

1 AN ACT concerning public aid.

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

4 Section 3. The Illinois Administrative Procedure Act is  
5 amended by changing Section 5-70 as follows:

6 (5 ILCS 100/5-70) (from Ch. 127, par. 1005-70)

7 Sec. 5-70. Form and publication of notices.

8 (a) The Secretary of State may prescribe reasonable rules  
9 concerning the form of documents to be filed with the Secretary  
10 of State and may refuse to accept for filing certified copies  
11 that do not comply with the rules. In addition, the Secretary  
12 of State shall publish and maintain the Illinois Register and  
13 may prescribe reasonable rules setting forth the manner in  
14 which agencies shall submit notices required by this Act for  
15 publication in the Illinois Register. The Illinois Register  
16 shall be published at least once each week on the same day  
17 (unless that day is an official State holiday, in which case  
18 the Illinois Register shall be published on the next following  
19 business day) and sent to subscribers who subscribe for the  
20 publication with the Secretary of State. The Secretary of State  
21 may charge a subscription price to subscribers that covers  
22 mailing and publication costs.

23 (b) The Secretary of State shall accept for publication in

1 the Illinois Register all Pollution Control Board documents,  
2 including but not limited to Board opinions, the results of  
3 Board determinations concerning adjusted standards  
4 proceedings, notices of petitions for individual adjusted  
5 standards, results of Board determinations concerning the  
6 necessity for economic impact studies, restricted status  
7 lists, hearing notices, and any other documents related to the  
8 activities of the Pollution Control Board that the Board deems  
9 appropriate for publication.

10 (c) The Secretary of State shall accept for publication in  
11 the Illinois Register notices initiated by the Department of  
12 Healthcare and Family Services in its capacity as the designate  
13 Title XIX single State agency pursuant to the requirements  
14 found at 42 CFR 447.205, and any other documents related to the  
15 activities of the programs administered by the Department of  
16 Healthcare and Family Services that the Department deems  
17 appropriate for publication.

18 (Source: P.A. 87-823.)

19 (20 ILCS 10/Act rep.)

20 Section 4. The Illinois Welfare and Rehabilitation  
21 Services Planning Act is repealed.

22 Section 6. The State Finance Act is amended by changing  
23 Sections 5.573 and 6z-58 as follows:

1 (30 ILCS 105/5.573)

2 Sec. 5.573. The Medical Interagency Program ~~Family Care~~  
3 Fund.

4 (Source: P.A. 95-331, eff. 8-21-07.)

5 (30 ILCS 105/6z-58)

6 Sec. 6z-58. The Medical Interagency Program ~~Family Care~~  
7 Fund.

8 (a) There is created in the State treasury the Medical  
9 Interagency Program ~~Family Care~~ Fund. Interest earned by the  
10 Fund shall be credited to the Fund.

11 (b) The Fund is created for the purposes of receiving,  
12 investing, and distributing moneys in accordance with (i) an  
13 approved State plan or waiver under the Social Security Act  
14 ~~resulting from the Family Care waiver request submitted by the~~  
15 ~~Illinois Department of Public Aid on February 15, 2002~~ and (ii)  
16 an interagency agreement between the Department of Healthcare  
17 and Family Services (formerly Department of Public Aid) and  
18 another agency of State government. The Fund shall consist of:

19 (1) All federal financial participation moneys  
20 received pursuant to expenditures from the Fund ~~the~~  
21 ~~approved waiver, except for moneys received pursuant to~~  
22 ~~expenditures for medical services by the Department of~~  
23 ~~Healthcare and Family Services (formerly Department of~~  
24 ~~Public Aid) from any other fund; and~~

25 (2) All other moneys received by the Fund from any

1 source, including interest thereon.

2 (c) Subject to appropriation, the moneys in the Fund shall  
3 be disbursed for reimbursement of medical services and other  
4 costs associated with persons receiving such services:

5 (1) under programs administered by the Department of  
6 Healthcare and Family Services (formerly Department of  
7 Public Aid); and

8 (2) pursuant to an interagency agreement, under  
9 programs administered by another agency of State  
10 government.

11 (Source: P.A. 95-331, eff. 8-21-07.)

12 Section 10. The Nursing Home Care Act is amended by  
13 changing Section 2-201.5 as follows:

14 (210 ILCS 45/2-201.5)

15 Sec. 2-201.5. Screening prior to admission.

16 (a) All persons age 18 or older seeking admission to a  
17 nursing facility must be screened to determine the need for  
18 nursing facility services prior to being admitted, regardless  
19 of income, assets, or funding source. ~~In addition, any person~~  
20 ~~who seeks to become eligible for medical assistance from the~~  
21 ~~Medical Assistance Program under the Illinois Public Aid Code~~  
22 ~~to pay for long term care services while residing in a facility~~  
23 ~~must be screened prior to receiving those benefits.~~ Screening  
24 for nursing facility services shall be administered through

1 procedures established by administrative rule. Screening may  
2 be done by agencies other than the Department as established by  
3 administrative rule. This Section applies on and after July 1,  
4 1996. No later than October 1, 2010, the Department of  
5 Healthcare and Family Services, in collaboration with the  
6 Department on Aging, the Department of Human Services, and the  
7 Department of Public Health, shall file administrative rules  
8 providing for the gathering, during the screening process, of  
9 information relevant to determining each person's potential  
10 for placing other residents, employees, and visitors at risk of  
11 harm.

12 (a-1) Any screening performed pursuant to subsection (a) of  
13 this Section shall include a determination of whether any  
14 person is being considered for admission to a nursing facility  
15 due to a need for mental health services. For a person who  
16 needs mental health services, the screening shall also include  
17 an evaluation of whether there is permanent supportive housing,  
18 or an array of community mental health services, including but  
19 not limited to supported housing, assertive community  
20 treatment, and peer support services, that would enable the  
21 person to live in the community. The person shall be told about  
22 the existence of any such services that would enable the person  
23 to live safely and humanely and about available appropriate  
24 nursing home services that would enable the person to live  
25 safely and humanely, and the person shall be given the  
26 assistance necessary to avail himself or herself of any

1 available services.

2 (a-2) Pre-screening for persons with a serious mental  
3 illness shall be performed by a psychiatrist, a psychologist, a  
4 registered nurse certified in psychiatric nursing, a licensed  
5 clinical professional counselor, or a licensed clinical social  
6 worker, who is competent to (i) perform a clinical assessment  
7 of the individual, (ii) certify a diagnosis, (iii) make a  
8 determination about the individual's current need for  
9 treatment, including substance abuse treatment, and recommend  
10 specific treatment, and (iv) determine whether a facility or a  
11 community-based program is able to meet the needs of the  
12 individual.

13 For any person entering a nursing facility, the  
14 pre-screening agent shall make specific recommendations about  
15 what care and services the individual needs to receive,  
16 beginning at admission, to attain or maintain the individual's  
17 highest level of independent functioning and to live in the  
18 most integrated setting appropriate for his or her physical and  
19 personal care and developmental and mental health needs. These  
20 recommendations shall be revised as appropriate by the  
21 pre-screening or re-screening agent based on the results of  
22 resident review and in response to changes in the resident's  
23 wishes, needs, and interest in transition.

24 Upon the person entering the nursing facility, the  
25 Department of Human Services or its designee shall assist the  
26 person in establishing a relationship with a community mental

1 health agency or other appropriate agencies in order to (i)  
2 promote the person's transition to independent living and (ii)  
3 support the person's progress in meeting individual goals.

4 (a-3) The Department of Human Services, by rule, shall  
5 provide for a prohibition on conflicts of interest for  
6 pre-admission screeners. The rule shall provide for waiver of  
7 those conflicts by the Department of Human Services if the  
8 Department of Human Services determines that a scarcity of  
9 qualified pre-admission screeners exists in a given community  
10 and that, absent a waiver of conflicts, an insufficient number  
11 of pre-admission screeners would be available. If a conflict is  
12 waived, the pre-admission screener shall disclose the conflict  
13 of interest to the screened individual in the manner provided  
14 for by rule of the Department of Human Services. For the  
15 purposes of this subsection, a "conflict of interest" includes,  
16 but is not limited to, the existence of a professional or  
17 financial relationship between (i) a PAS-MH corporate or a  
18 PAS-MH agent and (ii) a community provider or long-term care  
19 facility.

