

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 ARTICLE 1.

5 SHORT TITLE, PRIOR LAW, AND DEFINITIONS

6 Section 1-101. Short title. This Act may be cited as the
7 Specialized Mental Health Rehabilitation Act of 2013.

8 Section 1-101.3. Legislative findings. Illinois is
9 committed to providing behavioral health services in the most
10 community-integrated settings possible, based on the needs of
11 consumers who qualify for State support. This goal is
12 consistent with federal law and regulations and recent court
13 decrees. A variety of services and settings are necessary to
14 ensure that people with serious mental illness receive high
15 quality care that is oriented toward their safety,
16 rehabilitation, and recovery.

17 The State of Illinois has an inordinately high inpatient
18 hospitalization rate for behavioral health services. This is
19 not productive for those needing behavioral health services. It
20 is also the least cost effective form of behavioral health
21 delivery possible. The General Assembly finds that
22 alternatives to inpatient hospitalization for behavioral

1 health are necessary to both improve outcomes and reduce costs.

2 Residential settings are an important component of the
3 system of behavioral health care that Illinois is developing.
4 When residential treatment is necessary, these facilities must
5 offer high quality rehabilitation and recovery care, help
6 consumers achieve and maintain their highest level of
7 independent functioning, and prepare them to live in permanent
8 supportive housing and other community-integrated settings.
9 Facilities licensed under this Act will be multi-faceted
10 facilities that provide triage and crisis stabilization to
11 inpatient hospitalization, provide stabilization for those in
12 post crisis stabilization, and provide transitional living
13 assistance to prepare those with serious mental illness to
14 reintegrate successfully into community living settings. Those
15 licensed under this Act will provide care under a coordinated
16 care model and seek appropriate national accreditation and
17 provide productive and measurable outcomes.

18 Section 1-101.5. Prior law.

19 (a) This Act provides for licensure of long term care
20 facilities that are federally designated as institutions for
21 the mentally diseased on the effective date of this Act and
22 specialize in providing services to individuals with a serious
23 mental illness. On and after the effective date of this Act,
24 these facilities shall be governed by this Act instead of the
25 Nursing Home Care Act.

1 (b) All consent decrees that apply to facilities federally
2 designated as institutions for the mentally diseased shall
3 continue to apply to facilities licensed under this Act.

4 Section 1-101.6. Mental health system planning. The
5 General Assembly finds the services contained in this Act are
6 necessary for the effective delivery of mental health services
7 for the citizens of the State of Illinois. The General Assembly
8 also finds that the mental health system in the State requires
9 further review to develop additional needed services. To ensure
10 the adequacy of community-based services and to offer choice to
11 all individuals with serious mental illness who choose to live
12 in the community, and for whom the community is the appropriate
13 setting, but are at risk of institutional care, the Governor
14 shall convene a working group to develop the process and
15 procedure for identifying needed services in the different
16 geographic regions of the State. The Governor shall include the
17 Division of Mental Health of the Department of Human Services,
18 the Department of Healthcare and Family Services, the
19 Department of Public Health, community mental health
20 providers, statewide associations of mental health providers,
21 mental health advocacy groups, and any other entity as deemed
22 appropriate for participation in the working group. The
23 Department of Human Services shall provide staff and support to
24 this working group.

1 Section 1-102. Definitions. For the purposes of this Act,
2 unless the context otherwise requires:

3 "Abuse" means any physical or mental injury or sexual
4 assault inflicted on a consumer other than by accidental means
5 in a facility.

6 "Accreditation" means any of the following:

7 (1) the Joint Commission;

8 (2) the Commission on Accreditation of Rehabilitation
9 Facilities;

10 (3) the Healthcare Facilities Accreditation Program;
11 or

12 (4) any other national standards of care as approved by
13 the Department.

14 "Applicant" means any person making application for a
15 license or a provisional license under this Act.

16 "Consumer" means a person, 18 years of age or older,
17 admitted to a mental health rehabilitation facility for
18 evaluation, observation, diagnosis, treatment, stabilization,
19 recovery, and rehabilitation.

20 "Consumer" does not mean any of the following:

21 (i) an individual requiring a locked setting;

22 (ii) an individual requiring psychiatric
23 hospitalization because of an acute psychiatric crisis;

24 (iii) an individual under 18 years of age;

25 (iv) an individual who is actively suicidal or violent
26 toward others;

1 (v) an individual who has been found unfit to stand
2 trial;

3 (vi) an individual who has been found not guilty by
4 reason of insanity based on committing a violent act, such
5 as sexual assault, assault with a deadly weapon, arson, or
6 murder;

7 (vii) an individual subject to temporary detention and
8 examination under Section 3-607 of the Mental Health and
9 Developmental Disabilities Code;

10 (viii) an individual deemed clinically appropriate for
11 inpatient admission in a State psychiatric hospital; and

12 (ix) an individual transferred by the Department of
13 Corrections pursuant to Section 3-8-5 of the Unified Code
14 of Corrections.

15 "Consumer record" means a record that organizes all
16 information on the care, treatment, and rehabilitation
17 services rendered to a consumer in a specialized mental health
18 rehabilitation facility.

19 "Controlled drugs" means those drugs covered under the
20 federal Comprehensive Drug Abuse Prevention Control Act of
21 1970, as amended, or the Illinois Controlled Substances Act.

22 "Department" means the Department of Public Health.

23 "Discharge" means the full release of any consumer from a
24 facility.

25 "Drug administration" means the act in which a single dose
26 of a prescribed drug or biological is given to a consumer. The

1 complete act of administration entails removing an individual
2 dose from a container, verifying the dose with the prescriber's
3 orders, giving the individual dose to the consumer, and
4 promptly recording the time and dose given.

5 "Drug dispensing" means the act entailing the following of
6 a prescription order for a drug or biological and proper
7 selection, measuring, packaging, labeling, and issuance of the
8 drug or biological to a consumer.

9 "Emergency" means a situation, physical condition, or one
10 or more practices, methods, or operations which present
11 imminent danger of death or serious physical or mental harm to
12 consumers of a facility.

13 "Facility" means a specialized mental health
14 rehabilitation facility that provides at least one of the
15 following services: (1) triage center; (2) crisis
16 stabilization; (3) recovery and rehabilitation supports; or
17 (4) transitional living units for 3 or more persons. The
18 facility shall provide a 24-hour program that provides
19 intensive support and recovery services designed to assist
20 persons, 18 years or older, with mental disorders to develop
21 the skills to become self-sufficient and capable of increasing
22 levels of independent functioning. It includes facilities that
23 meet the following criteria:

24 (1) 100% of the consumer population of the facility has
25 a diagnosis of serious mental illness;

26 (2) no more than 15% of the consumer population of the

1 facility is 65 years of age or older;

2 (3) none of the consumers are non-ambulatory;

3 (4) none of the consumers have a primary diagnosis of
4 moderate, severe, or profound intellectual disability; and

5 (5) the facility must have been licensed under the
6 Specialized Mental Health Rehabilitation Act or the
7 Nursing Home Care Act immediately preceding the effective
8 date of this Act and qualifies as a institute for mental
9 disease under the federal definition of the term.

10 "Facility" does not include the following:

11 (1) a home, institution, or place operated by the
12 federal government or agency thereof, or by the State of
13 Illinois;

14 (2) a hospital, sanitarium, or other institution whose
15 principal activity or business is the diagnosis, care, and
16 treatment of human illness through the maintenance and
17 operation as organized facilities therefor which is
18 required to be licensed under the Hospital Licensing Act;

19 (3) a facility for child care as defined in the Child
20 Care Act of 1969;

21 (4) a community living facility as defined in the
22 Community Living Facilities Licensing Act;

23 (5) a nursing home or sanatorium operated solely by and
24 for persons who rely exclusively upon treatment by
25 spiritual means through prayer, in accordance with the
26 creed or tenets of any well-recognized church or religious

1 denomination; however, such nursing home or sanatorium
2 shall comply with all local laws and rules relating to
3 sanitation and safety;

4 (6) a facility licensed by the Department of Human
5 Services as a community-integrated living arrangement as
6 defined in the Community-Integrated Living Arrangements
7 Licensure and Certification Act;

8 (7) a supportive residence licensed under the
9 Supportive Residences Licensing Act;

10 (8) a supportive living facility in good standing with
11 the program established under Section 5-5.01a of the
12 Illinois Public Aid Code, except only for purposes of the
13 employment of persons in accordance with Section 3-206.01
14 of the Nursing Home Care Act;

15 (9) an assisted living or shared housing establishment
16 licensed under the Assisted Living and Shared Housing Act,
17 except only for purposes of the employment of persons in
18 accordance with Section 3-206.01 of the Nursing Home Care
19 Act;

20 (10) an Alzheimer's disease management center
21 alternative health care model licensed under the
22 Alternative Health Care Delivery Act;

23 (11) a home, institution, or other place operated by or
24 under the authority of the Illinois Department of Veterans'
25 Affairs;

26 (12) a facility licensed under the ID/DD Community Care

1 Act; or

2 (13) a facility licensed under the Nursing Home Care
3 Act after the effective date of this Act.

4 "Executive director" means a person who is charged with the
5 general administration and supervision of a facility licensed
6 under this Act.

7 "Guardian" means a person appointed as a guardian of the
8 person or guardian of the estate, or both, of a consumer under
9 the Probate Act of 1975.

10 "Identified offender" means a person who meets any of the
11 following criteria:

12 (1) Has been convicted of, found guilty of, adjudicated
13 delinquent for, found not guilty by reason of insanity for,
14 or found unfit to stand trial for, any felony offense
15 listed in Section 25 of the Health Care Worker Background
16 Check Act, except for the following:

17 (i) a felony offense described in Section 10-5 of
18 the Nurse Practice Act;

19 (ii) a felony offense described in Section 4, 5, 6,
20 8, or 17.02 of the Illinois Credit Card and Debit Card
21 Act;

22 (iii) a felony offense described in Section 5, 5.1,
23 5.2, 7, or 9 of the Cannabis Control Act;

24 (iv) a felony offense described in Section 401,
25 401.1, 404, 405, 405.1, 407, or 407.1 of the Illinois
26 Controlled Substances Act; and

1 (v) a felony offense described in the
2 Methamphetamine Control and Community Protection Act.

3 (2) Has been convicted of, adjudicated delinquent for,
4 found not guilty by reason of insanity for, or found unfit
5 to stand trial for, any sex offense as defined in
6 subsection (c) of Section 10 of the Sex Offender Management
7 Board Act.

8 "Transitional living units" are residential units within a
9 facility that have the purpose of assisting the consumer in
10 developing and reinforcing the necessary skills to live
11 independently outside of the facility. The duration of stay in
12 such a setting shall not exceed 120 days for each consumer.
13 Nothing in this definition shall be construed to be a
14 prerequisite for transitioning out of a facility.

15 "Licensee" means the person, persons, firm, partnership,
16 association, organization, company, corporation, or business
17 trust to which a license has been issued.

18 "Misappropriation of a consumer's property" means the
19 deliberate misplacement, exploitation, or wrongful temporary
20 or permanent use of a consumer's belongings or money without
21 the consent of a consumer or his or her guardian.

22 "Neglect" means a facility's failure to provide, or willful
23 withholding of, adequate medical care, mental health
24 treatment, psychiatric rehabilitation, personal care, or
25 assistance that is necessary to avoid physical harm and mental
26 anguish of a consumer.

1 "Personal care" means assistance with meals, dressing,
2 movement, bathing, or other personal needs, maintenance, or
3 general supervision and oversight of the physical and mental
4 well-being of an individual who is incapable of maintaining a
5 private, independent residence or who is incapable of managing
6 his or her person, whether or not a guardian has been appointed
7 for such individual. "Personal care" shall not be construed to
8 confine or otherwise constrain a facility's pursuit to develop
9 the skills and abilities of a consumer to become
10 self-sufficient and capable of increasing levels of
11 independent functioning.

12 "Recovery and rehabilitation supports" means a program
13 that facilitates a consumer's longer-term symptom management
14 and stabilization while preparing the consumer for
15 transitional living units by improving living skills and
16 community socialization. The duration of stay in such a setting
17 shall be established by the Department by rule.

18 "Restraint" means:

19 (i) a physical restraint that is any manual method or
20 physical or mechanical device, material, or equipment
21 attached or adjacent to a consumer's body that the consumer
22 cannot remove easily and restricts freedom of movement or
23 normal access to one's body; devices used for positioning,
24 including, but not limited to, bed rails, gait belts, and
25 cushions, shall not be considered to be restraints for
26 purposes of this Section; or

1 (ii) a chemical restraint that is any drug used for
2 discipline or convenience and not required to treat medical
3 symptoms; the Department shall, by rule, designate certain
4 devices as restraints, including at least all those devices
5 that have been determined to be restraints by the United
6 States Department of Health and Human Services in
7 interpretive guidelines issued for the purposes of
8 administering Titles XVIII and XIX of the federal Social
9 Security Act. For the purposes of this Act, restraint shall
10 be administered only after utilizing a coercive free
11 environment and culture.

12 "Self-administration of medication" means consumers shall
13 be responsible for the control, management, and use of their
14 own medication.

15 "Crisis stabilization" means a secure and separate unit
16 that provides short-term behavioral, emotional, or psychiatric
17 crisis stabilization as an alternative to hospitalization or
18 re-hospitalization for consumers from residential or community
19 placement. The duration of stay in such a setting shall not
20 exceed 21 days for each consumer.

21 "Therapeutic separation" means the removal of a consumer
22 from the milieu to a room or area which is designed to aid in
23 the emotional or psychiatric stabilization of that consumer.

24 "Triage center" means a non-residential 23-hour center
25 that serves as an alternative to emergency room care,
26 hospitalization, or re-hospitalization for consumers in need

1 of short-term crisis stabilization.

2 ARTICLE 2.

3 GENERAL PROVISIONS

4 Section 2-100. Rulemaking. The Department is empowered to
5 promulgate any rules necessary to ensure proper implementation
6 and administration of this Act.

7 Section 2-101. Standards for facilities. The Department
8 shall, by rule, prescribe minimum standards for each level of
9 care for facilities to be in place during the provisional
10 licensure period and thereafter. These standards shall
11 include, but are not limited to, the following:

12 (1) life safety standards that will ensure the health,
13 safety and welfare of residents and their protection from
14 hazards;

15 (2) number and qualifications of all personnel,
16 including management and clinical personnel, having
17 responsibility for any part of the care given to consumers;
18 specifically, the Department shall establish staffing
19 ratios for facilities which shall specify the number of
20 staff hours per consumer of care that are needed for each
21 level of care offered within the facility;

22 (3) all sanitary conditions within the facility and its
23 surroundings, including water supply, sewage disposal,

1 food handling, and general hygiene which shall ensure the
2 health and comfort of consumers;

3 (4) a program for adequate maintenance of physical
4 plant and equipment;

5 (5) adequate accommodations, staff, and services for
6 the number and types of services being offered to consumers
7 for whom the facility is licensed to care;

8 (6) development of evacuation and other appropriate
9 safety plans for use during weather, health, fire, physical
10 plant, environmental, and national defense emergencies;

11 (7) maintenance of minimum financial or other
12 resources necessary to meet the standards established
13 under this Section, and to operate and conduct the facility
14 in accordance with this Act; and

15 (8) standards for coercive free environment,
16 restraint, and therapeutic separation.

17 Section 2-102. Staffing ratios. The Department shall
18 establish rules governing the minimum staffing levels and
19 staffing qualifications for facilities. In crafting the
20 staffing ratios, the Department shall take into account the
21 ambulatory nature and mental health of the population served in
22 the facilities. Staffing ratios shall be consistent with
23 national accreditation standards in behavioral health from a
24 recognized national accreditation entity as set forth in the
25 definition of "accreditation" in Section 2-102. The rules shall

1 be created for each type of care offered at the facilities and
2 be crafted to address the different type of services offered.
3 The staffing ratios contained in the rules shall specifically
4 list the positions that are to be counted toward the staffing
5 ratio. In no case shall the staffing ratios contained in rule
6 be less than the following ratios:

7 (1) a staffing ratio of 3.6 hours of direct care for
8 crisis stabilization;

9 (2) a staffing ratio of 1.8 hours of direct care for
10 recovery and rehabilitation supports; and

11 (3) a staffing ratio of 1.6 hours of direct care for
12 transitional living.

13 Section 2-103. Staff training. Training for all new
14 employees specific to the various levels of care offered by a
15 facility shall be provided to employees during their
16 orientation period and annually thereafter. Training shall be
17 independent of the Department and overseen by the Division of
18 Mental Health to determine the content of all facility employee
19 training and to provide training for all trainers of facility
20 employees. Training of employees shall be consistent with
21 nationally recognized national accreditation standards as
22 defined later in this Act. Training shall be required for all
23 existing staff at a facility prior to the implementation of any
24 new services authorized under this Act.

1 Section 2-104. Screening prior to admission.

2 (a) A facility shall, within 24 hours after admission,
3 request a criminal history background check pursuant to the
4 Uniform Conviction Information Act for all persons age 18 or
5 older seeking admission to the facility, unless a background
6 check was initiated by a hospital pursuant to subsection (d) of
7 Section 6.09 of the Hospital Licensing Act. Background checks
8 conducted pursuant to this Section shall be based on the
9 consumer's name, date of birth, and other identifiers as
10 required by the Department of State Police. If the results of
11 the background check are inconclusive, the facility shall
12 initiate a fingerprint-based check, unless the fingerprint
13 check is waived by the Director of Public Health based on
14 verification by the facility that the consumer meets criteria
15 related to the consumer's health or lack of potential risk
16 which may be established by Departmental rule. A waiver issued
17 pursuant to this Section shall be valid only while the consumer
18 is immobile or while the criteria supporting the waiver exist.
19 The facility shall provide for or arrange for any required
20 fingerprint-based checks to be taken on the premises of the
21 facility. If a fingerprint-based check is required, the
22 facility shall arrange for it to be conducted in a manner that
23 is respectful of the consumer's dignity and that minimizes any
24 emotional or physical hardship to the consumer.

25 (b) If the results of a consumer's criminal history
26 background check reveal that the consumer is an identified

1 offender as defined in this Act, the facility shall do the
2 following:

3 (1) Immediately notify the Department of State Police,
4 in the form and manner required by the Department of State
5 Police, in collaboration with the Department of Public
6 Health, that the consumer is an identified offender.

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

20 Section 2-105. Criminal History Report.

21 (a) The Department of State Police shall prepare a Criminal
22 History Report when it receives information, through the
23 criminal history background check required pursuant to
24 subsection (d) of Section 6.09 of the Hospital Licensing Act or
25 subsection (c) of Section 2-201.5 of the Nursing Home Care Act,

1 or through any other means, that a consumer of a facility is an
2 identified offender.

3 (b) The Department of State Police shall complete the
4 Criminal History Report within 10 business days after receiving
5 information under subsection (a) that a consumer is an
6 identified offender.

7 (c) The Criminal History Report shall include, but not be
8 limited to, the following:

9 (1) Copies of the identified offender's parole,
10 mandatory supervised release, or probation orders.

11 (2) An interview with the identified offender.

12 (3) A detailed summary of the entire criminal history
13 of the offender, including arrests, convictions, and the
14 date of the identified offender's last conviction relative
15 to the date of admission to a long-term care facility.

16 (4) If the identified offender is a convicted or
17 registered sex offender, a review of any and all sex
18 offender evaluations conducted on that offender. If there
19 is no sex offender evaluation available, the Department of
20 State Police shall arrange, through the Department of
21 Public Health, for a sex offender evaluation to be
22 conducted on the identified offender. If the convicted or
23 registered sex offender is under supervision by the
24 Illinois Department of Corrections or a county probation
25 department, the sex offender evaluation shall be arranged
26 by and at the expense of the supervising agency. All

1 evaluations conducted on convicted or registered sex
2 offenders under this Act shall be conducted by sex offender
3 evaluators approved by the Sex Offender Management Board.

4 (d) The Department of State Police shall provide the
5 Criminal History Report to a licensed forensic psychologist.
6 After (i) consideration of the Criminal History Report, (ii)
7 consultation with the facility administrator or the facility
8 medical director, or both, regarding the mental and physical
9 condition of the identified offender, and (iii) reviewing the
10 facility's file on the identified offender, including all
11 incident reports, all information regarding medication and
12 medication compliance, and all information regarding previous
13 discharges or transfers from other facilities, the licensed
14 forensic psychologist shall prepare an Identified Offender
15 Report and Recommendation. The Identified Offender Report and
16 Recommendation shall detail whether and to what extent the
17 identified offender's criminal history necessitates the
18 implementation of security measures within the long-term care
19 facility. If the identified offender is a convicted or
20 registered sex offender or if the Identified Offender Report
21 and Recommendation reveals that the identified offender poses a
22 significant risk of harm to others within the facility, the
23 offender shall be required to have his or her own room within
24 the facility.

25 (e) The licensed forensic psychologist shall complete the
26 Identified Offender Report and Recommendation within 14

1 business days after receiving the Criminal History Report and
2 shall promptly provide the Identified Offender Report and
3 Recommendation to the Department of State Police, which shall
4 provide the Identified Offender Report and Recommendation to
5 the following:

6 (1) The facility within which the identified offender
7 resides.

8 (2) The Chief of Police of the municipality in which
9 the facility is located.

10 (3) The State of Illinois Long Term Care Ombudsman.

11 (4) The Department of Public Health.

12 (e-5) The Department of Public Health shall keep a
13 continuing record of all consumers determined to be identified
14 offenders as defined in Section 1-114.01 of the Nursing Home
15 Care Act and shall report the number of identified offender
16 consumers annually to the General Assembly.

17 (f) The facility shall incorporate the Identified Offender
18 Report and Recommendation into the identified offender's care
19 plan created pursuant to 42 CFR 483.20.

20 (g) If, based on the Identified Offender Report and
21 Recommendation, a facility determines that it cannot manage the
22 identified offender consumer safely within the facility, it
23 shall commence involuntary transfer or discharge proceedings
24 pursuant to Section 3-402.

25 (h) Except for willful and wanton misconduct, any person
26 authorized to participate in the development of a Criminal

1 History Report or Identified Offender Report and
2 Recommendation is immune from criminal or civil liability for
3 any acts or omissions as the result of his or her good faith
4 effort to comply with this Section.

5 ARTICLE 3.

6 RIGHTS AND RESPONSIBILITIES

7 PART 1.

8 CONSUMER RIGHTS

9 Section 3-101. Consumers' rights. Consumers served by a
10 facility under this Act shall have all the rights guaranteed
11 pursuant to Chapter II, Article I of the Mental Health and
12 Developmental Disabilities Code, a list of which shall be
13 prominently posted in English and any other language
14 representing at least 5% of the county population in which the
15 specialized mental health rehabilitation facility is located.

16 Section 3-102. Financial affairs. A consumer shall be
17 permitted to manage his or her own financial affairs unless he
18 or she or his or her guardian authorizes the executive director
19 of the facility in writing to manage the consumer's financial
20 affairs.

21 Section 3-103. Consumers' moneys and possessions. To the

1 extent possible, each consumer shall be responsible for his or
2 her own moneys and personal property or possessions in his or
3 her own immediate living quarters unless deemed inappropriate
4 by a physician or other facility clinician and so documented in
5 the consumer's record. In the event the moneys or possessions
6 of a consumer come under the supervision of the facility,
7 either voluntarily on the part of the consumer or so ordered by
8 a facility physician or other clinician, each facility to whom
9 a consumer's moneys or possessions have been entrusted shall
10 comply with the following:

11 (1) no facility shall commingle consumers' moneys or
12 possessions with those of the facility; consumers' moneys
13 and possessions shall be maintained separately, intact,
14 and free from any liability that the facility incurs in the
15 use of the facility's funds;

16 (2) the facility shall provide reasonably adequate
17 space for the possessions of the consumer; the facility
18 shall provide a means of safeguarding small items of value
19 for its consumers in their rooms or in any other part of
20 the facility so long as the consumers have reasonable and
21 adequate access to such possessions; and

22 (3) the facility shall make reasonable efforts to
23 prevent loss and theft of consumers' possessions; those
24 efforts shall be appropriate to the particular facility and
25 particular living setting within each facility and may
26 include staff training and monitoring, labeling

1 possessions, and frequent possession inventories; the
2 facility shall develop procedures for investigating
3 complaints concerning theft of consumers' possessions and
4 shall promptly investigate all such complaints.

5 Section 3-104. Care, treatment, and records. Facilities
6 shall provide, at a minimum, the following services: physician,
7 nursing, pharmaceutical, rehabilitative, and dietary services.
8 To provide these services, the facility shall adhere to the
9 following:

10 (1) Each consumer shall be encouraged and assisted to
11 achieve and maintain the highest level of self-care and
12 independence. Every effort shall be made to keep consumers
13 active and out of bed for reasonable periods of time,
14 except when contraindicated by physician orders.

15 (2) Every consumer shall be engaged in a
16 person-centered planning process regarding his or her
17 total care and treatment.

18 (3) All medical treatment and procedures shall be
19 administered as ordered by a physician. All new physician
20 orders shall be reviewed by the facility's director of
21 nursing or charge nurse designee within 24 hours after such
22 orders have been issued to ensure facility compliance with
23 such orders. According to rules adopted by the Department,
24 every woman consumer of child bearing age shall receive
25 routine obstetrical and gynecological evaluations as well

1 as necessary prenatal care.

2 (4) Each consumer shall be provided with good nutrition
3 and with necessary fluids for hydration.

4 (5) Each consumer shall be provided visual privacy
5 during treatment and personal care.

6 (6) Every consumer or consumer's guardian shall be
7 permitted to inspect and copy all his or her clinical and
8 other records concerning his or her care kept by the
9 facility or by his or her physician. The facility may
10 charge a reasonable fee for duplication of a record.

11 Section 3-105. Supplemental Security Income. The
12 Department of Healthcare and Family Services shall explore
13 potential avenues to enable consumers to continue to receive
14 and possess a portion of, or their full, Supplemental Security
15 Income benefit while receiving services at a facility. The
16 Department of Healthcare and Family Services shall investigate
17 strategies that are most beneficial to the consumer and cost
18 effective for the State. The Department of Healthcare and
19 Family Services may implement a strategy to enable a consumer
20 to receive and possess a portion of, or his or her full,
21 Supplemental Security Income in administrative rule. This
22 Section is subject to the appropriation of the General
23 Assembly.

24 Section 3-106. Pharmaceutical treatment.

1 (a) A consumer shall not be given unnecessary drugs. An
2 unnecessary drug is any drug used in an excessive dose,
3 including in duplicative therapy; for excessive duration;
4 without adequate monitoring; without adequate indications for
5 its use; or in the presence of adverse consequences that
6 indicate the drug should be reduced or discontinued. The
7 Department shall adopt, by rule, the standards for unnecessary
8 drugs.

9 (b) Informed consent shall be required for the prescription
10 of psychotropic medication consistent with the requirements
11 contained in subsection (b) of Section 2-106.1 of the Nursing
12 Home Care Act.

13 (c) No drug shall be administered except upon the order of
14 a person lawfully authorized to prescribe for and treat mental
15 illness.

16 (d) All drug orders shall be written, dated, and signed by
17 the person authorized to give such an order. The name,
18 quantity, or specific duration of therapy, dosage, and time or
19 frequency of administration of the drug and the route of
20 administration if other than oral shall be specific.

21 (e) Verbal orders for drugs and treatment shall be received
22 only by those authorized under Illinois law to do so from their
23 supervising physician. Such orders shall be recorded
24 immediately in the consumer's record by the person receiving
25 the order and shall include the date and time of the order.

1 Section 3-107. Abuse or neglect; duty to report. A
2 licensee, executive director, employee, or agent of a facility
3 shall not abuse or neglect a consumer. It is the duty of any
4 facility employee or agent who becomes aware of such abuse or
5 neglect to report it to the Department within 24 hours.
6 Facilities shall comply with Sections 3-610 and 3-810 of the
7 Nursing Home Care Act. The provisions under Sections 3-610 and
8 3-810 of the Nursing Home Care Act shall apply to employees of
9 facilities licensed under this Act.

10 Section 3-108. Communications; visits. Every consumer,
11 except those in triage centers, shall be permitted unimpeded,
12 private, and uncensored communication of his or her choice by
13 mail, telephone, Internet, or visitation.

14 The executive director shall ensure that correspondence is
15 conveniently received and reasonably accessible.

16 The executive director shall ensure that consumers may have
17 private visits at any reasonable hour unless such visits are
18 restricted due to the treatment plan of the consumer.

19 The executive director shall ensure that space for visits
20 is available and that facility personnel reasonably announce
21 their intent to enter, except in an emergency, before entering
22 any consumer's room during such visits.

23 Consumers shall be free to leave at any time. If a consumer
24 in a triage center expresses a desire to contact a third party
25 for any purpose, the facility staff shall contact that third

1 party on behalf of the consumer.

2 Section 3-109. Religion. A consumer shall be permitted the
3 free exercise of religion. Upon a consumer's request, and if
4 necessary, at the consumer's expense, the executive director
5 may make arrangements for a consumer's attendance at religious
6 services of the consumer's choice. However, no religious
7 beliefs or practices or attendance at religious services may be
8 imposed upon any consumer.

9 Section 3-110. Access to consumers.

10 (a) Any employee or agent of a public agency, any
11 representative of a community legal services program, or any
12 other member of the general public shall be permitted access at
13 reasonable hours to any individual consumer of any facility,
14 unless the consumer is receiving care and treatment in triage
15 centers.

16 (b) All persons entering a facility under this Section
17 shall promptly notify appropriate facility personnel of their
18 presence. They shall, upon request, produce identification to
19 establish their identity. No such person shall enter the
20 immediate living area of any consumer without first identifying
21 himself or herself and then receiving permission from the
22 consumer to enter. The rights of other consumers present in the
23 room shall be respected. A consumer may terminate at any time a
24 visit by a person having access to the consumer's living area

1 under this Section.

2 (c) This Section shall not limit the power of the
3 Department or other public agency otherwise permitted or
4 required by law to enter and inspect a facility.

5 (d) Notwithstanding subsection (a) of this Section, the
6 executive director of a facility may refuse access to the
7 facility to any person if the presence of that person in the
8 facility would be injurious to the health and safety of a
9 consumer or would threaten the security of the property of a
10 consumer or the facility, or if the person seeks access to the
11 facility for commercial purposes.

12 (e) Nothing in this Section shall be construed to conflict
13 with, or infringe upon, any court orders or consent decrees
14 regarding access.

15 Section 3-111. Discharge. A consumer may be discharged from
16 a facility after he or she gives the executive director, a
17 physician, or a nurse of the facility written notice of the
18 desire to be discharged. If a guardian has been appointed for a
19 consumer, the consumer shall be discharged upon written consent
20 of his or her guardian. In the event of a requested consumer
21 discharge, the facility is relieved from any responsibility for
22 the consumer's care, safety, and well-being upon the consumer's
23 discharge. The Department shall by rule establish criteria,
24 hearings, and procedures for involuntary discharge.

1 Section 3-112. Grievances. A consumer shall be permitted to
2 present grievances on behalf of himself or herself or others to
3 the executive director, the consumers' advisory council, State
4 governmental agencies, or other persons without threat of
5 discharge or reprisal in any form or manner whatsoever. The
6 executive director shall provide all consumers or their
7 representatives with the name, address, and telephone number of
8 the appropriate State governmental office where complaints may
9 be lodged.

10 Section 3-113. Labor. A consumer may refuse to perform
11 labor for a facility.

12 Section 3-114. Unlawful discrimination. No consumer shall
13 be subjected to unlawful discrimination as defined in Section
14 1-103 of the Illinois Human Rights Act by any owner, licensee,
15 executive director, employee, or agent of a facility. Unlawful
16 discrimination does not include an action by any licensee,
17 executive director, employee, or agent of a facility that is
18 required by this Act or rules adopted under this Act.

19 Section 3-115. Informed consent; restraints. Informed
20 consent shall be required for restraints consistent with the
21 requirements contained in subsection (c) of Section 2-106 of
22 the Nursing Home Care Act.

1 Section 3-116. Experimental research. No consumer shall be
2 subjected to experimental research or treatment without first
3 obtaining his or her informed, written consent. The conduct of
4 any experimental research or treatment shall be authorized and
5 monitored by an institutional review board appointed by the
6 executive director. The membership, operating procedures and
7 review criteria for the institutional review board shall be
8 prescribed under rules and regulations of the Department and
9 shall comply with the requirements for institutional review
10 boards established by the federal Food and Drug Administration.
11 No person who has received compensation in the prior 3 years
12 from an entity that manufactures, distributes, or sells
13 pharmaceuticals, biologics, or medical devices may serve on the
14 institutional review board.

15 No facility shall permit experimental research or
16 treatment to be conducted on a consumer, or give access to any
17 person or person's records for a retrospective study about the
18 safety or efficacy of any care or treatment, without the prior
19 written approval of the institutional review board. No
20 executive director, or person licensed by the State to provide
21 medical care or treatment to any person, may assist or
22 participate in any experimental research on or treatment of a
23 consumer, including a retrospective study, that does not have
24 the prior written approval of the board. Such conduct shall be
25 grounds for professional discipline by the Department of
26 Financial and Professional Regulation.

1 The institutional review board may exempt from ongoing
2 review research or treatment initiated on a consumer before the
3 individual's admission to a facility and for which the board
4 determines there is adequate ongoing oversight by another
5 institutional review board. Nothing in this Section shall
6 prevent a facility, any facility employee, or any other person
7 from assisting or participating in any experimental research on
8 or treatment of a consumer, if the research or treatment began
9 before the person's admission to a facility, until the board
10 has reviewed the research or treatment and decided to grant or
11 deny approval or to exempt the research or treatment from
12 ongoing review.

13 PART 2.

14 RESPONSIBILITIES

15 Section 3-201. Screening prior to admission. Standards for
16 screening prior to admission into a facility under this Act
17 shall be established by rule. The rules shall recognize the
18 different levels of care provided by these facilities,
19 including, but not limited to, the following:

- 20 (1) triage centers;
- 21 (2) crisis stabilization;
- 22 (3) recovery and rehabilitation supports; or
- 23 (4) transitional living units.

1 Section 3-203. Consumers' advisory council. Each facility
2 shall establish a consumers' advisory council. The executive
3 director shall designate a member of the facility staff to
4 coordinate the establishment of, and render assistance to, the
5 council.

6 (1) The composition of the consumers' advisory council
7 shall be specified by rule, but no employee or affiliate of
8 a facility shall be a member of the council.

9 (2) The council shall meet at least once each month
10 with the staff coordinator who shall provide assistance to
11 the council in preparing and disseminating a report of each
12 meeting to all consumers, the executive director, and the
13 staff.

14 (3) Records of council meetings shall be maintained in
15 the office of the executive director.

16 (4) The consumers' advisory council may communicate to
17 the executive director the opinions and concerns of the
18 consumers. The council shall review procedures for
19 implementing consumer rights and facility responsibilities
20 and make recommendations for changes or additions that will
21 strengthen the facility's policies and procedures as they
22 affect consumer rights and facility responsibilities.

23 (5) The council shall be a forum for:

24 (A) obtaining and disseminating information;

25 (B) soliciting and adopting recommendations for
26 facility programming and improvements; and

1 (C) early identification and for recommending
2 orderly resolution of problems.

3 (6) The council may present complaints on behalf of a
4 consumer to the Department or to any other person it
5 considers appropriate.

6 Section 3-205. Disclosure of information to public.
7 Standards for the disclosure of information to the public shall
8 be established by rule. These information disclosure standards
9 shall include, but are not limited to, the following: staffing
10 and personnel levels, licensure and inspection information,
11 national accreditation information, cost and reimbursement
12 information, and consumer complaint information. Rules for the
13 public disclosure of information shall be in accordance with
14 the provisions for inspection and copying of public records in
15 the Freedom of Information Act.

16 Section 3-206. Confidentiality of records.

17 (a) The Department shall respect the confidentiality of a
18 consumer's record and shall not divulge or disclose the
19 contents of a record in a manner that identifies a consumer,
20 except upon a consumer's death to a relative or guardian or
21 under judicial proceedings. This Section shall not be construed
22 to limit the right of a consumer to inspect or copy the
23 consumer's own records.

24 (b) Confidential medical, social, personal, or financial

1 information identifying a consumer shall not be available for
2 public inspection in a manner that identifies a consumer.

3 Section 3-207. Notice of imminent death. A facility shall
4 immediately notify the consumer's next of kin, representative,
5 and physician of the consumer's death or when the consumer's
6 death appears to be imminent.

7 Section 3-208. Policies and procedures. A facility shall
8 establish written policies and procedures to implement the
9 responsibilities and rights provided under this Article. The
10 policies shall include the procedure for the investigation and
11 resolution of consumer complaints. The policies and procedures
12 shall be clear and unambiguous and shall be available for
13 inspection by any person. A summary of the policies and
14 procedures, printed in not less than 12-point font, shall be
15 distributed to each consumer and representative.

16 Section 3-209. Explanation of rights. Each consumer and
17 consumer's guardian or other person acting on behalf of the
18 consumer shall be given a written explanation of all of his or
19 her rights. The explanation shall be given at the time of
20 admission to a facility or as soon thereafter as the condition
21 of the consumer permits, but in no event later than 48 hours
22 after admission and again at least annually thereafter. At the
23 time of the implementation of this Act, each consumer shall be

1 given a written summary of all of his or her rights. If a
2 consumer is unable to read such written explanation, it shall
3 be read to the consumer in a language the consumer understands.

4 Section 3-210. Staff familiarity with rights and
5 responsibilities. The facility shall ensure that its staff is
6 familiar with and observes the rights and responsibilities
7 enumerated in this Article.

8 Section 3-211. Vaccinations.

9 (a) A facility shall annually administer or arrange for
10 administration of a vaccination against influenza to each
11 consumer, in accordance with the recommendations of the
12 Advisory Committee on Immunization Practices of the Centers for
13 Disease Control and Prevention that are most recent to the time
14 of vaccination, unless the vaccination is medically
15 contraindicated or the consumer has refused the vaccine.

16 (b) All persons seeking admission to a facility shall be
17 verbally screened for risk factors associated with hepatitis B,
18 hepatitis C, and the Human Immunodeficiency Virus (HIV)
19 according to guidelines established by the U.S. Centers for
20 Disease Control and Prevention. Persons who are identified as
21 being at high risk for hepatitis B, hepatitis C, or HIV shall
22 be offered an opportunity to undergo laboratory testing in
23 order to determine infection status if they will be admitted to
24 the facility for at least 7 days and are not known to be

1 infected with any of the listed viruses. All HIV testing shall
2 be conducted in compliance with the AIDS Confidentiality Act.
3 All persons determined to be susceptible to the hepatitis B
4 virus shall be offered immunization within 10 days after
5 admission to any facility. A facility shall document in the
6 consumer's medical record that he or she was verbally screened
7 for risk factors associated with hepatitis B, hepatitis C, and
8 HIV, and whether or not the consumer was immunized against
9 hepatitis B.

10 Section 3-212. Order for transportation of consumer by
11 ambulance. If a facility orders transportation of a consumer of
12 the facility by ambulance, then the facility must maintain a
13 written record that shows (i) the name of the person who placed
14 the order for that transportation and (ii) the medical reason
15 for that transportation.

16 ARTICLE 4.

17 LICENSING AND ACCREDITATION

18 PART 1.

19 LICENSING

20 Section 4-101. Licensure system. The Department shall be
21 the sole agency responsible for licensure and shall establish a
22 comprehensive system of licensure for facilities in accordance

1 with this Act for the purpose of:

2 (1) protecting the health, welfare, and safety of
3 consumers; and

4 (2) ensuring the accountability for reimbursed care
5 provided in facilities.

6 Section 4-102. Necessity of license. No person may
7 establish, operate, maintain, offer, or advertise a facility
8 within this State unless and until he or she obtains a valid
9 license therefor as hereinafter provided, which license
10 remains unsuspended, unrevoked, and unexpired. No public
11 official or employee may place any person in, or recommend that
12 any person be in, or directly or indirectly cause any person to
13 be placed in any facility that is being operated without a
14 valid license. All licenses and licensing procedures
15 established under Article III of the Nursing Home Care Act,
16 except those contained in Section 3-202, shall be deemed valid
17 under this Act until the Department establishes licensure. The
18 Department is granted the authority under this Act to establish
19 provisional licensure and licensing procedures under this Act
20 by emergency rule and shall do so within 120 days of the
21 effective date of this Act.

22 Section 4-103. Provisional licensure emergency rules. The
23 Department, in consultation with the Division of Mental Health
24 of the Department of Human Services and the Department of

1 Healthcare and Family Services, is granted the authority under
2 this Act to establish provisional licensure and licensing
3 procedures by emergency rule. The Department shall file
4 emergency rules concerning provisional licensure under this
5 Act within 120 days after the effective date of this Act. The
6 rules to be filed for provisional licensure shall be for a
7 period of 3 years, beginning with the adoption date of the
8 emergency rules establishing the provisional license, and
9 shall not be extended beyond the date of 3 years after the
10 effective date of the emergency rules creating the provisional
11 license and licensing process. Rules governing the provisional
12 license and licensing process shall contain rules for the
13 different levels of care offered by the facilities authorized
14 under this Act and shall address each type of care hereafter
15 enumerated:

- 16 (1) triage centers;
- 17 (2) crisis stabilization;
- 18 (3) recovery and rehabilitation supports;
- 19 (4) transitional living units; or
- 20 (5) other intensive treatment and stabilization
21 programs designed and developed in collaboration with the
22 Department.

23 Section 4-104. Provisional licensure requirements. Rules
24 governing the provisional license and licensing process shall
25 address, at a minimum, the following provisions:

- 1 (1) mandatory community agency linkage;
- 2 (2) discharge and transition planning;
- 3 (3) non-residential triage centers and stabilization
- 4 center requirements;
- 5 (4) crisis stabilization;
- 6 (5) transitional living units;
- 7 (6) recovery and rehabilitation supports;
- 8 (7) therapeutic activity and leisure training program;
- 9 (8) admission policies;
- 10 (9) consumer admission and assessment requirements;
- 11 (10) screening and consumer background checks,
- 12 consistent with Section 1-114.01, subsections (b) and (c)
- 13 of Section 2-201.5, and Section 2-201.6 of the Nursing Home
- 14 Care Act;
- 15 (11) consumer records;
- 16 (12) informed consent;
- 17 (13) individualized treatment plan;
- 18 (14) consumer rights and confidentiality;
- 19 (15) safeguard of consumer funds;
- 20 (16) restraints and therapeutic separation;
- 21 (17) employee personnel policies and records;
- 22 (18) employee health evaluation;
- 23 (19) health care worker background check, consistent
- 24 with the Health Care Worker Background Check Act;
- 25 (20) required professional job positions;
- 26 (21) consultation and training;

- 1 (22) quality assessment and performance improvement;
- 2 (23) consumer information;
- 3 (24) reporting of unusual occurrences;
- 4 (25) abuse and reporting to local law enforcement;
- 5 (26) fire safety and disaster preparedness;
- 6 (27) required support services, including, but not
- 7 limited to, physician, health, pharmaceutical, infection
- 8 control, dietetic, dental, and environmental;
- 9 (28) enhanced services requests and program
- 10 flexibility requests;
- 11 (29) participation in a managed care entity, a
- 12 coordinated care entity, or an accountable care entity; and
- 13 (30) appropriate fines and sanctions associated with
- 14 violations of laws, rules, or regulations.

15 Section 4-105. Provisional licensure duration. A

16 provisional license shall be valid upon fulfilling the

17 requirements established by the Department by emergency rule.

18 The license shall remain valid as long as a facility remains in

19 compliance with the licensure provisions established in rule.

20 The provisional license shall expire when the administrative

21 rule established by the Department for provisional licensure

22 expires at the end of a 3-year period.

23 Section 4-106. Provisional licensure outcomes. The

24 Department of Healthcare and Family Services, in conjunction

1 with the Division of Mental Health of the Department of Human
2 Services and the Department of Public Health, shall establish a
3 methodology by which financial and clinical data are reported
4 and monitored from each program that is implemented in a
5 facility after the effective date of this Act. The Department
6 of Healthcare and Family Services shall work in concert with a
7 managed care entity, a care coordination entity, or an
8 accountable care entity to gather the data necessary to report
9 and monitor the progress of the services offered under this
10 Act.

11 Section 4-107. Provisional licensure period completion.
12 After the provisional licensure period is completed, no
13 individual with mental illness whose service plan provides for
14 placement in community-based settings shall be housed or
15 offered placement in a facility at public expense unless, after
16 being fully informed, he or she declines the opportunity to
17 receive services in a community-based setting.

18 Section 4-108. Surveys and inspections. The Department
19 shall conduct surveys of licensed facilities and their
20 certified programs and services. The Department shall review
21 the records or premises, or both, as it deems appropriate for
22 the purpose of determining compliance with this Act and the
23 rules promulgated under this Act. The Department shall have
24 access to and may reproduce or photocopy any books, records,

1 and other documents maintained by the facility to the extent
2 necessary to carry out this Act and the rules promulgated under
3 this Act. The Department shall not divulge or disclose the
4 contents of a record under this Section as otherwise prohibited
5 by this Act. Any holder of a license or applicant for a license
6 shall be deemed to have given consent to any authorized
7 officer, employee, or agent of the Department to enter and
8 inspect the facility in accordance with this Article. Refusal
9 to permit such entry or inspection shall constitute grounds for
10 denial, suspension, or revocation of a license under this Act.

11 (1) The Department shall conduct surveys to determine
12 compliance and may conduct surveys to investigate
13 complaints.

14 (2) Determination of compliance with the service
15 requirements shall be based on a survey centered on
16 individuals that sample services being provided.

17 (3) Determination of compliance with the general
18 administrative requirements shall be based on a review of
19 facility records and observation of individuals and staff.

20 Section 4-109. License sanctions and revocation.

21 (a) The Department may revoke a license for any failure to
22 substantially comply with this Act and the rules promulgated
23 under this Act, including, but not limited to, the following:

24 (1) fails to correct deficiencies identified as a
25 result of an on-site survey by the Department and fails to

1 submit a plan of correction within 30 days after receipt of
2 the notice of violation;

3 (2) submits false information either on Department
4 forms, required certifications, plans of correction or
5 during an on-site inspection;

6 (3) refuses to permit or participate in a scheduled or
7 unscheduled survey; or

8 (4) willfully violates any rights of individuals being
9 served.

10 (b) The Department may refuse to license or relicense a
11 facility if the owner or authorized representative or licensee
12 has been convicted of a felony related to the provision of
13 healthcare or mental health services, as shown by a certified
14 copy of the court of conviction.

15 (c) Facilities, as a result of an on-site survey, shall be
16 recognized according to levels of compliance with standards as
17 set forth in this Act. Facilities with findings from Level 1 to
18 Level 3 will be considered to be in good standing with the
19 Department. Findings from Level 3 to Level 5 will result in a
20 notice of violations, a plan of correction and defined
21 sanctions. Findings resulting in Level 6 will result in a
22 notice of violations and defined sanction. The levels of
23 compliance are:

24 (1) Level 1: Full compliance with this Act and the
25 rules promulgated under this Act.

26 (2) Level 2: Acceptable compliance with this Act and

1 the rules promulgated under this Act. No written plan of
2 correction will be required from the licensee.

3 (3) Level 3: Partial compliance with this Act and the
4 rules promulgated under this Act. An administrative
5 warning is issued. The licensee shall submit a written plan
6 of correction.

7 (4) Level 4: Minimal compliance with this Act and the
8 rules promulgated under this Act. The licensee shall submit
9 a written plan of correction, and the Department will issue
10 a probationary license. A resurvey shall occur within 90
11 days.

12 (5) Level 5: Unsatisfactory compliance with this Act
13 and the rules promulgated under this Act. The facility
14 shall submit a written plan of correction, and the
15 Department will issue a restricted license. A resurvey
16 shall occur within 60 days.

17 (6) Level 6: Revocation of the license to provide
18 services. Revocation may occur as a result of a licensee's
19 consistent and repeated failure to take necessary
20 corrective actions to rectify documented violations, or
21 the failure to protect clients from situations that produce
22 an imminent risk.

23 (d) Prior to initiating formal action to sanction a
24 license, the Department shall allow the licensee an opportunity
25 to take corrective action to eliminate or ameliorate a
26 violation of this Act except in cases in which the Department

1 determines that emergency action is necessary to protect the
2 public or individual interest, safety, or welfare.

3 (e) Subsequent to an on-site survey, the Department shall
4 issue a written notice to the licensee. The Department shall
5 specify the particular Sections of this Act or the rules
6 promulgated under this Act, if any, with which the facility is
7 not compliant. The Department's notice shall require any
8 corrective actions be taken within a specified time period as
9 required by this Act.

10 (f) Sanctions shall be imposed according to the following
11 definitions:

12 (1) Administrative notice: A written notice issued by
13 the Department that specifies rule violations requiring a
14 written plan of correction with time frames for corrections
15 to be made and a notice that any additional violation of
16 this Act or the rules promulgated under this Act may result
17 in a higher level sanction. (Level 3)

18 (2) Probation: Compliance with this Act and the rules
19 promulgated under this Act is minimally acceptable and
20 necessitates immediate corrective action. Individuals'
21 life safety or quality of care are not in jeopardy. The
22 probationary period is time limited to 90 days. During the
23 probationary period, the facility must make corrective
24 changes sufficient to bring the facility back into good
25 standing with the Department. Failure to make corrective
26 changes within that given time frame may result in a

1 determination to initiate a higher-level sanction. The
2 admission of new individuals shall be prohibited during the
3 probationary period. (Level 4)

4 (3) Restricted license: A licensee is sanctioned for
5 unsatisfactory compliance. The admission of new
6 individuals shall be prohibited during the restricted
7 licensure period. Corrective action sufficient to bring
8 the licensee back into good standing with the Department
9 must be taken within 60 days. During the restricted
10 licensure period a monitor will be assigned to oversee the
11 progress of the facility in taking corrective action. If
12 corrective actions are not taken, the facility will be
13 subject to a higher-level sanction. (Level 5)

14 (4) Revocation: Revocation of the license is
15 withdrawal by formal actions of the license. The revocation
16 shall be in effect until such time that the provider
17 submits a re-application and the licensee can demonstrate
18 its ability to operate in good standing with the
19 Department. The Department has the right not to reinstate a
20 license. If revocation occurs as a result of imminent risk,
21 all individuals shall be immediately relocated and all
22 funding will be transferred. (Level 6)

23 (5) Financial penalty: A financial penalty may be
24 imposed upon finding of violation in any one or combination
25 of the provisions of this Act. In determining an
26 appropriate financial penalty, the Department may consider

1 the deterrent effect of the penalty on the organization and
2 on other providers, the nature of the violation, the degree
3 to which the violation resulted in a benefit to the
4 organization or harm to the public, and any other relevant
5 factor to be examined in mitigation or aggravation of the
6 organization's conduct. The financial penalty may be
7 imposed in conjunction with other sanctions or separately.
8 Higher level sanctions may be imposed in situations where
9 there are repeat violations.

10 Section 4-110. Citation review and appeal procedures.

11 (a) Upon receipt of Level 3 to 6 citations, the licensee
12 may provide additional written information and argument
13 disputing the citation with 10 working days. The Department
14 shall respond within 20 days to the licensee's disputation.

15 (b) If a licensee contests the Department's decision
16 regarding a Level 4 to 6 citation or penalty, it can request a
17 hearing by submitting a written request within 20 working days
18 of the Department's dispute resolution decision. The
19 Department shall notify the licensee of the time and place of
20 the hearing not less than 14 days prior to the hearing date.

21 (c) A license may not be denied or revoked unless the
22 licensee is given written notice of the grounds for the
23 Department's action. Except when revocation of a license is
24 based on imminent risk, the facility or program whose license
25 has been revoked may operate and receive reimbursement for

1 services during the period preceding the hearing, until such
2 time as a final decision is made.

3 Section 4-111. Notwithstanding the existence or pursuit of
4 any other remedy, the Director of the Department may, in the
5 manner provided by law, upon the advice of the Attorney General
6 who shall represent the Director of the Department in the
7 proceedings, maintain an action in the name of the State for
8 injunction or other process against any person or governmental
9 unit to restrain or prevent the establishment of a facility
10 without a license issued pursuant to this Act, or to restrain
11 or prevent the opening, conduction, operating, or maintaining
12 of a facility without a license issued pursuant to this Act. In
13 addition, the Director of the Department may, in the manner
14 provided by law, in the name of the People of the State and
15 through the Attorney General who shall represent the Director
16 of the Department in the proceedings, maintain an action for
17 injunction or other relief or process against any licensee or
18 other person to enforce and compel compliance with the
19 provisions of this Act and the standards, rules, and
20 regulations established by virtue of this Act and any order
21 entered for any response action pursuant to this Act and such
22 standards, rules, and regulations.

23

PART 2.

24

ACCREDITATION

1 Section 4-201. Accreditation and licensure. At the end of
2 the provisional licensure period established in Article 3, Part
3 1 of this Act, the Department shall license a facility as a
4 specialized mental health rehabilitation facility under this
5 Act that successfully completes and obtains valid national
6 accreditation in behavioral health from a recognized national
7 accreditation entity and complies with licensure standards as
8 established by the Department of Public Health in
9 administrative rule. Rules governing licensure standards shall
10 include, but not be limited to, appropriate fines and sanctions
11 associated with violations of laws or regulations. The
12 following shall be considered to be valid national
13 accreditation in behavioral health from an national
14 accreditation entity:

15 (1) the Joint Commission;

16 (2) the Commission on Accreditation of Rehabilitation
17 Facilities;

18 (3) the Healthcare Facilities Accreditation Program;

19 or

20 (4) any other national standards of care as approved by
21 the Department.

22 ARTICLE 5.

23 FACILITY PAYMENT

1 Section 5-101. Managed care entity, coordinated care
2 entity, and accountable care entity payments. For facilities
3 licensed by the Department of Public Health under this Act, the
4 payment for services provided shall be determined by
5 negotiation with managed care entities, coordinated care
6 entities, or accountable care entities. However, for 3 years
7 after the effective date of this Act, in no event shall the
8 reimbursement rate paid to facilities licensed under this Act
9 be less than the rate in effect on June 30, 2013 less \$7.07
10 times the number of occupied bed days, as that term is defined
11 in Article V-B of the Illinois Public Aid Code, for each
12 facility previously licensed under the Nursing Home Care Act on
13 June 30, 2013; or the rate in effect on June 30, 2013 for each
14 facility licensed under the Specialized Mental Health
15 Rehabilitation Act on June 30, 2013. Any adjustment in the
16 support component or the capital component for facilities
17 licensed by the Department of Public Health under the Nursing
18 Home Care Act shall apply equally to facilities licensed by the
19 Department of Public Health under this Act for the duration of
20 the provisional licensure period as defined in Section 4-105 of
21 this Act.

22 ARTICLE 6.

23 MISCELLANEOUS AND AMENDATORY PROVISIONS; REPEALER

24 Section 6-101. Illinois Administrative Procedure Act. The

1 provisions of the Illinois Administrative Procedure Act are
2 hereby expressly adopted and shall apply to all administrative
3 rules and procedures of the Department under this Act.

4 Section 6-102. Judicial review. All final administrative
5 decisions of the Department under this Act are subject to
6 judicial review under the Administrative Review Law and the
7 rules adopted pursuant thereto. The term "administrative
8 decision" is defined as in Section 3-101 of the Code of Civil
9 Procedure.

10 Section 6-105. The Election Code is amended by changing
11 Sections 3-3, 4-6.3, 4-10, 5-9, 5-16.3, 6-50.3, 6-56, 19-4,
12 19-12.1, and 19-12.2 as follows:

13 (10 ILCS 5/3-3) (from Ch. 46, par. 3-3)

14 Sec. 3-3. Every honorably discharged soldier or sailor who
15 is an inmate of any soldiers' and sailors' home within the
16 State of Illinois, any person who is a resident of a facility
17 licensed or certified pursuant to the Nursing Home Care Act,
18 the Specialized Mental Health Rehabilitation Act of 2013, or
19 the ID/DD Community Care Act, or any person who is a resident
20 of a community-integrated living arrangement, as defined in
21 Section 3 of the Community-Integrated Living Arrangements
22 Licensure and Certification Act, for 30 days or longer, and who
23 is a citizen of the United States and has resided in this State

1 and in the election district 30 days next preceding any
2 election shall be entitled to vote in the election district in
3 which any such home or community-integrated living arrangement
4 in which he is an inmate or resident is located, for all
5 officers that now are or hereafter may be elected by the
6 people, and upon all questions that may be submitted to the
7 vote of the people: Provided, that he shall declare upon oath,
8 that it was his bona fide intention at the time he entered said
9 home or community-integrated living arrangement to become a
10 resident thereof.

11 (Source: P.A. 96-339, eff. 7-1-10; 96-563, eff. 1-1-10;
12 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
13 97-813, eff. 7-13-12.)

14 (10 ILCS 5/4-6.3) (from Ch. 46, par. 4-6.3)

15 Sec. 4-6.3. The county clerk may establish a temporary
16 place of registration for such times and at such locations
17 within the county as the county clerk may select. However, no
18 temporary place of registration may be in operation during the
19 27 days preceding an election. Notice of the time and place of
20 registration under this Section shall be published by the
21 county clerk in a newspaper having a general circulation in the
22 county not less than 3 nor more than 15 days before the holding
23 of such registration.

24 Temporary places of registration shall be established so
25 that the areas of concentration of population or use by the

1 public are served, whether by facilities provided in places of
2 private business or in public buildings or in mobile units.
3 Areas which may be designated as temporary places of
4 registration include, but are not limited to, facilities
5 licensed or certified pursuant to the Nursing Home Care Act,
6 the Specialized Mental Health Rehabilitation Act of 2013, or
7 the ID/DD Community Care Act, Soldiers' and Sailors' Homes,
8 shopping centers, business districts, public buildings and
9 county fairs.

10 Temporary places of registration shall be available to the
11 public not less than 2 hours per year for each 1,000 population
12 or fraction thereof in the county.

13 All temporary places of registration shall be manned by
14 deputy county clerks or deputy registrars appointed pursuant to
15 Section 4-6.2.

16 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
17 eff. 1-1-12; 97-813, eff. 7-13-12.)

18 (10 ILCS 5/4-10) (from Ch. 46, par. 4-10)

19 Sec. 4-10. Except as herein provided, no person shall be
20 registered, unless he applies in person to a registration
21 officer, answers such relevant questions as may be asked of him
22 by the registration officer, and executes the affidavit of
23 registration. The registration officer shall require the
24 applicant to furnish two forms of identification, and except in
25 the case of a homeless individual, one of which must include

1 his or her residence address. These forms of identification
2 shall include, but not be limited to, any of the following:
3 driver's license, social security card, public aid
4 identification card, utility bill, employee or student
5 identification card, lease or contract for a residence, credit
6 card, or a civic, union or professional association membership
7 card. The registration officer shall require a homeless
8 individual to furnish evidence of his or her use of the mailing
9 address stated. This use may be demonstrated by a piece of mail
10 addressed to that individual and received at that address or by
11 a statement from a person authorizing use of the mailing
12 address. The registration officer shall require each applicant
13 for registration to read or have read to him the affidavit of
14 registration before permitting him to execute the affidavit.

15 One of the registration officers or a deputy registration
16 officer, county clerk, or clerk in the office of the county
17 clerk, shall administer to all persons who shall personally
18 apply to register the following oath or affirmation:

19 "You do solemnly swear (or affirm) that you will fully and
20 truly answer all such questions as shall be put to you touching
21 your name, place of residence, place of birth, your
22 qualifications as an elector and your right as such to register
23 and vote under the laws of the State of Illinois."

24 The registration officer shall satisfy himself that each
25 applicant for registration is qualified to register before
26 registering him. If the registration officer has reason to

1 believe that the applicant is a resident of a Soldiers' and
2 Sailors' Home or any facility which is licensed or certified
3 pursuant to the Nursing Home Care Act, the Specialized Mental
4 Health Rehabilitation Act of 2013, or the ID/DD Community Care
5 Act, the following question shall be put, "When you entered the
6 home which is your present address, was it your bona fide
7 intention to become a resident thereof?" Any voter of a
8 township, city, village or incorporated town in which such
9 applicant resides, shall be permitted to be present at the
10 place of any precinct registration and shall have the right to
11 challenge any applicant who applies to be registered.

12 In case the officer is not satisfied that the applicant is
13 qualified he shall forthwith notify such applicant in writing
14 to appear before the county clerk to complete his registration.
15 Upon the card of such applicant shall be written the word
16 "incomplete" and no such applicant shall be permitted to vote
17 unless such registration is satisfactorily completed as
18 hereinafter provided. No registration shall be taken and marked
19 as incomplete if information to complete it can be furnished on
20 the date of the original application.

21 Any person claiming to be an elector in any election
22 precinct and whose registration card is marked "Incomplete" may
23 make and sign an application in writing, under oath, to the
24 county clerk in substance in the following form:

25 "I do solemnly swear that I,, did on (insert date)
26 make application to the board of registry of the precinct

1 of the township of (or to the county clerk of county)
 2 and that said board or clerk refused to complete my
 3 registration as a qualified voter in said precinct. That I
 4 reside in said precinct, that I intend to reside in said
 5 precinct, and am a duly qualified voter of said precinct and am
 6 entitled to be registered to vote in said precinct at the next
 7 election.

8 (Signature of applicant)"

9 All such applications shall be presented to the county
 10 clerk or to his duly authorized representative by the
 11 applicant, in person between the hours of 9:00 a.m. and 5:00
 12 p.m. on any day after the days on which the 1969 and 1970
 13 precinct re-registrations are held but not on any day within 27
 14 days preceding the ensuing general election and thereafter for
 15 the registration provided in Section 4-7 all such applications
 16 shall be presented to the county clerk or his duly authorized
 17 representative by the applicant in person between the hours of
 18 9:00 a.m. and 5:00 p.m. on any day prior to 27 days preceding
 19 the ensuing general election. Such application shall be heard
 20 by the county clerk or his duly authorized representative at
 21 the time the application is presented. If the applicant for
 22 registration has registered with the county clerk, such
 23 application may be presented to and heard by the county clerk
 24 or by his duly authorized representative upon the dates
 25 specified above or at any time prior thereto designated by the

1 county clerk.

2 Any otherwise qualified person who is absent from his
3 county of residence either due to business of the United States
4 or because he is temporarily outside the territorial limits of
5 the United States may become registered by mailing an
6 application to the county clerk within the periods of
7 registration provided for in this Article, or by simultaneous
8 application for absentee registration and absentee ballot as
9 provided in Article 20 of this Code.

10 Upon receipt of such application the county clerk shall
11 immediately mail an affidavit of registration in duplicate,
12 which affidavit shall contain the following and such other
13 information as the State Board of Elections may think it proper
14 to require for the identification of the applicant:

15 Name. The name of the applicant, giving surname and first
16 or Christian name in full, and the middle name or the initial
17 for such middle name, if any.

18 Sex.

19 Residence. The name and number of the street, avenue or
20 other location of the dwelling, and such additional clear and
21 definite description as may be necessary to determine the exact
22 location of the dwelling of the applicant. Where the location
23 cannot be determined by street and number, then the Section,
24 congressional township and range number may be used, or such
25 other information as may be necessary, including post office
26 mailing address.

1 Term of residence in the State of Illinois and the
2 precinct.

3 Nativity. The State or country in which the applicant was
4 born.

5 Citizenship. Whether the applicant is native born or
6 naturalized. If naturalized, the court, place and date of
7 naturalization.

8 Age. Date of birth, by month, day and year.

9 Out of State address of

10 AFFIDAVIT OF REGISTRATION

11 State of

12)ss

13 County of

14 I hereby swear (or affirm) that I am a citizen of the
15 United States; that on the day of the next election I shall
16 have resided in the State of Illinois and in the election
17 precinct 30 days; that I am fully qualified to vote, that I am
18 not registered to vote anywhere else in the United States, that
19 I intend to remain a resident of the State of Illinois and of
20 the election precinct, that I intend to return to the State of
21 Illinois, and that the above statements are true.

22

23 (His or her signature or mark)

24 Subscribed and sworn to before me, an officer qualified to
25 administer oaths, on (insert date).

26

1 Signature of officer administering oath.

2 Upon receipt of the executed duplicate affidavit of
3 Registration, the county clerk shall transfer the information
4 contained thereon to duplicate Registration Cards provided for
5 in Section 4-8 of this Article and shall attach thereto a copy
6 of each of the duplicate affidavit of registration and
7 thereafter such registration card and affidavit shall
8 constitute the registration of such person the same as if he
9 had applied for registration in person.

10 (Source: P.A. 96-317, eff. 1-1-10; 96-339, eff. 7-1-10;
11 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
12 97-813, eff. 7-13-12.)

13 (10 ILCS 5/5-9) (from Ch. 46, par. 5-9)

14 Sec. 5-9. Except as herein provided, no person shall be
15 registered unless he applies in person to registration officer,
16 answers such relevant questions as may be asked of him by the
17 registration officer, and executes the affidavit of
18 registration. The registration officer shall require the
19 applicant to furnish two forms of identification, and except in
20 the case of a homeless individual, one of which must include
21 his or her residence address. These forms of identification
22 shall include, but not be limited to, any of the following:
23 driver's license, social security card, public aid
24 identification card, utility bill, employee or student
25 identification card, lease or contract for a residence, credit

1 card, or a civic, union or professional association membership
2 card. The registration officer shall require a homeless
3 individual to furnish evidence of his or her use of the mailing
4 address stated. This use may be demonstrated by a piece of mail
5 addressed to that individual and received at that address or by
6 a statement from a person authorizing use of the mailing
7 address. The registration officer shall require each applicant
8 for registration to read or have read to him the affidavit of
9 registration before permitting him to execute the affidavit.

10 One of the Deputy Registrars, the Judge of Registration, or
11 an Officer of Registration, County Clerk, or clerk in the
12 office of the County Clerk, shall administer to all persons who
13 shall personally apply to register the following oath or
14 affirmation:

15 "You do solemnly swear (or affirm) that you will fully and
16 truly answer all such questions as shall be put to you touching
17 your place of residence, name, place of birth, your
18 qualifications as an elector and your right as such to register
19 and vote under the laws of the State of Illinois."

20 The Registration Officer shall satisfy himself that each
21 applicant for registration is qualified to register before
22 registering him. If the registration officer has reason to
23 believe that the applicant is a resident of a Soldiers' and
24 Sailors' Home or any facility which is licensed or certified
25 pursuant to the Nursing Home Care Act, the Specialized Mental
26 Health Rehabilitation Act of 2013, or the ID/DD Community Care

1 Act, the following question shall be put, "When you entered the
2 home which is your present address, was it your bona fide
3 intention to become a resident thereof?" Any voter of a
4 township, city, village or incorporated town in which such
5 applicant resides, shall be permitted to be present at the
6 place of precinct registration, and shall have the right to
7 challenge any applicant who applies to be registered.

8 In case the officer is not satisfied that the applicant is
9 qualified, he shall forthwith in writing notify such applicant
10 to appear before the County Clerk to furnish further proof of
11 his qualifications. Upon the card of such applicant shall be
12 written the word "Incomplete" and no such applicant shall be
13 permitted to vote unless such registration is satisfactorily
14 completed as hereinafter provided. No registration shall be
15 taken and marked as "incomplete" if information to complete it
16 can be furnished on the date of the original application.

17 Any person claiming to be an elector in any election
18 precinct in such township, city, village or incorporated town
19 and whose registration is marked "Incomplete" may make and sign
20 an application in writing, under oath, to the County Clerk in
21 substance in the following form:

22 "I do solemnly swear that I,, did on (insert
23 date) make application to the Board of Registry of the
24 precinct of ward of the City of or of the
25 District Town of (or to the
26 County Clerk of) and County; that

1 said Board or Clerk refused to complete my registration as a
 2 qualified voter in said precinct, that I reside in said
 3 precinct (or that I intend to reside in said precinct), am a
 4 duly qualified voter and entitled to vote in said precinct at
 5 the next election.

6
 7

(Signature of Applicant)"

8 All such applications shall be presented to the County
 9 Clerk by the applicant, in person between the hours of nine
 10 o'clock a.m. and five o'clock p.m., on Monday and Tuesday of
 11 the third week subsequent to the weeks in which the 1961 and
 12 1962 precinct re-registrations are to be held, and thereafter
 13 for the registration provided in Section 5-17 of this Article,
 14 all such applications shall be presented to the County Clerk by
 15 the applicant in person between the hours of nine o'clock a.m.
 16 and nine o'clock p.m. on Monday and Tuesday of the third week
 17 prior to the date on which such election is to be held.

18 Any otherwise qualified person who is absent from his
 19 county of residence either due to business of the United States
 20 or because he is temporarily outside the territorial limits of
 21 the United States may become registered by mailing an
 22 application to the county clerk within the periods of
 23 registration provided for in this Article or by simultaneous
 24 application for absentee registration and absentee ballot as
 25 provided in Article 20 of this Code.

26 Upon receipt of such application the county clerk shall

1 immediately mail an affidavit of registration in duplicate,
2 which affidavit shall contain the following and such other
3 information as the State Board of Elections may think it proper
4 to require for the identification of the applicant:

5 Name. The name of the applicant, giving surname and first
6 or Christian name in full, and the middle name or the initial
7 for such middle name, if any.

8 Sex.

9 Residence. The name and number of the street, avenue or
10 other location of the dwelling, and such additional clear and
11 definite description as may be necessary to determine the exact
12 location of the dwelling of the applicant. Where the location
13 cannot be determined by street and number, then the Section,
14 congressional township and range number may be used, or such
15 other information as may be necessary, including post office
16 mailing address.

