

1 AN ACT concerning State government.

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

4 Section 5. The Department of Human Services Act is amended  
5 by adding Section 1-37a as follows:

6 (20 ILCS 1305/1-37a new)

7 Sec. 1-37a. Management Improvement Initiative Committee.

8 (a) As used in this Section, unless the context indicates  
9 otherwise:

10 "Departments" means the Department on Aging, the  
11 Department of Children and Family Services, the Department of  
12 Healthcare and Family Services, the Department of Human  
13 Services, and the Department of Public Health.

14 "Management Improvement Initiative Committee" or  
15 "Committee" means the Management Improvement Initiative  
16 Committee created under this Section.

17 "Management Improvement Initiative Departmental Leadership  
18 Team" or "Team" means the Management Improvement Initiative  
19 Departmental Leadership Team created under this Section.

20 (b) The Governor, or his or her designee, shall create a  
21 Management Improvement Initiative Committee that shall include  
22 the Management Improvement Initiative Departmental Leadership  
23 Team to implement the recommendations made in the report

1 submitted to the General Assembly on January 1, 2011 as  
2 required under Public Act 96-1141, and to continue the work of  
3 the group formed under the auspices of Public Act 96-1141.

4 The Team shall be comprised of a representative from each  
5 of the Departments.

6 The Team members shall integrate the Committee's  
7 objectives into their respective departmental operations and  
8 continue the work of the group formed under the auspices of  
9 Public Act 96-1141 including:

10 (1) Implementing the recommendations of the report  
11 submitted to the General Assembly on January 1, 2011 under  
12 Public Act 96-1141.

13 (2) Submitting a progress report to the General  
14 Assembly by November 1, 2011 on the progress made in  
15 implementing the recommendations made in the report  
16 submitted to the General Assembly on January 1, 2011 under  
17 Public Act 96-1141.

18 (3) Reviewing contracts held with community health and  
19 human service providers on the regulations and work  
20 processes, including reporting, monitoring, compliance,  
21 auditing, certification, and licensing processes, required  
22 by the departments and their divisions.

23 (4) Eliminating obsolete, redundant, or unreasonable  
24 regulations, reporting, monitoring, compliance, auditing,  
25 certifications, licensing, and work processes.

26 (5) Implementing reciprocity across divisions and

1 departments. Reciprocity shall be used to accept other  
2 division or department regulations, reporting, monitoring,  
3 compliance, auditing, certification, and licensing  
4 processes.

5 (6) Implementing integrated work processes across  
6 divisions and departments that will be used for efficient  
7 and effective work processes including regulations,  
8 reporting, monitoring, compliance, auditing, licensing,  
9 and certification processes.

10 (7) Implementing the deemed status for accredited  
11 community health and human service providers.

12 (8) Reviewing work products meant to address the  
13 Committee's objectives as set forth in this Section. The  
14 review shall be done in concert with similar reviews  
15 conducted by the divisions under the Department of Human  
16 Services and other department steering committees,  
17 committees, and work groups as appropriate and necessary to  
18 eliminate redundant work processes including reporting,  
19 monitoring, compliance, auditing, licensing, and  
20 certification processes.

21 (9) Describing how improved regulations, reporting,  
22 monitoring, compliance, auditing, certification,  
23 licensing, and work processes are measured at the community  
24 vendor, contractor, and departmental levels, and how they  
25 have reduced redundant regulations, reporting, monitoring,  
26 compliance, auditing, certification, licensing, and work

1 processes.

2 (c) The Team shall examine the entire body of regulations,  
3 reporting, monitoring, compliance, auditing, certification,  
4 licensing, and work processes that guide departmental  
5 operations and contracts to eliminate obsolete, redundant, or  
6 unreasonable regulations, reporting, monitoring, compliance,  
7 auditing, licensing, and certifications.

8 (d) The Team shall identify immediate, near-term, and  
9 long-term opportunities to improve accountable, non-redundant,  
10 effective, and efficient accountability, regulations,  
11 reporting, monitoring, compliance, auditing, certification,  
12 and licensing processes that are necessary, appropriate, and  
13 sufficient to determine the success and quality of contracts  
14 with community health and human service vendors and providers.

