1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Public Aid Code is amended by 5 adding Section 12-4.40 as follows:

(305 ILCS 5/12-4.40 new) 6 7 Sec. 12-4.40. Medicaid Revenue Maximization. (a) Purpose. The General Assembly finds that there is a 8 9 need to make changes to the administration of services provided by State and local governments in order to maximize federal 10 11 financial participation. 12 (b) Definitions. As used in this Section: "Community Medicaid mental health services" means all 13 14 mental health services outlined in Section 132 of Title 59 of the Illinois Administrative Code that are Medicaid funded and 15 16 provided by a community-based provider. 17 "Community-based provider" means an entity enrolled as a provider pursuant to Sections 140.11 and 140.12 of Title 89 of 18 19 the Illinois Administrative Code and certified to provide 20 community Medicaid mental health services in accordance with 21 Section 132 of Title 59 of the Illinois Administrative Code. 22 "CTA" means the Chicago Transit Authority. "DCFS" means the Department of Children and Family 23

1 Services.

2 "Department" means the Illinois Department of Healthcare and Family Services. 3

4 "Developmentally disabled care facility" means an 5 intermediate care facility for the mentally retarded within the meaning of Title XIX of the Social Security Act, whether public 6 7 or private and whether organized for profit or not-for-profit, 8 but shall not include any facility operated by the State.

9 "Developmentally disabled care provider" means a person <u>conducting</u>, <u>operating</u>, <u>or mainta</u>ining a developmentally 10 11 disabled care facility. For purposes of this definition, 12 "person" means any political subdivision of the State, municipal corporation, individual, firm, partnership, 13 corporation, company, limited liability company, association, 14 joint stock association, or trust, or a receiver, executor, 15 16 trustee, guardian, or other representative appointed by order 17 of any court.

"DHS" means the Illinois Department of Human Services. 18 "Hospital" means an institution, place, building, or 19 20 agency located in this State that is licensed as a general acute hospital by the Illinois Department of Public Health 21 22 under the Hospital Licensing Act, whether public or private and 23 whether organized for profit or not-for-profit.

24 "Long term care facility" means (i) a skilled nursing or 25 intermediate long term care facility, whether public or private and whether organized for profit or not-for-profit, that is 26

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1	subject to licensure by the Illinois Department of Public
2	Health under the Nursing Home Care Act, including a county
3	nursing home directed and maintained under Section 5-1005 of
4	the Counties Code, and (ii) a part of a hospital in which
5	skilled or intermediate long term care services within the
6	meaning of Title XVIII or XIX of the Social Security Act are
7	provided; except that the term "long term care facility" does
8	not include a facility operated solely as an intermediate care
9	facility for the mentally retarded within the meaning of Title
10	XIX of the Social Security Act.
11	"Long term care provider" means (i) a person licensed by
12	the Department of Public Health to operate and maintain a
13	skilled nursing or intermediate long term care facility or (ii)
14	a hospital provider that provides skilled or intermediate long
15	term care services within the meaning of Title XVIII or XIX of
16	the Social Security Act. For purposes of this definition,
17	"person" means any political subdivision of the State,
18	municipal corporation, individual, firm, partnership,
19	corporation, company, limited liability company, association,
20	joint stock association, or trust, or a receiver, executor,
21	trustee, guardian, or other representative appointed by order
22	of any court.
23	"State-operated developmentally disabled care facility"
24	means an intermediate care facility for the mentally retarded
25	within the meaning of Title XIX of the Social Security Act
26	operated by the State.

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1	(c) Administration and deposit of Revenues. The Department
2	shall coordinate the implementation of changes required by this
3	amendatory Act of the 96th General Assembly amongst the various
4	State and local government bodies that administer programs
5	referred to in this Section.
6	Revenues generated by program changes mandated by any
7	provision in this Section, less reasonable administrative
8	costs associated with the implementation of these program
9	changes, shall be deposited into the Healthcare Provider Relief
10	<u>Fund.</u>
11	To the extent practicable and permissible under federal
12	law, all changes required by this Section shall be implemented
13	no later than December 15, 2010.
14	The Department shall issue a report to the General Assembly
15	detailing the implementation of this amendatory Act of the 96th
16	General Assembly no later than March 31, 2011.
17	(d) Acceleration of administrative vouchers. The
18	Department shall create all vouchers for long term care
19	facilities and developmentally disabled care facilities for
20	dates of service in November and December 2010 and shall, no
21	later than December 15, 2010, submit these vouchers to the
22	Comptroller for payment.
23	The Department of Human Services shall create the necessary
24	documentation for State-operated developmentally disabled care
25	facilities so that the necessary data for dates of service
26	before January 1, 2011 can be adjudicated by the Department no

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1 later than December 15, 2010.

