph and must specify the funding program to which the
11 funds are to be treated as received in connection therewith.
12 This resolution is controlling as to the classification of
13 funds referenced therein. A certified copy of the resolution
14 must be sent to the State Superintendent of Education. The
15 resolution shall still take effect even though a copy of the
16 resolution has not been sent to the State Superintendent of
17 Education in a timely manner. No classification under this
18 paragraph by a district shall affect the total amount or
19 timing of money the district is entitled to receive under this
20 Code. No classification under this paragraph by a district
21 shall in any way relieve the district from or affect any
22 requirements that otherwise would apply with respect to that
23 funding program, including any accounting of funds by source,
24 reporting expenditures by original source and purpose,
25 reporting requirements, or requirements of providing services.
26 (Source: P.A. 101-10, eff. 6-5-19; 102-254, eff. 8-6-21;

1 102-703, eff. 4-22-22.)

2 (105 ILCS 5/14-15.01) (from Ch. 122, par. 14-15.01)

3 Sec. 14-15.01. Community and Residential Services
4 Authority.

5 (a) (1) The Community and Residential Services Authority
6 is hereby created and shall consist of the following members:

7 A representative of the State Board of Education;

8 Four representatives of the Department of Human Services
9 appointed by the Secretary of Human Services, with one member
10 from the Division of Community Health and Prevention, one
11 member from the Division of Developmental Disabilities, one
12 member from the Division of Mental Health, and one member from
13 the Division of Rehabilitation Services;

14 A representative of the Department of Children and Family
15 Services;

16 A representative of the Department of Juvenile Justice;

17 A representative of the Department of Healthcare and
18 Family Services;

19 A representative of the Attorney General's Disability
20 Rights Advocacy Division;

21 The Chairperson and Minority Spokesperson of the House and
22 Senate Committees on Elementary and Secondary Education or
23 their designees; and

24 Six persons appointed by the Governor. Five of such
25 appointees shall be experienced or knowledgeable relative to

1 provision of services for individuals with a behavior disorder
2 or a severe emotional disturbance and shall include
3 representatives of both the private and public sectors, except
4 that no more than 2 of those 5 appointees may be from the
5 public sector and at least 2 must be or have been directly
6 involved in provision of services to such individuals. The
7 remaining member appointed by the Governor shall be or shall
8 have been a parent of an individual with a behavior disorder or
9 a severe emotional disturbance, and that appointee may be from
10 either the private or the public sector.

11 (2) Members appointed by the Governor shall be appointed
12 for terms of 4 years and shall continue to serve until their
13 respective successors are appointed; provided that the terms
14 of the original appointees shall expire on August 1, 1990. Any
15 vacancy in the office of a member appointed by the Governor
16 shall be filled by appointment of the Governor for the
17 remainder of the term.

18 A vacancy in the office of a member appointed by the
19 Governor exists when one or more of the following events
20 occur:

21 (i) An appointee dies;

22 (ii) An appointee files a written resignation with the
23 Governor;

24 (iii) An appointee ceases to be a legal resident of
25 the State of Illinois; or

26 (iv) An appointee fails to attend a majority of

1 regularly scheduled Authority meetings in a fiscal year.

2 Members who are representatives of an agency shall serve
3 at the will of the agency head. Membership on the Authority
4 shall cease immediately upon cessation of their affiliation
5 with the agency. If such a vacancy occurs, the appropriate
6 agency head shall appoint another person to represent the
7 agency.

8 If a legislative member of the Authority ceases to be
9 Chairperson or Minority Spokesperson of the designated
10 Committees, they shall automatically be replaced on the
11 Authority by the person who assumes the position of
12 Chairperson or Minority Spokesperson.

