

1 AN ACT concerning health facilities.

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

4 Section 5. The Alternative Health Care Delivery Act is
5 amended by changing Section 35 as follows:

6 (210 ILCS 3/35)

7 Sec. 35. Alternative health care models authorized.
8 Notwithstanding any other law to the contrary, alternative
9 health care models described in this Section may be
10 established on a demonstration basis.

11 (1) Alternative health care model; subacute care
12 hospital. A subacute care hospital is a designated site
13 which provides medical specialty care for patients who
14 need a greater intensity or complexity of care than
15 generally provided in a skilled nursing facility but who
16 no longer require acute hospital care. The average length
17 of stay for patients treated in subacute care hospitals
18 shall not be less than 20 days, and for individual
19 patients, the expected length of stay at the time of
20 admission shall not be less than 10 days. Variations
21 from minimum lengths of stay shall be reported to the
22 Department. There shall be no more than 13 subacute care
23 hospitals authorized to operate by the Department.
24 Subacute care includes physician supervision, registered
25 nursing, and physiological monitoring on a continual
26 basis. A subacute care hospital is either a freestanding
27 building or a distinct physical and operational entity
28 within a hospital or nursing home building. A subacute
29 care hospital shall only consist of beds currently
30 existing in licensed hospitals or skilled nursing
31 facilities, except, in the City of Chicago, on a

1 designated site that was licensed as a hospital under the
2 Illinois Hospital Licensing Act within the 10 years
3 immediately before the application for an alternative
4 health care model license. During the period of operation
5 of the demonstration project, the existing licensed beds
6 shall remain licensed as hospital or skilled nursing
7 facility beds as well as being licensed under this Act.
8 In order to handle cases of complications, emergencies,
9 or exigent circumstances, a subacute care hospital shall
10 maintain a contractual relationship, including a transfer
11 agreement, with a general acute care hospital. If a
12 subacute care model is located in a general acute care
13 hospital, it shall utilize all or a portion of the bed
14 capacity of that existing hospital. In no event shall a
15 subacute care hospital use the word "hospital" in its
16 advertising or marketing activities or represent or hold
17 itself out to the public as a general acute care
18 hospital.

19 (2) Alternative health care delivery model;
20 postsurgical recovery care center. A postsurgical
21 recovery care center is a designated site which provides
22 postsurgical recovery care for generally healthy patients
23 undergoing surgical procedures that require overnight
24 nursing care, pain control, or observation that would
25 otherwise be provided in an inpatient setting. A
26 postsurgical recovery care center is either freestanding
27 or a defined unit of an ambulatory surgical treatment
28 center or hospital. No facility, or portion of a
29 facility, may participate in a demonstration program as a
30 postsurgical recovery care center unless the facility has
31 been licensed as an ambulatory surgical treatment center
32 or hospital for at least 2 years before August 20, 1993
33 (the effective date of Public Act 88-441). The maximum
34 length of stay for patients in a postsurgical recovery

1 care center is not to exceed 48 hours unless the treating
2 physician requests an extension of time from the recovery
3 center's medical director on the basis of medical or
4 clinical documentation that an additional care period is
5 required for the recovery of a patient and the medical
6 director approves the extension of time. In no case,
7 however, shall a patient's length of stay in a
8 postsurgical recovery care center be longer than 72
9 hours. If a patient requires an additional care period
10 after the expiration of the 72-hour limit, the patient
11 shall be transferred to an appropriate facility. Reports
12 on variances from the 48-hour limit shall be sent to the
13 Department for its evaluation. The reports shall, before
14 submission to the Department, have removed from them all
15 patient and physician identifiers. In order to handle
16 cases of complications, emergencies, or exigent
17 circumstances, every postsurgical recovery care center as
18 defined in this paragraph shall maintain a contractual
19 relationship, including a transfer agreement, with a
20 general acute care hospital. A postsurgical recovery
21 care center shall be no larger than 20 beds. A
22 postsurgical recovery care center shall be located within
23 15 minutes travel time from the general acute care
24 hospital with which the center maintains a contractual
25 relationship, including a transfer agreement, as required
26 under this paragraph.

27 No postsurgical recovery care center shall
28 discriminate against any patient requiring treatment
29 because of the source of payment for services, including
30 Medicare and Medicaid recipients.

31 The Department shall adopt rules to implement the
32 provisions of Public Act 88-441 concerning postsurgical
33 recovery care centers within 9 months after August 20,
34 1993.

1 (3) Alternative health care delivery model;
 2 children's community-based health care center. A
 3 children's community-based health care center model is a
 4 designated site that provides nursing care, clinical
 5 support services, and therapies for a period of one to 14
 6 days for short-term stays and 120 days to facilitate
 7 transitions to home for medically fragile children,
 8 technology dependent children, and children with special
 9 health care needs who are deemed clinically stable by a
 10 physician and are younger than 22 years of age. This
 11 care is to be provided in a home-like environment that
 12 serves no more than 12 children at a time. Children's
 13 community-based health care center services must be
 14 available through the model to all families, including
 15 those whose care is paid for through the Department of
 16 Public Aid, the Department of Children and Family
 17 Services, the Department of Human Services, and insurance
 18 companies who cover home health care services or private
 19 duty nursing care in the home.

