

## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

SB1664

Introduced 2/9/2007, by Sen. Ms. Mattie Hunter

#### SYNOPSIS AS INTRODUCED:

405 ILCS 30/1	from Ch. 91 1/2, par. 901
405 ILCS 30/2	from Ch. 91 1/2, par. 902
405 ILCS 30/3	from Ch. 91 1/2, par. 903
405 ILCS 30/4	from Ch. 91 1/2, par. 904

Amends the Community Services Act. Changes references from "disabled person" to "person with a disability". Provides that a shift from State-provided services to community services should be acknowledged by the State as a clear priority in policies and funding that values community services and supports for persons who choose to live and work in those settings, with the needed resources following the individual. Requires the Governor to appoint a commission by July 1, 2007, or as soon thereafter as possible, to prioritize a strategy for identifying a stream of revenue to address gaps and prioritize use of that revenue on rates and reimbursements for community services and supports. Provides that the commission shall have representation from the Department of Human Services, the General Assembly, persons with disabilities and mental illness, community providers, and trade associations. Provides that the rate and reimbursement methodologies must reflect the cost of providing services and supports, recognize individual disability needs, and consider geographic differences, transportation costs, required staffing ratios, and mandates not currently funded. Makes other changes. Effective immediately.

LRB095 09053 DRJ 29244 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 Community Services Act is amended by  
5 changing Sections 1, 2, 3, and 4 as follows:

6 (405 ILCS 30/1) (from Ch. 91 1/2, par. 901)

7 Sec. 1. Purpose. It is declared to be the policy and intent  
8 of the Illinois General Assembly that the Department of Human  
9 Services assume leadership in facilitating the establishment  
10 of comprehensive and coordinated arrays of private and public  
11 services for persons with mental illness, persons with a  
12 developmental disability, and alcohol and drug dependent  
13 citizens residing in communities throughout the state. The  
14 Department shall work in partnership with local government  
15 entities, direct service providers, voluntary associations and  
16 communities to create a system that is sensitive to the needs  
17 of local communities and which complements existing family and  
18 other natural supports, social institutions and programs.

19 The goals of the service system shall include but not be  
20 limited to the following: to strengthen the person with a  
21 disability's ~~disabled individual's~~ independence, self-esteem  
22 and ability to participate in and contribute to community life;  
23 to insure continuity of care for persons with a disability

1 ~~clients;~~ to enable persons with a disability ~~disabled persons~~  
2 to access needed services, commensurate with their individual  
3 wishes and needs, regardless of where they reside in the state;  
4 to prevent unnecessary institutionalization and the  
5 dislocation of individuals from their home communities; to  
6 provide a range of services so that persons can receive these  
7 services in settings which do not unnecessarily restrict their  
8 liberty; and to encourage persons with a disability ~~clients~~ to  
9 move among settings as their needs change.

10 The system shall include provision of services in the areas  
11 of prevention, client assessment and diagnosis, case  
12 coordination, crisis and emergency care, treatment and  
13 habilitation and support services, and community residential  
14 alternatives to institutional settings. The General Assembly  
15 recognizes that community programs are a core and essential ~~an~~  
16 ~~integral~~ part of the larger service system, which includes  
17 state-operated facilities for persons who cannot receive  
18 appropriate services in the community. Whereas the community is  
19 providing more of the services and supports formerly provided  
20 by the State, such a shift should be acknowledged by the State  
21 as a clear priority in policies and funding that values  
22 community services and supports for persons who choose to live  
23 and work in those settings, with the needed resources following  
24 the individual.

25 Towards achievement of these ends, the Department of Human  
26 Services, working in coordination with other State agencies,

1 shall assume responsibilities pursuant to this Act, which  
2 includes activities in the areas of planning, quality  
3 assurance, program evaluation, community education, and the  
4 provision of financial and technical assistance to local  
5 provider agencies.

6 (Source: P.A. 88-380; 89-507, eff. 7-1-97.)