13 (b) The Community and Residential Services Authority shall
14 have the following powers and duties:

15 (1) Serve as a Parent/Guardian Navigator Assistance
16 Program, to work directly with parents/guardians of youth
17 with behavioral health concerns to provide assistance
18 coordinating efforts with public agencies, including but
19 not limited to local school district, State Board of
20 Education, the Department of Human Services, Department of
21 Children and Family Services, the Department of Healthcare
22 and Family Services, Department of Public Health, and
23 Department of Juvenile Justice. ~~To conduct surveys to~~
24 ~~determine the extent of need, the degree to which~~
25 ~~documented need is currently being met and feasible~~
26 ~~alternatives for matching need with resources.~~

1 (2) Work in conjunction with the new Care Portal and
2 Care Portal Team to utilize the centralized IT platform
3 for communication and case management, including
4 collaboration on the development of Portal training,
5 communications to the public, business processes for case
6 triage, assignment, and referral. ~~To develop policy~~
7 ~~statements for interagency cooperation to cover all~~
8 ~~aspects of service delivery, including laws, regulations~~
9 ~~and procedures, and clear guidelines for determining~~
10 ~~responsibility at all times.~~

11 (3) To develop and submit to the Governor, the General
12 Assembly, the Directors of the agencies represented on the
13 Authority, and State Board of Education a master plan for
14 operating the Parent/Guardian Navigator Assistance
15 Program, including how referrals are made, plan for
16 dispute relative to plans of service or funding for plans
17 of service, plans to include parents with lived experience
18 as peer supports. ~~To recommend policy statements and~~
19 ~~provide information regarding effective programs for~~
20 ~~delivery of services to all individuals under 22 years of~~
21 ~~age with a behavior disorder or a severe emotional~~
22 ~~disturbance in public or private situations.~~

23 (4) (Blank). ~~To review the criteria for service~~
24 ~~eligibility, provision and availability established by the~~
25 ~~governmental agencies represented on this Authority, and~~
26 ~~to recommend changes, additions or deletions to such~~

1 ~~criteria.~~

2 (5) (Blank). ~~To develop and submit to the Governor,~~
3 ~~the General Assembly, the Directors of the agencies~~
4 ~~represented on the Authority, and the State Board of~~
5 ~~Education a master plan for individuals under 22 years of~~
6 ~~age with a behavior disorder or a severe emotional~~
7 ~~disturbance, including detailed plans of service ranging~~
8 ~~from the least to the most restrictive options; and to~~
9 ~~assist local communities, upon request, in developing or~~
10 ~~strengthening collaborative interagency networks.~~

11 (6) (Blank). ~~To develop a process for making~~
12 ~~determinations in situations where there is a dispute~~
13 ~~relative to a plan of service for individuals or funding~~
14 ~~for a plan of service.~~

15 (7) (Blank). ~~To provide technical assistance to~~
16 ~~parents, service consumers, providers, and member agency~~
17 ~~personnel regarding statutory responsibilities of human~~
18 ~~service and educational agencies, and to provide such~~
19 ~~assistance as deemed necessary to appropriately access~~
20 ~~needed services.~~

21 (8) (Blank). ~~To establish a pilot program to act as a~~
22 ~~residential research hub to research and identify~~
23 ~~appropriate residential settings for youth who are being~~
24 ~~housed in an emergency room for more than 72 hours or who~~
25 ~~are deemed beyond medical necessity in a psychiatric~~
26 ~~hospital. If a child is deemed beyond medical necessity in~~

1 ~~a psychiatric hospital and is in need of residential~~
2 ~~placement, the goal of the program is to prevent a~~
3 ~~lock-out pursuant to the goals of the Custody~~
4 ~~Relinquishment Prevention Act.~~

5 (c) (1) The members of the Authority shall receive no
6 compensation for their services but shall be entitled to
7 reimbursement of reasonable expenses incurred while performing
8 their duties.

9 (2) The Authority may appoint special study groups to
10 operate under the direction of the Authority and persons
11 appointed to such groups shall receive only reimbursement of
12 reasonable expenses incurred in the performance of their
13 duties.

14 (3) The Authority shall elect from its membership a
15 chairperson, vice-chairperson and secretary.

16 (4) The Authority may employ and fix the compensation of
17 such employees and technical assistants as it deems necessary
18 to carry out its powers and duties under this Act. Staff
19 assistance for the Authority shall be provided by the State
20 Board of Education.

21 (5) Funds for the ordinary and contingent expenses of the
22 Authority shall be appropriated to the State Board of
23 Education in a separate line item.

24 (d) (1) The Authority shall have power to promulgate rules
25 and regulations to carry out its powers and duties under this
26 Act.

1 (2) The Authority may accept monetary gifts or grants from
2 the federal government or any agency thereof, from any
3 charitable foundation or professional association or from any
4 other reputable source for implementation of any program
5 necessary or desirable to the carrying out of the general
6 purposes of the Authority. Such gifts and grants may be held in
7 trust by the Authority and expended in the exercise of its
8 powers and performance of its duties as prescribed by law.

