

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 Illinois Act on the Aging is amended by
5 changing Sections 4.01 and 4.02 as follows:

6 (20 ILCS 105/4.01) (from Ch. 23, par. 6104.01)

7 Sec. 4.01. Additional powers and duties of the Department.

8 In addition to powers and duties otherwise provided by law, the
9 Department shall have the following powers and duties:

10 (1) To evaluate all programs, services, and facilities for
11 the aged and for minority senior citizens within the State and
12 determine the extent to which present public or private
13 programs, services and facilities meet the needs of the aged.

14 (2) To coordinate and evaluate all programs, services, and
15 facilities for the Aging and for minority senior citizens
16 presently furnished by State agencies and make appropriate
17 recommendations regarding such services, programs and
18 facilities to the Governor and/or the General Assembly.

19 (2-a) To request, receive, and share information
20 electronically through the use of data-sharing agreements for
21 the purpose of (i) establishing and verifying the initial and
22 continuing eligibility of older adults to participate in
23 programs administered by the Department; (ii) maximizing

1 federal financial participation in State assistance
2 expenditures; and (iii) investigating allegations of fraud or
3 other abuse of publicly funded benefits. Notwithstanding any
4 other law to the contrary, but only for the limited purposes
5 identified in the preceding sentence, this paragraph (2-a)
6 expressly authorizes the exchanges of income, identification,
7 and other pertinent eligibility information by and among the
8 Department and the Social Security Administration, the
9 Department of Employment Security, the Department of
10 Healthcare and Family Services, the Department of Human
11 Services, the Department of Revenue, the Secretary of State,
12 the U.S. Department of Veterans Affairs, and any other
13 governmental entity. The confidentiality of information
14 otherwise shall be maintained as required by law. In addition,
15 the Department on Aging shall verify employment information at
16 the request of a community care provider for the purpose of
17 ensuring program integrity under the Community Care Program.

18 (3) To function as the sole State agency to develop a
19 comprehensive plan to meet the needs of the State's senior
20 citizens and the State's minority senior citizens.

21 (4) To receive and disburse State and federal funds made
22 available directly to the Department including those funds made
23 available under the Older Americans Act and the Senior
24 Community Service Employment Program for providing services
25 for senior citizens and minority senior citizens or for
26 purposes related thereto, and shall develop and administer any

1 State Plan for the Aging required by federal law.

2 (5) To solicit, accept, hold, and administer in behalf of
3 the State any grants or legacies of money, securities, or
4 property to the State of Illinois for services to senior
5 citizens and minority senior citizens or purposes related
6 thereto.

7 (6) To provide consultation and assistance to communities,
8 area agencies on aging, and groups developing local services
9 for senior citizens and minority senior citizens.

10 (7) To promote community education regarding the problems
11 of senior citizens and minority senior citizens through
12 institutes, publications, radio, television and the local
13 press.

14 (8) To cooperate with agencies of the federal government in
15 studies and conferences designed to examine the needs of senior
16 citizens and minority senior citizens and to prepare programs
17 and facilities to meet those needs.

18 (9) To establish and maintain information and referral
19 sources throughout the State when not provided by other
20 agencies.

21 (10) To provide the staff support that may reasonably be
22 required by the Council.

23 (11) To make and enforce rules and regulations necessary
24 and proper to the performance of its duties.

25 (12) To establish and fund programs or projects or
26 experimental facilities that are specially designed as

1 alternatives to institutional care.

2 (13) To develop a training program to train the counselors
3 presently employed by the Department's aging network to provide
4 Medicare beneficiaries with counseling and advocacy in
5 Medicare, private health insurance, and related health care
6 coverage plans. The Department shall report to the General
7 Assembly on the implementation of the training program on or
8 before December 1, 1986.

9 (14) To make a grant to an institution of higher learning
10 to study the feasibility of establishing and implementing an
11 affirmative action employment plan for the recruitment,
12 hiring, training and retraining of persons 60 or more years old
13 for jobs for which their employment would not be precluded by
14 law.

15 (15) To present one award annually in each of the
16 categories of community service, education, the performance
17 and graphic arts, and the labor force to outstanding Illinois
18 senior citizens and minority senior citizens in recognition of
19 their individual contributions to either community service,
20 education, the performance and graphic arts, or the labor
21 force. The awards shall be presented to 4 senior citizens and
22 minority senior citizens selected from a list of 44 nominees
23 compiled annually by the Department. Nominations shall be
24 solicited from senior citizens' service providers, area
25 agencies on aging, senior citizens' centers, and senior
26 citizens' organizations. The Department shall establish a

1 central location within the State to be designated as the
2 Senior Illinoisans Hall of Fame for the public display of all
3 the annual awards, or replicas thereof.

4 (16) To establish multipurpose senior centers through area
5 agencies on aging and to fund those new and existing
6 multipurpose senior centers through area agencies on aging, the
7 establishment and funding to begin in such areas of the State
8 as the Department shall designate by rule and as specifically
9 appropriated funds become available.

10 (17) To develop the content and format of the
11 acknowledgment regarding non-recourse reverse mortgage loans
12 under Section 6.1 of the Illinois Banking Act; to provide
13 independent consumer information on reverse mortgages and
14 alternatives; and to refer consumers to independent counseling
15 services with expertise in reverse mortgages.

16 (18) To develop a pamphlet in English and Spanish which may
17 be used by physicians licensed to practice medicine in all of
18 its branches pursuant to the Medical Practice Act of 1987,
19 pharmacists licensed pursuant to the Pharmacy Practice Act, and
20 Illinois residents 65 years of age or older for the purpose of
21 assisting physicians, pharmacists, and patients in monitoring
22 prescriptions provided by various physicians and to aid persons
23 65 years of age or older in complying with directions for
24 proper use of pharmaceutical prescriptions. The pamphlet may
25 provide space for recording information including but not
26 limited to the following:

- 1 (a) name and telephone number of the patient;
- 2 (b) name and telephone number of the prescribing
3 physician;
- 4 (c) date of prescription;
- 5 (d) name of drug prescribed;
- 6 (e) directions for patient compliance; and
- 7 (f) name and telephone number of dispensing pharmacy.

8 In developing the pamphlet, the Department shall consult
9 with the Illinois State Medical Society, the Center for
10 Minority Health Services, the Illinois Pharmacists Association
11 and senior citizens organizations. The Department shall
12 distribute the pamphlets to physicians, pharmacists and
13 persons 65 years of age or older or various senior citizen
14 organizations throughout the State.

15 (19) To conduct a study of the feasibility of implementing
16 the Senior Companion Program throughout the State.

17 (20) The reimbursement rates paid through the community
18 care program for chore housekeeping services and home care
19 aides shall be the same.

20 (21) From funds appropriated to the Department from the
21 Meals on Wheels Fund, a special fund in the State treasury that
22 is hereby created, and in accordance with State and federal
23 guidelines and the intrastate funding formula, to make grants
24 to area agencies on aging, designated by the Department, for
25 the sole purpose of delivering meals to homebound persons 60
26 years of age and older.

1 (22) To distribute, through its area agencies on aging,
2 information alerting seniors on safety issues regarding
3 emergency weather conditions, including extreme heat and cold,
4 flooding, tornadoes, electrical storms, and other severe storm
5 weather. The information shall include all necessary
6 instructions for safety and all emergency telephone numbers of
7 organizations that will provide additional information and
8 assistance.