15 (e) The Team shall develop performance measures to assess  
16 progress towards accomplishing the Committee's objectives and  
17 shall develop procedures to provide feedback on the impact of  
18 the State's operational improvements meant to achieve  
19 management improvement initiative objectives.

20 (f) The Team shall report operational improvements and  
21 document efforts that address the Committee's objectives.  
22 These reports shall be submitted to the Governor and the  
23 General Assembly semi-annually and shall:

24 (1) Include the results made to maintain efficient  
25 accountability while eliminating obsolete, redundant, or  
26 unreasonable regulations, reporting, monitoring,

1 compliance, auditing, licensing, and certifications.

2 (2) Specify improved regulations, reporting,  
3 monitoring, compliance, auditing, certification,  
4 licensing, and work processes.

5 (3) Describe how improved regulations, reporting,  
6 monitoring, compliance, auditing, certification,  
7 licensing, and work processes are measured at the community  
8 vendor, contractor, and departmental levels, and how they  
9 have reduced redundant regulations, reporting, monitoring,  
10 compliance, auditing, certification, licensing, and work  
11 processes.

12 (4) Include the methods used to engage health and human  
13 service providers in the management improvement initiative  
14 to improve regulations, reporting, monitoring, compliance,  
15 auditing, certification, licensing, and work processes.

16 (5) Describe how departmental practices have been  
17 changed to improve non-redundant accountability,  
18 efficiency, effectiveness, and quality.

19 (g) Beginning in State Fiscal Year 2012, regulations,  
20 reporting, monitoring, compliance, auditing, certification,  
21 licensing, and work processes, including each new departmental  
22 initiative, shall be linked directly to non-redundant,  
23 accountable, efficient, and effective outcome indicators which  
24 can be used to evaluate the success of the new initiative.

25 (h) The Management Improvement Initiative Committee.

26 (1) The Committee shall be comprised of Team members

1 from each of the Departments to manage the overall  
2 implementation process and to ensure that any new  
3 monitoring and compliance activities are developed as  
4 recommended in the report submitted to the General Assembly  
5 on January 1, 2011.

6 (2) Team members shall be able to access available  
7 resources within their respective departments, to set  
8 priorities, manage the overall implementation process, and  
9 ensure that any new monitoring and compliance activities  
10 are developed as recommended in the report submitted to the  
11 General Assembly on January 1, 2011.

12 (3) The Departments shall each designate a member to  
13 serve as a member of the Committee.

14 (4) The Committee shall also consist of the community  
15 organizations, community providers, associations, and  
16 private philanthropic organizations appointed under Public  
17 Act 96-1141, and shall be charged with overseeing  
18 implementation of the Committee's objectives and ensuring  
19 that provider prospective is incorporated.

20 (5) The Committee shall be co-chaired by department and  
21 community representatives, with leadership responsibility  
22 resting with the Governor in order to increase the priority  
23 and accountability for implementation of the Committee's  
24 objectives and recommendations.

25 (6) The Team shall be responsible for establishing  
26 within the Committee workgroups consisting of subject

1 matter experts necessary to reach the Committee's  
2 objectives, including the recommendations made in the  
3 report submitted to the General Assembly on January 1, 2011  
4 under Public Act 96-1141. Those subject matter experts,  
5 including those with necessary technological expertise,  
6 shall include outside experts, departmental, association,  
7 and community providers.

8 (7) Recommendations of the Committee shall be reviewed  
9 and its efforts integrated into existing as well as ongoing  
10 initiatives as appropriate, including the implementation  
11 of Public Act 96-1501, the Illinois Frameworks planning and  
12 implementation efforts, and any other task force that may  
13 make proposals that impact community provider work  
14 processes and contract deliverables.

15 (8) The Department of Human Services shall be  
16 designated as the lead support agency and provide  
17 administrative staffing for the Committee. Other  
18 Departments, as defined by this Section, shall provide  
19 additional administrative staffing in conjunction with the  
20 Department of Human Services to support the Committee.

21 (i) This Section is repealed on December 31, 2014.

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law.