9 (3) The Authority shall submit an annual report of its
10 activities and expenditures to the Governor, the General
11 Assembly, the directors of agencies represented on the
12 Authority, and the State Superintendent of Education, due
13 January 1 of each year.

14 (e) The Executive Director of the Authority or his or her
15 designee shall be added as a participant on the Interagency
16 Clinical Team established in the intergovernmental agreement
17 among the Department of Healthcare and Family Services, the
18 Department of Children and Family Services, the Department of
19 Human Services, the State Board of Education, the Department
20 of Juvenile Justice, and the Department of Public Health, with
21 consent of the youth or the youth's guardian or family
22 pursuant to the Custody Relinquishment Prevention Act.

23 (Source: P.A. 102-43, eff. 7-6-21.)

24 Section 25. The Illinois Public Aid Code is amended by
25 changing Section 5-30.1 as follows:

1 (305 ILCS 5/5-30.1)

2 Sec. 5-30.1. Managed care protections.

3 (a) As used in this Section:

4 "Managed care organization" or "MCO" means any entity
5 which contracts with the Department to provide services where
6 payment for medical services is made on a capitated basis.

7 "Emergency services" include:

8 (1) emergency services, as defined by Section 10 of
9 the Managed Care Reform and Patient Rights Act;

10 (2) emergency medical screening examinations, as
11 defined by Section 10 of the Managed Care Reform and
12 Patient Rights Act;

13 (3) post-stabilization medical services, as defined by
14 Section 10 of the Managed Care Reform and Patient Rights
15 Act; and

16 (4) emergency medical conditions, as defined by
17 Section 10 of the Managed Care Reform and Patient Rights
18 Act.

19 (b) As provided by Section 5-16.12, managed care
20 organizations are subject to the provisions of the Managed
21 Care Reform and Patient Rights Act.

22 (c) An MCO shall pay any provider of emergency services
23 that does not have in effect a contract with the contracted
24 Medicaid MCO. The default rate of reimbursement shall be the
25 rate paid under Illinois Medicaid fee-for-service program

1 methodology, including all policy adjusters, including but not
2 limited to Medicaid High Volume Adjustments, Medicaid
3 Percentage Adjustments, Outpatient High Volume Adjustments,
4 and all outlier add-on adjustments to the extent such
5 adjustments are incorporated in the development of the
6 applicable MCO capitated rates.

7 (d) An MCO shall pay for all post-stabilization services
8 as a covered service in any of the following situations:

9 (1) the MCO authorized such services;

10 (2) such services were administered to maintain the
11 enrollee's stabilized condition within one hour after a
12 request to the MCO for authorization of further
13 post-stabilization services;

14 (3) the MCO did not respond to a request to authorize
15 such services within one hour;

16 (4) the MCO could not be contacted; or

17 (5) the MCO and the treating provider, if the treating
18 provider is a non-affiliated provider, could not reach an
19 agreement concerning the enrollee's care and an affiliated
20 provider was unavailable for a consultation, in which case
21 the MCO must pay for such services rendered by the
22 treating non-affiliated provider until an affiliated
23 provider was reached and either concurred with the
24 treating non-affiliated provider's plan of care or assumed
25 responsibility for the enrollee's care. Such payment shall
26 be made at the default rate of reimbursement paid under

1 Illinois Medicaid fee-for-service program methodology,
2 including all policy adjusters, including but not limited
3 to Medicaid High Volume Adjustments, Medicaid Percentage
4 Adjustments, Outpatient High Volume Adjustments and all
5 outlier add-on adjustments to the extent that such
6 adjustments are incorporated in the development of the
7 applicable MCO capitated rates.

8 (e) The following requirements apply to MCOs in
9 determining payment for all emergency services:

10 (1) MCOs shall not impose any requirements for prior
11 approval of emergency services.

12 (2) The MCO shall cover emergency services provided to
13 enrollees who are temporarily away from their residence
14 and outside the contracting area to the extent that the
15 enrollees would be entitled to the emergency services if
16 they still were within the contracting area.

17 (3) The MCO shall have no obligation to cover medical
18 services provided on an emergency basis that are not
19 covered services under the contract.