7 (405 ILCS 30/2) (from Ch. 91 1/2, par. 902)

8 Sec. 2. Community Services System. Services should be  
9 planned, developed, delivered and evaluated as part of a  
10 comprehensive and coordinated system. The Department of Human  
11 Services shall encourage the establishment of services in each  
12 area of the State which cover the services categories described  
13 below. What specific services are provided under each service  
14 category shall be based on local needs; special attention shall  
15 be given to unserved and underserved populations, including  
16 children and youth, racial and ethnic minorities, and the  
17 elderly. The service categories shall include:

18 (a) Prevention: services designed primarily to reduce the  
19 incidence and ameliorate the severity of developmental  
20 disabilities, mental illness and alcohol and drug dependence;

21 (b) Client Assessment and Diagnosis: services designed to  
22 identify persons with developmental disabilities, mental  
23 illness and alcohol and drug dependency; to determine the  
24 extent of the disability and the level of functioning;  
25 information obtained through client evaluation can be used in

1 individual treatment and habilitation plans; to assure  
2 appropriate placement and to assist in program evaluation;

3 (c) Case Coordination: services to provide information and  
4 assistance to persons with a disability ~~disabled persons~~ to  
5 insure that they obtain needed services provided by the private  
6 and public sectors; case coordination services should be  
7 available to individuals whose functioning level or history of  
8 institutional recidivism or long-term care indicate that such  
9 assistance is required for successful community living;

10 (d) Crisis and Emergency: services to assist individuals  
11 and their families through crisis periods, to stabilize  
12 individuals under stress and to prevent unnecessary  
13 institutionalization;

14 (e) Treatment, Habilitation and Support: services designed  
15 to help individuals develop skills which promote independence  
16 and improved levels of social and vocational functioning and  
17 personal growth; and to provide non-treatment support services  
18 which are necessary for successful community living;

19 (f) Community Residential Alternatives to Institutional  
20 Settings: services to provide living arrangements for persons  
21 unable to live independently; the level of supervision,  
22 services provided and length of stay at community residential  
23 alternatives will vary by the type of program and the needs and  
24 functioning level of the residents; other services may be  
25 provided in a community residential alternative which promote  
26 the acquisition of independent living skills and integration

1 with the community.

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

3 (405 ILCS 30/3) (from Ch. 91 1/2, par. 903)

4 Sec. 3. Responsibilities for Community Services. Pursuant  
5 to this Act, the Department of Human Services shall facilitate  
6 the establishment of a comprehensive and coordinated array of  
7 community services based upon a federal, State and local  
8 partnership. In order to assist in implementation of this Act,  
9 the Department shall prescribe and publish rules and  
10 regulations. The Department may request the assistance of other  
11 State agencies, local government entities, direct services  
12 providers, trade associations, and others in the development of  
13 these regulations or other policies related to community  
14 services.

15 The Department shall assume the following roles and  
16 responsibilities for community services:

17 (a) Service Priorities. Within the service categories  
18 described in Section 2 of this Act, establish and publish  
19 priorities for community services to be rendered, and priority  
20 populations to receive these services.

21 (b) Planning. By January 1, 1994 and by January 1 of each  
22 third year thereafter, prepare and publish a Plan which  
23 describes goals and objectives for community services  
24 state-wide and for regions and subregions needs assessment,  
25 steps and time-tables for implementation of the goals also

1 shall be included; programmatic goals and objectives for  
2 community services shall cover the service categories defined  
3 in Section 2 of this Act; the Department shall insure local  
4 participation in the planning process.

5 (c) Public Information and Education. Develop programs  
6 aimed at improving the relationship between communities and  
7 their ~~disabled~~ residents with disabilities; prepare and  
8 disseminate public information and educational materials on  
9 the prevention of developmental disabilities, mental illness,  
10 and alcohol or drug dependence, and on available treatment and  
11 habilitation services for persons with these disabilities.

12 (d) Quality Assurance. Promulgate minimum program  
13 standards, rules and regulations to insure that Department  
14 funded services maintain acceptable quality and assure  
15 enforcement of these standards through regular monitoring of  
16 services and through program evaluation; this applies except  
17 where this responsibility is explicitly given by law to another  
18 State agency.