9 (23) To develop guidelines for the organization and
10 implementation of Volunteer Services Credit Programs to be
11 administered by Area Agencies on Aging or community based
12 senior service organizations. The Department shall hold public
13 hearings on the proposed guidelines for public comment,
14 suggestion, and determination of public interest. The
15 guidelines shall be based on the findings of other states and
16 of community organizations in Illinois that are currently
17 operating volunteer services credit programs or demonstration
18 volunteer services credit programs. The Department shall offer
19 guidelines for all aspects of the programs including, but not
20 limited to, the following:

21 (a) types of services to be offered by volunteers;

22 (b) types of services to be received upon the
23 redemption of service credits;

24 (c) issues of liability for the volunteers and the
25 administering organizations;

26 (d) methods of tracking service credits earned and

1 service credits redeemed;

2 (e) issues of time limits for redemption of service
3 credits;

4 (f) methods of recruitment of volunteers;

5 (g) utilization of community volunteers, community
6 service groups, and other resources for delivering
7 services to be received by service credit program clients;

8 (h) accountability and assurance that services will be
9 available to individuals who have earned service credits;

10 and

11 (i) volunteer screening and qualifications.

12 The Department shall submit a written copy of the guidelines to
13 the General Assembly by July 1, 1998.

14 (Source: P.A. 95-298, eff. 8-20-07; 95-689, eff. 10-29-07;
15 95-876, eff. 8-21-08; 96-918, eff. 6-9-10.)

16 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

17 Sec. 4.02. Community Care Program. The Department shall
18 establish a program of services to prevent unnecessary
19 institutionalization of persons age 60 and older in need of
20 long term care or who are established as persons who suffer
21 from Alzheimer's disease or a related disorder under the
22 Alzheimer's Disease Assistance Act, thereby enabling them to
23 remain in their own homes or in other living arrangements. Such
24 preventive services, which may be coordinated with other
25 programs for the aged and monitored by area agencies on aging

1 in cooperation with the Department, may include, but are not
2 limited to, any or all of the following:

3 (a) (blank);

4 (b) (blank);

5 (c) home care aide services;

6 (d) personal assistant services;

7 (e) adult day services;

8 (f) home-delivered meals;

9 (g) education in self-care;

10 (h) personal care services;

11 (i) adult day health services;

12 (j) habilitation services;

13 (k) respite care;

14 (k-5) community reintegration services;

15 (k-6) flexible senior services;

16 (k-7) medication management;

17 (k-8) emergency home response;

18 (l) other nonmedical social services that may enable
19 the person to become self-supporting; or

20 (m) clearinghouse for information provided by senior
21 citizen home owners who want to rent rooms to or share
22 living space with other senior citizens.

23 The Department shall establish eligibility standards for
24 such services. In determining the amount and nature of services
25 for which a person may qualify, consideration shall not be
26 given to the value of cash, property or other assets held in

1 the name of the person's spouse pursuant to a written agreement
2 dividing marital property into equal but separate shares or
3 pursuant to a transfer of the person's interest in a home to
4 his spouse, provided that the spouse's share of the marital
5 property is not made available to the person seeking such
6 services.

7 Beginning January 1, 2008, the Department shall require as
8 a condition of eligibility that all new financially eligible
9 applicants apply for and enroll in medical assistance under
10 Article V of the Illinois Public Aid Code in accordance with
11 rules promulgated by the Department.

12 The Department shall, in conjunction with the Department of
13 Public Aid (now Department of Healthcare and Family Services),
14 seek appropriate amendments under Sections 1915 and 1924 of the
15 Social Security Act. The purpose of the amendments shall be to
16 extend eligibility for home and community based services under
17 Sections 1915 and 1924 of the Social Security Act to persons
18 who transfer to or for the benefit of a spouse those amounts of
19 income and resources allowed under Section 1924 of the Social
20 Security Act. Subject to the approval of such amendments, the
21 Department shall extend the provisions of Section 5-4 of the
22 Illinois Public Aid Code to persons who, but for the provision
23 of home or community-based services, would require the level of
24 care provided in an institution, as is provided for in federal
25 law. Those persons no longer found to be eligible for receiving
26 noninstitutional services due to changes in the eligibility

1 criteria shall be given 45 days notice prior to actual
2 termination. Those persons receiving notice of termination may
3 contact the Department and request the determination be
4 appealed at any time during the 45 day notice period. The
5 target population identified for the purposes of this Section
6 are persons age 60 and older with an identified service need.
7 Priority shall be given to those who are at imminent risk of
8 institutionalization. The services shall be provided to
9 eligible persons age 60 and older to the extent that the cost
10 of the services together with the other personal maintenance
11 expenses of the persons are reasonably related to the standards
12 established for care in a group facility appropriate to the
13 person's condition. These non-institutional services, pilot
14 projects or experimental facilities may be provided as part of
15 or in addition to those authorized by federal law or those
16 funded and administered by the Department of Human Services.
17 The Departments of Human Services, Healthcare and Family
18 Services, Public Health, Veterans' Affairs, and Commerce and
19 Economic Opportunity and other appropriate agencies of State,
20 federal and local governments shall cooperate with the
21 Department on Aging in the establishment and development of the
22 non-institutional services. The Department shall require an
23 annual audit from all personal assistant and home care aide
24 vendors contracting with the Department under this Section. The
25 annual audit shall assure that each audited vendor's procedures
26 are in compliance with Department's financial reporting

1 guidelines requiring an administrative and employee wage and
2 benefits cost split as defined in administrative rules. The
3 audit is a public record under the Freedom of Information Act.
4 The Department shall execute, relative to the nursing home
5 prescreening project, written inter-agency agreements with the
6 Department of Human Services and the Department of Healthcare
7 and Family Services, to effect the following: (1) intake
8 procedures and common eligibility criteria for those persons
9 who are receiving non-institutional services; and (2) the
10 establishment and development of non-institutional services in
11 areas of the State where they are not currently available or
12 are undeveloped. On and after July 1, 1996, all nursing home
13 prescreenings for individuals 60 years of age or older shall be
14 conducted by the Department.

15 As part of the Department on Aging's routine training of
16 case managers and case manager supervisors, the Department may
17 include information on family futures planning for persons who
18 are age 60 or older and who are caregivers of their adult
19 children with developmental disabilities. The content of the
20 training shall be at the Department's discretion.

21 The Department is authorized to establish a system of
22 recipient copayment for services provided under this Section,
23 such copayment to be based upon the recipient's ability to pay
24 but in no case to exceed the actual cost of the services
25 provided. Additionally, any portion of a person's income which
26 is equal to or less than the federal poverty standard shall not

1 be considered by the Department in determining the copayment.
2 The level of such copayment shall be adjusted whenever
3 necessary to reflect any change in the officially designated
4 federal poverty standard.