20 (4) The MCO shall not condition coverage for emergency
21 services on the treating provider notifying the MCO of the
22 enrollee's screening and treatment within 10 days after
23 presentation for emergency services.

24 (5) The determination of the attending emergency
25 physician, or the provider actually treating the enrollee,
26 of whether an enrollee is sufficiently stabilized for

1 discharge or transfer to another facility, shall be
2 binding on the MCO. The MCO shall cover emergency services
3 for all enrollees whether the emergency services are
4 provided by an affiliated or non-affiliated provider.

5 (6) The MCO's financial responsibility for
6 post-stabilization care services it has not pre-approved
7 ends when:

8 (A) a plan physician with privileges at the
9 treating hospital assumes responsibility for the
10 enrollee's care;

11 (B) a plan physician assumes responsibility for
12 the enrollee's care through transfer;

13 (C) a contracting entity representative and the
14 treating physician reach an agreement concerning the
15 enrollee's care; or

16 (D) the enrollee is discharged.

17 (f) Network adequacy and transparency.

18 (1) The Department shall:

19 (A) ensure that an adequate provider network is in
20 place, taking into consideration health professional
21 shortage areas and medically underserved areas;

22 (B) publicly release an explanation of its process
23 for analyzing network adequacy;

24 (C) periodically ensure that an MCO continues to
25 have an adequate network in place;

26 (D) require MCOs, including Medicaid Managed Care

1 Entities as defined in Section 5-30.2, to meet
2 provider directory requirements under Section 5-30.3;

3 (E) require MCOs to ensure that any
4 Medicaid-certified provider under contract with an MCO
5 and previously submitted on a roster on the date of
6 service is paid for any medically necessary,
7 Medicaid-covered, and authorized service rendered to
8 any of the MCO's enrollees, regardless of inclusion on
9 the MCO's published and publicly available directory
10 of available providers; and

11 (F) require MCOs, including Medicaid Managed Care
12 Entities as defined in Section 5-30.2, to meet each of
13 the requirements under subsection (d-5) of Section 10
14 of the Network Adequacy and Transparency Act; with
15 necessary exceptions to the MCO's network to ensure
16 that admission and treatment with a provider or at a
17 treatment facility in accordance with the network
18 adequacy standards in paragraph (3) of subsection
19 (d-5) of Section 10 of the Network Adequacy and
20 Transparency Act is limited to providers or facilities
21 that are Medicaid certified.

22 (2) Each MCO shall confirm its receipt of information
23 submitted specific to physician or dentist additions or
24 physician or dentist deletions from the MCO's provider
25 network within 3 days after receiving all required
26 information from contracted physicians or dentists, and

1 electronic physician and dental directories must be
2 updated consistent with current rules as published by the
3 Centers for Medicare and Medicaid Services or its
4 successor agency.

5 (g) Timely payment of claims.

6 (1) The MCO shall pay a claim within 30 days of
7 receiving a claim that contains all the essential
8 information needed to adjudicate the claim.

9 (2) The MCO shall notify the billing party of its
10 inability to adjudicate a claim within 30 days of
11 receiving that claim.

12 (3) The MCO shall pay a penalty that is at least equal
13 to the timely payment interest penalty imposed under
14 Section 368a of the Illinois Insurance Code for any claims
15 not timely paid.

16 (A) When an MCO is required to pay a timely payment
17 interest penalty to a provider, the MCO must calculate
18 and pay the timely payment interest penalty that is
19 due to the provider within 30 days after the payment of
20 the claim. In no event shall a provider be required to
21 request or apply for payment of any owed timely
22 payment interest penalties.

23 (B) Such payments shall be reported separately
24 from the claim payment for services rendered to the
25 MCO's enrollee and clearly identified as interest
26 payments.

1 (4) (A) The Department shall require MCOs to expedite
2 payments to providers identified on the Department's
3 expedited provider list, determined in accordance with 89
4 Ill. Adm. Code 140.71(b), on a schedule at least as
5 frequently as the providers are paid under the
6 Department's fee-for-service expedited provider schedule.

7 (B) Compliance with the expedited provider requirement
8 may be satisfied by an MCO through the use of a Periodic
9 Interim Payment (PIP) program that has been mutually
10 agreed to and documented between the MCO and the provider,
11 if the PIP program ensures that any expedited provider
12 receives regular and periodic payments based on prior
13 period payment experience from that MCO. Total payments
14 under the PIP program may be reconciled against future PIP
15 payments on a schedule mutually agreed to between the MCO
16 and the provider.