20 (b) In addition to the screening required by subsection  
21 (a), a facility, except for those licensed as long term care  
22 for under age 22 facilities, shall, within 24 hours after  
23 admission, request a criminal history background check  
24 pursuant to the Uniform Conviction Information Act for all  
25 persons age 18 or older seeking admission to the facility,  
26 unless a background check was initiated by a hospital pursuant

1 to subsection (d) of Section 6.09 of the Hospital Licensing  
2 Act. Background checks conducted pursuant to this Section shall  
3 be based on the resident's name, date of birth, and other  
4 identifiers as required by the Department of State Police. If  
5 the results of the background check are inconclusive, the  
6 facility shall initiate a fingerprint-based check, unless the  
7 fingerprint check is waived by the Director of Public Health  
8 based on verification by the facility that the resident is  
9 completely immobile or that the resident meets other criteria  
10 related to the resident's health or lack of potential risk  
11 which may be established by Departmental rule. A waiver issued  
12 pursuant to this Section shall be valid only while the resident  
13 is immobile or while the criteria supporting the waiver exist.  
14 The facility shall provide for or arrange for any required  
15 fingerprint-based checks to be taken on the premises of the  
16 facility. If a fingerprint-based check is required, the  
17 facility shall arrange for it to be conducted in a manner that  
18 is respectful of the resident's dignity and that minimizes any  
19 emotional or physical hardship to the resident.

20 (c) If the results of a resident's criminal history  
21 background check reveal that the resident is an identified  
22 offender as defined in Section 1-114.01, the facility shall do  
23 the following:

- 24 (1) Immediately notify the Department of State Police,  
25 in the form and manner required by the Department of State  
26 Police, in collaboration with the Department of Public



1 Health, that the resident is an identified offender.

2 (2) Within 72 hours, arrange for a fingerprint-based  
3 criminal history record inquiry to be requested on the  
4 identified offender resident. The inquiry shall be based on  
5 the subject's name, sex, race, date of birth, fingerprint  
6 images, and other identifiers required by the Department of  
7 State Police. The inquiry shall be processed through the  
8 files of the Department of State Police and the Federal  
9 Bureau of Investigation to locate any criminal history  
10 record information that may exist regarding the subject.  
11 The Federal Bureau of Investigation shall furnish to the  
12 Department of State Police, pursuant to an inquiry under  
13 this paragraph (2), any criminal history record  
14 information contained in its files.

15 The facility shall comply with all applicable provisions  
16 contained in the Uniform Conviction Information Act.

17 All name-based and fingerprint-based criminal history  
18 record inquiries shall be submitted to the Department of State  
19 Police electronically in the form and manner prescribed by the  
20 Department of State Police. The Department of State Police may  
21 charge the facility a fee for processing name-based and  
22 fingerprint-based criminal history record inquiries. The fee  
23 shall be deposited into the State Police Services Fund. The fee  
24 shall not exceed the actual cost of processing the inquiry.

25 (d) (Blank).

26 (e) The Department shall develop and maintain a

1 de-identified database of residents who have injured facility  
2 staff, facility visitors, or other residents, and the attendant  
3 circumstances, solely for the purposes of evaluating and  
4 improving resident pre-screening and assessment procedures  
5 (including the Criminal History Report prepared under Section  
6 2-201.6) and the adequacy of Department requirements  
7 concerning the provision of care and services to residents. A  
8 resident shall not be listed in the database until a Department  
9 survey confirms the accuracy of the listing. The names of  
10 persons listed in the database and information that would allow  
11 them to be individually identified shall not be made public.  
12 Neither the Department nor any other agency of State government  
13 may use information in the database to take any action against  
14 any individual, licensee, or other entity, unless the  
15 Department or agency receives the information independent of  
16 this subsection (e). All information collected, maintained, or  
17 developed under the authority of this subsection (e) for the  
18 purposes of the database maintained under this subsection (e)  
19 shall be treated in the same manner as information that is  
20 subject to Part 21 of Article VIII of the Code of Civil  
21 Procedure.

22 (Source: P.A. 96-1372, eff. 7-29-10.)

23 Section 15. The Illinois Public Aid Code is amended by  
24 changing Sections 5-2, 5-5, 5-26, 5A-9, 12-4.42, and 12-10.5 as  
25 follows:

1 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

2 Sec. 5-2. Classes of Persons Eligible. Medical assistance  
3 under this Article shall be available to any of the following  
4 classes of persons in respect to whom a plan for coverage has  
5 been submitted to the Governor by the Illinois Department and  
6 approved by him:

7 1. Recipients of basic maintenance grants under  
8 Articles III and IV.

9 2. Persons otherwise eligible for basic maintenance  
10 under Articles III and IV, excluding any eligibility  
11 requirements that are inconsistent with any federal law or  
12 federal regulation, as interpreted by the U.S. Department  
13 of Health and Human Services, but who fail to qualify  
14 thereunder on the basis of need or who qualify but are not  
15 receiving basic maintenance under Article IV, and who have  
16 insufficient income and resources to meet the costs of  
17 necessary medical care, including but not limited to the  
18 following:

19 (a) All persons otherwise eligible for basic  
20 maintenance under Article III but who fail to qualify  
21 under that Article on the basis of need and who meet  
22 either of the following requirements:

23 (i) their income, as determined by the  
24 Illinois Department in accordance with any federal  
25 requirements, is equal to or less than 70% in

1 fiscal year 2001, equal to or less than 85% in  
2 fiscal year 2002 and until a date to be determined  
3 by the Department by rule, and equal to or less  
4 than 100% beginning on the date determined by the  
5 Department by rule, of the nonfarm income official  
6 poverty line, as defined by the federal Office of  
7 Management and Budget and revised annually in  
8 accordance with Section 673(2) of the Omnibus  
9 Budget Reconciliation Act of 1981, applicable to  
10 families of the same size; or

11 (ii) their income, after the deduction of  
12 costs incurred for medical care and for other types  
13 of remedial care, is equal to or less than 70% in  
14 fiscal year 2001, equal to or less than 85% in  
15 fiscal year 2002 and until a date to be determined  
16 by the Department by rule, and equal to or less  
17 than 100% beginning on the date determined by the  
18 Department by rule, of the nonfarm income official  
19 poverty line, as defined in item (i) of this  
20 subparagraph (a).

21 (b) All persons who, excluding any eligibility  
22 requirements that are inconsistent with any federal  
23 law or federal regulation, as interpreted by the U.S.  
24 Department of Health and Human Services, would be  
25 determined eligible for such basic maintenance under  
26 Article IV by disregarding the maximum earned income

1           permitted by federal law.

2           3. Persons who would otherwise qualify for Aid to the  
3 Medically Indigent under Article VII.

4           4. Persons not eligible under any of the preceding  
5 paragraphs who fall sick, are injured, or die, not having  
6 sufficient money, property or other resources to meet the  
7 costs of necessary medical care or funeral and burial  
8 expenses.

9           5.(a) Women during pregnancy, after the fact of  
10 pregnancy has been determined by medical diagnosis, and  
11 during the 60-day period beginning on the last day of the  
12 pregnancy, together with their infants and children born  
13 after September 30, 1983, whose income and resources are  
14 insufficient to meet the costs of necessary medical care to  
15 the maximum extent possible under Title XIX of the Federal  
16 Social Security Act.

