



Rep. Timothy L. Schmitz

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LRB095 09365 DRJ 31319 a

1 AMENDMENT TO HOUSE BILL 829

2 AMENDMENT NO. _____. Amend House Bill 829 by replacing
3 everything after the enacting clause with the following:

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 established
10 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 need
14 a greater intensity or complexity of care than generally
15 provided in a skilled nursing facility but who no longer
16 require acute hospital care. The average length of stay for

1 patients treated in subacute care hospitals shall not be
2 less than 20 days, and for individual patients, the
3 expected length of stay at the time of admission shall not
4 be less than 10 days. Variations from minimum lengths of
5 stay shall be reported to the Department. There shall be no
6 more than 13 subacute care hospitals authorized to operate
7 by the Department. Subacute care includes physician
8 supervision, registered nursing, and physiological
9 monitoring on a continual basis. A subacute care hospital
10 is either a freestanding building or a distinct physical
11 and operational entity within a hospital or nursing home
12 building. A subacute care hospital shall only consist of
13 beds currently existing in licensed hospitals or skilled
14 nursing facilities, except, in the City of Chicago, on a
15 designated site that was licensed as a hospital under the
16 Illinois Hospital Licensing Act within the 10 years
17 immediately before the application for an alternative
18 health care model license. During the period of operation
19 of the demonstration project, the existing licensed beds
20 shall remain licensed as hospital or skilled nursing
21 facility beds as well as being licensed under this Act. In
22 order to handle cases of complications, emergencies, or
23 exigent circumstances, a subacute care hospital shall
24 maintain a contractual relationship, including a transfer
25 agreement, with a general acute care hospital. If a
26 subacute care model is located in a general acute care

1 hospital, it shall utilize all or a portion of the bed
2 capacity of that existing hospital. In no event shall a
3 subacute care hospital use the word "hospital" in its
4 advertising or marketing activities or represent or hold
5 itself out to the public as a general acute care hospital.

6 (2) Alternative health care delivery model;
7 postsurgical recovery care center. A postsurgical recovery
8 care center is a designated site which provides
9 postsurgical recovery care for generally healthy patients
10 undergoing surgical procedures that require overnight
11 nursing care, pain control, or observation that would
12 otherwise be provided in an inpatient setting. A
13 postsurgical recovery care center is either freestanding
14 or a defined unit of an ambulatory surgical treatment
15 center or hospital. No facility, or portion of a facility,
16 may participate in a demonstration program as a
17 postsurgical recovery care center unless the facility has
18 been licensed as an ambulatory surgical treatment center or
19 hospital for at least 2 years before August 20, 1993 (the
20 effective date of Public Act 88-441). The maximum length of
21 stay for patients in a postsurgical recovery care center is
22 not to exceed 48 hours unless the treating physician
23 requests an extension of time from the recovery center's
24 medical director on the basis of medical or clinical
25 documentation that an additional care period is required
26 for the recovery of a patient and the medical director

1 approves the extension of time. In no case, however, shall
2 a patient's length of stay in a postsurgical recovery care
3 center be longer than 72 hours. If a patient requires an
4 additional care period after the expiration of the 72-hour
5 limit, the patient shall be transferred to an appropriate
6 facility. Reports on variances from the 48-hour limit shall
7 be sent to the Department for its evaluation. The reports
8 shall, before submission to the Department, have removed
9 from them all patient and physician identifiers. In order
10 to handle cases of complications, emergencies, or exigent
11 circumstances, every postsurgical recovery care center as
12 defined in this paragraph shall maintain a contractual
13 relationship, including a transfer agreement, with a
14 general acute care hospital. A postsurgical recovery care
15 center shall be no larger than 20 beds. A postsurgical
16 recovery care center shall be located within 15 minutes
17 travel time from the general acute care hospital with which
18 the center maintains a contractual relationship, including
19 a transfer agreement, as required under this paragraph.

20 No postsurgical recovery care center shall
21 discriminate against any patient requiring treatment
22 because of the source of payment for services, including
23 Medicare and Medicaid recipients.

24 The Department shall adopt rules to implement the
25 provisions of Public Act 88-441 concerning postsurgical
26 recovery care centers within 9 months after August 20,

1 1993.

2 (2.5) Alternative health care delivery model; surgical
3 hospital. A surgical hospital health care model is a
4 designated site, consisting of a facility currently
5 licensed under the Ambulatory Surgical Treatment Center
6 Act and a contractually-related postsurgical recovery care
7 center currently licensed under this Act. The
8 contractually-related postsurgical recovery care center
9 may be either freestanding or a defined unit of the
10 ambulatory surgical treatment center. Notwithstanding any
11 other law or rule to the contrary, upon application, the
12 Department shall license as a surgical hospital a
13 designated site as defined in this paragraph (2.5). Prior
14 to issuing a surgical hospital license, the Department
15 shall inspect the designated site as defined in this
16 paragraph (2.5) and require it to meet the provisions of
17 the Ambulatory Surgical Treatment Center Act and this Act,
18 as the Department deems appropriate to the proposed mission
19 of the surgical hospital. Once the Department approves the
20 designated site as defined in this paragraph (2.5) and
21 issues a surgical hospital license, the ambulatory
22 surgical treatment center license and the postsurgical
23 recovery care center license of the designated site shall
24 be null and void.