5 The Department, or the Department's authorized
6 representative, may recover the amount of moneys expended for
7 services provided to or in behalf of a person under this
8 Section by a claim against the person's estate or against the
9 estate of the person's surviving spouse, but no recovery may be
10 had until after the death of the surviving spouse, if any, and
11 then only at such time when there is no surviving child who is
12 under age 21, blind, or permanently and totally disabled. This
13 paragraph, however, shall not bar recovery, at the death of the
14 person, of moneys for services provided to the person or in
15 behalf of the person under this Section to which the person was
16 not entitled; provided that such recovery shall not be enforced
17 against any real estate while it is occupied as a homestead by
18 the surviving spouse or other dependent, if no claims by other
19 creditors have been filed against the estate, or, if such
20 claims have been filed, they remain dormant for failure of
21 prosecution or failure of the claimant to compel administration
22 of the estate for the purpose of payment. This paragraph shall
23 not bar recovery from the estate of a spouse, under Sections
24 1915 and 1924 of the Social Security Act and Section 5-4 of the
25 Illinois Public Aid Code, who precedes a person receiving
26 services under this Section in death. All moneys for services

1 paid to or in behalf of the person under this Section shall be
2 claimed for recovery from the deceased spouse's estate.
3 "Homestead", as used in this paragraph, means the dwelling
4 house and contiguous real estate occupied by a surviving spouse
5 or relative, as defined by the rules and regulations of the
6 Department of Healthcare and Family Services, regardless of the
7 value of the property.

8 The Department shall increase the effectiveness of the
9 existing Community Care Program by:

10 (1) ensuring that in-home services included in the care
11 plan are available on evenings and weekends;

12 (2) ensuring that care plans contain the services that
13 eligible participants need based on the number of days in a
14 month, not limited to specific blocks of time, as
15 identified by the comprehensive assessment tool selected
16 by the Department for use statewide, not to exceed the
17 total monthly service cost maximum allowed for each
18 service; the Department shall develop administrative rules
19 to implement this item (2);

20 (3) ensuring that the participants have the right to
21 choose the services contained in their care plan and to
22 direct how those services are provided, based on
23 administrative rules established by the Department;

24 (4) ensuring that the determination of need tool is
25 accurate in determining the participants' level of need; to
26 achieve this, the Department, in conjunction with the Older

1 Adult Services Advisory Committee, shall institute a study
2 of the relationship between the Determination of Need
3 scores, level of need, service cost maximums, and the
4 development and utilization of service plans no later than
5 May 1, 2008; findings and recommendations shall be
6 presented to the Governor and the General Assembly no later
7 than January 1, 2009; recommendations shall include all
8 needed changes to the service cost maximums schedule and
9 additional covered services;

10 (5) ensuring that homemakers can provide personal care
11 services that may or may not involve contact with clients,
12 including but not limited to:

13 (A) bathing;

14 (B) grooming;

15 (C) toileting;

16 (D) nail care;

17 (E) transferring;

18 (F) respiratory services;

19 (G) exercise; or

20 (H) positioning;

21 (6) ensuring that homemaker program vendors are not
22 restricted from hiring homemakers who are family members of
23 clients or recommended by clients; the Department may not,
24 by rule or policy, require homemakers who are family
25 members of clients or recommended by clients to accept
26 assignments in homes other than the client;

1 (7) ensuring that the State may access maximum federal
2 matching funds by seeking approval for the Centers for
3 Medicare and Medicaid Services for modifications to the
4 State's home and community based services waiver and
5 additional waiver opportunities, including applying for
6 enrollment in the Balance Incentive Payment Program by May
7 1, 2013, in order to maximize federal matching funds; this
8 shall include, but not be limited to, modification that
9 reflects all changes in the Community Care Program services
10 and all increases in the services cost maximum; ~~and~~

11 (8) ensuring that the determination of need tool
12 accurately reflects the service needs of individuals with
13 Alzheimer's disease and related dementia disorders; ~~-~~

14 (9) ensuring that services are authorized accurately
15 and consistently for the Community Care Program (CCP); the
16 Department shall implement a Service Authorization policy
17 directive; the purpose shall be to ensure that eligibility
18 and services are authorized accurately and consistently in
19 the CCP program; the policy directive shall clarify service
20 authorization guidelines to Care Coordination Units and
21 Community Care Program providers no later than May 1, 2013;

22 (10) working in conjunction with Care Coordination
23 Units, the Department of Healthcare and Family Services,
24 the Department of Human Services, Community Care Program
25 providers, and other stakeholders to make improvements to
26 the Medicaid claiming processes and the Medicaid

1 enrollment procedures or requirements as needed,
2 including, but not limited to, specific policy changes or
3 rules to improve the up-front enrollment of participants in
4 the Medicaid program and specific policy changes or rules
5 to insure more prompt submission of bills to the federal
6 government to secure maximum federal matching dollars as
7 promptly as possible; the Department on Aging shall have at
8 least 3 meetings with stakeholders by January 1, 2014 in
9 order to address these improvements;

10 (11) requiring home care service providers to comply
11 with the rounding of hours worked provisions under the
12 federal Fair Labor Standards Act (FLSA) and as set forth in
13 29 CFR 785.48(b) by May 1, 2013;

14 (12) implementing any necessary policy changes or
15 promulgating any rules, no later than January 1, 2014, to
16 assist the Department of Healthcare and Family Services in
17 moving as many participants as possible, consistent with
18 federal regulations, into coordinated care plans if a care
19 coordination plan that covers long term care is available
20 in the recipient's area; and

21 (13) maintaining fiscal year 2014 rates at the same
22 level established on January 1, 2013.

23 By January 1, 2009 or as soon after the end of the Cash and
24 Counseling Demonstration Project as is practicable, the
25 Department may, based on its evaluation of the demonstration
26 project, promulgate rules concerning personal assistant

1 services, to include, but need not be limited to,
2 qualifications, employment screening, rights under fair labor
3 standards, training, fiduciary agent, and supervision
4 requirements. All applicants shall be subject to the provisions
5 of the Health Care Worker Background Check Act.

6 The Department shall develop procedures to enhance
7 availability of services on evenings, weekends, and on an
8 emergency basis to meet the respite needs of caregivers.
9 Procedures shall be developed to permit the utilization of
10 services in successive blocks of 24 hours up to the monthly
11 maximum established by the Department. Workers providing these
12 services shall be appropriately trained.

13 Beginning on the effective date of this Amendatory Act of
14 1991, no person may perform chore/housekeeping and home care
15 aide services under a program authorized by this Section unless
16 that person has been issued a certificate of pre-service to do
17 so by his or her employing agency. Information gathered to
18 effect such certification shall include (i) the person's name,
19 (ii) the date the person was hired by his or her current
20 employer, and (iii) the training, including dates and levels.
21 Persons engaged in the program authorized by this Section
22 before the effective date of this amendatory Act of 1991 shall
23 be issued a certificate of all pre- and in-service training
24 from his or her employer upon submitting the necessary
25 information. The employing agency shall be required to retain
26 records of all staff pre- and in-service training, and shall

1 provide such records to the Department upon request and upon
2 termination of the employer's contract with the Department. In
3 addition, the employing agency is responsible for the issuance
4 of certifications of in-service training completed to their
5 employees.

6 The Department is required to develop a system to ensure
7 that persons working as home care aides and personal assistants
8 receive increases in their wages when the federal minimum wage
9 is increased by requiring vendors to certify that they are
10 meeting the federal minimum wage statute for home care aides
11 and personal assistants. An employer that cannot ensure that
12 the minimum wage increase is being given to home care aides and
13 personal assistants shall be denied any increase in
14 reimbursement costs.