17 Term of residence in the State of Illinois and the
18 precinct.

19 Nativity. The State or country in which the applicant was
20 born.

21 Citizenship. Whether the applicant is native born or
22 naturalized. If naturalized, the court, place and date of
23 naturalization.

24 Age. Date of birth, by month, day and year.

25 Out of State address of

1 State of)

2)ss

3 County of)

4 I hereby swear (or affirm) that I am a citizen of the
5 United States; that on the day of the next election I shall
6 have resided in the State of Illinois for 6 months and in the
7 election precinct 30 days; that I am fully qualified to vote,
8 that I am not registered to vote anywhere else in the United
9 States, that I intend to remain a resident of the State of
10 Illinois and of the election precinct, that I intend to return
11 to the State of Illinois, and that the above statements are
12 true.

13

14 (His or her signature or mark)

15 Subscribed and sworn to before me, an officer qualified to
16 administer oaths, on (insert date).

17

18 Signature of officer administering oath.

19 Upon receipt of the executed duplicate affidavit of
20 Registration, the county clerk shall transfer the information
21 contained thereon to duplicate Registration Cards provided for
22 in Section 5-7 of this Article and shall attach thereto a copy
23 of each of the duplicate affidavit of registration and
24 thereafter such registration card and affidavit shall
25 constitute the registration of such person the same as if he

1 had applied for registration in person.

2 (Source: P.A. 96-317, eff. 1-1-10; 96-339, eff. 7-1-10;
3 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
4 97-813, eff. 7-13-12.)

5 (10 ILCS 5/5-16.3) (from Ch. 46, par. 5-16.3)

6 Sec. 5-16.3. The county clerk may establish temporary
7 places of registration for such times and at such locations
8 within the county as the county clerk may select. However, no
9 temporary place of registration may be in operation during the
10 27 days preceding an election. Notice of time and place of
11 registration at any such temporary place of registration under
12 this Section shall be published by the county clerk in a
13 newspaper having a general circulation in the county not less
14 than 3 nor more than 15 days before the holding of such
15 registration.

16 Temporary places of registration shall be established so
17 that the areas of concentration of population or use by the
18 public are served, whether by facilities provided in places of
19 private business or in public buildings or in mobile units.
20 Areas which may be designated as temporary places of
21 registration include, but are not limited to, facilities
22 licensed or certified pursuant to the Nursing Home Care Act,
23 the Specialized Mental Health Rehabilitation Act of 2013, or
24 the ID/DD Community Care Act, Soldiers' and Sailors' Homes,
25 shopping centers, business districts, public buildings and

1 county fairs.

2 Temporary places of registration shall be available to the
3 public not less than 2 hours per year for each 1,000 population
4 or fraction thereof in the county.

5 All temporary places of registration shall be manned by
6 deputy county clerks or deputy registrars appointed pursuant to
7 Section 5-16.2.

8 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
9 eff. 1-1-12; 97-813, eff. 7-13-12.)

10 (10 ILCS 5/6-50.3) (from Ch. 46, par. 6-50.3)

11 Sec. 6-50.3. The board of election commissioners may
12 establish temporary places of registration for such times and
13 at such locations as the board may select. However, no
14 temporary place of registration may be in operation during the
15 27 days preceding an election. Notice of the time and place of
16 registration at any such temporary place of registration under
17 this Section shall be published by the board of election
18 commissioners in a newspaper having a general circulation in
19 the city, village or incorporated town not less than 3 nor more
20 than 15 days before the holding of such registration.

21 Temporary places of registration shall be established so
22 that the areas of concentration of population or use by the
23 public are served, whether by facilities provided in places of
24 private business or in public buildings or in mobile units.
25 Areas which may be designated as temporary places of

1 registration include, but are not limited to, facilities
2 licensed or certified pursuant to the Nursing Home Care Act,
3 the Specialized Mental Health Rehabilitation Act of 2013, or
4 the ID/DD Community Care Act, Soldiers' and Sailors' Homes,
5 shopping centers, business districts, public buildings and
6 county fairs.

7 Temporary places of registration shall be available to the
8 public not less than 2 hours per year for each 1,000 population
9 or fraction thereof in the county.

10 All temporary places of registration shall be manned by
11 employees of the board of election commissioners or deputy
12 registrars appointed pursuant to Section 6-50.2.

13 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
14 eff. 1-1-12; 97-813, eff. 7-13-12.)

15 (10 ILCS 5/6-56) (from Ch. 46, par. 6-56)

16 Sec. 6-56. Not more than 30 nor less than 28 days before
17 any election under this Article, all owners, managers,
18 administrators or operators of hotels, lodging houses, rooming
19 houses, furnished apartments or facilities licensed or
20 certified under the Nursing Home Care Act, which house 4 or
21 more persons, outside the members of the family of such owner,
22 manager, administrator or operator, shall file with the board
23 of election commissioners a report, under oath, together with
24 one copy thereof, in such form as may be required by the board
25 of election commissioners, of the names and descriptions of all

1 lodgers, guests or residents claiming a voting residence at the
2 hotels, lodging houses, rooming houses, furnished apartments,
3 or facility licensed or certified under the Nursing Home Care
4 Act, the Specialized Mental Health Rehabilitation Act of 2013,
5 or the ID/DD Community Care Act under their control. In
6 counties having a population of 500,000 or more such report
7 shall be made on forms mailed to them by the board of election
8 commissioners. The board of election commissioners shall sort
9 and assemble the sworn copies of the reports in numerical order
10 according to ward and according to precincts within each ward
11 and shall, not later than 5 days after the last day allowed by
12 this Article for the filing of the reports, maintain one
13 assembled set of sworn duplicate reports available for public
14 inspection until 60 days after election days. Except as is
15 otherwise expressly provided in this Article, the board shall
16 not be required to perform any duties with respect to the sworn
17 reports other than to mail, sort, assemble, post and file them
18 as hereinabove provided.

19 Except in such cases where a precinct canvass is being
20 conducted by the Board of Election Commissioners prior to a
21 Primary or Election, the board of election commissioners shall
22 compare the original copy of each such report with the list of
23 registered voters from such addresses. Every person registered
24 from such address and not listed in such report or whose name
25 is different from any name so listed, shall immediately after
26 the last day of registration be sent a notice through the

1 United States mail, at the address appearing upon his
2 registration record card, requiring him to appear before the
3 board of election commissioners on one of the days specified in
4 Section 6-45 of this Article and show cause why his
5 registration should not be cancelled. The provisions of
6 Sections 6-45, 6-46 and 6-47 of this Article shall apply to
7 such hearing and proceedings subsequent thereto.

8 Any owner, manager or operator of any such hotel, lodging
9 house, rooming house or furnished apartment who shall fail or
10 neglect to file such statement and copy thereof as in this
11 Article provided, may, upon written information of the attorney
12 for the election commissioners, be cited by the election
13 commissioners or upon the complaint of any voter of such city,
14 village or incorporated town, to appear before them and furnish
15 such sworn statement and copy thereof and make such oral
16 statements under oath regarding such hotel, lodging house,
17 rooming house or furnished apartment, as the election
18 commissioners may require. The election commissioners shall
19 sit to hear such citations on the Friday of the fourth week
20 preceding the week in which such election is to be held. Such
21 citation shall be served not later than the day preceding the
22 day on which it is returnable.

23 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
24 eff. 1-1-12; 97-813, eff. 7-13-12.)

1 Sec. 19-4. Mailing or delivery of ballots - Time.)
2 Immediately upon the receipt of such application either by
3 mail, not more than 40 days nor less than 5 days prior to such
4 election, or by personal delivery not more than 40 days nor
5 less than one day prior to such election, at the office of such
6 election authority, it shall be the duty of such election
7 authority to examine the records to ascertain whether or not
8 such applicant is lawfully entitled to vote as requested,
9 including a verification of the applicant's signature by
10 comparison with the signature on the official registration
11 record card, and if found so to be entitled to vote, to post
12 within one business day thereafter the name, street address,
13 ward and precinct number or township and district number, as
14 the case may be, of such applicant given on a list, the pages
15 of which are to be numbered consecutively to be kept by such
16 election authority for such purpose in a conspicuous, open and
17 public place accessible to the public at the entrance of the
18 office of such election authority, and in such a manner that
19 such list may be viewed without necessity of requesting
20 permission therefor. Within one day after posting the name and
21 other information of an applicant for an absentee ballot, the
22 election authority shall transmit that name and other posted
23 information to the State Board of Elections, which shall
24 maintain those names and other information in an electronic
25 format on its website, arranged by county and accessible to
26 State and local political committees. Within 2 business days

1 after posting a name and other information on the list within
2 its office, the election authority shall mail, postage prepaid,
3 or deliver in person in such office an official ballot or
4 ballots if more than one are to be voted at said election. Mail
5 delivery of Temporarily Absent Student ballot applications
6 pursuant to Section 19-12.3 shall be by nonforwardable mail.
7 However, for the consolidated election, absentee ballots for
8 certain precincts may be delivered to applicants not less than
9 25 days before the election if so much time is required to have
10 prepared and printed the ballots containing the names of
11 persons nominated for offices at the consolidated primary. The
12 election authority shall enclose with each absentee ballot or
13 application written instructions on how voting assistance
14 shall be provided pursuant to Section 17-14 and a document,
15 written and approved by the State Board of Elections,
16 enumerating the circumstances under which a person is
17 authorized to vote by absentee ballot pursuant to this Article;
18 such document shall also include a statement informing the
19 applicant that if he or she falsifies or is solicited by
20 another to falsify his or her eligibility to cast an absentee
21 ballot, such applicant or other is subject to penalties
22 pursuant to Section 29-10 and Section 29-20 of the Election
23 Code. Each election authority shall maintain a list of the
24 name, street address, ward and precinct, or township and
25 district number, as the case may be, of all applicants who have
26 returned absentee ballots to such authority, and the name of

1 such absent voter shall be added to such list within one
2 business day from receipt of such ballot. If the absentee
3 ballot envelope indicates that the voter was assisted in
4 casting the ballot, the name of the person so assisting shall
5 be included on the list. The list, the pages of which are to be
6 numbered consecutively, shall be kept by each election
7 authority in a conspicuous, open, and public place accessible
8 to the public at the entrance of the office of the election
9 authority and in a manner that the list may be viewed without
10 necessity of requesting permission for viewing.

11 Each election authority shall maintain a list for each
12 election of the voters to whom it has issued absentee ballots.
13 The list shall be maintained for each precinct within the
14 jurisdiction of the election authority. Prior to the opening of
15 the polls on election day, the election authority shall deliver
16 to the judges of election in each precinct the list of
17 registered voters in that precinct to whom absentee ballots
18 have been issued by mail.

19 Each election authority shall maintain a list for each
20 election of voters to whom it has issued temporarily absent
21 student ballots. The list shall be maintained for each election
22 jurisdiction within which such voters temporarily abide.
23 Immediately after the close of the period during which
24 application may be made by mail for absentee ballots, each
25 election authority shall mail to each other election authority
26 within the State a certified list of all such voters

1 temporarily abiding within the jurisdiction of the other
2 election authority.

3 In the event that the return address of an application for
4 ballot by a physically incapacitated elector is that of a
5 facility licensed or certified under the Nursing Home Care Act,
6 the Specialized Mental Health Rehabilitation Act of 2013, or
7 the ID/DD Community Care Act, within the jurisdiction of the
8 election authority, and the applicant is a registered voter in
9 the precinct in which such facility is located, the ballots
10 shall be prepared and transmitted to a responsible judge of
11 election no later than 9 a.m. on the Saturday, Sunday or Monday
12 immediately preceding the election as designated by the
13 election authority under Section 19-12.2. Such judge shall
14 deliver in person on the designated day the ballot to the
15 applicant on the premises of the facility from which
16 application was made. The election authority shall by mail
17 notify the applicant in such facility that the ballot will be
18 delivered by a judge of election on the designated day.

19 All applications for absentee ballots shall be available at
20 the office of the election authority for public inspection upon
21 request from the time of receipt thereof by the election
22 authority until 30 days after the election, except during the
23 time such applications are kept in the office of the election
24 authority pursuant to Section 19-7, and except during the time
25 such applications are in the possession of the judges of
26 election.

1 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
2 eff. 1-1-12; 97-813, eff. 7-13-12.)

3 (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

4 Sec. 19-12.1. Any qualified elector who has secured an
5 Illinois Person with a Disability Identification Card in
6 accordance with the Illinois Identification Card Act,
7 indicating that the person named thereon has a Class 1A or
8 Class 2 disability or any qualified voter who has a permanent
9 physical incapacity of such a nature as to make it improbable
10 that he will be able to be present at the polls at any future
11 election, or any voter who is a resident of (i) a federally
12 operated veterans' home, hospital, or facility located in
13 Illinois or (ii) a facility licensed or certified pursuant to
14 the Nursing Home Care Act, the Specialized Mental Health
15 Rehabilitation Act of 2013, or the ID/DD Community Care Act and
16 has a condition or disability of such a nature as to make it
17 improbable that he will be able to be present at the polls at
18 any future election, may secure a disabled voter's or nursing
19 home resident's identification card, which will enable him to
20 vote under this Article as a physically incapacitated or
21 nursing home voter. For the purposes of this Section,
22 "federally operated veterans' home, hospital, or facility"
23 means the long-term care facilities at the Jesse Brown VA
24 Medical Center, Illiana Health Care System, Edward Hines, Jr.
25 VA Hospital, Marion VA Medical Center, and Captain James A.

1 Lovell Federal Health Care Center.

2 Application for a disabled voter's or nursing home
3 resident's identification card shall be made either: (a) in
4 writing, with voter's sworn affidavit, to the county clerk or
5 board of election commissioners, as the case may be, and shall
6 be accompanied by the affidavit of the attending physician
7 specifically describing the nature of the physical incapacity
8 or the fact that the voter is a nursing home resident and is
9 physically unable to be present at the polls on election days;
10 or (b) by presenting, in writing or otherwise, to the county
11 clerk or board of election commissioners, as the case may be,
12 proof that the applicant has secured an Illinois Person with a
13 Disability Identification Card indicating that the person
14 named thereon has a Class 1A or Class 2 disability. Upon the
15 receipt of either the sworn-to application and the physician's
16 affidavit or proof that the applicant has secured an Illinois
17 Person with a Disability Identification Card indicating that
18 the person named thereon has a Class 1A or Class 2 disability,
19 the county clerk or board of election commissioners shall issue
20 a disabled voter's or nursing home resident's identification
21 card. Such identification cards shall be issued for a period of
22 5 years, upon the expiration of which time the voter may secure
23 a new card by making application in the same manner as is
24 prescribed for the issuance of an original card, accompanied by
25 a new affidavit of the attending physician. The date of
26 expiration of such five-year period shall be made known to any

1 interested person by the election authority upon the request of
2 such person. Applications for the renewal of the identification
3 cards shall be mailed to the voters holding such cards not less
4 than 3 months prior to the date of expiration of the cards.

5 Each disabled voter's or nursing home resident's
6 identification card shall bear an identification number, which
7 shall be clearly noted on the voter's original and duplicate
8 registration record cards. In the event the holder becomes
9 physically capable of resuming normal voting, he must surrender
10 his disabled voter's or nursing home resident's identification
11 card to the county clerk or board of election commissioners
12 before the next election.

13 The holder of a disabled voter's or nursing home resident's
14 identification card may make application by mail for an
15 official ballot within the time prescribed by Section 19-2.
16 Such application shall contain the same information as is
17 included in the form of application for ballot by a physically
18 incapacitated elector prescribed in Section 19-3 except that it
19 shall also include the applicant's disabled voter's
20 identification card number and except that it need not be sworn
21 to. If an examination of the records discloses that the
22 applicant is lawfully entitled to vote, he shall be mailed a
23 ballot as provided in Section 19-4. The ballot envelope shall
24 be the same as that prescribed in Section 19-5 for physically
25 disabled voters, and the manner of voting and returning the
26 ballot shall be the same as that provided in this Article for

1 other absentee ballots, except that a statement to be
2 subscribed to by the voter but which need not be sworn to shall
3 be placed on the ballot envelope in lieu of the affidavit
4 prescribed by Section 19-5.

5 Any person who knowingly subscribes to a false statement in
6 connection with voting under this Section shall be guilty of a
7 Class A misdemeanor.

8 For the purposes of this Section, "nursing home resident"
9 includes a resident of (i) a federally operated veterans' home,
10 hospital, or facility located in Illinois or (ii) a facility
11 licensed under the ID/DD Community Care Act or the Specialized
12 Mental Health Rehabilitation Act of 2013. For the purposes of
13 this Section, "federally operated veterans' home, hospital, or
14 facility" means the long-term care facilities at the Jesse
15 Brown VA Medical Center, Illiana Health Care System, Edward
16 Hines, Jr. VA Hospital, Marion VA Medical Center, and Captain
17 James A. Lovell Federal Health Care Center.

18 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
19 eff. 1-1-12; 97-275, eff. 1-1-12; 97-813, eff. 7-13-12;
20 97-1064, eff. 1-1-13.)

21 (10 ILCS 5/19-12.2) (from Ch. 46, par. 19-12.2)

22 Sec. 19-12.2. Voting by physically incapacitated electors
23 who have made proper application to the election authority not
24 later than 5 days before the regular primary and general
25 election of 1980 and before each election thereafter shall be

1 conducted on the premises of (i) federally operated veterans'
2 homes, hospitals, and facilities located in Illinois or (ii)
3 facilities licensed or certified pursuant to the Nursing Home
4 Care Act, the Specialized Mental Health Rehabilitation Act of
5 2013, or the ID/DD Community Care Act for the sole benefit of
6 residents of such homes, hospitals, and facilities. For the
7 purposes of this Section, "federally operated veterans' home,
8 hospital, or facility" means the long-term care facilities at
9 the Jesse Brown VA Medical Center, Illiana Health Care System,
10 Edward Hines, Jr. VA Hospital, Marion VA Medical Center, and
11 Captain James A. Lovell Federal Health Care Center. Such voting
12 shall be conducted during any continuous period sufficient to
13 allow all applicants to cast their ballots between the hours of
14 9 a.m. and 7 p.m. either on the Friday, Saturday, Sunday or
15 Monday immediately preceding the regular election. This
16 absentee voting on one of said days designated by the election
17 authority shall be supervised by two election judges who must
18 be selected by the election authority in the following order of
19 priority: (1) from the panel of judges appointed for the
20 precinct in which such home, hospital, or facility is located,
21 or from a panel of judges appointed for any other precinct
22 within the jurisdiction of the election authority in the same
23 ward or township, as the case may be, in which the home,
24 hospital, or facility is located or, only in the case where a
25 judge or judges from the precinct, township or ward are
26 unavailable to serve, (3) from a panel of judges appointed for

1 any other precinct within the jurisdiction of the election
2 authority. The two judges shall be from different political
3 parties. Not less than 30 days before each regular election,
4 the election authority shall have arranged with the chief
5 administrative officer of each home, hospital, or facility in
6 his or its election jurisdiction a mutually convenient time
7 period on the Friday, Saturday, Sunday or Monday immediately
8 preceding the election for such voting on the premises of the
9 home, hospital, or facility and shall post in a prominent place
10 in his or its office a notice of the agreed day and time period
11 for conducting such voting at each home, hospital, or facility;
12 provided that the election authority shall not later than noon
13 on the Thursday before the election also post the names and
14 addresses of those homes, hospitals, and facilities from which
15 no applications were received and in which no supervised
16 absentee voting will be conducted. All provisions of this Code
17 applicable to pollwatchers shall be applicable herein. To the
18 maximum extent feasible, voting booths or screens shall be
19 provided to insure the privacy of the voter. Voting procedures
20 shall be as described in Article 17 of this Code, except that
21 ballots shall be treated as absentee ballots and shall not be
22 counted until the close of the polls on the following day.
23 After the last voter has concluded voting, the judges shall
24 seal the ballots in an envelope and affix their signatures
25 across the flap of the envelope. Immediately thereafter, the
26 judges shall bring the sealed envelope to the office of the

1 election authority who shall deliver such ballots to the
2 election authority's central ballot counting location prior to
3 the closing of the polls on the day of election. The judges of
4 election shall also report to the election authority the name
5 of any applicant in the home, hospital, or facility who, due to
6 unforeseen circumstance or condition or because of a religious
7 holiday, was unable to vote. In this event, the election
8 authority may appoint a qualified person from his or its staff
9 to deliver the ballot to such applicant on the day of election.
10 This staff person shall follow the same procedures prescribed
11 for judges conducting absentee voting in such homes, hospitals,
12 or facilities and shall return the ballot to the central ballot
13 counting location before the polls close. However, if the home,
14 hospital, or facility from which the application was made is
15 also used as a regular precinct polling place for that voter,
16 voting procedures heretofore prescribed may be implemented by 2
17 of the election judges of opposite party affiliation assigned
18 to that polling place during the hours of voting on the day of
19 the election. Judges of election shall be compensated not less
20 than \$25.00 for conducting absentee voting in such homes,
21 hospitals, or facilities.

22 Not less than 120 days before each regular election, the
23 Department of Public Health shall certify to the State Board of
24 Elections a list of the facilities licensed or certified
25 pursuant to the Nursing Home Care Act, the Specialized Mental
26 Health Rehabilitation Act of 2013, or the ID/DD Community Care

1 Act. The lists shall indicate the approved bed capacity and the
2 name of the chief administrative officer of each such home,
3 hospital, or facility, and the State Board of Elections shall
4 certify the same to the appropriate election authority within
5 20 days thereafter.

6 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
7 eff. 1-1-12; 97-275, eff. 1-1-12; 97-813, eff. 7-13-12.)

8 Section 6-110. The Mental Health and Developmental
9 Disabilities Administrative Act is amended by changing Section
10 15 as follows:

11 (20 ILCS 1705/15) (from Ch. 91 1/2, par. 100-15)

12 Sec. 15. Before any person is released from a facility
13 operated by the State pursuant to an absolute discharge or a
14 conditional discharge from hospitalization under this Act, the
15 facility director of the facility in which such person is
16 hospitalized shall determine that such person is not currently
17 in need of hospitalization and:

18 (a) is able to live independently in the community; or

19 (b) requires further oversight and supervisory care
20 for which arrangements have been made with responsible
21 relatives or supervised residential program approved by
22 the Department; or

23 (c) requires further personal care or general
24 oversight as defined by the ID/DD Community Care Act or the

1 Specialized Mental Health Rehabilitation Act of 2013, for
2 which placement arrangements have been made with a suitable
3 family home or other licensed facility approved by the
4 Department under this Section; or

5 (d) requires community mental health services for
6 which arrangements have been made with a community mental
7 health provider in accordance with criteria, standards,
8 and procedures promulgated by rule.

9 Such determination shall be made in writing and shall
10 become a part of the facility record of such absolutely or
11 conditionally discharged person. When the determination
12 indicates that the condition of the person to be granted an
13 absolute discharge or a conditional discharge is described
14 under subparagraph (c) or (d) of this Section, the name and
15 address of the continuing care facility or home to which such
16 person is to be released shall be entered in the facility
17 record. Where a discharge from a mental health facility is made
18 under subparagraph (c), the Department shall assign the person
19 so discharged to an existing community based not-for-profit
20 agency for participation in day activities suitable to the
21 person's needs, such as but not limited to social and
22 vocational rehabilitation, and other recreational, educational
23 and financial activities unless the community based
24 not-for-profit agency is unqualified to accept such
25 assignment. Where the clientele of any not-for-profit agency
26 increases as a result of assignments under this amendatory Act

1 of 1977 by more than 3% over the prior year, the Department
2 shall fully reimburse such agency for the costs of providing
3 services to such persons in excess of such 3% increase. The
4 Department shall keep written records detailing how many
5 persons have been assigned to a community based not-for-profit
6 agency and how many persons were not so assigned because the
7 community based agency was unable to accept the assignments, in
8 accordance with criteria, standards, and procedures
9 promulgated by rule. Whenever a community based agency is found
10 to be unable to accept the assignments, the name of the agency
11 and the reason for the finding shall be included in the report.

12 Insofar as desirable in the interests of the former
13 recipient, the facility, program or home in which the
14 discharged person is to be placed shall be located in or near
15 the community in which the person resided prior to
16 hospitalization or in the community in which the person's
17 family or nearest next of kin presently reside. Placement of
18 the discharged person in facilities, programs or homes located
19 outside of this State shall not be made by the Department
20 unless there are no appropriate facilities, programs or homes
21 available within this State. Out-of-state placements shall be
22 subject to return of recipients so placed upon the availability
23 of facilities, programs or homes within this State to
24 accommodate these recipients, except where placement in a
25 contiguous state results in locating a recipient in a facility
26 or program closer to the recipient's home or family. If an

1 appropriate facility or program becomes available equal to or
2 closer to the recipient's home or family, the recipient shall
3 be returned to and placed at the appropriate facility or
4 program within this State.

5 To place any person who is under a program of the
6 Department at board in a suitable family home or in such other
7 facility or program as the Department may consider desirable.
8 The Department may place in licensed nursing homes, sheltered
9 care homes, or homes for the aged those persons whose
10 behavioral manifestations and medical and nursing care needs
11 are such as to be substantially indistinguishable from persons
12 already living in such facilities. Prior to any placement by
13 the Department under this Section, a determination shall be
14 made by the personnel of the Department, as to the capability
15 and suitability of such facility to adequately meet the needs
16 of the person to be discharged. When specialized programs are
17 necessary in order to enable persons in need of supervised
18 living to develop and improve in the community, the Department
19 shall place such persons only in specialized residential care
20 facilities which shall meet Department standards including
21 restricted admission policy, special staffing and programming
22 for social and vocational rehabilitation, in addition to the
23 requirements of the appropriate State licensing agency. The
24 Department shall not place any new person in a facility the
25 license of which has been revoked or not renewed on grounds of
26 inadequate programming, staffing, or medical or adjunctive

1 services, regardless of the pendency of an action for
2 administrative review regarding such revocation or failure to
3 renew. Before the Department may transfer any person to a
4 licensed nursing home, sheltered care home or home for the aged
5 or place any person in a specialized residential care facility
6 the Department shall notify the person to be transferred, or a
7 responsible relative of such person, in writing, at least 30
8 days before the proposed transfer, with respect to all the
9 relevant facts concerning such transfer, except in cases of
10 emergency when such notice is not required. If either the
11 person to be transferred or a responsible relative of such
12 person objects to such transfer, in writing to the Department,
13 at any time after receipt of notice and before the transfer,
14 the facility director of the facility in which the person was a
15 recipient shall immediately schedule a hearing at the facility
16 with the presence of the facility director, the person who
17 objected to such proposed transfer, and a psychiatrist who is
18 familiar with the record of the person to be transferred. Such
19 person to be transferred or a responsible relative may be
20 represented by such counsel or interested party as he may
21 appoint, who may present such testimony with respect to the
22 proposed transfer. Testimony presented at such hearing shall
23 become a part of the facility record of the
24 person-to-be-transferred. The record of testimony shall be
25 held in the person-to-be-transferred's record in the central
26 files of the facility. If such hearing is held a transfer may

1 only be implemented, if at all, in accordance with the results
2 of such hearing. Within 15 days after such hearing the facility
3 director shall deliver his findings based on the record of the
4 case and the testimony presented at the hearing, by registered
5 or certified mail, to the parties to such hearing. The findings
6 of the facility director shall be deemed a final administrative
7 decision of the Department. For purposes of this Section, "case
8 of emergency" means those instances in which the health of the
9 person to be transferred is imperiled and the most appropriate
10 mental health care or medical care is available at a licensed
11 nursing home, sheltered care home or home for the aged or a
12 specialized residential care facility.

13 Prior to placement of any person in a facility under this
14 Section the Department shall ensure that an appropriate
15 training plan for staff is provided by the facility. Said
16 training may include instruction and demonstration by
17 Department personnel qualified in the area of mental illness or
18 intellectual disabilities, as applicable to the person to be
19 placed. Training may be given both at the facility from which
20 the recipient is transferred and at the facility receiving the
21 recipient, and may be available on a continuing basis
22 subsequent to placement. In a facility providing services to
23 former Department recipients, training shall be available as
24 necessary for facility staff. Such training will be on a
25 continuing basis as the needs of the facility and recipients
26 change and further training is required.

1 The Department shall not place any person in a facility
2 which does not have appropriately trained staff in sufficient
3 numbers to accommodate the recipient population already at the
4 facility. As a condition of further or future placements of
5 persons, the Department shall require the employment of
6 additional trained staff members at the facility where said
7 persons are to be placed. The Secretary, or his or her
8 designate, shall establish written guidelines for placement of
9 persons in facilities under this Act. The Department shall keep
10 written records detailing which facilities have been
11 determined to have staff who have been appropriately trained by
12 the Department and all training which it has provided or
13 required under this Section.

14 Bills for the support for a person boarded out shall be
15 payable monthly out of the proper maintenance funds and shall
16 be audited as any other accounts of the Department. If a person
17 is placed in a facility or program outside the Department, the
18 Department may pay the actual costs of residence, treatment or
19 maintenance in such facility and may collect such actual costs
20 or a portion thereof from the recipient or the estate of a
21 person placed in accordance with this Section.

22 Other than those placed in a family home the Department
23 shall cause all persons who are placed in a facility, as
24 defined by the ID/DD Community Care Act or the Specialized
25 Mental Health Rehabilitation Act of 2013, or in designated
26 community living situations or programs, to be visited at least

1 once during the first month following placement, and once every
2 month thereafter for the first year following placement when
3 indicated, but at least quarterly. After the first year, the
4 Department shall determine at what point the appropriate
5 licensing entity for the facility or designated community
6 living situation or program will assume the responsibility of
7 ensuring that appropriate services are being provided to the
8 resident. Once that responsibility is assumed, the Department
9 may discontinue such visits. If a long term care facility has
10 periodic care plan conferences, the visitor may participate in
11 those conferences, if such participation is approved by the
12 resident or the resident's guardian. Visits shall be made by
13 qualified and trained Department personnel, or their designee,
14 in the area of mental health or developmental disabilities
15 applicable to the person visited, and shall be made on a more
16 frequent basis when indicated. The Department may not use as
17 designee any personnel connected with or responsible to the
18 representatives of any facility in which persons who have been
19 transferred under this Section are placed. In the course of
20 such visit there shall be consideration of the following areas,
21 but not limited thereto: effects of transfer on physical and
22 mental health of the person, sufficiency of nursing care and
23 medical coverage required by the person, sufficiency of staff
24 personnel and ability to provide basic care for the person,
25 social, recreational and programmatic activities available for
26 the person, and other appropriate aspects of the person's

1 environment.

2 A report containing the above observations shall be made to
3 the Department, to the licensing agency, and to any other
4 appropriate agency subsequent to each visitation. The report
5 shall contain recommendations to improve the care and treatment
6 of the resident, as necessary, which shall be reviewed by the
7 facility's interdisciplinary team and the resident or the
8 resident's legal guardian.

9 Upon the complaint of any person placed in accordance with
10 this Section or any responsible citizen or upon discovery that
11 such person has been abused, neglected, or improperly cared
12 for, or that the placement does not provide the type of care
13 required by the recipient's current condition, the Department
14 immediately shall investigate, and determine if the
15 well-being, health, care, or safety of any person is affected
16 by any of the above occurrences, and if any one of the above
17 occurrences is verified, the Department shall remove such
18 person at once to a facility of the Department or to another
19 facility outside the Department, provided such person's needs
20 can be met at said facility. The Department may also provide
21 any person placed in accordance with this Section who is
22 without available funds, and who is permitted to engage in
23 employment outside the facility, such sums for the
24 transportation, and other expenses as may be needed by him
25 until he receives his wages for such employment.

26 The Department shall promulgate rules and regulations

1 governing the purchase of care for persons who are wards of or
2 who are receiving services from the Department. Such rules and
3 regulations shall apply to all monies expended by any agency of
4 the State of Illinois for services rendered by any person,
5 corporate entity, agency, governmental agency or political
6 subdivision whether public or private outside of the Department
7 whether payment is made through a contractual, per-diem or
8 other arrangement. No funds shall be paid to any person,
9 corporation, agency, governmental entity or political
10 subdivision without compliance with such rules and
11 regulations.

12 The rules and regulations governing purchase of care shall
13 describe categories and types of service deemed appropriate for
14 purchase by the Department.

15 Any provider of services under this Act may elect to
16 receive payment for those services, and the Department is
17 authorized to arrange for that payment, by means of direct
18 deposit transmittals to the service provider's account
19 maintained at a bank, savings and loan association, or other
20 financial institution. The financial institution shall be
21 approved by the Department, and the deposits shall be in
22 accordance with rules and regulations adopted by the
23 Department.

24 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
25 eff. 1-1-12; 97-813, eff. 7-13-12.)

1 Section 6-115. The Department of Public Health Powers and
2 Duties Law of the Civil Administrative Code of Illinois is
3 amended by changing Sections 2310-550, 2310-560, 2310-565, and
4 2310-625 as follows:

5 (20 ILCS 2310/2310-550) (was 20 ILCS 2310/55.40)

6 Sec. 2310-550. Long-term care facilities. The Department
7 may perform, in all long-term care facilities as defined in the
8 Nursing Home Care Act, all facilities as defined in the
9 Specialized Mental Health Rehabilitation Act of 2013, and all
10 facilities as defined in the ID/DD Community Care Act, all
11 inspection, evaluation, certification, and inspection of care
12 duties that the federal government may require the State of
13 Illinois to perform or have performed as a condition of
14 participation in any programs under Title XVIII or Title XIX of
15 the federal Social Security Act.

16 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
17 eff. 1-1-12; 97-813, eff. 7-13-12.)

18 (20 ILCS 2310/2310-560) (was 20 ILCS 2310/55.87)

19 Sec. 2310-560. Advisory committees concerning construction
20 of facilities.

21 (a) The Director shall appoint an advisory committee. The
22 committee shall be established by the Department by rule. The
23 Director and the Department shall consult with the advisory
24 committee concerning the application of building codes and

1 Department rules related to those building codes to facilities
2 under the Ambulatory Surgical Treatment Center Act, the Nursing
3 Home Care Act, the Specialized Mental Health Rehabilitation Act
4 of 2013, and the ID/DD Community Care Act.

5 (b) The Director shall appoint an advisory committee to
6 advise the Department and to conduct informal dispute
7 resolution concerning the application of building codes for new
8 and existing construction and related Department rules and
9 standards under the Hospital Licensing Act, including without
10 limitation rules and standards for (i) design and construction,
11 (ii) engineering and maintenance of the physical plant, site,
12 equipment, and systems (heating, cooling, electrical,
13 ventilation, plumbing, water, sewer, and solid waste
14 disposal), and (iii) fire and safety. The advisory committee
15 shall be composed of all of the following members:

16 (1) The chairperson or an elected representative from
17 the Hospital Licensing Board under the Hospital Licensing
18 Act.

19 (2) Two health care architects with a minimum of 10
20 years of experience in institutional design and building
21 code analysis.

22 (3) Two engineering professionals (one mechanical and
23 one electrical) with a minimum of 10 years of experience in
24 institutional design and building code analysis.

25 (4) One commercial interior design professional with a
26 minimum of 10 years of experience.

1 (5) Two representatives from provider associations.

2 (6) The Director or his or her designee, who shall
3 serve as the committee moderator.

4 Appointments shall be made with the concurrence of the
5 Hospital Licensing Board. The committee shall submit
6 recommendations concerning the application of building codes
7 and related Department rules and standards to the Hospital
8 Licensing Board for review and comment prior to submission to
9 the Department. The committee shall submit recommendations
10 concerning informal dispute resolution to the Director. The
11 Department shall provide per diem and travel expenses to the
12 committee members.

13 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
14 eff. 1-1-12; 97-813, eff. 7-13-12.)

15 (20 ILCS 2310/2310-565) (was 20 ILCS 2310/55.88)

16 Sec. 2310-565. Facility construction training program. The
17 Department shall conduct, at least annually, a joint in-service
18 training program for architects, engineers, interior
19 designers, and other persons involved in the construction of a
20 facility under the Ambulatory Surgical Treatment Center Act,
21 the Nursing Home Care Act, the Specialized Mental Health
22 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
23 the Hospital Licensing Act on problems and issues relating to
24 the construction of facilities under any of those Acts.

25 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,

1 eff. 1-1-12; 97-813, eff. 7-13-12.)

2 (20 ILCS 2310/2310-625)

3 Sec. 2310-625. Emergency Powers.

4 (a) Upon proclamation of a disaster by the Governor, as
5 provided for in the Illinois Emergency Management Agency Act,
6 the Director of Public Health shall have the following powers,
7 which shall be exercised only in coordination with the Illinois
8 Emergency Management Agency and the Department of Financial and
9 Professional Regulation:

10 (1) The power to suspend the requirements for temporary
11 or permanent licensure or certification of persons who are
12 licensed or certified in another state and are working
13 under the direction of the Illinois Emergency Management
14 Agency and the Illinois Department of Public Health
15 pursuant to the declared disaster.

16 (2) The power to modify the scope of practice
17 restrictions under the Emergency Medical Services (EMS)
18 Systems Act for any persons who are licensed under that Act
19 for any person working under the direction of the Illinois
20 Emergency Management Agency and the Illinois Department of
21 Public Health pursuant to the declared disaster.

22 (3) The power to modify the scope of practice
23 restrictions under the Nursing Home Care Act, the
24 Specialized Mental Health Rehabilitation Act of 2013, or
25 the ID/DD Community Care Act for Certified Nursing

1 Assistants for any person working under the direction of
2 the Illinois Emergency Management Agency and the Illinois
3 Department of Public Health pursuant to the declared
4 disaster.

5 (b) Persons exempt from licensure or certification under
6 paragraph (1) of subsection (a) and persons operating under
7 modified scope of practice provisions under paragraph (2) of
8 subsection (a) and paragraph (3) of subsection (a) shall be
9 exempt from licensure or certification or subject to modified
10 scope of practice only until the declared disaster has ended as
11 provided by law. For purposes of this Section, persons working
12 under the direction of an emergency services and disaster
13 agency accredited by the Illinois Emergency Management Agency
14 and a local public health department, pursuant to a declared
15 disaster, shall be deemed to be working under the direction of
16 the Illinois Emergency Management Agency and the Department of
17 Public Health.

18 (c) The Director shall exercise these powers by way of
19 proclamation.

20 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
21 eff. 1-1-12; 97-813, eff. 7-13-12.)

22 Section 6-120. The Abuse of Adults with Disabilities
23 Intervention Act is amended by changing Section 15 as follows:

24 (20 ILCS 2435/15) (from Ch. 23, par. 3395-15)

1 Sec. 15. Definitions. As used in this Act:

2 "Abuse" means causing any physical, sexual, or mental abuse
3 to an adult with disabilities, including exploitation of the
4 adult's financial resources. Nothing in this Act shall be
5 construed to mean that an adult with disabilities is a victim
6 of abuse or neglect for the sole reason that he or she is being
7 furnished with or relies upon treatment by spiritual means
8 through prayer alone, in accordance with the tenets and
9 practices of a recognized church or religious denomination.
10 Nothing in this Act shall be construed to mean that an adult
11 with disabilities is a victim of abuse because of health care
12 services provided or not provided by licensed health care
13 professionals.

14 "Adult with disabilities" means a person aged 18 through 59
15 who resides in a domestic living situation and whose physical
16 or mental disability impairs his or her ability to seek or
17 obtain protection from abuse, neglect, or exploitation.

18 "Department" means the Department of Human Services.

19 "Adults with Disabilities Abuse Project" or "project"
20 means that program within the Office of Inspector General
21 designated by the Department of Human Services to receive and
22 assess reports of alleged or suspected abuse, neglect, or
23 exploitation of adults with disabilities.

24 "Domestic living situation" means a residence where the
25 adult with disabilities lives alone or with his or her family
26 or household members, a care giver, or others or at a board and

1 care home or other community-based unlicensed facility, but is
2 not:

3 (1) A licensed facility as defined in Section 1-113 of
4 the Nursing Home Care Act or Section 1-113 of the ID/DD
5 Community Care Act or Section 1-102 ~~1-113~~ of the
6 Specialized Mental Health Rehabilitation Act of 2013.

7 (2) A life care facility as defined in the Life Care
8 Facilities Act.

9 (3) A home, institution, or other place operated by the
10 federal government, a federal agency, or the State.

11 (4) A hospital, sanitarium, or other institution, the
12 principal activity or business of which is the diagnosis,
13 care, and treatment of human illness through the
14 maintenance and operation of organized facilities and that
15 is required to be licensed under the Hospital Licensing
16 Act.

17 (5) A community living facility as defined in the
18 Community Living Facilities Licensing Act.

19 (6) A community-integrated living arrangement as
20 defined in the Community-Integrated Living Arrangements
21 Licensure and Certification Act or community residential
22 alternative as licensed under that Act.

23 "Emergency" means a situation in which an adult with
24 disabilities is in danger of death or great bodily harm.

25 "Family or household members" means a person who as a
26 family member, volunteer, or paid care provider has assumed

1 responsibility for all or a portion of the care of an adult
2 with disabilities who needs assistance with activities of daily
3 living.

4 "Financial exploitation" means the illegal, including
5 tortious, use of the assets or resources of an adult with
6 disabilities. Exploitation includes, but is not limited to, the
7 misappropriation of assets or resources of an adult with
8 disabilities by undue influence, by breach of a fiduciary
9 relationship, by fraud, deception, or extortion, or by the use
10 of the assets or resources in a manner contrary to law.

11 "Mental abuse" means the infliction of emotional or mental
12 distress by a caregiver, a family member, or any person with
13 ongoing access to a person with disabilities by threat of harm,
14 humiliation, or other verbal or nonverbal conduct.

15 "Neglect" means the failure of another individual to
16 provide an adult with disabilities with or the willful
17 withholding from an adult with disabilities the necessities of
18 life, including, but not limited to, food, clothing, shelter,
19 or medical care.

20 Nothing in the definition of "neglect" shall be construed
21 to impose a requirement that assistance be provided to an adult
22 with disabilities over his or her objection in the absence of a
23 court order, nor to create any new affirmative duty to provide
24 support, assistance, or intervention to an adult with
25 disabilities. Nothing in this Act shall be construed to mean
26 that an adult with disabilities is a victim of neglect because

1 of health care services provided or not provided by licensed
2 health care professionals.

3 "Physical abuse" means any of the following acts:

4 (1) knowing or reckless use of physical force,
5 confinement, or restraint;

6 (2) knowing, repeated, and unnecessary sleep
7 deprivation;

8 (3) knowing or reckless conduct which creates an
9 immediate risk of physical harm; or

10 (4) when committed by a caregiver, a family member, or
11 any person with ongoing access to a person with
12 disabilities, directing another person to physically abuse
13 a person with disabilities.

14 "Secretary" means the Secretary of Human Services.

15 "Sexual abuse" means touching, fondling, sexual threats,
16 sexually inappropriate remarks, or any other sexual activity
17 with an adult with disabilities when the adult with
18 disabilities is unable to understand, unwilling to consent,
19 threatened, or physically forced to engage in sexual behavior.
20 Sexual abuse includes acts of sexual exploitation including,
21 but not limited to, facilitating or compelling an adult with
22 disabilities to become a prostitute, or receiving anything of
23 value from an adult with disabilities knowing it was obtained
24 in whole or in part from the practice of prostitution.

25 "Substantiated case" means a reported case of alleged or
26 suspected abuse, neglect, or exploitation in which the Adults

1 with Disabilities Abuse Project staff, after assessment,
2 determines that there is reason to believe abuse, neglect, or
3 exploitation has occurred.

4 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
5 eff. 1-1-12; 97-354, eff. 8-12-11; 97-813, eff. 7-13-12.)

6 Section 6-125. The Illinois Finance Authority Act is
7 amended by changing Section 801-10 as follows:

8 (20 ILCS 3501/801-10)

9 Sec. 801-10. Definitions. The following terms, whenever
10 used or referred to in this Act, shall have the following
11 meanings, except in such instances where the context may
12 clearly indicate otherwise:

13 (a) The term "Authority" means the Illinois Finance
14 Authority created by this Act.

15 (b) The term "project" means an industrial project,
16 conservation project, housing project, public purpose project,
17 higher education project, health facility project, cultural
18 institution project, agricultural facility or agribusiness,
19 and "project" may include any combination of one or more of the
20 foregoing undertaken jointly by any person with one or more
21 other persons.

22 (c) The term "public purpose project" means any project or
23 facility including without limitation land, buildings,
24 structures, machinery, equipment and all other real and

1 personal property, which is authorized or required by law to be
2 acquired, constructed, improved, rehabilitated, reconstructed,
3 replaced or maintained by any unit of government or any other
4 lawful public purpose which is authorized or required by law to
5 be undertaken by any unit of government.

6 (d) The term "industrial project" means the acquisition,
7 construction, refurbishment, creation, development or
8 redevelopment of any facility, equipment, machinery, real
9 property or personal property for use by any instrumentality of
10 the State or its political subdivisions, for use by any person
11 or institution, public or private, for profit or not for
12 profit, or for use in any trade or business including, but not
13 limited to, any industrial, manufacturing or commercial
14 enterprise and which is (1) a capital project including but not
15 limited to: (i) land and any rights therein, one or more
16 buildings, structures or other improvements, machinery and
17 equipment, whether now existing or hereafter acquired, and
18 whether or not located on the same site or sites; (ii) all
19 appurtenances and facilities incidental to the foregoing,
20 including, but not limited to utilities, access roads, railroad
21 sidings, track, docking and similar facilities, parking
22 facilities, dockage, wharfage, railroad roadbed, track,
23 trestle, depot, terminal, switching and signaling or related
24 equipment, site preparation and landscaping; and (iii) all
25 non-capital costs and expenses relating thereto or (2) any
26 addition to, renovation, rehabilitation or improvement of a

1 capital project or (3) any activity or undertaking which the
2 Authority determines will aid, assist or encourage economic
3 growth, development or redevelopment within the State or any
4 area thereof, will promote the expansion, retention or
5 diversification of employment opportunities within the State
6 or any area thereof or will aid in stabilizing or developing
7 any industry or economic sector of the State economy. The term
8 "industrial project" also means the production of motion
9 pictures.

10 (e) The term "bond" or "bonds" shall include bonds, notes
11 (including bond, grant or revenue anticipation notes),
12 certificates and/or other evidences of indebtedness
13 representing an obligation to pay money, including refunding
14 bonds.

15 (f) The terms "lease agreement" and "loan agreement" shall
16 mean: (i) an agreement whereby a project acquired by the
17 Authority by purchase, gift or lease is leased to any person,
18 corporation or unit of local government which will use or cause
19 the project to be used as a project as heretofore defined upon
20 terms providing for lease rental payments at least sufficient
21 to pay when due all principal of, interest and premium, if any,
22 on any bonds of the Authority issued with respect to such
23 project, providing for the maintenance, insuring and operation
24 of the project on terms satisfactory to the Authority,
25 providing for disposition of the project upon termination of
26 the lease term, including purchase options or abandonment of

1 the premises, and such other terms as may be deemed desirable
2 by the Authority, or (ii) any agreement pursuant to which the
3 Authority agrees to loan the proceeds of its bonds issued with
4 respect to a project or other funds of the Authority to any
5 person which will use or cause the project to be used as a
6 project as heretofore defined upon terms providing for loan
7 repayment installments at least sufficient to pay when due all
8 principal of, interest and premium, if any, on any bonds of the
9 Authority, if any, issued with respect to the project, and
10 providing for maintenance, insurance and other matters as may
11 be deemed desirable by the Authority.

12 (g) The term "financial aid" means the expenditure of
13 Authority funds or funds provided by the Authority through the
14 issuance of its bonds, notes or other evidences of indebtedness
15 or from other sources for the development, construction,
16 acquisition or improvement of a project.

17 (h) The term "person" means an individual, corporation,
18 unit of government, business trust, estate, trust, partnership
19 or association, 2 or more persons having a joint or common
20 interest, or any other legal entity.

21 (i) The term "unit of government" means the federal
22 government, the State or unit of local government, a school
23 district, or any agency or instrumentality, office, officer,
24 department, division, bureau, commission, college or
25 university thereof.

26 (j) The term "health facility" means: (a) any public or

1 private institution, place, building, or agency required to be
2 licensed under the Hospital Licensing Act; (b) any public or
3 private institution, place, building, or agency required to be
4 licensed under the Nursing Home Care Act, the Specialized
5 Mental Health Rehabilitation Act of 2013, or the ID/DD
6 Community Care Act; (c) any public or licensed private hospital
7 as defined in the Mental Health and Developmental Disabilities
8 Code; (d) any such facility exempted from such licensure when
9 the Director of Public Health attests that such exempted
10 facility meets the statutory definition of a facility subject
11 to licensure; (e) any other public or private health service
12 institution, place, building, or agency which the Director of
13 Public Health attests is subject to certification by the
14 Secretary, U.S. Department of Health and Human Services under
15 the Social Security Act, as now or hereafter amended, or which
16 the Director of Public Health attests is subject to
17 standard-setting by a recognized public or voluntary
18 accrediting or standard-setting agency; (f) any public or
19 private institution, place, building or agency engaged in
20 providing one or more supporting services to a health facility;
21 (g) any public or private institution, place, building or
22 agency engaged in providing training in the healing arts,
23 including but not limited to schools of medicine, dentistry,
24 osteopathy, optometry, podiatry, pharmacy or nursing, schools
25 for the training of x-ray, laboratory or other health care
26 technicians and schools for the training of para-professionals

1 in the health care field; (h) any public or private congregate,
2 life or extended care or elderly housing facility or any public
3 or private home for the aged or infirm, including, without
4 limitation, any Facility as defined in the Life Care Facilities
5 Act; (i) any public or private mental, emotional or physical
6 rehabilitation facility or any public or private educational,
7 counseling, or rehabilitation facility or home, for those
8 persons with a developmental disability, those who are
9 physically ill or disabled, the emotionally disturbed, those
10 persons with a mental illness or persons with learning or
11 similar disabilities or problems; (j) any public or private
12 alcohol, drug or substance abuse diagnosis, counseling
13 treatment or rehabilitation facility, (k) any public or private
14 institution, place, building or agency licensed by the
15 Department of Children and Family Services or which is not so
16 licensed but which the Director of Children and Family Services
17 attests provides child care, child welfare or other services of
18 the type provided by facilities subject to such licensure; (l)
19 any public or private adoption agency or facility; and (m) any
20 public or private blood bank or blood center. "Health facility"
21 also means a public or private structure or structures suitable
22 primarily for use as a laboratory, laundry, nurses or interns
23 residence or other housing or hotel facility used in whole or
24 in part for staff, employees or students and their families,
25 patients or relatives of patients admitted for treatment or
26 care in a health facility, or persons conducting business with

1 a health facility, physician's facility, surgicenter,
2 administration building, research facility, maintenance,
3 storage or utility facility and all structures or facilities
4 related to any of the foregoing or required or useful for the
5 operation of a health facility, including parking or other
6 facilities or other supporting service structures required or
7 useful for the orderly conduct of such health facility. "Health
8 facility" also means, with respect to a project located outside
9 the State, any public or private institution, place, building,
10 or agency which provides services similar to those described
11 above, provided that such project is owned, operated, leased or
12 managed by a participating health institution located within
13 the State, or a participating health institution affiliated
14 with an entity located within the State.

15 (k) The term "participating health institution" means (i) a
16 private corporation or association or (ii) a public entity of
17 this State, in either case authorized by the laws of this State
18 or the applicable state to provide or operate a health facility
19 as defined in this Act and which, pursuant to the provisions of
20 this Act, undertakes the financing, construction or
21 acquisition of a project or undertakes the refunding or
22 refinancing of obligations, loans, indebtedness or advances as
23 provided in this Act.

24 (l) The term "health facility project", means a specific
25 health facility work or improvement to be financed or
26 refinanced (including without limitation through reimbursement

1 of prior expenditures), acquired, constructed, enlarged,
2 remodeled, renovated, improved, furnished, or equipped, with
3 funds provided in whole or in part hereunder, any accounts
4 receivable, working capital, liability or insurance cost or
5 operating expense financing or refinancing program of a health
6 facility with or involving funds provided in whole or in part
7 hereunder, or any combination thereof.

8 (m) The term "bond resolution" means the resolution or
9 resolutions authorizing the issuance of, or providing terms and
10 conditions related to, bonds issued under this Act and
11 includes, where appropriate, any trust agreement, trust
12 indenture, indenture of mortgage or deed of trust providing
13 terms and conditions for such bonds.

14 (n) The term "property" means any real, personal or mixed
15 property, whether tangible or intangible, or any interest
16 therein, including, without limitation, any real estate,
17 leasehold interests, appurtenances, buildings, easements,
18 equipment, furnishings, furniture, improvements, machinery,
19 rights of way, structures, accounts, contract rights or any
20 interest therein.

21 (o) The term "revenues" means, with respect to any project,
22 the rents, fees, charges, interest, principal repayments,
23 collections and other income or profit derived therefrom.

24 (p) The term "higher education project" means, in the case
25 of a private institution of higher education, an educational
26 facility to be acquired, constructed, enlarged, remodeled,

1 renovated, improved, furnished, or equipped, or any
2 combination thereof.

3 (q) The term "cultural institution project" means, in the
4 case of a cultural institution, a cultural facility to be
5 acquired, constructed, enlarged, remodeled, renovated,
6 improved, furnished, or equipped, or any combination thereof.

7 (r) The term "educational facility" means any property
8 located within the State, or any property located outside the
9 State, provided that, if the property is located outside the
10 State, it must be owned, operated, leased or managed by an
11 entity located within the State or an entity affiliated with an
12 entity located within the State, in each case constructed or
13 acquired before or after the effective date of this Act, which
14 is or will be, in whole or in part, suitable for the
15 instruction, feeding, recreation or housing of students, the
16 conducting of research or other work of a private institution
17 of higher education, the use by a private institution of higher
18 education in connection with any educational, research or
19 related or incidental activities then being or to be conducted
20 by it, or any combination of the foregoing, including, without
21 limitation, any such property suitable for use as or in
22 connection with any one or more of the following: an academic
23 facility, administrative facility, agricultural facility,
24 assembly hall, athletic facility, auditorium, boating
25 facility, campus, communication facility, computer facility,
26 continuing education facility, classroom, dining hall,

1 dormitory, exhibition hall, fire fighting facility, fire
2 prevention facility, food service and preparation facility,
3 gymnasium, greenhouse, health care facility, hospital,
4 housing, instructional facility, laboratory, library,
5 maintenance facility, medical facility, museum, offices,
6 parking area, physical education facility, recreational
7 facility, research facility, stadium, storage facility,
8 student union, study facility, theatre or utility.

9 (s) The term "cultural facility" means any property located
10 within the State, or any property located outside the State,
11 provided that, if the property is located outside the State, it
12 must be owned, operated, leased or managed by an entity located
13 within the State or an entity affiliated with an entity located
14 within the State, in each case constructed or acquired before
15 or after the effective date of this Act, which is or will be,
16 in whole or in part, suitable for the particular purposes or
17 needs of a cultural institution, including, without
18 limitation, any such property suitable for use as or in
19 connection with any one or more of the following: an
20 administrative facility, aquarium, assembly hall, auditorium,
21 botanical garden, exhibition hall, gallery, greenhouse,
22 library, museum, scientific laboratory, theater or zoological
23 facility, and shall also include, without limitation, books,
24 works of art or music, animal, plant or aquatic life or other
25 items for display, exhibition or performance. The term
26 "cultural facility" includes buildings on the National

1 Register of Historic Places which are owned or operated by
2 nonprofit entities.

3 (t) "Private institution of higher education" means a
4 not-for-profit educational institution which is not owned by
5 the State or any political subdivision, agency,
6 instrumentality, district or municipality thereof, which is
7 authorized by law to provide a program of education beyond the
8 high school level and which:

9 (1) Admits as regular students only individuals having
10 a certificate of graduation from a high school, or the
11 recognized equivalent of such a certificate;

12 (2) Provides an educational program for which it awards
13 a bachelor's degree, or provides an educational program,
14 admission into which is conditioned upon the prior
15 attainment of a bachelor's degree or its equivalent, for
16 which it awards a postgraduate degree, or provides not less
17 than a 2-year program which is acceptable for full credit
18 toward such a degree, or offers a 2-year program in
19 engineering, mathematics, or the physical or biological
20 sciences which is designed to prepare the student to work
21 as a technician and at a semiprofessional level in
22 engineering, scientific, or other technological fields
23 which require the understanding and application of basic
24 engineering, scientific, or mathematical principles or
25 knowledge;

26 (3) Is accredited by a nationally recognized

1 accrediting agency or association or, if not so accredited,
2 is an institution whose credits are accepted, on transfer,
3 by not less than 3 institutions which are so accredited,
4 for credit on the same basis as if transferred from an
5 institution so accredited, and holds an unrevoked
6 certificate of approval under the Private College Act from
7 the Board of Higher Education, or is qualified as a "degree
8 granting institution" under the Academic Degree Act; and

9 (4) Does not discriminate in the admission of students
10 on the basis of race or color. "Private institution of
11 higher education" also includes any "academic
12 institution".

13 (u) The term "academic institution" means any
14 not-for-profit institution which is not owned by the State or
15 any political subdivision, agency, instrumentality, district
16 or municipality thereof, which institution engages in, or
17 facilitates academic, scientific, educational or professional
18 research or learning in a field or fields of study taught at a
19 private institution of higher education. Academic institutions
20 include, without limitation, libraries, archives, academic,
21 scientific, educational or professional societies,
22 institutions, associations or foundations having such
23 purposes.

24 (v) The term "cultural institution" means any
25 not-for-profit institution which is not owned by the State or
26 any political subdivision, agency, instrumentality, district

1 or municipality thereof, which institution engages in the
2 cultural, intellectual, scientific, educational or artistic
3 enrichment of the people of the State. Cultural institutions
4 include, without limitation, aquaria, botanical societies,
5 historical societies, libraries, museums, performing arts
6 associations or societies, scientific societies and zoological
7 societies.

8 (w) The term "affiliate" means, with respect to financing
9 of an agricultural facility or an agribusiness, any lender, any
10 person, firm or corporation controlled by, or under common
11 control with, such lender, and any person, firm or corporation
12 controlling such lender.

13 (x) The term "agricultural facility" means land, any
14 building or other improvement thereon or thereto, and any
15 personal properties deemed necessary or suitable for use,
16 whether or not now in existence, in farming, ranching, the
17 production of agricultural commodities (including, without
18 limitation, the products of aquaculture, hydroponics and
19 silviculture) or the treating, processing or storing of such
20 agricultural commodities when such activities are customarily
21 engaged in by farmers as a part of farming.

22 (y) The term "lender" with respect to financing of an
23 agricultural facility or an agribusiness, means any federal or
24 State chartered bank, Federal Land Bank, Production Credit
25 Association, Bank for Cooperatives, federal or State chartered
26 savings and loan association or building and loan association,

1 Small Business Investment Company or any other institution
2 qualified within this State to originate and service loans,
3 including, but without limitation to, insurance companies,
4 credit unions and mortgage loan companies. "Lender" also means
5 a wholly owned subsidiary of a manufacturer, seller or
6 distributor of goods or services that makes loans to businesses
7 or individuals, commonly known as a "captive finance company".

8 (z) The term "agribusiness" means any sole proprietorship,
9 limited partnership, co-partnership, joint venture,
10 corporation or cooperative which operates or will operate a
11 facility located within the State of Illinois that is related
12 to the processing of agricultural commodities (including,
13 without limitation, the products of aquaculture, hydroponics
14 and silviculture) or the manufacturing, production or
15 construction of agricultural buildings, structures, equipment,
16 implements, and supplies, or any other facilities or processes
17 used in agricultural production. Agribusiness includes but is
18 not limited to the following:

19 (1) grain handling and processing, including grain
20 storage, drying, treatment, conditioning, mailing and
21 packaging;

22 (2) seed and feed grain development and processing;

23 (3) fruit and vegetable processing, including
24 preparation, canning and packaging;

25 (4) processing of livestock and livestock products,
26 dairy products, poultry and poultry products, fish or

1 apiarian products, including slaughter, shearing,
2 collecting, preparation, canning and packaging;

3 (5) fertilizer and agricultural chemical
4 manufacturing, processing, application and supplying;

5 (6) farm machinery, equipment and implement
6 manufacturing and supplying;

7 (7) manufacturing and supplying of agricultural
8 commodity processing machinery and equipment, including
9 machinery and equipment used in slaughter, treatment,
10 handling, collecting, preparation, canning or packaging of
11 agricultural commodities;

12 (8) farm building and farm structure manufacturing,
13 construction and supplying;

14 (9) construction, manufacturing, implementation,
15 supplying or servicing of irrigation, drainage and soil and
16 water conservation devices or equipment;

17 (10) fuel processing and development facilities that
18 produce fuel from agricultural commodities or byproducts;

19 (11) facilities and equipment for processing and
20 packaging agricultural commodities specifically for
21 export;

22 (12) facilities and equipment for forestry product
23 processing and supplying, including sawmilling operations,
24 wood chip operations, timber harvesting operations, and
25 manufacturing of prefabricated buildings, paper, furniture
26 or other goods from forestry products;

1 (13) facilities and equipment for research and
2 development of products, processes and equipment for the
3 production, processing, preparation or packaging of
4 agricultural commodities and byproducts.

5 (aa) The term "asset" with respect to financing of any
6 agricultural facility or any agribusiness, means, but is not
7 limited to the following: cash crops or feed on hand; livestock
8 held for sale; breeding stock; marketable bonds and securities;
9 securities not readily marketable; accounts receivable; notes
10 receivable; cash invested in growing crops; net cash value of
11 life insurance; machinery and equipment; cars and trucks; farm
12 and other real estate including life estates and personal
13 residence; value of beneficial interests in trusts; government
14 payments or grants; and any other assets.

15 (bb) The term "liability" with respect to financing of any
16 agricultural facility or any agribusiness shall include, but
17 not be limited to the following: accounts payable; notes or
18 other indebtedness owed to any source; taxes; rent; amounts
19 owed on real estate contracts or real estate mortgages;
20 judgments; accrued interest payable; and any other liability.

21 (cc) The term "Predecessor Authorities" means those
22 authorities as described in Section 845-75.

23 (dd) The term "housing project" means a specific work or
24 improvement undertaken to provide residential dwelling
25 accommodations, including the acquisition, construction or
26 rehabilitation of lands, buildings and community facilities

1 and in connection therewith to provide nonhousing facilities
2 which are part of the housing project, including land,
3 buildings, improvements, equipment and all ancillary
4 facilities for use for offices, stores, retirement homes,
5 hotels, financial institutions, service, health care,
6 education, recreation or research establishments, or any other
7 commercial purpose which are or are to be related to a housing
8 development.

9 (ee) The term "conservation project" means any project
10 including the acquisition, construction, rehabilitation,
11 maintenance, operation, or upgrade that is intended to create
12 or expand open space or to reduce energy usage through
13 efficiency measures. For the purpose of this definition, "open
14 space" has the definition set forth under Section 10 of the
15 Illinois Open Land Trust Act.

16 (ff) The term "significant presence" means the existence
17 within the State of the national or regional headquarters of an
18 entity or group or such other facility of an entity or group of
19 entities where a significant amount of the business functions
20 are performed for such entity or group of entities.

21 (Source: P.A. 96-339, eff. 7-1-10; 96-1021, eff. 7-12-10;
22 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
23 7-13-12.)

24 Section 6-135. The Illinois Income Tax Act is amended by
25 changing Section 806 as follows:

1 (35 ILCS 5/806)

2 Sec. 806. Exemption from penalty. An individual taxpayer
3 shall not be subject to a penalty for failing to pay estimated
4 tax as required by Section 803 if the taxpayer is 65 years of
5 age or older and is a permanent resident of a nursing home. For
6 purposes of this Section, "nursing home" means a skilled
7 nursing or intermediate long term care facility that is subject
8 to licensure by the Illinois Department of Public Health under
9 the Nursing Home Care Act, the Specialized Mental Health
10 Rehabilitation Act of 2013, or the ID/DD Community Care Act.

11 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
12 eff. 1-1-12; 97-813, eff. 7-13-12.)

13 Section 6-140. The Use Tax Act is amended by changing
14 Section 3-5 as follows:

15 (35 ILCS 105/3-5)

16 Sec. 3-5. Exemptions. Use of the following tangible
17 personal property is exempt from the tax imposed by this Act:

18 (1) Personal property purchased from a corporation,
19 society, association, foundation, institution, or
20 organization, other than a limited liability company, that is
21 organized and operated as a not-for-profit service enterprise
22 for the benefit of persons 65 years of age or older if the
23 personal property was not purchased by the enterprise for the

1 purpose of resale by the enterprise.

2 (2) Personal property purchased by a not-for-profit
3 Illinois county fair association for use in conducting,
4 operating, or promoting the county fair.

5 (3) Personal property purchased by a not-for-profit arts or
6 cultural organization that establishes, by proof required by
7 the Department by rule, that it has received an exemption under
8 Section 501(c)(3) of the Internal Revenue Code and that is
9 organized and operated primarily for the presentation or
10 support of arts or cultural programming, activities, or
11 services. These organizations include, but are not limited to,
12 music and dramatic arts organizations such as symphony
13 orchestras and theatrical groups, arts and cultural service
14 organizations, local arts councils, visual arts organizations,
15 and media arts organizations. On and after the effective date
16 of this amendatory Act of the 92nd General Assembly, however,
17 an entity otherwise eligible for this exemption shall not make
18 tax-free purchases unless it has an active identification
19 number issued by the Department.

20 (4) Personal property purchased by a governmental body, by
21 a corporation, society, association, foundation, or
22 institution organized and operated exclusively for charitable,
23 religious, or educational purposes, or by a not-for-profit
24 corporation, society, association, foundation, institution, or
25 organization that has no compensated officers or employees and
26 that is organized and operated primarily for the recreation of

1 persons 55 years of age or older. A limited liability company
2 may qualify for the exemption under this paragraph only if the
3 limited liability company is organized and operated
4 exclusively for educational purposes. On and after July 1,
5 1987, however, no entity otherwise eligible for this exemption
6 shall make tax-free purchases unless it has an active exemption
7 identification number issued by the Department.

8 (5) Until July 1, 2003, a passenger car that is a
9 replacement vehicle to the extent that the purchase price of
10 the car is subject to the Replacement Vehicle Tax.

11 (6) Until July 1, 2003 and beginning again on September 1,
12 2004 through August 30, 2014, graphic arts machinery and
13 equipment, including repair and replacement parts, both new and
14 used, and including that manufactured on special order,
15 certified by the purchaser to be used primarily for graphic
16 arts production, and including machinery and equipment
17 purchased for lease. Equipment includes chemicals or chemicals
18 acting as catalysts but only if the chemicals or chemicals
19 acting as catalysts effect a direct and immediate change upon a
20 graphic arts product.

21 (7) Farm chemicals.

22 (8) Legal tender, currency, medallions, or gold or silver
23 coinage issued by the State of Illinois, the government of the
24 United States of America, or the government of any foreign
25 country, and bullion.

26 (9) Personal property purchased from a teacher-sponsored

1 student organization affiliated with an elementary or
2 secondary school located in Illinois.

3 (10) A motor vehicle of the first division, a motor vehicle
4 of the second division that is a self-contained motor vehicle
5 designed or permanently converted to provide living quarters
6 for recreational, camping, or travel use, with direct walk
7 through to the living quarters from the driver's seat, or a
8 motor vehicle of the second division that is of the van
9 configuration designed for the transportation of not less than
10 7 nor more than 16 passengers, as defined in Section 1-146 of
11 the Illinois Vehicle Code, that is used for automobile renting,
12 as defined in the Automobile Renting Occupation and Use Tax
13 Act.

14 (11) Farm machinery and equipment, both new and used,
15 including that manufactured on special order, certified by the
16 purchaser to be used primarily for production agriculture or
17 State or federal agricultural programs, including individual
18 replacement parts for the machinery and equipment, including
19 machinery and equipment purchased for lease, and including
20 implements of husbandry defined in Section 1-130 of the
21 Illinois Vehicle Code, farm machinery and agricultural
22 chemical and fertilizer spreaders, and nurse wagons required to
23 be registered under Section 3-809 of the Illinois Vehicle Code,
24 but excluding other motor vehicles required to be registered
25 under the Illinois Vehicle Code. Horticultural polyhouses or
26 hoop houses used for propagating, growing, or overwintering

1 plants shall be considered farm machinery and equipment under
2 this item (11). Agricultural chemical tender tanks and dry
3 boxes shall include units sold separately from a motor vehicle
4 required to be licensed and units sold mounted on a motor
5 vehicle required to be licensed if the selling price of the
6 tender is separately stated.

7 Farm machinery and equipment shall include precision
8 farming equipment that is installed or purchased to be
9 installed on farm machinery and equipment including, but not
10 limited to, tractors, harvesters, sprayers, planters, seeders,
11 or spreaders. Precision farming equipment includes, but is not
12 limited to, soil testing sensors, computers, monitors,
13 software, global positioning and mapping systems, and other
14 such equipment.

15 Farm machinery and equipment also includes computers,
16 sensors, software, and related equipment used primarily in the
17 computer-assisted operation of production agriculture
18 facilities, equipment, and activities such as, but not limited
19 to, the collection, monitoring, and correlation of animal and
20 crop data for the purpose of formulating animal diets and
21 agricultural chemicals. This item (11) is exempt from the
22 provisions of Section 3-90.

23 (12) Fuel and petroleum products sold to or used by an air
24 common carrier, certified by the carrier to be used for
25 consumption, shipment, or storage in the conduct of its
26 business as an air common carrier, for a flight destined for or

1 returning from a location or locations outside the United
2 States without regard to previous or subsequent domestic
3 stopovers.