17           (b) The Illinois Department and the Governor shall  
18 provide a plan for coverage of the persons eligible under  
19 paragraph 5(a) by April 1, 1990. Such plan shall provide  
20 ambulatory prenatal care to pregnant women during a  
21 presumptive eligibility period and establish an income  
22 eligibility standard that is equal to 133% of the nonfarm  
23 income official poverty line, as defined by the federal  
24 Office of Management and Budget and revised annually in  
25 accordance with Section 673(2) of the Omnibus Budget  
26 Reconciliation Act of 1981, applicable to families of the

1 same size, provided that costs incurred for medical care  
2 are not taken into account in determining such income  
3 eligibility.

4 (c) The Illinois Department may conduct a  
5 demonstration in at least one county that will provide  
6 medical assistance to pregnant women, together with their  
7 infants and children up to one year of age, where the  
8 income eligibility standard is set up to 185% of the  
9 nonfarm income official poverty line, as defined by the  
10 federal Office of Management and Budget. The Illinois  
11 Department shall seek and obtain necessary authorization  
12 provided under federal law to implement such a  
13 demonstration. Such demonstration may establish resource  
14 standards that are not more restrictive than those  
15 established under Article IV of this Code.

16 6. Persons under the age of 18 who fail to qualify as  
17 dependent under Article IV and who have insufficient income  
18 and resources to meet the costs of necessary medical care  
19 to the maximum extent permitted under Title XIX of the  
20 Federal Social Security Act.

21 7. Persons who are under 21 years of age and would  
22 qualify as disabled as defined under the Federal  
23 Supplemental Security Income Program, provided medical  
24 service for such persons would be eligible for Federal  
25 Financial Participation, and provided the Illinois  
26 Department determines that:

1 (a) the person requires a level of care provided by  
2 a hospital, skilled nursing facility, or intermediate  
3 care facility, as determined by a physician licensed to  
4 practice medicine in all its branches;

5 (b) it is appropriate to provide such care outside  
6 of an institution, as determined by a physician  
7 licensed to practice medicine in all its branches;

8 (c) the estimated amount which would be expended  
9 for care outside the institution is not greater than  
10 the estimated amount which would be expended in an  
11 institution.

12 8. Persons who become ineligible for basic maintenance  
13 assistance under Article IV of this Code in programs  
14 administered by the Illinois Department due to employment  
15 earnings and persons in assistance units comprised of  
16 adults and children who become ineligible for basic  
17 maintenance assistance under Article VI of this Code due to  
18 employment earnings. The plan for coverage for this class  
19 of persons shall:

20 (a) extend the medical assistance coverage for up  
21 to 12 months following termination of basic  
22 maintenance assistance; and

23 (b) offer persons who have initially received 6  
24 months of the coverage provided in paragraph (a) above,  
25 the option of receiving an additional 6 months of  
26 coverage, subject to the following:

1 (i) such coverage shall be pursuant to  
2 provisions of the federal Social Security Act;

3 (ii) such coverage shall include all services  
4 covered while the person was eligible for basic  
5 maintenance assistance;

6 (iii) no premium shall be charged for such  
7 coverage; and

8 (iv) such coverage shall be suspended in the  
9 event of a person's failure without good cause to  
10 file in a timely fashion reports required for this  
11 coverage under the Social Security Act and  
12 coverage shall be reinstated upon the filing of  
13 such reports if the person remains otherwise  
14 eligible.

15 9. Persons with acquired immunodeficiency syndrome  
16 (AIDS) or with AIDS-related conditions with respect to whom  
17 there has been a determination that but for home or  
18 community-based services such individuals would require  
19 the level of care provided in an inpatient hospital,  
20 skilled nursing facility or intermediate care facility the  
21 cost of which is reimbursed under this Article. Assistance  
22 shall be provided to such persons to the maximum extent  
23 permitted under Title XIX of the Federal Social Security  
24 Act.

25 10. Participants in the long-term care insurance  
26 partnership program established under the Illinois



1 Long-Term Care Partnership Program Act who meet the  
2 qualifications for protection of resources described in  
3 Section 15 of that Act.

4 11. Persons with disabilities who are employed and  
5 eligible for Medicaid, pursuant to Section  
6 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,  
7 subject to federal approval, persons with a medically  
8 improved disability who are employed and eligible for  
9 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of  
10 the Social Security Act, as provided by the Illinois  
11 Department by rule. In establishing eligibility standards  
12 under this paragraph 11, the Department shall, subject to  
13 federal approval:

14 (a) set the income eligibility standard at not  
15 lower than 350% of the federal poverty level;

16 (b) exempt retirement accounts that the person  
17 cannot access without penalty before the age of 59 1/2,  
18 and medical savings accounts established pursuant to  
19 26 U.S.C. 220;

20 (c) allow non-exempt assets up to \$25,000 as to  
21 those assets accumulated during periods of eligibility  
22 under this paragraph 11; and

23 (d) continue to apply subparagraphs (b) and (c) in  
24 determining the eligibility of the person under this  
25 Article even if the person loses eligibility under this  
26 paragraph 11.

1           12. Subject to federal approval, persons who are  
2 eligible for medical assistance coverage under applicable  
3 provisions of the federal Social Security Act and the  
4 federal Breast and Cervical Cancer Prevention and  
5 Treatment Act of 2000. Those eligible persons are defined  
6 to include, but not be limited to, the following persons:

7           (1) persons who have been screened for breast or  
8 cervical cancer under the U.S. Centers for Disease  
9 Control and Prevention Breast and Cervical Cancer  
10 Program established under Title XV of the federal  
11 Public Health Services Act in accordance with the  
12 requirements of Section 1504 of that Act as  
13 administered by the Illinois Department of Public  
14 Health; and

15           (2) persons whose screenings under the above  
16 program were funded in whole or in part by funds  
17 appropriated to the Illinois Department of Public  
18 Health for breast or cervical cancer screening.

19           "Medical assistance" under this paragraph 12 shall be  
20 identical to the benefits provided under the State's  
21 approved plan under Title XIX of the Social Security Act.  
22 The Department must request federal approval of the  
23 coverage under this paragraph 12 within 30 days after the  
24 effective date of this amendatory Act of the 92nd General  
25 Assembly.

26           In addition to the persons who are eligible for medical

1 assistance pursuant to subparagraphs (1) and (2) of this  
2 paragraph 12, and to be paid from funds appropriated to the  
3 Department for its medical programs, any uninsured person  
4 as defined by the Department in rules residing in Illinois  
5 who is younger than 65 years of age, who has been screened  
6 for breast and cervical cancer in accordance with standards  
7 and procedures adopted by the Department of Public Health  
8 for screening, and who is referred to the Department by the  
9 Department of Public Health as being in need of treatment  
10 for breast or cervical cancer is eligible for medical  
11 assistance benefits that are consistent with the benefits  
12 provided to those persons described in subparagraphs (1)  
13 and (2). Medical assistance coverage for the persons who  
14 are eligible under the preceding sentence is not dependent  
15 on federal approval, but federal moneys may be used to pay  
16 for services provided under that coverage upon federal  
17 approval.

18 13. Subject to appropriation and to federal approval,  
19 persons living with HIV/AIDS who are not otherwise eligible  
20 under this Article and who qualify for services covered  
21 under Section 5-5.04 as provided by the Illinois Department  
22 by rule.

23 14. Subject to the availability of funds for this  
24 purpose, the Department may provide coverage under this  
25 Article to persons who reside in Illinois who are not  
26 eligible under any of the preceding paragraphs and who meet

1 the income guidelines of paragraph 2(a) of this Section and  
2 (i) have an application for asylum pending before the  
3 federal Department of Homeland Security or on appeal before  
4 a court of competent jurisdiction and are represented  
5 either by counsel or by an advocate accredited by the  
6 federal Department of Homeland Security and employed by a  
7 not-for-profit organization in regard to that application  
8 or appeal, or (ii) are receiving services through a  
9 federally funded torture treatment center. Medical  
10 coverage under this paragraph 14 may be provided for up to  
11 24 continuous months from the initial eligibility date so  
12 long as an individual continues to satisfy the criteria of  
13 this paragraph 14. If an individual has an appeal pending  
14 regarding an application for asylum before the Department  
15 of Homeland Security, eligibility under this paragraph 14  
16 may be extended until a final decision is rendered on the  
17 appeal. The Department may adopt rules governing the  
18 implementation of this paragraph 14.