15 The Community Care Program Advisory Committee is created in
16 the Department on Aging. The Director shall appoint individuals
17 to serve in the Committee, who shall serve at their own
18 expense. Members of the Committee must abide by all applicable
19 ethics laws. The Committee shall advise the Department on
20 issues related to the Department's program of services to
21 prevent unnecessary institutionalization. The Committee shall
22 meet on a bi-monthly basis and shall serve to identify and
23 advise the Department on present and potential issues affecting
24 the service delivery network, the program's clients, and the
25 Department and to recommend solution strategies. Persons
26 appointed to the Committee shall be appointed on, but not

1 limited to, their own and their agency's experience with the
2 program, geographic representation, and willingness to serve.
3 The Director shall appoint members to the Committee to
4 represent provider, advocacy, policy research, and other
5 constituencies committed to the delivery of high quality home
6 and community-based services to older adults. Representatives
7 shall be appointed to ensure representation from community care
8 providers including, but not limited to, adult day service
9 providers, homemaker providers, case coordination and case
10 management units, emergency home response providers, statewide
11 trade or labor unions that represent home care aides and direct
12 care staff, area agencies on aging, adults over age 60,
13 membership organizations representing older adults, and other
14 organizational entities, providers of care, or individuals
15 with demonstrated interest and expertise in the field of home
16 and community care as determined by the Director.

17 Nominations may be presented from any agency or State
18 association with interest in the program. The Director, or his
19 or her designee, shall serve as the permanent co-chair of the
20 advisory committee. One other co-chair shall be nominated and
21 approved by the members of the committee on an annual basis.
22 Committee members' terms of appointment shall be for 4 years
23 with one-quarter of the appointees' terms expiring each year. A
24 member shall continue to serve until his or her replacement is
25 named. The Department shall fill vacancies that have a
26 remaining term of over one year, and this replacement shall

1 occur through the annual replacement of expiring terms. The
2 Director shall designate Department staff to provide technical
3 assistance and staff support to the committee. Department
4 representation shall not constitute membership of the
5 committee. All Committee papers, issues, recommendations,
6 reports, and meeting memoranda are advisory only. The Director,
7 or his or her designee, shall make a written report, as
8 requested by the Committee, regarding issues before the
9 Committee.

10 The Department on Aging and the Department of Human
11 Services shall cooperate in the development and submission of
12 an annual report on programs and services provided under this
13 Section. Such joint report shall be filed with the Governor and
14 the General Assembly on or before September 30 each year.

15 The requirement for reporting to the General Assembly shall
16 be satisfied by filing copies of the report with the Speaker,
17 the Minority Leader and the Clerk of the House of
18 Representatives and the President, the Minority Leader and the
19 Secretary of the Senate and the Legislative Research Unit, as
20 required by Section 3.1 of the General Assembly Organization
21 Act and filing such additional copies with the State Government
22 Report Distribution Center for the General Assembly as is
23 required under paragraph (t) of Section 7 of the State Library
24 Act.

25 Those persons previously found eligible for receiving
26 non-institutional services whose services were discontinued

1 under the Emergency Budget Act of Fiscal Year 1992, and who do
2 not meet the eligibility standards in effect on or after July
3 1, 1992, shall remain ineligible on and after July 1, 1992.
4 Those persons previously not required to cost-share and who
5 were required to cost-share effective March 1, 1992, shall
6 continue to meet cost-share requirements on and after July 1,
7 1992. Beginning July 1, 1992, all clients will be required to
8 meet eligibility, cost-share, and other requirements and will
9 have services discontinued or altered when they fail to meet
10 these requirements.

11 For the purposes of this Section, "flexible senior
12 services" refers to services that require one-time or periodic
13 expenditures including, but not limited to, respite care, home
14 modification, assistive technology, housing assistance, and
15 transportation.

16 The Department shall implement an electronic service
17 verification based on global positioning systems or other
18 cost-effective technology for the Community Care Program no
19 later than January 1, 2014.

20 The Department shall require, as a condition of
21 eligibility, enrollment in the medical assistance program
22 under Article V of the Illinois Public Aid Code (i) beginning
23 August 1, 2013, if the Auditor General has reported that the
24 Department has failed to comply with the reporting requirements
25 of Section 2-27 of the Illinois State Auditing Act; or (ii)
26 beginning June 1, 2014, if the Auditor General has reported

1 that the Department has not undertaken the required actions
2 listed in the report required by subsection (a) of Section 2-27
3 of the Illinois State Auditing Act.

4 The Department shall delay Community Care Program services
5 until an applicant is determined eligible for medical
6 assistance under Article V of the Illinois Public Aid Code (i)
7 beginning August 1, 2013, if the Auditor General has reported
8 that the Department has failed to comply with the reporting
9 requirements of Section 2-27 of the Illinois State Auditing
10 Act; or (ii) beginning June 1, 2014, if the Auditor General has
11 reported that the Department has not undertaken the required
12 actions listed in the report required by subsection (a) of
13 Section 2-27 of the Illinois State Auditing Act.

14 The Department shall implement co-payments for the
15 Community Care Program at the federally allowable maximum level
16 (i) beginning August 1, 2013, if the Auditor General has
17 reported that the Department has failed to comply with the
18 reporting requirements of Section 2-27 of the Illinois State
19 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor
20 General has reported that the Department has not undertaken the
21 required actions listed in the report required by subsection
22 (a) of Section 2-27 of the Illinois State Auditing Act.

23 The Department shall provide a bi-monthly report on the
24 progress of the Community Care Program reforms set forth in
25 this amendatory Act of the 98th General Assembly to the
26 Governor, the Speaker of the House of Representatives, the

1 Minority Leader of the House of Representatives, the President
2 of the Senate, and the Minority Leader of the Senate.

3 The Department shall conduct a quarterly review of Care
4 Coordination Unit performance and adherence to service
5 guidelines. The quarterly review shall be reported to the
6 Speaker of the House of Representatives, the Minority Leader of
7 the House of Representatives, the President of the Senate, and
8 the Minority Leader of the Senate. The Department shall collect
9 and report longitudinal data on the performance of each care
10 coordination unit. Nothing in this paragraph shall be construed
11 to require the Department to identify specific care
12 coordination units.

13 In regard to community care providers, failure to comply
14 with Department on Aging policies shall be cause for
15 disciplinary action, including, but not limited to,
16 disqualification from serving Community Care Program clients.
17 Each provider, upon submission of any bill or invoice to the
18 Department for payment for services rendered, shall include a
19 notarized statement, under penalty of perjury pursuant to
20 Section 1-109 of the Code of Civil Procedure, that the provider
21 has complied with all Department policies.

22 (Source: P.A. 96-918, eff. 6-9-10; 96-1129, eff. 7-20-10;
23 97-333, eff. 8-12-11.)

24 Section 9. The Illinois State Auditing Act is amended by
25 adding Section 2-27 as follows:

1 (30 ILCS 5/2-27 new)

2 Sec. 2-27. Certification of Community Care Program reform
3 implementation.

4 (a) No later than July 1, 2013, the Department on Aging
5 shall file a report with the Auditor General, the Governor, the
6 Speaker of the House of Representatives, the Minority Leader of
7 the House of Representatives, the President of the Senate, and
8 the Minority Leader of the Senate listing any necessary
9 amendment to the Illinois Title XIX State plan, any federal
10 waiver request, any State administrative rule, or any State
11 Policy changes and notifications required to implement this
12 amendatory Act of the 98th General Assembly.