4 (13) Proceeds of mandatory service charges separately
5 stated on customers' bills for the purchase and consumption of
6 food and beverages purchased at retail from a retailer, to the
7 extent that the proceeds of the service charge are in fact
8 turned over as tips or as a substitute for tips to the
9 employees who participate directly in preparing, serving,
10 hosting or cleaning up the food or beverage function with
11 respect to which the service charge is imposed.

12 (14) Until July 1, 2003, oil field exploration, drilling,
13 and production equipment, including (i) rigs and parts of rigs,
14 rotary rigs, cable tool rigs, and workover rigs, (ii) pipe and
15 tubular goods, including casing and drill strings, (iii) pumps
16 and pump-jack units, (iv) storage tanks and flow lines, (v) any
17 individual replacement part for oil field exploration,
18 drilling, and production equipment, and (vi) machinery and
19 equipment purchased for lease; but excluding motor vehicles
20 required to be registered under the Illinois Vehicle Code.

21 (15) Photoprocessing machinery and equipment, including
22 repair and replacement parts, both new and used, including that
23 manufactured on special order, certified by the purchaser to be
24 used primarily for photoprocessing, and including
25 photoprocessing machinery and equipment purchased for lease.

26 (16) Until July 1, 2003, and beginning again on the

1 effective date of this amendatory Act of the 97th General
2 Assembly and thereafter, coal and aggregate exploration,
3 mining, offhighway hauling, processing, maintenance, and
4 reclamation equipment, including replacement parts and
5 equipment, and including equipment purchased for lease, but
6 excluding motor vehicles required to be registered under the
7 Illinois Vehicle Code.

8 (17) Until July 1, 2003, distillation machinery and
9 equipment, sold as a unit or kit, assembled or installed by the
10 retailer, certified by the user to be used only for the
11 production of ethyl alcohol that will be used for consumption
12 as motor fuel or as a component of motor fuel for the personal
13 use of the user, and not subject to sale or resale.

14 (18) Manufacturing and assembling machinery and equipment
15 used primarily in the process of manufacturing or assembling
16 tangible personal property for wholesale or retail sale or
17 lease, whether that sale or lease is made directly by the
18 manufacturer or by some other person, whether the materials
19 used in the process are owned by the manufacturer or some other
20 person, or whether that sale or lease is made apart from or as
21 an incident to the seller's engaging in the service occupation
22 of producing machines, tools, dies, jigs, patterns, gauges, or
23 other similar items of no commercial value on special order for
24 a particular purchaser.

25 (19) Personal property delivered to a purchaser or
26 purchaser's donee inside Illinois when the purchase order for

1 that personal property was received by a florist located
2 outside Illinois who has a florist located inside Illinois
3 deliver the personal property.

4 (20) Semen used for artificial insemination of livestock
5 for direct agricultural production.

6 (21) Horses, or interests in horses, registered with and
7 meeting the requirements of any of the Arabian Horse Club
8 Registry of America, Appaloosa Horse Club, American Quarter
9 Horse Association, United States Trotting Association, or
10 Jockey Club, as appropriate, used for purposes of breeding or
11 racing for prizes. This item (21) is exempt from the provisions
12 of Section 3-90, and the exemption provided for under this item
13 (21) applies for all periods beginning May 30, 1995, but no
14 claim for credit or refund is allowed on or after January 1,
15 2008 for such taxes paid during the period beginning May 30,
16 2000 and ending on January 1, 2008.

17 (22) Computers and communications equipment utilized for
18 any hospital purpose and equipment used in the diagnosis,
19 analysis, or treatment of hospital patients purchased by a
20 lessor who leases the equipment, under a lease of one year or
21 longer executed or in effect at the time the lessor would
22 otherwise be subject to the tax imposed by this Act, to a
23 hospital that has been issued an active tax exemption
24 identification number by the Department under Section 1g of the
25 Retailers' Occupation Tax Act. If the equipment is leased in a
26 manner that does not qualify for this exemption or is used in

1 any other non-exempt manner, the lessor shall be liable for the
2 tax imposed under this Act or the Service Use Tax Act, as the
3 case may be, based on the fair market value of the property at
4 the time the non-qualifying use occurs. No lessor shall collect
5 or attempt to collect an amount (however designated) that
6 purports to reimburse that lessor for the tax imposed by this
7 Act or the Service Use Tax Act, as the case may be, if the tax
8 has not been paid by the lessor. If a lessor improperly
9 collects any such amount from the lessee, the lessee shall have
10 a legal right to claim a refund of that amount from the lessor.
11 If, however, that amount is not refunded to the lessee for any
12 reason, the lessor is liable to pay that amount to the
13 Department.

14 (23) Personal property purchased by a lessor who leases the
15 property, under a lease of one year or longer executed or in
16 effect at the time the lessor would otherwise be subject to the
17 tax imposed by this Act, to a governmental body that has been
18 issued an active sales tax exemption identification number by
19 the Department under Section 1g of the Retailers' Occupation
20 Tax Act. If the property is leased in a manner that does not
21 qualify for this exemption or used in any other non-exempt
22 manner, the lessor shall be liable for the tax imposed under
23 this Act or the Service Use Tax Act, as the case may be, based
24 on the fair market value of the property at the time the
25 non-qualifying use occurs. No lessor shall collect or attempt
26 to collect an amount (however designated) that purports to

1 reimburse that lessor for the tax imposed by this Act or the
2 Service Use Tax Act, as the case may be, if the tax has not been
3 paid by the lessor. If a lessor improperly collects any such
4 amount from the lessee, the lessee shall have a legal right to
5 claim a refund of that amount from the lessor. If, however,
6 that amount is not refunded to the lessee for any reason, the
7 lessor is liable to pay that amount to the Department.

8 (24) Beginning with taxable years ending on or after
9 December 31, 1995 and ending with taxable years ending on or
10 before December 31, 2004, personal property that is donated for
11 disaster relief to be used in a State or federally declared
12 disaster area in Illinois or bordering Illinois by a
13 manufacturer or retailer that is registered in this State to a
14 corporation, society, association, foundation, or institution
15 that has been issued a sales tax exemption identification
16 number by the Department that assists victims of the disaster
17 who reside within the declared disaster area.

18 (25) Beginning with taxable years ending on or after
19 December 31, 1995 and ending with taxable years ending on or
20 before December 31, 2004, personal property that is used in the
21 performance of infrastructure repairs in this State, including
22 but not limited to municipal roads and streets, access roads,
23 bridges, sidewalks, waste disposal systems, water and sewer
24 line extensions, water distribution and purification
25 facilities, storm water drainage and retention facilities, and
26 sewage treatment facilities, resulting from a State or

1 federally declared disaster in Illinois or bordering Illinois
2 when such repairs are initiated on facilities located in the
3 declared disaster area within 6 months after the disaster.

4 (26) Beginning July 1, 1999, game or game birds purchased
5 at a "game breeding and hunting preserve area" as that term is
6 used in the Wildlife Code. This paragraph is exempt from the
7 provisions of Section 3-90.

8 (27) A motor vehicle, as that term is defined in Section
9 1-146 of the Illinois Vehicle Code, that is donated to a
10 corporation, limited liability company, society, association,
11 foundation, or institution that is determined by the Department
12 to be organized and operated exclusively for educational
13 purposes. For purposes of this exemption, "a corporation,
14 limited liability company, society, association, foundation,
15 or institution organized and operated exclusively for
16 educational purposes" means all tax-supported public schools,
17 private schools that offer systematic instruction in useful
18 branches of learning by methods common to public schools and
19 that compare favorably in their scope and intensity with the
20 course of study presented in tax-supported schools, and
21 vocational or technical schools or institutes organized and
22 operated exclusively to provide a course of study of not less
23 than 6 weeks duration and designed to prepare individuals to
24 follow a trade or to pursue a manual, technical, mechanical,
25 industrial, business, or commercial occupation.

26 (28) Beginning January 1, 2000, personal property,

1 including food, purchased through fundraising events for the
2 benefit of a public or private elementary or secondary school,
3 a group of those schools, or one or more school districts if
4 the events are sponsored by an entity recognized by the school
5 district that consists primarily of volunteers and includes
6 parents and teachers of the school children. This paragraph
7 does not apply to fundraising events (i) for the benefit of
8 private home instruction or (ii) for which the fundraising
9 entity purchases the personal property sold at the events from
10 another individual or entity that sold the property for the
11 purpose of resale by the fundraising entity and that profits
12 from the sale to the fundraising entity. This paragraph is
13 exempt from the provisions of Section 3-90.

14 (29) Beginning January 1, 2000 and through December 31,
15 2001, new or used automatic vending machines that prepare and
16 serve hot food and beverages, including coffee, soup, and other
17 items, and replacement parts for these machines. Beginning
18 January 1, 2002 and through June 30, 2003, machines and parts
19 for machines used in commercial, coin-operated amusement and
20 vending business if a use or occupation tax is paid on the
21 gross receipts derived from the use of the commercial,
22 coin-operated amusement and vending machines. This paragraph
23 is exempt from the provisions of Section 3-90.

24 (30) Beginning January 1, 2001 and through June 30, 2016,
25 food for human consumption that is to be consumed off the
26 premises where it is sold (other than alcoholic beverages, soft

1 drinks, and food that has been prepared for immediate
2 consumption) and prescription and nonprescription medicines,
3 drugs, medical appliances, and insulin, urine testing
4 materials, syringes, and needles used by diabetics, for human
5 use, when purchased for use by a person receiving medical
6 assistance under Article V of the Illinois Public Aid Code who
7 resides in a licensed long-term care facility, as defined in
8 the Nursing Home Care Act, or in a licensed facility as defined
9 in the ID/DD Community Care Act or the Specialized Mental
10 Health Rehabilitation Act of 2013.

11 (31) Beginning on the effective date of this amendatory Act
12 of the 92nd General Assembly, computers and communications
13 equipment utilized for any hospital purpose and equipment used
14 in the diagnosis, analysis, or treatment of hospital patients
15 purchased by a lessor who leases the equipment, under a lease
16 of one year or longer executed or in effect at the time the
17 lessor would otherwise be subject to the tax imposed by this
18 Act, to a hospital that has been issued an active tax exemption
19 identification number by the Department under Section 1g of the
20 Retailers' Occupation Tax Act. If the equipment is leased in a
21 manner that does not qualify for this exemption or is used in
22 any other nonexempt manner, the lessor shall be liable for the
23 tax imposed under this Act or the Service Use Tax Act, as the
24 case may be, based on the fair market value of the property at
25 the time the nonqualifying use occurs. No lessor shall collect
26 or attempt to collect an amount (however designated) that

1 purports to reimburse that lessor for the tax imposed by this
2 Act or the Service Use Tax Act, as the case may be, if the tax
3 has not been paid by the lessor. If a lessor improperly
4 collects any such amount from the lessee, the lessee shall have
5 a legal right to claim a refund of that amount from the lessor.
6 If, however, that amount is not refunded to the lessee for any
7 reason, the lessor is liable to pay that amount to the
8 Department. This paragraph is exempt from the provisions of
9 Section 3-90.

10 (32) Beginning on the effective date of this amendatory Act
11 of the 92nd General Assembly, personal property purchased by a
12 lessor who leases the property, under a lease of one year or
13 longer executed or in effect at the time the lessor would
14 otherwise be subject to the tax imposed by this Act, to a
15 governmental body that has been issued an active sales tax
16 exemption identification number by the Department under
17 Section 1g of the Retailers' Occupation Tax Act. If the
18 property is leased in a manner that does not qualify for this
19 exemption or used in any other nonexempt manner, the lessor
20 shall be liable for the tax imposed under this Act or the
21 Service Use Tax Act, as the case may be, based on the fair
22 market value of the property at the time the nonqualifying use
23 occurs. No lessor shall collect or attempt to collect an amount
24 (however designated) that purports to reimburse that lessor for
25 the tax imposed by this Act or the Service Use Tax Act, as the
26 case may be, if the tax has not been paid by the lessor. If a

1 lessor improperly collects any such amount from the lessee, the
2 lessee shall have a legal right to claim a refund of that
3 amount from the lessor. If, however, that amount is not
4 refunded to the lessee for any reason, the lessor is liable to
5 pay that amount to the Department. This paragraph is exempt
6 from the provisions of Section 3-90.

7 (33) On and after July 1, 2003 and through June 30, 2004,
8 the use in this State of motor vehicles of the second division
9 with a gross vehicle weight in excess of 8,000 pounds and that
10 are subject to the commercial distribution fee imposed under
11 Section 3-815.1 of the Illinois Vehicle Code. Beginning on July
12 1, 2004 and through June 30, 2005, the use in this State of
13 motor vehicles of the second division: (i) with a gross vehicle
14 weight rating in excess of 8,000 pounds; (ii) that are subject
15 to the commercial distribution fee imposed under Section
16 3-815.1 of the Illinois Vehicle Code; and (iii) that are
17 primarily used for commercial purposes. Through June 30, 2005,
18 this exemption applies to repair and replacement parts added
19 after the initial purchase of such a motor vehicle if that
20 motor vehicle is used in a manner that would qualify for the
21 rolling stock exemption otherwise provided for in this Act. For
22 purposes of this paragraph, the term "used for commercial
23 purposes" means the transportation of persons or property in
24 furtherance of any commercial or industrial enterprise,
25 whether for-hire or not.

26 (34) Beginning January 1, 2008, tangible personal property

1 used in the construction or maintenance of a community water
2 supply, as defined under Section 3.145 of the Environmental
3 Protection Act, that is operated by a not-for-profit
4 corporation that holds a valid water supply permit issued under
5 Title IV of the Environmental Protection Act. This paragraph is
6 exempt from the provisions of Section 3-90.

7 (35) Beginning January 1, 2010, materials, parts,
8 equipment, components, and furnishings incorporated into or
9 upon an aircraft as part of the modification, refurbishment,
10 completion, replacement, repair, or maintenance of the
11 aircraft. This exemption includes consumable supplies used in
12 the modification, refurbishment, completion, replacement,
13 repair, and maintenance of aircraft, but excludes any
14 materials, parts, equipment, components, and consumable
15 supplies used in the modification, replacement, repair, and
16 maintenance of aircraft engines or power plants, whether such
17 engines or power plants are installed or uninstalled upon any
18 such aircraft. "Consumable supplies" include, but are not
19 limited to, adhesive, tape, sandpaper, general purpose
20 lubricants, cleaning solution, latex gloves, and protective
21 films. This exemption applies only to those organizations that
22 (i) hold an Air Agency Certificate and are empowered to operate
23 an approved repair station by the Federal Aviation
24 Administration, (ii) have a Class IV Rating, and (iii) conduct
25 operations in accordance with Part 145 of the Federal Aviation
26 Regulations. The exemption does not include aircraft operated

1 by a commercial air carrier providing scheduled passenger air
2 service pursuant to authority issued under Part 121 or Part 129
3 of the Federal Aviation Regulations.

4 (36) Tangible personal property purchased by a
5 public-facilities corporation, as described in Section
6 11-65-10 of the Illinois Municipal Code, for purposes of
7 constructing or furnishing a municipal convention hall, but
8 only if the legal title to the municipal convention hall is
9 transferred to the municipality without any further
10 consideration by or on behalf of the municipality at the time
11 of the completion of the municipal convention hall or upon the
12 retirement or redemption of any bonds or other debt instruments
13 issued by the public-facilities corporation in connection with
14 the development of the municipal convention hall. This
15 exemption includes existing public-facilities corporations as
16 provided in Section 11-65-25 of the Illinois Municipal Code.
17 This paragraph is exempt from the provisions of Section 3-90.

18 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
19 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
20 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-431, eff.
21 8-16-11; 97-636, eff. 6-1-12; 97-767, eff. 7-9-12.)

22 Section 6-145. The Service Use Tax Act is amended by
23 changing Sections 3-5 and 3-10 as follows:

24 (35 ILCS 110/3-5)

1 Sec. 3-5. Exemptions. Use of the following tangible
2 personal property is exempt from the tax imposed by this Act:

3 (1) Personal property purchased from a corporation,
4 society, association, foundation, institution, or
5 organization, other than a limited liability company, that is
6 organized and operated as a not-for-profit service enterprise
7 for the benefit of persons 65 years of age or older if the
8 personal property was not purchased by the enterprise for the
9 purpose of resale by the enterprise.

10 (2) Personal property purchased by a non-profit Illinois
11 county fair association for use in conducting, operating, or
12 promoting the county fair.

13 (3) Personal property purchased by a not-for-profit arts or
14 cultural organization that establishes, by proof required by
15 the Department by rule, that it has received an exemption under
16 Section 501(c)(3) of the Internal Revenue Code and that is
17 organized and operated primarily for the presentation or
18 support of arts or cultural programming, activities, or
19 services. These organizations include, but are not limited to,
20 music and dramatic arts organizations such as symphony
21 orchestras and theatrical groups, arts and cultural service
22 organizations, local arts councils, visual arts organizations,
23 and media arts organizations. On and after the effective date
24 of this amendatory Act of the 92nd General Assembly, however,
25 an entity otherwise eligible for this exemption shall not make
26 tax-free purchases unless it has an active identification

1 number issued by the Department.

2 (4) Legal tender, currency, medallions, or gold or silver
3 coinage issued by the State of Illinois, the government of the
4 United States of America, or the government of any foreign
5 country, and bullion.

6 (5) Until July 1, 2003 and beginning again on September 1,
7 2004 through August 30, 2014, graphic arts machinery and
8 equipment, including repair and replacement parts, both new and
9 used, and including that manufactured on special order or
10 purchased for lease, certified by the purchaser to be used
11 primarily for graphic arts production. Equipment includes
12 chemicals or chemicals acting as catalysts but only if the
13 chemicals or chemicals acting as catalysts effect a direct and
14 immediate change upon a graphic arts product.

15 (6) Personal property purchased from a teacher-sponsored
16 student organization affiliated with an elementary or
17 secondary school located in Illinois.

18 (7) Farm machinery and equipment, both new and used,
19 including that manufactured on special order, certified by the
20 purchaser to be used primarily for production agriculture or
21 State or federal agricultural programs, including individual
22 replacement parts for the machinery and equipment, including
23 machinery and equipment purchased for lease, and including
24 implements of husbandry defined in Section 1-130 of the
25 Illinois Vehicle Code, farm machinery and agricultural
26 chemical and fertilizer spreaders, and nurse wagons required to

1 be registered under Section 3-809 of the Illinois Vehicle Code,
2 but excluding other motor vehicles required to be registered
3 under the Illinois Vehicle Code. Horticultural polyhouses or
4 hoop houses used for propagating, growing, or overwintering
5 plants shall be considered farm machinery and equipment under
6 this item (7). Agricultural chemical tender tanks and dry boxes
7 shall include units sold separately from a motor vehicle
8 required to be licensed and units sold mounted on a motor
9 vehicle required to be licensed if the selling price of the
10 tender is separately stated.

11 Farm machinery and equipment shall include precision
12 farming equipment that is installed or purchased to be
13 installed on farm machinery and equipment including, but not
14 limited to, tractors, harvesters, sprayers, planters, seeders,
15 or spreaders. Precision farming equipment includes, but is not
16 limited to, soil testing sensors, computers, monitors,
17 software, global positioning and mapping systems, and other
18 such equipment.

19 Farm machinery and equipment also includes computers,
20 sensors, software, and related equipment used primarily in the
21 computer-assisted operation of production agriculture
22 facilities, equipment, and activities such as, but not limited
23 to, the collection, monitoring, and correlation of animal and
24 crop data for the purpose of formulating animal diets and
25 agricultural chemicals. This item (7) is exempt from the
26 provisions of Section 3-75.

1 (8) Fuel and petroleum products sold to or used by an air
2 common carrier, certified by the carrier to be used for
3 consumption, shipment, or storage in the conduct of its
4 business as an air common carrier, for a flight destined for or
5 returning from a location or locations outside the United
6 States without regard to previous or subsequent domestic
7 stopovers.

8 (9) Proceeds of mandatory service charges separately
9 stated on customers' bills for the purchase and consumption of
10 food and beverages acquired as an incident to the purchase of a
11 service from a serviceman, to the extent that the proceeds of
12 the service charge are in fact turned over as tips or as a
13 substitute for tips to the employees who participate directly
14 in preparing, serving, hosting or cleaning up the food or
15 beverage function with respect to which the service charge is
16 imposed.

17 (10) Until July 1, 2003, oil field exploration, drilling,
18 and production equipment, including (i) rigs and parts of rigs,
19 rotary rigs, cable tool rigs, and workover rigs, (ii) pipe and
20 tubular goods, including casing and drill strings, (iii) pumps
21 and pump-jack units, (iv) storage tanks and flow lines, (v) any
22 individual replacement part for oil field exploration,
23 drilling, and production equipment, and (vi) machinery and
24 equipment purchased for lease; but excluding motor vehicles
25 required to be registered under the Illinois Vehicle Code.

26 (11) Proceeds from the sale of photoprocessing machinery

1 and equipment, including repair and replacement parts, both new
2 and used, including that manufactured on special order,
3 certified by the purchaser to be used primarily for
4 photoprocessing, and including photoprocessing machinery and
5 equipment purchased for lease.

6 (12) Until July 1, 2003, and beginning again on the
7 effective date of this amendatory Act of the 97th General
8 Assembly and thereafter, coal and aggregate exploration,
9 mining, offhighway hauling, processing, maintenance, and
10 reclamation equipment, including replacement parts and
11 equipment, and including equipment purchased for lease, but
12 excluding motor vehicles required to be registered under the
13 Illinois Vehicle Code.

14 (13) Semen used for artificial insemination of livestock
15 for direct agricultural production.

16 (14) Horses, or interests in horses, registered with and
17 meeting the requirements of any of the Arabian Horse Club
18 Registry of America, Appaloosa Horse Club, American Quarter
19 Horse Association, United States Trotting Association, or
20 Jockey Club, as appropriate, used for purposes of breeding or
21 racing for prizes. This item (14) is exempt from the provisions
22 of Section 3-75, and the exemption provided for under this item
23 (14) applies for all periods beginning May 30, 1995, but no
24 claim for credit or refund is allowed on or after the effective
25 date of this amendatory Act of the 95th General Assembly for
26 such taxes paid during the period beginning May 30, 2000 and

1 ending on the effective date of this amendatory Act of the 95th
2 General Assembly.

3 (15) Computers and communications equipment utilized for
4 any hospital purpose and equipment used in the diagnosis,
5 analysis, or treatment of hospital patients purchased by a
6 lessor who leases the equipment, under a lease of one year or
7 longer executed or in effect at the time the lessor would
8 otherwise be subject to the tax imposed by this Act, to a
9 hospital that has been issued an active tax exemption
10 identification number by the Department under Section 1g of the
11 Retailers' Occupation Tax Act. If the equipment is leased in a
12 manner that does not qualify for this exemption or is used in
13 any other non-exempt manner, the lessor shall be liable for the
14 tax imposed under this Act or the Use Tax Act, as the case may
15 be, based on the fair market value of the property at the time
16 the non-qualifying use occurs. No lessor shall collect or
17 attempt to collect an amount (however designated) that purports
18 to reimburse that lessor for the tax imposed by this Act or the
19 Use Tax Act, as the case may be, if the tax has not been paid by
20 the lessor. If a lessor improperly collects any such amount
21 from the lessee, the lessee shall have a legal right to claim a
22 refund of that amount from the lessor. If, however, that amount
23 is not refunded to the lessee for any reason, the lessor is
24 liable to pay that amount to the Department.

25 (16) Personal property purchased by a lessor who leases the
26 property, under a lease of one year or longer executed or in

1 effect at the time the lessor would otherwise be subject to the
2 tax imposed by this Act, to a governmental body that has been
3 issued an active tax exemption identification number by the
4 Department under Section 1g of the Retailers' Occupation Tax
5 Act. If the property is leased in a manner that does not
6 qualify for this exemption or is used in any other non-exempt
7 manner, the lessor shall be liable for the tax imposed under
8 this Act or the Use Tax Act, as the case may be, based on the
9 fair market value of the property at the time the
10 non-qualifying use occurs. No lessor shall collect or attempt
11 to collect an amount (however designated) that purports to
12 reimburse that lessor for the tax imposed by this Act or the
13 Use Tax Act, as the case may be, if the tax has not been paid by
14 the lessor. If a lessor improperly collects any such amount
15 from the lessee, the lessee shall have a legal right to claim a
16 refund of that amount from the lessor. If, however, that amount
17 is not refunded to the lessee for any reason, the lessor is
18 liable to pay that amount to the Department.

19 (17) Beginning with taxable years ending on or after
20 December 31, 1995 and ending with taxable years ending on or
21 before December 31, 2004, personal property that is donated for
22 disaster relief to be used in a State or federally declared
23 disaster area in Illinois or bordering Illinois by a
24 manufacturer or retailer that is registered in this State to a
25 corporation, society, association, foundation, or institution
26 that has been issued a sales tax exemption identification

1 number by the Department that assists victims of the disaster
2 who reside within the declared disaster area.

3 (18) Beginning with taxable years ending on or after
4 December 31, 1995 and ending with taxable years ending on or
5 before December 31, 2004, personal property that is used in the
6 performance of infrastructure repairs in this State, including
7 but not limited to municipal roads and streets, access roads,
8 bridges, sidewalks, waste disposal systems, water and sewer
9 line extensions, water distribution and purification
10 facilities, storm water drainage and retention facilities, and
11 sewage treatment facilities, resulting from a State or
12 federally declared disaster in Illinois or bordering Illinois
13 when such repairs are initiated on facilities located in the
14 declared disaster area within 6 months after the disaster.

15 (19) Beginning July 1, 1999, game or game birds purchased
16 at a "game breeding and hunting preserve area" as that term is
17 used in the Wildlife Code. This paragraph is exempt from the
18 provisions of Section 3-75.

19 (20) A motor vehicle, as that term is defined in Section
20 1-146 of the Illinois Vehicle Code, that is donated to a
21 corporation, limited liability company, society, association,
22 foundation, or institution that is determined by the Department
23 to be organized and operated exclusively for educational
24 purposes. For purposes of this exemption, "a corporation,
25 limited liability company, society, association, foundation,
26 or institution organized and operated exclusively for

1 educational purposes" means all tax-supported public schools,
2 private schools that offer systematic instruction in useful
3 branches of learning by methods common to public schools and
4 that compare favorably in their scope and intensity with the
5 course of study presented in tax-supported schools, and
6 vocational or technical schools or institutes organized and
7 operated exclusively to provide a course of study of not less
8 than 6 weeks duration and designed to prepare individuals to
9 follow a trade or to pursue a manual, technical, mechanical,
10 industrial, business, or commercial occupation.

11 (21) Beginning January 1, 2000, personal property,
12 including food, purchased through fundraising events for the
13 benefit of a public or private elementary or secondary school,
14 a group of those schools, or one or more school districts if
15 the events are sponsored by an entity recognized by the school
16 district that consists primarily of volunteers and includes
17 parents and teachers of the school children. This paragraph
18 does not apply to fundraising events (i) for the benefit of
19 private home instruction or (ii) for which the fundraising
20 entity purchases the personal property sold at the events from
21 another individual or entity that sold the property for the
22 purpose of resale by the fundraising entity and that profits
23 from the sale to the fundraising entity. This paragraph is
24 exempt from the provisions of Section 3-75.

25 (22) Beginning January 1, 2000 and through December 31,
26 2001, new or used automatic vending machines that prepare and

1 serve hot food and beverages, including coffee, soup, and other
2 items, and replacement parts for these machines. Beginning
3 January 1, 2002 and through June 30, 2003, machines and parts
4 for machines used in commercial, coin-operated amusement and
5 vending business if a use or occupation tax is paid on the
6 gross receipts derived from the use of the commercial,
7 coin-operated amusement and vending machines. This paragraph
8 is exempt from the provisions of Section 3-75.

9 (23) Beginning August 23, 2001 and through June 30, 2016,
10 food for human consumption that is to be consumed off the
11 premises where it is sold (other than alcoholic beverages, soft
12 drinks, and food that has been prepared for immediate
13 consumption) and prescription and nonprescription medicines,
14 drugs, medical appliances, and insulin, urine testing
15 materials, syringes, and needles used by diabetics, for human
16 use, when purchased for use by a person receiving medical
17 assistance under Article V of the Illinois Public Aid Code who
18 resides in a licensed long-term care facility, as defined in
19 the Nursing Home Care Act, or in a licensed facility as defined
20 in the ID/DD Community Care Act or the Specialized Mental
21 Health Rehabilitation Act of 2013.

22 (24) Beginning on the effective date of this amendatory Act
23 of the 92nd General Assembly, computers and communications
24 equipment utilized for any hospital purpose and equipment used
25 in the diagnosis, analysis, or treatment of hospital patients
26 purchased by a lessor who leases the equipment, under a lease

1 of one year or longer executed or in effect at the time the
2 lessor would otherwise be subject to the tax imposed by this
3 Act, to a hospital that has been issued an active tax exemption
4 identification number by the Department under Section 1g of the
5 Retailers' Occupation Tax Act. If the equipment is leased in a
6 manner that does not qualify for this exemption or is used in
7 any other nonexempt manner, the lessor shall be liable for the
8 tax imposed under this Act or the Use Tax Act, as the case may
9 be, based on the fair market value of the property at the time
10 the nonqualifying use occurs. No lessor shall collect or
11 attempt to collect an amount (however designated) that purports
12 to reimburse that lessor for the tax imposed by this Act or the
13 Use Tax Act, as the case may be, if the tax has not been paid by
14 the lessor. If a lessor improperly collects any such amount
15 from the lessee, the lessee shall have a legal right to claim a
16 refund of that amount from the lessor. If, however, that amount
17 is not refunded to the lessee for any reason, the lessor is
18 liable to pay that amount to the Department. This paragraph is
19 exempt from the provisions of Section 3-75.

20 (25) Beginning on the effective date of this amendatory Act
21 of the 92nd General Assembly, personal property purchased by a
22 lessor who leases the property, under a lease of one year or
23 longer executed or in effect at the time the lessor would
24 otherwise be subject to the tax imposed by this Act, to a
25 governmental body that has been issued an active tax exemption
26 identification number by the Department under Section 1g of the

1 Retailers' Occupation Tax Act. If the property is leased in a
2 manner that does not qualify for this exemption or is used in
3 any other nonexempt manner, the lessor shall be liable for the
4 tax imposed under this Act or the Use Tax Act, as the case may
5 be, based on the fair market value of the property at the time
6 the nonqualifying use occurs. No lessor shall collect or
7 attempt to collect an amount (however designated) that purports
8 to reimburse that lessor for the tax imposed by this Act or the
9 Use Tax Act, as the case may be, if the tax has not been paid by
10 the lessor. If a lessor improperly collects any such amount
11 from the lessee, the lessee shall have a legal right to claim a
12 refund of that amount from the lessor. If, however, that amount
13 is not refunded to the lessee for any reason, the lessor is
14 liable to pay that amount to the Department. This paragraph is
15 exempt from the provisions of Section 3-75.

16 (26) Beginning January 1, 2008, tangible personal property
17 used in the construction or maintenance of a community water
18 supply, as defined under Section 3.145 of the Environmental
19 Protection Act, that is operated by a not-for-profit
20 corporation that holds a valid water supply permit issued under
21 Title IV of the Environmental Protection Act. This paragraph is
22 exempt from the provisions of Section 3-75.

23 (27) Beginning January 1, 2010, materials, parts,
24 equipment, components, and furnishings incorporated into or
25 upon an aircraft as part of the modification, refurbishment,
26 completion, replacement, repair, or maintenance of the

1 aircraft. This exemption includes consumable supplies used in
2 the modification, refurbishment, completion, replacement,
3 repair, and maintenance of aircraft, but excludes any
4 materials, parts, equipment, components, and consumable
5 supplies used in the modification, replacement, repair, and
6 maintenance of aircraft engines or power plants, whether such
7 engines or power plants are installed or uninstalled upon any
8 such aircraft. "Consumable supplies" include, but are not
9 limited to, adhesive, tape, sandpaper, general purpose
10 lubricants, cleaning solution, latex gloves, and protective
11 films. This exemption applies only to those organizations that
12 (i) hold an Air Agency Certificate and are empowered to operate
13 an approved repair station by the Federal Aviation
14 Administration, (ii) have a Class IV Rating, and (iii) conduct
15 operations in accordance with Part 145 of the Federal Aviation
16 Regulations. The exemption does not include aircraft operated
17 by a commercial air carrier providing scheduled passenger air
18 service pursuant to authority issued under Part 121 or Part 129
19 of the Federal Aviation Regulations.

20 (28) Tangible personal property purchased by a
21 public-facilities corporation, as described in Section
22 11-65-10 of the Illinois Municipal Code, for purposes of
23 constructing or furnishing a municipal convention hall, but
24 only if the legal title to the municipal convention hall is
25 transferred to the municipality without any further
26 consideration by or on behalf of the municipality at the time

1 of the completion of the municipal convention hall or upon the
2 retirement or redemption of any bonds or other debt instruments
3 issued by the public-facilities corporation in connection with
4 the development of the municipal convention hall. This
5 exemption includes existing public-facilities corporations as
6 provided in Section 11-65-25 of the Illinois Municipal Code.
7 This paragraph is exempt from the provisions of Section 3-75.

8 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
9 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
10 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-431, eff.
11 8-16-11; 97-636, eff. 6-1-12; 97-767, eff. 7-9-12.)

12 (35 ILCS 110/3-10) (from Ch. 120, par. 439.33-10)

13 Sec. 3-10. Rate of tax. Unless otherwise provided in this
14 Section, the tax imposed by this Act is at the rate of 6.25% of
15 the selling price of tangible personal property transferred as
16 an incident to the sale of service, but, for the purpose of
17 computing this tax, in no event shall the selling price be less
18 than the cost price of the property to the serviceman.

19 Beginning on July 1, 2000 and through December 31, 2000,
20 with respect to motor fuel, as defined in Section 1.1 of the
21 Motor Fuel Tax Law, and gasohol, as defined in Section 3-40 of
22 the Use Tax Act, the tax is imposed at the rate of 1.25%.

23 With respect to gasohol, as defined in the Use Tax Act, the
24 tax imposed by this Act applies to (i) 70% of the selling price
25 of property transferred as an incident to the sale of service

1 on or after January 1, 1990, and before July 1, 2003, (ii) 80%
2 of the selling price of property transferred as an incident to
3 the sale of service on or after July 1, 2003 and on or before
4 December 31, 2018, and (iii) 100% of the selling price
5 thereafter. If, at any time, however, the tax under this Act on
6 sales of gasohol, as defined in the Use Tax Act, is imposed at
7 the rate of 1.25%, then the tax imposed by this Act applies to
8 100% of the proceeds of sales of gasohol made during that time.

9 With respect to majority blended ethanol fuel, as defined
10 in the Use Tax Act, the tax imposed by this Act does not apply
11 to the selling price of property transferred as an incident to
12 the sale of service on or after July 1, 2003 and on or before
13 December 31, 2018 but applies to 100% of the selling price
14 thereafter.

15 With respect to biodiesel blends, as defined in the Use Tax
16 Act, with no less than 1% and no more than 10% biodiesel, the
17 tax imposed by this Act applies to (i) 80% of the selling price
18 of property transferred as an incident to the sale of service
19 on or after July 1, 2003 and on or before December 31, 2018 and
20 (ii) 100% of the proceeds of the selling price thereafter. If,
21 at any time, however, the tax under this Act on sales of
22 biodiesel blends, as defined in the Use Tax Act, with no less
23 than 1% and no more than 10% biodiesel is imposed at the rate
24 of 1.25%, then the tax imposed by this Act applies to 100% of
25 the proceeds of sales of biodiesel blends with no less than 1%
26 and no more than 10% biodiesel made during that time.

1 With respect to 100% biodiesel, as defined in the Use Tax
2 Act, and biodiesel blends, as defined in the Use Tax Act, with
3 more than 10% but no more than 99% biodiesel, the tax imposed
4 by this Act does not apply to the proceeds of the selling price
5 of property transferred as an incident to the sale of service
6 on or after July 1, 2003 and on or before December 31, 2018 but
7 applies to 100% of the selling price thereafter.

8 At the election of any registered serviceman made for each
9 fiscal year, sales of service in which the aggregate annual
10 cost price of tangible personal property transferred as an
11 incident to the sales of service is less than 35%, or 75% in
12 the case of servicemen transferring prescription drugs or
13 servicemen engaged in graphic arts production, of the aggregate
14 annual total gross receipts from all sales of service, the tax
15 imposed by this Act shall be based on the serviceman's cost
16 price of the tangible personal property transferred as an
17 incident to the sale of those services.

18 The tax shall be imposed at the rate of 1% on food prepared
19 for immediate consumption and transferred incident to a sale of
20 service subject to this Act or the Service Occupation Tax Act
21 by an entity licensed under the Hospital Licensing Act, the
22 Nursing Home Care Act, the ID/DD Community Care Act, the
23 Specialized Mental Health Rehabilitation Act of 2013, or the
24 Child Care Act of 1969. The tax shall also be imposed at the
25 rate of 1% on food for human consumption that is to be consumed
26 off the premises where it is sold (other than alcoholic

1 beverages, soft drinks, and food that has been prepared for
2 immediate consumption and is not otherwise included in this
3 paragraph) and prescription and nonprescription medicines,
4 drugs, medical appliances, modifications to a motor vehicle for
5 the purpose of rendering it usable by a disabled person, and
6 insulin, urine testing materials, syringes, and needles used by
7 diabetics, for human use. For the purposes of this Section,
8 until September 1, 2009: the term "soft drinks" means any
9 complete, finished, ready-to-use, non-alcoholic drink, whether
10 carbonated or not, including but not limited to soda water,
11 cola, fruit juice, vegetable juice, carbonated water, and all
12 other preparations commonly known as soft drinks of whatever
13 kind or description that are contained in any closed or sealed
14 bottle, can, carton, or container, regardless of size; but
15 "soft drinks" does not include coffee, tea, non-carbonated
16 water, infant formula, milk or milk products as defined in the
17 Grade A Pasteurized Milk and Milk Products Act, or drinks
18 containing 50% or more natural fruit or vegetable juice.

19 Notwithstanding any other provisions of this Act,
20 beginning September 1, 2009, "soft drinks" means non-alcoholic
21 beverages that contain natural or artificial sweeteners. "Soft
22 drinks" do not include beverages that contain milk or milk
23 products, soy, rice or similar milk substitutes, or greater
24 than 50% of vegetable or fruit juice by volume.

25 Until August 1, 2009, and notwithstanding any other
26 provisions of this Act, "food for human consumption that is to

1 be consumed off the premises where it is sold" includes all
2 food sold through a vending machine, except soft drinks and
3 food products that are dispensed hot from a vending machine,
4 regardless of the location of the vending machine. Beginning
5 August 1, 2009, and notwithstanding any other provisions of
6 this Act, "food for human consumption that is to be consumed
7 off the premises where it is sold" includes all food sold
8 through a vending machine, except soft drinks, candy, and food
9 products that are dispensed hot from a vending machine,
10 regardless of the location of the vending machine.

11 Notwithstanding any other provisions of this Act,
12 beginning September 1, 2009, "food for human consumption that
13 is to be consumed off the premises where it is sold" does not
14 include candy. For purposes of this Section, "candy" means a
15 preparation of sugar, honey, or other natural or artificial
16 sweeteners in combination with chocolate, fruits, nuts or other
17 ingredients or flavorings in the form of bars, drops, or
18 pieces. "Candy" does not include any preparation that contains
19 flour or requires refrigeration.

20 Notwithstanding any other provisions of this Act,
21 beginning September 1, 2009, "nonprescription medicines and
22 drugs" does not include grooming and hygiene products. For
23 purposes of this Section, "grooming and hygiene products"
24 includes, but is not limited to, soaps and cleaning solutions,
25 shampoo, toothpaste, mouthwash, antiperspirants, and sun tan
26 lotions and screens, unless those products are available by

1 prescription only, regardless of whether the products meet the
2 definition of "over-the-counter-drugs". For the purposes of
3 this paragraph, "over-the-counter-drug" means a drug for human
4 use that contains a label that identifies the product as a drug
5 as required by 21 C.F.R. § 201.66. The "over-the-counter-drug"
6 label includes:

7 (A) A "Drug Facts" panel; or

8 (B) A statement of the "active ingredient(s)" with a
9 list of those ingredients contained in the compound,
10 substance or preparation.

11 If the property that is acquired from a serviceman is
12 acquired outside Illinois and used outside Illinois before
13 being brought to Illinois for use here and is taxable under
14 this Act, the "selling price" on which the tax is computed
15 shall be reduced by an amount that represents a reasonable
16 allowance for depreciation for the period of prior out-of-state
17 use.

18 (Source: P.A. 96-34, eff. 7-13-09; 96-37, eff. 7-13-09; 96-38,
19 eff. 7-13-09; 96-339, eff. 7-1-10; 96-1000, eff. 7-2-10; 97-38,
20 eff. 6-28-11; 97-227, eff. 1-1-12; 97-636, eff. 6-1-12.)

21 Section 6-150. The Service Occupation Tax Act is amended by
22 changing Sections 3-5 and 3-10 as follows:

23 (35 ILCS 115/3-5)

24 Sec. 3-5. Exemptions. The following tangible personal

1 property is exempt from the tax imposed by this Act:

2 (1) Personal property sold by a corporation, society,
3 association, foundation, institution, or organization, other
4 than a limited liability company, that is organized and
5 operated as a not-for-profit service enterprise for the benefit
6 of persons 65 years of age or older if the personal property
7 was not purchased by the enterprise for the purpose of resale
8 by the enterprise.

9 (2) Personal property purchased by a not-for-profit
10 Illinois county fair association for use in conducting,
11 operating, or promoting the county fair.

12 (3) Personal property purchased by any not-for-profit arts
13 or cultural organization that establishes, by proof required by
14 the Department by rule, that it has received an exemption under
15 Section 501(c)(3) of the Internal Revenue Code and that is
16 organized and operated primarily for the presentation or
17 support of arts or cultural programming, activities, or
18 services. These organizations include, but are not limited to,
19 music and dramatic arts organizations such as symphony
20 orchestras and theatrical groups, arts and cultural service
21 organizations, local arts councils, visual arts organizations,
22 and media arts organizations. On and after the effective date
23 of this amendatory Act of the 92nd General Assembly, however,
24 an entity otherwise eligible for this exemption shall not make
25 tax-free purchases unless it has an active identification
26 number issued by the Department.

1 (4) Legal tender, currency, medallions, or gold or silver
2 coinage issued by the State of Illinois, the government of the
3 United States of America, or the government of any foreign
4 country, and bullion.

5 (5) Until July 1, 2003 and beginning again on September 1,
6 2004 through August 30, 2014, graphic arts machinery and
7 equipment, including repair and replacement parts, both new and
8 used, and including that manufactured on special order or
9 purchased for lease, certified by the purchaser to be used
10 primarily for graphic arts production. Equipment includes
11 chemicals or chemicals acting as catalysts but only if the
12 chemicals or chemicals acting as catalysts effect a direct and
13 immediate change upon a graphic arts product.

14 (6) Personal property sold by a teacher-sponsored student
15 organization affiliated with an elementary or secondary school
16 located in Illinois.

17 (7) Farm machinery and equipment, both new and used,
18 including that manufactured on special order, certified by the
19 purchaser to be used primarily for production agriculture or
20 State or federal agricultural programs, including individual
21 replacement parts for the machinery and equipment, including
22 machinery and equipment purchased for lease, and including
23 implements of husbandry defined in Section 1-130 of the
24 Illinois Vehicle Code, farm machinery and agricultural
25 chemical and fertilizer spreaders, and nurse wagons required to
26 be registered under Section 3-809 of the Illinois Vehicle Code,

1 but excluding other motor vehicles required to be registered
2 under the Illinois Vehicle Code. Horticultural polyhouses or
3 hoop houses used for propagating, growing, or overwintering
4 plants shall be considered farm machinery and equipment under
5 this item (7). Agricultural chemical tender tanks and dry boxes
6 shall include units sold separately from a motor vehicle
7 required to be licensed and units sold mounted on a motor
8 vehicle required to be licensed if the selling price of the
9 tender is separately stated.

10 Farm machinery and equipment shall include precision
11 farming equipment that is installed or purchased to be
12 installed on farm machinery and equipment including, but not
13 limited to, tractors, harvesters, sprayers, planters, seeders,
14 or spreaders. Precision farming equipment includes, but is not
15 limited to, soil testing sensors, computers, monitors,
16 software, global positioning and mapping systems, and other
17 such equipment.

18 Farm machinery and equipment also includes computers,
19 sensors, software, and related equipment used primarily in the
20 computer-assisted operation of production agriculture
21 facilities, equipment, and activities such as, but not limited
22 to, the collection, monitoring, and correlation of animal and
23 crop data for the purpose of formulating animal diets and
24 agricultural chemicals. This item (7) is exempt from the
25 provisions of Section 3-55.

26 (8) Fuel and petroleum products sold to or used by an air

1 common carrier, certified by the carrier to be used for
2 consumption, shipment, or storage in the conduct of its
3 business as an air common carrier, for a flight destined for or
4 returning from a location or locations outside the United
5 States without regard to previous or subsequent domestic
6 stopovers.

7 (9) Proceeds of mandatory service charges separately
8 stated on customers' bills for the purchase and consumption of
9 food and beverages, to the extent that the proceeds of the
10 service charge are in fact turned over as tips or as a
11 substitute for tips to the employees who participate directly
12 in preparing, serving, hosting or cleaning up the food or
13 beverage function with respect to which the service charge is
14 imposed.

15 (10) Until July 1, 2003, oil field exploration, drilling,
16 and production equipment, including (i) rigs and parts of rigs,
17 rotary rigs, cable tool rigs, and workover rigs, (ii) pipe and
18 tubular goods, including casing and drill strings, (iii) pumps
19 and pump-jack units, (iv) storage tanks and flow lines, (v) any
20 individual replacement part for oil field exploration,
21 drilling, and production equipment, and (vi) machinery and
22 equipment purchased for lease; but excluding motor vehicles
23 required to be registered under the Illinois Vehicle Code.

24 (11) Photoprocessing machinery and equipment, including
25 repair and replacement parts, both new and used, including that
26 manufactured on special order, certified by the purchaser to be

1 used primarily for photoprocessing, and including
2 photoprocessing machinery and equipment purchased for lease.

3 (12) Until July 1, 2003, and beginning again on the
4 effective date of this amendatory Act of the 97th General
5 Assembly and thereafter, coal and aggregate exploration,
6 mining, offhighway hauling, processing, maintenance, and
7 reclamation equipment, including replacement parts and
8 equipment, and including equipment purchased for lease, but
9 excluding motor vehicles required to be registered under the
10 Illinois Vehicle Code.

11 (13) Beginning January 1, 1992 and through June 30, 2016,
12 food for human consumption that is to be consumed off the
13 premises where it is sold (other than alcoholic beverages, soft
14 drinks and food that has been prepared for immediate
15 consumption) and prescription and non-prescription medicines,
16 drugs, medical appliances, and insulin, urine testing
17 materials, syringes, and needles used by diabetics, for human
18 use, when purchased for use by a person receiving medical
19 assistance under Article V of the Illinois Public Aid Code who
20 resides in a licensed long-term care facility, as defined in
21 the Nursing Home Care Act, or in a licensed facility as defined
22 in the ID/DD Community Care Act or the Specialized Mental
23 Health Rehabilitation Act of 2013.

24 (14) Semen used for artificial insemination of livestock
25 for direct agricultural production.

26 (15) Horses, or interests in horses, registered with and

1 meeting the requirements of any of the Arabian Horse Club
2 Registry of America, Appaloosa Horse Club, American Quarter
3 Horse Association, United States Trotting Association, or
4 Jockey Club, as appropriate, used for purposes of breeding or
5 racing for prizes. This item (15) is exempt from the provisions
6 of Section 3-55, and the exemption provided for under this item
7 (15) applies for all periods beginning May 30, 1995, but no
8 claim for credit or refund is allowed on or after January 1,
9 2008 (the effective date of Public Act 95-88) for such taxes
10 paid during the period beginning May 30, 2000 and ending on
11 January 1, 2008 (the effective date of Public Act 95-88).

12 (16) Computers and communications equipment utilized for
13 any hospital purpose and equipment used in the diagnosis,
14 analysis, or treatment of hospital patients sold to a lessor
15 who leases the equipment, under a lease of one year or longer
16 executed or in effect at the time of the purchase, to a
17 hospital that has been issued an active tax exemption
18 identification number by the Department under Section 1g of the
19 Retailers' Occupation Tax Act.

20 (17) Personal property sold to a lessor who leases the
21 property, under a lease of one year or longer executed or in
22 effect at the time of the purchase, to a governmental body that
23 has been issued an active tax exemption identification number
24 by the Department under Section 1g of the Retailers' Occupation
25 Tax Act.

26 (18) Beginning with taxable years ending on or after

1 December 31, 1995 and ending with taxable years ending on or
2 before December 31, 2004, personal property that is donated for
3 disaster relief to be used in a State or federally declared
4 disaster area in Illinois or bordering Illinois by a
5 manufacturer or retailer that is registered in this State to a
6 corporation, society, association, foundation, or institution
7 that has been issued a sales tax exemption identification
8 number by the Department that assists victims of the disaster
9 who reside within the declared disaster area.

10 (19) Beginning with taxable years ending on or after
11 December 31, 1995 and ending with taxable years ending on or
12 before December 31, 2004, personal property that is used in the
13 performance of infrastructure repairs in this State, including
14 but not limited to municipal roads and streets, access roads,
15 bridges, sidewalks, waste disposal systems, water and sewer
16 line extensions, water distribution and purification
17 facilities, storm water drainage and retention facilities, and
18 sewage treatment facilities, resulting from a State or
19 federally declared disaster in Illinois or bordering Illinois
20 when such repairs are initiated on facilities located in the
21 declared disaster area within 6 months after the disaster.

22 (20) Beginning July 1, 1999, game or game birds sold at a
23 "game breeding and hunting preserve area" as that term is used
24 in the Wildlife Code. This paragraph is exempt from the
25 provisions of Section 3-55.

26 (21) A motor vehicle, as that term is defined in Section

1 1-146 of the Illinois Vehicle Code, that is donated to a
2 corporation, limited liability company, society, association,
3 foundation, or institution that is determined by the Department
4 to be organized and operated exclusively for educational
5 purposes. For purposes of this exemption, "a corporation,
6 limited liability company, society, association, foundation,
7 or institution organized and operated exclusively for
8 educational purposes" means all tax-supported public schools,
9 private schools that offer systematic instruction in useful
10 branches of learning by methods common to public schools and
11 that compare favorably in their scope and intensity with the
12 course of study presented in tax-supported schools, and
13 vocational or technical schools or institutes organized and
14 operated exclusively to provide a course of study of not less
15 than 6 weeks duration and designed to prepare individuals to
16 follow a trade or to pursue a manual, technical, mechanical,
17 industrial, business, or commercial occupation.

18 (22) Beginning January 1, 2000, personal property,
19 including food, purchased through fundraising events for the
20 benefit of a public or private elementary or secondary school,
21 a group of those schools, or one or more school districts if
22 the events are sponsored by an entity recognized by the school
23 district that consists primarily of volunteers and includes
24 parents and teachers of the school children. This paragraph
25 does not apply to fundraising events (i) for the benefit of
26 private home instruction or (ii) for which the fundraising

1 entity purchases the personal property sold at the events from
2 another individual or entity that sold the property for the
3 purpose of resale by the fundraising entity and that profits
4 from the sale to the fundraising entity. This paragraph is
5 exempt from the provisions of Section 3-55.

6 (23) Beginning January 1, 2000 and through December 31,
7 2001, new or used automatic vending machines that prepare and
8 serve hot food and beverages, including coffee, soup, and other
9 items, and replacement parts for these machines. Beginning
10 January 1, 2002 and through June 30, 2003, machines and parts
11 for machines used in commercial, coin-operated amusement and
12 vending business if a use or occupation tax is paid on the
13 gross receipts derived from the use of the commercial,
14 coin-operated amusement and vending machines. This paragraph
15 is exempt from the provisions of Section 3-55.

16 (24) Beginning on the effective date of this amendatory Act
17 of the 92nd General Assembly, computers and communications
18 equipment utilized for any hospital purpose and equipment used
19 in the diagnosis, analysis, or treatment of hospital patients
20 sold to a lessor who leases the equipment, under a lease of one
21 year or longer executed or in effect at the time of the
22 purchase, to a hospital that has been issued an active tax
23 exemption identification number by the Department under
24 Section 1g of the Retailers' Occupation Tax Act. This paragraph
25 is exempt from the provisions of Section 3-55.

26 (25) Beginning on the effective date of this amendatory Act

1 of the 92nd General Assembly, personal property sold to a
2 lessor who leases the property, under a lease of one year or
3 longer executed or in effect at the time of the purchase, to a
4 governmental body that has been issued an active tax exemption
5 identification number by the Department under Section 1g of the
6 Retailers' Occupation Tax Act. This paragraph is exempt from
7 the provisions of Section 3-55.

8 (26) Beginning on January 1, 2002 and through June 30,
9 2016, tangible personal property purchased from an Illinois
10 retailer by a taxpayer engaged in centralized purchasing
11 activities in Illinois who will, upon receipt of the property
12 in Illinois, temporarily store the property in Illinois (i) for
13 the purpose of subsequently transporting it outside this State
14 for use or consumption thereafter solely outside this State or
15 (ii) for the purpose of being processed, fabricated, or
16 manufactured into, attached to, or incorporated into other
17 tangible personal property to be transported outside this State
18 and thereafter used or consumed solely outside this State. The
19 Director of Revenue shall, pursuant to rules adopted in
20 accordance with the Illinois Administrative Procedure Act,
21 issue a permit to any taxpayer in good standing with the
22 Department who is eligible for the exemption under this
23 paragraph (26). The permit issued under this paragraph (26)
24 shall authorize the holder, to the extent and in the manner
25 specified in the rules adopted under this Act, to purchase
26 tangible personal property from a retailer exempt from the

1 taxes imposed by this Act. Taxpayers shall maintain all
2 necessary books and records to substantiate the use and
3 consumption of all such tangible personal property outside of
4 the State of Illinois.

5 (27) Beginning January 1, 2008, tangible personal property
6 used in the construction or maintenance of a community water
7 supply, as defined under Section 3.145 of the Environmental
8 Protection Act, that is operated by a not-for-profit
9 corporation that holds a valid water supply permit issued under
10 Title IV of the Environmental Protection Act. This paragraph is
11 exempt from the provisions of Section 3-55.

12 (28) Tangible personal property sold to a
13 public-facilities corporation, as described in Section
14 11-65-10 of the Illinois Municipal Code, for purposes of
15 constructing or furnishing a municipal convention hall, but
16 only if the legal title to the municipal convention hall is
17 transferred to the municipality without any further
18 consideration by or on behalf of the municipality at the time
19 of the completion of the municipal convention hall or upon the
20 retirement or redemption of any bonds or other debt instruments
21 issued by the public-facilities corporation in connection with
22 the development of the municipal convention hall. This
23 exemption includes existing public-facilities corporations as
24 provided in Section 11-65-25 of the Illinois Municipal Code.
25 This paragraph is exempt from the provisions of Section 3-55.

26 (29) Beginning January 1, 2010, materials, parts,

1 equipment, components, and furnishings incorporated into or
2 upon an aircraft as part of the modification, refurbishment,
3 completion, replacement, repair, or maintenance of the
4 aircraft. This exemption includes consumable supplies used in
5 the modification, refurbishment, completion, replacement,
6 repair, and maintenance of aircraft, but excludes any
7 materials, parts, equipment, components, and consumable
8 supplies used in the modification, replacement, repair, and
9 maintenance of aircraft engines or power plants, whether such
10 engines or power plants are installed or uninstalled upon any
11 such aircraft. "Consumable supplies" include, but are not
12 limited to, adhesive, tape, sandpaper, general purpose
13 lubricants, cleaning solution, latex gloves, and protective
14 films. This exemption applies only to those organizations that
15 (i) hold an Air Agency Certificate and are empowered to operate
16 an approved repair station by the Federal Aviation
17 Administration, (ii) have a Class IV Rating, and (iii) conduct
18 operations in accordance with Part 145 of the Federal Aviation
19 Regulations. The exemption does not include aircraft operated
20 by a commercial air carrier providing scheduled passenger air
21 service pursuant to authority issued under Part 121 or Part 129
22 of the Federal Aviation Regulations.

23 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
24 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
25 7-2-10; 97-38, eff. 6-28-11; 97-73, eff. 6-30-11; 97-227, eff.
26 1-1-12; 97-431, eff. 8-16-11; 97-636, eff. 6-1-12; 97-767, eff.

1 7-9-12.)

2 (35 ILCS 115/3-10) (from Ch. 120, par. 439.103-10)

3 Sec. 3-10. Rate of tax. Unless otherwise provided in this
4 Section, the tax imposed by this Act is at the rate of 6.25% of
5 the "selling price", as defined in Section 2 of the Service Use
6 Tax Act, of the tangible personal property. For the purpose of
7 computing this tax, in no event shall the "selling price" be
8 less than the cost price to the serviceman of the tangible
9 personal property transferred. The selling price of each item
10 of tangible personal property transferred as an incident of a
11 sale of service may be shown as a distinct and separate item on
12 the serviceman's billing to the service customer. If the
13 selling price is not so shown, the selling price of the
14 tangible personal property is deemed to be 50% of the
15 serviceman's entire billing to the service customer. When,
16 however, a serviceman contracts to design, develop, and produce
17 special order machinery or equipment, the tax imposed by this
18 Act shall be based on the serviceman's cost price of the
19 tangible personal property transferred incident to the
20 completion of the contract.

21 Beginning on July 1, 2000 and through December 31, 2000,
22 with respect to motor fuel, as defined in Section 1.1 of the
23 Motor Fuel Tax Law, and gasohol, as defined in Section 3-40 of
24 the Use Tax Act, the tax is imposed at the rate of 1.25%.

25 With respect to gasohol, as defined in the Use Tax Act, the

1 tax imposed by this Act shall apply to (i) 70% of the cost
2 price of property transferred as an incident to the sale of
3 service on or after January 1, 1990, and before July 1, 2003,
4 (ii) 80% of the selling price of property transferred as an
5 incident to the sale of service on or after July 1, 2003 and on
6 or before December 31, 2018, and (iii) 100% of the cost price
7 thereafter. If, at any time, however, the tax under this Act on
8 sales of gasohol, as defined in the Use Tax Act, is imposed at
9 the rate of 1.25%, then the tax imposed by this Act applies to
10 100% of the proceeds of sales of gasohol made during that time.

11 With respect to majority blended ethanol fuel, as defined
12 in the Use Tax Act, the tax imposed by this Act does not apply
13 to the selling price of property transferred as an incident to
14 the sale of service on or after July 1, 2003 and on or before
15 December 31, 2018 but applies to 100% of the selling price
16 thereafter.

17 With respect to biodiesel blends, as defined in the Use Tax
18 Act, with no less than 1% and no more than 10% biodiesel, the
19 tax imposed by this Act applies to (i) 80% of the selling price
20 of property transferred as an incident to the sale of service
21 on or after July 1, 2003 and on or before December 31, 2018 and
22 (ii) 100% of the proceeds of the selling price thereafter. If,
23 at any time, however, the tax under this Act on sales of
24 biodiesel blends, as defined in the Use Tax Act, with no less
25 than 1% and no more than 10% biodiesel is imposed at the rate
26 of 1.25%, then the tax imposed by this Act applies to 100% of

1 the proceeds of sales of biodiesel blends with no less than 1%
2 and no more than 10% biodiesel made during that time.

3 With respect to 100% biodiesel, as defined in the Use Tax
4 Act, and biodiesel blends, as defined in the Use Tax Act, with
5 more than 10% but no more than 99% biodiesel material, the tax
6 imposed by this Act does not apply to the proceeds of the
7 selling price of property transferred as an incident to the
8 sale of service on or after July 1, 2003 and on or before
9 December 31, 2018 but applies to 100% of the selling price
10 thereafter.

11 At the election of any registered serviceman made for each
12 fiscal year, sales of service in which the aggregate annual
13 cost price of tangible personal property transferred as an
14 incident to the sales of service is less than 35%, or 75% in
15 the case of servicemen transferring prescription drugs or
16 servicemen engaged in graphic arts production, of the aggregate
17 annual total gross receipts from all sales of service, the tax
18 imposed by this Act shall be based on the serviceman's cost
19 price of the tangible personal property transferred incident to
20 the sale of those services.

21 The tax shall be imposed at the rate of 1% on food prepared
22 for immediate consumption and transferred incident to a sale of
23 service subject to this Act or the Service Occupation Tax Act
24 by an entity licensed under the Hospital Licensing Act, the
25 Nursing Home Care Act, the ID/DD Community Care Act, the
26 Specialized Mental Health Rehabilitation Act of 2013, or the

1 Child Care Act of 1969. The tax shall also be imposed at the
2 rate of 1% on food for human consumption that is to be consumed
3 off the premises where it is sold (other than alcoholic
4 beverages, soft drinks, and food that has been prepared for
5 immediate consumption and is not otherwise included in this
6 paragraph) and prescription and nonprescription medicines,
7 drugs, medical appliances, modifications to a motor vehicle for
8 the purpose of rendering it usable by a disabled person, and
9 insulin, urine testing materials, syringes, and needles used by
10 diabetics, for human use. For the purposes of this Section,
11 until September 1, 2009: the term "soft drinks" means any
12 complete, finished, ready-to-use, non-alcoholic drink, whether
13 carbonated or not, including but not limited to soda water,
14 cola, fruit juice, vegetable juice, carbonated water, and all
15 other preparations commonly known as soft drinks of whatever
16 kind or description that are contained in any closed or sealed
17 can, carton, or container, regardless of size; but "soft
18 drinks" does not include coffee, tea, non-carbonated water,
19 infant formula, milk or milk products as defined in the Grade A
20 Pasteurized Milk and Milk Products Act, or drinks containing
21 50% or more natural fruit or vegetable juice.

22 Notwithstanding any other provisions of this Act,
23 beginning September 1, 2009, "soft drinks" means non-alcoholic
24 beverages that contain natural or artificial sweeteners. "Soft
25 drinks" do not include beverages that contain milk or milk
26 products, soy, rice or similar milk substitutes, or greater

1 than 50% of vegetable or fruit juice by volume.

2 Until August 1, 2009, and notwithstanding any other
3 provisions of this Act, "food for human consumption that is to
4 be consumed off the premises where it is sold" includes all
5 food sold through a vending machine, except soft drinks and
6 food products that are dispensed hot from a vending machine,
7 regardless of the location of the vending machine. Beginning
8 August 1, 2009, and notwithstanding any other provisions of
9 this Act, "food for human consumption that is to be consumed
10 off the premises where it is sold" includes all food sold
11 through a vending machine, except soft drinks, candy, and food
12 products that are dispensed hot from a vending machine,
13 regardless of the location of the vending machine.

14 Notwithstanding any other provisions of this Act,
15 beginning September 1, 2009, "food for human consumption that
16 is to be consumed off the premises where it is sold" does not
17 include candy. For purposes of this Section, "candy" means a
18 preparation of sugar, honey, or other natural or artificial
19 sweeteners in combination with chocolate, fruits, nuts or other
20 ingredients or flavorings in the form of bars, drops, or
21 pieces. "Candy" does not include any preparation that contains
22 flour or requires refrigeration.

23 Notwithstanding any other provisions of this Act,
24 beginning September 1, 2009, "nonprescription medicines and
25 drugs" does not include grooming and hygiene products. For
26 purposes of this Section, "grooming and hygiene products"

1 includes, but is not limited to, soaps and cleaning solutions,
2 shampoo, toothpaste, mouthwash, antiperspirants, and sun tan
3 lotions and screens, unless those products are available by
4 prescription only, regardless of whether the products meet the
5 definition of "over-the-counter-drugs". For the purposes of
6 this paragraph, "over-the-counter-drug" means a drug for human
7 use that contains a label that identifies the product as a drug
8 as required by 21 C.F.R. § 201.66. The "over-the-counter-drug"
9 label includes:

10 (A) A "Drug Facts" panel; or

11 (B) A statement of the "active ingredient(s)" with a
12 list of those ingredients contained in the compound,
13 substance or preparation.

14 (Source: P.A. 96-34, eff. 7-13-09; 96-37, eff. 7-13-09; 96-38,
15 eff. 7-13-09; 96-339, eff. 7-1-10; 96-1000, eff. 7-2-10; 97-38,
16 eff. 6-28-11; 97-227, eff. 1-1-12; 97-636, eff. 6-1-12.)

17 Section 6-155. The Retailers' Occupation Tax Act is amended
18 by changing Section 2-5 as follows:

19 (35 ILCS 120/2-5)

20 Sec. 2-5. Exemptions. Gross receipts from proceeds from the
21 sale of the following tangible personal property are exempt
22 from the tax imposed by this Act:

23 (1) Farm chemicals.

24 (2) Farm machinery and equipment, both new and used,

1 including that manufactured on special order, certified by the
2 purchaser to be used primarily for production agriculture or
3 State or federal agricultural programs, including individual
4 replacement parts for the machinery and equipment, including
5 machinery and equipment purchased for lease, and including
6 implements of husbandry defined in Section 1-130 of the
7 Illinois Vehicle Code, farm machinery and agricultural
8 chemical and fertilizer spreaders, and nurse wagons required to
9 be registered under Section 3-809 of the Illinois Vehicle Code,
10 but excluding other motor vehicles required to be registered
11 under the Illinois Vehicle Code. Horticultural polyhouses or
12 hoop houses used for propagating, growing, or overwintering
13 plants shall be considered farm machinery and equipment under
14 this item (2). Agricultural chemical tender tanks and dry boxes
15 shall include units sold separately from a motor vehicle
16 required to be licensed and units sold mounted on a motor
17 vehicle required to be licensed, if the selling price of the
18 tender is separately stated.

19 Farm machinery and equipment shall include precision
20 farming equipment that is installed or purchased to be
21 installed on farm machinery and equipment including, but not
22 limited to, tractors, harvesters, sprayers, planters, seeders,
23 or spreaders. Precision farming equipment includes, but is not
24 limited to, soil testing sensors, computers, monitors,
25 software, global positioning and mapping systems, and other
26 such equipment.

1 Farm machinery and equipment also includes computers,
2 sensors, software, and related equipment used primarily in the
3 computer-assisted operation of production agriculture
4 facilities, equipment, and activities such as, but not limited
5 to, the collection, monitoring, and correlation of animal and
6 crop data for the purpose of formulating animal diets and
7 agricultural chemicals. This item (2) is exempt from the
8 provisions of Section 2-70.

9 (3) Until July 1, 2003, distillation machinery and
10 equipment, sold as a unit or kit, assembled or installed by the
11 retailer, certified by the user to be used only for the
12 production of ethyl alcohol that will be used for consumption
13 as motor fuel or as a component of motor fuel for the personal
14 use of the user, and not subject to sale or resale.

15 (4) Until July 1, 2003 and beginning again September 1,
16 2004 through August 30, 2014, graphic arts machinery and
17 equipment, including repair and replacement parts, both new and
18 used, and including that manufactured on special order or
19 purchased for lease, certified by the purchaser to be used
20 primarily for graphic arts production. Equipment includes
21 chemicals or chemicals acting as catalysts but only if the
22 chemicals or chemicals acting as catalysts effect a direct and
23 immediate change upon a graphic arts product.

24 (5) A motor vehicle of the first division, a motor vehicle
25 of the second division that is a self contained motor vehicle
26 designed or permanently converted to provide living quarters

1 for recreational, camping, or travel use, with direct walk
2 through access to the living quarters from the driver's seat,
3 or a motor vehicle of the second division that is of the van
4 configuration designed for the transportation of not less than
5 7 nor more than 16 passengers, as defined in Section 1-146 of
6 the Illinois Vehicle Code, that is used for automobile renting,
7 as defined in the Automobile Renting Occupation and Use Tax
8 Act. This paragraph is exempt from the provisions of Section
9 2-70.

10 (6) Personal property sold by a teacher-sponsored student
11 organization affiliated with an elementary or secondary school
12 located in Illinois.

13 (7) Until July 1, 2003, proceeds of that portion of the
14 selling price of a passenger car the sale of which is subject
15 to the Replacement Vehicle Tax.

16 (8) Personal property sold to an Illinois county fair
17 association for use in conducting, operating, or promoting the
18 county fair.

19 (9) Personal property sold to a not-for-profit arts or
20 cultural organization that establishes, by proof required by
21 the Department by rule, that it has received an exemption under
22 Section 501(c)(3) of the Internal Revenue Code and that is
23 organized and operated primarily for the presentation or
24 support of arts or cultural programming, activities, or
25 services. These organizations include, but are not limited to,
26 music and dramatic arts organizations such as symphony

1 orchestras and theatrical groups, arts and cultural service
2 organizations, local arts councils, visual arts organizations,
3 and media arts organizations. On and after the effective date
4 of this amendatory Act of the 92nd General Assembly, however,
5 an entity otherwise eligible for this exemption shall not make
6 tax-free purchases unless it has an active identification
7 number issued by the Department.

8 (10) Personal property sold by a corporation, society,
9 association, foundation, institution, or organization, other
10 than a limited liability company, that is organized and
11 operated as a not-for-profit service enterprise for the benefit
12 of persons 65 years of age or older if the personal property
13 was not purchased by the enterprise for the purpose of resale
14 by the enterprise.

15 (11) Personal property sold to a governmental body, to a
16 corporation, society, association, foundation, or institution
17 organized and operated exclusively for charitable, religious,
18 or educational purposes, or to a not-for-profit corporation,
19 society, association, foundation, institution, or organization
20 that has no compensated officers or employees and that is
21 organized and operated primarily for the recreation of persons
22 55 years of age or older. A limited liability company may
23 qualify for the exemption under this paragraph only if the
24 limited liability company is organized and operated
25 exclusively for educational purposes. On and after July 1,
26 1987, however, no entity otherwise eligible for this exemption

1 shall make tax-free purchases unless it has an active
2 identification number issued by the Department.