2	(e) Conversion of DHS grant programs to fee-for-service.
3	After the effective date of this amendatory Act of the 96th
4	General Assembly, community Medicaid mental health services
5	provided by community-based providers shall no longer be
6	included in contracts with DHS. Instead, community Medicaid
7	mental health services provided by a community-based provider
8	must be billed directly to the Department and must be separate
9	from contracts between the Department of Human Services and
10	community-based providers for all other mental health
11	services.
12	Rates of reimbursement for community Medicaid mental
13	health services shall be consistent with rates outlined in
14	Section 132 of Title 59 of the Illinois Administrative Code.
15	(f) DCFS Medicaid services. The Department shall work with
16	DCFS to identify existing programs, pending qualifying
17	services, that can be converted in an economically feasible
18	manner to Medicaid in order to secure federal financial
19	revenue.
20	(g) Third Party Liability recoveries. The Department shall
21	contract with a vendor to support the Department in
22	coordinating benefits for Medicaid enrollees. The scope of work
23	shall include, at a minimum, the identification of other
24	insurance for Medicaid enrollees and the recovery of funds paid
25	by the Department when another payer was liable. The vendor
26	shall be paid a percentage of actual cash recovered when

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1 practical and subject to federal law. 2 (h) CTA transportation to Medical providers for service. 3 The Department, working with the CTA, shall create a process to 4 identify transportation services provided to Medicaid 5 enrollees. The Department shall assist the CTA in determining total 6 7 costs associated with the provision of transportation services 8 to Medicaid enrollees. 9 The Department shall determine and draw the maximum allowable federal matching dollars associated with the cost of 10 11 CTA services provided to Medicaid enrollees. 12 (i) Public health departments. The Department shall identify unreimbursed costs for persons covered by Medicaid who 13 14 are served by the Chicago Department of Public Health. 15 The Department shall assist the Chicago Department of 16 Public Health in determining total unreimbursed costs 17 associated with the provision of healthcare services to 18 Medicaid enrollees. 19 The Department shall determine and draw the maximum 20 allowable federal matching dollars associated with the cost of Chicago Department of Public Health services provided to 21 22 Medicaid enrollees. 23 (j) Acceleration of hospital-based payments. The 24 Department shall, by December 10, 2010, create vouchers for all 25 State fiscal year 2011 hospital payments exempt from the prompt 26 payment requirements of the American Recovery and Reinvestment

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1	Act of 2009. The Department shall, no later than December 15,
2	2010, submit these vouchers to the Comptroller for payment.
3	Section 10. The Community Services Act is amended by adding
4	Section 4.8 as follows:
5	(405 ILCS 30/4.8 new)
6	Sec. 4.8. Payments for community Medicaid mental health
7	services.
8	(a) After the effective date of this amendatory Act of the
9	96th General Assembly, community Medicaid mental health
10	services provided by community-based providers shall no longer
11	be included in contracts with the Department of Human Services.
12	Instead, community Medicaid mental health services provided by
13	a community-based provider must be billed directly to the
14	Department of Healthcare and Family Services and must be
15	separate from contracts between the Department of Human
16	Services and community-based providers for all other mental
17	health services. Rates of reimbursement for community Medicaid
18	mental health services shall be consistent with rates outlined
19	in Section 132 of Title 59 of the Illinois Administrative Code.
20	(b) For purposes of this Section:
21	"Community Medicaid mental health services" means all
22	mental health services outlined in Section 132 of Title 59 of
23	the Illinois Administrative Code that are Medicaid funded and
24	provided by a community-based provider.

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1	"Community-based provider" means an entity enrolled as a
2	provider pursuant to Sections 140.11 and 140.12 of Title 89 of
3	the Illinois Administrative Code and certified to provide
4	community Medicaid mental health services in accordance with
5	Section 132 of Title 59 of the Illinois Administrative Code.
6	Section 99. Effective date. This Act takes effect upon

7 becoming law.