13 (b) No later than February 1, 2014, the Department on Aging
14 shall provide evidence to the Auditor General that it has
15 undertaken the required actions listed in the report required
16 by subsection (a).

17 (c) No later than April 1, 2014, the Auditor General shall
18 submit a report to the Governor, the Speaker of the House of
19 Representatives, the Minority Leader of the House of
20 Representatives, the President of the Senate, and the Minority
21 Leader of the Senate as to whether the Department on Aging has
22 undertaken the required actions listed in the report required
23 by subsection (a).

24 Section 10. The State Finance Act is amended by changing

1 Section 25 as follows:

2 (30 ILCS 105/25) (from Ch. 127, par. 161)

3 Sec. 25. Fiscal year limitations.

4 (a) All appropriations shall be available for expenditure
5 for the fiscal year or for a lesser period if the Act making
6 that appropriation so specifies. A deficiency or emergency
7 appropriation shall be available for expenditure only through
8 June 30 of the year when the Act making that appropriation is
9 enacted unless that Act otherwise provides.

10 (b) Outstanding liabilities as of June 30, payable from
11 appropriations which have otherwise expired, may be paid out of
12 the expiring appropriations during the 2-month period ending at
13 the close of business on August 31. Any service involving
14 professional or artistic skills or any personal services by an
15 employee whose compensation is subject to income tax
16 withholding must be performed as of June 30 of the fiscal year
17 in order to be considered an "outstanding liability as of June
18 30" that is thereby eligible for payment out of the expiring
19 appropriation.

20 (b-1) However, payment of tuition reimbursement claims
21 under Section 14-7.03 or 18-3 of the School Code may be made by
22 the State Board of Education from its appropriations for those
23 respective purposes for any fiscal year, even though the claims
24 reimbursed by the payment may be claims attributable to a prior
25 fiscal year, and payments may be made at the direction of the

1 State Superintendent of Education from the fund from which the
2 appropriation is made without regard to any fiscal year
3 limitations, except as required by subsection (j) of this
4 Section. Beginning on June 30, 2021, payment of tuition
5 reimbursement claims under Section 14-7.03 or 18-3 of the
6 School Code as of June 30, payable from appropriations that
7 have otherwise expired, may be paid out of the expiring
8 appropriation during the 4-month period ending at the close of
9 business on October 31.

10 (b-2) All outstanding liabilities as of June 30, 2010,
11 payable from appropriations that would otherwise expire at the
12 conclusion of the lapse period for fiscal year 2010, and
13 interest penalties payable on those liabilities under the State
14 Prompt Payment Act, may be paid out of the expiring
15 appropriations until December 31, 2010, without regard to the
16 fiscal year in which the payment is made, as long as vouchers
17 for the liabilities are received by the Comptroller no later
18 than August 31, 2010.

19 (b-2.5) All outstanding liabilities as of June 30, 2011,
20 payable from appropriations that would otherwise expire at the
21 conclusion of the lapse period for fiscal year 2011, and
22 interest penalties payable on those liabilities under the State
23 Prompt Payment Act, may be paid out of the expiring
24 appropriations until December 31, 2011, without regard to the
25 fiscal year in which the payment is made, as long as vouchers
26 for the liabilities are received by the Comptroller no later

1 than August 31, 2011.

2 (b-2.6) All outstanding liabilities as of June 30, 2012,
3 payable from appropriations that would otherwise expire at the
4 conclusion of the lapse period for fiscal year 2012, and
5 interest penalties payable on those liabilities under the State
6 Prompt Payment Act, may be paid out of the expiring
7 appropriations until December 31, 2012, without regard to the
8 fiscal year in which the payment is made, as long as vouchers
9 for the liabilities are received by the Comptroller no later
10 than August 31, 2012.

11 (b-2.7) ~~(b-2.6)~~ For fiscal years 2012 and 2013, interest
12 penalties payable under the State Prompt Payment Act associated
13 with a voucher for which payment is issued after June 30 may be
14 paid out of the next fiscal year's appropriation. The future
15 year appropriation must be for the same purpose and from the
16 same fund as the original payment. An interest penalty voucher
17 submitted against a future year appropriation must be submitted
18 within 60 days after the issuance of the associated voucher,
19 and the Comptroller must issue the interest payment within 60
20 days after acceptance of the interest voucher.

21 (b-3) Medical payments may be made by the Department of
22 Veterans' Affairs from its appropriations for those purposes
23 for any fiscal year, without regard to the fact that the
24 medical services being compensated for by such payment may have
25 been rendered in a prior fiscal year, except as required by
26 subsection (j) of this Section. Beginning on June 30, 2021,

1 medical payments payable from appropriations that have
2 otherwise expired may be paid out of the expiring appropriation
3 during the 4-month period ending at the close of business on
4 October 31.

5 (b-4) Medical payments and child care payments may be made
6 by the Department of Human Services (as successor to the
7 Department of Public Aid) from appropriations for those
8 purposes for any fiscal year, without regard to the fact that
9 the medical or child care services being compensated for by
10 such payment may have been rendered in a prior fiscal year; and
11 payments may be made at the direction of the Department of
12 Healthcare and Family Services (or successor agency) from the
13 Health Insurance Reserve Fund without regard to any fiscal year
14 limitations, except as required by subsection (j) of this
15 Section. Beginning on June 30, 2021, medical and child care
16 payments made by the Department of Human Services, and payments
17 made at the discretion of the Department of Healthcare and
18 Family Services (or successor agency) from the Health Insurance
19 Reserve Fund and payable from appropriations that have
20 otherwise expired may be paid out of the expiring appropriation
21 during the 4-month period ending at the close of business on
22 October 31.

23 (b-5) Medical payments may be made by the Department of
24 Human Services from its appropriations relating to substance
25 abuse treatment services for any fiscal year, without regard to
26 the fact that the medical services being compensated for by

1 such payment may have been rendered in a prior fiscal year,
2 provided the payments are made on a fee-for-service basis
3 consistent with requirements established for Medicaid
4 reimbursement by the Department of Healthcare and Family
5 Services, except as required by subsection (j) of this Section.
6 Beginning on June 30, 2021, medical payments made by the
7 Department of Human Services relating to substance abuse
8 treatment services payable from appropriations that have
9 otherwise expired may be paid out of the expiring appropriation
10 during the 4-month period ending at the close of business on
11 October 31.

12 (b-6) Additionally, payments may be made by the Department
13 of Human Services from its appropriations, or any other State
14 agency from its appropriations with the approval of the
15 Department of Human Services, from the Immigration Reform and
16 Control Fund for purposes authorized pursuant to the
17 Immigration Reform and Control Act of 1986, without regard to
18 any fiscal year limitations, except as required by subsection
19 (j) of this Section. Beginning on June 30, 2021, payments made
20 by the Department of Human Services from the Immigration Reform
21 and Control Fund for purposes authorized pursuant to the
22 Immigration Reform and Control Act of 1986 payable from
23 appropriations that have otherwise expired may be paid out of
24 the expiring appropriation during the 4-month period ending at
25 the close of business on October 31.

26 (b-7) Payments may be made in accordance with a plan

1 authorized by paragraph (11) or (12) of Section 405-105 of the
2 Department of Central Management Services Law from
3 appropriations for those payments without regard to fiscal year
4 limitations.