3 (12) Tangible personal property sold to interstate
4 carriers for hire for use as rolling stock moving in interstate
5 commerce or to lessors under leases of one year or longer
6 executed or in effect at the time of purchase by interstate
7 carriers for hire for use as rolling stock moving in interstate
8 commerce and equipment operated by a telecommunications
9 provider, licensed as a common carrier by the Federal
10 Communications Commission, which is permanently installed in
11 or affixed to aircraft moving in interstate commerce.

12 (12-5) On and after July 1, 2003 and through June 30, 2004,
13 motor vehicles of the second division with a gross vehicle
14 weight in excess of 8,000 pounds that are subject to the
15 commercial distribution fee imposed under Section 3-815.1 of
16 the Illinois Vehicle Code. Beginning on July 1, 2004 and
17 through June 30, 2005, the use in this State of motor vehicles
18 of the second division: (i) with a gross vehicle weight rating
19 in excess of 8,000 pounds; (ii) that are subject to the
20 commercial distribution fee imposed under Section 3-815.1 of
21 the Illinois Vehicle Code; and (iii) that are primarily used
22 for commercial purposes. Through June 30, 2005, this exemption
23 applies to repair and replacement parts added after the initial
24 purchase of such a motor vehicle if that motor vehicle is used
25 in a manner that would qualify for the rolling stock exemption
26 otherwise provided for in this Act. For purposes of this

1 paragraph, "used for commercial purposes" means the
2 transportation of persons or property in furtherance of any
3 commercial or industrial enterprise whether for-hire or not.

4 (13) Proceeds from sales to owners, lessors, or shippers of
5 tangible personal property that is utilized by interstate
6 carriers for hire for use as rolling stock moving in interstate
7 commerce and equipment operated by a telecommunications
8 provider, licensed as a common carrier by the Federal
9 Communications Commission, which is permanently installed in
10 or affixed to aircraft moving in interstate commerce.

11 (14) Machinery and equipment that will be used by the
12 purchaser, or a lessee of the purchaser, primarily in the
13 process of manufacturing or assembling tangible personal
14 property for wholesale or retail sale or lease, whether the
15 sale or lease is made directly by the manufacturer or by some
16 other person, whether the materials used in the process are
17 owned by the manufacturer or some other person, or whether the
18 sale or lease is made apart from or as an incident to the
19 seller's engaging in the service occupation of producing
20 machines, tools, dies, jigs, patterns, gauges, or other similar
21 items of no commercial value on special order for a particular
22 purchaser.

23 (15) Proceeds of mandatory service charges separately
24 stated on customers' bills for purchase and consumption of food
25 and beverages, to the extent that the proceeds of the service
26 charge are in fact turned over as tips or as a substitute for

1 tips to the employees who participate directly in preparing,
2 serving, hosting or cleaning up the food or beverage function
3 with respect to which the service charge is imposed.

4 (16) Petroleum products sold to a purchaser if the seller
5 is prohibited by federal law from charging tax to the
6 purchaser.

7 (17) Tangible personal property sold to a common carrier by
8 rail or motor that receives the physical possession of the
9 property in Illinois and that transports the property, or
10 shares with another common carrier in the transportation of the
11 property, out of Illinois on a standard uniform bill of lading
12 showing the seller of the property as the shipper or consignor
13 of the property to a destination outside Illinois, for use
14 outside Illinois.

15 (18) Legal tender, currency, medallions, or gold or silver
16 coinage issued by the State of Illinois, the government of the
17 United States of America, or the government of any foreign
18 country, and bullion.

19 (19) Until July 1 2003, oil field exploration, drilling,
20 and production equipment, including (i) rigs and parts of rigs,
21 rotary rigs, cable tool rigs, and workover rigs, (ii) pipe and
22 tubular goods, including casing and drill strings, (iii) pumps
23 and pump-jack units, (iv) storage tanks and flow lines, (v) any
24 individual replacement part for oil field exploration,
25 drilling, and production equipment, and (vi) machinery and
26 equipment purchased for lease; but excluding motor vehicles

1 required to be registered under the Illinois Vehicle Code.

2 (20) Photoprocessing machinery and equipment, including
3 repair and replacement parts, both new and used, including that
4 manufactured on special order, certified by the purchaser to be
5 used primarily for photoprocessing, and including
6 photoprocessing machinery and equipment purchased for lease.

7 (21) Until July 1, 2003, and beginning again on the
8 effective date of this amendatory Act of the 97th General
9 Assembly and thereafter, coal and aggregate exploration,
10 mining, offhighway hauling, processing, maintenance, and
11 reclamation equipment, including replacement parts and
12 equipment, and including equipment purchased for lease, but
13 excluding motor vehicles required to be registered under the
14 Illinois Vehicle Code.

15 (22) Fuel and petroleum products sold to or used by an air
16 carrier, certified by the carrier to be used for consumption,
17 shipment, or storage in the conduct of its business as an air
18 common carrier, for a flight destined for or returning from a
19 location or locations outside the United States without regard
20 to previous or subsequent domestic stopovers.

21 (23) A transaction in which the purchase order is received
22 by a florist who is located outside Illinois, but who has a
23 florist located in Illinois deliver the property to the
24 purchaser or the purchaser's donee in Illinois.

25 (24) Fuel consumed or used in the operation of ships,
26 barges, or vessels that are used primarily in or for the

1 transportation of property or the conveyance of persons for
2 hire on rivers bordering on this State if the fuel is delivered
3 by the seller to the purchaser's barge, ship, or vessel while
4 it is afloat upon that bordering river.

5 (25) Except as provided in item (25-5) of this Section, a
6 motor vehicle sold in this State to a nonresident even though
7 the motor vehicle is delivered to the nonresident in this
8 State, if the motor vehicle is not to be titled in this State,
9 and if a drive-away permit is issued to the motor vehicle as
10 provided in Section 3-603 of the Illinois Vehicle Code or if
11 the nonresident purchaser has vehicle registration plates to
12 transfer to the motor vehicle upon returning to his or her home
13 state. The issuance of the drive-away permit or having the
14 out-of-state registration plates to be transferred is prima
15 facie evidence that the motor vehicle will not be titled in
16 this State.

17 (25-5) The exemption under item (25) does not apply if the
18 state in which the motor vehicle will be titled does not allow
19 a reciprocal exemption for a motor vehicle sold and delivered
20 in that state to an Illinois resident but titled in Illinois.
21 The tax collected under this Act on the sale of a motor vehicle
22 in this State to a resident of another state that does not
23 allow a reciprocal exemption shall be imposed at a rate equal
24 to the state's rate of tax on taxable property in the state in
25 which the purchaser is a resident, except that the tax shall
26 not exceed the tax that would otherwise be imposed under this

1 Act. At the time of the sale, the purchaser shall execute a
2 statement, signed under penalty of perjury, of his or her
3 intent to title the vehicle in the state in which the purchaser
4 is a resident within 30 days after the sale and of the fact of
5 the payment to the State of Illinois of tax in an amount
6 equivalent to the state's rate of tax on taxable property in
7 his or her state of residence and shall submit the statement to
8 the appropriate tax collection agency in his or her state of
9 residence. In addition, the retailer must retain a signed copy
10 of the statement in his or her records. Nothing in this item
11 shall be construed to require the removal of the vehicle from
12 this state following the filing of an intent to title the
13 vehicle in the purchaser's state of residence if the purchaser
14 titles the vehicle in his or her state of residence within 30
15 days after the date of sale. The tax collected under this Act
16 in accordance with this item (25-5) shall be proportionately
17 distributed as if the tax were collected at the 6.25% general
18 rate imposed under this Act.

19 (25-7) Beginning on July 1, 2007, no tax is imposed under
20 this Act on the sale of an aircraft, as defined in Section 3 of
21 the Illinois Aeronautics Act, if all of the following
22 conditions are met:

23 (1) the aircraft leaves this State within 15 days after
24 the later of either the issuance of the final billing for
25 the sale of the aircraft, or the authorized approval for
26 return to service, completion of the maintenance record

1 entry, and completion of the test flight and ground test
2 for inspection, as required by 14 C.F.R. 91.407;

3 (2) the aircraft is not based or registered in this
4 State after the sale of the aircraft; and

5 (3) the seller retains in his or her books and records
6 and provides to the Department a signed and dated
7 certification from the purchaser, on a form prescribed by
8 the Department, certifying that the requirements of this
9 item (25-7) are met. The certificate must also include the
10 name and address of the purchaser, the address of the
11 location where the aircraft is to be titled or registered,
12 the address of the primary physical location of the
13 aircraft, and other information that the Department may
14 reasonably require.

15 For purposes of this item (25-7):

16 "Based in this State" means hangared, stored, or otherwise
17 used, excluding post-sale customizations as defined in this
18 Section, for 10 or more days in each 12-month period
19 immediately following the date of the sale of the aircraft.

20 "Registered in this State" means an aircraft registered
21 with the Department of Transportation, Aeronautics Division,
22 or titled or registered with the Federal Aviation
23 Administration to an address located in this State.

24 This paragraph (25-7) is exempt from the provisions of
25 Section 2-70.

26 (26) Semen used for artificial insemination of livestock

1 for direct agricultural production.

2 (27) Horses, or interests in horses, registered with and
3 meeting the requirements of any of the Arabian Horse Club
4 Registry of America, Appaloosa Horse Club, American Quarter
5 Horse Association, United States Trotting Association, or
6 Jockey Club, as appropriate, used for purposes of breeding or
7 racing for prizes. This item (27) is exempt from the provisions
8 of Section 2-70, and the exemption provided for under this item
9 (27) applies for all periods beginning May 30, 1995, but no
10 claim for credit or refund is allowed on or after January 1,
11 2008 (the effective date of Public Act 95-88) for such taxes
12 paid during the period beginning May 30, 2000 and ending on
13 January 1, 2008 (the effective date of Public Act 95-88).

14 (28) Computers and communications equipment utilized for
15 any hospital purpose and equipment used in the diagnosis,
16 analysis, or treatment of hospital patients sold to a lessor
17 who leases the equipment, under a lease of one year or longer
18 executed or in effect at the time of the purchase, to a
19 hospital that has been issued an active tax exemption
20 identification number by the Department under Section 1g of
21 this Act.

22 (29) Personal property sold to a lessor who leases the
23 property, under a lease of one year or longer executed or in
24 effect at the time of the purchase, to a governmental body that
25 has been issued an active tax exemption identification number
26 by the Department under Section 1g of this Act.

1 (30) Beginning with taxable years ending on or after
2 December 31, 1995 and ending with taxable years ending on or
3 before December 31, 2004, personal property that is donated for
4 disaster relief to be used in a State or federally declared
5 disaster area in Illinois or bordering Illinois by a
6 manufacturer or retailer that is registered in this State to a
7 corporation, society, association, foundation, or institution
8 that has been issued a sales tax exemption identification
9 number by the Department that assists victims of the disaster
10 who reside within the declared disaster area.

11 (31) Beginning with taxable years ending on or after
12 December 31, 1995 and ending with taxable years ending on or
13 before December 31, 2004, personal property that is used in the
14 performance of infrastructure repairs in this State, including
15 but not limited to municipal roads and streets, access roads,
16 bridges, sidewalks, waste disposal systems, water and sewer
17 line extensions, water distribution and purification
18 facilities, storm water drainage and retention facilities, and
19 sewage treatment facilities, resulting from a State or
20 federally declared disaster in Illinois or bordering Illinois
21 when such repairs are initiated on facilities located in the
22 declared disaster area within 6 months after the disaster.

23 (32) Beginning July 1, 1999, game or game birds sold at a
24 "game breeding and hunting preserve area" as that term is used
25 in the Wildlife Code. This paragraph is exempt from the
26 provisions of Section 2-70.

1 (33) A motor vehicle, as that term is defined in Section
2 1-146 of the Illinois Vehicle Code, that is donated to a
3 corporation, limited liability company, society, association,
4 foundation, or institution that is determined by the Department
5 to be organized and operated exclusively for educational
6 purposes. For purposes of this exemption, "a corporation,
7 limited liability company, society, association, foundation,
8 or institution organized and operated exclusively for
9 educational purposes" means all tax-supported public schools,
10 private schools that offer systematic instruction in useful
11 branches of learning by methods common to public schools and
12 that compare favorably in their scope and intensity with the
13 course of study presented in tax-supported schools, and
14 vocational or technical schools or institutes organized and
15 operated exclusively to provide a course of study of not less
16 than 6 weeks duration and designed to prepare individuals to
17 follow a trade or to pursue a manual, technical, mechanical,
18 industrial, business, or commercial occupation.

19 (34) Beginning January 1, 2000, personal property,
20 including food, purchased through fundraising events for the
21 benefit of a public or private elementary or secondary school,
22 a group of those schools, or one or more school districts if
23 the events are sponsored by an entity recognized by the school
24 district that consists primarily of volunteers and includes
25 parents and teachers of the school children. This paragraph
26 does not apply to fundraising events (i) for the benefit of

1 private home instruction or (ii) for which the fundraising
2 entity purchases the personal property sold at the events from
3 another individual or entity that sold the property for the
4 purpose of resale by the fundraising entity and that profits
5 from the sale to the fundraising entity. This paragraph is
6 exempt from the provisions of Section 2-70.

7 (35) Beginning January 1, 2000 and through December 31,
8 2001, new or used automatic vending machines that prepare and
9 serve hot food and beverages, including coffee, soup, and other
10 items, and replacement parts for these machines. Beginning
11 January 1, 2002 and through June 30, 2003, machines and parts
12 for machines used in commercial, coin-operated amusement and
13 vending business if a use or occupation tax is paid on the
14 gross receipts derived from the use of the commercial,
15 coin-operated amusement and vending machines. This paragraph
16 is exempt from the provisions of Section 2-70.

17 (35-5) Beginning August 23, 2001 and through June 30, 2016,
18 food for human consumption that is to be consumed off the
19 premises where it is sold (other than alcoholic beverages, soft
20 drinks, and food that has been prepared for immediate
21 consumption) and prescription and nonprescription medicines,
22 drugs, medical appliances, and insulin, urine testing
23 materials, syringes, and needles used by diabetics, for human
24 use, when purchased for use by a person receiving medical
25 assistance under Article V of the Illinois Public Aid Code who
26 resides in a licensed long-term care facility, as defined in

1 the Nursing Home Care Act, or a licensed facility as defined in
2 the ID/DD Community Care Act or the Specialized Mental Health
3 Rehabilitation Act of 2013.

4 (36) Beginning August 2, 2001, computers and
5 communications equipment utilized for any hospital purpose and
6 equipment used in the diagnosis, analysis, or treatment of
7 hospital patients sold to a lessor who leases the equipment,
8 under a lease of one year or longer executed or in effect at
9 the time of the purchase, to a hospital that has been issued an
10 active tax exemption identification number by the Department
11 under Section 1g of this Act. This paragraph is exempt from the
12 provisions of Section 2-70.

13 (37) Beginning August 2, 2001, personal property sold to a
14 lessor who leases the property, under a lease of one year or
15 longer executed or in effect at the time of the purchase, to a
16 governmental body that has been issued an active tax exemption
17 identification number by the Department under Section 1g of
18 this Act. This paragraph is exempt from the provisions of
19 Section 2-70.

20 (38) Beginning on January 1, 2002 and through June 30,
21 2016, tangible personal property purchased from an Illinois
22 retailer by a taxpayer engaged in centralized purchasing
23 activities in Illinois who will, upon receipt of the property
24 in Illinois, temporarily store the property in Illinois (i) for
25 the purpose of subsequently transporting it outside this State
26 for use or consumption thereafter solely outside this State or

1 (ii) for the purpose of being processed, fabricated, or
2 manufactured into, attached to, or incorporated into other
3 tangible personal property to be transported outside this State
4 and thereafter used or consumed solely outside this State. The
5 Director of Revenue shall, pursuant to rules adopted in
6 accordance with the Illinois Administrative Procedure Act,
7 issue a permit to any taxpayer in good standing with the
8 Department who is eligible for the exemption under this
9 paragraph (38). The permit issued under this paragraph (38)
10 shall authorize the holder, to the extent and in the manner
11 specified in the rules adopted under this Act, to purchase
12 tangible personal property from a retailer exempt from the
13 taxes imposed by this Act. Taxpayers shall maintain all
14 necessary books and records to substantiate the use and
15 consumption of all such tangible personal property outside of
16 the State of Illinois.

17 (39) Beginning January 1, 2008, tangible personal property
18 used in the construction or maintenance of a community water
19 supply, as defined under Section 3.145 of the Environmental
20 Protection Act, that is operated by a not-for-profit
21 corporation that holds a valid water supply permit issued under
22 Title IV of the Environmental Protection Act. This paragraph is
23 exempt from the provisions of Section 2-70.

24 (40) Beginning January 1, 2010, materials, parts,
25 equipment, components, and furnishings incorporated into or
26 upon an aircraft as part of the modification, refurbishment,

1 completion, replacement, repair, or maintenance of the
2 aircraft. This exemption includes consumable supplies used in
3 the modification, refurbishment, completion, replacement,
4 repair, and maintenance of aircraft, but excludes any
5 materials, parts, equipment, components, and consumable
6 supplies used in the modification, replacement, repair, and
7 maintenance of aircraft engines or power plants, whether such
8 engines or power plants are installed or uninstalled upon any
9 such aircraft. "Consumable supplies" include, but are not
10 limited to, adhesive, tape, sandpaper, general purpose
11 lubricants, cleaning solution, latex gloves, and protective
12 films. This exemption applies only to those organizations that
13 (i) hold an Air Agency Certificate and are empowered to operate
14 an approved repair station by the Federal Aviation
15 Administration, (ii) have a Class IV Rating, and (iii) conduct
16 operations in accordance with Part 145 of the Federal Aviation
17 Regulations. The exemption does not include aircraft operated
18 by a commercial air carrier providing scheduled passenger air
19 service pursuant to authority issued under Part 121 or Part 129
20 of the Federal Aviation Regulations.

21 (41) Tangible personal property sold to a
22 public-facilities corporation, as described in Section
23 11-65-10 of the Illinois Municipal Code, for purposes of
24 constructing or furnishing a municipal convention hall, but
25 only if the legal title to the municipal convention hall is
26 transferred to the municipality without any further

1 consideration by or on behalf of the municipality at the time
2 of the completion of the municipal convention hall or upon the
3 retirement or redemption of any bonds or other debt instruments
4 issued by the public-facilities corporation in connection with
5 the development of the municipal convention hall. This
6 exemption includes existing public-facilities corporations as
7 provided in Section 11-65-25 of the Illinois Municipal Code.
8 This paragraph is exempt from the provisions of Section 2-70.

9 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
10 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
11 7-2-10; 97-38, eff. 6-28-11; 97-73, eff. 6-30-11; 97-227, eff.
12 1-1-12; 97-431, eff. 8-16-11; 97-636, eff. 6-1-12; 97-767, eff.
13 7-9-12.)

14 Section 6-160. The Property Tax Code is amended by changing
15 Sections 15-168, 15-170, and 15-172 as follows:

16 (35 ILCS 200/15-168)

17 Sec. 15-168. Disabled persons' homestead exemption.

18 (a) Beginning with taxable year 2007, an annual homestead
19 exemption is granted to disabled persons in the amount of
20 \$2,000, except as provided in subsection (c), to be deducted
21 from the property's value as equalized or assessed by the
22 Department of Revenue. The disabled person shall receive the
23 homestead exemption upon meeting the following requirements:

24 (1) The property must be occupied as the primary

1 residence by the disabled person.

2 (2) The disabled person must be liable for paying the
3 real estate taxes on the property.

4 (3) The disabled person must be an owner of record of
5 the property or have a legal or equitable interest in the
6 property as evidenced by a written instrument. In the case
7 of a leasehold interest in property, the lease must be for
8 a single family residence.

9 A person who is disabled during the taxable year is
10 eligible to apply for this homestead exemption during that
11 taxable year. Application must be made during the application
12 period in effect for the county of residence. If a homestead
13 exemption has been granted under this Section and the person
14 awarded the exemption subsequently becomes a resident of a
15 facility licensed under the Nursing Home Care Act, the
16 Specialized Mental Health Rehabilitation Act of 2013, or the
17 ID/DD Community Care Act, then the exemption shall continue (i)
18 so long as the residence continues to be occupied by the
19 qualifying person's spouse or (ii) if the residence remains
20 unoccupied but is still owned by the person qualified for the
21 homestead exemption.

22 (b) For the purposes of this Section, "disabled person"
23 means a person unable to engage in any substantial gainful
24 activity by reason of a medically determinable physical or
25 mental impairment which can be expected to result in death or
26 has lasted or can be expected to last for a continuous period

1 of not less than 12 months. Disabled persons filing claims
2 under this Act shall submit proof of disability in such form
3 and manner as the Department shall by rule and regulation
4 prescribe. Proof that a claimant is eligible to receive
5 disability benefits under the Federal Social Security Act shall
6 constitute proof of disability for purposes of this Act.
7 Issuance of an Illinois Person with a Disability Identification
8 Card stating that the claimant is under a Class 2 disability,
9 as defined in Section 4A of the Illinois Identification Card
10 Act, shall constitute proof that the person named thereon is a
11 disabled person for purposes of this Act. A disabled person not
12 covered under the Federal Social Security Act and not
13 presenting an Illinois Person with a Disability Identification
14 Card stating that the claimant is under a Class 2 disability
15 shall be examined by a physician designated by the Department,
16 and his status as a disabled person determined using the same
17 standards as used by the Social Security Administration. The
18 costs of any required examination shall be borne by the
19 claimant.

20 (c) For land improved with (i) an apartment building owned
21 and operated as a cooperative or (ii) a life care facility as
22 defined under Section 2 of the Life Care Facilities Act that is
23 considered to be a cooperative, the maximum reduction from the
24 value of the property, as equalized or assessed by the
25 Department, shall be multiplied by the number of apartments or
26 units occupied by a disabled person. The disabled person shall

1 receive the homestead exemption upon meeting the following
2 requirements:

3 (1) The property must be occupied as the primary
4 residence by the disabled person.

5 (2) The disabled person must be liable by contract with
6 the owner or owners of record for paying the apportioned
7 property taxes on the property of the cooperative or life
8 care facility. In the case of a life care facility, the
9 disabled person must be liable for paying the apportioned
10 property taxes under a life care contract as defined in
11 Section 2 of the Life Care Facilities Act.

12 (3) The disabled person must be an owner of record of a
13 legal or equitable interest in the cooperative apartment
14 building. A leasehold interest does not meet this
15 requirement.

16 If a homestead exemption is granted under this subsection, the
17 cooperative association or management firm shall credit the
18 savings resulting from the exemption to the apportioned tax
19 liability of the qualifying disabled person. The chief county
20 assessment officer may request reasonable proof that the
21 association or firm has properly credited the exemption. A
22 person who willfully refuses to credit an exemption to the
23 qualified disabled person is guilty of a Class B misdemeanor.

24 (d) The chief county assessment officer shall determine the
25 eligibility of property to receive the homestead exemption
26 according to guidelines established by the Department. After a

1 person has received an exemption under this Section, an annual
2 verification of eligibility for the exemption shall be mailed
3 to the taxpayer.

4 In counties with fewer than 3,000,000 inhabitants, the
5 chief county assessment officer shall provide to each person
6 granted a homestead exemption under this Section a form to
7 designate any other person to receive a duplicate of any notice
8 of delinquency in the payment of taxes assessed and levied
9 under this Code on the person's qualifying property. The
10 duplicate notice shall be in addition to the notice required to
11 be provided to the person receiving the exemption and shall be
12 given in the manner required by this Code. The person filing
13 the request for the duplicate notice shall pay an
14 administrative fee of \$5 to the chief county assessment
15 officer. The assessment officer shall then file the executed
16 designation with the county collector, who shall issue the
17 duplicate notices as indicated by the designation. A
18 designation may be rescinded by the disabled person in the
19 manner required by the chief county assessment officer.

20 (e) A taxpayer who claims an exemption under Section 15-165
21 or 15-169 may not claim an exemption under this Section.

22 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
23 eff. 1-1-12; 97-813, eff. 7-13-12; 97-1064, eff. 1-1-13.)

24 (35 ILCS 200/15-170)

25 Sec. 15-170. Senior Citizens Homestead Exemption. An

1 annual homestead exemption limited, except as described here
2 with relation to cooperatives or life care facilities, to a
3 maximum reduction set forth below from the property's value, as
4 equalized or assessed by the Department, is granted for
5 property that is occupied as a residence by a person 65 years
6 of age or older who is liable for paying real estate taxes on
7 the property and is an owner of record of the property or has a
8 legal or equitable interest therein as evidenced by a written
9 instrument, except for a leasehold interest, other than a
10 leasehold interest of land on which a single family residence
11 is located, which is occupied as a residence by a person 65
12 years or older who has an ownership interest therein, legal,
13 equitable or as a lessee, and on which he or she is liable for
14 the payment of property taxes. Before taxable year 2004, the
15 maximum reduction shall be \$2,500 in counties with 3,000,000 or
16 more inhabitants and \$2,000 in all other counties. For taxable
17 years 2004 through 2005, the maximum reduction shall be \$3,000
18 in all counties. For taxable years 2006 and 2007, the maximum
19 reduction shall be \$3,500 and, for taxable years 2008 and
20 thereafter, the maximum reduction is \$4,000 in all counties.

21 For land improved with an apartment building owned and
22 operated as a cooperative, the maximum reduction from the value
23 of the property, as equalized by the Department, shall be
24 multiplied by the number of apartments or units occupied by a
25 person 65 years of age or older who is liable, by contract with
26 the owner or owners of record, for paying property taxes on the

1 property and is an owner of record of a legal or equitable
2 interest in the cooperative apartment building, other than a
3 leasehold interest. For land improved with a life care
4 facility, the maximum reduction from the value of the property,
5 as equalized by the Department, shall be multiplied by the
6 number of apartments or units occupied by persons 65 years of
7 age or older, irrespective of any legal, equitable, or
8 leasehold interest in the facility, who are liable, under a
9 contract with the owner or owners of record of the facility,
10 for paying property taxes on the property. In a cooperative or
11 a life care facility where a homestead exemption has been
12 granted, the cooperative association or the management firm of
13 the cooperative or facility shall credit the savings resulting
14 from that exemption only to the apportioned tax liability of
15 the owner or resident who qualified for the exemption. Any
16 person who willfully refuses to so credit the savings shall be
17 guilty of a Class B misdemeanor. Under this Section and
18 Sections 15-175, 15-176, and 15-177, "life care facility" means
19 a facility, as defined in Section 2 of the Life Care Facilities
20 Act, with which the applicant for the homestead exemption has a
21 life care contract as defined in that Act.

22 When a homestead exemption has been granted under this
23 Section and the person qualifying subsequently becomes a
24 resident of a facility licensed under the Assisted Living and
25 Shared Housing Act, the Nursing Home Care Act, the Specialized
26 Mental Health Rehabilitation Act of 2013, or the ID/DD

1 Community Care Act, the exemption shall continue so long as the
2 residence continues to be occupied by the qualifying person's
3 spouse if the spouse is 65 years of age or older, or if the
4 residence remains unoccupied but is still owned by the person
5 qualified for the homestead exemption.

6 A person who will be 65 years of age during the current
7 assessment year shall be eligible to apply for the homestead
8 exemption during that assessment year. Application shall be
9 made during the application period in effect for the county of
10 his residence.

11 Beginning with assessment year 2003, for taxes payable in
12 2004, property that is first occupied as a residence after
13 January 1 of any assessment year by a person who is eligible
14 for the senior citizens homestead exemption under this Section
15 must be granted a pro-rata exemption for the assessment year.
16 The amount of the pro-rata exemption is the exemption allowed
17 in the county under this Section divided by 365 and multiplied
18 by the number of days during the assessment year the property
19 is occupied as a residence by a person eligible for the
20 exemption under this Section. The chief county assessment
21 officer must adopt reasonable procedures to establish
22 eligibility for this pro-rata exemption.

23 The assessor or chief county assessment officer may
24 determine the eligibility of a life care facility to receive
25 the benefits provided by this Section, by affidavit,
26 application, visual inspection, questionnaire or other

1 reasonable methods in order to insure that the tax savings
2 resulting from the exemption are credited by the management
3 firm to the apportioned tax liability of each qualifying
4 resident. The assessor may request reasonable proof that the
5 management firm has so credited the exemption.

6 The chief county assessment officer of each county with
7 less than 3,000,000 inhabitants shall provide to each person
8 allowed a homestead exemption under this Section a form to
9 designate any other person to receive a duplicate of any notice
10 of delinquency in the payment of taxes assessed and levied
11 under this Code on the property of the person receiving the
12 exemption. The duplicate notice shall be in addition to the
13 notice required to be provided to the person receiving the
14 exemption, and shall be given in the manner required by this
15 Code. The person filing the request for the duplicate notice
16 shall pay a fee of \$5 to cover administrative costs to the
17 supervisor of assessments, who shall then file the executed
18 designation with the county collector. Notwithstanding any
19 other provision of this Code to the contrary, the filing of
20 such an executed designation requires the county collector to
21 provide duplicate notices as indicated by the designation. A
22 designation may be rescinded by the person who executed such
23 designation at any time, in the manner and form required by the
24 chief county assessment officer.

25 The assessor or chief county assessment officer may
26 determine the eligibility of residential property to receive

1 the homestead exemption provided by this Section by
2 application, visual inspection, questionnaire or other
3 reasonable methods. The determination shall be made in
4 accordance with guidelines established by the Department.

5 In counties with 3,000,000 or more inhabitants, beginning
6 in taxable year 2010, each taxpayer who has been granted an
7 exemption under this Section must reapply on an annual basis.
8 The chief county assessment officer shall mail the application
9 to the taxpayer. In counties with less than 3,000,000
10 inhabitants, the county board may by resolution provide that if
11 a person has been granted a homestead exemption under this
12 Section, the person qualifying need not reapply for the
13 exemption.

14 In counties with less than 3,000,000 inhabitants, if the
15 assessor or chief county assessment officer requires annual
16 application for verification of eligibility for an exemption
17 once granted under this Section, the application shall be
18 mailed to the taxpayer.

19 The assessor or chief county assessment officer shall
20 notify each person who qualifies for an exemption under this
21 Section that the person may also qualify for deferral of real
22 estate taxes under the Senior Citizens Real Estate Tax Deferral
23 Act. The notice shall set forth the qualifications needed for
24 deferral of real estate taxes, the address and telephone number
25 of county collector, and a statement that applications for
26 deferral of real estate taxes may be obtained from the county

1 collector.

2 Notwithstanding Sections 6 and 8 of the State Mandates Act,
3 no reimbursement by the State is required for the
4 implementation of any mandate created by this Section.

5 (Source: P.A. 96-339, eff. 7-1-10; 96-355, eff. 1-1-10;
6 96-1000, eff. 7-2-10; 96-1418, eff. 8-2-10; 97-38, eff.
7 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

8 (35 ILCS 200/15-172)

9 Sec. 15-172. Senior Citizens Assessment Freeze Homestead
10 Exemption.

11 (a) This Section may be cited as the Senior Citizens
12 Assessment Freeze Homestead Exemption.

13 (b) As used in this Section:

14 "Applicant" means an individual who has filed an
15 application under this Section.

16 "Base amount" means the base year equalized assessed value
17 of the residence plus the first year's equalized assessed value
18 of any added improvements which increased the assessed value of
19 the residence after the base year.

20 "Base year" means the taxable year prior to the taxable
21 year for which the applicant first qualifies and applies for
22 the exemption provided that in the prior taxable year the
23 property was improved with a permanent structure that was
24 occupied as a residence by the applicant who was liable for
25 paying real property taxes on the property and who was either

1 (i) an owner of record of the property or had legal or
2 equitable interest in the property as evidenced by a written
3 instrument or (ii) had a legal or equitable interest as a
4 lessee in the parcel of property that was single family
5 residence. If in any subsequent taxable year for which the
6 applicant applies and qualifies for the exemption the equalized
7 assessed value of the residence is less than the equalized
8 assessed value in the existing base year (provided that such
9 equalized assessed value is not based on an assessed value that
10 results from a temporary irregularity in the property that
11 reduces the assessed value for one or more taxable years), then
12 that subsequent taxable year shall become the base year until a
13 new base year is established under the terms of this paragraph.
14 For taxable year 1999 only, the Chief County Assessment Officer
15 shall review (i) all taxable years for which the applicant
16 applied and qualified for the exemption and (ii) the existing
17 base year. The assessment officer shall select as the new base
18 year the year with the lowest equalized assessed value. An
19 equalized assessed value that is based on an assessed value
20 that results from a temporary irregularity in the property that
21 reduces the assessed value for one or more taxable years shall
22 not be considered the lowest equalized assessed value. The
23 selected year shall be the base year for taxable year 1999 and
24 thereafter until a new base year is established under the terms
25 of this paragraph.

26 "Chief County Assessment Officer" means the County

1 Assessor or Supervisor of Assessments of the county in which
2 the property is located.

3 "Equalized assessed value" means the assessed value as
4 equalized by the Illinois Department of Revenue.

5 "Household" means the applicant, the spouse of the
6 applicant, and all persons using the residence of the applicant
7 as their principal place of residence.

8 "Household income" means the combined income of the members
9 of a household for the calendar year preceding the taxable
10 year.

11 "Income" has the same meaning as provided in Section 3.07
12 of the Senior Citizens and Disabled Persons Property Tax Relief
13 Act, except that, beginning in assessment year 2001, "income"
14 does not include veteran's benefits.

15 "Internal Revenue Code of 1986" means the United States
16 Internal Revenue Code of 1986 or any successor law or laws
17 relating to federal income taxes in effect for the year
18 preceding the taxable year.

19 "Life care facility that qualifies as a cooperative" means
20 a facility as defined in Section 2 of the Life Care Facilities
21 Act.

22 "Maximum income limitation" means:

- 23 (1) \$35,000 prior to taxable year 1999;
24 (2) \$40,000 in taxable years 1999 through 2003;
25 (3) \$45,000 in taxable years 2004 through 2005;
26 (4) \$50,000 in taxable years 2006 and 2007; and

1 (5) \$55,000 in taxable year 2008 and thereafter.

2 "Residence" means the principal dwelling place and
3 appurtenant structures used for residential purposes in this
4 State occupied on January 1 of the taxable year by a household
5 and so much of the surrounding land, constituting the parcel
6 upon which the dwelling place is situated, as is used for
7 residential purposes. If the Chief County Assessment Officer
8 has established a specific legal description for a portion of
9 property constituting the residence, then that portion of
10 property shall be deemed the residence for the purposes of this
11 Section.

12 "Taxable year" means the calendar year during which ad
13 valorem property taxes payable in the next succeeding year are
14 levied.

15 (c) Beginning in taxable year 1994, a senior citizens
16 assessment freeze homestead exemption is granted for real
17 property that is improved with a permanent structure that is
18 occupied as a residence by an applicant who (i) is 65 years of
19 age or older during the taxable year, (ii) has a household
20 income that does not exceed the maximum income limitation,
21 (iii) is liable for paying real property taxes on the property,
22 and (iv) is an owner of record of the property or has a legal or
23 equitable interest in the property as evidenced by a written
24 instrument. This homestead exemption shall also apply to a
25 leasehold interest in a parcel of property improved with a
26 permanent structure that is a single family residence that is

1 occupied as a residence by a person who (i) is 65 years of age
2 or older during the taxable year, (ii) has a household income
3 that does not exceed the maximum income limitation, (iii) has a
4 legal or equitable ownership interest in the property as
5 lessee, and (iv) is liable for the payment of real property
6 taxes on that property.

7 In counties of 3,000,000 or more inhabitants, the amount of
8 the exemption for all taxable years is the equalized assessed
9 value of the residence in the taxable year for which
10 application is made minus the base amount. In all other
11 counties, the amount of the exemption is as follows: (i)
12 through taxable year 2005 and for taxable year 2007 and
13 thereafter, the amount of this exemption shall be the equalized
14 assessed value of the residence in the taxable year for which
15 application is made minus the base amount; and (ii) for taxable
16 year 2006, the amount of the exemption is as follows:

17 (1) For an applicant who has a household income of
18 \$45,000 or less, the amount of the exemption is the
19 equalized assessed value of the residence in the taxable
20 year for which application is made minus the base amount.

21 (2) For an applicant who has a household income
22 exceeding \$45,000 but not exceeding \$46,250, the amount of
23 the exemption is (i) the equalized assessed value of the
24 residence in the taxable year for which application is made
25 minus the base amount (ii) multiplied by 0.8.

26 (3) For an applicant who has a household income

1 exceeding \$46,250 but not exceeding \$47,500, the amount of
2 the exemption is (i) the equalized assessed value of the
3 residence in the taxable year for which application is made
4 minus the base amount (ii) multiplied by 0.6.

5 (4) For an applicant who has a household income
6 exceeding \$47,500 but not exceeding \$48,750, the amount of
7 the exemption is (i) the equalized assessed value of the
8 residence in the taxable year for which application is made
9 minus the base amount (ii) multiplied by 0.4.

10 (5) For an applicant who has a household income
11 exceeding \$48,750 but not exceeding \$50,000, the amount of
12 the exemption is (i) the equalized assessed value of the
13 residence in the taxable year for which application is made
14 minus the base amount (ii) multiplied by 0.2.

15 When the applicant is a surviving spouse of an applicant
16 for a prior year for the same residence for which an exemption
17 under this Section has been granted, the base year and base
18 amount for that residence are the same as for the applicant for
19 the prior year.

20 Each year at the time the assessment books are certified to
21 the County Clerk, the Board of Review or Board of Appeals shall
22 give to the County Clerk a list of the assessed values of
23 improvements on each parcel qualifying for this exemption that
24 were added after the base year for this parcel and that
25 increased the assessed value of the property.

26 In the case of land improved with an apartment building

1 owned and operated as a cooperative or a building that is a
2 life care facility that qualifies as a cooperative, the maximum
3 reduction from the equalized assessed value of the property is
4 limited to the sum of the reductions calculated for each unit
5 occupied as a residence by a person or persons (i) 65 years of
6 age or older, (ii) with a household income that does not exceed
7 the maximum income limitation, (iii) who is liable, by contract
8 with the owner or owners of record, for paying real property
9 taxes on the property, and (iv) who is an owner of record of a
10 legal or equitable interest in the cooperative apartment
11 building, other than a leasehold interest. In the instance of a
12 cooperative where a homestead exemption has been granted under
13 this Section, the cooperative association or its management
14 firm shall credit the savings resulting from that exemption
15 only to the apportioned tax liability of the owner who
16 qualified for the exemption. Any person who willfully refuses
17 to credit that savings to an owner who qualifies for the
18 exemption is guilty of a Class B misdemeanor.

19 When a homestead exemption has been granted under this
20 Section and an applicant then becomes a resident of a facility
21 licensed under the Assisted Living and Shared Housing Act, the
22 Nursing Home Care Act, the Specialized Mental Health
23 Rehabilitation Act of 2013, or the ID/DD Community Care Act,
24 the exemption shall be granted in subsequent years so long as
25 the residence (i) continues to be occupied by the qualified
26 applicant's spouse or (ii) if remaining unoccupied, is still

1 owned by the qualified applicant for the homestead exemption.

2 Beginning January 1, 1997, when an individual dies who
3 would have qualified for an exemption under this Section, and
4 the surviving spouse does not independently qualify for this
5 exemption because of age, the exemption under this Section
6 shall be granted to the surviving spouse for the taxable year
7 preceding and the taxable year of the death, provided that,
8 except for age, the surviving spouse meets all other
9 qualifications for the granting of this exemption for those
10 years.

11 When married persons maintain separate residences, the
12 exemption provided for in this Section may be claimed by only
13 one of such persons and for only one residence.

14 For taxable year 1994 only, in counties having less than
15 3,000,000 inhabitants, to receive the exemption, a person shall
16 submit an application by February 15, 1995 to the Chief County
17 Assessment Officer of the county in which the property is
18 located. In counties having 3,000,000 or more inhabitants, for
19 taxable year 1994 and all subsequent taxable years, to receive
20 the exemption, a person may submit an application to the Chief
21 County Assessment Officer of the county in which the property
22 is located during such period as may be specified by the Chief
23 County Assessment Officer. The Chief County Assessment Officer
24 in counties of 3,000,000 or more inhabitants shall annually
25 give notice of the application period by mail or by
26 publication. In counties having less than 3,000,000

1 inhabitants, beginning with taxable year 1995 and thereafter,
2 to receive the exemption, a person shall submit an application
3 by July 1 of each taxable year to the Chief County Assessment
4 Officer of the county in which the property is located. A
5 county may, by ordinance, establish a date for submission of
6 applications that is different than July 1. The applicant shall
7 submit with the application an affidavit of the applicant's
8 total household income, age, marital status (and if married the
9 name and address of the applicant's spouse, if known), and
10 principal dwelling place of members of the household on January
11 1 of the taxable year. The Department shall establish, by rule,
12 a method for verifying the accuracy of affidavits filed by
13 applicants under this Section, and the Chief County Assessment
14 Officer may conduct audits of any taxpayer claiming an
15 exemption under this Section to verify that the taxpayer is
16 eligible to receive the exemption. Each application shall
17 contain or be verified by a written declaration that it is made
18 under the penalties of perjury. A taxpayer's signing a
19 fraudulent application under this Act is perjury, as defined in
20 Section 32-2 of the Criminal Code of 2012. The applications
21 shall be clearly marked as applications for the Senior Citizens
22 Assessment Freeze Homestead Exemption and must contain a notice
23 that any taxpayer who receives the exemption is subject to an
24 audit by the Chief County Assessment Officer.

25 Notwithstanding any other provision to the contrary, in
26 counties having fewer than 3,000,000 inhabitants, if an

1 applicant fails to file the application required by this
2 Section in a timely manner and this failure to file is due to a
3 mental or physical condition sufficiently severe so as to
4 render the applicant incapable of filing the application in a
5 timely manner, the Chief County Assessment Officer may extend
6 the filing deadline for a period of 30 days after the applicant
7 regains the capability to file the application, but in no case
8 may the filing deadline be extended beyond 3 months of the
9 original filing deadline. In order to receive the extension
10 provided in this paragraph, the applicant shall provide the
11 Chief County Assessment Officer with a signed statement from
12 the applicant's physician stating the nature and extent of the
13 condition, that, in the physician's opinion, the condition was
14 so severe that it rendered the applicant incapable of filing
15 the application in a timely manner, and the date on which the
16 applicant regained the capability to file the application.

17 Beginning January 1, 1998, notwithstanding any other
18 provision to the contrary, in counties having fewer than
19 3,000,000 inhabitants, if an applicant fails to file the
20 application required by this Section in a timely manner and
21 this failure to file is due to a mental or physical condition
22 sufficiently severe so as to render the applicant incapable of
23 filing the application in a timely manner, the Chief County
24 Assessment Officer may extend the filing deadline for a period
25 of 3 months. In order to receive the extension provided in this
26 paragraph, the applicant shall provide the Chief County

1 Assessment Officer with a signed statement from the applicant's
2 physician stating the nature and extent of the condition, and
3 that, in the physician's opinion, the condition was so severe
4 that it rendered the applicant incapable of filing the
5 application in a timely manner.

6 In counties having less than 3,000,000 inhabitants, if an
7 applicant was denied an exemption in taxable year 1994 and the
8 denial occurred due to an error on the part of an assessment
9 official, or his or her agent or employee, then beginning in
10 taxable year 1997 the applicant's base year, for purposes of
11 determining the amount of the exemption, shall be 1993 rather
12 than 1994. In addition, in taxable year 1997, the applicant's
13 exemption shall also include an amount equal to (i) the amount
14 of any exemption denied to the applicant in taxable year 1995
15 as a result of using 1994, rather than 1993, as the base year,
16 (ii) the amount of any exemption denied to the applicant in
17 taxable year 1996 as a result of using 1994, rather than 1993,
18 as the base year, and (iii) the amount of the exemption
19 erroneously denied for taxable year 1994.

20 For purposes of this Section, a person who will be 65 years
21 of age during the current taxable year shall be eligible to
22 apply for the homestead exemption during that taxable year.
23 Application shall be made during the application period in
24 effect for the county of his or her residence.

25 The Chief County Assessment Officer may determine the
26 eligibility of a life care facility that qualifies as a

1 cooperative to receive the benefits provided by this Section by
2 use of an affidavit, application, visual inspection,
3 questionnaire, or other reasonable method in order to insure
4 that the tax savings resulting from the exemption are credited
5 by the management firm to the apportioned tax liability of each
6 qualifying resident. The Chief County Assessment Officer may
7 request reasonable proof that the management firm has so
8 credited that exemption.

9 Except as provided in this Section, all information
10 received by the chief county assessment officer or the
11 Department from applications filed under this Section, or from
12 any investigation conducted under the provisions of this
13 Section, shall be confidential, except for official purposes or
14 pursuant to official procedures for collection of any State or
15 local tax or enforcement of any civil or criminal penalty or
16 sanction imposed by this Act or by any statute or ordinance
17 imposing a State or local tax. Any person who divulges any such
18 information in any manner, except in accordance with a proper
19 judicial order, is guilty of a Class A misdemeanor.

20 Nothing contained in this Section shall prevent the
21 Director or chief county assessment officer from publishing or
22 making available reasonable statistics concerning the
23 operation of the exemption contained in this Section in which
24 the contents of claims are grouped into aggregates in such a
25 way that information contained in any individual claim shall
26 not be disclosed.

1 (d) Each Chief County Assessment Officer shall annually
2 publish a notice of availability of the exemption provided
3 under this Section. The notice shall be published at least 60
4 days but no more than 75 days prior to the date on which the
5 application must be submitted to the Chief County Assessment
6 Officer of the county in which the property is located. The
7 notice shall appear in a newspaper of general circulation in
8 the county.

9 Notwithstanding Sections 6 and 8 of the State Mandates Act,
10 no reimbursement by the State is required for the
11 implementation of any mandate created by this Section.

12 (Source: P.A. 96-339, eff. 7-1-10; 96-355, eff. 1-1-10;
13 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
14 97-689, eff. 6-14-12; 97-813, eff. 7-13-12; 97-1150, eff.
15 1-25-13.)

16 Section 6-165. The Regional Transportation Authority Act
17 is amended by changing Section 4.03 as follows:

18 (70 ILCS 3615/4.03) (from Ch. 111 2/3, par. 704.03)

19 Sec. 4.03. Taxes.

20 (a) In order to carry out any of the powers or purposes of
21 the Authority, the Board may by ordinance adopted with the
22 concurrence of 12 of the then Directors, impose throughout the
23 metropolitan region any or all of the taxes provided in this
24 Section. Except as otherwise provided in this Act, taxes

1 imposed under this Section and civil penalties imposed incident
2 thereto shall be collected and enforced by the State Department
3 of Revenue. The Department shall have the power to administer
4 and enforce the taxes and to determine all rights for refunds
5 for erroneous payments of the taxes. Nothing in this amendatory
6 Act of the 95th General Assembly is intended to invalidate any
7 taxes currently imposed by the Authority. The increased vote
8 requirements to impose a tax shall only apply to actions taken
9 after the effective date of this amendatory Act of the 95th
10 General Assembly.

11 (b) The Board may impose a public transportation tax upon
12 all persons engaged in the metropolitan region in the business
13 of selling at retail motor fuel for operation of motor vehicles
14 upon public highways. The tax shall be at a rate not to exceed
15 5% of the gross receipts from the sales of motor fuel in the
16 course of the business. As used in this Act, the term "motor
17 fuel" shall have the same meaning as in the Motor Fuel Tax Law.
18 The Board may provide for details of the tax. The provisions of
19 any tax shall conform, as closely as may be practicable, to the
20 provisions of the Municipal Retailers Occupation Tax Act,
21 including without limitation, conformity to penalties with
22 respect to the tax imposed and as to the powers of the State
23 Department of Revenue to promulgate and enforce rules and
24 regulations relating to the administration and enforcement of
25 the provisions of the tax imposed, except that reference in the
26 Act to any municipality shall refer to the Authority and the

1 tax shall be imposed only with regard to receipts from sales of
2 motor fuel in the metropolitan region, at rates as limited by
3 this Section.

4 (c) In connection with the tax imposed under paragraph (b)
5 of this Section the Board may impose a tax upon the privilege
6 of using in the metropolitan region motor fuel for the
7 operation of a motor vehicle upon public highways, the tax to
8 be at a rate not in excess of the rate of tax imposed under
9 paragraph (b) of this Section. The Board may provide for
10 details of the tax.

11 (d) The Board may impose a motor vehicle parking tax upon
12 the privilege of parking motor vehicles at off-street parking
13 facilities in the metropolitan region at which a fee is
14 charged, and may provide for reasonable classifications in and
15 exemptions to the tax, for administration and enforcement
16 thereof and for civil penalties and refunds thereunder and may
17 provide criminal penalties thereunder, the maximum penalties
18 not to exceed the maximum criminal penalties provided in the
19 Retailers' Occupation Tax Act. The Authority may collect and
20 enforce the tax itself or by contract with any unit of local
21 government. The State Department of Revenue shall have no
22 responsibility for the collection and enforcement unless the
23 Department agrees with the Authority to undertake the
24 collection and enforcement. As used in this paragraph, the term
25 "parking facility" means a parking area or structure having
26 parking spaces for more than 2 vehicles at which motor vehicles

1 are permitted to park in return for an hourly, daily, or other
2 periodic fee, whether publicly or privately owned, but does not
3 include parking spaces on a public street, the use of which is
4 regulated by parking meters.

5 (e) The Board may impose a Regional Transportation
6 Authority Retailers' Occupation Tax upon all persons engaged in
7 the business of selling tangible personal property at retail in
8 the metropolitan region. In Cook County the tax rate shall be
9 1.25% of the gross receipts from sales of food for human
10 consumption that is to be consumed off the premises where it is
11 sold (other than alcoholic beverages, soft drinks and food that
12 has been prepared for immediate consumption) and prescription
13 and nonprescription medicines, drugs, medical appliances and
14 insulin, urine testing materials, syringes and needles used by
15 diabetics, and 1% of the gross receipts from other taxable
16 sales made in the course of that business. In DuPage, Kane,
17 Lake, McHenry, and Will Counties, the tax rate shall be 0.75%
18 of the gross receipts from all taxable sales made in the course
19 of that business. The tax imposed under this Section and all
20 civil penalties that may be assessed as an incident thereof
21 shall be collected and enforced by the State Department of
22 Revenue. The Department shall have full power to administer and
23 enforce this Section; to collect all taxes and penalties so
24 collected in the manner hereinafter provided; and to determine
25 all rights to credit memoranda arising on account of the
26 erroneous payment of tax or penalty hereunder. In the

1 administration of, and compliance with this Section, the
2 Department and persons who are subject to this Section shall
3 have the same rights, remedies, privileges, immunities, powers
4 and duties, and be subject to the same conditions,
5 restrictions, limitations, penalties, exclusions, exemptions
6 and definitions of terms, and employ the same modes of
7 procedure, as are prescribed in Sections 1, 1a, 1a-1, 1c, 1d,
8 1e, 1f, 1i, 1j, 2 through 2-65 (in respect to all provisions
9 therein other than the State rate of tax), 2c, 3 (except as to
10 the disposition of taxes and penalties collected), 4, 5, 5a,
11 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j, 5k, 5l, 6, 6a, 6b, 6c, 7, 8,
12 9, 10, 11, 12 and 13 of the Retailers' Occupation Tax Act and
13 Section 3-7 of the Uniform Penalty and Interest Act, as fully
14 as if those provisions were set forth herein.

15 Persons subject to any tax imposed under the authority
16 granted in this Section may reimburse themselves for their
17 seller's tax liability hereunder by separately stating the tax
18 as an additional charge, which charge may be stated in
19 combination in a single amount with State taxes that sellers
20 are required to collect under the Use Tax Act, under any
21 bracket schedules the Department may prescribe.

22 Whenever the Department determines that a refund should be
23 made under this Section to a claimant instead of issuing a
24 credit memorandum, the Department shall notify the State
25 Comptroller, who shall cause the warrant to be drawn for the
26 amount specified, and to the person named, in the notification

1 from the Department. The refund shall be paid by the State
2 Treasurer out of the Regional Transportation Authority tax fund
3 established under paragraph (n) of this Section.

4 If a tax is imposed under this subsection (e), a tax shall
5 also be imposed under subsections (f) and (g) of this Section.

6 For the purpose of determining whether a tax authorized
7 under this Section is applicable, a retail sale by a producer
8 of coal or other mineral mined in Illinois, is a sale at retail
9 at the place where the coal or other mineral mined in Illinois
10 is extracted from the earth. This paragraph does not apply to
11 coal or other mineral when it is delivered or shipped by the
12 seller to the purchaser at a point outside Illinois so that the
13 sale is exempt under the Federal Constitution as a sale in
14 interstate or foreign commerce.

15 No tax shall be imposed or collected under this subsection
16 on the sale of a motor vehicle in this State to a resident of
17 another state if that motor vehicle will not be titled in this
18 State.

19 Nothing in this Section shall be construed to authorize the
20 Regional Transportation Authority to impose a tax upon the
21 privilege of engaging in any business that under the
22 Constitution of the United States may not be made the subject
23 of taxation by this State.

24 (f) If a tax has been imposed under paragraph (e), a
25 Regional Transportation Authority Service Occupation Tax shall
26 also be imposed upon all persons engaged, in the metropolitan

1 region in the business of making sales of service, who as an
2 incident to making the sales of service, transfer tangible
3 personal property within the metropolitan region, either in the
4 form of tangible personal property or in the form of real
5 estate as an incident to a sale of service. In Cook County, the
6 tax rate shall be: (1) 1.25% of the serviceman's cost price of
7 food prepared for immediate consumption and transferred
8 incident to a sale of service subject to the service occupation
9 tax by an entity licensed under the Hospital Licensing Act, the
10 Nursing Home Care Act, the Specialized Mental Health
11 Rehabilitation Act of 2013, or the ID/DD Community Care Act
12 that is located in the metropolitan region; (2) 1.25% of the
13 selling price of food for human consumption that is to be
14 consumed off the premises where it is sold (other than
15 alcoholic beverages, soft drinks and food that has been
16 prepared for immediate consumption) and prescription and
17 nonprescription medicines, drugs, medical appliances and
18 insulin, urine testing materials, syringes and needles used by
19 diabetics; and (3) 1% of the selling price from other taxable
20 sales of tangible personal property transferred. In DuPage,
21 Kane, Lake, McHenry and Will Counties the rate shall be 0.75%
22 of the selling price of all tangible personal property
23 transferred.

24 The tax imposed under this paragraph and all civil
25 penalties that may be assessed as an incident thereof shall be
26 collected and enforced by the State Department of Revenue. The

1 Department shall have full power to administer and enforce this
2 paragraph; to collect all taxes and penalties due hereunder; to
3 dispose of taxes and penalties collected in the manner
4 hereinafter provided; and to determine all rights to credit
5 memoranda arising on account of the erroneous payment of tax or
6 penalty hereunder. In the administration of and compliance with
7 this paragraph, the Department and persons who are subject to
8 this paragraph shall have the same rights, remedies,
9 privileges, immunities, powers and duties, and be subject to
10 the same conditions, restrictions, limitations, penalties,
11 exclusions, exemptions and definitions of terms, and employ the
12 same modes of procedure, as are prescribed in Sections 1a-1, 2,
13 2a, 3 through 3-50 (in respect to all provisions therein other
14 than the State rate of tax), 4 (except that the reference to
15 the State shall be to the Authority), 5, 7, 8 (except that the
16 jurisdiction to which the tax shall be a debt to the extent
17 indicated in that Section 8 shall be the Authority), 9 (except
18 as to the disposition of taxes and penalties collected, and
19 except that the returned merchandise credit for this tax may
20 not be taken against any State tax), 10, 11, 12 (except the
21 reference therein to Section 2b of the Retailers' Occupation
22 Tax Act), 13 (except that any reference to the State shall mean
23 the Authority), the first paragraph of Section 15, 16, 17, 18,
24 19 and 20 of the Service Occupation Tax Act and Section 3-7 of
25 the Uniform Penalty and Interest Act, as fully as if those
26 provisions were set forth herein.

1 Persons subject to any tax imposed under the authority
2 granted in this paragraph may reimburse themselves for their
3 serviceman's tax liability hereunder by separately stating the
4 tax as an additional charge, that charge may be stated in
5 combination in a single amount with State tax that servicemen
6 are authorized to collect under the Service Use Tax Act, under
7 any bracket schedules the Department may prescribe.

8 Whenever the Department determines that a refund should be
9 made under this paragraph to a claimant instead of issuing a
10 credit memorandum, the Department shall notify the State
11 Comptroller, who shall cause the warrant to be drawn for the
12 amount specified, and to the person named in the notification
13 from the Department. The refund shall be paid by the State
14 Treasurer out of the Regional Transportation Authority tax fund
15 established under paragraph (n) of this Section.

16 Nothing in this paragraph shall be construed to authorize
17 the Authority to impose a tax upon the privilege of engaging in
18 any business that under the Constitution of the United States
19 may not be made the subject of taxation by the State.

20 (g) If a tax has been imposed under paragraph (e), a tax
21 shall also be imposed upon the privilege of using in the
22 metropolitan region, any item of tangible personal property
23 that is purchased outside the metropolitan region at retail
24 from a retailer, and that is titled or registered with an
25 agency of this State's government. In Cook County the tax rate
26 shall be 1% of the selling price of the tangible personal

1 property, as "selling price" is defined in the Use Tax Act. In
2 DuPage, Kane, Lake, McHenry and Will counties the tax rate
3 shall be 0.75% of the selling price of the tangible personal
4 property, as "selling price" is defined in the Use Tax Act. The
5 tax shall be collected from persons whose Illinois address for
6 titling or registration purposes is given as being in the
7 metropolitan region. The tax shall be collected by the
8 Department of Revenue for the Regional Transportation
9 Authority. The tax must be paid to the State, or an exemption
10 determination must be obtained from the Department of Revenue,
11 before the title or certificate of registration for the
12 property may be issued. The tax or proof of exemption may be
13 transmitted to the Department by way of the State agency with
14 which, or the State officer with whom, the tangible personal
15 property must be titled or registered if the Department and the
16 State agency or State officer determine that this procedure
17 will expedite the processing of applications for title or
18 registration.

19 The Department shall have full power to administer and
20 enforce this paragraph; to collect all taxes, penalties and
21 interest due hereunder; to dispose of taxes, penalties and
22 interest collected in the manner hereinafter provided; and to
23 determine all rights to credit memoranda or refunds arising on
24 account of the erroneous payment of tax, penalty or interest
25 hereunder. In the administration of and compliance with this
26 paragraph, the Department and persons who are subject to this

1 paragraph shall have the same rights, remedies, privileges,
2 immunities, powers and duties, and be subject to the same
3 conditions, restrictions, limitations, penalties, exclusions,
4 exemptions and definitions of terms and employ the same modes
5 of procedure, as are prescribed in Sections 2 (except the
6 definition of "retailer maintaining a place of business in this
7 State"), 3 through 3-80 (except provisions pertaining to the
8 State rate of tax, and except provisions concerning collection
9 or refunding of the tax by retailers), 4, 11, 12, 12a, 14, 15,
10 19 (except the portions pertaining to claims by retailers and
11 except the last paragraph concerning refunds), 20, 21 and 22 of
12 the Use Tax Act, and are not inconsistent with this paragraph,
13 as fully as if those provisions were set forth herein.

14 Whenever the Department determines that a refund should be
15 made under this paragraph to a claimant instead of issuing a
16 credit memorandum, the Department shall notify the State
17 Comptroller, who shall cause the order to be drawn for the
18 amount specified, and to the person named in the notification
19 from the Department. The refund shall be paid by the State
20 Treasurer out of the Regional Transportation Authority tax fund
21 established under paragraph (n) of this Section.

22 (h) The Authority may impose a replacement vehicle tax of
23 \$50 on any passenger car as defined in Section 1-157 of the
24 Illinois Vehicle Code purchased within the metropolitan region
25 by or on behalf of an insurance company to replace a passenger
26 car of an insured person in settlement of a total loss claim.

1 The tax imposed may not become effective before the first day
2 of the month following the passage of the ordinance imposing
3 the tax and receipt of a certified copy of the ordinance by the
4 Department of Revenue. The Department of Revenue shall collect
5 the tax for the Authority in accordance with Sections 3-2002
6 and 3-2003 of the Illinois Vehicle Code.

7 The Department shall immediately pay over to the State
8 Treasurer, ex officio, as trustee, all taxes collected
9 hereunder.

10 As soon as possible after the first day of each month,
11 beginning January 1, 2011, upon certification of the Department
12 of Revenue, the Comptroller shall order transferred, and the
13 Treasurer shall transfer, to the STAR Bonds Revenue Fund the
14 local sales tax increment, as defined in the Innovation
15 Development and Economy Act, collected under this Section
16 during the second preceding calendar month for sales within a
17 STAR bond district.

18 After the monthly transfer to the STAR Bonds Revenue Fund,
19 on or before the 25th day of each calendar month, the
20 Department shall prepare and certify to the Comptroller the
21 disbursement of stated sums of money to the Authority. The
22 amount to be paid to the Authority shall be the amount
23 collected hereunder during the second preceding calendar month
24 by the Department, less any amount determined by the Department
25 to be necessary for the payment of refunds, and less any
26 amounts that are transferred to the STAR Bonds Revenue Fund.

1 Within 10 days after receipt by the Comptroller of the
2 disbursement certification to the Authority provided for in
3 this Section to be given to the Comptroller by the Department,
4 the Comptroller shall cause the orders to be drawn for that
5 amount in accordance with the directions contained in the
6 certification.

7 (i) The Board may not impose any other taxes except as it
8 may from time to time be authorized by law to impose.

9 (j) A certificate of registration issued by the State
10 Department of Revenue to a retailer under the Retailers'
11 Occupation Tax Act or under the Service Occupation Tax Act
12 shall permit the registrant to engage in a business that is
13 taxed under the tax imposed under paragraphs (b), (e), (f) or
14 (g) of this Section and no additional registration shall be
15 required under the tax. A certificate issued under the Use Tax
16 Act or the Service Use Tax Act shall be applicable with regard
17 to any tax imposed under paragraph (c) of this Section.

18 (k) The provisions of any tax imposed under paragraph (c)
19 of this Section shall conform as closely as may be practicable
20 to the provisions of the Use Tax Act, including without
21 limitation conformity as to penalties with respect to the tax
22 imposed and as to the powers of the State Department of Revenue
23 to promulgate and enforce rules and regulations relating to the
24 administration and enforcement of the provisions of the tax
25 imposed. The taxes shall be imposed only on use within the
26 metropolitan region and at rates as provided in the paragraph.

1 (1) The Board in imposing any tax as provided in paragraphs
2 (b) and (c) of this Section, shall, after seeking the advice of
3 the State Department of Revenue, provide means for retailers,
4 users or purchasers of motor fuel for purposes other than those
5 with regard to which the taxes may be imposed as provided in
6 those paragraphs to receive refunds of taxes improperly paid,
7 which provisions may be at variance with the refund provisions
8 as applicable under the Municipal Retailers Occupation Tax Act.
9 The State Department of Revenue may provide for certificates of
10 registration for users or purchasers of motor fuel for purposes
11 other than those with regard to which taxes may be imposed as
12 provided in paragraphs (b) and (c) of this Section to
13 facilitate the reporting and nontaxability of the exempt sales
14 or uses.

15 (m) Any ordinance imposing or discontinuing any tax under
16 this Section shall be adopted and a certified copy thereof
17 filed with the Department on or before June 1, whereupon the
18 Department of Revenue shall proceed to administer and enforce
19 this Section on behalf of the Regional Transportation Authority
20 as of September 1 next following such adoption and filing.
21 Beginning January 1, 1992, an ordinance or resolution imposing
22 or discontinuing the tax hereunder shall be adopted and a
23 certified copy thereof filed with the Department on or before
24 the first day of July, whereupon the Department shall proceed
25 to administer and enforce this Section as of the first day of
26 October next following such adoption and filing. Beginning

1 January 1, 1993, an ordinance or resolution imposing,
2 increasing, decreasing, or discontinuing the tax hereunder
3 shall be adopted and a certified copy thereof filed with the
4 Department, whereupon the Department shall proceed to
5 administer and enforce this Section as of the first day of the
6 first month to occur not less than 60 days following such
7 adoption and filing. Any ordinance or resolution of the
8 Authority imposing a tax under this Section and in effect on
9 August 1, 2007 shall remain in full force and effect and shall
10 be administered by the Department of Revenue under the terms
11 and conditions and rates of tax established by such ordinance
12 or resolution until the Department begins administering and
13 enforcing an increased tax under this Section as authorized by
14 this amendatory Act of the 95th General Assembly. The tax rates
15 authorized by this amendatory Act of the 95th General Assembly
16 are effective only if imposed by ordinance of the Authority.

17 (n) The State Department of Revenue shall, upon collecting
18 any taxes as provided in this Section, pay the taxes over to
19 the State Treasurer as trustee for the Authority. The taxes
20 shall be held in a trust fund outside the State Treasury. On or
21 before the 25th day of each calendar month, the State
22 Department of Revenue shall prepare and certify to the
23 Comptroller of the State of Illinois and to the Authority (i)
24 the amount of taxes collected in each County other than Cook
25 County in the metropolitan region, (ii) the amount of taxes
26 collected within the City of Chicago, and (iii) the amount

1 collected in that portion of Cook County outside of Chicago,
2 each amount less the amount necessary for the payment of
3 refunds to taxpayers located in those areas described in items
4 (i), (ii), and (iii). Within 10 days after receipt by the
5 Comptroller of the certification of the amounts, the
6 Comptroller shall cause an order to be drawn for the payment of
7 two-thirds of the amounts certified in item (i) of this
8 subsection to the Authority and one-third of the amounts
9 certified in item (i) of this subsection to the respective
10 counties other than Cook County and the amount certified in
11 items (ii) and (iii) of this subsection to the Authority.

12 In addition to the disbursement required by the preceding
13 paragraph, an allocation shall be made in July 1991 and each
14 year thereafter to the Regional Transportation Authority. The
15 allocation shall be made in an amount equal to the average
16 monthly distribution during the preceding calendar year
17 (excluding the 2 months of lowest receipts) and the allocation
18 shall include the amount of average monthly distribution from
19 the Regional Transportation Authority Occupation and Use Tax
20 Replacement Fund. The distribution made in July 1992 and each
21 year thereafter under this paragraph and the preceding
22 paragraph shall be reduced by the amount allocated and
23 disbursed under this paragraph in the preceding calendar year.
24 The Department of Revenue shall prepare and certify to the
25 Comptroller for disbursement the allocations made in
26 accordance with this paragraph.

1 (o) Failure to adopt a budget ordinance or otherwise to
2 comply with Section 4.01 of this Act or to adopt a Five-year
3 Capital Program or otherwise to comply with paragraph (b) of
4 Section 2.01 of this Act shall not affect the validity of any
5 tax imposed by the Authority otherwise in conformity with law.

6 (p) At no time shall a public transportation tax or motor
7 vehicle parking tax authorized under paragraphs (b), (c) and
8 (d) of this Section be in effect at the same time as any
9 retailers' occupation, use or service occupation tax
10 authorized under paragraphs (e), (f) and (g) of this Section is
11 in effect.

12 Any taxes imposed under the authority provided in
13 paragraphs (b), (c) and (d) shall remain in effect only until
14 the time as any tax authorized by paragraphs (e), (f) or (g) of
15 this Section are imposed and becomes effective. Once any tax
16 authorized by paragraphs (e), (f) or (g) is imposed the Board
17 may not reimpose taxes as authorized in paragraphs (b), (c) and
18 (d) of the Section unless any tax authorized by paragraphs (e),
19 (f) or (g) of this Section becomes ineffective by means other
20 than an ordinance of the Board.

21 (q) Any existing rights, remedies and obligations
22 (including enforcement by the Regional Transportation
23 Authority) arising under any tax imposed under paragraphs (b),
24 (c) or (d) of this Section shall not be affected by the
25 imposition of a tax under paragraphs (e), (f) or (g) of this
26 Section.

1 (Source: P.A. 96-339, eff. 7-1-10; 96-939, eff. 6-24-10; 97-38,
2 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

3 Section 6-170. The Assisted Living and Shared Housing Act
4 is amended by changing Sections 10, 35, 55, and 145 as follows:

5 (210 ILCS 9/10)

6 Sec. 10. Definitions. For purposes of this Act:

7 "Activities of daily living" means eating, dressing,
8 bathing, toileting, transferring, or personal hygiene.

9 "Assisted living establishment" or "establishment" means a
10 home, building, residence, or any other place where sleeping
11 accommodations are provided for at least 3 unrelated adults, at
12 least 80% of whom are 55 years of age or older and where the
13 following are provided consistent with the purposes of this
14 Act:

15 (1) services consistent with a social model that is
16 based on the premise that the resident's unit in assisted
17 living and shared housing is his or her own home;

18 (2) community-based residential care for persons who
19 need assistance with activities of daily living, including
20 personal, supportive, and intermittent health-related
21 services available 24 hours per day, if needed, to meet the
22 scheduled and unscheduled needs of a resident;

23 (3) mandatory services, whether provided directly by
24 the establishment or by another entity arranged for by the

1 establishment, with the consent of the resident or
2 resident's representative; and

3 (4) a physical environment that is a homelike setting
4 that includes the following and such other elements as
5 established by the Department: individual living units
6 each of which shall accommodate small kitchen appliances
7 and contain private bathing, washing, and toilet
8 facilities, or private washing and toilet facilities with a
9 common bathing room readily accessible to each resident.
10 Units shall be maintained for single occupancy except in
11 cases in which 2 residents choose to share a unit.
12 Sufficient common space shall exist to permit individual
13 and group activities.