19 (d-5) Accreditation requirements for providers of mental  
20 health and substance abuse treatment services. Except when the  
21 federal or State statutes authorizing a program, or the federal  
22 regulations implementing a program, are to the contrary,  
23 accreditation shall be accepted by the Department in lieu of  
24 the Department's facility or program certification or  
25 licensure onsite review requirements and shall be accepted as a  
26 substitute for the Department's administrative and program

1 monitoring requirements, except as required by subsection  
2 (d-10), in the case of:

3 (1) Any organization from which the Department  
4 purchases mental health or substance abuse services and  
5 that is accredited under any of the following: the  
6 Comprehensive Accreditation Manual for Behavioral Health  
7 Care (Joint Commission on Accreditation of Healthcare  
8 Organizations (JCAHO)); the Comprehensive Accreditation  
9 Manual for Hospitals (JCAHO); the Standards Manual for the  
10 Council on Accreditation for Children and Family Services  
11 (Council on Accreditation for Children and Family Services  
12 (COA)); or the Standards Manual for Organizations Serving  
13 People with Disabilities (the Rehabilitation Accreditation  
14 Commission (CARF)).

15 (2) Any mental health facility or program licensed or  
16 certified by the Department, or any substance abuse service  
17 licensed by the Department, that is accredited under any of  
18 the following: the Comprehensive Accreditation Manual for  
19 Behavioral Health Care (JCAHO); the Comprehensive  
20 Accreditation Manual for Hospitals (JCAHO); the Standards  
21 Manual for the Council on Accreditation for Children and  
22 Family Services (COA); or the Standards Manual for  
23 Organizations Serving People with Disabilities (CARF).

24 (3) Any network of providers from which the Department  
25 purchases mental health or substance abuse services and  
26 that is accredited under any of the following: the



1 Comprehensive Accreditation Manual for Behavioral Health  
2 Care (JCAHO); the Comprehensive Accreditation Manual for  
3 Hospitals (JCAHO); the Standards Manual for the Council on  
4 Accreditation for Children and Family Services (COA); the  
5 Standards Manual for Organizations Serving People with  
6 Disabilities (CARF); or the National Committee for Quality  
7 Assurance. A provider organization that is part of an  
8 accredited network shall be afforded the same rights under  
9 this subsection.

10 (d-10) For mental health and substance abuse services, the  
11 Department may develop standards or promulgate rules that  
12 establish additional standards for monitoring and licensing  
13 accredited programs, services, and facilities that the  
14 Department has determined are not covered by the accreditation  
15 standards and processes. These additional standards for  
16 monitoring and licensing accredited programs, services, and  
17 facilities and the associated monitoring must not duplicate the  
18 standards and processes already covered by the accrediting  
19 bodies.

20 (d-15) The Department shall be given proof of compliance  
21 with fire and health safety standards, which must be submitted  
22 as required by rule.

23 (d-20) The Department, by accepting the survey or  
24 inspection of an accrediting organization, does not forfeit its  
25 rights to perform inspections at any time, including contract  
26 monitoring to ensure that services are provided in accordance

1 with the contract. The Department reserves the right to monitor  
2 a provider of mental health and substance abuse treatment  
3 services when the survey or inspection of an accrediting  
4 organization has established any deficiency in the  
5 accreditation standards and processes.

6 (d-25) On and after the effective date of this amendatory  
7 Act of the 92nd General Assembly, the accreditation  
8 requirements of this Section apply to contracted organizations  
9 that are already accredited.

10 (e) Program Evaluation. Develop a system for conducting  
11 evaluation of the effectiveness of community services,  
12 according to preestablished performance standards; evaluate  
13 the extent to which performance according to established  
14 standards aids in achieving the goals of this Act; evaluation  
15 data also shall be used for quality assurance purposes as well  
16 as for planning activities.

17 (f) Research. Conduct research in order to increase  
18 understanding of mental illness, developmental disabilities  
19 and alcohol and drug dependence.

