

HB3310



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB3310

Introduced 2/26/2007, by Rep. Tom Cross

SYNOPSIS AS INTRODUCED:

405 ILCS 80/3-3

from Ch. 91 1/2, par. 1803-3

Amends the Developmental Disability and Mental Disability Services Act. Makes a technical change in a Section concerning definitions.

LRB095 06258 DRJ 26352 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

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

4 Section 5. The Developmental Disability and Mental
5 Disability Services Act is amended by changing Section 3-3 as
6 follows:

7 (405 ILCS 80/3-3) (from Ch. 91 1/2, par. 1803-3)

8 Sec. 3-3. As used in this Article, unless the context
9 requires otherwise:

10 (a) "Agency" means an agency or entity licensed by the ~~the~~
11 Department pursuant to this Article or pursuant to the
12 Community Residential Alternatives Licensing Act.

13 (b) "Department" means the Department of Human Services, as
14 successor to the Department of Mental Health and Developmental
15 Disabilities.

16 (c) "Department-funded out-of-home placement services"
17 means those services for which the Department pays the partial
18 or full cost of care of the residential placement.

19 (d) "Family" or "families" means a family member or members
20 and his, her or their parents or legal guardians.

21 (e) "Family member" means a child 17 years old or younger
22 who has one of the following conditions: severe autism, severe
23 emotional disturbance, severe or profound mental retardation,

1 or severe and multiple impairments.

2 (f) "Legal guardian" means a person appointed by a court of
3 competent jurisdiction to exercise certain powers on behalf of
4 a family member and with whom the family member resides.

5 (g) "Parent" means a biological or adoptive parent with
6 whom the family member resides, or a person licensed as a
7 foster parent under the laws of this State, acting as a family
8 member's foster parent, and with whom the family member
9 resides.

10 (h) "Severe autism" means a lifelong developmental
11 disability which is typically manifested before 30 months of
12 age and is characterized by severe disturbances in reciprocal
13 social interactions; verbal and nonverbal communication and
14 imaginative activity; and repertoire of activities and
15 interests. A person shall be determined severely autistic, for
16 purposes of this Article, if both of the following are present:

17 (1) Diagnosis consistent with the criteria for
18 autistic disorder in the current edition of the Diagnostic
19 and Statistical Manual of Mental Disorders;

20 (2) Severe disturbances in reciprocal social
21 interactions; verbal and nonverbal communication and
22 imaginative activity; and repertoire of activities and
23 interests. A determination of severe autism shall be based
24 upon a comprehensive, documented assessment with an
25 evaluation by a licensed clinical psychologist or
26 psychiatrist. A determination of severe autism shall not be

1 based solely on behaviors relating to environmental,
2 cultural or economic differences.

3 (i) "Severe mental illness" means the manifestation of all
4 of the following characteristics:

5 (1) a severe mental illness characterized by the
6 presence of a mental disorder in children or adolescents,
7 classified in the Diagnostic and Statistical Manual of
8 Mental Disorders (Third Edition - Revised), as now or
9 hereafter revised, excluding V-codes (as that term is used
10 in the current edition of the Diagnostic and Statistical
11 Manual of Mental Disorders), adjustment disorders, mental
12 retardation when no other mental disorder is present,
13 alcohol or substance abuse, or other forms of dementia
14 based upon organic or physical disorders; and

15 (2) a functional disability of an extended duration
16 which results in substantial limitations in major life
17 activities.

18 A determination of severe mental illness shall be based
19 upon a comprehensive, documented assessment with an evaluation
20 by a licensed clinical psychologist or a psychiatrist.

21 (j) "Severe or profound mental retardation" means a
22 manifestation of all of the following characteristics:

23 (1) A diagnosis which meets Classification in Mental
24 Retardation or criteria in the current edition of the
25 Diagnostic and Statistical Manual of Mental Disorders for
26 severe or profound mental retardation (an IQ of 40 or

1 below). This must be measured by a standardized instrument
2 for general intellectual functioning.

3 (2) A severe or profound level of adaptive behavior.
4 This must be measured by a standardized adaptive behavior
5 scale or informal appraisal by the professional in keeping
6 with illustrations in Classification in Mental
7 Retardation, 1983.

8 (3) Disability diagnosed before age of 18.

9 A determination of severe or profound mental retardation
10 shall be based upon a comprehensive, documented assessment with
11 an evaluation by a licensed clinical psychologist, certified
12 school psychologist, a psychiatrist or other physician
13 licensed to practice medicine in all its branches, and shall
14 not be based solely on behaviors relating to environmental,
15 cultural or economic differences.