17 (C) The Department shall share at least monthly its
18 expedited provider list and the frequency with which it
19 pays providers on the expedited list.

20 (g-5) Recognizing that the rapid transformation of the
21 Illinois Medicaid program may have unintended operational
22 challenges for both payers and providers:

23 (1) in no instance shall a medically necessary covered
24 service rendered in good faith, based upon eligibility
25 information documented by the provider, be denied coverage
26 or diminished in payment amount if the eligibility or

1 coverage information available at the time the service was
2 rendered is later found to be inaccurate in the assignment
3 of coverage responsibility between MCOs or the
4 fee-for-service system, except for instances when an
5 individual is deemed to have not been eligible for
6 coverage under the Illinois Medicaid program; and

7 (2) the Department shall, by December 31, 2016, adopt
8 rules establishing policies that shall be included in the
9 Medicaid managed care policy and procedures manual
10 addressing payment resolutions in situations in which a
11 provider renders services based upon information obtained
12 after verifying a patient's eligibility and coverage plan
13 through either the Department's current enrollment system
14 or a system operated by the coverage plan identified by
15 the patient presenting for services:

16 (A) such medically necessary covered services
17 shall be considered rendered in good faith;

18 (B) such policies and procedures shall be
19 developed in consultation with industry
20 representatives of the Medicaid managed care health
21 plans and representatives of provider associations
22 representing the majority of providers within the
23 identified provider industry; and

24 (C) such rules shall be published for a review and
25 comment period of no less than 30 days on the
26 Department's website with final rules remaining

1 available on the Department's website.

2 The rules on payment resolutions shall include, but
3 not be limited to:

4 (A) the extension of the timely filing period;

5 (B) retroactive prior authorizations; and

6 (C) guaranteed minimum payment rate of no less
7 than the current, as of the date of service,
8 fee-for-service rate, plus all applicable add-ons,
9 when the resulting service relationship is out of
10 network.

11 The rules shall be applicable for both MCO coverage
12 and fee-for-service coverage.

13 If the fee-for-service system is ultimately determined to
14 have been responsible for coverage on the date of service, the
15 Department shall provide for an extended period for claims
16 submission outside the standard timely filing requirements.

17 (g-6) MCO Performance Metrics Report.

18 (1) The Department shall publish, on at least a
19 quarterly basis, each MCO's operational performance,
20 including, but not limited to, the following categories of
21 metrics:

22 (A) claims payment, including timeliness and
23 accuracy;

24 (B) prior authorizations;

25 (C) grievance and appeals;

26 (D) utilization statistics;

- 1 (E) provider disputes;
2 (F) provider credentialing; and
3 (G) member and provider customer service.

4 (2) The Department shall ensure that the metrics
5 report is accessible to providers online by January 1,
6 2017.

7 (3) The metrics shall be developed in consultation
8 with industry representatives of the Medicaid managed care
9 health plans and representatives of associations
10 representing the majority of providers within the
11 identified industry.

12 (4) Metrics shall be defined and incorporated into the
13 applicable Managed Care Policy Manual issued by the
14 Department.

15 (g-7) MCO claims processing and performance analysis. In
16 order to monitor MCO payments to hospital providers, pursuant
17 to Public Act 100-580, the Department shall post an analysis
18 of MCO claims processing and payment performance on its
19 website every 6 months. Such analysis shall include a review
20 and evaluation of a representative sample of hospital claims
21 that are rejected and denied for clean and unclean claims and
22 the top 5 reasons for such actions and timeliness of claims
23 adjudication, which identifies the percentage of claims
24 adjudicated within 30, 60, 90, and over 90 days, and the dollar
25 amounts associated with those claims.