14 "Assisted living establishment" or "establishment" does
15 not mean any of the following:

16 (1) A home, institution, or similar place operated by
17 the federal government or the State of Illinois.

18 (2) A long term care facility licensed under the
19 Nursing Home Care Act, a facility licensed under the
20 Specialized Mental Health Rehabilitation Act of 2013, or a
21 facility licensed under the ID/DD Community Care Act.
22 However, a facility licensed under either of those Acts may
23 convert distinct parts of the facility to assisted living.
24 If the facility elects to do so, the facility shall retain
25 the Certificate of Need for its nursing and sheltered care
26 beds that were converted.

1 (3) A hospital, sanitarium, or other institution, the
2 principal activity or business of which is the diagnosis,
3 care, and treatment of human illness and that is required
4 to be licensed under the Hospital Licensing Act.

5 (4) A facility for child care as defined in the Child
6 Care Act of 1969.

7 (5) A community living facility as defined in the
8 Community Living Facilities Licensing Act.

9 (6) A nursing home or sanitarium operated solely by and
10 for persons who rely exclusively upon treatment by
11 spiritual means through prayer in accordance with the creed
12 or tenants of a well-recognized church or religious
13 denomination.

14 (7) A facility licensed by the Department of Human
15 Services as a community-integrated living arrangement as
16 defined in the Community-Integrated Living Arrangements
17 Licensure and Certification Act.

18 (8) A supportive residence licensed under the
19 Supportive Residences Licensing Act.

20 (9) The portion of a life care facility as defined in
21 the Life Care Facilities Act not licensed as an assisted
22 living establishment under this Act; a life care facility
23 may apply under this Act to convert sections of the
24 community to assisted living.

25 (10) A free-standing hospice facility licensed under
26 the Hospice Program Licensing Act.

1 (11) A shared housing establishment.

2 (12) A supportive living facility as described in
3 Section 5-5.01a of the Illinois Public Aid Code.

4 "Department" means the Department of Public Health.

5 "Director" means the Director of Public Health.

6 "Emergency situation" means imminent danger of death or
7 serious physical harm to a resident of an establishment.

8 "License" means any of the following types of licenses
9 issued to an applicant or licensee by the Department:

10 (1) "Probationary license" means a license issued to an
11 applicant or licensee that has not held a license under
12 this Act prior to its application or pursuant to a license
13 transfer in accordance with Section 50 of this Act.

14 (2) "Regular license" means a license issued by the
15 Department to an applicant or licensee that is in
16 substantial compliance with this Act and any rules
17 promulgated under this Act.

18 "Licensee" means a person, agency, association,
19 corporation, partnership, or organization that has been issued
20 a license to operate an assisted living or shared housing
21 establishment.

22 "Licensed health care professional" means a registered
23 professional nurse, an advanced practice nurse, a physician
24 assistant, and a licensed practical nurse.

25 "Mandatory services" include the following:

26 (1) 3 meals per day available to the residents prepared

1 by the establishment or an outside contractor;

2 (2) housekeeping services including, but not limited
3 to, vacuuming, dusting, and cleaning the resident's unit;

4 (3) personal laundry and linen services available to
5 the residents provided or arranged for by the
6 establishment;

7 (4) security provided 24 hours each day including, but
8 not limited to, locked entrances or building or contract
9 security personnel;

10 (5) an emergency communication response system, which
11 is a procedure in place 24 hours each day by which a
12 resident can notify building management, an emergency
13 response vendor, or others able to respond to his or her
14 need for assistance; and

15 (6) assistance with activities of daily living as
16 required by each resident.

17 "Negotiated risk" is the process by which a resident, or
18 his or her representative, may formally negotiate with
19 providers what risks each are willing and unwilling to assume
20 in service provision and the resident's living environment. The
21 provider assures that the resident and the resident's
22 representative, if any, are informed of the risks of these
23 decisions and of the potential consequences of assuming these
24 risks.

25 "Owner" means the individual, partnership, corporation,
26 association, or other person who owns an assisted living or

1 shared housing establishment. In the event an assisted living
2 or shared housing establishment is operated by a person who
3 leases or manages the physical plant, which is owned by another
4 person, "owner" means the person who operates the assisted
5 living or shared housing establishment, except that if the
6 person who owns the physical plant is an affiliate of the
7 person who operates the assisted living or shared housing
8 establishment and has significant control over the day to day
9 operations of the assisted living or shared housing
10 establishment, the person who owns the physical plant shall
11 incur jointly and severally with the owner all liabilities
12 imposed on an owner under this Act.

13 "Physician" means a person licensed under the Medical
14 Practice Act of 1987 to practice medicine in all of its
15 branches.

16 "Resident" means a person residing in an assisted living or
17 shared housing establishment.

18 "Resident's representative" means a person, other than the
19 owner, agent, or employee of an establishment or of the health
20 care provider unless related to the resident, designated in
21 writing by a resident to be his or her representative. This
22 designation may be accomplished through the Illinois Power of
23 Attorney Act, pursuant to the guardianship process under the
24 Probate Act of 1975, or pursuant to an executed designation of
25 representative form specified by the Department.

26 "Self" means the individual or the individual's designated

1 representative.

2 "Shared housing establishment" or "establishment" means a
3 publicly or privately operated free-standing residence for 16
4 or fewer persons, at least 80% of whom are 55 years of age or
5 older and who are unrelated to the owners and one manager of
6 the residence, where the following are provided:

7 (1) services consistent with a social model that is
8 based on the premise that the resident's unit is his or her
9 own home;

10 (2) community-based residential care for persons who
11 need assistance with activities of daily living, including
12 housing and personal, supportive, and intermittent
13 health-related services available 24 hours per day, if
14 needed, to meet the scheduled and unscheduled needs of a
15 resident; and

16 (3) mandatory services, whether provided directly by
17 the establishment or by another entity arranged for by the
18 establishment, with the consent of the resident or the
19 resident's representative.

20 "Shared housing establishment" or "establishment" does not
21 mean any of the following:

22 (1) A home, institution, or similar place operated by
23 the federal government or the State of Illinois.

24 (2) A long term care facility licensed under the
25 Nursing Home Care Act, a facility licensed under the
26 Specialized Mental Health Rehabilitation Act of 2013, or a

1 facility licensed under the ID/DD Community Care Act. A
2 facility licensed under either of those Acts may, however,
3 convert sections of the facility to assisted living. If the
4 facility elects to do so, the facility shall retain the
5 Certificate of Need for its nursing beds that were
6 converted.

7 (3) A hospital, sanitarium, or other institution, the
8 principal activity or business of which is the diagnosis,
9 care, and treatment of human illness and that is required
10 to be licensed under the Hospital Licensing Act.

11 (4) A facility for child care as defined in the Child
12 Care Act of 1969.

13 (5) A community living facility as defined in the
14 Community Living Facilities Licensing Act.

15 (6) A nursing home or sanitarium operated solely by and
16 for persons who rely exclusively upon treatment by
17 spiritual means through prayer in accordance with the creed
18 or tenants of a well-recognized church or religious
19 denomination.

20 (7) A facility licensed by the Department of Human
21 Services as a community-integrated living arrangement as
22 defined in the Community-Integrated Living Arrangements
23 Licensure and Certification Act.

24 (8) A supportive residence licensed under the
25 Supportive Residences Licensing Act.

26 (9) A life care facility as defined in the Life Care

1 Facilities Act; a life care facility may apply under this
2 Act to convert sections of the community to assisted
3 living.

4 (10) A free-standing hospice facility licensed under
5 the Hospice Program Licensing Act.

6 (11) An assisted living establishment.

7 (12) A supportive living facility as described in
8 Section 5-5.01a of the Illinois Public Aid Code.

9 "Total assistance" means that staff or another individual
10 performs the entire activity of daily living without
11 participation by the resident.

12 (Source: P.A. 96-339, eff. 7-1-10; 96-975, eff. 7-2-10; 97-38,
13 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

14 (210 ILCS 9/35)

15 Sec. 35. Issuance of license.

16 (a) Upon receipt and review of an application for a license
17 and review of the applicant establishment, the Director may
18 issue a license if he or she finds:

19 (1) that the individual applicant, or the corporation,
20 partnership, or other entity if the applicant is not an
21 individual, is a person responsible and suitable to operate
22 or to direct or participate in the operation of an
23 establishment by virtue of financial capacity, appropriate
24 business or professional experience, a record of lawful
25 compliance with lawful orders of the Department and lack of

1 revocation of a license issued under this Act, the Nursing
2 Home Care Act, the Specialized Mental Health
3 Rehabilitation Act of 2013, or the ID/DD Community Care Act
4 during the previous 5 years;

5 (2) that the establishment is under the supervision of
6 a full-time director who is at least 21 years of age and
7 has a high school diploma or equivalent plus either:

8 (A) 2 years of management experience or 2 years of
9 experience in positions of progressive responsibility
10 in health care, housing with services, or adult day
11 care or providing similar services to the elderly; or

12 (B) 2 years of management experience or 2 years of
13 experience in positions of progressive responsibility
14 in hospitality and training in health care and housing
15 with services management as defined by rule;

16 (3) that the establishment has staff sufficient in
17 number with qualifications, adequate skills, education,
18 and experience to meet the 24 hour scheduled and
19 unscheduled needs of residents and who participate in
20 ongoing training to serve the resident population;

21 (4) that all employees who are subject to the Health
22 Care Worker Background Check Act meet the requirements of
23 that Act;

24 (5) that the applicant is in substantial compliance
25 with this Act and such other requirements for a license as
26 the Department by rule may establish under this Act;

1 (6) that the applicant pays all required fees;

2 (7) that the applicant has provided to the Department
3 an accurate disclosure document in accordance with the
4 Alzheimer's Disease and Related Dementias Special Care
5 Disclosure Act and in substantial compliance with Section
6 150 of this Act.

7 In addition to any other requirements set forth in this
8 Act, as a condition of licensure under this Act, the director
9 of an establishment must participate in at least 20 hours of
10 training every 2 years to assist him or her in better meeting
11 the needs of the residents of the establishment and managing
12 the operation of the establishment.

13 Any license issued by the Director shall state the physical
14 location of the establishment, the date the license was issued,
15 and the expiration date. All licenses shall be valid for one
16 year, except as provided in Sections 40 and 45. Each license
17 shall be issued only for the premises and persons named in the
18 application, and shall not be transferable or assignable.

19 (Source: P.A. 96-339, eff. 7-1-10; 96-990, eff. 7-2-10; 97-38,
20 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

21 (210 ILCS 9/55)

22 Sec. 55. Grounds for denial of a license. An application
23 for a license may be denied for any of the following reasons:

24 (1) failure to meet any of the standards set forth in
25 this Act or by rules adopted by the Department under this

1 Act;

2 (2) conviction of the applicant, or if the applicant is
3 a firm, partnership, or association, of any of its members,
4 or if a corporation, the conviction of the corporation or
5 any of its officers or stockholders, or of the person
6 designated to manage or supervise the establishment, of a
7 felony or of 2 or more misdemeanors involving moral
8 turpitude during the previous 5 years as shown by a
9 certified copy of the record of the court of conviction;

10 (3) personnel insufficient in number or unqualified by
11 training or experience to properly care for the residents;

12 (4) insufficient financial or other resources to
13 operate and conduct the establishment in accordance with
14 standards adopted by the Department under this Act;

15 (5) revocation of a license during the previous 5
16 years, if such prior license was issued to the individual
17 applicant, a controlling owner or controlling combination
18 of owners of the applicant; or any affiliate of the
19 individual applicant or controlling owner of the applicant
20 and such individual applicant, controlling owner of the
21 applicant or affiliate of the applicant was a controlling
22 owner of the prior license; provided, however, that the
23 denial of an application for a license pursuant to this
24 Section must be supported by evidence that the prior
25 revocation renders the applicant unqualified or incapable
26 of meeting or maintaining an establishment in accordance

1 with the standards and rules adopted by the Department
2 under this Act; or

3 (6) the establishment is not under the direct
4 supervision of a full-time director, as defined by rule.

5 The Department shall deny an application for a license if 6
6 months after submitting its initial application the applicant
7 has not provided the Department with all of the information
8 required for review and approval or the applicant is not
9 actively pursuing the processing of its application. In
10 addition, the Department shall determine whether the applicant
11 has violated any provision of the Nursing Home Care Act, the
12 Specialized Mental Health Rehabilitation Act of 2013, or the
13 ID/DD Community Care Act.

14 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
15 eff. 1-1-12; 97-813, eff. 7-13-12.)

16 (210 ILCS 9/145)

17 Sec. 145. Conversion of facilities. Entities licensed as
18 facilities under the Nursing Home Care Act, the Specialized
19 Mental Health Rehabilitation Act of 2013, or the ID/DD
20 Community Care Act may elect to convert to a license under this
21 Act. Any facility that chooses to convert, in whole or in part,
22 shall follow the requirements in the Nursing Home Care Act, the
23 Specialized Mental Health Rehabilitation Act of 2013, or the
24 ID/DD Community Care Act, as applicable, and rules promulgated
25 under those Acts regarding voluntary closure and notice to

1 residents. Any conversion of existing beds licensed under the
2 Nursing Home Care Act, the Specialized Mental Health
3 Rehabilitation Act of 2013, or the ID/DD Community Care Act to
4 licensure under this Act is exempt from review by the Health
5 Facilities and Services Review Board.

6 (Source: P.A. 96-31, eff. 6-30-09; 96-339, eff. 7-1-10;
7 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
8 97-813, eff. 7-13-12.)

9 Section 6-175. The Abuse Prevention Review Team Act is
10 amended by changing Sections 10 and 50 as follows:

11 (210 ILCS 28/10)

12 Sec. 10. Definitions. As used in this Act, unless the
13 context requires otherwise:

14 "Department" means the Department of Public Health.

15 "Director" means the Director of Public Health.

16 "Executive Council" means the Illinois Residential Health
17 Care Facility Resident Sexual Assault and Death Review Teams
18 Executive Council.

19 "Resident" means a person residing in and receiving
20 personal care from a facility licensed under the Nursing Home
21 Care Act, the Specialized Mental Health Rehabilitation Act of
22 2013, or the ID/DD Community Care Act.

23 "Review team" means a residential health care facility
24 resident sexual assault and death review team appointed under

1 this Act.

2 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
3 eff. 1-1-12; 97-813, eff. 7-13-12.)

4 (210 ILCS 28/50)

5 Sec. 50. Funding. Notwithstanding any other provision of
6 law, to the extent permitted by federal law, the Department
7 shall use moneys from fines paid by facilities licensed under
8 the Nursing Home Care Act, the Specialized Mental Health
9 Rehabilitation Act of 2013, or the ID/DD Community Care Act for
10 violating requirements for certification under Titles XVIII
11 and XIX of the Social Security Act to implement the provisions
12 of this Act. The Department shall use moneys deposited in the
13 Long Term Care Monitor/Receiver Fund to pay the costs of
14 implementing this Act that cannot be met by the use of federal
15 civil monetary penalties.

16 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
17 eff. 1-1-12; 97-813, eff. 7-13-12.)

18 Section 6-180. The Abused and Neglected Long Term Care
19 Facility Residents Reporting Act is amended by changing
20 Sections 3, 4, and 6 as follows:

21 (210 ILCS 30/3) (from Ch. 111 1/2, par. 4163)

22 Sec. 3. As used in this Act unless the context otherwise
23 requires:

1 a. "Department" means the Department of Public Health of
2 the State of Illinois.

3 b. "Resident" means a person residing in and receiving
4 personal care from a long term care facility, or residing in a
5 mental health facility or developmental disability facility as
6 defined in the Mental Health and Developmental Disabilities
7 Code.

8 c. "Long term care facility" has the same meaning ascribed
9 to such term in the Nursing Home Care Act, except that the term
10 as used in this Act shall include any mental health facility or
11 developmental disability facility as defined in the Mental
12 Health and Developmental Disabilities Code. The term also
13 includes any facility licensed under the ID/DD Community Care
14 Act or the Specialized Mental Health Rehabilitation Act of
15 2013.

16 d. "Abuse" means any physical injury, sexual abuse or
17 mental injury inflicted on a resident other than by accidental
18 means.

19 e. "Neglect" means a failure in a long term care facility
20 to provide adequate medical or personal care or maintenance,
21 which failure results in physical or mental injury to a
22 resident or in the deterioration of a resident's physical or
23 mental condition.

24 f. "Protective services" means services provided to a
25 resident who has been abused or neglected, which may include,
26 but are not limited to alternative temporary institutional

1 placement, nursing care, counseling, other social services
2 provided at the nursing home where the resident resides or at
3 some other facility, personal care and such protective services
4 of voluntary agencies as are available.

5 g. Unless the context otherwise requires, direct or
6 indirect references in this Act to the programs, personnel,
7 facilities, services, service providers, or service recipients
8 of the Department of Human Services shall be construed to refer
9 only to those programs, personnel, facilities, services,
10 service providers, or service recipients that pertain to the
11 Department of Human Services' mental health and developmental
12 disabilities functions.

13 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
14 eff. 1-1-12; 97-813, eff. 7-13-12.)

15 (210 ILCS 30/4) (from Ch. 111 1/2, par. 4164)

16 Sec. 4. Any long term care facility administrator, agent or
17 employee or any physician, hospital, surgeon, dentist,
18 osteopath, chiropractor, podiatrist, accredited religious
19 practitioner who provides treatment by spiritual means alone
20 through prayer in accordance with the tenets and practices of
21 the accrediting church, coroner, social worker, social
22 services administrator, registered nurse, law enforcement
23 officer, field personnel of the Department of Healthcare and
24 Family Services, field personnel of the Illinois Department of
25 Public Health and County or Municipal Health Departments,

1 personnel of the Department of Human Services (acting as the
2 successor to the Department of Mental Health and Developmental
3 Disabilities or the Department of Public Aid), personnel of the
4 Guardianship and Advocacy Commission, personnel of the State
5 Fire Marshal, local fire department inspectors or other
6 personnel, or personnel of the Illinois Department on Aging, or
7 its subsidiary Agencies on Aging, or employee of a facility
8 licensed under the Assisted Living and Shared Housing Act,
9 having reasonable cause to believe any resident with whom they
10 have direct contact has been subjected to abuse or neglect
11 shall immediately report or cause a report to be made to the
12 Department. Persons required to make reports or cause reports
13 to be made under this Section include all employees of the
14 State of Illinois who are involved in providing services to
15 residents, including professionals providing medical or
16 rehabilitation services and all other persons having direct
17 contact with residents; and further include all employees of
18 community service agencies who provide services to a resident
19 of a public or private long term care facility outside of that
20 facility. Any long term care surveyor of the Illinois
21 Department of Public Health who has reasonable cause to believe
22 in the course of a survey that a resident has been abused or
23 neglected and initiates an investigation while on site at the
24 facility shall be exempt from making a report under this
25 Section but the results of any such investigation shall be
26 forwarded to the central register in a manner and form

1 described by the Department.

2 The requirement of this Act shall not relieve any long term
3 care facility administrator, agent or employee of
4 responsibility to report the abuse or neglect of a resident
5 under Section 3-610 of the Nursing Home Care Act or under
6 Section 3-610 of the ID/DD Community Care Act or under Section
7 2-107 ~~3-610~~ of the Specialized Mental Health Rehabilitation Act
8 of 2013.

9 In addition to the above persons required to report
10 suspected resident abuse and neglect, any other person may make
11 a report to the Department, or to any law enforcement officer,
12 if such person has reasonable cause to suspect a resident has
13 been abused or neglected.

14 This Section also applies to residents whose death occurs
15 from suspected abuse or neglect before being found or brought
16 to a hospital.

17 A person required to make reports or cause reports to be
18 made under this Section who fails to comply with the
19 requirements of this Section is guilty of a Class A
20 misdemeanor.

21 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
22 eff. 1-1-12; 97-813, eff. 7-13-12.)

23 (210 ILCS 30/6) (from Ch. 111 1/2, par. 4166)

24 Sec. 6. All reports of suspected abuse or neglect made
25 under this Act shall be made immediately by telephone to the

1 Department's central register established under Section 14 on
2 the single, State-wide, toll-free telephone number established
3 under Section 13, or in person or by telephone through the
4 nearest Department office. No long term care facility
5 administrator, agent or employee, or any other person, shall
6 screen reports or otherwise withhold any reports from the
7 Department, and no long term care facility, department of State
8 government, or other agency shall establish any rules,
9 criteria, standards or guidelines to the contrary. Every long
10 term care facility, department of State government and other
11 agency whose employees are required to make or cause to be made
12 reports under Section 4 shall notify its employees of the
13 provisions of that Section and of this Section, and provide to
14 the Department documentation that such notification has been
15 given. The Department of Human Services shall train all of its
16 mental health and developmental disabilities employees in the
17 detection and reporting of suspected abuse and neglect of
18 residents. Reports made to the central register through the
19 State-wide, toll-free telephone number shall be transmitted to
20 appropriate Department offices and municipal health
21 departments that have responsibility for licensing long term
22 care facilities under the Nursing Home Care Act, the
23 Specialized Mental Health Rehabilitation Act of 2013, or the
24 ID/DD Community Care Act. All reports received through offices
25 of the Department shall be forwarded to the central register,
26 in a manner and form described by the Department. The

1 Department shall be capable of receiving reports of suspected
2 abuse and neglect 24 hours a day, 7 days a week. Reports shall
3 also be made in writing deposited in the U.S. mail, postage
4 prepaid, within 24 hours after having reasonable cause to
5 believe that the condition of the resident resulted from abuse
6 or neglect. Such reports may in addition be made to the local
7 law enforcement agency in the same manner. However, in the
8 event a report is made to the local law enforcement agency, the
9 reporter also shall immediately so inform the Department. The
10 Department shall initiate an investigation of each report of
11 resident abuse and neglect under this Act, whether oral or
12 written, as provided for in Section 3-702 of the Nursing Home
13 Care Act, Section 2-208 ~~3-702~~ of the Specialized Mental Health
14 Rehabilitation Act of 2013, or Section 3-702 of the ID/DD
15 Community Care Act, except that reports of abuse which indicate
16 that a resident's life or safety is in imminent danger shall be
17 investigated within 24 hours of such report. The Department may
18 delegate to law enforcement officials or other public agencies
19 the duty to perform such investigation.

20 With respect to investigations of reports of suspected
21 abuse or neglect of residents of mental health and
22 developmental disabilities institutions under the jurisdiction
23 of the Department of Human Services, the Department shall
24 transmit copies of such reports to the Department of State
25 Police, the Department of Human Services, and the Inspector
26 General appointed under Section 1-17 of the Department of Human

1 Services Act. If the Department receives a report of suspected
2 abuse or neglect of a recipient of services as defined in
3 Section 1-123 of the Mental Health and Developmental
4 Disabilities Code, the Department shall transmit copies of such
5 report to the Inspector General and the Directors of the
6 Guardianship and Advocacy Commission and the agency designated
7 by the Governor pursuant to the Protection and Advocacy for
8 Developmentally Disabled Persons Act. When requested by the
9 Director of the Guardianship and Advocacy Commission, the
10 agency designated by the Governor pursuant to the Protection
11 and Advocacy for Developmentally Disabled Persons Act, or the
12 Department of Financial and Professional Regulation, the
13 Department, the Department of Human Services and the Department
14 of State Police shall make available a copy of the final
15 investigative report regarding investigations conducted by
16 their respective agencies on incidents of suspected abuse or
17 neglect of residents of mental health and developmental
18 disabilities institutions or individuals receiving services at
19 community agencies under the jurisdiction of the Department of
20 Human Services. Such final investigative report shall not
21 contain witness statements, investigation notes, draft
22 summaries, results of lie detector tests, investigative files
23 or other raw data which was used to compile the final
24 investigative report. Specifically, the final investigative
25 report of the Department of State Police shall mean the
26 Director's final transmittal letter. The Department of Human

1 Services shall also make available a copy of the results of
2 disciplinary proceedings of employees involved in incidents of
3 abuse or neglect to the Directors. All identifiable information
4 in reports provided shall not be further disclosed except as
5 provided by the Mental Health and Developmental Disabilities
6 Confidentiality Act. Nothing in this Section is intended to
7 limit or construe the power or authority granted to the agency
8 designated by the Governor pursuant to the Protection and
9 Advocacy for Developmentally Disabled Persons Act, pursuant to
10 any other State or federal statute.

11 With respect to investigations of reported resident abuse
12 or neglect, the Department shall effect with appropriate law
13 enforcement agencies formal agreements concerning methods and
14 procedures for the conduct of investigations into the criminal
15 histories of any administrator, staff assistant or employee of
16 the nursing home or other person responsible for the residents
17 care, as well as for other residents in the nursing home who
18 may be in a position to abuse, neglect or exploit the patient.
19 Pursuant to the formal agreements entered into with appropriate
20 law enforcement agencies, the Department may request
21 information with respect to whether the person or persons set
22 forth in this paragraph have ever been charged with a crime and
23 if so, the disposition of those charges. Unless the criminal
24 histories of the subjects involved crimes of violence or
25 resident abuse or neglect, the Department shall be entitled
26 only to information limited in scope to charges and their

1 dispositions. In cases where prior crimes of violence or
2 resident abuse or neglect are involved, a more detailed report
3 can be made available to authorized representatives of the
4 Department, pursuant to the agreements entered into with
5 appropriate law enforcement agencies. Any criminal charges and
6 their disposition information obtained by the Department shall
7 be confidential and may not be transmitted outside the
8 Department, except as required herein, to authorized
9 representatives or delegates of the Department, and may not be
10 transmitted to anyone within the Department who is not duly
11 authorized to handle resident abuse or neglect investigations.

12 The Department shall effect formal agreements with
13 appropriate law enforcement agencies in the various counties
14 and communities to encourage cooperation and coordination in
15 the handling of resident abuse or neglect cases pursuant to
16 this Act. The Department shall adopt and implement methods and
17 procedures to promote statewide uniformity in the handling of
18 reports of abuse and neglect under this Act, and those methods
19 and procedures shall be adhered to by personnel of the
20 Department involved in such investigations and reporting. The
21 Department shall also make information required by this Act
22 available to authorized personnel within the Department, as
23 well as its authorized representatives.

24 The Department shall keep a continuing record of all
25 reports made pursuant to this Act, including indications of the
26 final determination of any investigation and the final

1 disposition of all reports.

2 The Department shall report annually to the General
3 Assembly on the incidence of abuse and neglect of long term
4 care facility residents, with special attention to residents
5 who are mentally disabled. The report shall include but not be
6 limited to data on the number and source of reports of
7 suspected abuse or neglect filed under this Act, the nature of
8 any injuries to residents, the final determination of
9 investigations, the type and number of cases where abuse or
10 neglect is determined to exist, and the final disposition of
11 cases.

12 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
13 eff. 1-1-12; 97-813, eff. 7-13-12.)

14 Section 6-185. The Nursing Home Care Act is amended by
15 changing Sections 1-113, 2-204, 3-202.05, and 3-202.5 as
16 follows:

17 (210 ILCS 45/1-113) (from Ch. 111 1/2, par. 4151-113)

18 Sec. 1-113. "Facility" or "long-term care facility" means a
19 private home, institution, building, residence, or any other
20 place, whether operated for profit or not, or a county home for
21 the infirm and chronically ill operated pursuant to Division
22 5-21 or 5-22 of the Counties Code, or any similar institution
23 operated by a political subdivision of the State of Illinois,
24 which provides, through its ownership or management, personal

1 care, sheltered care or nursing for 3 or more persons, not
2 related to the applicant or owner by blood or marriage. It
3 includes skilled nursing facilities and intermediate care
4 facilities as those terms are defined in Title XVIII and Title
5 XIX of the Federal Social Security Act. It also includes homes,
6 institutions, or other places operated by or under the
7 authority of the Illinois Department of Veterans' Affairs.

8 "Facility" does not include the following:

9 (1) A home, institution, or other place operated by the
10 federal government or agency thereof, or by the State of
11 Illinois, other than homes, institutions, or other places
12 operated by or under the authority of the Illinois
13 Department of Veterans' Affairs;

14 (2) A hospital, sanitarium, or other institution whose
15 principal activity or business is the diagnosis, care, and
16 treatment of human illness through the maintenance and
17 operation as organized facilities therefor, which is
18 required to be licensed under the Hospital Licensing Act;

19 (3) Any "facility for child care" as defined in the
20 Child Care Act of 1969;

21 (4) Any "Community Living Facility" as defined in the
22 Community Living Facilities Licensing Act;

23 (5) Any "community residential alternative" as defined
24 in the Community Residential Alternatives Licensing Act;

25 (6) Any nursing home or sanatorium operated solely by
26 and for persons who rely exclusively upon treatment by

1 spiritual means through prayer, in accordance with the
2 creed or tenets of any well-recognized church or religious
3 denomination. However, such nursing home or sanatorium
4 shall comply with all local laws and rules relating to
5 sanitation and safety;

6 (7) Any facility licensed by the Department of Human
7 Services as a community-integrated living arrangement as
8 defined in the Community-Integrated Living Arrangements
9 Licensure and Certification Act;

10 (8) Any "Supportive Residence" licensed under the
11 Supportive Residences Licensing Act;

12 (9) Any "supportive living facility" in good standing
13 with the program established under Section 5-5.01a of the
14 Illinois Public Aid Code, except only for purposes of the
15 employment of persons in accordance with Section 3-206.01;

16 (10) Any assisted living or shared housing
17 establishment licensed under the Assisted Living and
18 Shared Housing Act, except only for purposes of the
19 employment of persons in accordance with Section 3-206.01;

20 (11) An Alzheimer's disease management center
21 alternative health care model licensed under the
22 Alternative Health Care Delivery Act;

23 (12) A facility licensed under the ID/DD Community Care
24 Act; or

25 (13) A facility licensed under the Specialized Mental
26 Health Rehabilitation Act of 2013.

1 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
2 eff. 1-1-12; 97-813, eff. 7-13-12.)

3 (210 ILCS 45/2-204) (from Ch. 111 1/2, par. 4152-204)

4 Sec. 2-204. The Director shall appoint a Long-Term Care
5 Facility Advisory Board to consult with the Department and the
6 residents' advisory councils created under Section 2-203.

7 (a) The Board shall be comprised of the following persons:

8 (1) The Director who shall serve as chairman, ex
9 officio and nonvoting; and

10 (2) One representative each of the Department of
11 Healthcare and Family Services, the Department of Human
12 Services, the Department on Aging, and the Office of the
13 State Fire Marshal, all nonvoting members;

14 (3) One member who shall be a physician licensed to
15 practice medicine in all its branches;

16 (4) One member who shall be a registered nurse selected
17 from the recommendations of professional nursing
18 associations;

19 (5) Four members who shall be selected from the
20 recommendations by organizations whose membership consists
21 of facilities;

22 (6) Two members who shall represent the general public
23 who are not members of a residents' advisory council
24 established under Section 2-203 and who have no
25 responsibility for management or formation of policy or

1 financial interest in a facility;

2 (7) One member who is a member of a residents' advisory
3 council established under Section 2-203 and is capable of
4 actively participating on the Board; and

5 (8) One member who shall be selected from the
6 recommendations of consumer organizations which engage
7 solely in advocacy or legal representation on behalf of
8 residents and their immediate families.

9 (b) The terms of those members of the Board appointed prior
10 to the effective date of this amendatory Act of 1988 shall
11 expire on December 31, 1988. Members of the Board created by
12 this amendatory Act of 1988 shall be appointed to serve for
13 terms as follows: 3 for 2 years, 3 for 3 years and 3 for 4
14 years. The member of the Board added by this amendatory Act of
15 1989 shall be appointed to serve for a term of 4 years. Each
16 successor member shall be appointed for a term of 4 years. Any
17 member appointed to fill a vacancy occurring prior to the
18 expiration of the term for which his predecessor was appointed
19 shall be appointed for the remainder of such term. The Board
20 shall meet as frequently as the chairman deems necessary, but
21 not less than 4 times each year. Upon request by 4 or more
22 members the chairman shall call a meeting of the Board. The
23 affirmative vote of 6 members of the Board shall be necessary
24 for Board action. A member of the Board can designate a
25 replacement to serve at the Board meeting and vote in place of
26 the member by submitting a letter of designation to the

1 chairman prior to or at the Board meeting. The Board members
2 shall be reimbursed for their actual expenses incurred in the
3 performance of their duties.

4 (c) The Advisory Board shall advise the Department of
5 Public Health on all aspects of its responsibilities under this
6 Act and the Specialized Mental Health Rehabilitation
7 ~~Facilities~~ Act of 2013, including the format and content of any
8 rules promulgated by the Department of Public Health. Any such
9 rules, except emergency rules promulgated pursuant to Section
10 5-45 of the Illinois Administrative Procedure Act, promulgated
11 without obtaining the advice of the Advisory Board are null and
12 void. In the event that the Department fails to follow the
13 advice of the Board, the Department shall, prior to the
14 promulgation of such rules, transmit a written explanation of
15 the reason thereof to the Board. During its review of rules,
16 the Board shall analyze the economic and regulatory impact of
17 those rules. If the Advisory Board, having been asked for its
18 advice, fails to advise the Department within 90 days, the
19 rules shall be considered acted upon.

20 (Source: P.A. 97-38, eff. 6-28-11; revised 8-3-12.)

21 (210 ILCS 45/3-202.05)

22 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and
23 thereafter.

24 (a) For the purpose of computing staff to resident ratios,
25 direct care staff shall include:

- 1 (1) registered nurses;
- 2 (2) licensed practical nurses;
- 3 (3) certified nurse assistants;
- 4 (4) psychiatric services rehabilitation aides;
- 5 (5) rehabilitation and therapy aides;
- 6 (6) psychiatric services rehabilitation coordinators;
- 7 (7) assistant directors of nursing;
- 8 (8) 50% of the Director of Nurses' time; and
- 9 (9) 30% of the Social Services Directors' time.

10 The Department shall, by rule, allow certain facilities
11 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart
12 S) to utilize specialized clinical staff, as defined in rules,
13 to count towards the staffing ratios.

14 Within 120 days of the effective date of this amendatory
15 Act of the 97th General Assembly, the Department shall
16 promulgate rules specific to the staffing requirements for
17 facilities federally defined as Institutions for Mental
18 Disease. These rules shall recognize the unique nature of
19 individuals with chronic mental health conditions, shall
20 include minimum requirements for specialized clinical staff,
21 including clinical social workers, psychiatrists,
22 psychologists, and direct care staff set forth in paragraphs
23 (4) through (6) and any other specialized staff which may be
24 utilized and deemed necessary to count toward staffing ratios.

25 Within 120 days of the effective date of this amendatory
26 Act of the 97th General Assembly, the Department shall

1 promulgate rules specific to the staffing requirements for
2 facilities licensed under the Specialized Mental Health
3 Rehabilitation Act of 2013. These rules shall recognize the
4 unique nature of individuals with chronic mental health
5 conditions, shall include minimum requirements for specialized
6 clinical staff, including clinical social workers,
7 psychiatrists, psychologists, and direct care staff set forth
8 in paragraphs (4) through (6) and any other specialized staff
9 which may be utilized and deemed necessary to count toward
10 staffing ratios.

11 (b) Beginning January 1, 2011, and thereafter, light
12 intermediate care shall be staffed at the same staffing ratio
13 as intermediate care.

14 (c) Facilities shall notify the Department within 60 days
15 after the effective date of this amendatory Act of the 96th
16 General Assembly, in a form and manner prescribed by the
17 Department, of the staffing ratios in effect on the effective
18 date of this amendatory Act of the 96th General Assembly for
19 both intermediate and skilled care and the number of residents
20 receiving each level of care.

21 (d) (1) Effective July 1, 2010, for each resident needing
22 skilled care, a minimum staffing ratio of 2.5 hours of nursing
23 and personal care each day must be provided; for each resident
24 needing intermediate care, 1.7 hours of nursing and personal
25 care each day must be provided.

26 (2) Effective January 1, 2011, the minimum staffing ratios

1 shall be increased to 2.7 hours of nursing and personal care
2 each day for a resident needing skilled care and 1.9 hours of
3 nursing and personal care each day for a resident needing
4 intermediate care.

5 (3) Effective January 1, 2012, the minimum staffing ratios
6 shall be increased to 3.0 hours of nursing and personal care
7 each day for a resident needing skilled care and 2.1 hours of
8 nursing and personal care each day for a resident needing
9 intermediate care.

10 (4) Effective January 1, 2013, the minimum staffing ratios
11 shall be increased to 3.4 hours of nursing and personal care
12 each day for a resident needing skilled care and 2.3 hours of
13 nursing and personal care each day for a resident needing
14 intermediate care.

15 (5) Effective January 1, 2014, the minimum staffing ratios
16 shall be increased to 3.8 hours of nursing and personal care
17 each day for a resident needing skilled care and 2.5 hours of
18 nursing and personal care each day for a resident needing
19 intermediate care.

20 (e) Ninety days after the effective date of this amendatory
21 Act of the 97th General Assembly, a minimum of 25% of nursing
22 and personal care time shall be provided by licensed nurses,
23 with at least 10% of nursing and personal care time provided by
24 registered nurses. These minimum requirements shall remain in
25 effect until an acuity based registered nurse requirement is
26 promulgated by rule concurrent with the adoption of the

1 Resource Utilization Group classification-based payment
2 methodology, as provided in Section 5-5.2 of the Illinois
3 Public Aid Code. Registered nurses and licensed practical
4 nurses employed by a facility in excess of these requirements
5 may be used to satisfy the remaining 75% of the nursing and
6 personal care time requirements. Notwithstanding this
7 subsection, no staffing requirement in statute in effect on the
8 effective date of this amendatory Act of the 97th General
9 Assembly shall be reduced on account of this subsection.

10 (Source: P.A. 96-1372, eff. 7-29-10; 96-1504, eff. 1-27-11;
11 97-689, eff. 6-14-12.)

12 (210 ILCS 45/3-202.5)

13 Sec. 3-202.5. Facility plan review; fees.

14 (a) Before commencing construction of a new facility or
15 specified types of alteration or additions to an existing long
16 term care facility involving major construction, as defined by
17 rule by the Department, with an estimated cost greater than
18 \$100,000, architectural drawings and specifications for the
19 facility shall be submitted to the Department for review and
20 approval. A facility may submit architectural drawings and
21 specifications for other construction projects for Department
22 review according to subsection (b) that shall not be subject to
23 fees under subsection (d). Review of drawings and
24 specifications shall be conducted by an employee of the
25 Department meeting the qualifications established by the

1 Department of Central Management Services class specifications
2 for such an individual's position or by a person contracting
3 with the Department who meets those class specifications. Final
4 approval of the drawings and specifications for compliance with
5 design and construction standards shall be obtained from the
6 Department before the alteration, addition, or new
7 construction is begun.

8 (b) The Department shall inform an applicant in writing
9 within 10 working days after receiving drawings and
10 specifications and the required fee, if any, from the applicant
11 whether the applicant's submission is complete or incomplete.
12 Failure to provide the applicant with this notice within 10
13 working days shall result in the submission being deemed
14 complete for purposes of initiating the 60-day review period
15 under this Section. If the submission is incomplete, the
16 Department shall inform the applicant of the deficiencies with
17 the submission in writing. If the submission is complete the
18 required fee, if any, has been paid, the Department shall
19 approve or disapprove drawings and specifications submitted to
20 the Department no later than 60 days following receipt by the
21 Department. The drawings and specifications shall be of
22 sufficient detail, as provided by Department rule, to enable
23 the Department to render a determination of compliance with
24 design and construction standards under this Act. If the
25 Department finds that the drawings are not of sufficient detail
26 for it to render a determination of compliance, the plans shall

1 be determined to be incomplete and shall not be considered for
2 purposes of initiating the 60 day review period. If a
3 submission of drawings and specifications is incomplete, the
4 applicant may submit additional information. The 60-day review
5 period shall not commence until the Department determines that
6 a submission of drawings and specifications is complete or the
7 submission is deemed complete. If the Department has not
8 approved or disapproved the drawings and specifications within
9 60 days, the construction, major alteration, or addition shall
10 be deemed approved. If the drawings and specifications are
11 disapproved, the Department shall state in writing, with
12 specificity, the reasons for the disapproval. The entity
13 submitting the drawings and specifications may submit
14 additional information in response to the written comments from
15 the Department or request a reconsideration of the disapproval.
16 A final decision of approval or disapproval shall be made
17 within 45 days of the receipt of the additional information or
18 reconsideration request. If denied, the Department shall state
19 the specific reasons for the denial.

20 (c) The Department shall provide written approval for
21 occupancy pursuant to subsection (g) and shall not issue a
22 violation to a facility as a result of a licensure or complaint
23 survey based upon the facility's physical structure if:

- 24 (1) the Department reviewed and approved or deemed
25 approved the drawings and specifications for compliance
26 with design and construction standards;

1 (2) the construction, major alteration, or addition
2 was built as submitted;

3 (3) the law or rules have not been amended since the
4 original approval; and

5 (4) the conditions at the facility indicate that there
6 is a reasonable degree of safety provided for the
7 residents.

8 (d) The Department shall charge the following fees in
9 connection with its reviews conducted before June 30, 2004
10 under this Section:

11 (1) (Blank).

12 (2) (Blank).

13 (3) If the estimated dollar value of the alteration,
14 addition, or new construction is \$100,000 or more but less
15 than \$500,000, the fee shall be the greater of \$2,400 or
16 1.2% of that value.

17 (4) If the estimated dollar value of the alteration,
18 addition, or new construction is \$500,000 or more but less
19 than \$1,000,000, the fee shall be the greater of \$6,000 or
20 0.96% of that value.

21 (5) If the estimated dollar value of the alteration,
22 addition, or new construction is \$1,000,000 or more but
23 less than \$5,000,000, the fee shall be the greater of
24 \$9,600 or 0.22% of that value.

25 (6) If the estimated dollar value of the alteration,
26 addition, or new construction is \$5,000,000 or more, the

1 fee shall be the greater of \$11,000 or 0.11% of that value,
2 but shall not exceed \$40,000.

3 The fees provided in this subsection (d) shall not apply to
4 major construction projects involving facility changes that
5 are required by Department rule amendments.

6 The fees provided in this subsection (d) shall also not
7 apply to major construction projects if 51% or more of the
8 estimated cost of the project is attributed to capital
9 equipment. For major construction projects where 51% or more of
10 the estimated cost of the project is attributed to capital
11 equipment, the Department shall by rule establish a fee that is
12 reasonably related to the cost of reviewing the project.

13 The Department shall not commence the facility plan review
14 process under this Section until the applicable fee has been
15 paid.

16 (e) All fees received by the Department under this Section
17 shall be deposited into the Health Facility Plan Review Fund, a
18 special fund created in the State Treasury. All fees paid by
19 long-term care facilities under subsection (d) shall be used
20 only to cover the costs relating to the Department's review of
21 long-term care facility projects under this Section. Moneys
22 shall be appropriated from that Fund to the Department only to
23 pay the costs of conducting reviews under this Section or under
24 Section 3-202.5 of the ID/DD Community Care Act ~~or under~~
25 ~~Section 3-202.5 of the Specialized Mental Health~~
26 ~~Rehabilitation Act~~. None of the moneys in the Health Facility

1 Plan Review Fund shall be used to reduce the amount of General
2 Revenue Fund moneys appropriated to the Department for facility
3 plan reviews conducted pursuant to this Section.

4 (f)(1) The provisions of this amendatory Act of 1997
5 concerning drawings and specifications shall apply only to
6 drawings and specifications submitted to the Department on or
7 after October 1, 1997.

8 (2) On and after the effective date of this amendatory Act
9 of 1997 and before October 1, 1997, an applicant may submit or
10 resubmit drawings and specifications to the Department and pay
11 the fees provided in subsection (d). If an applicant pays the
12 fees provided in subsection (d) under this paragraph (2), the
13 provisions of subsection (b) shall apply with regard to those
14 drawings and specifications.

15 (g) The Department shall conduct an on-site inspection of
16 the completed project no later than 30 days after notification
17 from the applicant that the project has been completed and all
18 certifications required by the Department have been received
19 and accepted by the Department. The Department shall provide
20 written approval for occupancy to the applicant within 5
21 working days of the Department's final inspection, provided the
22 applicant has demonstrated substantial compliance as defined
23 by Department rule. Occupancy of new major construction is
24 prohibited until Department approval is received, unless the
25 Department has not acted within the time frames provided in
26 this subsection (g), in which case the construction shall be

1 deemed approved. Occupancy shall be authorized after any
2 required health inspection by the Department has been
3 conducted.

4 (h) The Department shall establish, by rule, a procedure to
5 conduct interim on-site review of large or complex construction
6 projects.

7 (i) The Department shall establish, by rule, an expedited
8 process for emergency repairs or replacement of like equipment.

9 (j) Nothing in this Section shall be construed to apply to
10 maintenance, upkeep, or renovation that does not affect the
11 structural integrity of the building, does not add beds or
12 services over the number for which the long-term care facility
13 is licensed, and provides a reasonable degree of safety for the
14 residents.

15 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
16 eff. 1-1-12; 97-813, eff. 7-13-12.)

17 (210 ILCS 48/Act rep.)

18 Section 6-187. The Specialized Mental Health
19 Rehabilitation Act is repealed.

20 Section 6-190. The Home Health, Home Services, and Home
21 Nursing Agency Licensing Act is amended by changing Section
22 2.08 as follows:

23 (210 ILCS 55/2.08)

1 Sec. 2.08. "Home services agency" means an agency that
2 provides services directly, or acts as a placement agency, for
3 the purpose of placing individuals as workers providing home
4 services for consumers in their personal residences. "Home
5 services agency" does not include agencies licensed under the
6 Nurse Agency Licensing Act, the Hospital Licensing Act, the
7 Nursing Home Care Act, the ID/DD Community Care Act, the
8 Specialized Mental Health Rehabilitation Act of 2013, or the
9 Assisted Living and Shared Housing Act and does not include an
10 agency that limits its business exclusively to providing
11 housecleaning services. Programs providing services
12 exclusively through the Community Care Program of the Illinois
13 Department on Aging, the Department of Human Services Office of
14 Rehabilitation Services, or the United States Department of
15 Veterans Affairs are not considered to be a home services
16 agency under this Act.

17 (Source: P.A. 96-339, eff. 7-1-10; 96-577, eff. 8-18-09;
18 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
19 97-813, eff. 7-13-12.)

20 Section 6-195. The Hospice Program Licensing Act is amended
21 by changing Sections 3 and 4 as follows:

22 (210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)

23 Sec. 3. Definitions. As used in this Act, unless the
24 context otherwise requires:

1 (a) "Bereavement" means the period of time during which the
2 hospice patient's family experiences and adjusts to the death
3 of the hospice patient.

4 (a-5) "Bereavement services" means counseling services
5 provided to an individual's family after the individual's
6 death.

7 (a-10) "Attending physician" means a physician who:

8 (1) is a doctor of medicine or osteopathy; and

9 (2) is identified by an individual, at the time the
10 individual elects to receive hospice care, as having the
11 most significant role in the determination and delivery of
12 the individual's medical care.

13 (b) "Department" means the Illinois Department of Public
14 Health.

15 (c) "Director" means the Director of the Illinois
16 Department of Public Health.

17 (d) "Hospice care" means a program of palliative care that
18 provides for the physical, emotional, and spiritual care needs
19 of a terminally ill patient and his or her family. The goal of
20 such care is to achieve the highest quality of life as defined
21 by the patient and his or her family through the relief of
22 suffering and control of symptoms.

23 (e) "Hospice care team" means an interdisciplinary group or
24 groups composed of individuals who provide or supervise the
25 care and services offered by the hospice.

26 (f) "Hospice patient" means a terminally ill person

1 receiving hospice services.

2 (g) "Hospice patient's family" means a hospice patient's
3 immediate family consisting of a spouse, sibling, child, parent
4 and those individuals designated as such by the patient for the
5 purposes of this Act.

6 (g-1) "Hospice residence" means a separately licensed
7 home, apartment building, or similar building providing living
8 quarters:

9 (1) that is owned or operated by a person licensed to
10 operate as a comprehensive hospice; and

11 (2) at which hospice services are provided to facility
12 residents.

13 A building that is licensed under the Hospital Licensing
14 Act, the Nursing Home Care Act, the Specialized Mental Health
15 Rehabilitation Act of 2013, or the ID/DD Community Care Act is
16 not a hospice residence.

17 (h) "Hospice services" means a range of professional and
18 other supportive services provided to a hospice patient and his
19 or her family. These services may include, but are not limited
20 to, physician services, nursing services, medical social work
21 services, spiritual counseling services, bereavement services,
22 and volunteer services.

23 (h-5) "Hospice program" means a licensed public agency or
24 private organization, or a subdivision of either of those, that
25 is primarily engaged in providing care to terminally ill
26 individuals through a program of home care or inpatient care,

1 or both home care and inpatient care, utilizing a medically
2 directed interdisciplinary hospice care team of professionals
3 or volunteers, or both professionals and volunteers. A hospice
4 program may be licensed as a comprehensive hospice program or a
5 volunteer hospice program.

6 (h-10) "Comprehensive hospice" means a program that
7 provides hospice services and meets the minimum standards for
8 certification under the Medicare program set forth in the
9 Conditions of Participation in 42 CFR Part 418 but is not
10 required to be Medicare-certified.

11 (i) "Palliative care" means the management of pain and
12 other distressing symptoms that incorporates medical, nursing,
13 psychosocial, and spiritual care according to the needs,
14 values, beliefs, and culture or cultures of the patient and his
15 or her family. The evaluation and treatment is
16 patient-centered, with a focus on the central role of the
17 family unit in decision-making.

18 (j) "Hospice service plan" means a plan detailing the
19 specific hospice services offered by a comprehensive or
20 volunteer hospice program, and the administrative and direct
21 care personnel responsible for those services. The plan shall
22 include but not be limited to:

23 (1) Identification of the person or persons
24 administratively responsible for the program.

25 (2) The estimated average monthly patient census.

26 (3) The proposed geographic area the hospice will

1 serve.

2 (4) A listing of those hospice services provided
3 directly by the hospice, and those hospice services
4 provided indirectly through a contractual agreement.

5 (5) The name and qualifications of those persons or
6 entities under contract to provide indirect hospice
7 services.

8 (6) The name and qualifications of those persons
9 providing direct hospice services, with the exception of
10 volunteers.

11 (7) A description of how the hospice plans to utilize
12 volunteers in the provision of hospice services.

13 (8) A description of the program's record keeping
14 system.

15 (k) "Terminally ill" means a medical prognosis by a
16 physician licensed to practice medicine in all of its branches
17 that a patient has an anticipated life expectancy of one year
18 or less.

19 (l) "Volunteer" means a person who offers his or her
20 services to a hospice without compensation. Reimbursement for a
21 volunteer's expenses in providing hospice service shall not be
22 considered compensation.

23 (1-5) "Employee" means a paid or unpaid member of the staff
24 of a hospice program, or, if the hospice program is a
25 subdivision of an agency or organization, of the agency or
26 organization, who is appropriately trained and assigned to the

1 hospice program. "Employee" also means a volunteer whose duties
2 are prescribed by the hospice program and whose performance of
3 those duties is supervised by the hospice program.

4 (1-10) "Representative" means an individual who has been
5 authorized under State law to terminate an individual's medical
6 care or to elect or revoke the election of hospice care on
7 behalf of a terminally ill individual who is mentally or
8 physically incapacitated.

9 (m) "Volunteer hospice" means a program which provides
10 hospice services to patients regardless of their ability to
11 pay, with emphasis on the utilization of volunteers to provide
12 services, under the administration of a not-for-profit agency.
13 This definition does not prohibit the employment of staff.

14 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
15 eff. 1-1-12; 97-813, eff. 7-13-12.)

16 (210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

17 Sec. 4. License.

18 (a) No person shall establish, conduct or maintain a
19 comprehensive or volunteer hospice program without first
20 obtaining a license from the Department. A hospice residence
21 may be operated only at the locations listed on the license. A
22 comprehensive hospice program owning or operating a hospice
23 residence is not subject to the provisions of the Nursing Home
24 Care Act, the Specialized Mental Health Rehabilitation Act of
25 2013, or the ID/DD Community Care Act in owning or operating a

1 hospice residence.

2 (b) No public or private agency shall advertise or present
3 itself to the public as a comprehensive or volunteer hospice
4 program which provides hospice services without meeting the
5 provisions of subsection (a).

6 (c) The license shall be valid only in the possession of
7 the hospice to which it was originally issued and shall not be
8 transferred or assigned to any other person, agency, or
9 corporation.

10 (d) The license shall be renewed annually.

11 (e) The license shall be displayed in a conspicuous place
12 inside the hospice program office.

13 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
14 eff. 1-1-12; 97-813, eff. 7-13-12.)

15 Section 6-200. The Hospital Licensing Act is amended by
16 changing Sections 3 and 6.09 as follows:

17 (210 ILCS 85/3)

18 Sec. 3. As used in this Act:

19 (A) "Hospital" means any institution, place, building,
20 buildings on a campus, or agency, public or private, whether
21 organized for profit or not, devoted primarily to the
22 maintenance and operation of facilities for the diagnosis and
23 treatment or care of 2 or more unrelated persons admitted for
24 overnight stay or longer in order to obtain medical, including

1 obstetric, psychiatric and nursing, care of illness, disease,
2 injury, infirmity, or deformity.

3 The term "hospital", without regard to length of stay,
4 shall also include:

5 (a) any facility which is devoted primarily to
6 providing psychiatric and related services and programs
7 for the diagnosis and treatment or care of 2 or more
8 unrelated persons suffering from emotional or nervous
9 diseases;

10 (b) all places where pregnant females are received,
11 cared for, or treated during delivery irrespective of the
12 number of patients received.

13 The term "hospital" includes general and specialized
14 hospitals, tuberculosis sanitarium, mental or psychiatric
15 hospitals and sanitarium, and includes maternity homes,
16 lying-in homes, and homes for unwed mothers in which care is
17 given during delivery.

18 The term "hospital" does not include:

19 (1) any person or institution required to be licensed
20 pursuant to the Nursing Home Care Act, the Specialized
21 Mental Health Rehabilitation Act of 2013, or the ID/DD
22 Community Care Act;

23 (2) hospitalization or care facilities maintained by
24 the State or any department or agency thereof, where such
25 department or agency has authority under law to establish
26 and enforce standards for the hospitalization or care

1 facilities under its management and control;

2 (3) hospitalization or care facilities maintained by
3 the federal government or agencies thereof;

4 (4) hospitalization or care facilities maintained by
5 any university or college established under the laws of
6 this State and supported principally by public funds raised
7 by taxation;

8 (5) any person or facility required to be licensed
9 pursuant to the Alcoholism and Other Drug Abuse and
10 Dependency Act;

11 (6) any facility operated solely by and for persons who
12 rely exclusively upon treatment by spiritual means through
13 prayer, in accordance with the creed or tenets of any
14 well-recognized church or religious denomination;

15 (7) an Alzheimer's disease management center
16 alternative health care model licensed under the
17 Alternative Health Care Delivery Act; or

18 (8) any veterinary hospital or clinic operated by a
19 veterinarian or veterinarians licensed under the
20 Veterinary Medicine and Surgery Practice Act of 2004 or
21 maintained by a State-supported or publicly funded
22 university or college.

23 (B) "Person" means the State, and any political subdivision
24 or municipal corporation, individual, firm, partnership,
25 corporation, company, association, or joint stock association,
26 or the legal successor thereof.

1 (C) "Department" means the Department of Public Health of
2 the State of Illinois.

3 (D) "Director" means the Director of Public Health of the
4 State of Illinois.

5 (E) "Perinatal" means the period of time between the
6 conception of an infant and the end of the first month after
7 birth.

8 (F) "Federally designated organ procurement agency" means
9 the organ procurement agency designated by the Secretary of the
10 U.S. Department of Health and Human Services for the service
11 area in which a hospital is located; except that in the case of
12 a hospital located in a county adjacent to Wisconsin which
13 currently contracts with an organ procurement agency located in
14 Wisconsin that is not the organ procurement agency designated
15 by the U.S. Secretary of Health and Human Services for the
16 service area in which the hospital is located, if the hospital
17 applies for a waiver pursuant to 42 USC 1320b-8(a), it may
18 designate an organ procurement agency located in Wisconsin to
19 be thereafter deemed its federally designated organ
20 procurement agency for the purposes of this Act.

21 (G) "Tissue bank" means any facility or program operating
22 in Illinois that is certified by the American Association of
23 Tissue Banks or the Eye Bank Association of America and is
24 involved in procuring, furnishing, donating, or distributing
25 corneas, bones, or other human tissue for the purpose of
26 injecting, transfusing, or transplanting any of them into the

1 human body. "Tissue bank" does not include a licensed blood
2 bank. For the purposes of this Act, "tissue" does not include
3 organs.

4 (H) "Campus", as this terms applies to operations, has the
5 same meaning as the term "campus" as set forth in federal
6 Medicare regulations, 42 CFR 413.65.

7 (Source: P.A. 96-219, eff. 8-10-09; 96-339, eff. 7-1-10;
8 96-1000, eff. 7-2-10; 96-1515, eff. 2-4-11; 97-38, eff.
9 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

10 (210 ILCS 85/6.09) (from Ch. 111 1/2, par. 147.09)

11 Sec. 6.09. (a) In order to facilitate the orderly
12 transition of aged and disabled patients from hospitals to
13 post-hospital care, whenever a patient who qualifies for the
14 federal Medicare program is hospitalized, the patient shall be
15 notified of discharge at least 24 hours prior to discharge from
16 the hospital. With regard to pending discharges to a skilled
17 nursing facility, the hospital must notify the case
18 coordination unit, as defined in 89 Ill. Adm. Code 240.260, at
19 least 24 hours prior to discharge or, if home health services
20 are ordered, the hospital must inform its designated case
21 coordination unit, as defined in 89 Ill. Adm. Code 240.260, of
22 the pending discharge and must provide the patient with the
23 case coordination unit's telephone number and other contact
24 information.

25 (b) Every hospital shall develop procedures for a physician

1 with medical staff privileges at the hospital or any
2 appropriate medical staff member to provide the discharge
3 notice prescribed in subsection (a) of this Section. The
4 procedures must include prohibitions against discharging or
5 referring a patient to any of the following if unlicensed,
6 uncertified, or unregistered: (i) a board and care facility, as
7 defined in the Board and Care Home Act; (ii) an assisted living
8 and shared housing establishment, as defined in the Assisted
9 Living and Shared Housing Act; (iii) a facility licensed under
10 the Nursing Home Care Act, the Specialized Mental Health
11 Rehabilitation Act of 2013, or the ID/DD Community Care Act;
12 (iv) a supportive living facility, as defined in Section
13 5-5.01a of the Illinois Public Aid Code; or (v) a free-standing
14 hospice facility licensed under the Hospice Program Licensing
15 Act if licensure, certification, or registration is required.
16 The Department of Public Health shall annually provide
17 hospitals with a list of licensed, certified, or registered
18 board and care facilities, assisted living and shared housing
19 establishments, nursing homes, supportive living facilities,
20 facilities licensed under the ID/DD Community Care Act or the
21 Specialized Mental Health Rehabilitation Act of 2013, and
22 hospice facilities. Reliance upon this list by a hospital shall
23 satisfy compliance with this requirement. The procedure may
24 also include a waiver for any case in which a discharge notice
25 is not feasible due to a short length of stay in the hospital
26 by the patient, or for any case in which the patient

1 voluntarily desires to leave the hospital before the expiration
2 of the 24 hour period.

3 (c) At least 24 hours prior to discharge from the hospital,
4 the patient shall receive written information on the patient's
5 right to appeal the discharge pursuant to the federal Medicare
6 program, including the steps to follow to appeal the discharge
7 and the appropriate telephone number to call in case the
8 patient intends to appeal the discharge.

9 (d) Before transfer of a patient to a long term care
10 facility licensed under the Nursing Home Care Act where elderly
11 persons reside, a hospital shall as soon as practicable
12 initiate a name-based criminal history background check by
13 electronic submission to the Department of State Police for all
14 persons between the ages of 18 and 70 years; provided, however,
15 that a hospital shall be required to initiate such a background
16 check only with respect to patients who:

17 (1) are transferring to a long term care facility for
18 the first time;

19 (2) have been in the hospital more than 5 days;

20 (3) are reasonably expected to remain at the long term
21 care facility for more than 30 days;

22 (4) have a known history of serious mental illness or
23 substance abuse; and

24 (5) are independently ambulatory or mobile for more
25 than a temporary period of time.

26 A hospital may also request a criminal history background

1 check for a patient who does not meet any of the criteria set
2 forth in items (1) through (5).

3 A hospital shall notify a long term care facility if the
4 hospital has initiated a criminal history background check on a
5 patient being discharged to that facility. In all circumstances
6 in which the hospital is required by this subsection to
7 initiate the criminal history background check, the transfer to
8 the long term care facility may proceed regardless of the
9 availability of criminal history results. Upon receipt of the
10 results, the hospital shall promptly forward the results to the
11 appropriate long term care facility. If the results of the
12 background check are inconclusive, the hospital shall have no
13 additional duty or obligation to seek additional information
14 from, or about, the patient.

15 (Source: P.A. 96-339, eff. 7-1-10; 96-1372, eff. 7-29-10;
16 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
17 7-13-12.)

18 Section 6-205. The Language Assistance Services Act is
19 amended by changing Section 10 as follows:

20 (210 ILCS 87/10)

21 Sec. 10. Definitions. As used in this Act:

22 "Department" means the Department of Public Health.

23 "Interpreter" means a person fluent in English and in the
24 necessary language of the patient who can accurately speak,

1 read, and readily interpret the necessary second language, or a
2 person who can accurately sign and read sign language.
3 Interpreters shall have the ability to translate the names of
4 body parts and to describe completely symptoms and injuries in
5 both languages. Interpreters may include members of the medical
6 or professional staff.

7 "Language or communication barriers" means either of the
8 following:

9 (1) With respect to spoken language, barriers that are
10 experienced by limited-English-speaking or
11 non-English-speaking individuals who speak the same
12 primary language, if those individuals constitute at least
13 5% of the patients served by the health facility annually.

14 (2) With respect to sign language, barriers that are
15 experienced by individuals who are deaf and whose primary
16 language is sign language.

17 "Health facility" means a hospital licensed under the
18 Hospital Licensing Act, a long-term care facility licensed
19 under the Nursing Home Care Act, or a facility licensed under
20 the ID/DD Community Care Act or the Specialized Mental Health
21 Rehabilitation Act of 2013.

22 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
23 eff. 1-1-12; 97-813, eff. 7-13-12.)

24 Section 6-210. The Community-Integrated Living
25 Arrangements Licensure and Certification Act is amended by

1 changing Section 4 as follows:

2 (210 ILCS 135/4) (from Ch. 91 1/2, par. 1704)

3 Sec. 4. (a) Any community mental health or developmental
4 services agency who wishes to develop and support a variety of
5 community-integrated living arrangements may do so pursuant to
6 a license issued by the Department under this Act. However,
7 programs established under or otherwise subject to the Child
8 Care Act of 1969, the Nursing Home Care Act, the Specialized
9 Mental Health Rehabilitation Act of 2013, or the ID/DD
10 Community Care Act, as now or hereafter amended, shall remain
11 subject thereto, and this Act shall not be construed to limit
12 the application of those Acts.

13 (b) The system of licensure established under this Act
14 shall be for the purposes of:

15 (1) Insuring that all recipients residing in
16 community-integrated living arrangements are receiving
17 appropriate community-based services, including treatment,
18 training and habilitation or rehabilitation;

19 (2) Insuring that recipients' rights are protected and
20 that all programs provided to and placements arranged for
21 recipients comply with this Act, the Mental Health and
22 Developmental Disabilities Code, and applicable Department
23 rules and regulations;

24 (3) Maintaining the integrity of communities by
25 requiring regular monitoring and inspection of placements

1 and other services provided in community-integrated living
2 arrangements.

3 The licensure system shall be administered by a quality
4 assurance unit within the Department which shall be
5 administratively independent of units responsible for funding
6 of agencies or community services.

7 (c) As a condition of being licensed by the Department as a
8 community mental health or developmental services agency under
9 this Act, the agency shall certify to the Department that:

10 (1) All recipients residing in community-integrated
11 living arrangements are receiving appropriate
12 community-based services, including treatment, training
13 and habilitation or rehabilitation;

14 (2) All programs provided to and placements arranged
15 for recipients are supervised by the agency; and

16 (3) All programs provided to and placements arranged
17 for recipients comply with this Act, the Mental Health and
18 Developmental Disabilities Code, and applicable Department
19 rules and regulations.

20 (d) An applicant for licensure as a community mental health
21 or developmental services agency under this Act shall submit an
22 application pursuant to the application process established by
23 the Department by rule and shall pay an application fee in an
24 amount established by the Department, which amount shall not be
25 more than \$200.

26 (e) If an applicant meets the requirements established by

1 the Department to be licensed as a community mental health or
2 developmental services agency under this Act, after payment of
3 the licensing fee, the Department shall issue a license valid
4 for 3 years from the date thereof unless suspended or revoked
5 by the Department or voluntarily surrendered by the agency.

6 (f) Upon application to the Department, the Department may
7 issue a temporary permit to an applicant for a 6-month period
8 to allow the holder of such permit reasonable time to become
9 eligible for a license under this Act.

10 (g) (1) The Department may conduct site visits to an agency
11 licensed under this Act, or to any program or placement
12 certified by the agency, and inspect the records or premises,
13 or both, of such agency, program or placement as it deems
14 appropriate, for the purpose of determining compliance with
15 this Act, the Mental Health and Developmental Disabilities
16 Code, and applicable Department rules and regulations.

17 (2) If the Department determines that an agency licensed
18 under this Act is not in compliance with this Act or the rules
19 and regulations promulgated under this Act, the Department
20 shall serve a notice of violation upon the licensee. Each
21 notice of violation shall be prepared in writing and shall
22 specify the nature of the violation, the statutory provision or
23 rule alleged to have been violated, and that the licensee
24 submit a plan of correction to the Department if required. The
25 notice shall also inform the licensee of any other action which
26 the Department might take pursuant to this Act and of the right

1 to a hearing.

2 (g-5) As determined by the Department, a disproportionate
3 number or percentage of licensure complaints; a
4 disproportionate number or percentage of substantiated cases
5 of abuse, neglect, or exploitation involving an agency; an
6 apparent unnatural death of an individual served by an agency;
7 any egregious or life-threatening abuse or neglect within an
8 agency; or any other significant event as determined by the
9 Department shall initiate a review of the agency's license by
10 the Department, as well as a review of its service agreement
11 for funding. The Department shall adopt rules to establish the
12 process by which the determination to initiate a review shall
13 be made and the timeframe to initiate a review upon the making
14 of such determination.

15 (h) Upon the expiration of any license issued under this
16 Act, a license renewal application shall be required of and a
17 license renewal fee in an amount established by the Department
18 shall be charged to a community mental health or developmental
19 services agency, provided that such fee shall not be more than
20 \$200.

21 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
22 eff. 1-1-12; 97-441, eff. 8-19-11; 97-813, eff. 7-13-12.)

23 Section 6-215. The Child Care Act of 1969 is amended by
24 changing Section 2.06 as follows:

1 (225 ILCS 10/2.06) (from Ch. 23, par. 2212.06)

2 Sec. 2.06. "Child care institution" means a child care
3 facility where more than 7 children are received and maintained
4 for the purpose of providing them with care or training or
5 both. The term "child care institution" includes residential
6 schools, primarily serving ambulatory handicapped children,
7 and those operating a full calendar year, but does not include:

8 (a) Any State-operated institution for child care
9 established by legislative action;

10 (b) Any juvenile detention or shelter care home established
11 and operated by any county or child protection district
12 established under the "Child Protection Act";

13 (c) Any institution, home, place or facility operating
14 under a license pursuant to the Nursing Home Care Act, the
15 Specialized Mental Health Rehabilitation Act of 2013, or the
16 ID/DD Community Care Act;

17 (d) Any bona fide boarding school in which children are
18 primarily taught branches of education corresponding to those
19 taught in public schools, grades one through 12, or taught in
20 public elementary schools, high schools, or both elementary and
21 high schools, and which operates on a regular academic school
22 year basis; or

23 (e) Any facility licensed as a "group home" as defined in
24 this Act.

25 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
26 eff. 1-1-12; 97-813, eff. 7-13-12.)

1 Section 6-220. The Health Care Worker Background Check Act
2 is amended by changing Section 15 as follows:

3 (225 ILCS 46/15)

4 Sec. 15. Definitions. In this Act:

5 "Applicant" means an individual seeking employment with a
6 health care employer who has received a bona fide conditional
7 offer of employment.

8 "Conditional offer of employment" means a bona fide offer
9 of employment by a health care employer to an applicant, which
10 is contingent upon the receipt of a report from the Department
11 of Public Health indicating that the applicant does not have a
12 record of conviction of any of the criminal offenses enumerated
13 in Section 25.

14 "Direct care" means the provision of nursing care or
15 assistance with feeding, dressing, movement, bathing,
16 toileting, or other personal needs, including home services as
17 defined in the Home Health, Home Services, and Home Nursing
18 Agency Licensing Act. The entity responsible for inspecting and
19 licensing, certifying, or registering the health care employer
20 may, by administrative rule, prescribe guidelines for
21 interpreting this definition with regard to the health care
22 employers that it licenses.

23 "Disqualifying offenses" means those offenses set forth in
24 Section 25 of this Act.