19 15. Family Care Eligibility.

20 (a) A caretaker relative who is 19 years of age or  
21 older when countable income is at or below 185% of the  
22 Federal Poverty Level Guidelines, as published  
23 annually in the Federal Register, for the appropriate  
24 family size. A person may not spend down to become  
25 eligible under this paragraph 15.

26 (b) Eligibility shall be reviewed annually.

1 (c) Caretaker relatives enrolled under this  
2 paragraph 15 in families with countable income above  
3 150% and at or below 185% of the Federal Poverty Level  
4 Guidelines shall be counted as family members and pay  
5 premiums as established under the Children's Health  
6 Insurance Program Act.

7 (d) Premiums shall be billed by and payable to the  
8 Department or its authorized agent, on a monthly basis.

9 (e) The premium due date is the last day of the  
10 month preceding the month of coverage.

11 (f) Individuals shall have a grace period through  
12 60 ~~30~~ days of coverage to pay the premium.

13 (g) Failure to pay the full monthly premium by the  
14 last day of the grace period shall result in  
15 termination of coverage.

16 (h) Partial premium payments shall not be  
17 refunded.

18 (i) Following termination of an individual's  
19 coverage under this paragraph 15, the following action  
20 is required before the individual can be re-enrolled:

21 (1) A new application must be completed and the  
22 individual must be determined otherwise eligible.

23 (2) There must be full payment of premiums due  
24 under this Code, the Children's Health Insurance  
25 Program Act, the Covering ALL KIDS Health  
26 Insurance Act, or any other healthcare program

1           administered by the Department for periods in  
2           which a premium was owed and not paid for the  
3           individual.

4                   (3) The first month's premium must be paid if  
5           there was an unpaid premium on the date the  
6           individual's previous coverage was canceled.

7           The Department is authorized to implement the  
8           provisions of this amendatory Act of the 95th General  
9           Assembly by adopting the medical assistance rules in effect  
10          as of October 1, 2007, at 89 Ill. Admin. Code 125, and at  
11          89 Ill. Admin. Code 120.32 along with only those changes  
12          necessary to conform to federal Medicaid requirements,  
13          federal laws, and federal regulations, including but not  
14          limited to Section 1931 of the Social Security Act (42  
15          U.S.C. Sec. 1396u-1), as interpreted by the U.S. Department  
16          of Health and Human Services, and the countable income  
17          eligibility standard authorized by this paragraph 15. The  
18          Department may not otherwise adopt any rule to implement  
19          this increase except as authorized by law, to meet the  
20          eligibility standards authorized by the federal government  
21          in the Medicaid State Plan or the Title XXI Plan, or to  
22          meet an order from the federal government or any court.

23          16. Subject to appropriation, uninsured persons who  
24          are not otherwise eligible under this Section who have been  
25          certified and referred by the Department of Public Health  
26          as having been screened and found to need diagnostic

1 evaluation or treatment, or both diagnostic evaluation and  
2 treatment, for prostate or testicular cancer. For the  
3 purposes of this paragraph 16, uninsured persons are those  
4 who do not have creditable coverage, as defined under the  
5 Health Insurance Portability and Accountability Act, or  
6 have otherwise exhausted any insurance benefits they may  
7 have had, for prostate or testicular cancer diagnostic  
8 evaluation or treatment, or both diagnostic evaluation and  
9 treatment. To be eligible, a person must furnish a Social  
10 Security number. A person's assets are exempt from  
11 consideration in determining eligibility under this  
12 paragraph 16. Such persons shall be eligible for medical  
13 assistance under this paragraph 16 for so long as they need  
14 treatment for the cancer. A person shall be considered to  
15 need treatment if, in the opinion of the person's treating  
16 physician, the person requires therapy directed toward  
17 cure or palliation of prostate or testicular cancer,  
18 including recurrent metastatic cancer that is a known or  
19 presumed complication of prostate or testicular cancer and  
20 complications resulting from the treatment modalities  
21 themselves. Persons who require only routine monitoring  
22 services are not considered to need treatment. "Medical  
23 assistance" under this paragraph 16 shall be identical to  
24 the benefits provided under the State's approved plan under  
25 Title XIX of the Social Security Act. Notwithstanding any  
26 other provision of law, the Department (i) does not have a

1 claim against the estate of a deceased recipient of  
2 services under this paragraph 16 and (ii) does not have a  
3 lien against any homestead property or other legal or  
4 equitable real property interest owned by a recipient of  
5 services under this paragraph 16.

6 In implementing the provisions of Public Act 96-20, the  
7 Department is authorized to adopt only those rules necessary,  
8 including emergency rules. Nothing in Public Act 96-20 permits  
9 the Department to adopt rules or issue a decision that expands  
10 eligibility for the FamilyCare Program to a person whose income  
11 exceeds 185% of the Federal Poverty Level as determined from  
12 time to time by the U.S. Department of Health and Human  
13 Services, unless the Department is provided with express  
14 statutory authority.

15 The Illinois Department and the Governor shall provide a  
16 plan for coverage of the persons eligible under paragraph 7 as  
17 soon as possible after July 1, 1984.

18 The eligibility of any such person for medical assistance  
19 under this Article is not affected by the payment of any grant  
20 under the Senior Citizens and Disabled Persons Property Tax  
21 Relief and Pharmaceutical Assistance Act or any distributions  
22 or items of income described under subparagraph (X) of  
23 paragraph (2) of subsection (a) of Section 203 of the Illinois  
24 Income Tax Act. The Department shall by rule establish the  
25 amounts of assets to be disregarded in determining eligibility  
26 for medical assistance, which shall at a minimum equal the



1 amounts to be disregarded under the Federal Supplemental  
2 Security Income Program. The amount of assets of a single  
3 person to be disregarded shall not be less than \$2,000, and the  
4 amount of assets of a married couple to be disregarded shall  
5 not be less than \$3,000.

6 To the extent permitted under federal law, any person found  
7 guilty of a second violation of Article VIII A shall be  
8 ineligible for medical assistance under this Article, as  
9 provided in Section 8A-8.

10 The eligibility of any person for medical assistance under  
11 this Article shall not be affected by the receipt by the person  
12 of donations or benefits from fundraisers held for the person  
13 in cases of serious illness, as long as neither the person nor  
14 members of the person's family have actual control over the  
15 donations or benefits or the disbursement of the donations or  
16 benefits.

17 (Source: P.A. 95-546, eff. 8-29-07; 95-1055, eff. 4-10-09;  
18 96-20, eff. 6-30-09; 96-181, eff. 8-10-09; 96-328, eff.  
19 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff. 7-2-10; 96-1123,  
20 eff. 1-1-11; 96-1270, eff. 7-26-10; revised 9-16-10.)