5 (b-9) Medical payments not exceeding \$150,000,000 may be
6 made by the Department on Aging from its appropriations
7 relating to the Community Care Program for fiscal year 2014,
8 without regard to the fact that the medical services being
9 compensated for by such payment may have been rendered in a
10 prior fiscal year, provided the payments are made on a
11 fee-for-service basis consistent with requirements established
12 for Medicaid reimbursement by the Department of Healthcare and
13 Family Services, except as required by subsection (j) of this
14 Section.

15 (c) Further, payments may be made by the Department of
16 Public Health and the Department of Human Services (acting as
17 successor to the Department of Public Health under the
18 Department of Human Services Act) from their respective
19 appropriations for grants for medical care to or on behalf of
20 premature and high-mortality risk infants and their mothers and
21 for grants for supplemental food supplies provided under the
22 United States Department of Agriculture Women, Infants and
23 Children Nutrition Program, for any fiscal year without regard
24 to the fact that the services being compensated for by such
25 payment may have been rendered in a prior fiscal year, except
26 as required by subsection (j) of this Section. Beginning on

1 June 30, 2021, payments made by the Department of Public Health
2 and the Department of Human Services from their respective
3 appropriations for grants for medical care to or on behalf of
4 premature and high-mortality risk infants and their mothers and
5 for grants for supplemental food supplies provided under the
6 United States Department of Agriculture Women, Infants and
7 Children Nutrition Program payable from appropriations that
8 have otherwise expired may be paid out of the expiring
9 appropriations during the 4-month period ending at the close of
10 business on October 31.

11 (d) The Department of Public Health and the Department of
12 Human Services (acting as successor to the Department of Public
13 Health under the Department of Human Services Act) shall each
14 annually submit to the State Comptroller, Senate President,
15 Senate Minority Leader, Speaker of the House, House Minority
16 Leader, and the respective Chairmen and Minority Spokesmen of
17 the Appropriations Committees of the Senate and the House, on
18 or before December 31, a report of fiscal year funds used to
19 pay for services provided in any prior fiscal year. This report
20 shall document by program or service category those
21 expenditures from the most recently completed fiscal year used
22 to pay for services provided in prior fiscal years.

23 (e) The Department of Healthcare and Family Services, the
24 Department of Human Services (acting as successor to the
25 Department of Public Aid), and the Department of Human Services
26 making fee-for-service payments relating to substance abuse

1 treatment services provided during a previous fiscal year shall
2 each annually submit to the State Comptroller, Senate
3 President, Senate Minority Leader, Speaker of the House, House
4 Minority Leader, the respective Chairmen and Minority
5 Spokesmen of the Appropriations Committees of the Senate and
6 the House, on or before November 30, a report that shall
7 document by program or service category those expenditures from
8 the most recently completed fiscal year used to pay for (i)
9 services provided in prior fiscal years and (ii) services for
10 which claims were received in prior fiscal years.

11 (f) The Department of Human Services (as successor to the
12 Department of Public Aid) shall annually submit to the State
13 Comptroller, Senate President, Senate Minority Leader, Speaker
14 of the House, House Minority Leader, and the respective
15 Chairmen and Minority Spokesmen of the Appropriations
16 Committees of the Senate and the House, on or before December
17 31, a report of fiscal year funds used to pay for services
18 (other than medical care) provided in any prior fiscal year.
19 This report shall document by program or service category those
20 expenditures from the most recently completed fiscal year used
21 to pay for services provided in prior fiscal years.

22 (g) In addition, each annual report required to be
23 submitted by the Department of Healthcare and Family Services
24 under subsection (e) shall include the following information
25 with respect to the State's Medicaid program:

26 (1) Explanations of the exact causes of the variance

1 between the previous year's estimated and actual
2 liabilities.

3 (2) Factors affecting the Department of Healthcare and
4 Family Services' liabilities, including but not limited to
5 numbers of aid recipients, levels of medical service
6 utilization by aid recipients, and inflation in the cost of
7 medical services.

8 (3) The results of the Department's efforts to combat
9 fraud and abuse.

10 (h) As provided in Section 4 of the General Assembly
11 Compensation Act, any utility bill for service provided to a
12 General Assembly member's district office for a period
13 including portions of 2 consecutive fiscal years may be paid
14 from funds appropriated for such expenditure in either fiscal
15 year.

16 (i) An agency which administers a fund classified by the
17 Comptroller as an internal service fund may issue rules for:

18 (1) billing user agencies in advance for payments or
19 authorized inter-fund transfers based on estimated charges
20 for goods or services;

21 (2) issuing credits, refunding through inter-fund
22 transfers, or reducing future inter-fund transfers during
23 the subsequent fiscal year for all user agency payments or
24 authorized inter-fund transfers received during the prior
25 fiscal year which were in excess of the final amounts owed
26 by the user agency for that period; and

1 (3) issuing catch-up billings to user agencies during
2 the subsequent fiscal year for amounts remaining due when
3 payments or authorized inter-fund transfers received from
4 the user agency during the prior fiscal year were less than
5 the total amount owed for that period.

6 User agencies are authorized to reimburse internal service
7 funds for catch-up billings by vouchers drawn against their
8 respective appropriations for the fiscal year in which the
9 catch-up billing was issued or by increasing an authorized
10 inter-fund transfer during the current fiscal year. For the
11 purposes of this Act, "inter-fund transfers" means transfers
12 without the use of the voucher-warrant process, as authorized
13 by Section 9.01 of the State Comptroller Act.

14 (i-1) Beginning on July 1, 2021, all outstanding
15 liabilities, not payable during the 4-month lapse period as
16 described in subsections (b-1), (b-3), (b-4), (b-5), (b-6), and
17 (c) of this Section, that are made from appropriations for that
18 purpose for any fiscal year, without regard to the fact that
19 the services being compensated for by those payments may have
20 been rendered in a prior fiscal year, are limited to only those
21 claims that have been incurred but for which a proper bill or
22 invoice as defined by the State Prompt Payment Act has not been
23 received by September 30th following the end of the fiscal year
24 in which the service was rendered.

25 (j) Notwithstanding any other provision of this Act, the
26 aggregate amount of payments to be made without regard for

1 fiscal year limitations as contained in subsections (b-1),
2 (b-3), (b-4), (b-5), (b-6), and (c) of this Section, and
3 determined by using Generally Accepted Accounting Principles,
4 shall not exceed the following amounts:

5 (1) \$6,000,000,000 for outstanding liabilities related
6 to fiscal year 2012;

7 (2) \$5,300,000,000 for outstanding liabilities related
8 to fiscal year 2013;

9 (3) \$4,600,000,000 for outstanding liabilities related
10 to fiscal year 2014;

11 (4) \$4,000,000,000 for outstanding liabilities related
12 to fiscal year 2015;

13 (5) \$3,300,000,000 for outstanding liabilities related
14 to fiscal year 2016;

15 (6) \$2,600,000,000 for outstanding liabilities related
16 to fiscal year 2017;

17 (7) \$2,000,000,000 for outstanding liabilities related
18 to fiscal year 2018;

19 (8) \$1,300,000,000 for outstanding liabilities related
20 to fiscal year 2019;

21 (9) \$600,000,000 for outstanding liabilities related
22 to fiscal year 2020; and

23 (10) \$0 for outstanding liabilities related to fiscal
24 year 2021 and fiscal years thereafter.

