

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, including Intermediate Care Facilities for the  
15 Developmentally Disabled and Long Term Care for Under Age 22  
16 facilities, to institutional settings. The General Assembly  
17 recognizes that community programs are a core and essential ~~an~~  
18 ~~integral~~ part of the larger service system, which includes  
19 state-operated facilities for persons who cannot receive  
20 appropriate services in the community. Whereas the community is  
21 providing more of the services and supports formerly provided  
22 by the State, such a shift should be acknowledged by the State  
23 as a clear priority with funding that values community services  
24 and supports for persons who choose to live and work in those  
25 settings.

26 Towards achievement of these ends, the Department of Human

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

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

8 (405 ILCS 30/2) (from Ch. 91 1/2, par. 902)

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

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

22 (b) Client Assessment and Diagnosis: services designed to  
23 identify persons with developmental disabilities, mental  
24 illness and alcohol and drug dependency; to determine the  
25 extent of the disability and the level of functioning;

1 information obtained through client evaluation can be used in  
2 individual treatment and habilitation plans; to assure  
3 appropriate placement and to assist in program evaluation;

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

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

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

20 (f) Community Residential Alternatives to Institutional  
21 Settings, including Intermediate Care Facilities for the  
22 Developmentally Disabled and Long Term Care for Under Age 22  
23 facilities: services to provide living arrangements for  
24 persons unable to live independently; the level of supervision,  
25 services provided and length of stay at community residential  
26 alternatives will vary by the type of program and the needs and

1 functioning level of the residents; other services may be  
2 provided in a community residential alternative, including an  
3 Intermediate Care Facility for the Developmentally Disabled or  
4 a Long Term Care for Under Age 22 facility, which promote the  
5 acquisition of independent living skills and integration with  
6 the community.

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

8 (405 ILCS 30/3) (from Ch. 91 1/2, par. 903)

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

20 The Department shall assume the following roles and  
21 responsibilities for community services:

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

1 (b) Planning. By January 1, 1994 and by January 1 of each  
2 third year thereafter, prepare and publish a Plan which  
3 describes goals and objectives for community services  
4 state-wide and for regions and subregions needs assessment,  
5 steps and time-tables for implementation of the goals also  
6 shall be included; programmatic goals and objectives for  
7 community services shall cover the service categories defined  
8 in Section 2 of this Act; the Department shall insure local  
9 participation in the planning process.

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

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

24 (d-5) Accreditation requirements for providers of mental  
25 health and substance abuse treatment services. Except when the  
26 federal or State statutes authorizing a program, or the federal

1 regulations implementing a program, are to the contrary,  
2 accreditation shall be accepted by the Department in lieu of  
3 the Department's facility or program certification or  
4 licensure onsite review requirements and shall be accepted as a  
5 substitute for the Department's administrative and program  
6 monitoring requirements, except as required by subsection  
7 (d-10), in the case of:

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

20 (2) Any mental health facility or program licensed or  
21 certified by the Department, or any substance abuse service  
22 licensed by the Department, that is accredited under any of  
23 the following: the Comprehensive Accreditation Manual for  
24 Behavioral Health Care (JCAHO); the Comprehensive  
25 Accreditation Manual for Hospitals (JCAHO); the Standards  
26 Manual for the Council on Accreditation for Children and

1 Family Services (COA); or the Standards Manual for  
2 Organizations Serving People with Disabilities (CARF).

3 (3) Any network of providers 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 (JCAHO); the Comprehensive Accreditation Manual for  
8 Hospitals (JCAHO); the Standards Manual for the Council on  
9 Accreditation for Children and Family Services (COA); the  
10 Standards Manual for Organizations Serving People with  
11 Disabilities (CARF); or the National Committee for Quality  
12 Assurance. A provider organization that is part of an  
13 accredited network shall be afforded the same rights under  
14 this subsection.

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

25 (d-15) The Department shall be given proof of compliance  
26 with fire and health safety standards, which must be submitted



1 as required by rule.

2 (d-20) The Department, by accepting the survey or  
3 inspection of an accrediting organization, does not forfeit its  
4 rights to perform inspections at any time, including contract  
5 monitoring to ensure that services are provided in accordance  
6 with the contract. The Department reserves the right to monitor  
7 a provider of mental health and substance abuse treatment  
8 services when the survey or inspection of an accrediting  
9 organization has established any deficiency in the  
10 accreditation standards and processes.

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

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

22 (f) Research. Conduct research in order to increase  
23 understanding of mental illness, developmental disabilities  
24 and alcohol and drug dependence.

25 (g) Technical Assistance. Provide technical assistance to  
26 provider agencies receiving funds or serving clients in order

1 to assist these agencies in providing appropriate, quality  
2 services; also provide assistance and guidance to other State  
3 agencies and local governmental bodies serving the disabled in  
4 order to strengthen their efforts to provide appropriate  
5 community services; and assist provider agencies in accessing  
6 other available funding, including federal, State, local,  
7 third-party and private resources.

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

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

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

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

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

3 Sec. 4. Financing for Community Services. The Department of  
4 Human Services is authorized to provide financial  
5 reimbursement ~~assistance~~ to eligible private service  
6 providers, corporations, local government entities or  
7 voluntary associations for the provision of services to persons  
8 with mental illness, persons with a developmental disability  
9 and alcohol and drug dependent persons living in the community  
10 for the purpose of achieving the goals of this Act.

11 The Department shall utilize the following funding  
12 mechanisms for community services:

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

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

1 other allowable costs, as well as other funds available to  
2 the program.

3 (3) Other Funding Arrangements: funding mechanisms may  
4 be established on a pilot basis in order to examine the  
5 feasibility of alternative financing arrangements for the  
6 provision of community services.

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

24 In accepting Department funds, providers shall recognize  
25 their responsibility to be accountable to the Department and  
26 the State for the delivery of services which are consistent

1 with the philosophies and goals of this Act and the rules and  
2 regulations promulgated under it.

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

4 Section 99. Effective date. This Act takes effect upon  
5 becoming law.