21 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

22 Sec. 5-5. Medical services. The Illinois Department, by  
23 rule, shall determine the quantity and quality of and the rate  
24 of reimbursement for the medical assistance for which payment  
25 will be authorized, and the medical services to be provided,

1 which may include all or part of the following: (1) inpatient  
2 hospital services; (2) outpatient hospital services; (3) other  
3 laboratory and X-ray services; (4) skilled nursing home  
4 services; (5) physicians' services whether furnished in the  
5 office, the patient's home, a hospital, a skilled nursing home,  
6 or elsewhere; (6) medical care, or any other type of remedial  
7 care furnished by licensed practitioners; (7) home health care  
8 services; (8) private duty nursing service; (9) clinic  
9 services; (10) dental services, including prevention and  
10 treatment of periodontal disease and dental caries disease for  
11 pregnant women, provided by an individual licensed to practice  
12 dentistry or dental surgery; for purposes of this item (10),  
13 "dental services" means diagnostic, preventive, or corrective  
14 procedures provided by or under the supervision of a dentist in  
15 the practice of his or her profession; (11) physical therapy  
16 and related services; (12) prescribed drugs, dentures, and  
17 prosthetic devices; and eyeglasses prescribed by a physician  
18 skilled in the diseases of the eye, or by an optometrist,  
19 whichever the person may select; (13) other diagnostic,  
20 screening, preventive, and rehabilitative services, for  
21 children and adults; (14) transportation and such other  
22 expenses as may be necessary; (15) medical treatment of sexual  
23 assault survivors, as defined in Section 1a of the Sexual  
24 Assault Survivors Emergency Treatment Act, for injuries  
25 sustained as a result of the sexual assault, including  
26 examinations and laboratory tests to discover evidence which

1 may be used in criminal proceedings arising from the sexual  
2 assault; (16) the diagnosis and treatment of sickle cell  
3 anemia; and (17) any other medical care, and any other type of  
4 remedial care recognized under the laws of this State, but not  
5 including abortions, or induced miscarriages or premature  
6 births, unless, in the opinion of a physician, such procedures  
7 are necessary for the preservation of the life of the woman  
8 seeking such treatment, or except an induced premature birth  
9 intended to produce a live viable child and such procedure is  
10 necessary for the health of the mother or her unborn child. The  
11 Illinois Department, by rule, shall prohibit any physician from  
12 providing medical assistance to anyone eligible therefor under  
13 this Code where such physician has been found guilty of  
14 performing an abortion procedure in a wilful and wanton manner  
15 upon a woman who was not pregnant at the time such abortion  
16 procedure was performed. The term "any other type of remedial  
17 care" shall include nursing care and nursing home service for  
18 persons who rely on treatment by spiritual means alone through  
19 prayer for healing.

20 Notwithstanding any other provision of this Section, a  
21 comprehensive tobacco use cessation program that includes  
22 purchasing prescription drugs or prescription medical devices  
23 approved by the Food and Drug Administration shall be covered  
24 under the medical assistance program under this Article for  
25 persons who are otherwise eligible for assistance under this  
26 Article.

1           Notwithstanding any other provision of this Code, the  
2 Illinois Department may not require, as a condition of payment  
3 for any laboratory test authorized under this Article, that a  
4 physician's handwritten signature appear on the laboratory  
5 test order form. The Illinois Department may, however, impose  
6 other appropriate requirements regarding laboratory test order  
7 documentation.

8           The Department of Healthcare and Family Services shall  
9 provide the following services to persons eligible for  
10 assistance under this Article who are participating in  
11 education, training or employment programs operated by the  
12 Department of Human Services as successor to the Department of  
13 Public Aid:

14           (1) dental services provided by or under the  
15 supervision of a dentist; and

16           (2) eyeglasses prescribed by a physician skilled in the  
17 diseases of the eye, or by an optometrist, whichever the  
18 person may select.

19           Notwithstanding any other provision of this Code and  
20 subject to federal approval, the Department may adopt rules to  
21 allow a dentist who is volunteering his or her service at no  
22 cost to render dental services through an enrolled  
23 not-for-profit health clinic without the dentist personally  
24 enrolling as a participating provider in the medical assistance  
25 program. A not-for-profit health clinic shall include a public  
26 health clinic or Federally Qualified Health Center or other

1 enrolled provider, as determined by the Department, through  
2 which dental services covered under this Section are performed.  
3 The Department shall establish a process for payment of claims  
4 for reimbursement for covered dental services rendered under  
5 this provision.

6 The Illinois Department, by rule, may distinguish and  
7 classify the medical services to be provided only in accordance  
8 with the classes of persons designated in Section 5-2.

9 The Department of Healthcare and Family Services must  
10 provide coverage and reimbursement for amino acid-based  
11 elemental formulas, regardless of delivery method, for the  
12 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
13 short bowel syndrome when the prescribing physician has issued  
14 a written order stating that the amino acid-based elemental  
15 formula is medically necessary.

16 The Illinois Department shall authorize the provision of,  
17 and shall authorize payment for, screening by low-dose  
18 mammography for the presence of occult breast cancer for women  
19 35 years of age or older who are eligible for medical  
20 assistance under this Article, as follows:

21 (A) A baseline mammogram for women 35 to 39 years of  
22 age.

23 (B) An annual mammogram for women 40 years of age or  
24 older.

25 (C) A mammogram at the age and intervals considered  
26 medically necessary by the woman's health care provider for

1 women under 40 years of age and having a family history of  
2 breast cancer, prior personal history of breast cancer,  
3 positive genetic testing, or other risk factors.

4 (D) A comprehensive ultrasound screening of an entire  
5 breast or breasts if a mammogram demonstrates  
6 heterogeneous or dense breast tissue, when medically  
7 necessary as determined by a physician licensed to practice  
8 medicine in all of its branches.

9 All screenings shall include a physical breast exam,  
10 instruction on self-examination and information regarding the  
11 frequency of self-examination and its value as a preventative  
12 tool. For purposes of this Section, "low-dose mammography"  
13 means the x-ray examination of the breast using equipment  
14 dedicated specifically for mammography, including the x-ray  
15 tube, filter, compression device, and image receptor, with an  
16 average radiation exposure delivery of less than one rad per  
17 breast for 2 views of an average size breast. The term also  
18 includes digital mammography.

19 On and after July 1, 2008, screening and diagnostic  
20 mammography shall be reimbursed at the same rate as the  
21 Medicare program's rates, including the increased  
22 reimbursement for digital mammography.

23 The Department shall convene an expert panel including  
24 representatives of hospitals, free-standing mammography  
25 facilities, and doctors, including radiologists, to establish  
26 quality standards. Based on these quality standards, the

1 Department shall provide for bonus payments to mammography  
2 facilities meeting the standards for screening and diagnosis.  
3 The bonus payments shall be at least 15% higher than the  
4 Medicare rates for mammography.

5 Subject to federal approval, the Department shall  
6 establish a rate methodology for mammography at federally  
7 qualified health centers and other encounter-rate clinics.  
8 These clinics or centers may also collaborate with other  
9 hospital-based mammography facilities.

10 The Department shall establish a methodology to remind  
11 women who are age-appropriate for screening mammography, but  
12 who have not received a mammogram within the previous 18  
13 months, of the importance and benefit of screening mammography.

14 The Department shall establish a performance goal for  
15 primary care providers with respect to their female patients  
16 over age 40 receiving an annual mammogram. This performance  
17 goal shall be used to provide additional reimbursement in the  
18 form of a quality performance bonus to primary care providers  
19 who meet that goal.

20 The Department shall devise a means of case-managing or  
21 patient navigation for beneficiaries diagnosed with breast  
22 cancer. This program shall initially operate as a pilot program  
23 in areas of the State with the highest incidence of mortality  
24 related to breast cancer. At least one pilot program site shall  
25 be in the metropolitan Chicago area and at least one site shall  
26 be outside the metropolitan Chicago area. An evaluation of the

1 pilot program shall be carried out measuring health outcomes  
2 and cost of care for those served by the pilot program compared  
3 to similarly situated patients who are not served by the pilot  
4 program.

5 Any medical or health care provider shall immediately  
6 recommend, to any pregnant woman who is being provided prenatal  
7 services and is suspected of drug abuse or is addicted as  
8 defined in the Alcoholism and Other Drug Abuse and Dependency  
9 Act, referral to a local substance abuse treatment provider  
10 licensed by the Department of Human Services or to a licensed  
11 hospital which provides substance abuse treatment services.  
12 The Department of Healthcare and Family Services shall assure  
13 coverage for the cost of treatment of the drug abuse or  
14 addiction for pregnant recipients in accordance with the  
15 Illinois Medicaid Program in conjunction with the Department of  
16 Human Services.