1 "Employee" means any individual hired, employed, or
2 retained to which this Act applies.

3 "Fingerprint-based criminal history records check" means a
4 livescan fingerprint-based criminal history records check
5 submitted as a fee applicant inquiry in the form and manner
6 prescribed by the Department of State Police.

7 "Health care employer" means:

8 (1) the owner or licensee of any of the following:

9 (i) a community living facility, as defined in the
10 Community Living Facilities Act;

11 (ii) a life care facility, as defined in the Life
12 Care Facilities Act;

13 (iii) a long-term care facility;

14 (iv) a home health agency, home services agency, or
15 home nursing agency as defined in the Home Health, Home
16 Services, and Home Nursing Agency Licensing Act;

17 (v) a hospice care program or volunteer hospice
18 program, as defined in the Hospice Program Licensing
19 Act;

20 (vi) a hospital, as defined in the Hospital
21 Licensing Act;

22 (vii) (blank);

23 (viii) a nurse agency, as defined in the Nurse
24 Agency Licensing Act;

25 (ix) a respite care provider, as defined in the
26 Respite Program Act;

1 (ix-a) an establishment licensed under the
2 Assisted Living and Shared Housing Act;

3 (x) a supportive living program, as defined in the
4 Illinois Public Aid Code;

5 (xi) early childhood intervention programs as
6 described in 59 Ill. Adm. Code 121;

7 (xii) the University of Illinois Hospital,
8 Chicago;

9 (xiii) programs funded by the Department on Aging
10 through the Community Care Program;

11 (xiv) programs certified to participate in the
12 Supportive Living Program authorized pursuant to
13 Section 5-5.01a of the Illinois Public Aid Code;

14 (xv) programs listed by the Emergency Medical
15 Services (EMS) Systems Act as Freestanding Emergency
16 Centers;

17 (xvi) locations licensed under the Alternative
18 Health Care Delivery Act;

19 (2) a day training program certified by the Department
20 of Human Services;

21 (3) a community integrated living arrangement operated
22 by a community mental health and developmental service
23 agency, as defined in the Community-Integrated Living
24 Arrangements Licensing and Certification Act; or

25 (4) the State Long Term Care Ombudsman Program,
26 including any regional long term care ombudsman programs

1 under Section 4.04 of the Illinois Act on the Aging, only
2 for the purpose of securing background checks.

3 "Initiate" means obtaining from a student, applicant, or
4 employee his or her social security number, demographics, a
5 disclosure statement, and an authorization for the Department
6 of Public Health or its designee to request a fingerprint-based
7 criminal history records check; transmitting this information
8 electronically to the Department of Public Health; conducting
9 Internet searches on certain web sites, including without
10 limitation the Illinois Sex Offender Registry, the Department
11 of Corrections' Sex Offender Search Engine, the Department of
12 Corrections' Inmate Search Engine, the Department of
13 Corrections Wanted Fugitives Search Engine, the National Sex
14 Offender Public Registry, and the website of the Health and
15 Human Services Office of Inspector General to determine if the
16 applicant has been adjudicated a sex offender, has been a
17 prison inmate, or has committed Medicare or Medicaid fraud, or
18 conducting similar searches as defined by rule; and having the
19 student, applicant, or employee's fingerprints collected and
20 transmitted electronically to the Department of State Police.

21 "Livescan vendor" means an entity whose equipment has been
22 certified by the Department of State Police to collect an
23 individual's demographics and inkless fingerprints and, in a
24 manner prescribed by the Department of State Police and the
25 Department of Public Health, electronically transmit the
26 fingerprints and required data to the Department of State

1 Police and a daily file of required data to the Department of
2 Public Health. The Department of Public Health shall negotiate
3 a contract with one or more vendors that effectively
4 demonstrate that the vendor has 2 or more years of experience
5 transmitting fingerprints electronically to the Department of
6 State Police and that the vendor can successfully transmit the
7 required data in a manner prescribed by the Department of
8 Public Health. Vendor authorization may be further defined by
9 administrative rule.

10 "Long-term care facility" means a facility licensed by the
11 State or certified under federal law as a long-term care
12 facility, including without limitation facilities licensed
13 under the Nursing Home Care Act, the Specialized Mental Health
14 Rehabilitation Act of 2013, or the ID/DD Community Care Act, a
15 supportive living facility, an assisted living establishment,
16 or a shared housing establishment or registered as a board and
17 care home.

18 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
19 eff. 1-1-12; 97-813, eff. 7-13-12.)

20 Section 6-225. The Nursing Home Administrators Licensing
21 and Disciplinary Act is amended by changing Sections 4 and 17
22 as follows:

23 (225 ILCS 70/4) (from Ch. 111, par. 3654)

24 (Section scheduled to be repealed on January 1, 2018)

1 Sec. 4. Definitions. For purposes of this Act, the
2 following definitions shall have the following meanings,
3 except where the context requires otherwise:

4 (1) "Act" means the Nursing Home Administrators
5 Licensing and Disciplinary Act.

6 (2) "Department" means the Department of Financial and
7 Professional Regulation.

8 (3) "Secretary" means the Secretary of Financial and
9 Professional Regulation.

10 (4) "Board" means the Nursing Home Administrators
11 Licensing and Disciplinary Board appointed by the
12 Governor.

13 (5) "Nursing home administrator" means the individual
14 licensed under this Act and directly responsible for
15 planning, organizing, directing and supervising the
16 operation of a nursing home, or who in fact performs such
17 functions, whether or not such functions are delegated to
18 one or more other persons.

19 (6) "Nursing home" or "facility" means any entity that
20 is required to be licensed by the Department of Public
21 Health under the Nursing Home Care Act, as amended, other
22 than a sheltered care home as defined thereunder, and
23 includes private homes, institutions, buildings,
24 residences, or other places, whether operated for profit or
25 not, irrespective of the names attributed to them, county
26 homes for the infirm and chronically ill operated pursuant

1 to the County Nursing Home Act, as amended, and any similar
2 institutions operated by a political subdivision of the
3 State of Illinois that provide, though their ownership or
4 management, maintenance, personal care, and nursing for 3
5 or more persons, not related to the owner by blood or
6 marriage, or any similar facilities in which maintenance is
7 provided to 3 or more persons who by reason of illness of
8 physical infirmity require personal care and nursing. The
9 term also means any facility licensed under the ID/DD
10 Community Care Act or the Specialized Mental Health
11 Rehabilitation Act of 2013.

12 (7) "Maintenance" means food, shelter and laundry.

13 (8) "Personal care" means assistance with meals,
14 dressing, movement, bathing, or other personal needs, or
15 general supervision of the physical and mental well-being
16 of an individual who because of age, physical, or mental
17 disability, emotion or behavior disorder, or an
18 intellectual disability is incapable of managing his or her
19 person, whether or not a guardian has been appointed for
20 such individual. For the purposes of this Act, this
21 definition does not include the professional services of a
22 nurse.

23 (9) "Nursing" means professional nursing or practical
24 nursing, as those terms are defined in the Nurse Practice
25 Act, for sick or infirm persons who are under the care and
26 supervision of licensed physicians or dentists.

1 (10) "Disciplinary action" means revocation,
2 suspension, probation, supervision, reprimand, required
3 education, fines or any other action taken by the
4 Department against a person holding a license.

5 (11) "Impaired" means the inability to practice with
6 reasonable skill and safety due to physical or mental
7 disabilities as evidenced by a written determination or
8 written consent based on clinical evidence including
9 deterioration through the aging process or loss of motor
10 skill, or abuse of drugs or alcohol, of sufficient degree
11 to diminish a person's ability to administer a nursing
12 home.

13 (12) "Address of record" means the designated address
14 recorded by the Department in the applicant's or licensee's
15 application file or license file maintained by the
16 Department's licensure maintenance unit. It is the duty of
17 the applicant or licensee to inform the Department of any
18 change of address, and such changes must be made either
19 through the Department's website or by contacting the
20 Department's licensure maintenance unit.

21 (Source: P.A. 96-328, eff. 8-11-09; 96-339, eff. 7-1-10; 97-38,
22 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

23 (225 ILCS 70/17) (from Ch. 111, par. 3667)

24 Sec. 17. Grounds for disciplinary action.

25 (a) The Department may impose fines not to exceed \$10,000

1 or may refuse to issue or to renew, or may revoke, suspend,
2 place on probation, censure, reprimand or take other
3 disciplinary or non-disciplinary action with regard to the
4 license of any person, for any one or combination of the
5 following causes:

6 (1) Intentional material misstatement in furnishing
7 information to the Department.

8 (2) Conviction of or entry of a plea of guilty or nolo
9 contendere to any crime that is a felony under the laws of
10 the United States or any state or territory thereof or a
11 misdemeanor of which an essential element is dishonesty or
12 that is directly related to the practice of the profession
13 of nursing home administration.

14 (3) Making any misrepresentation for the purpose of
15 obtaining a license, or violating any provision of this
16 Act.

17 (4) Immoral conduct in the commission of any act, such
18 as sexual abuse or sexual misconduct, related to the
19 licensee's practice.

20 (5) Failing to respond within 30 days, to a written
21 request made by the Department for information.

22 (6) Engaging in dishonorable, unethical or
23 unprofessional conduct of a character likely to deceive,
24 defraud or harm the public.

25 (7) Habitual use or addiction to alcohol, narcotics,
26 stimulants, or any other chemical agent or drug which

1 results in the inability to practice with reasonable
2 judgment, skill or safety.

3 (8) Discipline by another U.S. jurisdiction if at least
4 one of the grounds for the discipline is the same or
5 substantially equivalent to those set forth herein.

6 (9) A finding by the Department that the licensee,
7 after having his or her license placed on probationary
8 status has violated the terms of probation.

9 (10) Willfully making or filing false records or
10 reports in his or her practice, including but not limited
11 to false records filed with State agencies or departments.

12 (11) Physical illness, mental illness, or other
13 impairment or disability, including, but not limited to,
14 deterioration through the aging process, or loss of motor
15 skill that results in the inability to practice the
16 profession with reasonable judgment, skill or safety.

17 (12) Disregard or violation of this Act or of any rule
18 issued pursuant to this Act.

19 (13) Aiding or abetting another in the violation of
20 this Act or any rule or regulation issued pursuant to this
21 Act.

22 (14) Allowing one's license to be used by an unlicensed
23 person.

24 (15) (Blank).

25 (16) Professional incompetence in the practice of
26 nursing home administration.

1 (17) Conviction of a violation of Section 12-19 or
2 subsection (a) of Section 12-4.4a of the Criminal Code of
3 1961 or the Criminal Code of 2012 for the abuse and
4 criminal neglect of a long term care facility resident.

5 (18) Violation of the Nursing Home Care Act, the
6 Specialized Mental Health Rehabilitation Act of 2013, or
7 the ID/DD Community Care Act or of any rule issued under
8 the Nursing Home Care Act, the Specialized Mental Health
9 Rehabilitation Act of 2013, or the ID/DD Community Care
10 Act. A final adjudication of a Type "AA" violation of the
11 Nursing Home Care Act made by the Illinois Department of
12 Public Health, as identified by rule, relating to the
13 hiring, training, planning, organizing, directing, or
14 supervising the operation of a nursing home and a
15 licensee's failure to comply with this Act or the rules
16 adopted under this Act, shall create a rebuttable
17 presumption of a violation of this subsection.

18 (19) Failure to report to the Department any adverse
19 final action taken against the licensee by a licensing
20 authority of another state, territory of the United States,
21 or foreign country; or by any governmental or law
22 enforcement agency; or by any court for acts or conduct
23 similar to acts or conduct that would constitute grounds
24 for disciplinary action under this Section.

25 (20) Failure to report to the Department the surrender
26 of a license or authorization to practice as a nursing home

1 administrator in another state or jurisdiction for acts or
2 conduct similar to acts or conduct that would constitute
3 grounds for disciplinary action under this Section.

4 (21) Failure to report to the Department any adverse
5 judgment, settlement, or award arising from a liability
6 claim related to acts or conduct similar to acts or conduct
7 that would constitute grounds for disciplinary action
8 under this Section.

9 All proceedings to suspend, revoke, place on probationary
10 status, or take any other disciplinary action as the Department
11 may deem proper, with regard to a license on any of the
12 foregoing grounds, must be commenced within 5 years next after
13 receipt by the Department of (i) a complaint alleging the
14 commission of or notice of the conviction order for any of the
15 acts described herein or (ii) a referral for investigation
16 under Section 3-108 of the Nursing Home Care Act.

17 The entry of an order or judgment by any circuit court
18 establishing that any person holding a license under this Act
19 is a person in need of mental treatment operates as a
20 suspension of that license. That person may resume their
21 practice only upon the entry of a Department order based upon a
22 finding by the Board that they have been determined to be
23 recovered from mental illness by the court and upon the Board's
24 recommendation that they be permitted to resume their practice.

25 The Department, upon the recommendation of the Board, may
26 adopt rules which set forth standards to be used in determining

1 what constitutes:

2 (i) when a person will be deemed sufficiently
3 rehabilitated to warrant the public trust;

4 (ii) dishonorable, unethical or unprofessional conduct
5 of a character likely to deceive, defraud, or harm the
6 public;

7 (iii) immoral conduct in the commission of any act
8 related to the licensee's practice; and

9 (iv) professional incompetence in the practice of
10 nursing home administration.

11 However, no such rule shall be admissible into evidence in
12 any civil action except for review of a licensing or other
13 disciplinary action under this Act.

14 In enforcing this Section, the Department or Board, upon a
15 showing of a possible violation, may compel any individual
16 licensed to practice under this Act, or who has applied for
17 licensure pursuant to this Act, to submit to a mental or
18 physical examination, or both, as required by and at the
19 expense of the Department. The examining physician or
20 physicians shall be those specifically designated by the
21 Department or Board. The Department or Board may order the
22 examining physician to present testimony concerning this
23 mental or physical examination of the licensee or applicant. No
24 information shall be excluded by reason of any common law or
25 statutory privilege relating to communications between the
26 licensee or applicant and the examining physician. The

1 individual to be examined may have, at his or her own expense,
2 another physician of his or her choice present during all
3 aspects of the examination. Failure of any individual to submit
4 to mental or physical examination, when directed, shall be
5 grounds for suspension of his or her license until such time as
6 the individual submits to the examination if the Department
7 finds, after notice and hearing, that the refusal to submit to
8 the examination was without reasonable cause.

9 If the Department or Board finds an individual unable to
10 practice because of the reasons set forth in this Section, the
11 Department or Board shall require such individual to submit to
12 care, counseling, or treatment by physicians approved or
13 designated by the Department or Board, as a condition, term, or
14 restriction for continued, reinstated, or renewed licensure to
15 practice; or in lieu of care, counseling, or treatment, the
16 Department may file, or the Board may recommend to the
17 Department to file, a complaint to immediately suspend, revoke,
18 or otherwise discipline the license of the individual. Any
19 individual whose license was granted pursuant to this Act or
20 continued, reinstated, renewed, disciplined or supervised,
21 subject to such terms, conditions or restrictions who shall
22 fail to comply with such terms, conditions or restrictions
23 shall be referred to the Secretary for a determination as to
24 whether the licensee shall have his or her license suspended
25 immediately, pending a hearing by the Department. In instances
26 in which the Secretary immediately suspends a license under

1 this Section, a hearing upon such person's license must be
2 convened by the Board within 30 days after such suspension and
3 completed without appreciable delay. The Department and Board
4 shall have the authority to review the subject administrator's
5 record of treatment and counseling regarding the impairment, to
6 the extent permitted by applicable federal statutes and
7 regulations safeguarding the confidentiality of medical
8 records.

9 An individual licensed under this Act, affected under this
10 Section, shall be afforded an opportunity to demonstrate to the
11 Department or Board that he or she can resume practice in
12 compliance with acceptable and prevailing standards under the
13 provisions of his or her license.

14 (b) Any individual or organization acting in good faith,
15 and not in a wilful and wanton manner, in complying with this
16 Act by providing any report or other information to the
17 Department, or assisting in the investigation or preparation of
18 such information, or by participating in proceedings of the
19 Department, or by serving as a member of the Board, shall not,
20 as a result of such actions, be subject to criminal prosecution
21 or civil damages.

22 (c) Members of the Board, and persons retained under
23 contract to assist and advise in an investigation, shall be
24 indemnified by the State for any actions occurring within the
25 scope of services on or for the Board, done in good faith and
26 not wilful and wanton in nature. The Attorney General shall

1 defend all such actions unless he or she determines either that
2 there would be a conflict of interest in such representation or
3 that the actions complained of were not in good faith or were
4 wilful and wanton.

5 Should the Attorney General decline representation, a
6 person entitled to indemnification under this Section shall
7 have the right to employ counsel of his or her choice, whose
8 fees shall be provided by the State, after approval by the
9 Attorney General, unless there is a determination by a court
10 that the member's actions were not in good faith or were wilful
11 and wanton.

12 A person entitled to indemnification under this Section
13 must notify the Attorney General within 7 days of receipt of
14 notice of the initiation of any action involving services of
15 the Board. Failure to so notify the Attorney General shall
16 constitute an absolute waiver of the right to a defense and
17 indemnification.

18 The Attorney General shall determine within 7 days after
19 receiving such notice, whether he or she will undertake to
20 represent a person entitled to indemnification under this
21 Section.

22 (d) The determination by a circuit court that a licensee is
23 subject to involuntary admission or judicial admission as
24 provided in the Mental Health and Developmental Disabilities
25 Code, as amended, operates as an automatic suspension. Such
26 suspension will end only upon a finding by a court that the

1 patient is no longer subject to involuntary admission or
2 judicial admission and issues an order so finding and
3 discharging the patient; and upon the recommendation of the
4 Board to the Secretary that the licensee be allowed to resume
5 his or her practice.

6 (e) The Department may refuse to issue or may suspend the
7 license of any person who fails to file a return, or to pay the
8 tax, penalty or interest shown in a filed return, or to pay any
9 final assessment of tax, penalty or interest, as required by
10 any tax Act administered by the Department of Revenue, until
11 such time as the requirements of any such tax Act are
12 satisfied.

13 (f) The Department of Public Health shall transmit to the
14 Department a list of those facilities which receive an "A"
15 violation as defined in Section 1-129 of the Nursing Home Care
16 Act.

17 (Source: P.A. 96-339, eff. 7-1-10; 96-1372, eff. 7-29-10;
18 96-1551, eff. 7-1-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
19 97-1109, eff. 1-1-13; 97-1150, eff. 1-25-13.)

20 Section 6-230. The Pharmacy Practice Act is amended by
21 changing Section 3 as follows:

22 (225 ILCS 85/3)

23 (Section scheduled to be repealed on January 1, 2018)

24 Sec. 3. Definitions. For the purpose of this Act, except

1 where otherwise limited therein:

2 (a) "Pharmacy" or "drugstore" means and includes every
3 store, shop, pharmacy department, or other place where
4 pharmacist care is provided by a pharmacist (1) where drugs,
5 medicines, or poisons are dispensed, sold or offered for sale
6 at retail, or displayed for sale at retail; or (2) where
7 prescriptions of physicians, dentists, advanced practice
8 nurses, physician assistants, veterinarians, podiatrists, or
9 optometrists, within the limits of their licenses, are
10 compounded, filled, or dispensed; or (3) which has upon it or
11 displayed within it, or affixed to or used in connection with
12 it, a sign bearing the word or words "Pharmacist", "Druggist",
13 "Pharmacy", "Pharmaceutical Care", "Apothecary", "Drugstore",
14 "Medicine Store", "Prescriptions", "Drugs", "Dispensary",
15 "Medicines", or any word or words of similar or like import,
16 either in the English language or any other language; or (4)
17 where the characteristic prescription sign (Rx) or similar
18 design is exhibited; or (5) any store, or shop, or other place
19 with respect to which any of the above words, objects, signs or
20 designs are used in any advertisement.

21 (b) "Drugs" means and includes (1) articles recognized in
22 the official United States Pharmacopoeia/National Formulary
23 (USP/NF), or any supplement thereto and being intended for and
24 having for their main use the diagnosis, cure, mitigation,
25 treatment or prevention of disease in man or other animals, as
26 approved by the United States Food and Drug Administration, but

1 does not include devices or their components, parts, or
2 accessories; and (2) all other articles intended for and having
3 for their main use the diagnosis, cure, mitigation, treatment
4 or prevention of disease in man or other animals, as approved
5 by the United States Food and Drug Administration, but does not
6 include devices or their components, parts, or accessories; and
7 (3) articles (other than food) having for their main use and
8 intended to affect the structure or any function of the body of
9 man or other animals; and (4) articles having for their main
10 use and intended for use as a component or any articles
11 specified in clause (1), (2) or (3); but does not include
12 devices or their components, parts or accessories.

13 (c) "Medicines" means and includes all drugs intended for
14 human or veterinary use approved by the United States Food and
15 Drug Administration.

16 (d) "Practice of pharmacy" means (1) the interpretation and
17 the provision of assistance in the monitoring, evaluation, and
18 implementation of prescription drug orders; (2) the dispensing
19 of prescription drug orders; (3) participation in drug and
20 device selection; (4) drug administration limited to the
21 administration of oral, topical, injectable, and inhalation as
22 follows: in the context of patient education on the proper use
23 or delivery of medications; vaccination of patients 14 years of
24 age and older pursuant to a valid prescription or standing
25 order, by a physician licensed to practice medicine in all its
26 branches, upon completion of appropriate training, including

1 how to address contraindications and adverse reactions set
2 forth by rule, with notification to the patient's physician and
3 appropriate record retention, or pursuant to hospital pharmacy
4 and therapeutics committee policies and procedures; (5)
5 vaccination of patients ages 10 through 13 limited to the
6 Influenza (inactivated influenza vaccine and live attenuated
7 influenza intranasal vaccine) and Tdap (defined as tetanus,
8 diphtheria, acellular pertussis) vaccines, pursuant to a valid
9 prescription or standing order, by a physician licensed to
10 practice medicine in all its branches, upon completion of
11 appropriate training, including how to address
12 contraindications and adverse reactions set forth by rule, with
13 notification to the patient's physician and appropriate record
14 retention, or pursuant to hospital pharmacy and therapeutics
15 committee policies and procedures; (6) drug regimen review; (7)
16 drug or drug-related research; (8) the provision of patient
17 counseling; (9) the practice of telepharmacy; (10) the
18 provision of those acts or services necessary to provide
19 pharmacist care; (11) medication therapy management; and (12)
20 the responsibility for compounding and labeling of drugs and
21 devices (except labeling by a manufacturer, repackager, or
22 distributor of non-prescription drugs and commercially
23 packaged legend drugs and devices), proper and safe storage of
24 drugs and devices, and maintenance of required records. A
25 pharmacist who performs any of the acts defined as the practice
26 of pharmacy in this State must be actively licensed as a

1 pharmacist under this Act.

2 (e) "Prescription" means and includes any written, oral,
3 facsimile, or electronically transmitted order for drugs or
4 medical devices, issued by a physician licensed to practice
5 medicine in all its branches, dentist, veterinarian, or
6 podiatrist, or optometrist, within the limits of their
7 licenses, by a physician assistant in accordance with
8 subsection (f) of Section 4, or by an advanced practice nurse
9 in accordance with subsection (g) of Section 4, containing the
10 following: (1) name of the patient; (2) date when prescription
11 was issued; (3) name and strength of drug or description of the
12 medical device prescribed; and (4) quantity; (5) directions for
13 use; (6) prescriber's name, address, and signature; and (7) DEA
14 number where required, for controlled substances. The
15 prescription may, but is not required to, list the illness,
16 disease, or condition for which the drug or device is being
17 prescribed. DEA numbers shall not be required on inpatient drug
18 orders.

19 (f) "Person" means and includes a natural person,
20 copartnership, association, corporation, government entity, or
21 any other legal entity.

22 (g) "Department" means the Department of Financial and
23 Professional Regulation.

24 (h) "Board of Pharmacy" or "Board" means the State Board of
25 Pharmacy of the Department of Financial and Professional
26 Regulation.

1 (i) "Secretary" means the Secretary of Financial and
2 Professional Regulation.

3 (j) "Drug product selection" means the interchange for a
4 prescribed pharmaceutical product in accordance with Section
5 25 of this Act and Section 3.14 of the Illinois Food, Drug and
6 Cosmetic Act.

7 (k) "Inpatient drug order" means an order issued by an
8 authorized prescriber for a resident or patient of a facility
9 licensed under the Nursing Home Care Act, the ID/DD Community
10 Care Act, the Specialized Mental Health Rehabilitation Act of
11 2013, or the Hospital Licensing Act, or "An Act in relation to
12 the founding and operation of the University of Illinois
13 Hospital and the conduct of University of Illinois health care
14 programs", approved July 3, 1931, as amended, or a facility
15 which is operated by the Department of Human Services (as
16 successor to the Department of Mental Health and Developmental
17 Disabilities) or the Department of Corrections.

18 (k-5) "Pharmacist" means an individual health care
19 professional and provider currently licensed by this State to
20 engage in the practice of pharmacy.

21 (l) "Pharmacist in charge" means the licensed pharmacist
22 whose name appears on a pharmacy license and who is responsible
23 for all aspects of the operation related to the practice of
24 pharmacy.

25 (m) "Dispense" or "dispensing" means the interpretation,
26 evaluation, and implementation of a prescription drug order,

1 including the preparation and delivery of a drug or device to a
2 patient or patient's agent in a suitable container
3 appropriately labeled for subsequent administration to or use
4 by a patient in accordance with applicable State and federal
5 laws and regulations. "Dispense" or "dispensing" does not mean
6 the physical delivery to a patient or a patient's
7 representative in a home or institution by a designee of a
8 pharmacist or by common carrier. "Dispense" or "dispensing"
9 also does not mean the physical delivery of a drug or medical
10 device to a patient or patient's representative by a
11 pharmacist's designee within a pharmacy or drugstore while the
12 pharmacist is on duty and the pharmacy is open.

13 (n) "Nonresident pharmacy" means a pharmacy that is located
14 in a state, commonwealth, or territory of the United States,
15 other than Illinois, that delivers, dispenses, or distributes,
16 through the United States Postal Service, commercially
17 acceptable parcel delivery service, or other common carrier, to
18 Illinois residents, any substance which requires a
19 prescription.

20 (o) "Compounding" means the preparation and mixing of
21 components, excluding flavorings, (1) as the result of a
22 prescriber's prescription drug order or initiative based on the
23 prescriber-patient-pharmacist relationship in the course of
24 professional practice or (2) for the purpose of, or incident
25 to, research, teaching, or chemical analysis and not for sale
26 or dispensing. "Compounding" includes the preparation of drugs

1 or devices in anticipation of receiving prescription drug
2 orders based on routine, regularly observed dispensing
3 patterns. Commercially available products may be compounded
4 for dispensing to individual patients only if all of the
5 following conditions are met: (i) the commercial product is not
6 reasonably available from normal distribution channels in a
7 timely manner to meet the patient's needs and (ii) the
8 prescribing practitioner has requested that the drug be
9 compounded.

10 (p) (Blank).

11 (q) (Blank).

12 (r) "Patient counseling" means the communication between a
13 pharmacist or a student pharmacist under the supervision of a
14 pharmacist and a patient or the patient's representative about
15 the patient's medication or device for the purpose of
16 optimizing proper use of prescription medications or devices.
17 "Patient counseling" may include without limitation (1)
18 obtaining a medication history; (2) acquiring a patient's
19 allergies and health conditions; (3) facilitation of the
20 patient's understanding of the intended use of the medication;
21 (4) proper directions for use; (5) significant potential
22 adverse events; (6) potential food-drug interactions; and (7)
23 the need to be compliant with the medication therapy. A
24 pharmacy technician may only participate in the following
25 aspects of patient counseling under the supervision of a
26 pharmacist: (1) obtaining medication history; (2) providing

1 the offer for counseling by a pharmacist or student pharmacist;
2 and (3) acquiring a patient's allergies and health conditions.

3 (s) "Patient profiles" or "patient drug therapy record"
4 means the obtaining, recording, and maintenance of patient
5 prescription information, including prescriptions for
6 controlled substances, and personal information.

7 (t) (Blank).

8 (u) "Medical device" means an instrument, apparatus,
9 implement, machine, contrivance, implant, in vitro reagent, or
10 other similar or related article, including any component part
11 or accessory, required under federal law to bear the label
12 "Caution: Federal law requires dispensing by or on the order of
13 a physician". A seller of goods and services who, only for the
14 purpose of retail sales, compounds, sells, rents, or leases
15 medical devices shall not, by reasons thereof, be required to
16 be a licensed pharmacy.

17 (v) "Unique identifier" means an electronic signature,
18 handwritten signature or initials, thumb print, or other
19 acceptable biometric or electronic identification process as
20 approved by the Department.

21 (w) "Current usual and customary retail price" means the
22 price that a pharmacy charges to a non-third-party payor.

23 (x) "Automated pharmacy system" means a mechanical system
24 located within the confines of the pharmacy or remote location
25 that performs operations or activities, other than compounding
26 or administration, relative to storage, packaging, dispensing,

1 or distribution of medication, and which collects, controls,
2 and maintains all transaction information.

3 (y) "Drug regimen review" means and includes the evaluation
4 of prescription drug orders and patient records for (1) known
5 allergies; (2) drug or potential therapy contraindications;
6 (3) reasonable dose, duration of use, and route of
7 administration, taking into consideration factors such as age,
8 gender, and contraindications; (4) reasonable directions for
9 use; (5) potential or actual adverse drug reactions; (6)
10 drug-drug interactions; (7) drug-food interactions; (8)
11 drug-disease contraindications; (9) therapeutic duplication;
12 (10) patient laboratory values when authorized and available;
13 (11) proper utilization (including over or under utilization)
14 and optimum therapeutic outcomes; and (12) abuse and misuse.

15 (z) "Electronic transmission prescription" means any
16 prescription order for which a facsimile or electronic image of
17 the order is electronically transmitted from a licensed
18 prescriber to a pharmacy. "Electronic transmission
19 prescription" includes both data and image prescriptions.

20 (aa) "Medication therapy management services" means a
21 distinct service or group of services offered by licensed
22 pharmacists, physicians licensed to practice medicine in all
23 its branches, advanced practice nurses authorized in a written
24 agreement with a physician licensed to practice medicine in all
25 its branches, or physician assistants authorized in guidelines
26 by a supervising physician that optimize therapeutic outcomes

1 for individual patients through improved medication use. In a
2 retail or other non-hospital pharmacy, medication therapy
3 management services shall consist of the evaluation of
4 prescription drug orders and patient medication records to
5 resolve conflicts with the following:

6 (1) known allergies;

7 (2) drug or potential therapy contraindications;

8 (3) reasonable dose, duration of use, and route of
9 administration, taking into consideration factors such as
10 age, gender, and contraindications;

11 (4) reasonable directions for use;

12 (5) potential or actual adverse drug reactions;

13 (6) drug-drug interactions;

14 (7) drug-food interactions;

15 (8) drug-disease contraindications;

16 (9) identification of therapeutic duplication;

17 (10) patient laboratory values when authorized and
18 available;

19 (11) proper utilization (including over or under
20 utilization) and optimum therapeutic outcomes; and

21 (12) drug abuse and misuse.

22 "Medication therapy management services" includes the
23 following:

24 (1) documenting the services delivered and
25 communicating the information provided to patients'
26 prescribers within an appropriate time frame, not to exceed

1 48 hours;

2 (2) providing patient counseling designed to enhance a
3 patient's understanding and the appropriate use of his or
4 her medications; and

5 (3) providing information, support services, and
6 resources designed to enhance a patient's adherence with
7 his or her prescribed therapeutic regimens.

8 "Medication therapy management services" may also include
9 patient care functions authorized by a physician licensed to
10 practice medicine in all its branches for his or her identified
11 patient or groups of patients under specified conditions or
12 limitations in a standing order from the physician.

13 "Medication therapy management services" in a licensed
14 hospital may also include the following:

15 (1) reviewing assessments of the patient's health
16 status; and

17 (2) following protocols of a hospital pharmacy and
18 therapeutics committee with respect to the fulfillment of
19 medication orders.

20 (bb) "Pharmacist care" means the provision by a pharmacist
21 of medication therapy management services, with or without the
22 dispensing of drugs or devices, intended to achieve outcomes
23 that improve patient health, quality of life, and comfort and
24 enhance patient safety.

25 (cc) "Protected health information" means individually
26 identifiable health information that, except as otherwise

1 provided, is:

2 (1) transmitted by electronic media;

3 (2) maintained in any medium set forth in the
4 definition of "electronic media" in the federal Health
5 Insurance Portability and Accountability Act; or

6 (3) transmitted or maintained in any other form or
7 medium.

8 "Protected health information" does not include
9 individually identifiable health information found in:

10 (1) education records covered by the federal Family
11 Educational Right and Privacy Act; or

12 (2) employment records held by a licensee in its role
13 as an employer.

14 (dd) "Standing order" means a specific order for a patient
15 or group of patients issued by a physician licensed to practice
16 medicine in all its branches in Illinois.

17 (ee) "Address of record" means the address recorded by the
18 Department in the applicant's or licensee's application file or
19 license file, as maintained by the Department's licensure
20 maintenance unit.

21 (ff) "Home pharmacy" means the location of a pharmacy's
22 primary operations.

23 (Source: P.A. 96-339, eff. 7-1-10; 96-673, eff. 1-1-10;
24 96-1000, eff. 7-2-10; 96-1353, eff. 7-28-10; 97-38, eff.
25 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12; 97-1043,
26 eff. 8-21-12.)

1 Section 6-235. The Nurse Agency Licensing Act is amended by
2 changing Section 3 as follows:

3 (225 ILCS 510/3) (from Ch. 111, par. 953)

4 Sec. 3. Definitions. As used in this Act:

5 (a) "Certified nurse aide" means an individual certified as
6 defined in Section 3-206 of the Nursing Home Care Act, ~~Section~~
7 ~~3-206 of the Specialized Mental Health Rehabilitation Act,~~ or
8 Section 3-206 of the ID/DD Community Care Act, as now or
9 hereafter amended.

10 (b) "Department" means the Department of Labor.

11 (c) "Director" means the Director of Labor.

12 (d) "Health care facility" is defined as in Section 3 of
13 the Illinois Health Facilities Planning Act, as now or
14 hereafter amended.

15 (e) "Licensee" means any nursing agency which is properly
16 licensed under this Act.

17 (f) "Nurse" means a registered nurse or a licensed
18 practical nurse as defined in the Nurse Practice Act.

19 (g) "Nurse agency" means any individual, firm,
20 corporation, partnership or other legal entity that employs,
21 assigns or refers nurses or certified nurse aides to a health
22 care facility for a fee. The term "nurse agency" includes
23 nurses registries. The term "nurse agency" does not include
24 services provided by home health agencies licensed and operated

1 under the Home Health, Home Services, and Home Nursing Agency
2 Licensing Act or a licensed or certified individual who
3 provides his or her own services as a regular employee of a
4 health care facility, nor does it apply to a health care
5 facility's organizing nonsalaried employees to provide
6 services only in that facility.

7 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
8 eff. 1-1-12; 97-813, eff. 7-13-12.)

9 Section 6-240. The Illinois Public Aid Code is amended by
10 changing Sections 5-5.2, 5-5.4, 5-5.7, 5-5f, 5-6, and 8A-11 as
11 follows:

12 (305 ILCS 5/5-5.2) (from Ch. 23, par. 5-5.2)

13 Sec. 5-5.2. Payment.

14 (a) All nursing facilities that are grouped pursuant to
15 Section 5-5.1 of this Act shall receive the same rate of
16 payment for similar services.

17 (b) It shall be a matter of State policy that the Illinois
18 Department shall utilize a uniform billing cycle throughout the
19 State for the long-term care providers.

20 (c) Notwithstanding any other provisions of this Code, the
21 methodologies for reimbursement of nursing services as
22 provided under this Article shall no longer be applicable for
23 bills payable for nursing services rendered on or after a new
24 reimbursement system based on the Resource Utilization Groups

1 (RUGs) has been fully operationalized, which shall take effect
2 for services provided on or after January 1, 2014.

3 (d) A new nursing services reimbursement methodology
4 utilizing RUGs IV 48 grouper model shall be established and may
5 include an Illinois-specific default group, as needed. The new
6 RUGs-based nursing services reimbursement methodology shall be
7 resident-driven, facility-specific, and cost-based. Costs
8 shall be annually rebased and case mix index quarterly updated.
9 The methodology shall include regional wage adjustors based on
10 the Health Service Areas (HSA) groupings in effect on April 30,
11 2012. The Department shall assign a case mix index to each
12 resident class based on the Centers for Medicare and Medicaid
13 Services staff time measurement study utilizing an index
14 maximization approach.

15 (e) Notwithstanding any other provision of this Code, the
16 Department shall by rule develop a reimbursement methodology
17 reflective of the intensity of care and services requirements
18 of low need residents in the lowest RUG IV groupers and
19 corresponding regulations.

20 (f) Notwithstanding any other provision of this Code, on
21 and after July 1, 2012, reimbursement rates associated with the
22 nursing or support components of the current nursing facility
23 rate methodology shall not increase beyond the level effective
24 May 1, 2011 until a new reimbursement system based on the RUGs
25 IV 48 grouper model has been fully operationalized.

26 (g) Notwithstanding any other provision of this Code, on

1 and after July 1, 2012, for facilities not designated by the
2 Department of Healthcare and Family Services as "Institutions
3 for Mental Disease", rates effective May 1, 2011 shall be
4 adjusted as follows:

5 (1) Individual nursing rates for residents classified
6 in RUG IV groups PA1, PA2, BA1, and BA2 during the quarter
7 ending March 31, 2012 shall be reduced by 10%;

8 (2) Individual nursing rates for residents classified
9 in all other RUG IV groups shall be reduced by 1.0%;

10 (3) Facility rates for the capital and support
11 components shall be reduced by 1.7%.

12 (h) Notwithstanding any other provision of this Code, on
13 and after July 1, 2012, nursing facilities designated by the
14 Department of Healthcare and Family Services as "Institutions
15 for Mental Disease" and "Institutions for Mental Disease" that
16 are facilities licensed under the Specialized Mental Health
17 Rehabilitation Act of 2013 shall have the nursing,
18 socio-developmental, capital, and support components of their
19 reimbursement rate effective May 1, 2011 reduced in total by
20 2.7%.

21 (Source: P.A. 96-1530, eff. 2-16-11; 97-689, eff. 6-14-12.)

22 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

23 Sec. 5-5.4. Standards of Payment - Department of Healthcare
24 and Family Services. The Department of Healthcare and Family
25 Services shall develop standards of payment of nursing facility

1 and ICF/DD services in facilities providing such services under
2 this Article which:

3 (1) Provide for the determination of a facility's payment
4 for nursing facility or ICF/DD services on a prospective basis.
5 The amount of the payment rate for all nursing facilities
6 certified by the Department of Public Health under the ID/DD
7 Community Care Act or the Nursing Home Care Act as Intermediate
8 Care for the Developmentally Disabled facilities, Long Term
9 Care for Under Age 22 facilities, Skilled Nursing facilities,
10 or Intermediate Care facilities under the medical assistance
11 program shall be prospectively established annually on the
12 basis of historical, financial, and statistical data
13 reflecting actual costs from prior years, which shall be
14 applied to the current rate year and updated for inflation,
15 except that the capital cost element for newly constructed
16 facilities shall be based upon projected budgets. The annually
17 established payment rate shall take effect on July 1 in 1984
18 and subsequent years. No rate increase and no update for
19 inflation shall be provided on or after July 1, 1994 and before
20 January 1, 2014, unless specifically provided for in this
21 Section. The changes made by Public Act 93-841 extending the
22 duration of the prohibition against a rate increase or update
23 for inflation are effective retroactive to July 1, 2004.

24 For facilities licensed by the Department of Public Health
25 under the Nursing Home Care Act as Intermediate Care for the
26 Developmentally Disabled facilities or Long Term Care for Under

1 Age 22 facilities, the rates taking effect on July 1, 1998
2 shall include an increase of 3%. For facilities licensed by the
3 Department of Public Health under the Nursing Home Care Act as
4 Skilled Nursing facilities or Intermediate Care facilities,
5 the rates taking effect on July 1, 1998 shall include an
6 increase of 3% plus \$1.10 per resident-day, as defined by the
7 Department. For facilities licensed by the Department of Public
8 Health under the Nursing Home Care Act as Intermediate Care
9 Facilities for the Developmentally Disabled or Long Term Care
10 for Under Age 22 facilities, the rates taking effect on January
11 1, 2006 shall include an increase of 3%. For facilities
12 licensed by the Department of Public Health under the Nursing
13 Home Care Act as Intermediate Care Facilities for the
14 Developmentally Disabled or Long Term Care for Under Age 22
15 facilities, the rates taking effect on January 1, 2009 shall
16 include an increase sufficient to provide a \$0.50 per hour wage
17 increase for non-executive staff.

18 For facilities licensed by the Department of Public Health
19 under the Nursing Home Care Act as Intermediate Care for the
20 Developmentally Disabled facilities or Long Term Care for Under
21 Age 22 facilities, the rates taking effect on July 1, 1999
22 shall include an increase of 1.6% plus \$3.00 per resident-day,
23 as defined by the Department. For facilities licensed by the
24 Department of Public Health under the Nursing Home Care Act as
25 Skilled Nursing facilities or Intermediate Care facilities,
26 the rates taking effect on July 1, 1999 shall include an

1 increase of 1.6% and, for services provided on or after October
2 1, 1999, shall be increased by \$4.00 per resident-day, as
3 defined by the Department.

4 For facilities licensed by the Department of Public Health
5 under the Nursing Home Care Act as Intermediate Care for the
6 Developmentally Disabled facilities or Long Term Care for Under
7 Age 22 facilities, the rates taking effect on July 1, 2000
8 shall include an increase of 2.5% per resident-day, as defined
9 by the Department. For facilities licensed by the Department of
10 Public Health under the Nursing Home Care Act as Skilled
11 Nursing facilities or Intermediate Care facilities, the rates
12 taking effect on July 1, 2000 shall include an increase of 2.5%
13 per resident-day, as defined by the Department.

14 For facilities licensed by the Department of Public Health
15 under the Nursing Home Care Act as skilled nursing facilities
16 or intermediate care facilities, a new payment methodology must
17 be implemented for the nursing component of the rate effective
18 July 1, 2003. The Department of Public Aid (now Healthcare and
19 Family Services) shall develop the new payment methodology
20 using the Minimum Data Set (MDS) as the instrument to collect
21 information concerning nursing home resident condition
22 necessary to compute the rate. The Department shall develop the
23 new payment methodology to meet the unique needs of Illinois
24 nursing home residents while remaining subject to the
25 appropriations provided by the General Assembly. A transition
26 period from the payment methodology in effect on June 30, 2003

1 to the payment methodology in effect on July 1, 2003 shall be
2 provided for a period not exceeding 3 years and 184 days after
3 implementation of the new payment methodology as follows:

4 (A) For a facility that would receive a lower nursing
5 component rate per patient day under the new system than
6 the facility received effective on the date immediately
7 preceding the date that the Department implements the new
8 payment methodology, the nursing component rate per
9 patient day for the facility shall be held at the level in
10 effect on the date immediately preceding the date that the
11 Department implements the new payment methodology until a
12 higher nursing component rate of reimbursement is achieved
13 by that facility.

14 (B) For a facility that would receive a higher nursing
15 component rate per patient day under the payment
16 methodology in effect on July 1, 2003 than the facility
17 received effective on the date immediately preceding the
18 date that the Department implements the new payment
19 methodology, the nursing component rate per patient day for
20 the facility shall be adjusted.

21 (C) Notwithstanding paragraphs (A) and (B), the
22 nursing component rate per patient day for the facility
23 shall be adjusted subject to appropriations provided by the
24 General Assembly.

25 For facilities licensed by the Department of Public Health
26 under the Nursing Home Care Act as Intermediate Care for the

1 Developmentally Disabled facilities or Long Term Care for Under
2 Age 22 facilities, the rates taking effect on March 1, 2001
3 shall include a statewide increase of 7.85%, as defined by the
4 Department.

5 Notwithstanding any other provision of this Section, for
6 facilities licensed by the Department of Public Health under
7 the Nursing Home Care Act as skilled nursing facilities or
8 intermediate care facilities, except facilities participating
9 in the Department's demonstration program pursuant to the
10 provisions of Title 77, Part 300, Subpart T of the Illinois
11 Administrative Code, the numerator of the ratio used by the
12 Department of Healthcare and Family Services to compute the
13 rate payable under this Section using the Minimum Data Set
14 (MDS) methodology shall incorporate the following annual
15 amounts as the additional funds appropriated to the Department
16 specifically to pay for rates based on the MDS nursing
17 component methodology in excess of the funding in effect on
18 December 31, 2006:

19 (i) For rates taking effect January 1, 2007,
20 \$60,000,000.

21 (ii) For rates taking effect January 1, 2008,
22 \$110,000,000.

23 (iii) For rates taking effect January 1, 2009,
24 \$194,000,000.

25 (iv) For rates taking effect April 1, 2011, or the
26 first day of the month that begins at least 45 days after

1 the effective date of this amendatory Act of the 96th
2 General Assembly, \$416,500,000 or an amount as may be
3 necessary to complete the transition to the MDS methodology
4 for the nursing component of the rate. Increased payments
5 under this item (iv) are not due and payable, however,
6 until (i) the methodologies described in this paragraph are
7 approved by the federal government in an appropriate State
8 Plan amendment and (ii) the assessment imposed by Section
9 5B-2 of this Code is determined to be a permissible tax
10 under Title XIX of the Social Security Act.

11 Notwithstanding any other provision of this Section, for
12 facilities licensed by the Department of Public Health under
13 the Nursing Home Care Act as skilled nursing facilities or
14 intermediate care facilities, the support component of the
15 rates taking effect on January 1, 2008 shall be computed using
16 the most recent cost reports on file with the Department of
17 Healthcare and Family Services no later than April 1, 2005,
18 updated for inflation to January 1, 2006.

19 For facilities licensed by the Department of Public Health
20 under the Nursing Home Care Act as Intermediate Care for the
21 Developmentally Disabled facilities or Long Term Care for Under
22 Age 22 facilities, the rates taking effect on April 1, 2002
23 shall include a statewide increase of 2.0%, as defined by the
24 Department. This increase terminates on July 1, 2002; beginning
25 July 1, 2002 these rates are reduced to the level of the rates
26 in effect on March 31, 2002, as defined by the Department.

1 For facilities licensed by the Department of Public Health
2 under the Nursing Home Care Act as skilled nursing facilities
3 or intermediate care facilities, the rates taking effect on
4 July 1, 2001 shall be computed using the most recent cost
5 reports on file with the Department of Public Aid no later than
6 April 1, 2000, updated for inflation to January 1, 2001. For
7 rates effective July 1, 2001 only, rates shall be the greater
8 of the rate computed for July 1, 2001 or the rate effective on
9 June 30, 2001.

10 Notwithstanding any other provision of this Section, for
11 facilities licensed by the Department of Public Health under
12 the Nursing Home Care Act as skilled nursing facilities or
13 intermediate care facilities, the Illinois Department shall
14 determine by rule the rates taking effect on July 1, 2002,
15 which shall be 5.9% less than the rates in effect on June 30,
16 2002.

17 Notwithstanding any other provision of this Section, for
18 facilities licensed by the Department of Public Health under
19 the Nursing Home Care Act as skilled nursing facilities or
20 intermediate care facilities, if the payment methodologies
21 required under Section 5A-12 and the waiver granted under 42
22 CFR 433.68 are approved by the United States Centers for
23 Medicare and Medicaid Services, the rates taking effect on July
24 1, 2004 shall be 3.0% greater than the rates in effect on June
25 30, 2004. These rates shall take effect only upon approval and
26 implementation of the payment methodologies required under

1 Section 5A-12.

2 Notwithstanding any other provisions of this Section, for
3 facilities licensed by the Department of Public Health under
4 the Nursing Home Care Act as skilled nursing facilities or
5 intermediate care facilities, the rates taking effect on
6 January 1, 2005 shall be 3% more than the rates in effect on
7 December 31, 2004.

8 Notwithstanding any other provision of this Section, for
9 facilities licensed by the Department of Public Health under
10 the Nursing Home Care Act as skilled nursing facilities or
11 intermediate care facilities, effective January 1, 2009, the
12 per diem support component of the rates effective on January 1,
13 2008, computed using the most recent cost reports on file with
14 the Department of Healthcare and Family Services no later than
15 April 1, 2005, updated for inflation to January 1, 2006, shall
16 be increased to the amount that would have been derived using
17 standard Department of Healthcare and Family Services methods,
18 procedures, and inflators.

19 Notwithstanding any other provisions of this Section, for
20 facilities licensed by the Department of Public Health under
21 the Nursing Home Care Act as intermediate care facilities that
22 are federally defined as Institutions for Mental Disease, or
23 facilities licensed by the Department of Public Health under
24 the Specialized Mental Health Rehabilitation Act of 2013, a
25 socio-development component rate equal to 6.6% of the
26 facility's nursing component rate as of January 1, 2006 shall

1 be established and paid effective July 1, 2006. The
2 socio-development component of the rate shall be increased by a
3 factor of 2.53 on the first day of the month that begins at
4 least 45 days after January 11, 2008 (the effective date of
5 Public Act 95-707). As of August 1, 2008, the socio-development
6 component rate shall be equal to 6.6% of the facility's nursing
7 component rate as of January 1, 2006, multiplied by a factor of
8 3.53. For services provided on or after April 1, 2011, or the
9 first day of the month that begins at least 45 days after the
10 effective date of this amendatory Act of the 96th General
11 Assembly, whichever is later, the Illinois Department may by
12 rule adjust these socio-development component rates, and may
13 use different adjustment methodologies for those facilities
14 participating, and those not participating, in the Illinois
15 Department's demonstration program pursuant to the provisions
16 of Title 77, Part 300, Subpart T of the Illinois Administrative
17 Code, but in no case may such rates be diminished below those
18 in effect on August 1, 2008.

19 For facilities licensed by the Department of Public Health
20 under the Nursing Home Care Act as Intermediate Care for the
21 Developmentally Disabled facilities or as long-term care
22 facilities for residents under 22 years of age, the rates
23 taking effect on July 1, 2003 shall include a statewide
24 increase of 4%, as defined by the Department.

25 For facilities licensed by the Department of Public Health
26 under the Nursing Home Care Act as Intermediate Care for the

1 Developmentally Disabled facilities or Long Term Care for Under
2 Age 22 facilities, the rates taking effect on the first day of
3 the month that begins at least 45 days after the effective date
4 of this amendatory Act of the 95th General Assembly shall
5 include a statewide increase of 2.5%, as defined by the
6 Department.

7 Notwithstanding any other provision of this Section, for
8 facilities licensed by the Department of Public Health under
9 the Nursing Home Care Act as skilled nursing facilities or
10 intermediate care facilities, effective January 1, 2005,
11 facility rates shall be increased by the difference between (i)
12 a facility's per diem property, liability, and malpractice
13 insurance costs as reported in the cost report filed with the
14 Department of Public Aid and used to establish rates effective
15 July 1, 2001 and (ii) those same costs as reported in the
16 facility's 2002 cost report. These costs shall be passed
17 through to the facility without caps or limitations, except for
18 adjustments required under normal auditing procedures.

19 Rates established effective each July 1 shall govern
20 payment for services rendered throughout that fiscal year,
21 except that rates established on July 1, 1996 shall be
22 increased by 6.8% for services provided on or after January 1,
23 1997. Such rates will be based upon the rates calculated for
24 the year beginning July 1, 1990, and for subsequent years
25 thereafter until June 30, 2001 shall be based on the facility
26 cost reports for the facility fiscal year ending at any point

1 in time during the previous calendar year, updated to the
2 midpoint of the rate year. The cost report shall be on file
3 with the Department no later than April 1 of the current rate
4 year. Should the cost report not be on file by April 1, the
5 Department shall base the rate on the latest cost report filed
6 by each skilled care facility and intermediate care facility,
7 updated to the midpoint of the current rate year. In
8 determining rates for services rendered on and after July 1,
9 1985, fixed time shall not be computed at less than zero. The
10 Department shall not make any alterations of regulations which
11 would reduce any component of the Medicaid rate to a level
12 below what that component would have been utilizing in the rate
13 effective on July 1, 1984.

14 (2) Shall take into account the actual costs incurred by
15 facilities in providing services for recipients of skilled
16 nursing and intermediate care services under the medical
17 assistance program.

18 (3) Shall take into account the medical and psycho-social
19 characteristics and needs of the patients.

20 (4) Shall take into account the actual costs incurred by
21 facilities in meeting licensing and certification standards
22 imposed and prescribed by the State of Illinois, any of its
23 political subdivisions or municipalities and by the U.S.
24 Department of Health and Human Services pursuant to Title XIX
25 of the Social Security Act.

26 The Department of Healthcare and Family Services shall

1 develop precise standards for payments to reimburse nursing
2 facilities for any utilization of appropriate rehabilitative
3 personnel for the provision of rehabilitative services which is
4 authorized by federal regulations, including reimbursement for
5 services provided by qualified therapists or qualified
6 assistants, and which is in accordance with accepted
7 professional practices. Reimbursement also may be made for
8 utilization of other supportive personnel under appropriate
9 supervision.

10 The Department shall develop enhanced payments to offset
11 the additional costs incurred by a facility serving exceptional
12 need residents and shall allocate at least \$4,000,000
13 ~~\$8,000,000~~ of the funds collected from the assessment
14 established by Section 5B-2 of this Code for such payments. For
15 the purpose of this Section, "exceptional needs" means, but
16 need not be limited to, ventilator care, ~~tracheotomy care,~~
17 ~~bariatric care, complex wound care,~~ and traumatic brain injury
18 care. The enhanced payments for exceptional need residents
19 under this paragraph are not due and payable, however, until
20 (i) the methodologies described in this paragraph are approved
21 by the federal government in an appropriate State Plan
22 amendment and (ii) the assessment imposed by Section 5B-2 of
23 this Code is determined to be a permissible tax under Title XIX
24 of the Social Security Act.

25 Beginning January 1, 2014 the methodologies for
26 reimbursement of nursing facility services as provided under

1 this Section 5-5.4 shall no longer be applicable for services
2 provided on or after January 1, 2014.

3 No payment increase under this Section for the MDS
4 methodology, exceptional care residents, or the
5 socio-development component rate established by Public Act
6 96-1530 of the 96th General Assembly and funded by the
7 assessment imposed under Section 5B-2 of this Code shall be due
8 and payable until after the Department notifies the long-term
9 care providers, in writing, that the payment methodologies to
10 long-term care providers required under this Section have been
11 approved by the Centers for Medicare and Medicaid Services of
12 the U.S. Department of Health and Human Services and the
13 waivers under 42 CFR 433.68 for the assessment imposed by this
14 Section, if necessary, have been granted by the Centers for
15 Medicare and Medicaid Services of the U.S. Department of Health
16 and Human Services. Upon notification to the Department of
17 approval of the payment methodologies required under this
18 Section and the waivers granted under 42 CFR 433.68, all
19 increased payments otherwise due under this Section prior to
20 the date of notification shall be due and payable within 90
21 days of the date federal approval is received.

22 On and after July 1, 2012, the Department shall reduce any
23 rate of reimbursement for services or other payments or alter
24 any methodologies authorized by this Code to reduce any rate of
25 reimbursement for services or other payments in accordance with
26 Section 5-5e.

1 (Source: P.A. 96-45, eff. 7-15-09; 96-339, eff. 7-1-10; 96-959,
2 eff. 7-1-10; 96-1000, eff. 7-2-10; 96-1530, eff. 2-16-11;
3 97-10, eff. 6-14-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
4 97-584, eff. 8-26-11; 97-689, eff. 6-14-12; 97-813, eff.
5 7-13-12.)

6 (305 ILCS 5/5-5.7) (from Ch. 23, par. 5-5.7)

7 Sec. 5-5.7. Cost Reports - Audits. The Department of
8 Healthcare and Family Services shall work with the Department
9 of Public Health to use cost report information currently being
10 collected under provisions of the Nursing Home Care Act, the
11 Specialized Mental Health Rehabilitation Act of 2013, and the
12 ID/DD Community Care Act. The Department of Healthcare and
13 Family Services may, in conjunction with the Department of
14 Public Health, develop in accordance with generally accepted
15 accounting principles a uniform chart of accounts which each
16 facility providing services under the medical assistance
17 program shall adopt, after a reasonable period.

18 Facilities licensed under the Nursing Home Care Act, the
19 Specialized Mental Health Rehabilitation Act of 2013, or the
20 ID/DD Community Care Act and providers of adult developmental
21 training services certified by the Department of Human Services
22 pursuant to Section 15.2 of the Mental Health and Developmental
23 Disabilities Administrative Act which provide services to
24 clients eligible for medical assistance under this Article are
25 responsible for submitting the required annual cost report to

1 the Department of Healthcare and Family Services.

2 The Department of Healthcare and Family Services shall
3 audit the financial and statistical records of each provider
4 participating in the medical assistance program as a nursing
5 facility, a specialized mental health rehabilitation facility,
6 or an ICF/DD over a 3 year period, beginning with the close of
7 the first cost reporting year. Following the end of this 3-year
8 term, audits of the financial and statistical records will be
9 performed each year in at least 20% of the facilities
10 participating in the medical assistance program with at least
11 10% being selected on a random sample basis, and the remainder
12 selected on the basis of exceptional profiles. All audits shall
13 be conducted in accordance with generally accepted auditing
14 standards.

15 The Department of Healthcare and Family Services shall
16 establish prospective payment rates for categories or levels of
17 services within each licensure class, in order to more
18 appropriately recognize the individual needs of patients in
19 nursing facilities.

20 The Department of Healthcare and Family Services shall
21 provide, during the process of establishing the payment rate
22 for nursing facility, specialized mental health rehabilitation
23 facility, or ICF/DD services, or when a substantial change in
24 rates is proposed, an opportunity for public review and comment
25 on the proposed rates prior to their becoming effective.

26 (Source: P.A. 96-339, eff. 7-1-10; 96-1530, eff. 2-16-11;

1 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
2 7-13-12.)

3 (305 ILCS 5/5-5f)

4 Sec. 5-5f. Elimination and limitations of medical
5 assistance services. Notwithstanding any other provision of
6 this Code to the contrary, on and after July 1, 2012:

7 (a) The following services shall no longer be a covered
8 service available under this Code: group psychotherapy for
9 residents of any facility licensed under the Nursing Home Care
10 Act or the Specialized Mental Health Rehabilitation Act of
11 2013; and adult chiropractic services.

12 (b) The Department shall place the following limitations on
13 services: (i) the Department shall limit adult eyeglasses to
14 one pair every 2 years; (ii) the Department shall set an annual
15 limit of a maximum of 20 visits for each of the following
16 services: adult speech, hearing, and language therapy
17 services, adult occupational therapy services, and physical
18 therapy services; (iii) the Department shall limit podiatry
19 services to individuals with diabetes; (iv) the Department
20 shall pay for caesarean sections at the normal vaginal delivery
21 rate unless a caesarean section was medically necessary; (v)
22 the Department shall limit adult dental services to
23 emergencies; and (vi) effective July 1, 2012, the Department
24 shall place limitations and require concurrent review on every
25 inpatient detoxification stay to prevent repeat admissions to

1 any hospital for detoxification within 60 days of a previous
2 inpatient detoxification stay. The Department shall convene a
3 workgroup of hospitals, substance abuse providers, care
4 coordination entities, managed care plans, and other
5 stakeholders to develop recommendations for quality standards,
6 diversion to other settings, and admission criteria for
7 patients who need inpatient detoxification.

8 (c) The Department shall require prior approval of the
9 following services: wheelchair repairs, regardless of the cost
10 of the repairs, coronary artery bypass graft, and bariatric
11 surgery consistent with Medicare standards concerning patient
12 responsibility. The wholesale cost of power wheelchairs shall
13 be actual acquisition cost including all discounts.

14 (d) The Department shall establish benchmarks for
15 hospitals to measure and align payments to reduce potentially
16 preventable hospital readmissions, inpatient complications,
17 and unnecessary emergency room visits. In doing so, the
18 Department shall consider items, including, but not limited to,
19 historic and current acuity of care and historic and current
20 trends in readmission. The Department shall publish
21 provider-specific historical readmission data and anticipated
22 potentially preventable targets 60 days prior to the start of
23 the program. In the instance of readmissions, the Department
24 shall adopt policies and rates of reimbursement for services
25 and other payments provided under this Code to ensure that, by
26 June 30, 2013, expenditures to hospitals are reduced by, at a

1 minimum, \$40,000,000.

2 (e) The Department shall establish utilization controls
3 for the hospice program such that it shall not pay for other
4 care services when an individual is in hospice.

5 (f) For home health services, the Department shall require
6 Medicare certification of providers participating in the
7 program, implement the Medicare face-to-face encounter rule,
8 and limit services to post-hospitalization. The Department
9 shall require providers to implement auditable electronic
10 service verification based on global positioning systems or
11 other cost-effective technology.

12 (g) For the Home Services Program operated by the
13 Department of Human Services and the Community Care Program
14 operated by the Department on Aging, the Department of Human
15 Services, in cooperation with the Department on Aging, shall
16 implement an electronic service verification based on global
17 positioning systems or other cost-effective technology.

18 (h) The Department shall not pay for hospital admissions
19 when the claim indicates a hospital acquired condition that
20 would cause Medicare to reduce its payment on the claim had the
21 claim been submitted to Medicare, nor shall the Department pay
22 for hospital admissions where a Medicare identified "never
23 event" occurred.

24 (i) The Department shall implement cost savings
25 initiatives for advanced imaging services, cardiac imaging
26 services, pain management services, and back surgery. Such

1 initiatives shall be designed to achieve annual costs savings.

2 (Source: P.A. 97-689, eff. 6-14-12.)

3 (305 ILCS 5/5-6) (from Ch. 23, par. 5-6)

4 Sec. 5-6. Obligations incurred prior to death of a
5 recipient. Obligations incurred but not paid for at the time of
6 a recipient's death for services authorized under Section 5-5,
7 including medical and other care in facilities as defined in
8 the Nursing Home Care Act, the Specialized Mental Health
9 Rehabilitation Act of 2013, or the ID/DD Community Care Act, or
10 in like facilities not required to be licensed under that Act,
11 may be paid, subject to the rules and regulations of the
12 Illinois Department, after the death of the recipient.

13 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
14 eff. 1-1-12; 97-813, eff. 7-13-12.)

15 (305 ILCS 5/8A-11) (from Ch. 23, par. 8A-11)

16 Sec. 8A-11. (a) No person shall:

17 (1) Knowingly charge a resident of a nursing home for
18 any services provided pursuant to Article V of the Illinois
19 Public Aid Code, money or other consideration at a rate in
20 excess of the rates established for covered services by the
21 Illinois Department pursuant to Article V of The Illinois
22 Public Aid Code; or

23 (2) Knowingly charge, solicit, accept or receive, in
24 addition to any amount otherwise authorized or required to

1 be paid pursuant to Article V of The Illinois Public Aid
2 Code, any gift, money, donation or other consideration:

3 (i) As a precondition to admitting or expediting
4 the admission of a recipient or applicant, pursuant to
5 Article V of The Illinois Public Aid Code, to a
6 long-term care facility as defined in Section 1-113 of
7 the Nursing Home Care Act or a facility as defined in
8 Section 1-113 of the ID/DD Community Care Act or
9 Section 1-102 ~~1-113~~ of the Specialized Mental Health
10 Rehabilitation Act of 2013; and

11 (ii) As a requirement for the recipient's or
12 applicant's continued stay in such facility when the
13 cost of the services provided therein to the recipient
14 is paid for, in whole or in part, pursuant to Article V
15 of The Illinois Public Aid Code.

16 (b) Nothing herein shall prohibit a person from making a
17 voluntary contribution, gift or donation to a long-term care
18 facility.

19 (c) This paragraph shall not apply to agreements to provide
20 continuing care or life care between a life care facility as
21 defined by the Life Care Facilities Act, and a person
22 financially eligible for benefits pursuant to Article V of The
23 Illinois Public Aid Code.

24 (d) Any person who violates this Section shall be guilty of
25 a business offense and fined not less than \$5,000 nor more than
26 \$25,000.

1 (e) "Person", as used in this Section, means an individual,
2 corporation, partnership, or unincorporated association.

3 (f) The State's Attorney of the county in which the
4 facility is located and the Attorney General shall be notified
5 by the Illinois Department of any alleged violations of this
6 Section known to the Department.

7 (g) The Illinois Department shall adopt rules and
8 regulations to carry out the provisions of this Section.

9 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
10 eff. 1-1-12; 97-813, eff. 7-13-12.)

11 Section 6-245. The Elder Abuse and Neglect Act is amended
12 by changing Section 2 as follows:

13 (320 ILCS 20/2) (from Ch. 23, par. 6602)

14 Sec. 2. Definitions. As used in this Act, unless the
15 context requires otherwise:

16 (a) "Abuse" means causing any physical, mental or sexual
17 injury to an eligible adult, including exploitation of such
18 adult's financial resources.

19 Nothing in this Act shall be construed to mean that an
20 eligible adult is a victim of abuse, neglect, or self-neglect
21 for the sole reason that he or she is being furnished with or
22 relies upon treatment by spiritual means through prayer alone,
23 in accordance with the tenets and practices of a recognized
24 church or religious denomination.

1 Nothing in this Act shall be construed to mean that an
2 eligible adult is a victim of abuse because of health care
3 services provided or not provided by licensed health care
4 professionals.

5 (a-5) "Abuser" means a person who abuses, neglects, or
6 financially exploits an eligible adult.

7 (a-7) "Caregiver" means a person who either as a result of
8 a family relationship, voluntarily, or in exchange for
9 compensation has assumed responsibility for all or a portion of
10 the care of an eligible adult who needs assistance with
11 activities of daily living.

12 (b) "Department" means the Department on Aging of the State
13 of Illinois.

14 (c) "Director" means the Director of the Department.

15 (d) "Domestic living situation" means a residence where the
16 eligible adult at the time of the report lives alone or with
17 his or her family or a caregiver, or others, or a board and
18 care home or other community-based unlicensed facility, but is
19 not:

20 (1) A licensed facility as defined in Section 1-113 of
21 the Nursing Home Care Act;

22 (1.5) A facility licensed under the ID/DD Community
23 Care Act;

24 (1.7) A facility licensed under the Specialized Mental
25 Health Rehabilitation Act of 2013;

26 (2) A "life care facility" as defined in the Life Care

1 Facilities Act;

2 (3) A home, institution, or other place operated by the
3 federal government or agency thereof or by the State of
4 Illinois;

5 (4) A hospital, sanitarium, or other institution, the
6 principal activity or business of which is the diagnosis,
7 care, and treatment of human illness through the
8 maintenance and operation of organized facilities
9 therefor, which is required to be licensed under the
10 Hospital Licensing Act;

11 (5) A "community living facility" as defined in the
12 Community Living Facilities Licensing Act;

13 (6) (Blank);

14 (7) A "community-integrated living arrangement" as
15 defined in the Community-Integrated Living Arrangements
16 Licensure and Certification Act;

17 (8) An assisted living or shared housing establishment
18 as defined in the Assisted Living and Shared Housing Act;
19 or

20 (9) A supportive living facility as described in
21 Section 5-5.01a of the Illinois Public Aid Code.

22 (e) "Eligible adult" means a person 60 years of age or
23 older who resides in a domestic living situation and is, or is
24 alleged to be, abused, neglected, or financially exploited by
25 another individual or who neglects himself or herself.

26 (f) "Emergency" means a situation in which an eligible

1 adult is living in conditions presenting a risk of death or
2 physical, mental or sexual injury and the provider agency has
3 reason to believe the eligible adult is unable to consent to
4 services which would alleviate that risk.

5 (f-5) "Mandated reporter" means any of the following
6 persons while engaged in carrying out their professional
7 duties:

8 (1) a professional or professional's delegate while
9 engaged in: (i) social services, (ii) law enforcement,
10 (iii) education, (iv) the care of an eligible adult or
11 eligible adults, or (v) any of the occupations required to
12 be licensed under the Clinical Psychologist Licensing Act,
13 the Clinical Social Work and Social Work Practice Act, the
14 Illinois Dental Practice Act, the Dietitian Nutritionist
15 Practice Act, the Marriage and Family Therapy Licensing
16 Act, the Medical Practice Act of 1987, the Naprapathic
17 Practice Act, the Nurse Practice Act, the Nursing Home
18 Administrators Licensing and Disciplinary Act, the
19 Illinois Occupational Therapy Practice Act, the Illinois
20 Optometric Practice Act of 1987, the Pharmacy Practice Act,
21 the Illinois Physical Therapy Act, the Physician Assistant
22 Practice Act of 1987, the Podiatric Medical Practice Act of
23 1987, the Respiratory Care Practice Act, the Professional
24 Counselor and Clinical Professional Counselor Licensing
25 and Practice Act, the Illinois Speech-Language Pathology
26 and Audiology Practice Act, the Veterinary Medicine and

1 Surgery Practice Act of 2004, and the Illinois Public
2 Accounting Act;

3 (2) an employee of a vocational rehabilitation
4 facility prescribed or supervised by the Department of
5 Human Services;

6 (3) an administrator, employee, or person providing
7 services in or through an unlicensed community based
8 facility;

9 (4) any religious practitioner who provides treatment
10 by prayer or spiritual means alone in accordance with the
11 tenets and practices of a recognized church or religious
12 denomination, except as to information received in any
13 confession or sacred communication enjoined by the
14 discipline of the religious denomination to be held
15 confidential;

16 (5) field personnel of the Department of Healthcare and
17 Family Services, Department of Public Health, and
18 Department of Human Services, and any county or municipal
19 health department;

20 (6) personnel of the Department of Human Services, the
21 Guardianship and Advocacy Commission, the State Fire
22 Marshal, local fire departments, the Department on Aging
23 and its subsidiary Area Agencies on Aging and provider
24 agencies, and the Office of State Long Term Care Ombudsman;

25 (7) any employee of the State of Illinois not otherwise
26 specified herein who is involved in providing services to

1 eligible adults, including professionals providing medical
2 or rehabilitation services and all other persons having
3 direct contact with eligible adults;

4 (8) a person who performs the duties of a coroner or
5 medical examiner; or

6 (9) a person who performs the duties of a paramedic or
7 an emergency medical technician.