25 The Department shall adopt rules to implement the
26 provisions of this paragraph (2.5) consistent only with the

1 Ambulatory Surgical Treatment Center Act and this Act. It
2 is the intention of this paragraph (2.5) that surgical
3 hospitals maintain the combined services of an ambulatory
4 surgical treatment center and a postsurgical recovery care
5 center, rather than to impose additional licensure
6 requirements.

7 Notwithstanding any other law or rule to the contrary,
8 a surgical hospital described in this paragraph (2.5) shall
9 be licensed without additional consideration by the
10 Illinois Health Facilities Planning Board.

11 (3) Alternative health care delivery model; children's
12 community-based health care center. A children's
13 community-based health care center model is a designated
14 site that provides nursing care, clinical support
15 services, and therapies for a period of one to 14 days for
16 short-term stays and 120 days to facilitate transitions to
17 home or other appropriate settings for medically fragile
18 children, technology dependent children, and children with
19 special health care needs who are deemed clinically stable
20 by a physician and are younger than 22 years of age. This
21 care is to be provided in a home-like environment that
22 serves no more than 12 children at a time. Children's
23 community-based health care center services must be
24 available through the model to all families, including
25 those whose care is paid for through the Department of
26 Healthcare and Family Services ~~Public Aid~~, the Department

1 of Children and Family Services, the Department of Human
2 Services, and insurance companies who cover home health
3 care services or private duty nursing care in the home.

4 Each children's community-based health care center
5 model location shall be physically separate and apart from
6 any other facility licensed by the Department of Public
7 Health under this or any other Act and shall provide the
8 following services: respite care, registered nursing or
9 licensed practical nursing care, transitional care to
10 facilitate home placement or other appropriate settings
11 and reunite families, medical day care, weekend camps, and
12 diagnostic studies typically done in the home setting.

13 Coverage for the services provided by the ~~Illinois~~
14 Department of Healthcare and Family Services ~~Public Aid~~
15 under this paragraph (3) is contingent upon federal waiver
16 approval and is provided only to Medicaid eligible clients
17 participating in the home and community based services
18 waiver designated in Section 1915(c) of the Social Security
19 Act for medically frail and technologically dependent
20 children or children in Department of Children and Family
21 Services foster care who receive home health benefits.

22 (4) Alternative health care delivery model; community
23 based residential rehabilitation center. A community-based
24 residential rehabilitation center model is a designated
25 site that provides rehabilitation or support, or both, for
26 persons who have experienced severe brain injury, who are

1 medically stable, and who no longer require acute
2 rehabilitative care or intense medical or nursing
3 services. The average length of stay in a community-based
4 residential rehabilitation center shall not exceed 4
5 months. As an integral part of the services provided,
6 individuals are housed in a supervised living setting while
7 having immediate access to the community. The residential
8 rehabilitation center authorized by the Department may
9 have more than one residence included under the license. A
10 residence may be no larger than 12 beds and shall be
11 located as an integral part of the community. Day treatment
12 or individualized outpatient services shall be provided
13 for persons who reside in their own home. Functional
14 outcome goals shall be established for each individual.
15 Services shall include, but are not limited to, case
16 management, training and assistance with activities of
17 daily living, nursing consultation, traditional therapies
18 (physical, occupational, speech), functional interventions
19 in the residence and community (job placement, shopping,
20 banking, recreation), counseling, self-management
21 strategies, productive activities, and multiple
22 opportunities for skill acquisition and practice
23 throughout the day. The design of individualized program
24 plans shall be consistent with the outcome goals that are
25 established for each resident. The programs provided in
26 this setting shall be accredited by the Commission on

1 Accreditation of Rehabilitation Facilities (CARF). The
2 program shall have been accredited by CARF as a Brain
3 Injury Community-Integrative Program for at least 3 years.

4 (5) Alternative health care delivery model;
5 Alzheimer's disease management center. An Alzheimer's
6 disease management center model is a designated site that
7 provides a safe and secure setting for care of persons
8 diagnosed with Alzheimer's disease. An Alzheimer's disease
9 management center model shall be a facility separate from
10 any other facility licensed by the Department of Public
11 Health under this or any other Act. An Alzheimer's disease
12 management center shall conduct and document an assessment
13 of each resident every 6 months. The assessment shall
14 include an evaluation of daily functioning, cognitive
15 status, other medical conditions, and behavioral problems.
16 An Alzheimer's disease management center shall develop and
17 implement an ongoing treatment plan for each resident. The
18 treatment plan shall have defined goals. The Alzheimer's
19 disease management center shall treat behavioral problems
20 and mood disorders using nonpharmacologic approaches such
21 as environmental modification, task simplification, and
22 other appropriate activities. All staff must have
23 necessary training to care for all stages of Alzheimer's
24 Disease. An Alzheimer's disease management center shall
25 provide education and support for residents and
26 caregivers. The education and support shall include

1 referrals to support organizations for educational
2 materials on community resources, support groups, legal
3 and financial issues, respite care, and future care needs
4 and options. The education and support shall also include a
5 discussion of the resident's need to make advance
6 directives and to identify surrogates for medical and legal
7 decision-making. The provisions of this paragraph
8 establish the minimum level of services that must be
9 provided by an Alzheimer's disease management center. An
10 Alzheimer's disease management center model shall have no
11 more than 100 residents. Nothing in this paragraph (5)
12 shall be construed as prohibiting a person or facility from
13 providing services and care to persons with Alzheimer's
14 disease as otherwise authorized under State law.

15 (Source: P.A. 93-402, eff. 1-1-04; revised 12-15-05.)

16 Section 99. Effective date. This Act takes effect upon
17 becoming law."