25 (k) Department of Healthcare and Family Services Medical
26 Assistance Payments.

1 (1) Definition of Medical Assistance.

2 For purposes of this subsection, the term "Medical
3 Assistance" shall include, but not necessarily be
4 limited to, medical programs and services authorized
5 under Titles XIX and XXI of the Social Security Act,
6 the Illinois Public Aid Code, the Children's Health
7 Insurance Program Act, the Covering ALL KIDS Health
8 Insurance Act, the Long Term Acute Care Hospital
9 Quality Improvement Transfer Program Act, and medical
10 care to or on behalf of persons suffering from chronic
11 renal disease, persons suffering from hemophilia, and
12 victims of sexual assault.

13 (2) Limitations on Medical Assistance payments that
14 may be paid from future fiscal year appropriations.

15 (A) The maximum amounts of annual unpaid Medical
16 Assistance bills received and recorded by the
17 Department of Healthcare and Family Services on or
18 before June 30th of a particular fiscal year
19 attributable in aggregate to the General Revenue Fund,
20 Healthcare Provider Relief Fund, Tobacco Settlement
21 Recovery Fund, Long-Term Care Provider Fund, and the
22 Drug Rebate Fund that may be paid in total by the
23 Department from future fiscal year Medical Assistance
24 appropriations to those funds are: \$700,000,000 for
25 fiscal year 2013 and \$100,000,000 for fiscal year 2014
26 and each fiscal year thereafter.

1 (B) Bills for Medical Assistance services rendered
2 in a particular fiscal year, but received and recorded
3 by the Department of Healthcare and Family Services
4 after June 30th of that fiscal year, may be paid from
5 either appropriations for that fiscal year or future
6 fiscal year appropriations for Medical Assistance.
7 Such payments shall not be subject to the requirements
8 of subparagraph (A).

9 (C) Medical Assistance bills received by the
10 Department of Healthcare and Family Services in a
11 particular fiscal year, but subject to payment amount
12 adjustments in a future fiscal year may be paid from a
13 future fiscal year's appropriation for Medical
14 Assistance. Such payments shall not be subject to the
15 requirements of subparagraph (A).

16 (D) Medical Assistance payments made by the
17 Department of Healthcare and Family Services from
18 funds other than those specifically referenced in
19 subparagraph (A) may be made from appropriations for
20 those purposes for any fiscal year without regard to
21 the fact that the Medical Assistance services being
22 compensated for by such payment may have been rendered
23 in a prior fiscal year. Such payments shall not be
24 subject to the requirements of subparagraph (A).

25 (3) Extended lapse period for Department of Healthcare
26 and Family Services Medical Assistance payments.

1 Notwithstanding any other State law to the contrary,
2 outstanding Department of Healthcare and Family Services
3 Medical Assistance liabilities, as of June 30th, payable
4 from appropriations which have otherwise expired, may be
5 paid out of the expiring appropriations during the 6-month
6 period ending at the close of business on December 31st.

7 (l) The changes to this Section made by Public Act 97-691
8 ~~this amendatory Act of the 97th General Assembly~~ shall be
9 effective for payment of Medical Assistance bills incurred in
10 fiscal year 2013 and future fiscal years. The changes to this
11 Section made by Public Act 97-691 ~~this amendatory Act of the~~
12 ~~97th General Assembly~~ shall not be applied to Medical
13 Assistance bills incurred in fiscal year 2012 or prior fiscal
14 years.

15 (m) ~~(k)~~ The Comptroller must issue payments against
16 outstanding liabilities that were received prior to the lapse
17 period deadlines set forth in this Section as soon thereafter
18 as practical, but no payment may be issued after the 4 months
19 following the lapse period deadline without the signed
20 authorization of the Comptroller and the Governor.

21 (Source: P.A. 96-928, eff. 6-15-10; 96-958, eff. 7-1-10;
22 96-1501, eff. 1-25-11; 97-75, eff. 6-30-11; 97-333, eff.
23 8-12-11; 97-691, eff. 7-1-12; 97-732, eff. 6-30-12; 97-932,
24 eff. 8-10-12; revised 8-23-12.)

25 Section 15. The Illinois Public Aid Code is amended by

1 changing Section 12-13.1 as follows:

2 (305 ILCS 5/12-13.1)

3 Sec. 12-13.1. Inspector General.

4 (a) The Governor shall appoint, and the Senate shall
5 confirm, an Inspector General who shall function within the
6 Illinois Department of Public Aid (now Healthcare and Family
7 Services) and report to the Governor. The term of the Inspector
8 General shall expire on the third Monday of January, 1997 and
9 every 4 years thereafter.

10 (b) In order to prevent, detect, and eliminate fraud,
11 waste, abuse, mismanagement, and misconduct, the Inspector
12 General shall oversee the Department of Healthcare and Family
13 Services' and the Department on Aging's integrity functions,
14 which include, but are not limited to, the following:

15 (1) Investigation of misconduct by employees, vendors,
16 contractors and medical providers, except for allegations
17 of violations of the State Officials and Employees Ethics
18 Act which shall be referred to the Office of the Governor's
19 Executive Inspector General for investigation.

20 (2) Prepayment and post-payment audits of medical
21 providers related to ensuring that appropriate payments
22 are made for services rendered and to the prevention and
23 recovery of overpayments.

24 (3) Monitoring of quality assurance programs
25 administered by the Department of Healthcare and Family

1 Services and the Community Care Program administered by the
2 Department on Aging.

3 (4) Quality control measurements of the programs
4 administered by the Department of Healthcare and Family
5 Services and the Community Care Program administered by the
6 Department on Aging.

7 (5) Investigations of fraud or intentional program
8 violations committed by clients of the Department of
9 Healthcare and Family Services and the Community Care
10 Program administered by the Department on Aging.

11 (6) Actions initiated against contractors, vendors, or
12 medical providers for any of the following reasons:

13 (A) Violations of the medical assistance program
14 and the Community Care Program administered by the
15 Department on Aging.

16 (B) Sanctions against providers brought in
17 conjunction with the Department of Public Health or the
18 Department of Human Services (as successor to the
19 Department of Mental Health and Developmental
20 Disabilities).

21 (C) Recoveries of assessments against hospitals
22 and long-term care facilities.

23 (D) Sanctions mandated by the United States
24 Department of Health and Human Services against
25 medical providers.

26 (E) Violations of contracts related to any

1 programs administered by the Department of Healthcare
2 and Family Services and the Community Care Program
3 administered by the Department on Aging.

4 (7) Representation of the Department of Healthcare and
5 Family Services at hearings with the Illinois Department of
6 Financial and Professional Regulation in actions taken
7 against professional licenses held by persons who are in
8 violation of orders for child support payments.

9 (b-5) At the request of the Secretary of Human Services,
10 the Inspector General shall, in relation to any function
11 performed by the Department of Human Services as successor to
12 the Department of Public Aid, exercise one or more of the
13 powers provided under this Section as if those powers related
14 to the Department of Human Services; in such matters, the
15 Inspector General shall report his or her findings to the
16 Secretary of Human Services.