8 (g) "Neglect" means another individual's failure to
9 provide an eligible adult with or willful withholding from an
10 eligible adult the necessities of life including, but not
11 limited to, food, clothing, shelter or health care. This
12 subsection does not create any new affirmative duty to provide
13 support to eligible adults. Nothing in this Act shall be
14 construed to mean that an eligible adult is a victim of neglect
15 because of health care services provided or not provided by
16 licensed health care professionals.

17 (h) "Provider agency" means any public or nonprofit agency
18 in a planning and service area appointed by the regional
19 administrative agency with prior approval by the Department on
20 Aging to receive and assess reports of alleged or suspected
21 abuse, neglect, or financial exploitation.

22 (i) "Regional administrative agency" means any public or
23 nonprofit agency in a planning and service area so designated
24 by the Department, provided that the designated Area Agency on
25 Aging shall be designated the regional administrative agency if
26 it so requests. The Department shall assume the functions of

1 the regional administrative agency for any planning and service
2 area where another agency is not so designated.

3 (i-5) "Self-neglect" means a condition that is the result
4 of an eligible adult's inability, due to physical or mental
5 impairments, or both, or a diminished capacity, to perform
6 essential self-care tasks that substantially threaten his or
7 her own health, including: providing essential food, clothing,
8 shelter, and health care; and obtaining goods and services
9 necessary to maintain physical health, mental health,
10 emotional well-being, and general safety. The term includes
11 compulsive hoarding, which is characterized by the acquisition
12 and retention of large quantities of items and materials that
13 produce an extensively cluttered living space, which
14 significantly impairs the performance of essential self-care
15 tasks or otherwise substantially threatens life or safety.

16 (j) "Substantiated case" means a reported case of alleged
17 or suspected abuse, neglect, financial exploitation, or
18 self-neglect in which a provider agency, after assessment,
19 determines that there is reason to believe abuse, neglect, or
20 financial exploitation has occurred.

21 (Source: P.A. 96-339, eff. 7-1-10; 96-526, eff. 1-1-10; 96-572,
22 eff. 1-1-10; 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227,
23 eff. 1-1-12; 97-300, eff. 8-11-11; 97-706, eff. 6-25-12;
24 97-813, eff. 7-13-12; 97-1141, eff. 12-28-12.)

25 Section 6-250. The Mental Health and Developmental

1 Disabilities Code is amended by changing Section 2-107 as
2 follows:

3 (405 ILCS 5/2-107) (from Ch. 91 1/2, par. 2-107)

4 Sec. 2-107. Refusal of services; informing of risks.

5 (a) An adult recipient of services or the recipient's
6 guardian, if the recipient is under guardianship, and the
7 recipient's substitute decision maker, if any, must be informed
8 of the recipient's right to refuse medication or
9 electroconvulsive therapy. The recipient and the recipient's
10 guardian or substitute decision maker shall be given the
11 opportunity to refuse generally accepted mental health or
12 developmental disability services, including but not limited
13 to medication or electroconvulsive therapy. If such services
14 are refused, they shall not be given unless such services are
15 necessary to prevent the recipient from causing serious and
16 imminent physical harm to the recipient or others and no less
17 restrictive alternative is available. The facility director
18 shall inform a recipient, guardian, or substitute decision
19 maker, if any, who refuses such services of alternate services
20 available and the risks of such alternate services, as well as
21 the possible consequences to the recipient of refusal of such
22 services.

23 (b) Psychotropic medication or electroconvulsive therapy
24 may be administered under this Section for up to 24 hours only
25 if the circumstances leading up to the need for emergency

1 treatment are set forth in writing in the recipient's record.

2 (c) Administration of medication or electroconvulsive
3 therapy may not be continued unless the need for such treatment
4 is redetermined at least every 24 hours based upon a personal
5 examination of the recipient by a physician or a nurse under
6 the supervision of a physician and the circumstances
7 demonstrating that need are set forth in writing in the
8 recipient's record.

9 (d) Neither psychotropic medication nor electroconvulsive
10 therapy may be administered under this Section for a period in
11 excess of 72 hours, excluding Saturdays, Sundays, and holidays,
12 unless a petition is filed under Section 2-107.1 and the
13 treatment continues to be necessary under subsection (a) of
14 this Section. Once the petition has been filed, treatment may
15 continue in compliance with subsections (a), (b), and (c) of
16 this Section until the final outcome of the hearing on the
17 petition.

18 (e) The Department shall issue rules designed to insure
19 that in State-operated mental health facilities psychotropic
20 medication and electroconvulsive therapy are administered in
21 accordance with this Section and only when appropriately
22 authorized and monitored by a physician or a nurse under the
23 supervision of a physician in accordance with accepted medical
24 practice. The facility director of each mental health facility
25 not operated by the State shall issue rules designed to insure
26 that in that facility psychotropic medication and

1 electroconvulsive therapy are administered in accordance with
2 this Section and only when appropriately authorized and
3 monitored by a physician or a nurse under the supervision of a
4 physician in accordance with accepted medical practice. Such
5 rules shall be available for public inspection and copying
6 during normal business hours.

7 (f) The provisions of this Section with respect to the
8 emergency administration of psychotropic medication and
9 electroconvulsive therapy do not apply to facilities licensed
10 under the Nursing Home Care Act, the Specialized Mental Health
11 Rehabilitation Act of 2013, or the ID/DD Community Care Act.

12 (g) Under no circumstances may long-acting psychotropic
13 medications be administered under this Section.

14 (h) Whenever psychotropic medication or electroconvulsive
15 therapy is refused pursuant to subsection (a) of this Section
16 at least once that day, the physician shall determine and state
17 in writing the reasons why the recipient did not meet the
18 criteria for administration of medication or electroconvulsive
19 therapy under subsection (a) and whether the recipient meets
20 the standard for administration of psychotropic medication or
21 electroconvulsive therapy under Section 2-107.1 of this Code.
22 If the physician determines that the recipient meets the
23 standard for administration of psychotropic medication or
24 electroconvulsive therapy under Section 2-107.1, the facility
25 director or his or her designee shall petition the court for
26 administration of psychotropic medication or electroconvulsive

1 therapy pursuant to that Section unless the facility director
2 or his or her designee states in writing in the recipient's
3 record why the filing of such a petition is not warranted. This
4 subsection (h) applies only to State-operated mental health
5 facilities.

6 (i) The Department shall conduct annual trainings for all
7 physicians and registered nurses working in State-operated
8 mental health facilities on the appropriate use of emergency
9 administration of psychotropic medication and
10 electroconvulsive therapy, standards for their use, and the
11 methods of authorization under this Section.

12 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
13 eff. 1-1-12; 97-813, eff. 7-13-12.)

14 Section 6-255. The Protection and Advocacy for Mentally Ill
15 Persons Act is amended by changing Section 3 as follows:

16 (405 ILCS 45/3) (from Ch. 91 1/2, par. 1353)

17 Sec. 3. Powers and Duties.

18 (A) In order to properly exercise its powers and duties,
19 the agency shall have the authority to:

20 (1) Investigate incidents of abuse and neglect of
21 mentally ill persons if the incidents are reported to the
22 agency or if there is probable cause to believe that the
23 incidents occurred. In case of conflict with provisions of
24 the Abused and Neglected Child Reporting Act or the Nursing

1 Home Care Act, the provisions of those Acts shall apply.

2 (2) Pursue administrative, legal and other appropriate
3 remedies to ensure the protection of the rights of mentally
4 ill persons who are receiving care and treatment in this
5 State.

6 (3) Pursue administrative, legal and other remedies on
7 behalf of an individual who:

8 (a) was a mentally ill individual; and

9 (b) is a resident of this State, but only with
10 respect to matters which occur within 90 days after the
11 date of the discharge of such individual from a
12 facility providing care and treatment.

13 (4) Establish a board which shall:

14 (a) advise the protection and advocacy system on
15 policies and priorities to be carried out in protecting
16 and advocating the rights of mentally ill individuals;
17 and

18 (b) include attorneys, mental health
19 professionals, individuals from the public who are
20 knowledgeable about mental illness, a provider of
21 mental health services, individuals who have received
22 or are receiving mental health services and family
23 members of such individuals. At least one-half the
24 members of the board shall be individuals who have
25 received or are receiving mental health services or who
26 are family members of such individuals.

1 (5) On January 1, 1988, and on January 1 of each
2 succeeding year, prepare and transmit to the Secretary of
3 the United States Department of Health and Human Services
4 and to the Illinois Secretary of Human Services a report
5 describing the activities, accomplishments and
6 expenditures of the protection and advocacy system during
7 the most recently completed fiscal year.

8 (B) The agency shall have access to all mental health
9 facilities as defined in Sections 1-107 and 1-114 of the Mental
10 Health and Developmental Disabilities Code, all facilities as
11 defined in Section 1-113 of the Nursing Home Care Act, all
12 facilities as defined in Section 1-102 ~~1-113~~ of the Specialized
13 Mental Health Rehabilitation Act of 2013, all facilities as
14 defined in Section 1-113 of the ID/DD Community Care Act, all
15 facilities as defined in Section 2.06 of the Child Care Act of
16 1969, as now or hereafter amended, and all other facilities
17 providing care or treatment to mentally ill persons. Such
18 access shall be granted for the purposes of meeting with
19 residents and staff, informing them of services available from
20 the agency, distributing written information about the agency
21 and the rights of persons who are mentally ill, conducting
22 scheduled and unscheduled visits, and performing other
23 activities designed to protect the rights of mentally ill
24 persons.

25 (C) The agency shall have access to all records of mentally
26 ill persons who are receiving care or treatment from a

1 facility, subject to the limitations of this Act, the Mental
2 Health and Developmental Disabilities Confidentiality Act, the
3 Nursing Home Care Act and the Child Care Act of 1969, as now or
4 hereafter amended. If the mentally ill person has a legal
5 guardian other than the State or a designee of the State, the
6 facility director shall disclose the guardian's name, address
7 and telephone number to the agency upon its request. In cases
8 of conflict with provisions of the Abused and Neglected Child
9 Reporting Act and the Nursing Home Care Act, the provisions of
10 the Abused and Neglected Child Reporting Act and the Nursing
11 Home Care Act shall apply. The agency shall also have access,
12 for the purpose of inspection and copying, to the records of a
13 mentally ill person (i) who by reason of his or her mental or
14 physical condition is unable to authorize the agency to have
15 such access; (ii) who does not have a legal guardian or for
16 whom the State or a designee of the State is the legal
17 guardian; and (iii) with respect to whom a complaint has been
18 received by the agency or with respect to whom there is
19 probable cause to believe that such person has been subjected
20 to abuse or neglect.

21 The agency shall provide written notice to the mentally ill
22 person and the State guardian of the nature of the complaint
23 based upon which the agency has gained access to the records.
24 No record or the contents of the record shall be redisclosed by
25 the agency unless the person who is mentally ill and the State
26 guardian are provided 7 days advance written notice, except in

1 emergency situations, of the agency's intent to redisclose such
2 record. Within such 7-day period, the mentally ill person or
3 the State guardian may seek an injunction prohibiting the
4 agency's redisclosure of such record on the grounds that such
5 redisclosure is contrary to the interests of the mentally ill
6 person.

7 Upon request, the authorized agency shall be entitled to
8 inspect and copy any clinical or trust fund records of mentally
9 ill persons which may further the agency's investigation of
10 alleged problems affecting numbers of mentally ill persons.
11 When required by law, any personally identifiable information
12 of mentally ill persons shall be removed from the records.
13 However, the agency may not inspect or copy any records or
14 other materials when the removal of personally identifiable
15 information imposes an unreasonable burden on any facility as
16 defined by the Mental Health and Developmental Disabilities
17 Code, the Nursing Home Care Act, the Specialized Mental Health
18 Rehabilitation Act of 2013, or the Child Care Act of 1969, or
19 any other facility providing care or treatment to mentally ill
20 persons.

21 (D) Prior to instituting any legal action in a federal or
22 State court on behalf of a mentally ill individual, an eligible
23 protection and advocacy system, or a State agency or nonprofit
24 organization which entered into a contract with such an
25 eligible system under Section 104(a) of the federal Protection
26 and Advocacy for Mentally Ill Individuals Act of 1986, shall

1 exhaust in a timely manner all administrative remedies where
2 appropriate. If, in pursuing administrative remedies, the
3 system, State agency or organization determines that any matter
4 with respect to such individual will not be resolved within a
5 reasonable time, the system, State agency or organization may
6 pursue alternative remedies, including the initiation of
7 appropriate legal action.

8 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
9 eff. 1-1-12; 97-813, eff. 7-13-12.)

10 Section 6-260. The Developmental Disability and Mental
11 Disability Services Act is amended by changing Sections 2-3 and
12 5-1 as follows:

13 (405 ILCS 80/2-3) (from Ch. 91 1/2, par. 1802-3)

14 Sec. 2-3. As used in this Article, unless the context
15 requires otherwise:

16 (a) "Agency" means an agency or entity licensed by the
17 Department pursuant to this Article or pursuant to the
18 Community Residential Alternatives Licensing Act.

19 (b) "Department" means the Department of Human Services, as
20 successor to the Department of Mental Health and Developmental
21 Disabilities.

22 (c) "Home-based services" means services provided to a
23 mentally disabled adult who lives in his or her own home. These
24 services include but are not limited to:

- 1 (1) home health services;
- 2 (2) case management;
- 3 (3) crisis management;
- 4 (4) training and assistance in self-care;
- 5 (5) personal care services;
- 6 (6) habilitation and rehabilitation services;
- 7 (7) employment-related services;
- 8 (8) respite care; and
- 9 (9) other skill training that enables a person to
- 10 become self-supporting.

11 (d) "Legal guardian" means a person appointed by a court of
12 competent jurisdiction to exercise certain powers on behalf of
13 a mentally disabled adult.

14 (e) "Mentally disabled adult" means a person over the age
15 of 18 years who lives in his or her own home; who needs
16 home-based services, but does not require 24-hour-a-day
17 supervision; and who has one of the following conditions:
18 severe autism, severe mental illness, a severe or profound
19 intellectual disability, or severe and multiple impairments.

20 (f) In one's "own home" means that a mentally disabled
21 adult lives alone; or that a mentally disabled adult is in
22 full-time residence with his or her parents, legal guardian, or
23 other relatives; or that a mentally disabled adult is in
24 full-time residence in a setting not subject to licensure under
25 the Nursing Home Care Act, the Specialized Mental Health
26 Rehabilitation Act of 2013, the ID/DD Community Care Act, or

1 the Child Care Act of 1969, as now or hereafter amended, with 3
2 or fewer other adults unrelated to the mentally disabled adult
3 who do not provide home-based services to the mentally disabled
4 adult.

5 (g) "Parent" means the biological or adoptive parent of a
6 mentally disabled adult, or a person licensed as a foster
7 parent under the laws of this State who acts as a mentally
8 disabled adult's foster parent.

9 (h) "Relative" means any of the following relationships by
10 blood, marriage or adoption: parent, son, daughter, brother,
11 sister, grandparent, uncle, aunt, nephew, niece, great
12 grandparent, great uncle, great aunt, stepbrother, stepsister,
13 stepson, stepdaughter, stepparent or first cousin.

14 (i) "Severe autism" means a lifelong developmental
15 disability which is typically manifested before 30 months of
16 age and is characterized by severe disturbances in reciprocal
17 social interactions; verbal and nonverbal communication and
18 imaginative activity; and repertoire of activities and
19 interests. A person shall be determined severely autistic, for
20 purposes of this Article, if both of the following are present:

21 (1) Diagnosis consistent with the criteria for
22 autistic disorder in the current edition of the Diagnostic
23 and Statistical Manual of Mental Disorders.

24 (2) Severe disturbances in reciprocal social
25 interactions; verbal and nonverbal communication and
26 imaginative activity; repertoire of activities and

1 interests. A determination of severe autism shall be based
2 upon a comprehensive, documented assessment with an
3 evaluation by a licensed clinical psychologist or
4 psychiatrist. A determination of severe autism shall not be
5 based solely on behaviors relating to environmental,
6 cultural or economic differences.

7 (j) "Severe mental illness" means the manifestation of all
8 of the following characteristics:

9 (1) A primary diagnosis of one of the major mental
10 disorders in the current edition of the Diagnostic and
11 Statistical Manual of Mental Disorders listed below:

- 12 (A) Schizophrenia disorder.
- 13 (B) Delusional disorder.
- 14 (C) Schizo-affective disorder.
- 15 (D) Bipolar affective disorder.
- 16 (E) Atypical psychosis.
- 17 (F) Major depression, recurrent.

18 (2) The individual's mental illness must substantially
19 impair his or her functioning in at least 2 of the
20 following areas:

- 21 (A) Self-maintenance.
- 22 (B) Social functioning.
- 23 (C) Activities of community living.
- 24 (D) Work skills.

25 (3) Disability must be present or expected to be
26 present for at least one year.

1 A determination of severe mental illness shall be based
2 upon a comprehensive, documented assessment with an evaluation
3 by a licensed clinical psychologist or psychiatrist, and shall
4 not be based solely on behaviors relating to environmental,
5 cultural or economic differences.

6 (k) "Severe or profound intellectual disability" means a
7 manifestation of all of the following characteristics:

8 (1) A diagnosis which meets Classification in Mental
9 Retardation or criteria in the current edition of the
10 Diagnostic and Statistical Manual of Mental Disorders for
11 severe or profound mental retardation (an IQ of 40 or
12 below). This must be measured by a standardized instrument
13 for general intellectual functioning.

14 (2) A severe or profound level of disturbed adaptive
15 behavior. This must be measured by a standardized adaptive
16 behavior scale or informal appraisal by the professional in
17 keeping with illustrations in Classification in Mental
18 Retardation, 1983.

19 (3) Disability diagnosed before age of 18.

20 A determination of a severe or profound intellectual
21 disability shall be based upon a comprehensive, documented
22 assessment with an evaluation by a licensed clinical
23 psychologist or certified school psychologist or a
24 psychiatrist, and shall not be based solely on behaviors
25 relating to environmental, cultural or economic differences.

26 (1) "Severe and multiple impairments" means the

1 manifestation of all of the following characteristics:

2 (1) The evaluation determines the presence of a
3 developmental disability which is expected to continue
4 indefinitely, constitutes a substantial handicap and is
5 attributable to any of the following:

6 (A) Intellectual disability, which is defined as
7 general intellectual functioning that is 2 or more
8 standard deviations below the mean concurrent with
9 impairment of adaptive behavior which is 2 or more
10 standard deviations below the mean. Assessment of the
11 individual's intellectual functioning must be measured
12 by a standardized instrument for general intellectual
13 functioning.

14 (B) Cerebral palsy.

15 (C) Epilepsy.

16 (D) Autism.

17 (E) Any other condition which results in
18 impairment similar to that caused by an intellectual
19 disability and which requires services similar to
20 those required by intellectually disabled persons.

21 (2) The evaluation determines multiple handicaps in
22 physical, sensory, behavioral or cognitive functioning
23 which constitute a severe or profound impairment
24 attributable to one or more of the following:

25 (A) Physical functioning, which severely impairs
26 the individual's motor performance that may be due to:

1 (i) Neurological, psychological or physical
2 involvement resulting in a variety of disabling
3 conditions such as hemiplegia, quadriplegia or
4 ataxia,

5 (ii) Severe organ systems involvement such as
6 congenital heart defect,

7 (iii) Physical abnormalities resulting in the
8 individual being non-mobile and non-ambulatory or
9 confined to bed and receiving assistance in
10 transferring, or

11 (iv) The need for regular medical or nursing
12 supervision such as gastrostomy care and feeding.

13 Assessment of physical functioning must be based
14 on clinical medical assessment by a physician licensed
15 to practice medicine in all its branches, using the
16 appropriate instruments, techniques and standards of
17 measurement required by the professional.

18 (B) Sensory, which involves severe restriction due
19 to hearing or visual impairment limiting the
20 individual's movement and creating dependence in
21 completing most daily activities. Hearing impairment
22 is defined as a loss of 70 decibels aided or speech
23 discrimination of less than 50% aided. Visual
24 impairment is defined as 20/200 corrected in the better
25 eye or a visual field of 20 degrees or less. Sensory
26 functioning must be based on clinical medical

1 assessment by a physician licensed to practice
2 medicine in all its branches using the appropriate
3 instruments, techniques and standards of measurement
4 required by the professional.

5 (C) Behavioral, which involves behavior that is
6 maladaptive and presents a danger to self or others, is
7 destructive to property by deliberately breaking,
8 destroying or defacing objects, is disruptive by
9 fighting, or has other socially offensive behaviors in
10 sufficient frequency or severity to seriously limit
11 social integration. Assessment of behavioral
12 functioning may be measured by a standardized scale or
13 informal appraisal by a clinical psychologist or
14 psychiatrist.

15 (D) Cognitive, which involves intellectual
16 functioning at a measured IQ of 70 or below. Assessment
17 of cognitive functioning must be measured by a
18 standardized instrument for general intelligence.

19 (3) The evaluation determines that development is
20 substantially less than expected for the age in cognitive,
21 affective or psychomotor behavior as follows:

22 (A) Cognitive, which involves intellectual
23 functioning at a measured IQ of 70 or below. Assessment
24 of cognitive functioning must be measured by a
25 standardized instrument for general intelligence.

26 (B) Affective behavior, which involves over and

1 under responding to stimuli in the environment and may
2 be observed in mood, attention to awareness, or in
3 behaviors such as euphoria, anger or sadness that
4 seriously limit integration into society. Affective
5 behavior must be based on clinical assessment using the
6 appropriate instruments, techniques and standards of
7 measurement required by the professional.

8 (C) Psychomotor, which includes a severe
9 developmental delay in fine or gross motor skills so
10 that development in self-care, social interaction,
11 communication or physical activity will be greatly
12 delayed or restricted.

13 (4) A determination that the disability originated
14 before the age of 18 years.

15 A determination of severe and multiple impairments shall be
16 based upon a comprehensive, documented assessment with an
17 evaluation by a licensed clinical psychologist or
18 psychiatrist.

19 If the examiner is a licensed clinical psychologist,
20 ancillary evaluation of physical impairment, cerebral palsy or
21 epilepsy must be made by a physician licensed to practice
22 medicine in all its branches.

23 Regardless of the discipline of the examiner, ancillary
24 evaluation of visual impairment must be made by an
25 ophthalmologist or a licensed optometrist.

26 Regardless of the discipline of the examiner, ancillary

1 evaluation of hearing impairment must be made by an
2 otolaryngologist or an audiologist with a certificate of
3 clinical competency.

4 The only exception to the above is in the case of a person
5 with cerebral palsy or epilepsy who, according to the
6 eligibility criteria listed below, has multiple impairments
7 which are only physical and sensory. In such a case, a
8 physician licensed to practice medicine in all its branches may
9 serve as the examiner.

10 (m) "Twenty-four-hour-a-day supervision" means
11 24-hour-a-day care by a trained mental health or developmental
12 disability professional on an ongoing basis.

13 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
14 eff. 1-1-12; 97-813, eff. 7-13-12.)

15 (405 ILCS 80/5-1) (from Ch. 91 1/2, par. 1805-1)

16 Sec. 5-1. As the mental health and developmental
17 disabilities or intellectual disabilities authority for the
18 State of Illinois, the Department of Human Services shall have
19 the authority to license, certify and prescribe standards
20 governing the programs and services provided under this Act, as
21 well as all other agencies or programs which provide home-based
22 or community-based services to the mentally disabled, except
23 those services, programs or agencies established under or
24 otherwise subject to the Child Care Act of 1969, the
25 Specialized Mental Health Rehabilitation Act of 2013, or the

1 ID/DD Community Care Act, as now or hereafter amended, and this
2 Act shall not be construed to limit the application of those
3 Acts.

4 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
5 eff. 1-1-12; 97-813, eff. 7-13-12.)

6 Section 6-265. The Facilities Requiring Smoke Detectors
7 Act is amended by changing Section 1 as follows:

8 (425 ILCS 10/1) (from Ch. 127 1/2, par. 821)

9 Sec. 1. For purposes of this Act, unless the context
10 requires otherwise:

11 (a) "Facility" means:

12 (1) Any long-term care facility as defined in Section
13 1-113 of the Nursing Home Care Act or any facility as
14 defined in Section 1-113 of the ID/DD Community Care Act or
15 the Specialized Mental Health Rehabilitation Act of 2013,
16 as amended;

17 (2) Any community residential alternative as defined
18 in paragraph (4) of Section 3 of the Community Residential
19 Alternatives Licensing Act, as amended; and

20 (3) Any child care facility as defined in Section 2.05
21 of the Child Care Act of 1969, as amended.

22 (b) "Approved smoke detector" or "detector" means a smoke
23 detector of the ionization or photoelectric type which complies
24 with all the requirements of the rules and regulations of the

1 Illinois State Fire Marshal.

2 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
3 eff. 1-1-12; 97-813, eff. 7-13-12.)

4 Section 6-270. The Criminal Code of 2012 is amended by
5 changing Sections 12-4.4a and 26-1 as follows:

6 (720 ILCS 5/12-4.4a)

7 Sec. 12-4.4a. Abuse or criminal neglect of a long term care
8 facility resident; criminal abuse or neglect of an elderly
9 person or person with a disability.

10 (a) Abuse or criminal neglect of a long term care facility
11 resident.

12 (1) A person or an owner or licensee commits abuse of a
13 long term care facility resident when he or she knowingly
14 causes any physical or mental injury to, or commits any
15 sexual offense in this Code against, a resident.

16 (2) A person or an owner or licensee commits criminal
17 neglect of a long term care facility resident when he or
18 she recklessly:

19 (A) performs acts that cause a resident's life to
20 be endangered, health to be injured, or pre-existing
21 physical or mental condition to deteriorate, or that
22 create the substantial likelihood that an elderly
23 person's or person with a disability's life will be
24 endangered, health will be injured, or pre-existing

1 physical or mental condition will deteriorate;

2 (B) fails to perform acts that he or she knows or
3 reasonably should know are necessary to maintain or
4 preserve the life or health of a resident, and that
5 failure causes the resident's life to be endangered,
6 health to be injured, or pre-existing physical or
7 mental condition to deteriorate, or that create the
8 substantial likelihood that an elderly person's or
9 person with a disability's life will be endangered,
10 health will be injured, or pre-existing physical or
11 mental condition will deteriorate; or

12 (C) abandons a resident.

13 (3) A person or an owner or licensee commits neglect of
14 a long term care facility resident when he or she
15 negligently fails to provide adequate medical care,
16 personal care, or maintenance to the resident which results
17 in physical or mental injury or deterioration of the
18 resident's physical or mental condition. An owner or
19 licensee is guilty under this subdivision (a) (3), however,
20 only if the owner or licensee failed to exercise reasonable
21 care in the hiring, training, supervising, or providing of
22 staff or other related routine administrative
23 responsibilities.

24 (b) Criminal abuse or neglect of an elderly person or
25 person with a disability.

26 (1) A caregiver commits criminal abuse or neglect of an

1 elderly person or person with a disability when he or she
2 knowingly does any of the following:

3 (A) performs acts that cause the person's life to
4 be endangered, health to be injured, or pre-existing
5 physical or mental condition to deteriorate;

6 (B) fails to perform acts that he or she knows or
7 reasonably should know are necessary to maintain or
8 preserve the life or health of the person, and that
9 failure causes the person's life to be endangered,
10 health to be injured, or pre-existing physical or
11 mental condition to deteriorate;

12 (C) abandons the person;

13 (D) physically abuses, harasses, intimidates, or
14 interferes with the personal liberty of the person; or

15 (E) exposes the person to willful deprivation.

16 (2) It is not a defense to criminal abuse or neglect of
17 an elderly person or person with a disability that the
18 caregiver reasonably believed that the victim was not an
19 elderly person or person with a disability.

20 (c) Offense not applicable.

21 (1) Nothing in this Section applies to a physician
22 licensed to practice medicine in all its branches or a duly
23 licensed nurse providing care within the scope of his or
24 her professional judgment and within the accepted
25 standards of care within the community.

26 (2) Nothing in this Section imposes criminal liability

1 on a caregiver who made a good faith effort to provide for
2 the health and personal care of an elderly person or person
3 with a disability, but through no fault of his or her own
4 was unable to provide such care.

5 (3) Nothing in this Section applies to the medical
6 supervision, regulation, or control of the remedial care or
7 treatment of residents in a long term care facility
8 conducted for those who rely upon treatment by prayer or
9 spiritual means in accordance with the creed or tenets of
10 any well-recognized church or religious denomination as
11 described in Section 3-803 of the Nursing Home Care Act,
12 Section 1-102 ~~3-803~~ of the Specialized Mental Health
13 Rehabilitation Act of 2013, or Section 3-803 of the ID/DD
14 Community Care Act.

15 (4) Nothing in this Section prohibits a caregiver from
16 providing treatment to an elderly person or person with a
17 disability by spiritual means through prayer alone and care
18 consistent therewith in lieu of medical care and treatment
19 in accordance with the tenets and practices of any church
20 or religious denomination of which the elderly person or
21 person with a disability is a member.

22 (5) Nothing in this Section limits the remedies
23 available to the victim under the Illinois Domestic
24 Violence Act of 1986.

25 (d) Sentence.

26 (1) Long term care facility. Abuse of a long term care

1 facility resident is a Class 3 felony. Criminal neglect of
2 a long term care facility resident is a Class 4 felony,
3 unless it results in the resident's death in which case it
4 is a Class 3 felony. Neglect of a long term care facility
5 resident is a petty offense.

6 (2) Caregiver. Criminal abuse or neglect of an elderly
7 person or person with a disability is a Class 3 felony,
8 unless it results in the person's death in which case it is
9 a Class 2 felony, and if imprisonment is imposed it shall
10 be for a minimum term of 3 years and a maximum term of 14
11 years.

12 (e) Definitions. For the purposes of this Section:

13 "Abandon" means to desert or knowingly forsake a resident
14 or an elderly person or person with a disability under
15 circumstances in which a reasonable person would continue to
16 provide care and custody.

17 "Caregiver" means a person who has a duty to provide for an
18 elderly person or person with a disability's health and
19 personal care, at the elderly person or person with a
20 disability's place of residence, including, but not limited to,
21 food and nutrition, shelter, hygiene, prescribed medication,
22 and medical care and treatment, and includes any of the
23 following:

24 (1) A parent, spouse, adult child, or other relative by
25 blood or marriage who resides with or resides in the same
26 building with or regularly visits the elderly person or

1 person with a disability, knows or reasonably should know
2 of such person's physical or mental impairment, and knows
3 or reasonably should know that such person is unable to
4 adequately provide for his or her own health and personal
5 care.

6 (2) A person who is employed by the elderly person or
7 person with a disability or by another to reside with or
8 regularly visit the elderly person or person with a
9 disability and provide for such person's health and
10 personal care.

11 (3) A person who has agreed for consideration to reside
12 with or regularly visit the elderly person or person with a
13 disability and provide for such person's health and
14 personal care.

15 (4) A person who has been appointed by a private or
16 public agency or by a court of competent jurisdiction to
17 provide for the elderly person or person with a
18 disability's health and personal care.

19 "Caregiver" does not include a long-term care facility
20 licensed or certified under the Nursing Home Care Act or a
21 facility licensed or certified under the ID/DD Community Care
22 Act or the Specialized Mental Health Rehabilitation Act of
23 2013, or any administrative, medical, or other personnel of
24 such a facility, or a health care provider who is licensed
25 under the Medical Practice Act of 1987 and renders care in the
26 ordinary course of his or her profession.

1 "Elderly person" means a person 60 years of age or older
2 who is incapable of adequately providing for his or her own
3 health and personal care.

4 "Licensee" means the individual or entity licensed to
5 operate a facility under the Nursing Home Care Act, the
6 Specialized Mental Health Rehabilitation Act of 2013, the ID/DD
7 Community Care Act, or the Assisted Living and Shared Housing
8 Act.

9 "Long term care facility" means a private home,
10 institution, building, residence, or other place, whether
11 operated for profit or not, or a county home for the infirm and
12 chronically ill operated pursuant to Division 5-21 or 5-22 of
13 the Counties Code, or any similar institution operated by the
14 State of Illinois or a political subdivision thereof, which
15 provides, through its ownership or management, personal care,
16 sheltered care, or nursing for 3 or more persons not related to
17 the owner by blood or marriage. The term also includes skilled
18 nursing facilities and intermediate care facilities as defined
19 in Titles XVIII and XIX of the federal Social Security Act and
20 assisted living establishments and shared housing
21 establishments licensed under the Assisted Living and Shared
22 Housing Act.

23 "Owner" means the owner a long term care facility as
24 provided in the Nursing Home Care Act, the owner of a facility
25 as provided under the Specialized Mental Health Rehabilitation
26 Act of 2013, the owner of a facility as provided in the ID/DD

1 Community Care Act, or the owner of an assisted living or
2 shared housing establishment as provided in the Assisted Living
3 and Shared Housing Act.

4 "Person with a disability" means a person who suffers from
5 a permanent physical or mental impairment, resulting from
6 disease, injury, functional disorder, or congenital condition,
7 which renders the person incapable of adequately providing for
8 his or her own health and personal care.

9 "Resident" means a person residing in a long term care
10 facility.

11 "Willful deprivation" has the meaning ascribed to it in
12 paragraph (15) of Section 103 of the Illinois Domestic Violence
13 Act of 1986.

14 (Source: P.A. 96-1551, eff. 7-1-11; incorporates 97-38, eff.
15 6-28-11, and 97-227, eff. 1-1-12; 97-1109, eff. 1-1-13.)

16 (720 ILCS 5/26-1) (from Ch. 38, par. 26-1)

17 Sec. 26-1. Disorderly conduct.

18 (a) A person commits disorderly conduct when he or she
19 knowingly:

20 (1) Does any act in such unreasonable manner as to
21 alarm or disturb another and to provoke a breach of the
22 peace;

23 (2) Transmits or causes to be transmitted in any manner
24 to the fire department of any city, town, village or fire
25 protection district a false alarm of fire, knowing at the

1 time of the transmission that there is no reasonable ground
2 for believing that the fire exists;

3 (3) Transmits or causes to be transmitted in any manner
4 to another a false alarm to the effect that a bomb or other
5 explosive of any nature or a container holding poison gas,
6 a deadly biological or chemical contaminant, or
7 radioactive substance is concealed in a place where its
8 explosion or release would endanger human life, knowing at
9 the time of the transmission that there is no reasonable
10 ground for believing that the bomb, explosive or a
11 container holding poison gas, a deadly biological or
12 chemical contaminant, or radioactive substance is
13 concealed in the place;

14 (3.5) Transmits or causes to be transmitted a threat of
15 destruction of a school building or school property, or a
16 threat of violence, death, or bodily harm directed against
17 persons at a school, school function, or school event,
18 whether or not school is in session;

19 (4) Transmits or causes to be transmitted in any manner
20 to any peace officer, public officer or public employee a
21 report to the effect that an offense will be committed, is
22 being committed, or has been committed, knowing at the time
23 of the transmission that there is no reasonable ground for
24 believing that the offense will be committed, is being
25 committed, or has been committed;

26 (5) Transmits or causes to be transmitted a false

1 report to any public safety agency without the reasonable
2 grounds necessary to believe that transmitting the report
3 is necessary for the safety and welfare of the public; or

4 (6) Calls the number "911" for the purpose of making or
5 transmitting a false alarm or complaint and reporting
6 information when, at the time the call or transmission is
7 made, the person knows there is no reasonable ground for
8 making the call or transmission and further knows that the
9 call or transmission could result in the emergency response
10 of any public safety agency;

11 (7) Transmits or causes to be transmitted a false
12 report to the Department of Children and Family Services
13 under Section 4 of the "Abused and Neglected Child
14 Reporting Act";

15 (8) Transmits or causes to be transmitted a false
16 report to the Department of Public Health under the Nursing
17 Home Care Act, the Specialized Mental Health
18 Rehabilitation Act of 2013, or the ID/DD Community Care
19 Act;

20 (9) Transmits or causes to be transmitted in any manner
21 to the police department or fire department of any
22 municipality or fire protection district, or any privately
23 owned and operated ambulance service, a false request for
24 an ambulance, emergency medical technician-ambulance or
25 emergency medical technician-paramedic knowing at the time
26 there is no reasonable ground for believing that the

1 assistance is required;

2 (10) Transmits or causes to be transmitted a false
3 report under Article II of "An Act in relation to victims
4 of violence and abuse", approved September 16, 1984, as
5 amended;

6 (11) Enters upon the property of another and for a lewd
7 or unlawful purpose deliberately looks into a dwelling on
8 the property through any window or other opening in it; or

9 (12) While acting as a collection agency as defined in
10 the Collection Agency Act or as an employee of the
11 collection agency, and while attempting to collect an
12 alleged debt, makes a telephone call to the alleged debtor
13 which is designed to harass, annoy or intimidate the
14 alleged debtor.

15 (b) Sentence. A violation of subsection (a)(1) of this
16 Section is a Class C misdemeanor. A violation of subsection
17 (a)(5) or (a)(11) of this Section is a Class A misdemeanor. A
18 violation of subsection (a)(8) or (a)(10) of this Section is a
19 Class B misdemeanor. A violation of subsection (a)(2),
20 (a)(3.5), (a)(4), (a)(6), (a)(7), or (a)(9) of this Section is
21 a Class 4 felony. A violation of subsection (a)(3) of this
22 Section is a Class 3 felony, for which a fine of not less than
23 \$3,000 and no more than \$10,000 shall be assessed in addition
24 to any other penalty imposed.

25 A violation of subsection (a)(12) of this Section is a
26 Business Offense and shall be punished by a fine not to exceed

1 \$3,000. A second or subsequent violation of subsection (a) (7)
2 or (a) (5) of this Section is a Class 4 felony. A third or
3 subsequent violation of subsection (a) (11) of this Section is a
4 Class 4 felony.

5 (c) In addition to any other sentence that may be imposed,
6 a court shall order any person convicted of disorderly conduct
7 to perform community service for not less than 30 and not more
8 than 120 hours, if community service is available in the
9 jurisdiction and is funded and approved by the county board of
10 the county where the offense was committed. In addition,
11 whenever any person is placed on supervision for an alleged
12 offense under this Section, the supervision shall be
13 conditioned upon the performance of the community service.

14 This subsection does not apply when the court imposes a
15 sentence of incarceration.

16 (d) In addition to any other sentence that may be imposed,
17 the court shall order any person convicted of disorderly
18 conduct under paragraph (3) of subsection (a) involving a false
19 alarm of a threat that a bomb or explosive device has been
20 placed in a school to reimburse the unit of government that
21 employs the emergency response officer or officers that were
22 dispatched to the school for the cost of the search for a bomb
23 or explosive device. For the purposes of this Section,
24 "emergency response" means any incident requiring a response by
25 a police officer, a firefighter, a State Fire Marshal employee,
26 or an ambulance.

1 (Source: P.A. 96-339, eff. 7-1-10; 96-413, eff. 8-13-09;
2 96-772, eff. 1-1-10; 96-1000, eff. 7-2-10; 96-1261, eff.
3 1-1-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
4 7-13-12; 97-1108, eff. 1-1-13.)

5 Section 6-275. The Unified Code of Corrections is amended
6 by changing Section 5-5-3.2 as follows:

7 (730 ILCS 5/5-5-3.2)

8 Sec. 5-5-3.2. Factors in Aggravation and Extended-Term
9 Sentencing.

10 (a) The following factors shall be accorded weight in favor
11 of imposing a term of imprisonment or may be considered by the
12 court as reasons to impose a more severe sentence under Section
13 5-8-1 or Article 4.5 of Chapter V:

14 (1) the defendant's conduct caused or threatened
15 serious harm;

16 (2) the defendant received compensation for committing
17 the offense;

18 (3) the defendant has a history of prior delinquency or
19 criminal activity;

20 (4) the defendant, by the duties of his office or by
21 his position, was obliged to prevent the particular offense
22 committed or to bring the offenders committing it to
23 justice;

24 (5) the defendant held public office at the time of the

1 offense, and the offense related to the conduct of that
2 office;

3 (6) the defendant utilized his professional reputation
4 or position in the community to commit the offense, or to
5 afford him an easier means of committing it;

6 (7) the sentence is necessary to deter others from
7 committing the same crime;

8 (8) the defendant committed the offense against a
9 person 60 years of age or older or such person's property;

10 (9) the defendant committed the offense against a
11 person who is physically handicapped or such person's
12 property;

13 (10) by reason of another individual's actual or
14 perceived race, color, creed, religion, ancestry, gender,
15 sexual orientation, physical or mental disability, or
16 national origin, the defendant committed the offense
17 against (i) the person or property of that individual; (ii)
18 the person or property of a person who has an association
19 with, is married to, or has a friendship with the other
20 individual; or (iii) the person or property of a relative
21 (by blood or marriage) of a person described in clause (i)
22 or (ii). For the purposes of this Section, "sexual
23 orientation" means heterosexuality, homosexuality, or
24 bisexuality;

25 (11) the offense took place in a place of worship or on
26 the grounds of a place of worship, immediately prior to,

1 during or immediately following worship services. For
2 purposes of this subparagraph, "place of worship" shall
3 mean any church, synagogue or other building, structure or
4 place used primarily for religious worship;

5 (12) the defendant was convicted of a felony committed
6 while he was released on bail or his own recognizance
7 pending trial for a prior felony and was convicted of such
8 prior felony, or the defendant was convicted of a felony
9 committed while he was serving a period of probation,
10 conditional discharge, or mandatory supervised release
11 under subsection (d) of Section 5-8-1 for a prior felony;

12 (13) the defendant committed or attempted to commit a
13 felony while he was wearing a bulletproof vest. For the
14 purposes of this paragraph (13), a bulletproof vest is any
15 device which is designed for the purpose of protecting the
16 wearer from bullets, shot or other lethal projectiles;

17 (14) the defendant held a position of trust or
18 supervision such as, but not limited to, family member as
19 defined in Section 11-0.1 of the Criminal Code of 2012,
20 teacher, scout leader, baby sitter, or day care worker, in
21 relation to a victim under 18 years of age, and the
22 defendant committed an offense in violation of Section
23 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 11-6, 11-11,
24 11-14.4 except for an offense that involves keeping a place
25 of juvenile prostitution, 11-15.1, 11-19.1, 11-19.2,
26 11-20.1, 11-20.1B, 11-20.3, 12-13, 12-14, 12-14.1, 12-15

1 or 12-16 of the Criminal Code of 1961 or the Criminal Code
2 of 2012 against that victim;

3 (15) the defendant committed an offense related to the
4 activities of an organized gang. For the purposes of this
5 factor, "organized gang" has the meaning ascribed to it in
6 Section 10 of the Streetgang Terrorism Omnibus Prevention
7 Act;

8 (16) the defendant committed an offense in violation of
9 one of the following Sections while in a school, regardless
10 of the time of day or time of year; on any conveyance
11 owned, leased, or contracted by a school to transport
12 students to or from school or a school related activity; on
13 the real property of a school; or on a public way within
14 1,000 feet of the real property comprising any school:
15 Section 10-1, 10-2, 10-5, 11-1.20, 11-1.30, 11-1.40,
16 11-1.50, 11-1.60, 11-14.4, 11-15.1, 11-17.1, 11-18.1,
17 11-19.1, 11-19.2, 12-2, 12-4, 12-4.1, 12-4.2, 12-4.3,
18 12-6, 12-6.1, 12-6.5, 12-13, 12-14, 12-14.1, 12-15, 12-16,
19 18-2, or 33A-2, or Section 12-3.05 except for subdivision
20 (a)(4) or (g)(1), of the Criminal Code of 1961 or the
21 Criminal Code of 2012;

22 (16.5) the defendant committed an offense in violation
23 of one of the following Sections while in a day care
24 center, regardless of the time of day or time of year; on
25 the real property of a day care center, regardless of the
26 time of day or time of year; or on a public way within

1 1,000 feet of the real property comprising any day care
2 center, regardless of the time of day or time of year:
3 Section 10-1, 10-2, 10-5, 11-1.20, 11-1.30, 11-1.40,
4 11-1.50, 11-1.60, 11-14.4, 11-15.1, 11-17.1, 11-18.1,
5 11-19.1, 11-19.2, 12-2, 12-4, 12-4.1, 12-4.2, 12-4.3,
6 12-6, 12-6.1, 12-6.5, 12-13, 12-14, 12-14.1, 12-15, 12-16,
7 18-2, or 33A-2, or Section 12-3.05 except for subdivision
8 (a)(4) or (g)(1), of the Criminal Code of 1961 or the
9 Criminal Code of 2012;

10 (17) the defendant committed the offense by reason of
11 any person's activity as a community policing volunteer or
12 to prevent any person from engaging in activity as a
13 community policing volunteer. For the purpose of this
14 Section, "community policing volunteer" has the meaning
15 ascribed to it in Section 2-3.5 of the Criminal Code of
16 2012;

17 (18) the defendant committed the offense in a nursing
18 home or on the real property comprising a nursing home. For
19 the purposes of this paragraph (18), "nursing home" means a
20 skilled nursing or intermediate long term care facility
21 that is subject to license by the Illinois Department of
22 Public Health under the Nursing Home Care Act, the
23 Specialized Mental Health Rehabilitation Act of 2013, or
24 the ID/DD Community Care Act;

25 (19) the defendant was a federally licensed firearm
26 dealer and was previously convicted of a violation of

1 subsection (a) of Section 3 of the Firearm Owners
2 Identification Card Act and has now committed either a
3 felony violation of the Firearm Owners Identification Card
4 Act or an act of armed violence while armed with a firearm;

5 (20) the defendant (i) committed the offense of
6 reckless homicide under Section 9-3 of the Criminal Code of
7 1961 or the Criminal Code of 2012 or the offense of driving
8 under the influence of alcohol, other drug or drugs,
9 intoxicating compound or compounds or any combination
10 thereof under Section 11-501 of the Illinois Vehicle Code
11 or a similar provision of a local ordinance and (ii) was
12 operating a motor vehicle in excess of 20 miles per hour
13 over the posted speed limit as provided in Article VI of
14 Chapter 11 of the Illinois Vehicle Code;

15 (21) the defendant (i) committed the offense of
16 reckless driving or aggravated reckless driving under
17 Section 11-503 of the Illinois Vehicle Code and (ii) was
18 operating a motor vehicle in excess of 20 miles per hour
19 over the posted speed limit as provided in Article VI of
20 Chapter 11 of the Illinois Vehicle Code;

21 (22) the defendant committed the offense against a
22 person that the defendant knew, or reasonably should have
23 known, was a member of the Armed Forces of the United
24 States serving on active duty. For purposes of this clause
25 (22), the term "Armed Forces" means any of the Armed Forces
26 of the United States, including a member of any reserve

1 component thereof or National Guard unit called to active
2 duty;

3 (23) the defendant committed the offense against a
4 person who was elderly, disabled, or infirm by taking
5 advantage of a family or fiduciary relationship with the
6 elderly, disabled, or infirm person;

7 (24) the defendant committed any offense under Section
8 11-20.1 of the Criminal Code of 1961 or the Criminal Code
9 of 2012 and possessed 100 or more images;

10 (25) the defendant committed the offense while the
11 defendant or the victim was in a train, bus, or other
12 vehicle used for public transportation;

13 (26) the defendant committed the offense of child
14 pornography or aggravated child pornography, specifically
15 including paragraph (1), (2), (3), (4), (5), or (7) of
16 subsection (a) of Section 11-20.1 of the Criminal Code of
17 1961 or the Criminal Code of 2012 where a child engaged in,
18 solicited for, depicted in, or posed in any act of sexual
19 penetration or bound, fettered, or subject to sadistic,
20 masochistic, or sadomasochistic abuse in a sexual context
21 and specifically including paragraph (1), (2), (3), (4),
22 (5), or (7) of subsection (a) of Section 11-20.1B or
23 Section 11-20.3 of the Criminal Code of 1961 where a child
24 engaged in, solicited for, depicted in, or posed in any act
25 of sexual penetration or bound, fettered, or subject to
26 sadistic, masochistic, or sadomasochistic abuse in a

1 sexual context;

2 (27) the defendant committed the offense of first
3 degree murder, assault, aggravated assault, battery,
4 aggravated battery, robbery, armed robbery, or aggravated
5 robbery against a person who was a veteran and the
6 defendant knew, or reasonably should have known, that the
7 person was a veteran performing duties as a representative
8 of a veterans' organization. For the purposes of this
9 paragraph (27), "veteran" means an Illinois resident who
10 has served as a member of the United States Armed Forces, a
11 member of the Illinois National Guard, or a member of the
12 United States Reserve Forces; and "veterans' organization"
13 means an organization comprised of members of which
14 substantially all are individuals who are veterans or
15 spouses, widows, or widowers of veterans, the primary
16 purpose of which is to promote the welfare of its members
17 and to provide assistance to the general public in such a
18 way as to confer a public benefit; or

19 (28) the defendant committed the offense of assault,
20 aggravated assault, battery, aggravated battery, robbery,
21 armed robbery, or aggravated robbery against a person that
22 the defendant knew or reasonably should have known was a
23 letter carrier or postal worker while that person was
24 performing his or her duties delivering mail for the United
25 States Postal Service.

26 For the purposes of this Section:

1 "School" is defined as a public or private elementary or
2 secondary school, community college, college, or university.

3 "Day care center" means a public or private State certified
4 and licensed day care center as defined in Section 2.09 of the
5 Child Care Act of 1969 that displays a sign in plain view
6 stating that the property is a day care center.

7 "Public transportation" means the transportation or
8 conveyance of persons by means available to the general public,
9 and includes paratransit services.

10 (b) The following factors, related to all felonies, may be
11 considered by the court as reasons to impose an extended term
12 sentence under Section 5-8-2 upon any offender:

13 (1) When a defendant is convicted of any felony, after
14 having been previously convicted in Illinois or any other
15 jurisdiction of the same or similar class felony or greater
16 class felony, when such conviction has occurred within 10
17 years after the previous conviction, excluding time spent
18 in custody, and such charges are separately brought and
19 tried and arise out of different series of acts; or

20 (2) When a defendant is convicted of any felony and the
21 court finds that the offense was accompanied by
22 exceptionally brutal or heinous behavior indicative of
23 wanton cruelty; or

24 (3) When a defendant is convicted of any felony
25 committed against:

26 (i) a person under 12 years of age at the time of

1 the offense or such person's property;

2 (ii) a person 60 years of age or older at the time
3 of the offense or such person's property; or

4 (iii) a person physically handicapped at the time
5 of the offense or such person's property; or

6 (4) When a defendant is convicted of any felony and the
7 offense involved any of the following types of specific
8 misconduct committed as part of a ceremony, rite,
9 initiation, observance, performance, practice or activity
10 of any actual or ostensible religious, fraternal, or social
11 group:

12 (i) the brutalizing or torturing of humans or
13 animals;

14 (ii) the theft of human corpses;

15 (iii) the kidnapping of humans;

16 (iv) the desecration of any cemetery, religious,
17 fraternal, business, governmental, educational, or
18 other building or property; or

19 (v) ritualized abuse of a child; or

20 (5) When a defendant is convicted of a felony other
21 than conspiracy and the court finds that the felony was
22 committed under an agreement with 2 or more other persons
23 to commit that offense and the defendant, with respect to
24 the other individuals, occupied a position of organizer,
25 supervisor, financier, or any other position of management
26 or leadership, and the court further finds that the felony

1 committed was related to or in furtherance of the criminal
2 activities of an organized gang or was motivated by the
3 defendant's leadership in an organized gang; or

4 (6) When a defendant is convicted of an offense
5 committed while using a firearm with a laser sight attached
6 to it. For purposes of this paragraph, "laser sight" has
7 the meaning ascribed to it in Section 26-7 of the Criminal
8 Code of 2012; or

9 (7) When a defendant who was at least 17 years of age
10 at the time of the commission of the offense is convicted
11 of a felony and has been previously adjudicated a
12 delinquent minor under the Juvenile Court Act of 1987 for
13 an act that if committed by an adult would be a Class X or
14 Class 1 felony when the conviction has occurred within 10
15 years after the previous adjudication, excluding time
16 spent in custody; or

17 (8) When a defendant commits any felony and the
18 defendant used, possessed, exercised control over, or
19 otherwise directed an animal to assault a law enforcement
20 officer engaged in the execution of his or her official
21 duties or in furtherance of the criminal activities of an
22 organized gang in which the defendant is engaged.

23 (c) The following factors may be considered by the court as
24 reasons to impose an extended term sentence under Section 5-8-2
25 (730 ILCS 5/5-8-2) upon any offender for the listed offenses:

26 (1) When a defendant is convicted of first degree

1 murder, after having been previously convicted in Illinois
2 of any offense listed under paragraph (c)(2) of Section
3 5-5-3 (730 ILCS 5/5-5-3), when that conviction has occurred
4 within 10 years after the previous conviction, excluding
5 time spent in custody, and the charges are separately
6 brought and tried and arise out of different series of
7 acts.

8 (1.5) When a defendant is convicted of first degree
9 murder, after having been previously convicted of domestic
10 battery (720 ILCS 5/12-3.2) or aggravated domestic battery
11 (720 ILCS 5/12-3.3) committed on the same victim or after
12 having been previously convicted of violation of an order
13 of protection (720 ILCS 5/12-30) in which the same victim
14 was the protected person.

15 (2) When a defendant is convicted of voluntary
16 manslaughter, second degree murder, involuntary
17 manslaughter, or reckless homicide in which the defendant
18 has been convicted of causing the death of more than one
19 individual.

20 (3) When a defendant is convicted of aggravated
21 criminal sexual assault or criminal sexual assault, when
22 there is a finding that aggravated criminal sexual assault
23 or criminal sexual assault was also committed on the same
24 victim by one or more other individuals, and the defendant
25 voluntarily participated in the crime with the knowledge of
26 the participation of the others in the crime, and the

1 commission of the crime was part of a single course of
2 conduct during which there was no substantial change in the
3 nature of the criminal objective.

4 (4) If the victim was under 18 years of age at the time
5 of the commission of the offense, when a defendant is
6 convicted of aggravated criminal sexual assault or
7 predatory criminal sexual assault of a child under
8 subsection (a)(1) of Section 11-1.40 or subsection (a)(1)
9 of Section 12-14.1 of the Criminal Code of 1961 or the
10 Criminal Code of 2012 (720 ILCS 5/11-1.40 or 5/12-14.1).

11 (5) When a defendant is convicted of a felony violation
12 of Section 24-1 of the Criminal Code of 1961 or the
13 Criminal Code of 2012 (720 ILCS 5/24-1) and there is a
14 finding that the defendant is a member of an organized
15 gang.

16 (6) When a defendant was convicted of unlawful use of
17 weapons under Section 24-1 of the Criminal Code of 1961 or
18 the Criminal Code of 2012 (720 ILCS 5/24-1) for possessing
19 a weapon that is not readily distinguishable as one of the
20 weapons enumerated in Section 24-1 of the Criminal Code of
21 1961 or the Criminal Code of 2012 (720 ILCS 5/24-1).

22 (7) When a defendant is convicted of an offense
23 involving the illegal manufacture of a controlled
24 substance under Section 401 of the Illinois Controlled
25 Substances Act (720 ILCS 570/401), the illegal manufacture
26 of methamphetamine under Section 25 of the Methamphetamine

1 Control and Community Protection Act (720 ILCS 646/25), or
2 the illegal possession of explosives and an emergency
3 response officer in the performance of his or her duties is
4 killed or injured at the scene of the offense while
5 responding to the emergency caused by the commission of the
6 offense. In this paragraph, "emergency" means a situation
7 in which a person's life, health, or safety is in jeopardy;
8 and "emergency response officer" means a peace officer,
9 community policing volunteer, fireman, emergency medical
10 technician-ambulance, emergency medical
11 technician-intermediate, emergency medical
12 technician-paramedic, ambulance driver, other medical
13 assistance or first aid personnel, or hospital emergency
14 room personnel.

15 (d) For the purposes of this Section, "organized gang" has
16 the meaning ascribed to it in Section 10 of the Illinois
17 Streetgang Terrorism Omnibus Prevention Act.

18 (e) The court may impose an extended term sentence under
19 Article 4.5 of Chapter V upon an offender who has been
20 convicted of a felony violation of Section 11-1.20, 11-1.30,
21 11-1.40, 11-1.50, 11-1.60, 12-13, 12-14, 12-14.1, 12-15, or
22 12-16 of the Criminal Code of 1961 or the Criminal Code of 2012
23 when the victim of the offense is under 18 years of age at the
24 time of the commission of the offense and, during the
25 commission of the offense, the victim was under the influence
26 of alcohol, regardless of whether or not the alcohol was

1 supplied by the offender; and the offender, at the time of the
2 commission of the offense, knew or should have known that the
3 victim had consumed alcohol.

4 (Source: P.A. 96-41, eff. 1-1-10; 96-292, eff. 1-1-10; 96-328,
5 eff. 8-11-09; 96-339, eff. 7-1-10; 96-1000, eff. 7-2-10;
6 96-1200, eff. 7-22-10; 96-1228, eff. 1-1-11; 96-1390, eff.
7 1-1-11; 96-1551, Article 1, Section 970, eff. 7-1-11; 96-1551,
8 Article 2, Section 1065, eff. 7-1-11; 97-38, eff. 6-28-11,
9 97-227, eff. 1-1-12; 97-333, eff. 8-12-11; 97-693, eff. 1-1-13;
10 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150, eff.
11 1-25-13.)

12 Section 6-285. The Code of Civil Procedure is amended by
13 changing Section 2-203 as follows:

14 (735 ILCS 5/2-203) (from Ch. 110, par. 2-203)

15 Sec. 2-203. Service on individuals.

16 (a) Except as otherwise expressly provided, service of
17 summons upon an individual defendant shall be made (1) by
18 leaving a copy of the summons with the defendant personally,
19 (2) by leaving a copy at the defendant's usual place of abode,
20 with some person of the family or a person residing there, of
21 the age of 13 years or upwards, and informing that person of
22 the contents of the summons, provided the officer or other
23 person making service shall also send a copy of the summons in
24 a sealed envelope with postage fully prepaid, addressed to the

1 defendant at his or her usual place of abode, or (3) as
2 provided in Section 1-2-9.2 of the Illinois Municipal Code with
3 respect to violation of an ordinance governing parking or
4 standing of vehicles in cities with a population over 500,000.
5 The certificate of the officer or affidavit of the person that
6 he or she has sent the copy in pursuance of this Section is
7 evidence that he or she has done so. No employee of a facility
8 licensed under the Nursing Home Care Act, the Specialized
9 Mental Health Rehabilitation Act of 2013, or the ID/DD
10 Community Care Act shall obstruct an officer or other person
11 making service in compliance with this Section.

12 (b) The officer, in his or her certificate or in a record
13 filed and maintained in the Sheriff's office, or other person
14 making service, in his or her affidavit or in a record filed
15 and maintained in his or her employer's office, shall (1)
16 identify as to sex, race, and approximate age the defendant or
17 other person with whom the summons was left and (2) state the
18 place where (whenever possible in terms of an exact street
19 address) and the date and time of the day when the summons was
20 left with the defendant or other person.

21 (c) Any person who knowingly sets forth in the certificate
22 or affidavit any false statement, shall be liable in civil
23 contempt. When the court holds a person in civil contempt under
24 this Section, it shall award such damages as it determines to
25 be just and, when the contempt is prosecuted by a private
26 attorney, may award reasonable attorney's fees.

1 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
2 eff. 1-1-12; 97-813, eff. 7-13-12.)

3 Section 6-290. The Consumer Fraud and Deceptive Business
4 Practices Act is amended by changing Section 2BBB as follows:

5 (815 ILCS 505/2BBB)

6 Sec. 2BBB. Long term care facility, ID/DD facility, or
7 specialized mental health rehabilitation facility; Consumer
8 Choice Information Report. A long term care facility that fails
9 to comply with Section 2-214 of the Nursing Home Care Act or a
10 facility that fails to comply with Section 2-214 of the ID/DD
11 Community Care Act ~~or Section 2-214 of the Specialized Mental~~
12 ~~Health Rehabilitation Act~~ commits an unlawful practice within
13 the meaning of this Act.

14 (Source: P.A. 96-328, eff. 8-11-09; 96-339, eff. 7-1-10; 97-38,
15 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

16 ARTICLE 7.

17 Section 7-10. The Children's Health Insurance Program Act
18 is amended by changing Sections 15, 25, 30, and 35 as follows:

19 (215 ILCS 106/15)

20 Sec. 15. Operation of the Program. There is hereby created
21 a Children's Health Insurance Program. The Program shall

1 operate subject to appropriation and shall be administered by
2 the Department of Healthcare and Family Services. The
3 Department shall have the powers and authority granted to the
4 Department under the Illinois Public Aid Code, including, but
5 not limited to, Section 11-5.1 of the Code. The Department may
6 contract with a Third Party Administrator or other entities to
7 administer and oversee any portion of this Program. Beginning
8 October 1, 2013, the determination of eligibility under this
9 Act shall comply with the requirements of 42 U.S.C.
10 1397bb(b)(1)(B)(v) and applicable federal regulations. If
11 changes made to this Section require federal approval, they
12 shall not take effect until such approval has been received.

13 (Source: P.A. 95-331, eff. 8-21-07; 96-1501, eff. 1-25-11.)

14 (215 ILCS 106/25)

15 Sec. 25. Health benefits for children.

16 (a) The Department shall, subject to appropriation,
17 provide health benefits coverage to eligible children by:

18 (1) Until December 31, 2013 and providing that no
19 application for such coverage shall be accepted after
20 September 30, 2013, subsidizing ~~Subsidizing~~ the cost of
21 privately sponsored health insurance, including employer
22 based health insurance, to assist families to take
23 advantage of available privately sponsored health
24 insurance for their eligible children; and

25 (2) Purchasing, until December 31, 2013, or providing

1 health care benefits for eligible children. The health
2 benefits provided under this subdivision (a)(2) shall,
3 subject to appropriation and without regard to any
4 applicable cost sharing under Section 30, be identical to
5 the benefits provided for children under the State's
6 approved plan under Title XIX of the Social Security Act.
7 Providers under this subdivision (a)(2) shall be subject to
8 approval by the Department to provide health care under the
9 Illinois Public Aid Code and shall be reimbursed at the
10 same rate as providers under the State's approved plan
11 under Title XIX of the Social Security Act. In addition,
12 providers may retain co-payments when determined
13 appropriate by the Department.

14 (b) The subsidization provided pursuant to subdivision
15 (a)(1) shall be credited to the family of the eligible child.

16 (c) The Department is prohibited from denying coverage to a
17 child who is enrolled in a privately sponsored health insurance
18 plan pursuant to subdivision (a)(1) because the plan does not
19 meet federal benchmarking standards or cost sharing and
20 contribution requirements. To be eligible for inclusion in the
21 Program, the plan shall contain comprehensive major medical
22 coverage which shall consist of physician and hospital
23 inpatient services. The Department is prohibited from denying
24 coverage to a child who is enrolled in a privately sponsored
25 health insurance plan pursuant to subdivision (a)(1) because
26 the plan offers benefits in addition to physician and hospital

1 inpatient services.

2 (d) The total dollar amount of subsidizing coverage per
3 child per month pursuant to subdivision (a)(1) shall be equal
4 to the average dollar payments, less premiums incurred, per
5 child per month pursuant to subdivision (a)(2). The Department
6 shall set this amount prospectively based upon the prior fiscal
7 year's experience adjusted for incurred but not reported claims
8 and estimated increases or decreases in the cost of medical
9 care. Payments obligated before July 1, 1999, will be computed
10 using State Fiscal Year 1996 payments for children eligible for
11 Medical Assistance and income assistance under the Aid to
12 Families with Dependent Children Program, with appropriate
13 adjustments for cost and utilization changes through January 1,
14 1999. The Department is prohibited from providing a subsidy
15 pursuant to subdivision (a)(1) that is more than the
16 individual's monthly portion of the premium.

17 (e) An eligible child may obtain immediate coverage under
18 this Program only once during a medical visit. If coverage
19 lapses, re-enrollment shall be completed in advance of the next
20 covered medical visit and the first month's required premium
21 shall be paid in advance of any covered medical visit.

22 (f) In order to accelerate and facilitate the development
23 of networks to deliver services to children in areas outside
24 counties with populations in excess of 3,000,000, in the event
25 less than 25% of the eligible children in a county or
26 contiguous counties has enrolled with a Health Maintenance

1 Organization pursuant to Section 5-11 of the Illinois Public
2 Aid Code, the Department may develop and implement
3 demonstration projects to create alternative networks designed
4 to enhance enrollment and participation in the program. The
5 Department shall prescribe by rule the criteria, standards, and
6 procedures for effecting demonstration projects under this
7 Section.

8 (g) On and after July 1, 2012, the Department shall reduce
9 any rate of reimbursement for services or other payments or
10 alter any methodologies authorized by this Act or the Illinois
11 Public Aid Code to reduce any rate of reimbursement for
12 services or other payments in accordance with Section 5-5e of
13 the Illinois Public Aid Code.

14 (Source: P.A. 97-689, eff. 6-14-12.)

15 (215 ILCS 106/30)

16 Sec. 30. Cost sharing.

17 (a) Children enrolled in a health benefits program pursuant
18 to subdivision (a)(2) of Section 25 and persons enrolled in a
19 health benefits waiver program pursuant to Section 40 shall be
20 subject to the following cost sharing requirements:

21 (1) There shall be no co-payment required for well-baby
22 or well-child care, including age-appropriate
23 immunizations as required under federal law.

24 (2) Health insurance premiums for family members,
25 either children or adults, in families whose household

1 income is above 150% of the federal poverty level shall be
2 payable monthly, subject to rules promulgated by the
3 Department for grace periods and advance payments, and
4 shall be as follows:

5 (A) \$15 per month for one family member.

6 (B) \$25 per month for 2 family members.

7 (C) \$30 per month for 3 family members.

8 (D) \$35 per month for 4 family members.

9 (E) \$40 per month for 5 or more family members.

10 (3) Co-payments for children or adults in families
11 whose income is at or below 150% of the federal poverty
12 level, at a minimum and to the extent permitted under
13 federal law, shall be \$2 for all medical visits and
14 prescriptions provided under this Act and up to \$10 for
15 emergency room use for a non-emergency situation as defined
16 by the Department by rule and subject to federal approval.

17 (4) Co-payments for children or adults in families
18 whose income is above 150% of the federal poverty level, at
19 a minimum and to the extent permitted under federal law
20 shall be as follows:

21 (A) \$5 for medical visits.

22 (B) \$3 for generic prescriptions and \$5 for brand
23 name prescriptions.

24 (C) \$25 for emergency room use for a non-emergency
25 situation as defined by the Department by rule.

26 (5) (Blank).

1 (6) Co-payments shall be maximized to the extent
2 permitted by federal law and are subject to federal
3 approval.

4 (b) (Blank). ~~Individuals enrolled in a privately sponsored~~
5 ~~health insurance plan pursuant to subdivision (a) (1) of Section~~
6 ~~25 shall be subject to the cost sharing provisions as stated in~~
7 ~~the privately sponsored health insurance plan.~~

8 (Source: P.A. 97-74, eff. 6-30-11.)

9 (215 ILCS 106/35)

10 Sec. 35. Funding.

11 (a) This Program is not an entitlement and shall not be
12 construed to create an entitlement. Eligibility for the Program
13 is subject to appropriation of funds by the State and federal
14 governments. ~~Subdivision (a) (2) of Section 25 shall operate and~~
15 ~~be funded only if subdivision (a) (1) of Section 25 is~~
16 ~~operational and funded. The estimated net State share of~~
17 ~~appropriated funds for subdivision (a) (2) of Section 25 shall~~
18 ~~be equal to the estimated net State share of appropriated funds~~
19 ~~for subdivision (a) (1) of Section 25.~~

20 (b) Any requirement imposed under this Act and any
21 implementation of this Act by the Department shall cease in the
22 event (1) continued receipt of federal funds for implementation
23 of this Act requires an amendment to this Act, or (2) federal
24 funds for implementation of the Act are not otherwise
25 available.

1 (c) Payments under this Act shall be appropriated from the
2 General Revenue Fund and other funds that are authorized to be
3 used to reimburse or make medical payments for health care
4 benefits under this Act or Title XXI of the Social Security
5 Act.

6 (d) Benefits under this Act shall be available only as long
7 as the intergovernmental agreements made pursuant to Section
8 12-4.7 and Article XV of the Illinois Public Aid Code and
9 entered into between the Department and the Cook County Board
10 of Commissioners continue to exist.

11 (Source: P.A. 90-736, eff. 8-12-98; 91-24, eff. 7-1-99.)