26 (g-8) Dispute resolution process. The Department shall

1 maintain a provider complaint portal through which a provider
2 can submit to the Department unresolved disputes with an MCO.
3 An unresolved dispute means an MCO's decision that denies in
4 whole or in part a claim for reimbursement to a provider for
5 health care services rendered by the provider to an enrollee
6 of the MCO with which the provider disagrees. Disputes shall
7 not be submitted to the portal until the provider has availed
8 itself of the MCO's internal dispute resolution process.
9 Disputes that are submitted to the MCO internal dispute
10 resolution process may be submitted to the Department of
11 Healthcare and Family Services' complaint portal no sooner
12 than 30 days after submitting to the MCO's internal process
13 and not later than 30 days after the unsatisfactory resolution
14 of the internal MCO process or 60 days after submitting the
15 dispute to the MCO internal process. Multiple claim disputes
16 involving the same MCO may be submitted in one complaint,
17 regardless of whether the claims are for different enrollees,
18 when the specific reason for non-payment of the claims
19 involves a common question of fact or policy. Within 10
20 business days of receipt of a complaint, the Department shall
21 present such disputes to the appropriate MCO, which shall then
22 have 30 days to issue its written proposal to resolve the
23 dispute. The Department may grant one 30-day extension of this
24 time frame to one of the parties to resolve the dispute. If the
25 dispute remains unresolved at the end of this time frame or the
26 provider is not satisfied with the MCO's written proposal to

1 resolve the dispute, the provider may, within 30 days, request
2 the Department to review the dispute and make a final
3 determination. Within 30 days of the request for Department
4 review of the dispute, both the provider and the MCO shall
5 present all relevant information to the Department for
6 resolution and make individuals with knowledge of the issues
7 available to the Department for further inquiry if needed.
8 Within 30 days of receiving the relevant information on the
9 dispute, or the lapse of the period for submitting such
10 information, the Department shall issue a written decision on
11 the dispute based on contractual terms between the provider
12 and the MCO, contractual terms between the MCO and the
13 Department of Healthcare and Family Services and applicable
14 Medicaid policy. The decision of the Department shall be
15 final. By January 1, 2020, the Department shall establish by
16 rule further details of this dispute resolution process.
17 Disputes between MCOs and providers presented to the
18 Department for resolution are not contested cases, as defined
19 in Section 1-30 of the Illinois Administrative Procedure Act,
20 conferring any right to an administrative hearing.

21 (g-9)(1) The Department shall publish annually on its
22 website a report on the calculation of each managed care
23 organization's medical loss ratio showing the following:

24 (A) Premium revenue, with appropriate adjustments.

25 (B) Benefit expense, setting forth the aggregate
26 amount spent for the following:

- 1 (i) Direct paid claims.
2 (ii) Subcapitation payments.
3 (iii) Other claim payments.
4 (iv) Direct reserves.
5 (v) Gross recoveries.
6 (vi) Expenses for activities that improve health
7 care quality as allowed by the Department.

8 (2) The medical loss ratio shall be calculated consistent
9 with federal law and regulation following a claims runout
10 period determined by the Department.

11 (g-10)(1) "Liability effective date" means the date on
12 which an MCO becomes responsible for payment for medically
13 necessary and covered services rendered by a provider to one
14 of its enrollees in accordance with the contract terms between
15 the MCO and the provider. The liability effective date shall
16 be the later of:

17 (A) The execution date of a network participation
18 contract agreement.

19 (B) The date the provider or its representative
20 submits to the MCO the complete and accurate standardized
21 roster form for the provider in the format approved by the
22 Department.

23 (C) The provider effective date contained within the
24 Department's provider enrollment subsystem within the
25 Illinois Medicaid Program Advanced Cloud Technology
26 (IMPACT) System.

1 (2) The standardized roster form may be submitted to the
2 MCO at the same time that the provider submits an enrollment
3 application to the Department through IMPACT.

4 (3) By October 1, 2019, the Department shall require all
5 MCOs to update their provider directory with information for
6 new practitioners of existing contracted providers within 30
7 days of receipt of a complete and accurate standardized roster
8 template in the format approved by the Department provided
9 that the provider is effective in the Department's provider
10 enrollment subsystem within the IMPACT system. Such provider
11 directory shall be readily accessible for purposes of
12 selecting an approved health care provider and comply with all
13 other federal and State requirements.

14 (g-11) The Department shall work with relevant
15 stakeholders on the development of operational guidelines to
16 enhance and improve operational performance of Illinois'
17 Medicaid managed care program, including, but not limited to,
18 improving provider billing practices, reducing claim
19 rejections and inappropriate payment denials, and
20 standardizing processes, procedures, definitions, and response
21 timelines, with the goal of reducing provider and MCO
22 administrative burdens and conflict. The Department shall
23 include a report on the progress of these program improvements
24 and other topics in its Fiscal Year 2020 annual report to the
25 General Assembly.