17 All medical providers providing medical assistance to  
18 pregnant women under this Code shall receive information from  
19 the Department on the availability of services under the Drug  
20 Free Families with a Future or any comparable program providing  
21 case management services for addicted women, including  
22 information on appropriate referrals for other social services  
23 that may be needed by addicted women in addition to treatment  
24 for addiction.

25 The Illinois Department, in cooperation with the  
26 Departments of Human Services (as successor to the Department



1 of Alcoholism and Substance Abuse) and Public Health, through a  
2 public awareness campaign, may provide information concerning  
3 treatment for alcoholism and drug abuse and addiction, prenatal  
4 health care, and other pertinent programs directed at reducing  
5 the number of drug-affected infants born to recipients of  
6 medical assistance.

7 Neither the Department of Healthcare and Family Services  
8 nor the Department of Human Services shall sanction the  
9 recipient solely on the basis of her substance abuse.

10 The Illinois Department shall establish such regulations  
11 governing the dispensing of health services under this Article  
12 as it shall deem appropriate. The Department should seek the  
13 advice of formal professional advisory committees appointed by  
14 the Director of the Illinois Department for the purpose of  
15 providing regular advice on policy and administrative matters,  
16 information dissemination and educational activities for  
17 medical and health care providers, and consistency in  
18 procedures to the Illinois Department.

19 Notwithstanding any other provision of law, a health care  
20 provider under the medical assistance program may elect, in  
21 lieu of receiving direct payment for services provided under  
22 that program, to participate in the State Employees Deferred  
23 Compensation Plan adopted under Article 24 of the Illinois  
24 Pension Code. A health care provider who elects to participate  
25 in the plan does not have a cause of action against the State  
26 for any damages allegedly suffered by the provider as a result

1 of any delay by the State in crediting the amount of any  
2 contribution to the provider's plan account.

3 The Illinois Department may develop and contract with  
4 Partnerships of medical providers to arrange medical services  
5 for persons eligible under Section 5-2 of this Code.  
6 Implementation of this Section may be by demonstration projects  
7 in certain geographic areas. The Partnership shall be  
8 represented by a sponsor organization. The Department, by rule,  
9 shall develop qualifications for sponsors of Partnerships.  
10 Nothing in this Section shall be construed to require that the  
11 sponsor organization be a medical organization.

12 The sponsor must negotiate formal written contracts with  
13 medical providers for physician services, inpatient and  
14 outpatient hospital care, home health services, treatment for  
15 alcoholism and substance abuse, and other services determined  
16 necessary by the Illinois Department by rule for delivery by  
17 Partnerships. Physician services must include prenatal and  
18 obstetrical care. The Illinois Department shall reimburse  
19 medical services delivered by Partnership providers to clients  
20 in target areas according to provisions of this Article and the  
21 Illinois Health Finance Reform Act, except that:

22 (1) Physicians participating in a Partnership and  
23 providing certain services, which shall be determined by  
24 the Illinois Department, to persons in areas covered by the  
25 Partnership may receive an additional surcharge for such  
26 services.

1           (2) The Department may elect to consider and negotiate  
2           financial incentives to encourage the development of  
3           Partnerships and the efficient delivery of medical care.

4           (3) Persons receiving medical services through  
5           Partnerships may receive medical and case management  
6           services above the level usually offered through the  
7           medical assistance program.

8           Medical providers shall be required to meet certain  
9           qualifications to participate in Partnerships to ensure the  
10          delivery of high quality medical services. These  
11          qualifications shall be determined by rule of the Illinois  
12          Department and may be higher than qualifications for  
13          participation in the medical assistance program. Partnership  
14          sponsors may prescribe reasonable additional qualifications  
15          for participation by medical providers, only with the prior  
16          written approval of the Illinois Department.

17          Nothing in this Section shall limit the free choice of  
18          practitioners, hospitals, and other providers of medical  
19          services by clients. In order to ensure patient freedom of  
20          choice, the Illinois Department shall immediately promulgate  
21          all rules and take all other necessary actions so that provided  
22          services may be accessed from therapeutically certified  
23          optometrists to the full extent of the Illinois Optometric  
24          Practice Act of 1987 without discriminating between service  
25          providers.

26          The Department shall apply for a waiver from the United

1 States Health Care Financing Administration to allow for the  
2 implementation of Partnerships under this Section.

3 The Illinois Department shall require health care  
4 providers to maintain records that document the medical care  
5 and services provided to recipients of Medical Assistance under  
6 this Article. Such records must be retained for a period of not  
7 less than 6 years from the date of service or as provided by  
8 applicable State law, whichever period is longer, except that  
9 if an audit is initiated within the required retention period  
10 then the records must be retained until the audit is completed  
11 and every exception is resolved. The Illinois Department shall  
12 require health care providers to make available, when  
13 authorized by the patient, in writing, the medical records in a  
14 timely fashion to other health care providers who are treating  
15 or serving persons eligible for Medical Assistance under this  
16 Article. All dispensers of medical services shall be required  
17 to maintain and retain business and professional records  
18 sufficient to fully and accurately document the nature, scope,  
19 details and receipt of the health care provided to persons  
20 eligible for medical assistance under this Code, in accordance  
21 with regulations promulgated by the Illinois Department. The  
22 rules and regulations shall require that proof of the receipt  
23 of prescription drugs, dentures, prosthetic devices and  
24 eyeglasses by eligible persons under this Section accompany  
25 each claim for reimbursement submitted by the dispenser of such  
26 medical services. No such claims for reimbursement shall be

1 approved for payment by the Illinois Department without such  
2 proof of receipt, unless the Illinois Department shall have put  
3 into effect and shall be operating a system of post-payment  
4 audit and review which shall, on a sampling basis, be deemed  
5 adequate by the Illinois Department to assure that such drugs,  
6 dentures, prosthetic devices and eyeglasses for which payment  
7 is being made are actually being received by eligible  
8 recipients. Within 90 days after the effective date of this  
9 amendatory Act of 1984, the Illinois Department shall establish  
10 a current list of acquisition costs for all prosthetic devices  
11 and any other items recognized as medical equipment and  
12 supplies reimbursable under this Article and shall update such  
13 list on a quarterly basis, except that the acquisition costs of  
14 all prescription drugs shall be updated no less frequently than  
15 every 30 days as required by Section 5-5.12.

16 The rules and regulations of the Illinois Department shall  
17 require that a written statement including the required opinion  
18 of a physician shall accompany any claim for reimbursement for  
19 abortions, or induced miscarriages or premature births. This  
20 statement shall indicate what procedures were used in providing  
21 such medical services.

22 The Illinois Department shall require all dispensers of  
23 medical services, other than an individual practitioner or  
24 group of practitioners, desiring to participate in the Medical  
25 Assistance program established under this Article to disclose  
26 all financial, beneficial, ownership, equity, surety or other

1 interests in any and all firms, corporations, partnerships,  
2 associations, business enterprises, joint ventures, agencies,  
3 institutions or other legal entities providing any form of  
4 health care services in this State under this Article.

5 The Illinois Department may require that all dispensers of  
6 medical services desiring to participate in the medical  
7 assistance program established under this Article disclose,  
8 under such terms and conditions as the Illinois Department may  
9 by rule establish, all inquiries from clients and attorneys  
10 regarding medical bills paid by the Illinois Department, which  
11 inquiries could indicate potential existence of claims or liens  
12 for the Illinois Department.

13 Enrollment of a vendor that provides non-emergency medical  
14 transportation, defined by the Department by rule, shall be  
15 conditional for 180 days. During that time, the Department of  
16 Healthcare and Family Services may terminate the vendor's  
17 eligibility to participate in the medical assistance program  
18 without cause. That termination of eligibility is not subject  
19 to the Department's hearing process.