20 (g) Technical Assistance. Provide technical assistance to  
21 provider agencies receiving funds or serving clients in order  
22 to assist these agencies in providing appropriate, quality  
23 services; also provide assistance and guidance to other State  
24 agencies and local governmental bodies serving the disabled in  
25 order to strengthen their efforts to provide appropriate  
26 community services; and assist provider agencies in accessing

1 other available funding, including federal, State, local,  
2 third-party and private resources.

3 (h) Placement Process. Promote the appropriate placement  
4 of clients in community services through the development and  
5 implementation of client assessment and diagnostic instruments  
6 to assist in identifying the individual's service needs; client  
7 assessment instruments also can be utilized for purposes of  
8 program evaluation; whenever possible, assure that placements  
9 in State-operated facilities are referrals from community  
10 agencies.

11 (i) Interagency Coordination. Assume leadership in  
12 promoting cooperation among State health and human service  
13 agencies to insure that a comprehensive, coordinated community  
14 services system is in place; to insure persons with a  
15 disability ~~disabled persons~~ access to needed services; and to  
16 insure continuity of care and allow clients to move among  
17 service settings as their needs change; also work with other  
18 agencies to establish effective prevention programs.

19 (j) Financial Assistance. Provide financial assistance to  
20 local provider agencies through purchase-of-care contracts and  
21 grants, pursuant to Section 4 of this Act.

22 (Source: P.A. 92-755, eff. 8-2-02.)

23 (405 ILCS 30/4) (from Ch. 91 1/2, par. 904)

24 Sec. 4. Financing for Community Services. The Department of  
25 Human Services is authorized to provide financial

1 reimbursement ~~assistance~~ to eligible private service  
2 providers, corporations, local government entities or  
3 voluntary associations for the provision of services to persons  
4 with mental illness, persons with a developmental disability  
5 and alcohol and drug dependent persons living in the community  
6 for the purpose of achieving the goals of this Act.

7 The Department shall utilize the following funding  
8 mechanisms for community services:

9 (1) Purchase of Care Contracts: services purchased on a  
10 predetermined fee per unit of service basis from private  
11 providers or governmental entities. Fee per service rates  
12 are set by an established formula which covers some portion  
13 of personnel, supplies, and other allowable costs, and  
14 which makes some allowance for geographic variations in  
15 costs as well as for additional program components.

16 (2) Grants: sums of money which the Department grants  
17 to private providers or governmental entities pursuant to  
18 the grant recipient's agreement to provide certain  
19 services, as defined by departmental grant guidelines, to  
20 an approximate number of service recipients. Grant levels  
21 are set through consideration of personnel, supply and  
22 other allowable costs, as well as other funds available to  
23 the program.

24 (3) Other Funding Arrangements: funding mechanisms may  
25 be established on a pilot basis in order to examine the  
26 feasibility of alternative financing arrangements for the

1 provision of community services.

2 The Department shall ~~strive to~~ establish and maintain an  
3 equitable system of payment which allows ~~encourages~~ providers  
4 to improve persons with disabilities' ~~their clients'~~  
5 capabilities for independence and reduces their reliance on  
6 ~~community or~~ State-operated services. The Governor shall  
7 appoint a commission by July 1, 2007, or as soon thereafter as  
8 possible, to prioritize a strategy for identifying a stream of  
9 revenue to address gaps and prioritize use of that revenue on  
10 rates and reimbursements for community services and supports.  
11 The commission shall have representation from the Department,  
12 the General Assembly, persons with disabilities and mental  
13 illness, community providers, and trade associations. The rate  
14 and reimbursement methodologies must reflect the cost of  
15 providing services and supports, recognize individual  
16 disability needs, and consider geographic differences,  
17 transportation costs, required staffing ratios, and mandates  
18 not currently funded.

19 In accepting Department funds, providers shall recognize  
20 their responsibility to be accountable to the Department and  
21 the State for the delivery of services which are consistent  
22 with the philosophies and goals of this Act and the rules and  
23 regulations promulgated under it.

24 (Source: P.A. 88-380; 89-507, eff. 7-1-97.)

25 Section 99. Effective date. This Act takes effect upon  
26 becoming law.