26 (g-12) Notwithstanding any other provision of law, if the

1 Department or an MCO requires submission of a claim for
2 payment in a non-electronic format, a provider shall always be
3 afforded a period of no less than 90 business days, as a
4 correction period, following any notification of rejection by
5 either the Department or the MCO to correct errors or
6 omissions in the original submission.

7 Under no circumstances, either by an MCO or under the
8 State's fee-for-service system, shall a provider be denied
9 payment for failure to comply with any timely submission
10 requirements under this Code or under any existing contract,
11 unless the non-electronic format claim submission occurs after
12 the initial 180 days following the latest date of service on
13 the claim, or after the 90 business days correction period
14 following notification to the provider of rejection or denial
15 of payment.

16 (h) The Department shall not expand mandatory MCO
17 enrollment into new counties beyond those counties already
18 designated by the Department as of June 1, 2014 for the
19 individuals whose eligibility for medical assistance is not
20 the seniors or people with disabilities population until the
21 Department provides an opportunity for accountable care
22 entities and MCOs to participate in such newly designated
23 counties.

24 (h-5) Leading indicator data sharing. By January 1, 2024,
25 the Department shall obtain input from the Department of Human
26 Services, the Department of Juvenile Justice, the Department

1 of Children and Family Services, the State Board of Education,
2 managed care organizations, providers, and clinical experts to
3 identify and analyze key indicators from assessments and data
4 sets available to the Department that can be shared with
5 managed care organizations and similar care coordination
6 entities contracted with the Department as leading indicators
7 for elevated behavioral health crisis risk for children. To
8 the extent permitted by State and federal law, the identified
9 leading indicators shall be shared with managed care
10 organizations and similar care coordination entities
11 contracted with the Department within 6 months of
12 identification for the purpose of improving care coordination
13 with the early detection of elevated risk. Leading indicators
14 shall be reassessed annually with stakeholder input.

15 (i) The requirements of this Section apply to contracts
16 with accountable care entities and MCOs entered into, amended,
17 or renewed after June 16, 2014 (the effective date of Public
18 Act 98-651).

19 (j) Health care information released to managed care
20 organizations. A health care provider shall release to a
21 Medicaid managed care organization, upon request, and subject
22 to the Health Insurance Portability and Accountability Act of
23 1996 and any other law applicable to the release of health
24 information, the health care information of the MCO's
25 enrollee, if the enrollee has completed and signed a general
26 release form that grants to the health care provider

1 permission to release the recipient's health care information
2 to the recipient's insurance carrier.

3 (k) The Department of Healthcare and Family Services,
4 managed care organizations, a statewide organization
5 representing hospitals, and a statewide organization
6 representing safety-net hospitals shall explore ways to
7 support billing departments in safety-net hospitals.

8 (l) The requirements of this Section added by Public Act
9 102-4 shall apply to services provided on or after the first
10 day of the month that begins 60 days after April 27, 2021 (the
11 effective date of Public Act 102-4).

12 (Source: P.A. 101-209, eff. 8-5-19; 102-4, eff. 4-27-21;
13 102-43, eff. 7-6-21; 102-144, eff. 1-1-22; 102-454, eff.
14 8-20-21; 102-813, eff. 5-13-22.)

15 Section 30. The Juvenile Court Act of 1987 is amended by
16 changing Section 3-5 as follows:

17 (705 ILCS 405/3-5) (from Ch. 37, par. 803-5)

18 Sec. 3-5. Interim crisis intervention services.

19 (a) Any minor who is taken into limited custody, or who
20 independently requests or is referred for assistance, may be
21 provided crisis intervention services by an agency or
22 association, as defined in this Act, provided the association
23 or agency staff (i) immediately investigate the circumstances
24 of the minor and the facts surrounding the minor being taken