20 The Illinois Department shall establish policies,  
21 procedures, standards and criteria by rule for the acquisition,  
22 repair and replacement of orthotic and prosthetic devices and  
23 durable medical equipment. Such rules shall provide, but not be  
24 limited to, the following services: (1) immediate repair or  
25 replacement of such devices by recipients without medical  
26 authorization; and (2) rental, lease, purchase or

1 lease-purchase of durable medical equipment in a  
2 cost-effective manner, taking into consideration the  
3 recipient's medical prognosis, the extent of the recipient's  
4 needs, and the requirements and costs for maintaining such  
5 equipment. Such rules shall enable a recipient to temporarily  
6 acquire and use alternative or substitute devices or equipment  
7 pending repairs or replacements of any device or equipment  
8 previously authorized for such recipient by the Department.

9 The Department shall execute, relative to the nursing home  
10 prescreening project, written inter-agency agreements with the  
11 Department of Human Services and the Department on Aging, to  
12 effect the following: (i) intake procedures and common  
13 eligibility criteria for those persons who are receiving  
14 non-institutional services; and (ii) the establishment and  
15 development of non-institutional services in areas of the State  
16 where they are not currently available or are undeveloped.

17 The Illinois Department shall develop and operate, in  
18 cooperation with other State Departments and agencies and in  
19 compliance with applicable federal laws and regulations,  
20 appropriate and effective systems of health care evaluation and  
21 programs for monitoring of utilization of health care services  
22 and facilities, as it affects persons eligible for medical  
23 assistance under this Code.

24 The Illinois Department shall report annually to the  
25 General Assembly, no later than the second Friday in April of  
26 1979 and each year thereafter, in regard to:

1 (a) actual statistics and trends in utilization of  
2 medical services by public aid recipients;

3 (b) actual statistics and trends in the provision of  
4 the various medical services by medical vendors;

5 (c) current rate structures and proposed changes in  
6 those rate structures for the various medical vendors; and

7 (d) efforts at utilization review and control by the  
8 Illinois Department.

9 The period covered by each report shall be the 3 years  
10 ending on the June 30 prior to the report. The report shall  
11 include suggested legislation for consideration by the General  
12 Assembly. The filing of one copy of the report with the  
13 Speaker, one copy with the Minority Leader and one copy with  
14 the Clerk of the House of Representatives, one copy with the  
15 President, one copy with the Minority Leader and one copy with  
16 the Secretary of the Senate, one copy with the Legislative  
17 Research Unit, and such additional copies with the State  
18 Government Report Distribution Center for the General Assembly  
19 as is required under paragraph (t) of Section 7 of the State  
20 Library Act shall be deemed sufficient to comply with this  
21 Section.

22 Rulemaking authority to implement Public Act 95-1045, if  
23 any, is conditioned on the rules being adopted in accordance  
24 with all provisions of the Illinois Administrative Procedure  
25 Act and all rules and procedures of the Joint Committee on  
26 Administrative Rules; any purported rule not so adopted, for



1 whatever reason, is unauthorized.

2 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07;  
3 95-1045, eff. 3-27-09; 96-156, eff. 1-1-10; 96-806, eff.  
4 7-1-10; 96-926, eff. 1-1-11; 96-1000, eff. 7-2-10.)

5 (305 ILCS 5/5-26)

6 Sec. 5-26. Federal Family Opportunity Act.

7 (a) As used in this Section, "the federal Act" means the  
8 federal Family Opportunity Act, enacted as part of the Deficit  
9 Reduction Act of 2005.

10 (b) Subject to appropriations for program administration  
11 and services, the ~~The~~ Department of Human Services, in  
12 conjunction with the Department of Healthcare and Family  
13 Services, shall implement the Medical Assistance provisions of  
14 the federal Act as soon as possible after the effective date of  
15 this amendatory Act of the 95th General Assembly.

16 (c) As soon as possible after the effective date of this  
17 amendatory Act of the 95th General Assembly, the Department of  
18 Human Services, in conjunction with the Department of  
19 Healthcare and Family Services, shall take all necessary and  
20 appropriate steps to try to secure (i) any available federal  
21 funds for a demonstration project regarding home and  
22 community-based alternatives to psychiatric residential  
23 treatment facilities for children, as authorized by the federal  
24 Act, and (ii) the location in Illinois of a family-to-family  
25 health information center, as authorized by the federal Act.

1 (Source: P.A. 95-37, eff. 8-10-07.)

2 (305 ILCS 5/5A-9) (from Ch. 23, par. 5A-9)

3 Sec. 5A-9. Emergency services audits. The Illinois  
4 Department may audit hospital claims for payment for emergency  
5 services provided to a recipient who does not require admission  
6 as an inpatient. The Illinois Department shall adopt rules that  
7 describe how the emergency services audit process will be  
8 conducted. These rules shall include, but need not be limited  
9 to, the following provisions:

10 (1) The determination that an emergency medical  
11 condition exists shall be based upon the symptoms and  
12 condition of the recipient at the time the recipient is  
13 initially examined by the hospital emergency department  
14 and not upon the final determination of the recipient's  
15 actual medical condition.

16 (2) The Illinois Department or its authorized  
17 representative shall meet with the chief executive officer  
18 of the hospital, or a person designated by the chief  
19 executive officer, upon arrival at the hospital to conduct  
20 the audit and before leaving the hospital at the conclusion  
21 of the audit. The purpose of the pre-audit meeting shall be  
22 to inform the hospital concerning the scope of the audit.  
23 The purpose of the post-audit meeting shall be to provide  
24 the hospital with the preliminary findings of the audit.

25 (3) An emergency services audit shall be limited to a

1 review of records related to services rendered within 6 ~~3~~  
2 years of the date of the audit. The hospital's business and  
3 professional records for at least 12 previous calendar  
4 months shall be maintained and available for inspection by  
5 authorized Illinois Department personnel on the premises  
6 of the hospital. Illinois Department personnel shall make  
7 requests in writing to inspect records more than 12 months  
8 old at least 2 business days in advance of the date they  
9 must be produced.

10 (4) Where the purpose of the audit is to determine the  
11 appropriateness of the emergency services provided, any  
12 final determination that would result in a denial of or  
13 reduction in payment to the hospital shall be made by a  
14 physician licensed to practice medicine in all of its  
15 branches who is board certified in emergency medicine or by  
16 the appropriate health care professionals under the  
17 supervision of the physician.

18 (5) The preliminary audit findings shall be provided to  
19 the hospital within 120 days of the date on which the audit  
20 conducted on the hospital premises was completed.

21 (6) The Illinois Department or its designated review  
22 agent shall use statistically valid sampling techniques  
23 when conducting audits.

24 (Source: P.A. 87-861.)

25 (305 ILCS 5/12-4.42)

1           Sec. 12-4.42 ~~12-4.40~~. Medicaid Revenue Maximization.

2           (a) Purpose. The General Assembly finds that there is a  
3 need to make changes to the administration of services provided  
4 by State and local governments in order to maximize federal  
5 financial participation.

6           (b) Definitions. As used in this Section:

7           "Community Medicaid mental health services" means all  
8 mental health services outlined in Section 132 of Title 59 of  
9 the Illinois Administrative Code that are funded through DHS,  
10 eligible for federal financial participation, and provided by a  
11 community-based provider.

12           "Community-based provider" means an entity enrolled as a  
13 provider pursuant to Sections 140.11 and 140.12 of Title 89 of  
14 the Illinois Administrative Code and certified to provide  
15 community Medicaid mental health services in accordance with  
16 Section 132 of Title 59 of the Illinois Administrative Code.

17           "DCFS" means the Department of Children and Family  
18 Services.

19           "Department" means the Illinois Department of Healthcare  
20 and Family Services.

21           "Developmentally disabled care facility" means an  
22 intermediate care facility for the mentally retarded within the  
23 meaning of Title XIX of the Social Security Act, whether public  
24 or private and whether organized for profit or not-for-profit,  
25 but shall not include any facility operated by the State.