20 Each children's community-based health care center
 21 model location shall be physically separate and apart
 22 from any other facility licensed by the Department of
 23 Public Health under this or any other Act and shall
 24 provide the following services: respite care, registered
 25 nursing or licensed practical nursing care, transitional
 26 care to facilitate home placement and reunite families,
 27 medical day care, weekend camps, and diagnostic studies
 28 typically done in the home setting. Alternative-health
 29 care-delivery-model;-children's-respite-care--center---A
 30 children's-respite-care-center-model-is-a-designated-site
 31 that---provides---respite---for---medically---frail,
 32 technologically-dependent, clinically-stable-children, up
 33 to--age-18, for-a-period-of-one-to-14-days.--This-care-is
 34 to-be-provided-in-a-home-like-environment-that-serves--no

1 more--than-10-children-at-a-time.-Children's-respite-care
2 center-services-must-be-available-through-the---model--to
3 all--families,--including--those--whose--care-is-paid-for
4 through-the-Illinois-Department--of--Public--Aid--or--the
5 Illinois--Department--of--Children--and--Family-Services.
6 Each-respite-care-model--location--shall--be--a--facility
7 physically--separate--and--apart--from-any-other-facility
8 licensed-by-the-Department-of-Public-Health-under-this-or
9 any-other-Act--and--shall--provide,--at--a--minimum,--the
10 following-services:-out-of-home-respite-care;-hospital-to
11 home--training--for--families--and-caregivers;-short-term
12 transitional-care-to-facilitate--placement--and--training
13 for--foster--care--parents;-parent--and--family--support
14 groups.

15 Coverage--for--the-services-provided-by-the-Illinois
16 Department-of-Public-Aid--under--this--paragraph--(3)--is
17 contingent--upon--federal-waiver-approval-and-is-provided
18 only-to-Medicaid-eligible-clients--participating--in--the
19 home--and--community--based-services-waiver-designated-in
20 Section-1915(e)-of-the-Social-Security-Act-for--medically
21 frail-and-technologically-dependent-children.

22 (4) Alternative health care delivery model;
23 community based residential rehabilitation center. A
24 community-based residential rehabilitation center model
25 is a designated site that provides rehabilitation or
26 support, or both, for persons who have experienced severe
27 brain injury, who are medically stable, and who no longer
28 require acute rehabilitative care or intense medical or
29 nursing services. The average length of stay in a
30 community-based residential rehabilitation center shall
31 not exceed 4 months. As an integral part of the services
32 provided, individuals are housed in a supervised living
33 setting while having immediate access to the community.
34 The residential rehabilitation center authorized by the

1 Department may have more than one residence included
2 under the license. A residence may be no larger than 12
3 beds and shall be located as an integral part of the
4 community. Day treatment or individualized outpatient
5 services shall be provided for persons who reside in
6 their own home. Functional outcome goals shall be
7 established for each individual. Services shall include,
8 but are not limited to, case management, training and
9 assistance with activities of daily living, nursing
10 consultation, traditional therapies (physical,
11 occupational, speech), functional interventions in the
12 residence and community (job placement, shopping,
13 banking, recreation), counseling, self-management
14 strategies, productive activities, and multiple
15 opportunities for skill acquisition and practice
16 throughout the day. The design of individualized program
17 plans shall be consistent with the outcome goals that are
18 established for each resident. The programs provided in
19 this setting shall be accredited by the Commission on
20 Accreditation of Rehabilitation Facilities (CARF). The
21 program shall have been accredited by CARF as a Brain
22 Injury Community-Integrative Program for at least 3
23 years.

24 (5) Alternative health care delivery model;
25 Alzheimer's disease management center. An Alzheimer's
26 disease management center model is a designated site that
27 provides a safe and secure setting for care of persons
28 diagnosed with Alzheimer's disease. An Alzheimer's
29 disease management center model shall be a facility
30 separate from any other facility licensed by the
31 Department of Public Health under this or any other Act.
32 An Alzheimer's disease management center shall conduct
33 and document an assessment of each resident every 6
34 months. The assessment shall include an evaluation of

1 daily functioning, cognitive status, other medical
2 conditions, and behavioral problems. An Alzheimer's
3 disease management center shall develop and implement an
4 ongoing treatment plan for each resident. The treatment
5 plan shall have defined goals. The Alzheimer's disease
6 management center shall treat behavioral problems and
7 mood disorders using nonpharmacologic approaches such as
8 environmental modification, task simplification, and
9 other appropriate activities. All staff must have
10 necessary training to care for all stages of Alzheimer's
11 Disease. An Alzheimer's disease management center shall
12 provide education and support for residents and
13 caregivers. The education and support shall include
14 referrals to support organizations for educational
15 materials on community resources, support groups, legal
16 and financial issues, respite care, and future care needs
17 and options. The education and support shall also
18 include a discussion of the resident's need to make
19 advance directives and to identify surrogates for medical
20 and legal decision-making. The provisions of this
21 paragraph establish the minimum level of services that
22 must be provided by an Alzheimer's disease management
23 center. An Alzheimer's disease management center model
24 shall have no more than 100 residents. Nothing in this
25 paragraph (5) shall be construed as prohibiting a person
26 or facility from providing services and care to persons
27 with Alzheimer's disease as otherwise authorized under
28 State law.

29 (Source: P.A. 91-65, eff. 7-9-99; 91-357, eff. 7-29-99;
30 91-838, eff. 6-16-00.)