1 into custody and promptly explain these facts and
2 circumstances to the minor, and (ii) make a reasonable effort
3 to inform the minor's parent, guardian or custodian of the
4 fact that the minor has been taken into limited custody and
5 where the minor is being kept, and (iii) if the minor consents,
6 make a reasonable effort to transport, arrange for the
7 transportation of, or otherwise release the minor to the
8 parent, guardian or custodian. Upon release of the child who
9 is believed to need or benefit from medical, psychological,
10 psychiatric or social services, the association or agency may
11 inform the minor and the person to whom the minor is released
12 of the nature and location of appropriate services and shall,
13 if requested, assist in establishing contact between the
14 family and other associations or agencies providing such
15 services. If the agency or association is unable by all
16 reasonable efforts to contact a parent, guardian or custodian,
17 or if the person contacted lives an unreasonable distance
18 away, or if the minor refuses to be taken to his or her home or
19 other appropriate residence, or if the agency or association
20 is otherwise unable despite all reasonable efforts to make
21 arrangements for the safe return of the minor, the minor may be
22 taken to a temporary living arrangement which is in compliance
23 with the Child Care Act of 1969 or which is with persons agreed
24 to by the parents and the agency or association.

25 (b) An agency or association is authorized to permit a
26 minor to be sheltered in a temporary living arrangement

1 provided the agency seeks to effect the minor's return home or
2 alternative living arrangements agreeable to the minor and the
3 parent, guardian, or custodian as soon as practicable. No
4 minor shall be sheltered in a temporary living arrangement for
5 more than 21 days, unless the last day of the 21 days falls on
6 a Saturday, Sunday, or court-designated holiday. Throughout
7 such limited custody, the agency or association shall work
8 with the parent, guardian, or custodian and the minor's local
9 school district, the Department of Human Services, the
10 Department of Healthcare and Family Services, the Department
11 of Juvenile Justice, and the Department of Children and Family
12 Services to identify immediate and long-term treatment or
13 placement. 48 hours, excluding Saturdays, Sundays, and
14 court designated holidays, when the agency has reported the
15 minor as neglected or abused because the parent, guardian, or
16 custodian refuses to permit the child to return home, provided
17 that in all other instances the minor may be sheltered when the
18 agency obtains the consent of the parent, guardian, or
19 custodian or documents its unsuccessful efforts to obtain the
20 consent or authority of the parent, guardian, or custodian,
21 including recording the date and the staff involved in all
22 telephone calls, telegrams, letters, and personal contacts to
23 obtain the consent or authority, in which instances the minor
24 may be so sheltered for not more than 21 days. If at any time
25 during the crisis intervention the parent, guardian, or
26 custodian refuses to permit the minor to return home, and no

1 other living arrangement agreeable to the parent, guardian, or
2 custodian can be made, and the parent, guardian, or custodian
3 has not made an attempt to locate any other appropriate living
4 arrangement for the child, the agency or association shall
5 contact ~~may deem the minor to be neglected and report the~~
6 ~~neglect to~~ the Department of Children and Family Services as
7 provided in the Abused and Neglected Child Reporting Act. ~~The~~
8 ~~Child Protective Service Unit of the Department of Children~~
9 ~~and Family Services shall begin an investigation of the report~~
10 ~~within 24 hours after receiving the report and shall determine~~
11 ~~whether to file a petition alleging that the minor is~~
12 ~~neglected or abused as described in Section 2-3 of this Act.~~
13 ~~Subject to appropriation, the Department may take the minor~~
14 ~~into temporary protective custody at any time after receiving~~
15 ~~the report, provided that the Department shall take temporary~~
16 ~~protective custody within 48 hours of receiving the report if~~
17 ~~its investigation is not completed. If the Department of~~
18 ~~Children and Family Services determines that the minor is not~~
19 ~~a neglected minor because the minor is an immediate physical~~
20 ~~danger to himself, herself, or others living in the home, then~~
21 ~~the Department shall take immediate steps to either secure the~~
22 ~~minor's immediate admission to a mental health facility,~~
23 ~~arrange for law enforcement authorities to take temporary~~
24 ~~eustody of the minor as a delinquent minor, or take other~~
25 ~~appropriate action to assume protective custody in order to~~
26 ~~safeguard the minor or others living in the home from~~

1 ~~immediate physical danger.~~

2 (c) Any agency or association or employee thereof acting
3 reasonably and in good faith in the care of a minor being
4 provided interim crisis intervention services and shelter care
5 shall be immune from any civil or criminal liability resulting
6 from such care.

7 (Source: P.A. 95-443, eff. 1-1-08.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.".