16 (k) "Severe and multiple impairments" means the
17 manifestation of all the following characteristics:

18 (1) The evaluation determines the presence of a
19 developmental disability which is expected to continue
20 indefinitely, constitutes a substantial handicap and is
21 attributable to any of the following:

22 (A) Mental retardation, which is defined as
23 general intellectual functioning that is 2 or more
24 standard deviations below the mean concurrent with
25 impairment of adaptive behavior which is 2 or more
26 standard deviations below the mean. Assessment of the

1 individual's intellectual functioning must be measured
2 by a standardized instrument for general intellectual
3 functioning.

4 (B) Cerebral palsy.

5 (C) Epilepsy.

6 (D) Autism.

7 (E) Any other condition which results in
8 impairment similar to that caused by mental
9 retardation and which requires services similar to
10 those required by mentally retarded persons.

11 (2) The evaluation determines multiple handicaps in
12 physical, sensory, behavioral or cognitive functioning
13 which constitute a severe or profound impairment
14 attributable to one or more of the following:

15 (A) Physical functioning, which severely impairs
16 the individual's motor performance that may be due to:

17 (i) Neurological, psychological or physical
18 involvement resulting in a variety of disabling
19 conditions such as hemiplegia, quadriplegia or
20 ataxia,

21 (ii) Severe organ systems involvement such as
22 congenital heart defect,

23 (iii) Physical abnormalities resulting in the
24 individual being non-mobile and non-ambulatory or
25 confined to bed and receiving assistance in
26 transferring, or

1 (iv) The need for regular medical or nursing
2 supervision such as gastrostomy care and feeding.

3 Assessment of physical functioning must be based
4 on clinical medical assessment, using the appropriate
5 instruments, techniques and standards of measurement
6 required by the professional.

7 (B) Sensory, which involves severe restriction due
8 to hearing or visual impairment limiting the
9 individual's movement and creating dependence in
10 completing most daily activities. Hearing impairment
11 is defined as a loss of 70 decibels aided or speech
12 discrimination of less than 50% aided. Visual
13 impairment is defined as 20/200 corrected in the better
14 eye or a visual field of 20 degrees or less. Sensory
15 functioning must be based on clinical medical
16 assessment using the appropriate instruments,
17 techniques and standards of measurement required by
18 the professional.

19 (C) Behavioral, which involves behavior that is
20 maladaptive and presents a danger to self or others, is
21 destructive to property by deliberately breaking,
22 destroying or defacing objects, is disruptive by
23 fighting, or has other socially offensive behaviors in
24 sufficient frequency or severity to seriously limit
25 social integration. Assessment of behavioral
26 functioning may be measured by a standardized scale or

1 informal appraisal by the medical professional.

2 (D) Cognitive, which involves intellectual
3 functioning at a measured IQ of 70 or below. Assessment
4 of cognitive functioning must be measured by a
5 standardized instrument for general intelligence.

6 (3) The evaluation determines that development is
7 substantially less than expected for the age in cognitive,
8 affective or psychomotor behavior as follows:

9 (A) Cognitive, which involves intellectual
10 functioning at a measured IQ of 70 or below. Assessment
11 of cognitive functioning must be measured by a
12 standardized instrument for general intelligence.

13 (B) Affective behavior, which involves over and
14 under responding to stimuli in the environment and may
15 be observed in mood, attention to awareness, or in
16 behaviors such as euphoria, anger or sadness that
17 seriously limit integration into society. Affective
18 behavior must be based on clinical medical and
19 psychiatric assessment using the appropriate
20 instruments, techniques and standards of measurement
21 required by the professional.

22 (C) Psychomotor, which includes a severe
23 developmental delay in fine or gross motor skills so
24 that development in self-care, social interaction,
25 communication or physical activity will be greatly
26 delayed or restricted.

1 (4) A determination that the disability originated
2 before the age of 18 years.

3 A determination of severe and multiple impairments shall be
4 based upon a comprehensive, documented assessment with an
5 evaluation by a licensed clinical psychologist or
6 psychiatrist. If the examiner is a licensed clinical
7 psychologist, ancillary evaluation of physical impairment,
8 cerebral palsy or epilepsy must be made by a physician licensed
9 to practice medicine in all its branches.

10 Regardless of the discipline of the examiner, ancillary
11 evaluation of visual impairment must be made by an
12 ophthalmologist or a licensed optometrist.

13 Regardless of the discipline of the examiner, ancillary
14 evaluation of hearing impairment must be made by an
15 otolaryngologist or an audiologist with a certificate of
16 clinical competency.

17 The only exception to the above is in the case of a person
18 with cerebral palsy or epilepsy who, according to the
19 eligibility criteria listed below, has multiple impairments
20 which are only physical and sensory. In such a case, a
21 physician licensed to practice medicine in all its branches may
22 serve as the examiner.

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