17 (c) Notwithstanding, and in addition to, any other
18 provision of law, the Inspector General shall have access to
19 all information, personnel and facilities of the Department of
20 Healthcare and Family Services and the Department of Human
21 Services (as successor to the Department of Public Aid), their
22 employees, vendors, contractors and medical providers and any
23 federal, State or local governmental agency that are necessary
24 to perform the duties of the Office as directly related to
25 public assistance programs administered by those departments.
26 No medical provider shall be compelled, however, to provide

1 individual medical records of patients who are not clients of
2 the programs administered by the Department of Healthcare and
3 Family Services. State and local governmental agencies are
4 authorized and directed to provide the requested information,
5 assistance or cooperation.

6 For purposes of enhanced program integrity functions and
7 oversight, and to the extent consistent with applicable
8 information and privacy, security, and disclosure laws, State
9 agencies and departments shall provide the Office of Inspector
10 General access to confidential and other information and data,
11 and the Inspector General is authorized to enter into
12 agreements with appropriate federal agencies and departments
13 to secure similar data. This includes, but is not limited to,
14 information pertaining to: licensure; certification; earnings;
15 immigration status; citizenship; wage reporting; unearned and
16 earned income; pension income; employment; supplemental
17 security income; social security numbers; National Provider
18 Identifier (NPI) numbers; the National Practitioner Data Bank
19 (NPDB); program and agency exclusions; taxpayer identification
20 numbers; tax delinquency; corporate information; and death
21 records.

22 The Inspector General shall enter into agreements with
23 State agencies and departments, and is authorized to enter into
24 agreements with federal agencies and departments, under which
25 such agencies and departments shall share data necessary for
26 medical assistance program integrity functions and oversight.

1 The Inspector General shall enter into agreements with State
2 agencies and departments, and is authorized to enter into
3 agreements with federal agencies and departments, under which
4 such agencies shall share data necessary for recipient and
5 vendor screening, review, and investigation, including but not
6 limited to vendor payment and recipient eligibility
7 verification. The Inspector General shall develop, in
8 cooperation with other State and federal agencies and
9 departments, and in compliance with applicable federal laws and
10 regulations, appropriate and effective methods to share such
11 data. The Inspector General shall enter into agreements with
12 State agencies and departments, and is authorized to enter into
13 agreements with federal agencies and departments, including,
14 but not limited to: the Secretary of State; the Department of
15 Revenue; the Department of Public Health; the Department of
16 Human Services; and the Department of Financial and
17 Professional Regulation.

18 The Inspector General shall have the authority to deny
19 payment, prevent overpayments, and recover overpayments.

20 The Inspector General shall have the authority to deny or
21 suspend payment to, and deny, terminate, or suspend the
22 eligibility of, any vendor who fails to grant the Inspector
23 General timely access to full and complete records, including
24 records of recipients under the medical assistance program for
25 the most recent 6 years, in accordance with Section 140.28 of
26 Title 89 of the Illinois Administrative Code, and other

1 information for the purpose of audits, investigations, or other
2 program integrity functions, after reasonable written request
3 by the Inspector General.

4 (d) The Inspector General shall serve as the Department of
5 Healthcare and Family Services' primary liaison with law
6 enforcement, investigatory and prosecutorial agencies,
7 including but not limited to the following:

8 (1) The Department of State Police.

9 (2) The Federal Bureau of Investigation and other
10 federal law enforcement agencies.

11 (3) The various Inspectors General of federal agencies
12 overseeing the programs administered by the Department of
13 Healthcare and Family Services.

14 (4) The various Inspectors General of any other State
15 agencies with responsibilities for portions of programs
16 primarily administered by the Department of Healthcare and
17 Family Services.

18 (5) The Offices of the several United States Attorneys
19 in Illinois.

20 (6) The several State's Attorneys.

21 (7) The offices of the Centers for Medicare and
22 Medicaid Services that administer the Medicare and
23 Medicaid integrity programs.

24 The Inspector General shall meet on a regular basis with
25 these entities to share information regarding possible
26 misconduct by any persons or entities involved with the public

1 aid programs administered by the Department of Healthcare and
2 Family Services.

3 (e) All investigations conducted by the Inspector General
4 shall be conducted in a manner that ensures the preservation of
5 evidence for use in criminal prosecutions. If the Inspector
6 General determines that a possible criminal act relating to
7 fraud in the provision or administration of the medical
8 assistance program has been committed, the Inspector General
9 shall immediately notify the Medicaid Fraud Control Unit. If
10 the Inspector General determines that a possible criminal act
11 has been committed within the jurisdiction of the Office, the
12 Inspector General may request the special expertise of the
13 Department of State Police. The Inspector General may present
14 for prosecution the findings of any criminal investigation to
15 the Office of the Attorney General, the Offices of the several
16 United States Attorneys in Illinois or the several State's
17 Attorneys.

18 (f) To carry out his or her duties as described in this
19 Section, the Inspector General and his or her designees shall
20 have the power to compel by subpoena the attendance and
21 testimony of witnesses and the production of books, electronic
22 records and papers as directly related to public assistance
23 programs administered by the Department of Healthcare and
24 Family Services or the Department of Human Services (as
25 successor to the Department of Public Aid). No medical provider
26 shall be compelled, however, to provide individual medical

1 records of patients who are not clients of the Medical
2 Assistance Program.

3 (g) The Inspector General shall report all convictions,
4 terminations, and suspensions taken against vendors,
5 contractors and medical providers to the Department of
6 Healthcare and Family Services and to any agency responsible
7 for licensing or regulating those persons or entities.

8 (h) The Inspector General shall make annual reports,
9 findings, and recommendations regarding the Office's
10 investigations into reports of fraud, waste, abuse,
11 mismanagement, or misconduct relating to any programs
12 administered by the Department of Healthcare and Family
13 Services or the Department of Human Services (as successor to
14 the Department of Public Aid) to the General Assembly and the
15 Governor. These reports shall include, but not be limited to,
16 the following information:

17 (1) Aggregate provider billing and payment
18 information, including the number of providers at various
19 Medicaid earning levels.

20 (2) The number of audits of the medical assistance
21 program and the dollar savings resulting from those audits.

22 (3) The number of prescriptions rejected annually
23 under the Department of Healthcare and Family Services'
24 Refill Too Soon program and the dollar savings resulting
25 from that program.

26 (4) Provider sanctions, in the aggregate, including

1 terminations and suspensions.

2 (5) A detailed summary of the investigations
3 undertaken in the previous fiscal year. These summaries
4 shall comply with all laws and rules regarding maintaining
5 confidentiality in the public aid programs.

6 (i) Nothing in this Section shall limit investigations by
7 the Department of Healthcare and Family Services or the
8 Department of Human Services that may otherwise be required by
9 law or that may be necessary in their capacity as the central
10 administrative authorities responsible for administration of
11 their agency's programs in this State.

12 (j) The Inspector General may issue shields or other
13 distinctive identification to his or her employees not
14 exercising the powers of a peace officer if the Inspector
15 General determines that a shield or distinctive identification
16 is needed by an employee to carry out his or her
17 responsibilities.

18 (Source: P.A. 96-555, eff. 8-18-09; 96-1316, eff. 1-1-11;
19 97-689, eff. 6-14-12.)

20 (320 ILCS 50/15 rep.)

21 Section 20. The Senior Pharmaceutical Assistance Act is
22 amended by repealing Section 15.

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