26           "Developmentally disabled care provider" means a person

1 conducting, operating, or maintaining a developmentally  
2 disabled care facility. For purposes of this definition,  
3 "person" means any political subdivision of the State,  
4 municipal corporation, individual, firm, partnership,  
5 corporation, company, limited liability company, association,  
6 joint stock association, or trust, or a receiver, executor,  
7 trustee, guardian, or other representative appointed by order  
8 of any court.

9 "DHS" means the Illinois Department of Human Services.

10 "Hospital" means an institution, place, building, or  
11 agency located in this State that is licensed as a general  
12 acute hospital by the Illinois Department of Public Health  
13 under the Hospital Licensing Act, whether public or private and  
14 whether organized for profit or not-for-profit.

15 "Long term care facility" means (i) a skilled nursing or  
16 intermediate long term care facility, whether public or private  
17 and whether organized for profit or not-for-profit, that is  
18 subject to licensure by the Illinois Department of Public  
19 Health under the Nursing Home Care Act, including a county  
20 nursing home directed and maintained under Section 5-1005 of  
21 the Counties Code, and (ii) a part of a hospital in which  
22 skilled or intermediate long term care services within the  
23 meaning of Title XVIII or XIX of the Social Security Act are  
24 provided; except that the term "long term care facility" does  
25 not include a facility operated solely as an intermediate care  
26 facility for the mentally retarded within the meaning of Title

1 XIX of the Social Security Act.

2 "Long term care provider" means (i) a person licensed by  
3 the Department of Public Health to operate and maintain a  
4 skilled nursing or intermediate long term care facility or (ii)  
5 a hospital provider that provides skilled or intermediate long  
6 term care services within the meaning of Title XVIII or XIX of  
7 the Social Security Act. For purposes of this definition,  
8 "person" means any political subdivision of the State,  
9 municipal corporation, individual, firm, partnership,  
10 corporation, company, limited liability company, association,  
11 joint stock association, or trust, or a receiver, executor,  
12 trustee, guardian, or other representative appointed by order  
13 of any court.

14 "State-operated developmentally disabled care facility"  
15 means an intermediate care facility for the mentally retarded  
16 within the meaning of Title XIX of the Social Security Act  
17 operated by the State.

18 (c) Administration and deposit of Revenues. The Department  
19 shall coordinate the implementation of changes required by this  
20 amendatory Act of the 96th General Assembly amongst the various  
21 State and local government bodies that administer programs  
22 referred to in this Section.

23 Revenues generated by program changes mandated by any  
24 provision in this Section, less reasonable administrative  
25 costs associated with the implementation of these program  
26 changes, which would otherwise be deposited into the General

1 Revenue Fund shall be deposited into the Healthcare Provider  
2 Relief Fund.

3 The Department shall issue a report to the General Assembly  
4 detailing the implementation progress of this amendatory Act of  
5 the 96th General Assembly as a part of the Department's Medical  
6 Programs annual report for fiscal years 2010 and 2011.

7 (d) Acceleration of payment vouchers. To the extent  
8 practicable and permissible under federal law, the Department  
9 shall create all vouchers for long term care facilities and  
10 developmentally disabled care facilities for dates of service  
11 in the month in which the enhanced federal medical assistance  
12 percentage (FMAP) originally set forth in the American Recovery  
13 and Reinvestment Act (ARRA) expires and for dates of service in  
14 the month prior to that month and shall, no later than the 15th  
15 of the month in which the enhanced FMAP expires, submit these  
16 vouchers to the Comptroller for payment.

17 The Department of Human Services shall create the necessary  
18 documentation for State-operated developmentally disabled care  
19 facilities so that the necessary data for all dates of service  
20 before the expiration of the enhanced FMAP originally set forth  
21 in the ARRA can be adjudicated by the Department no later than  
22 the 15th of the month in which the enhanced FMAP expires.

23 (e) Billing of DHS community Medicaid mental health  
24 services. No later than July 1, 2011, community Medicaid mental  
25 health services provided by a community-based provider must be  
26 billed directly to the Department.

1 (f) DCFS Medicaid services. The Department shall work with  
2 DCFS to identify existing programs, pending qualifying  
3 services, that can be converted in an economically feasible  
4 manner to Medicaid in order to secure federal financial  
5 revenue.

6 (g) Third Party Liability recoveries. The Department shall  
7 contract with a vendor to support the Department in  
8 coordinating benefits for Medicaid enrollees. The scope of work  
9 shall include, at a minimum, the identification of other  
10 insurance for Medicaid enrollees and the recovery of funds paid  
11 by the Department when another payer was liable. The vendor may  
12 be paid a percentage of actual cash recovered when practical  
13 and subject to federal law.

14 (h) Public health departments. The Department shall  
15 identify unreimbursed costs for persons covered by Medicaid who  
16 are served by the Chicago Department of Public Health.

17 The Department shall assist the Chicago Department of  
18 Public Health in determining total unreimbursed costs  
19 associated with the provision of healthcare services to  
20 Medicaid enrollees.

21 The Department shall determine and draw the maximum  
22 allowable federal matching dollars associated with the cost of  
23 Chicago Department of Public Health services provided to  
24 Medicaid enrollees.

25 (i) Acceleration of hospital-based payments. The  
26 Department shall, by the 10th day of the month in which the



1 enhanced FMAP originally set forth in the ARRA expires, create  
2 vouchers for all State fiscal year 2011 hospital payments  
3 exempt from the prompt payment requirements of the ARRA. The  
4 Department shall submit these vouchers to the Comptroller for  
5 payment.

6 (Source: P.A. 96-1405, eff. 7-29-10; revised 9-9-10.)

7 (305 ILCS 5/12-10.5)

8 Sec. 12-10.5. Medical Special Purposes Trust Fund.

9 (a) The Medical Special Purposes Trust Fund ("the Fund") is  
10 created. Any grant, gift, donation, or legacy of money or  
11 securities that the Department of Healthcare and Family  
12 Services is authorized to receive under Section 12-4.18 or  
13 Section 12-4.19, and that is dedicated for functions connected  
14 with the administration of any medical program administered by  
15 the Department, shall be deposited into the Fund. All federal  
16 moneys received by the Department as reimbursement for  
17 disbursements authorized to be made from the Fund shall also be  
18 deposited into the Fund. In addition, federal moneys received  
19 on account of State expenditures made in connection with  
20 obtaining compliance with the federal Health Insurance  
21 Portability and Accountability Act (HIPAA) shall be deposited  
22 into the Fund.

23 (b) No moneys received from a service provider or a  
24 governmental or private entity that is enrolled with the  
25 Department as a provider of medical services shall be deposited

1 into the Fund.

2 (c) Disbursements may be made from the Fund for the  
3 purposes connected with the grants, gifts, donations, or  
4 legacies deposited into the Fund, including, but not limited  
5 to, medical quality assessment projects, eligibility  
6 population studies, medical information systems evaluations,  
7 and other administrative functions that assist the Department  
8 in fulfilling its health care mission under any medical program  
9 administered by the Department ~~the Illinois Public Aid Code and~~  
10 ~~the Children's Health Insurance Program Act.~~

11 (Source: P.A. 95-331, eff. 8-21-07.)

12 (305 ILCS 5/5-2.4 rep.)

13 (305 ILCS 5/9A-9.5 rep.)

14 Section 20. The Illinois Public Aid Code is amended by  
15 repealing Sections 5-2.4 and 9A-9.5.

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 100/5-70 from Ch. 127, par. 1005-70

4 20 ILCS 10/Act rep.

5 30 ILCS 105/5.573

6 30 ILCS 105/6z-58

7 210 ILCS 45/2-201.5

8 305 ILCS 5/5-2 from Ch. 23, par. 5-2

9 305 ILCS 5/5-5 from Ch. 23, par. 5-5

10 305 ILCS 5/5-26

11 305 ILCS 5/5A-9 from Ch. 23, par. 5A-9

12 305 ILCS 5/12-4.42

13 305 ILCS 5/12-10.5

14 305 ILCS 5/5-2.4 rep.

15 305 ILCS 5/9A-9.5 rep.