12 Section 7-20. The Covering ALL KIDS Health Insurance Act is
13 amended by changing Section 15 as follows:

14 (215 ILCS 170/15)

15 (Section scheduled to be repealed on July 1, 2016)

16 Sec. 15. Operation of Program. The Covering ALL KIDS Health
17 Insurance Program is created. The Program shall be administered
18 by the Department of Healthcare and Family Services. The
19 Department shall have the same powers and authority to
20 administer the Program as are provided to the Department in
21 connection with the Department's administration of the
22 Illinois Public Aid Code, including, but not limited to, the
23 provisions under Section 11-5.1 of the Code, and the Children's
24 Health Insurance Program Act. The Department shall coordinate

1 the Program with the existing children's health programs
2 operated by the Department and other State agencies. Effective
3 October 1, 2013, the determination of eligibility under this
4 Act shall comply with the requirements of 42 U.S.C.
5 1397bb(b)(1)(B)(v) and applicable federal regulations. If
6 changes made to this Section require federal approval, they
7 shall not take effect until such approval has been received.

8 (Source: P.A. 96-1501, eff. 1-25-11.)

9 Section 7-30. The Illinois Public Aid Code is amended by
10 changing Section 5-1.1 as follows:

11 (305 ILCS 5/5-1.1) (from Ch. 23, par. 5-1.1)

12 Sec. 5-1.1. Definitions. The terms defined in this Section
13 shall have the meanings ascribed to them, except when the
14 context otherwise requires.

15 (a) "Nursing facility" means a facility, licensed by the
16 Department of Public Health under the Nursing Home Care Act,
17 that provides nursing facility services within the meaning of
18 Title XIX of the federal Social Security Act.

19 (b) "Intermediate care facility for the developmentally
20 disabled" or "ICF/DD" means a facility, licensed by the
21 Department of Public Health under the ID/DD Community Care Act,
22 that is an intermediate care facility for the mentally retarded
23 within the meaning of Title XIX of the federal Social Security
24 Act.

1 (c) "Standard services" means those services required for
2 the care of all patients in the facility and shall, as a
3 minimum, include the following: (1) administration; (2)
4 dietary (standard); (3) housekeeping; (4) laundry and linen;
5 (5) maintenance of property and equipment, including
6 utilities; (6) medical records; (7) training of employees; (8)
7 utilization review; (9) activities services; (10) social
8 services; (11) disability services; and all other similar
9 services required by either the laws of the State of Illinois
10 or one of its political subdivisions or municipalities or by
11 Title XIX of the Social Security Act.

12 (d) "Patient services" means those which vary with the
13 number of personnel; professional and para-professional skills
14 of the personnel; specialized equipment, and reflect the
15 intensity of the medical and psycho-social needs of the
16 patients. Patient services shall as a minimum include: (1)
17 physical services; (2) nursing services, including restorative
18 nursing; (3) medical direction and patient care planning; (4)
19 health related supportive and habilitative services and all
20 similar services required by either the laws of the State of
21 Illinois or one of its political subdivisions or municipalities
22 or by Title XIX of the Social Security Act.

23 (e) "Ancillary services" means those services which
24 require a specific physician's order and defined as under the
25 medical assistance program as not being routine in nature for
26 skilled nursing facilities and ICF/DDs. Such services

1 generally must be authorized prior to delivery and payment as
2 provided for under the rules of the Department of Healthcare
3 and Family Services.

4 (f) "Capital" means the investment in a facility's assets
5 for both debt and non-debt funds. Non-debt capital is the
6 difference between an adjusted replacement value of the assets
7 and the actual amount of debt capital.

8 (g) "Profit" means the amount which shall accrue to a
9 facility as a result of its revenues exceeding its expenses as
10 determined in accordance with generally accepted accounting
11 principles.

12 (h) "Non-institutional services" means those services
13 provided under paragraph (f) of Section 3 of the Disabled
14 Persons Rehabilitation Act and those services provided under
15 Section 4.02 of the Illinois Act on the Aging.

16 (i) (Blank).

17 (j) "Institutionalized person" means an individual who is
18 an inpatient in an ICF/DD or nursing facility, or who is an
19 inpatient in a medical institution receiving a level of care
20 equivalent to that of an ICF/DD or nursing facility, or who is
21 receiving services under Section 1915(c) of the Social Security
22 Act.

23 (k) "Institutionalized spouse" means an institutionalized
24 person who is expected to receive services at the same level of
25 care for at least 30 days and is married to a spouse who is not
26 an institutionalized person.

1 (1) "Community spouse" is the spouse of an
2 institutionalized spouse.

3 (m) "Health Benefits Service Package" means, subject to
4 federal approval, benefits covered by the medical assistance
5 program as determined by the Department by rule for individuals
6 eligible for medical assistance under paragraph 18 of Section
7 5-2 of this Code.

8 (n) "Federal poverty level" means the poverty guidelines
9 updated periodically in the Federal Register by the U.S.
10 Department of Health and Human Services. These guidelines set
11 poverty levels by family size.

12 (Source: P.A. 96-1530, eff. 2-16-11; 97-227, eff. 1-1-12;
13 97-820, eff. 7-17-12.)

14 Section 7-35. The Illinois Public Aid Code is amended by
15 changing Section 5-1.4 as follows:

16 (305 ILCS 5/5-1.4)

17 Sec. 5-1.4. Moratorium on eligibility expansions.
18 Beginning on January 25, 2011 (the effective date of Public Act
19 96-1501), there shall be a 4-year moratorium on the expansion
20 of eligibility through increasing financial eligibility
21 standards, or through increasing income disregards, or through
22 the creation of new programs which would add new categories of
23 eligible individuals under the medical assistance program in
24 addition to those categories covered on January 1, 2011 or

1 above the level of any subsequent reduction in eligibility.
2 This moratorium shall not apply to expansions required as a
3 federal condition of State participation in the medical
4 assistance program or to expansions approved by the federal
5 government that are financed entirely by units of local
6 government and federal matching funds. If the State of Illinois
7 finds that the State has borne a cost related to such an
8 expansion, the unit of local government shall reimburse the
9 State. All federal funds associated with an expansion funded by
10 a unit of local government shall be returned to the local
11 government entity funding the expansion, pursuant to an
12 intergovernmental agreement between the Department of
13 Healthcare and Family Services and the local government entity.
14 Within 10 calendar days of the effective date of this
15 amendatory Act of the 97th General Assembly, the Department of
16 Healthcare and Family Services shall formally advise the
17 Centers for Medicare and Medicaid Services of the passage of
18 this amendatory Act of the 97th General Assembly. The State is
19 prohibited from submitting additional waiver requests that
20 expand or allow for an increase in the classes of persons
21 eligible for medical assistance under this Article to the
22 federal government for its consideration beginning on the 20th
23 calendar day following the effective date of this amendatory
24 Act of the 97th General Assembly until January 25, 2015. This
25 moratorium shall not apply to those persons eligible for
26 medical assistance pursuant to 42 U.S.C.

1 1396a(a)(10)(A)(i)(VIII) and 42 U.S.C. 1396a(a)(10)(A)(i)(IX).

2 (Source: P.A. 96-1501, eff. 1-25-11; 97-687, eff. 6-14-12.)

3 Section 7-40. The Illinois Public Aid Code is amended by
4 changing Section 5-2 as follows:

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

6 Sec. 5-2. Classes of Persons Eligible.

7 Medical assistance under this Article shall be available to
8 any of the following classes of persons in respect to whom a
9 plan for coverage has been submitted to the Governor by the
10 Illinois Department and approved by him. If changes made in
11 this Section 5-2 require federal approval, they shall not take
12 effect until such approval has been received:

13 1. Recipients of basic maintenance grants under
14 Articles III and IV.

15 2. Beginning January 1, 2014, persons ~~Persons~~
16 otherwise eligible for basic maintenance under Article
17 ~~Articles~~ III ~~and~~ IV, excluding any eligibility
18 requirements that are inconsistent with any federal law or
19 federal regulation, as interpreted by the U.S. Department
20 of Health and Human Services, but who fail to qualify
21 thereunder on the basis of need ~~or who qualify but are not~~
22 ~~receiving basic maintenance under Article IV~~, and who have
23 insufficient income and resources to meet the costs of
24 necessary medical care, including but not limited to the

1 following:

2 (a) All persons otherwise eligible for basic
3 maintenance under Article III but who fail to qualify
4 under that Article on the basis of need and who meet
5 either of the following requirements:

6 (i) their income, as determined by the
7 Illinois Department in accordance with any federal
8 requirements, is equal to or less than 100% of the
9 federal poverty level ~~70% in fiscal year 2001,~~
10 ~~equal to or less than 85% in fiscal year 2002 and~~
11 ~~until a date to be determined by the Department by~~
12 ~~rule, and equal to or less than 100% beginning on~~
13 ~~the date determined by the Department by rule, of~~
14 ~~the nonfarm income official poverty line, as~~
15 ~~defined by the federal Office of Management and~~
16 ~~Budget and revised annually in accordance with~~
17 ~~Section 673(2) of the Omnibus Budget~~
18 ~~Reconciliation Act of 1981, applicable to families~~
19 ~~of the same size; or~~

20 (ii) their income, after the deduction of
21 costs incurred for medical care and for other types
22 of remedial care, is equal to or less than 100% of
23 the federal poverty level ~~70% in fiscal year 2001,~~
24 ~~equal to or less than 85% in fiscal year 2002 and~~
25 ~~until a date to be determined by the Department by~~
26 ~~rule, and equal to or less than 100% beginning on~~

1 ~~the date determined by the Department by rule, of~~
2 ~~the nonfarm income official poverty line, as~~
3 ~~defined in item (i) of this subparagraph (a).~~

4 (b) (Blank). ~~All persons who, excluding any~~
5 ~~eligibility requirements that are inconsistent with~~
6 ~~any federal law or federal regulation, as interpreted~~
7 ~~by the U.S. Department of Health and Human Services,~~
8 ~~would be determined eligible for such basic~~
9 ~~maintenance under Article IV by disregarding the~~
10 ~~maximum earned income permitted by federal law.~~

11 3. (Blank). ~~Persons who would otherwise qualify for Aid~~
12 ~~to the Medically Indigent under Article VII.~~

13 4. Persons not eligible under any of the preceding
14 paragraphs who fall sick, are injured, or die, not having
15 sufficient money, property or other resources to meet the
16 costs of necessary medical care or funeral and burial
17 expenses.

18 5.(a) Women during pregnancy, ~~after the fact of~~
19 ~~pregnancy has been determined by medical diagnosis,~~ and
20 during the 60-day period beginning on the last day of the
21 pregnancy, together with their infants ~~and children born~~
22 ~~after September 30, 1983,~~ whose income is at or below 200%
23 of the federal poverty level. Until September 30, 2019, or
24 sooner if the maintenance of effort requirements under the
25 Patient Protection and Affordable Care Act are eliminated
26 or may be waived before then, women during pregnancy and

1 during the 60-day period beginning on the last day of the
2 pregnancy, whose countable monthly income, after the
3 deduction of costs incurred for medical care and for other
4 types of remedial care as specified in administrative rule,
5 is equal to or less than the Medical Assistance-No Grant (C)
6 (MANG(C)) Income Standard in effect on April 1, 2013 as set
7 forth in administrative rule ~~and resources are~~
8 ~~insufficient to meet the costs of necessary medical care to~~
9 ~~the maximum extent possible under Title XIX of the Federal~~
10 ~~Social Security Act.~~

11 (b) ~~The plan for coverage Illinois Department and the~~
12 ~~Governor shall provide a plan for coverage of the persons~~
13 ~~eligible under paragraph 5(a) by April 1, 1990. Such plan~~
14 shall provide ambulatory prenatal care to pregnant women
15 during a presumptive eligibility period and establish an
16 income eligibility standard that is equal to 200% of the
17 federal poverty level ~~133% of the nonfarm income official~~
18 ~~poverty line, as defined by the federal Office of~~
19 ~~Management and Budget and revised annually in accordance~~
20 ~~with Section 673(2) of the Omnibus Budget Reconciliation~~
21 ~~Act of 1981, applicable to families of the same size,~~
22 provided that costs incurred for medical care are not taken
23 into account in determining such income eligibility.

24 (c) The Illinois Department may conduct a
25 demonstration in at least one county that will provide
26 medical assistance to pregnant women, together with their

1 infants and children up to one year of age, where the
2 income eligibility standard is set up to 185% of the
3 nonfarm income official poverty line, as defined by the
4 federal Office of Management and Budget. The Illinois
5 Department shall seek and obtain necessary authorization
6 provided under federal law to implement such a
7 demonstration. Such demonstration may establish resource
8 standards that are not more restrictive than those
9 established under Article IV of this Code.

10 6. (a) Children younger than age 19 when countable
11 income is at or below 133% of the federal poverty level.
12 Until September 30, 2019, or sooner if the maintenance of
13 effort requirements under the Patient Protection and
14 Affordable Care Act are eliminated or may be waived before
15 then, children younger than age 19 whose countable monthly
16 income, after the deduction of costs incurred for medical
17 care and for other types of remedial care as specified in
18 administrative rule, is equal to or less than the Medical
19 Assistance-No Grant (C) (MANG(C)) Income Standard in effect
20 on April 1, 2013 as set forth in administrative rule.

21 (b) Children and youth who are under temporary custody
22 or guardianship of the Department of Children and Family
23 Services or who receive financial assistance in support of
24 an adoption or guardianship placement from the Department
25 of Children and Family Services.

26 ~~Persons under the age of 18 who fail to qualify as dependent~~

1 ~~under Article IV and who have insufficient income and~~
2 ~~resources to meet the costs of necessary medical care to~~
3 ~~the maximum extent permitted under Title XIX of the Federal~~
4 ~~Social Security Act.~~

5 7. (Blank).

6 8. As required under federal law, persons who are
7 eligible for Transitional Medical Assistance as a result of
8 an increase in earnings or child or spousal support
9 received. ~~Persons who become ineligible for basic~~
10 ~~maintenance assistance under Article IV of this Code in~~
11 ~~programs administered by the Illinois Department due to~~
12 ~~employment earnings and persons in assistance units~~
13 ~~comprised of adults and children who become ineligible for~~
14 ~~basic maintenance assistance under Article VI of this Code~~
15 ~~due to employment earnings.~~ The plan for coverage for this
16 class of persons shall:

17 (a) extend the medical assistance coverage to the
18 extent required by federal law ~~for up to 12 months~~
19 ~~following termination of basic maintenance assistance;~~
20 and

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

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

1 (ii) such coverage shall include all services
2 covered under Illinois' State Medicaid Plan ~~while~~
3 ~~the person was eligible for basic maintenance~~
4 ~~assistance;~~

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

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

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

24 10. Participants in the long-term care insurance
25 partnership program established under the Illinois
26 Long-Term Care Partnership Program Act who meet the

1 qualifications for protection of resources described in
2 Section 15 of that Act.

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

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

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

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

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

26 12. Subject to federal approval, persons who are

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

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

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

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

25 In addition to the persons who are eligible for medical
26 assistance pursuant to subparagraphs (1) and (2) of this

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

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

22 14. Subject to the availability of funds for this
23 purpose, the Department may provide coverage under this
24 Article to persons who reside in Illinois who are not
25 eligible under any of the preceding paragraphs and who meet
26 the income guidelines of paragraph 2(a) of this Section and

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

18 15. Family Care Eligibility.

19 (a) On and after July 1, 2012, a parent or other
20 caretaker relative who is 19 years of age or older when
21 countable income is at or below 133% of the federal
22 poverty level ~~Federal Poverty Level Guidelines, as~~
23 ~~published annually in the Federal Register, for the~~
24 ~~appropriate family size~~. A person may not spend down to
25 become eligible under this paragraph 15.

26 (b) Eligibility shall be reviewed annually.

1 (c) (Blank).

2 (d) (Blank).

3 (e) (Blank).

4 (f) (Blank).

5 (g) (Blank).

6 (h) (Blank).

7 (i) Following termination of an individual's
8 coverage under this paragraph 15, the individual must
9 be determined eligible before the person can be
10 re-enrolled.

11 16. Subject to appropriation, uninsured persons who
12 are not otherwise eligible under this Section who have been
13 certified and referred by the Department of Public Health
14 as having been screened and found to need diagnostic
15 evaluation or treatment, or both diagnostic evaluation and
16 treatment, for prostate or testicular cancer. For the
17 purposes of this paragraph 16, uninsured persons are those
18 who do not have creditable coverage, as defined under the
19 Health Insurance Portability and Accountability Act, or
20 have otherwise exhausted any insurance benefits they may
21 have had, for prostate or testicular cancer diagnostic
22 evaluation or treatment, or both diagnostic evaluation and
23 treatment. To be eligible, a person must furnish a Social
24 Security number. A person's assets are exempt from
25 consideration in determining eligibility under this
26 paragraph 16. Such persons shall be eligible for medical

1 assistance under this paragraph 16 for so long as they need
2 treatment for the cancer. A person shall be considered to
3 need treatment if, in the opinion of the person's treating
4 physician, the person requires therapy directed toward
5 cure or palliation of prostate or testicular cancer,
6 including recurrent metastatic cancer that is a known or
7 presumed complication of prostate or testicular cancer and
8 complications resulting from the treatment modalities
9 themselves. Persons who require only routine monitoring
10 services are not considered to need treatment. "Medical
11 assistance" under this paragraph 16 shall be identical to
12 the benefits provided under the State's approved plan under
13 Title XIX of the Social Security Act. Notwithstanding any
14 other provision of law, the Department (i) does not have a
15 claim against the estate of a deceased recipient of
16 services under this paragraph 16 and (ii) does not have a
17 lien against any homestead property or other legal or
18 equitable real property interest owned by a recipient of
19 services under this paragraph 16.

20 17. Persons who, pursuant to a waiver approved by the
21 Secretary of the U.S. Department of Health and Human
22 Services, are eligible for medical assistance under Title
23 XIX or XXI of the federal Social Security Act.
24 Notwithstanding any other provision of this Code and
25 consistent with the terms of the approved waiver, the
26 Illinois Department, may by rule:

1 (a) Limit the geographic areas in which the waiver
2 program operates.

3 (b) Determine the scope, quantity, duration, and
4 quality, and the rate and method of reimbursement, of
5 the medical services to be provided, which may differ
6 from those for other classes of persons eligible for
7 assistance under this Article.

8 (c) Restrict the persons' freedom in choice of
9 providers.

10 18. Beginning January 1, 2014, persons aged 19 or
11 older, but younger than 65, who are not otherwise eligible
12 for medical assistance under this Section 5-2, who qualify
13 for medical assistance pursuant to 42 U.S.C.
14 1396a(a)(10)(A)(i)(VIII) and applicable federal
15 regulations, and who have income at or below 133% of the
16 federal poverty level plus 5% for the applicable family
17 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and
18 applicable federal regulations. Persons eligible for
19 medical assistance under this paragraph 18 shall receive
20 coverage for the Health Benefits Service Package as that
21 term is defined in subsection (m) of Section 5-1.1 of this
22 Code. If Illinois' federal medical assistance percentage
23 (FMAP) is reduced below 90% for persons eligible for
24 medical assistance under this paragraph 18, eligibility
25 under this paragraph 18 shall cease no later than the end
26 of the third month following the month in which the

1 reduction in FMAP takes effect.

2 19. Beginning January 1, 2014, as required under 42
3 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18
4 and younger than age 26 who are not otherwise eligible for
5 medical assistance under paragraphs (1) through (17) of
6 this Section who (i) were in foster care under the
7 responsibility of the State on the date of attaining age 18
8 or on the date of attaining age 21 when a court has
9 continued wardship for good cause as provided in Section
10 2-31 of the Juvenile Court Act of 1987 and (ii) received
11 medical assistance under the Illinois Title XIX State Plan
12 or waiver of such plan while in foster care.

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

22 ~~The Illinois Department and the Governor shall provide a~~
23 ~~plan for coverage of the persons eligible under paragraph 7 as~~
24 ~~soon as possible after July 1, 1984.~~

25 The eligibility of any such person for medical assistance
26 under this Article is not affected by the payment of any grant

1 under the Senior Citizens and Disabled Persons Property Tax
2 Relief Act or any distributions or items of income described
3 under subparagraph (X) of paragraph (2) of subsection (a) of
4 Section 203 of the Illinois Income Tax Act.

5 The Department shall by rule establish the amounts of
6 assets to be disregarded in determining eligibility for medical
7 assistance, which shall at a minimum equal the amounts to be
8 disregarded under the Federal Supplemental Security Income
9 Program. The amount of assets of a single person to be
10 disregarded shall not be less than \$2,000, and the amount of
11 assets of a married couple to be disregarded shall not be less
12 than \$3,000.

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

17 The eligibility of any person for medical assistance under
18 this Article shall not be affected by the receipt by the person
19 of donations or benefits from fundraisers held for the person
20 in cases of serious illness, as long as neither the person nor
21 members of the person's family have actual control over the
22 donations or benefits or the disbursement of the donations or
23 benefits.

24 Notwithstanding any other provision of this Code, if the
25 United States Supreme Court holds Title II, Subtitle A, Section
26 2001(a) of Public Law 111-148 to be unconstitutional, or if a

1 holding of Public Law 111-148 makes Medicaid eligibility
2 allowed under Section 2001(a) inoperable, the State or a unit
3 of local government shall be prohibited from enrolling
4 individuals in the Medical Assistance Program as the result of
5 federal approval of a State Medicaid waiver on or after the
6 effective date of this amendatory Act of the 97th General
7 Assembly, and any individuals enrolled in the Medical
8 Assistance Program pursuant to eligibility permitted as a
9 result of such a State Medicaid waiver shall become immediately
10 ineligible.

11 Notwithstanding any other provision of this Code, if an Act
12 of Congress that becomes a Public Law eliminates Section
13 2001(a) of Public Law 111-148, the State or a unit of local
14 government shall be prohibited from enrolling individuals in
15 the Medical Assistance Program as the result of federal
16 approval of a State Medicaid waiver on or after the effective
17 date of this amendatory Act of the 97th General Assembly, and
18 any individuals enrolled in the Medical Assistance Program
19 pursuant to eligibility permitted as a result of such a State
20 Medicaid waiver shall become immediately ineligible.

21 Effective October 1, 2013, the determination of
22 eligibility of persons who qualify under paragraphs 5, 6, 8,
23 15, 17, and 18 of this Section shall comply with the
24 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal
25 regulations.

26 The Department of Healthcare and Family Services, the

1 Department of Human Services, and the Illinois health insurance
2 marketplace shall work cooperatively to assist persons who
3 would otherwise lose health benefits as a result of changes
4 made under this amendatory Act of the 98th General Assembly to
5 transition to other health insurance coverage.

6 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;
7 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.
8 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,
9 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;
10 97-687, eff. 6-14-12; 97-689, eff. 6-14-12; 97-813, eff.
11 7-13-12; revised 7-23-12.)

12 Section 7-50. The Veterans' Health Insurance Program Act of
13 2008 is amended by changing Section 10 as follows:

14 (330 ILCS 126/10)

15 Sec. 10. Operation of the Program.

16 (a) The Veterans' Health Insurance Program is created. This
17 Program is not an entitlement. Enrollment is based on the
18 availability of funds, and enrollment may be capped based on
19 funds appropriated for the Program. As soon as practical after
20 the effective date of this Act, coverage for this Program shall
21 begin. The Program shall be administered by the Department of
22 Healthcare and Family Services in collaboration with the
23 Department of Veterans' Affairs. The Department shall have the
24 same powers and authority to administer the Program as are

1 provided to the Department in connection with the Department's
2 administration of the Illinois Public Aid Code. The Department
3 shall coordinate the Program with other health programs
4 operated by the Department and other State and federal
5 agencies.

6 (b) The Department shall operate the Program in a manner so
7 that the estimated cost of the Program during the fiscal year
8 will not exceed the total appropriation for the Program. The
9 Department may take any appropriate action to limit spending or
10 enrollment into the Program, including, but not limited to,
11 ceasing to accept or process applications, reviewing
12 eligibility more frequently than annually, adjusting
13 cost-sharing, or reducing the income threshold for eligibility
14 as necessary to control expenditures for the Program.

15 (c) Notwithstanding subsections (a) and (b) and with the
16 mutual agreement of the Department of Veterans' Affairs and the
17 Department of Healthcare and Family Services, the operation of
18 the Program may be changed to simplify its administration and
19 to take advantage of health insurance coverage that may be
20 available to veterans under the Patient Protection and
21 Affordable Care Act.

22 (Source: P.A. 95-755, eff. 7-25-08.)

23 Section 7-60. The Renal Disease Treatment Act is amended by
24 changing Section 3 as follows:

1 (410 ILCS 430/3) (from Ch. 111 1/2, par. 22.33)

2 Sec. 3. Duties of Departments of Healthcare and Family
3 Services and Public Health.

4 (A) The Department of Healthcare and Family Services shall:

5 (a) Develop ~~With the advice of the Renal Disease~~
6 ~~Advisory Committee, develop~~ standards for determining
7 eligibility for care and treatment under this program.
8 Among other standards so developed under this paragraph,
9 candidates, to be eligible for care and treatment, must be
10 evaluated in a center properly staffed and equipped for
11 such evaluation.

12 (b) (Blank).

13 (c) (Blank).

14 (d) Extend financial assistance to persons suffering
15 from chronic renal diseases in obtaining ~~the medical,~~
16 ~~surgical, nursing, pharmaceutical, and technical services~~
17 ~~necessary in caring for such diseases, including the~~
18 ~~renting of home dialysis equipment. The Renal Disease~~
19 ~~Advisory Committee shall recommend to the Department the~~
20 ~~extent of financial assistance, including the reasonable~~
21 ~~charges and fees, for:~~

22 (1) Treatment in a dialysis facility;

23 (2) Hospital treatment for dialysis and transplant
24 surgery;

25 (3) Treatment in a limited care facility;

26 (4) Home dialysis training; and

1 (5) Home dialysis.

2 (e) (Blank). ~~Assist in equipping dialysis centers.~~

3 (f) On and after July 1, 2012, the Department shall
4 reduce any rate of reimbursement for services or other
5 payments or alter any methodologies authorized by this Act
6 or the Illinois Public Aid Code to reduce any rate of
7 reimbursement for services or other payments in accordance
8 with Section 5-5e of the Illinois Public Aid Code.

9 Effective January 1, 2014, coverage under this Act shall be
10 coordinated with the requirements of the Patient Protection and
11 Affordable Care Act and eligibility under this Act shall be
12 available only to individuals who have met their obligations
13 under the Patient Protection and Affordable Care Act to obtain
14 health insurance. For purposes of this Act, payment of a tax
15 penalty for failing to obtain insurance is not considered
16 fulfilling the obligation to obtain health insurance under the
17 Patient Protection and Affordable Care Act. Coverage of the
18 services listed in paragraph (d) of this subsection shall be
19 coordinated with the individual's health insurance plan.

20 The Department of Healthcare and Family Services, the
21 Department of Human Services, and the Illinois health insurance
22 marketplace shall work cooperatively to assist persons
23 enrolled for services under this Act to obtain health insurance
24 coverage prior to January 1, 2014.

25 (B) The Department of Public Health shall:

26 (a) Assist in the development and expansion of programs

1 for the care and treatment of persons suffering from
2 chronic renal diseases, including dialysis and other
3 medical or surgical procedures and techniques that will
4 have a lifesaving effect in the care and treatment of
5 persons suffering from these diseases.

6 (b) Assist in the development of programs for the
7 prevention of chronic renal diseases.

8 (c) Institute and carry on an educational program among
9 physicians, hospitals, public health departments, and the
10 public concerning chronic renal diseases, including the
11 dissemination of information and the conducting of
12 educational programs concerning the prevention of chronic
13 renal diseases and the methods for the care and treatment
14 of persons suffering from these diseases.

15 (Source: P.A. 97-689, eff. 6-14-12.)

16 (410 ILCS 430/2 rep.)

17 Section 7-61. The Renal Disease Treatment Act is amended by
18 repealing Section 2.

19 Section 7-70. The Hemophilia Care Act is amended by
20 changing Sections 1, 1.5, and 3 as follows:

21 (410 ILCS 420/1) (from Ch. 111 1/2, par. 2901)

22 Sec. 1. Definitions. As used in this Act, unless the
23 context clearly requires otherwise:

1 (1) "Department" means the Department of Healthcare and
2 Family Services.

3 (1.5) "Director" means the Director of Healthcare and
4 Family Services and the Director of Insurance.

5 (2) (Blank).

6 (3) "Hemophilia" means a bleeding tendency resulting from a
7 genetically determined deficiency in the blood.

8 (4) (Blank).

9 (5) "Eligible person" means any resident of the State
10 suffering from hemophilia.

11 (6) "Family" means:

12 (a) In the case of a patient who is a dependent of
13 another person or couple as defined by the Illinois Income
14 Tax Act, all those persons for whom exemption is claimed in
15 the State income tax return of the person or couple whose
16 dependent the eligible person is, and

17 (b) In all other cases, all those persons for whom
18 exemption is claimed in the State income tax return of the
19 eligible person, or of the eligible person and his spouse.

20 (7) "Eligible cost of hemophilia services" means the cost
21 of blood transfusions, blood derivatives, and for outpatient
22 services, of physician charges, medical supplies, and
23 appliances, used in the treatment of eligible persons for
24 hemophilia, plus one half of the cost of hospital inpatient
25 care, minus any amount of such cost which is eligible for
26 payment or reimbursement by any hospital or medical insurance

1 program, by any other government medical or financial
2 assistance program, or by any charitable assistance program.

3 (8) "Gross income" means the base income for State income
4 tax purposes of all members of the family.

5 (9) "Available family income" means the lesser of:

6 (a) Gross income minus the sum of (1) \$5,500, and (2)
7 \$3,500 times the number of persons in the family, or

8 (b) One half of gross income.

9 (10) (Blank). ~~"Board" means the Hemophilia Advisory Review~~
10 ~~Board.~~

11 (Source: P.A. 95-12, eff. 7-2-07; 95-331, eff. 8-21-07.)

12 (410 ILCS 420/1.5)

13 Sec. 1.5. Findings. The General Assembly finds all of the
14 following:

15 (1) Inherited hemophilia and other bleeding disorders
16 are devastating health conditions that can cause serious
17 financial, social, and emotional hardships for patients
18 and their families. Hemophilia, which occurs predominantly
19 in males, is a rare but well-known type of inherited
20 bleeding disorder in which one of several proteins normally
21 found in blood are either deficient or inactive, and
22 causing pain, swelling, and permanent damage to joints and
23 muscles. The disorder affects Americans of all racial and
24 ethnic backgrounds. In about one-third of all cases, there
25 is no known family history of the disorder. In these cases,

1 the disease developed after a new or spontaneous gene
2 mutation.

3 (2) Hemophilia is one of a spectrum of devastating
4 chronic bleeding disorders impacting Americans. Von
5 Willebrand Disease, another type of bleeding disorder, is
6 caused by a deficiency on the von Willebrand protein.
7 Persons with the disorder often bruise easily, have
8 frequent nosebleeds, or bleed after tooth extraction,
9 tonsillectomy, or other surgery. In some instances, women
10 will have prolonged menstrual bleeding. The disorder
11 occurs in about 1% to 2% of the U.S. population.

12 (3) Appropriate care and treatment are necessities for
13 maintaining optimum health for persons afflicted with
14 hemophilia and other bleeding disorders.

15 (4) While hemophilia and other bleeding disorders are
16 incurable, advancements in drug therapies are allowing
17 individuals greater latitude in managing their conditions,
18 fostering independence, and minimizing chronic
19 complications such as damage to the joints and muscles,
20 blood-transmitted infectious diseases, and chronic liver
21 diseases. At the same time, treatment for clotting
22 disorders is saving more and more lives. The rarity of
23 these disorders coupled with the delicate processes for
24 producing factors, however, makes treating these disorders
25 extremely costly. As a result, insurance coverage is a
26 major concern for patients and their families.

1 (5) It is thus the intent of the General Assembly to
2 coordinate State support for ~~through implementation of~~
3 ~~this Act to establish an advisory board to provide expert~~
4 ~~advice to the State on health and insurance policies,~~
5 ~~plans, and public health programs that impact~~ individuals
6 with hemophilia and other bleeding disorders with the
7 health insurance protections made available to all
8 Americans under the Patient Protection and Affordable Care
9 Act.

10 (Source: P.A. 95-12, eff. 7-2-07.)

11 (410 ILCS 420/3) (from Ch. 111 1/2, par. 2903)

12 Sec. 3. The powers and duties of the Department shall
13 include the following:

14 (1) Develop ~~With the advice and counsel of the~~
15 ~~Committee, develop~~ standards for determining eligibility
16 for care and treatment under this program. Among other
17 standards developed under this Section, persons suffering
18 from hemophilia must be evaluated in a center properly
19 staffed and equipped for such evaluation, but not operated
20 by the Department.

21 (2) (Blank).

22 (3) Extend financial assistance to eligible persons in
23 order that they may obtain blood and blood derivatives for
24 use in hospitals, in medical and dental facilities, or at
25 home. The Department shall extend financial assistance in

1 each fiscal year to each family containing one or more
2 eligible persons in the amount of (a) the family's eligible
3 cost of hemophilia services for that fiscal year, minus (b)
4 one fifth of its available family income for its next
5 preceding taxable year. The Director may extend financial
6 assistance in the case of unusual hardships, according to
7 specific procedures and conditions adopted for this
8 purpose in the rules and regulations promulgated by the
9 Department to implement and administer this Act.

10 (4) (Blank).

11 (5) Promulgate rules and regulations ~~with the advice~~
12 ~~and counsel of the Committee~~ for the implementation and
13 administration of this Act.

14 Effective January 1, 2014, coverage under this Act shall be
15 coordinated with the requirements of the Patient Protection and
16 Affordable Care Act and eligibility under this Act shall be
17 available only to individuals who have met their obligations
18 under the Patient Protection and Affordable Care Act to obtain
19 health insurance. For purposes of this Act, payment of a tax
20 penalty for failing to obtain insurance is not considered
21 fulfilling the obligation to obtain health insurance under the
22 Patient Protection and Affordable Care Act. Coverage of blood
23 and blood derivatives for use in hospitals, in medical and
24 dental facilities, or at home shall be coordinated with the
25 individual's health insurance plan.

26 The Department of Healthcare and Family Services, the

1 Department of Human Services, and the Illinois health insurance
2 marketplace shall work cooperatively to assist persons
3 enrolled for services under this Act to obtain health insurance
4 coverage prior to January 1, 2014.

5 On and after July 1, 2012, the Department shall reduce any
6 rate of reimbursement for services or other payments or alter
7 any methodologies authorized by this Act or the Illinois Public
8 Aid Code to reduce any rate of reimbursement for services or
9 other payments in accordance with Section 5-5e of the Illinois
10 Public Aid Code.

11 (Source: P.A. 97-689, eff. 6-14-12.)

12 (410 ILCS 420/2.5 rep.)

13 Section 7-71. The Hemophilia Care Act is amended by
14 repealing Section 2.5.

15 ARTICLE 8.

16 Section 8-5. The Illinois Public Aid Code is amended by
17 changing Sections 5A-2, 5A-4, 5A-5, 5A-8, and 5A-12.4 as
18 follows:

19 (305 ILCS 5/5A-2) (from Ch. 23, par. 5A-2)

20 (Section scheduled to be repealed on January 1, 2015)

21 Sec. 5A-2. Assessment.

22 (a) Subject to Sections 5A-3 and 5A-10, for State fiscal

1 years 2009 through 2014, and from July 1, 2014 through December
2 31, 2014, an annual assessment on inpatient services is imposed
3 on each hospital provider in an amount equal to \$218.38
4 multiplied by the difference of the hospital's occupied bed
5 days less the hospital's Medicare bed days.

6 For State fiscal years 2009 through 2014, and after a
7 hospital's occupied bed days and Medicare bed days shall be
8 determined using the most recent data available from each
9 hospital's 2005 Medicare cost report as contained in the
10 Healthcare Cost Report Information System file, for the quarter
11 ending on December 31, 2006, without regard to any subsequent
12 adjustments or changes to such data. If a hospital's 2005
13 Medicare cost report is not contained in the Healthcare Cost
14 Report Information System, then the Illinois Department may
15 obtain the hospital provider's occupied bed days and Medicare
16 bed days from any source available, including, but not limited
17 to, records maintained by the hospital provider, which may be
18 inspected at all times during business hours of the day by the
19 Illinois Department or its duly authorized agents and
20 employees.

21 (b) (Blank).

22 (b-5) Subject to Sections 5A-3 and 5A-10, for the portion
23 of State fiscal year 2012, beginning June 10, 2012 through June
24 30, 2012, and for State fiscal years 2013 through 2014, and
25 July 1, 2014 through December 31, 2014, an annual assessment on
26 outpatient services is imposed on each hospital provider in an

1 amount equal to .008766 multiplied by the hospital's outpatient
2 gross revenue. For the period beginning June 10, 2012 through
3 June 30, 2012, the annual assessment on outpatient services
4 shall be prorated by multiplying the assessment amount by a
5 fraction, the numerator of which is 21 days and the denominator
6 of which is 365 days.

7 For the portion of State fiscal year 2012, beginning June
8 10, 2012 through June 30, 2012, and State fiscal years 2013
9 through 2014, and July 1, 2014 through December 31, 2014, a
10 hospital's outpatient gross revenue shall be determined using
11 the most recent data available from each hospital's 2009
12 Medicare cost report as contained in the Healthcare Cost Report
13 Information System file, for the quarter ending on June 30,
14 2011, without regard to any subsequent adjustments or changes
15 to such data. If a hospital's 2009 Medicare cost report is not
16 contained in the Healthcare Cost Report Information System,
17 then the Department may obtain the hospital provider's
18 outpatient gross revenue from any source available, including,
19 but not limited to, records maintained by the hospital
20 provider, which may be inspected at all times during business
21 hours of the day by the Department or its duly authorized
22 agents and employees.

23 (c) (Blank).

24 (d) Notwithstanding any of the other provisions of this
25 Section, the Department is authorized to adopt rules to reduce
26 the rate of any annual assessment imposed under this Section,

1 as authorized by Section 5-46.2 of the Illinois Administrative
2 Procedure Act.

3 (e) Notwithstanding any other provision of this Section,
4 any plan providing for an assessment on a hospital provider as
5 a permissible tax under Title XIX of the federal Social
6 Security Act and Medicaid-eligible payments to hospital
7 providers from the revenues derived from that assessment shall
8 be reviewed by the Illinois Department of Healthcare and Family
9 Services, as the Single State Medicaid Agency required by
10 federal law, to determine whether those assessments and
11 hospital provider payments meet federal Medicaid standards. If
12 the Department determines that the elements of the plan may
13 meet federal Medicaid standards and a related State Medicaid
14 Plan Amendment is prepared in a manner and form suitable for
15 submission, that State Plan Amendment shall be submitted in a
16 timely manner for review by the Centers for Medicare and
17 Medicaid Services of the United States Department of Health and
18 Human Services and subject to approval by the Centers for
19 Medicare and Medicaid Services of the United States Department
20 of Health and Human Services. No such plan shall become
21 effective without approval by the Illinois General Assembly by
22 the enactment into law of related legislation. Notwithstanding
23 any other provision of this Section, the Department is
24 authorized to adopt rules to reduce the rate of any annual
25 assessment imposed under this Section. Any such rules may be
26 adopted by the Department under Section 5-50 of the Illinois

1 Administrative Procedure Act.

2 (Source: P.A. 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
3 97-689, eff. 6-14-12.)

4 (305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

5 Sec. 5A-4. Payment of assessment; penalty.

6 (a) The assessment imposed by Section 5A-2 for State fiscal
7 year 2009 and each subsequent State fiscal year shall be due
8 and payable in monthly installments, each equaling one-twelfth
9 of the assessment for the year, on the fourteenth State
10 business day of each month. No installment payment of an
11 assessment imposed by Section 5A-2 shall be due and payable,
12 however, until after the Comptroller has issued the payments
13 required under this Article.

14 Except as provided in subsection (a-5) of this Section, the
15 assessment imposed by subsection (b-5) of Section 5A-2 for the
16 portion of State fiscal year 2012 beginning June 10, 2012
17 through June 30, 2012, and for State fiscal year 2013 and each
18 subsequent State fiscal year shall be due and payable in
19 monthly installments, each equaling one-twelfth of the
20 assessment for the year, on the 14th State business day of each
21 month. No installment payment of an assessment imposed by
22 subsection (b-5) of Section 5A-2 shall be due and payable,
23 however, until after: (i) the Department notifies the hospital
24 provider, in writing, that the payment methodologies to
25 hospitals required under Section 5A-12.4, have been approved by

1 the Centers for Medicare and Medicaid Services of the U.S.
2 Department of Health and Human Services, and the waiver under
3 42 CFR 433.68 for the assessment imposed by subsection (b-5) of
4 Section 5A-2, if necessary, has been granted by the Centers for
5 Medicare and Medicaid Services of the U.S. Department of Health
6 and Human Services; and (ii) the Comptroller has issued the
7 payments required under Section 5A-12.4. Upon notification to
8 the Department of approval of the payment methodologies
9 required under Section 5A-12.4 and the waiver granted under 42
10 CFR 433.68, if necessary, all installments otherwise due under
11 subsection (b-5) of Section 5A-2 prior to the date of
12 notification shall be due and payable to the Department upon
13 written direction from the Department and issuance by the
14 Comptroller of the payments required under Section 5A-12.4.

15 (a-5) The Illinois Department may accelerate the schedule
16 upon which assessment installments are due and payable by
17 hospitals with a payment ratio greater than or equal to one.
18 Such acceleration of due dates for payment of the assessment
19 may be made only in conjunction with a corresponding
20 acceleration in access payments identified in Section 5A-12.2
21 or Section 5A-12.4 to the same hospitals. For the purposes of
22 this subsection (a-5), a hospital's payment ratio is defined as
23 the quotient obtained by dividing the total payments for the
24 State fiscal year, as authorized under Section 5A-12.2 or
25 Section 5A-12.4, by the total assessment for the State fiscal
26 year imposed under Section 5A-2 or subsection (b-5) of Section

1 5A-2.

2 (b) The Illinois Department is authorized to establish
3 delayed payment schedules for hospital providers that are
4 unable to make installment payments when due under this Section
5 due to financial difficulties, as determined by the Illinois
6 Department.

7 (c) If a hospital provider fails to pay the full amount of
8 an installment when due (including any extensions granted under
9 subsection (b)), there shall, unless waived by the Illinois
10 Department for reasonable cause, be added to the assessment
11 imposed by Section 5A-2 a penalty assessment equal to the
12 lesser of (i) 5% of the amount of the installment not paid on
13 or before the due date plus 5% of the portion thereof remaining
14 unpaid on the last day of each 30-day period thereafter or (ii)
15 100% of the installment amount not paid on or before the due
16 date. For purposes of this subsection, payments will be
17 credited first to unpaid installment amounts (rather than to
18 penalty or interest), beginning with the most delinquent
19 installments.

20 (d) Any assessment amount that is due and payable to the
21 Illinois Department more frequently than once per calendar
22 quarter shall be remitted to the Illinois Department by the
23 hospital provider by means of electronic funds transfer. The
24 Illinois Department may provide for remittance by other means
25 if (i) the amount due is less than \$10,000 or (ii) electronic
26 funds transfer is unavailable for this purpose.

1 (Source: P.A. 96-821, eff. 11-20-09; 97-688, eff. 6-14-12;
2 97-689, eff. 6-14-12.)

3 (305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

4 Sec. 5A-5. Notice; penalty; maintenance of records.

5 (a) The Illinois Department shall send a notice of
6 assessment to every hospital provider subject to assessment
7 under this Article. The notice of assessment shall notify the
8 hospital of its assessment and shall be sent after receipt by
9 the Department of notification from the Centers for Medicare
10 and Medicaid Services of the U.S. Department of Health and
11 Human Services that the payment methodologies required under
12 this Article and, if necessary, the waiver granted under 42 CFR
13 433.68 have been approved. The notice shall be on a form
14 prepared by the Illinois Department and shall state the
15 following:

16 (1) The name of the hospital provider.

17 (2) The address of the hospital provider's principal
18 place of business from which the provider engages in the
19 occupation of hospital provider in this State, and the name
20 and address of each hospital operated, conducted, or
21 maintained by the provider in this State.

22 (3) The occupied bed days, occupied bed days less
23 Medicare days, adjusted gross hospital revenue, or
24 outpatient gross revenue of the hospital provider
25 (whichever is applicable), the amount of assessment

1 imposed under Section 5A-2 for the State fiscal year for
2 which the notice is sent, and the amount of each
3 installment to be paid during the State fiscal year.

4 (4) (Blank).

5 (5) Other reasonable information as determined by the
6 Illinois Department.

7 (b) If a hospital provider conducts, operates, or maintains
8 more than one hospital licensed by the Illinois Department of
9 Public Health, the provider shall pay the assessment for each
10 hospital separately.

11 (c) Notwithstanding any other provision in this Article, in
12 the case of a person who ceases to conduct, operate, or
13 maintain a hospital in respect of which the person is subject
14 to assessment under this Article as a hospital provider, the
15 assessment for the State fiscal year in which the cessation
16 occurs shall be adjusted by multiplying the assessment computed
17 under Section 5A-2 by a fraction, the numerator of which is the
18 number of days in the year during which the provider conducts,
19 operates, or maintains the hospital and the denominator of
20 which is 365. Immediately upon ceasing to conduct, operate, or
21 maintain a hospital, the person shall pay the assessment for
22 the year as so adjusted (to the extent not previously paid).

23 (d) Notwithstanding any other provision in this Article, a
24 provider who commences conducting, operating, or maintaining a
25 hospital, upon notice by the Illinois Department, shall pay the
26 assessment computed under Section 5A-2 and subsection (e) in

1 installments on the due dates stated in the notice and on the
2 regular installment due dates for the State fiscal year
3 occurring after the due dates of the initial notice.

4 (e) Notwithstanding any other provision in this Article,
5 for State fiscal years 2009 through 2015, in the case of a
6 hospital provider that did not conduct, operate, or maintain a
7 hospital in 2005, the assessment for that State fiscal year
8 shall be computed on the basis of hypothetical occupied bed
9 days for the full calendar year as determined by the Illinois
10 Department. Notwithstanding any other provision in this
11 Article, for the portion of State fiscal year 2012 beginning
12 June 10, 2012 through June 30, 2012, and for State fiscal years
13 2013 through 2014, and for July 1, 2014 through December 31,
14 2014, in the case of a hospital provider that did not conduct,
15 operate, or maintain a hospital in 2009, the assessment under
16 subsection (b-5) of Section 5A-2 for that State fiscal year
17 shall be computed on the basis of hypothetical gross outpatient
18 revenue for the full calendar year as determined by the
19 Illinois Department.

20 (f) Every hospital provider subject to assessment under
21 this Article shall keep sufficient records to permit the
22 determination of adjusted gross hospital revenue for the
23 hospital's fiscal year. All such records shall be kept in the
24 English language and shall, at all times during regular
25 business hours of the day, be subject to inspection by the
26 Illinois Department or its duly authorized agents and

1 employees.

2 (g) The Illinois Department may, by rule, provide a
3 hospital provider a reasonable opportunity to request a
4 clarification or correction of any clerical or computational
5 errors contained in the calculation of its assessment, but such
6 corrections shall not extend to updating the cost report
7 information used to calculate the assessment.

8 (h) (Blank).

9 (Source: P.A. 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
10 97-689, eff. 6-14-12; revised 10-17-12.)

11 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

12 Sec. 5A-8. Hospital Provider Fund.

13 (a) There is created in the State Treasury the Hospital
14 Provider Fund. Interest earned by the Fund shall be credited to
15 the Fund. The Fund shall not be used to replace any moneys
16 appropriated to the Medicaid program by the General Assembly.

17 (b) The Fund is created for the purpose of receiving moneys
18 in accordance with Section 5A-6 and disbursing moneys only for
19 the following purposes, notwithstanding any other provision of
20 law:

21 (1) For making payments to hospitals as required under
22 this Code, under the Children's Health Insurance Program
23 Act, under the Covering ALL KIDS Health Insurance Act, and
24 under the Long Term Acute Care Hospital Quality Improvement
25 Transfer Program Act.

1 (2) For the reimbursement of moneys collected by the
2 Illinois Department from hospitals or hospital providers
3 through error or mistake in performing the activities
4 authorized under this Code.

5 (3) For payment of administrative expenses incurred by
6 the Illinois Department or its agent in performing
7 activities under this Code, under the Children's Health
8 Insurance Program Act, under the Covering ALL KIDS Health
9 Insurance Act, and under the Long Term Acute Care Hospital
10 Quality Improvement Transfer Program Act.

11 (4) For payments of any amounts which are reimbursable
12 to the federal government for payments from this Fund which
13 are required to be paid by State warrant.

14 (5) For making transfers, as those transfers are
15 authorized in the proceedings authorizing debt under the
16 Short Term Borrowing Act, but transfers made under this
17 paragraph (5) shall not exceed the principal amount of debt
18 issued in anticipation of the receipt by the State of
19 moneys to be deposited into the Fund.

20 (6) For making transfers to any other fund in the State
21 treasury, but transfers made under this paragraph (6) shall
22 not exceed the amount transferred previously from that
23 other fund into the Hospital Provider Fund plus any
24 interest that would have been earned by that fund on the
25 monies that had been transferred.

26 (6.5) For making transfers to the Healthcare Provider

1 Relief Fund, except that transfers made under this
2 paragraph (6.5) shall not exceed \$60,000,000 in the
3 aggregate.

4 (7) For making transfers not exceeding the following
5 amounts, in State fiscal years 2013 and 2014 in each State
6 fiscal year during which an assessment is imposed pursuant
7 to Section 5A-2, to the following designated funds:

8	Health and Human Services Medicaid Trust	
9	Fund	\$20,000,000
10	Long-Term Care Provider Fund	\$30,000,000
11	General Revenue Fund	\$80,000,000.

12 Transfers under this paragraph shall be made within 7 days
13 after the payments have been received pursuant to the
14 schedule of payments provided in subsection (a) of Section
15 5A-4.

16 (7.1) For making transfers not exceeding the following
17 amounts, in State fiscal year 2015, to the following
18 designated funds:

19	Health and Human Services Medicaid Trust	
20	Fund	\$10,000,000
21	Long-Term Care Provider Fund	\$15,000,000
22	General Revenue Fund	\$40,000,000.

23 Transfers under this paragraph shall be made within 7 days
24 after the payments have been received pursuant to the
25 schedule of payments provided in subsection (a) of Section
26 5A-4.

1 (7.5) (Blank).

2 (7.8) (Blank).

3 (7.9) (Blank).

4 (7.10) For State fiscal years 2013 and 2014, for making
5 transfers of the moneys resulting from the assessment under
6 subsection (b-5) of Section 5A-2 and received from hospital
7 providers under Section 5A-4 and transferred into the
8 Hospital Provider Fund under Section 5A-6 to the designated
9 funds not exceeding the following amounts in that State
10 fiscal year:

11 Health Care Provider Relief Fund \$50,000,000

12 Transfers under this paragraph shall be made within 7
13 days after the payments have been received pursuant to the
14 schedule of payments provided in subsection (a) of Section
15 5A-4.

16 (7.11) For State fiscal year 2015, for making transfers
17 of the moneys resulting from the assessment under
18 subsection (b-5) of Section 5A-2 and received from hospital
19 providers under Section 5A-4 and transferred into the
20 Hospital Provider Fund under Section 5A-6 to the designated
21 funds not exceeding the following amounts in that State
22 fiscal year:

23 Health Care Provider Relief Fund \$25,000,000

24 Transfers under this paragraph shall be made within 7
25 days after the payments have been received pursuant to the
26 schedule of payments provided in subsection (a) of Section

1 5A-4.

2 (7.12) For State fiscal year 2013, for increasing by
3 21/365ths the transfer of the moneys resulting from the
4 assessment under subsection (b-5) of Section 5A-2 and
5 received from hospital providers under Section 5A-4 for the
6 portion of State fiscal year 2012 beginning June 10, 2012
7 through June 30, 2012 and transferred into the Hospital
8 Provider Fund under Section 5A-6 to the designated funds
9 not exceeding the following amounts in that State fiscal
10 year:

11 Health Care Provider Relief Fund \$2,870,000

12 (8) For making refunds to hospital providers pursuant
13 to Section 5A-10.

14 Disbursements from the Fund, other than transfers
15 authorized under paragraphs (5) and (6) of this subsection,
16 shall be by warrants drawn by the State Comptroller upon
17 receipt of vouchers duly executed and certified by the Illinois
18 Department.

19 (c) The Fund shall consist of the following:

20 (1) All moneys collected or received by the Illinois
21 Department from the hospital provider assessment imposed
22 by this Article.

23 (2) All federal matching funds received by the Illinois
24 Department as a result of expenditures made by the Illinois
25 Department that are attributable to moneys deposited in the
26 Fund.

1 (3) Any interest or penalty levied in conjunction with
2 the administration of this Article.

3 (4) Moneys transferred from another fund in the State
4 treasury.

5 (5) All other moneys received for the Fund from any
6 other source, including interest earned thereon.

7 (d) (Blank).

8 (Source: P.A. 96-3, eff. 2-27-09; 96-45, eff. 7-15-09; 96-821,
9 eff. 11-20-09; 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
10 97-689, eff. 6-14-12; revised 10-17-12.)

11 (305 ILCS 5/5A-12.4)

12 (Section scheduled to be repealed on January 1, 2015)

13 Sec. 5A-12.4. Hospital access improvement payments on or
14 after June 10, 2012 ~~July 1, 2012~~.

15 (a) Hospital access improvement payments. To preserve and
16 improve access to hospital services, for hospital and physician
17 services rendered on or after June 10, 2012 ~~July 1, 2012~~, the
18 Illinois Department shall, except for hospitals described in
19 subsection (b) of Section 5A-3, make payments to hospitals as
20 set forth in this Section. These payments shall be paid in 12
21 equal installments on or before the 7th State business day of
22 each month, except that no payment shall be due within 100 days
23 after the later of the date of notification of federal approval
24 of the payment methodologies required under this Section or any
25 waiver required under 42 CFR 433.68, at which time the sum of

1 amounts required under this Section prior to the date of
2 notification is due and payable. Payments under this Section
3 are not due and payable, however, until (i) the methodologies
4 described in this Section are approved by the federal
5 government in an appropriate State Plan amendment and (ii) the
6 assessment imposed under subsection (b-5) of Section 5A-2 of
7 this Article is determined to be a permissible tax under Title
8 XIX of the Social Security Act. The Illinois Department shall
9 take all actions necessary to implement the payments under this
10 Section effective June 10, 2012 ~~July 1, 2012~~, including but not
11 limited to providing public notice pursuant to federal
12 requirements, the filing of a State Plan amendment, and the
13 adoption of administrative rules. For State fiscal year 2013,
14 payments under this Section shall be increased by 21/365ths.
15 The funding source for these additional payments shall be from
16 the increased assessment under subsection (b-5) of Section 5A-2
17 that was received from hospital providers under Section 5A-4
18 for the portion of State fiscal year 2012 beginning June 10,
19 2012 through June 30, 2012.

20 (a-5) Accelerated schedule. The Illinois Department may,
21 when practicable, accelerate the schedule upon which payments
22 authorized under this Section are made.

23 (b) Magnet and perinatal hospital adjustment. In addition
24 to rates paid for inpatient hospital services, the Department
25 shall pay to each Illinois general acute care hospital that, as
26 of August 25, 2011, was recognized as a Magnet hospital by the

1 American Nurses Credentialing Center and that, as of September
2 14, 2011, was designated as a level III perinatal center
3 amounts as follows:

4 (1) For hospitals with a case mix index equal to or
5 greater than the 80th percentile of case mix indices for
6 all Illinois hospitals, \$470 for each Medicaid general
7 acute care inpatient day of care provided by the hospital
8 during State fiscal year 2009.

9 (2) For all other hospitals, \$170 for each Medicaid
10 general acute care inpatient day of care provided by the
11 hospital during State fiscal year 2009.

12 (c) Trauma level II adjustment. In addition to rates paid
13 for inpatient hospital services, the Department shall pay to
14 each Illinois general acute care hospital that, as of July 1,
15 2011, was designated as a level II trauma center amounts as
16 follows:

17 (1) For hospitals with a case mix index equal to or
18 greater than the 50th percentile of case mix indices for
19 all Illinois hospitals, \$470 for each Medicaid general
20 acute care inpatient day of care provided by the hospital
21 during State fiscal year 2009.

22 (2) For all other hospitals, \$170 for each Medicaid
23 general acute care inpatient day of care provided by the
24 hospital during State fiscal year 2009.

25 (3) For the purposes of this adjustment, hospitals
26 located in the same city that alternate their trauma center

1 designation as defined in 89 Ill. Adm. Code 148.295(a)(2)
2 shall have the adjustment provided under this Section
3 divided between the 2 hospitals.

4 (d) Dual-eligible adjustment. In addition to rates paid for
5 inpatient services, the Department shall pay each Illinois
6 general acute care hospital that had a ratio of crossover days
7 to total inpatient days for programs under Title XIX of the
8 Social Security Act administered by the Department (utilizing
9 information from 2009 paid claims) greater than 50%, and a case
10 mix index equal to or greater than the 75th percentile of case
11 mix indices for all Illinois hospitals, a rate of \$400 for each
12 Medicaid inpatient day during State fiscal year 2009 including
13 crossover days.

14 (e) Medicaid volume adjustment. In addition to rates paid
15 for inpatient hospital services, the Department shall pay to
16 each Illinois general acute care hospital that provided more
17 than 10,000 Medicaid inpatient days of care in State fiscal
18 year 2009, has a Medicaid inpatient utilization rate of at
19 least 29.05% as calculated by the Department for the Rate Year
20 2011 Disproportionate Share determination, and is not eligible
21 for Medicaid Percentage Adjustment payments in rate year 2011
22 an amount equal to \$135 for each Medicaid inpatient day of care
23 provided during State fiscal year 2009.

24 (f) Outpatient service adjustment. In addition to the rates
25 paid for outpatient hospital services, the Department shall pay
26 each Illinois hospital an amount at least equal to \$100

1 multiplied by the hospital's outpatient ambulatory procedure
2 listing services (excluding categories 3B and 3C) and by the
3 hospital's end stage renal disease treatment services provided
4 for State fiscal year 2009.

5 (g) Ambulatory service adjustment.

6 (1) In addition to the rates paid for outpatient
7 hospital services provided in the emergency department,
8 the Department shall pay each Illinois hospital an amount
9 equal to \$105 multiplied by the hospital's outpatient
10 ambulatory procedure listing services for categories 3A,
11 3B, and 3C for State fiscal year 2009.

12 (2) In addition to the rates paid for outpatient
13 hospital services, the Department shall pay each Illinois
14 freestanding psychiatric hospital an amount equal to \$200
15 multiplied by the hospital's ambulatory procedure listing
16 services for category 5A for State fiscal year 2009.

17 (h) Specialty hospital adjustment. In addition to the rates
18 paid for outpatient hospital services, the Department shall pay
19 each Illinois long term acute care hospital and each Illinois
20 hospital devoted exclusively to the treatment of cancer, an
21 amount equal to \$700 multiplied by the hospital's outpatient
22 ambulatory procedure listing services and by the hospital's end
23 stage renal disease treatment services (including services
24 provided to individuals eligible for both Medicaid and
25 Medicare) provided for State fiscal year 2009.

26 (h-1) ER Safety Net Payments. In addition to rates paid for

1 outpatient services, the Department shall pay to each Illinois
2 general acute care hospital with an emergency room ratio equal
3 to or greater than 55%, that is not eligible for Medicaid
4 percentage adjustments payments in rate year 2011, with a case
5 mix index equal to or greater than the 20th percentile, and
6 that is not designated as a trauma center by the Illinois
7 Department of Public Health on July 1, 2011, as follows:

8 (1) Each hospital with an emergency room ratio equal to
9 or greater than 74% shall receive a rate of \$225 for each
10 outpatient ambulatory procedure listing and end-stage
11 renal disease treatment service provided for State fiscal
12 year 2009.

13 (2) For all other hospitals, \$65 shall be paid for each
14 outpatient ambulatory procedure listing and end-stage
15 renal disease treatment service provided for State fiscal
16 year 2009.

17 (i) Physician supplemental adjustment. In addition to the
18 rates paid for physician services, the Department shall make an
19 adjustment payment for services provided by physicians as
20 follows:

21 (1) Physician services eligible for the adjustment
22 payment are those provided by physicians employed by or who
23 have a contract to provide services to patients of the
24 following hospitals: (i) Illinois general acute care
25 hospitals that provided at least 17,000 Medicaid inpatient
26 days of care in State fiscal year 2009 and are eligible for

1 Medicaid Percentage Adjustment Payments in rate year 2011;
2 and (ii) Illinois freestanding children's hospitals, as
3 defined in 89 Ill. Adm. Code 149.50(c)(3)(A).

4 (2) The amount of the adjustment for each eligible
5 hospital under this subsection (i) shall be determined by
6 rule by the Department to spend a total pool of at least
7 \$6,960,000 annually. This pool shall be allocated among the
8 eligible hospitals based on the difference between the
9 upper payment limit for what could have been paid under
10 Medicaid for physician services provided during State
11 fiscal year 2009 by physicians employed by or who had a
12 contract with the hospital and the amount that was paid
13 under Medicaid for such services, provided however, that in
14 no event shall physicians at any individual hospital
15 collectively receive an annual, aggregate adjustment in
16 excess of \$435,000, except that any amount that is not
17 distributed to a hospital because of the upper payment
18 limit shall be reallocated among the remaining eligible
19 hospitals that are below the upper payment limitation, on a
20 proportionate basis.

21 (i-5) For any children's hospital which did not charge for
22 its services during the base period, the Department shall use
23 data supplied by the hospital to determine payments using
24 similar methodologies for freestanding children's hospitals
25 under this Section or Section 5A-12.2 ~~12.2~~.

26 (j) For purposes of this Section, a hospital that is

1 enrolled to provide Medicaid services during State fiscal year
2 2009 shall have its utilization and associated reimbursements
3 annualized prior to the payment calculations being performed
4 under this Section.

5 (k) For purposes of this Section, the terms "Medicaid
6 days", "ambulatory procedure listing services", and
7 "ambulatory procedure listing payments" do not include any
8 days, charges, or services for which Medicare or a managed care
9 organization reimbursed on a capitated basis was liable for
10 payment, except where explicitly stated otherwise in this
11 Section.

12 (l) Definitions. Unless the context requires otherwise or
13 unless provided otherwise in this Section, the terms used in
14 this Section for qualifying criteria and payment calculations
15 shall have the same meanings as those terms have been given in
16 the Illinois Department's administrative rules as in effect on
17 October 1, 2011. Other terms shall be defined by the Illinois
18 Department by rule.

19 As used in this Section, unless the context requires
20 otherwise:

21 "Case mix index" means, for a given hospital, the sum of
22 the per admission (DRG) relative weighting factors in effect on
23 January 1, 2005, for all general acute care admissions for
24 State fiscal year 2009, excluding Medicare crossover
25 admissions and transplant admissions reimbursed under 89 Ill.
26 Adm. Code 148.82, divided by the total number of general acute

1 care admissions for State fiscal year 2009, excluding Medicare
2 crossover admissions and transplant admissions reimbursed
3 under 89 Ill. Adm. Code 148.82.

4 "Emergency room ratio" means, for a given hospital, a
5 fraction, the denominator of which is the number of the
6 hospital's outpatient ambulatory procedure listing and
7 end-stage renal disease treatment services provided for State
8 fiscal year 2009 and the numerator of which is the hospital's
9 outpatient ambulatory procedure listing services for
10 categories 3A, 3B, and 3C for State fiscal year 2009.

11 "Medicaid inpatient day" means, for a given hospital, the
12 sum of days of inpatient hospital days provided to recipients
13 of medical assistance under Title XIX of the federal Social
14 Security Act, excluding days for individuals eligible for
15 Medicare under Title XVIII of that Act (Medicaid/Medicare
16 crossover days), as tabulated from the Department's paid claims
17 data for admissions occurring during State fiscal year 2009
18 that was adjudicated by the Department through June 30, 2010.

19 "Outpatient ambulatory procedure listing services" means,
20 for a given hospital, ambulatory procedure listing services, as
21 described in 89 Ill. Adm. Code 148.140(b), provided to
22 recipients of medical assistance under Title XIX of the federal
23 Social Security Act, excluding services for individuals
24 eligible for Medicare under Title XVIII of the Act
25 (Medicaid/Medicare crossover days), as tabulated from the
26 Department's paid claims data for services occurring in State

1 fiscal year 2009 that were adjudicated by the Department
2 through September 2, 2010.

3 "Outpatient end-stage renal disease treatment services"
4 means, for a given hospital, the services, as described in 89
5 Ill. Adm. Code 148.140(c), provided to recipients of medical
6 assistance under Title XIX of the federal Social Security Act,
7 excluding payments for individuals eligible for Medicare under
8 Title XVIII of the Act (Medicaid/Medicare crossover days), as
9 tabulated from the Department's paid claims data for services
10 occurring in State fiscal year 2009 that were adjudicated by
11 the Department through September 2, 2010.

12 (m) The Department may adjust payments made under this
13 Section 5A-12.4 to comply with federal law or regulations
14 regarding hospital-specific payment limitations on
15 government-owned or government-operated hospitals.

16 (n) Notwithstanding any of the other provisions of this
17 Section, the Department is authorized to adopt rules that
18 change the hospital access improvement payments specified in
19 this Section, but only to the extent necessary to conform to
20 any federally approved amendment to the Title XIX State plan.
21 Any such rules shall be adopted by the Department as authorized
22 by Section 5-50 of the Illinois Administrative Procedure Act.
23 Notwithstanding any other provision of law, any changes
24 implemented as a result of this subsection (n) shall be given
25 retroactive effect so that they shall be deemed to have taken
26 effect as of the effective date of this Section.

1 effect as of the date this Amendatory Act becomes law. The
2 Illinois Department may also provide by rule and regulation
3 that the amount of resources to be disregarded be increased to
4 the maximum extent so permitted or required. Subject to federal
5 approval, resources (for example, land, buildings, equipment,
6 supplies, or tools), including farmland property and personal
7 property used in the income-producing operations related to the
8 farmland (for example, equipment and supplies, motor vehicles,
9 or tools), necessary for self-support, up to \$6,000 of the
10 person's equity in the income-producing property, provided
11 that the property produces a net annual income of at least 6%
12 of the excluded equity value of the property, are exempt.
13 Equity value in excess of \$6,000 shall not be excluded. If ~~if~~
14 the activity produces income that is less than 6% of the exempt
15 equity due to reasons beyond the person's control (for example,
16 the person's illness or crop failure) and there is a reasonable
17 expectation that the property will again produce income equal
18 to or greater than 6% of the equity value (for example, a
19 medical prognosis that the person is expected to respond to
20 treatment or that drought-resistant corn will be planted), the
21 equity value in the property up to \$6,000 is exempt. If the
22 person owns more than one piece of property and each produces
23 income, each piece of property shall be looked at to determine
24 whether the 6% rule is met, and then the amounts of the
25 person's equity in all of those properties shall be totaled to
26 determine whether the total equity is \$6,000 or less. The total

1 equity value of all properties that is exempt shall be limited
2 to \$6,000.

3 In determining the resources of an individual or any
4 dependents, the Department shall exclude from consideration
5 the value of funeral and burial spaces, funeral and burial
6 insurance the proceeds of which can only be used to pay the
7 funeral and burial expenses of the insured and funds
8 specifically set aside for the funeral and burial arrangements
9 of the individual or his or her dependents, including prepaid
10 funeral and burial plans, to the same extent that such items
11 are excluded from consideration under the federal Supplemental
12 Security Income program (SSI).

13 Prepaid funeral or burial contracts are exempt to the
14 following extent:

15 (1) Funds in a revocable prepaid funeral or burial
16 contract are exempt up to \$1,500, except that any portion
17 of a contract that clearly represents the purchase of
18 burial space, as that term is defined for purposes of the
19 Supplemental Security Income program, is exempt regardless
20 of value.

21 (2) Funds in an irrevocable prepaid funeral or burial
22 contract are exempt up to \$5,874, except that any portion
23 of a contract that clearly represents the purchase of
24 burial space, as that term is defined for purposes of the
25 Supplemental Security Income program, is exempt regardless
26 of value. This amount shall be adjusted annually for any

1 increase in the Consumer Price Index. The amount exempted
2 shall be limited to the price of the funeral goods and
3 services to be provided upon death. The contract must
4 provide a complete description of the funeral goods and
5 services to be provided and the price thereof. Any amount
6 in the contract not so specified shall be treated as a
7 transfer of assets for less than fair market value.

8 (3) A prepaid, guaranteed-price funeral or burial
9 contract, funded by an irrevocable assignment of a person's
10 life insurance policy to a trust, is exempt. The amount
11 exempted shall be limited to the amount of the insurance
12 benefit designated for the cost of the funeral goods and
13 services to be provided upon the person's death. The
14 contract must provide a complete description of the funeral
15 goods and services to be provided and the price thereof.
16 Any amount in the contract not so specified shall be
17 treated as a transfer of assets for less than fair market
18 value. The trust must include a statement that, upon the
19 death of the person, the State will receive all amounts
20 remaining in the trust, including any remaining payable
21 proceeds under the insurance policy up to an amount equal
22 to the total medical assistance paid on behalf of the
23 person. The trust is responsible for ensuring that the
24 provider of funeral services under the contract receives
25 the proceeds of the policy when it provides the funeral
26 goods and services specified under the contract. The

1 irrevocable assignment of ownership of the insurance
2 policy must be acknowledged by the insurance company.

3 Notwithstanding any other provision of this Code to the
4 contrary, an irrevocable trust containing the resources of a
5 person who is determined to have a disability shall be
6 considered exempt from consideration. A pooled ~~Such~~ trust must
7 be established and managed by a non-profit association that
8 pools funds but maintains a separate account for each
9 beneficiary. The trust may be established by the person, a
10 parent, grandparent, legal guardian, or court. It must be
11 established for the sole benefit of the person and language
12 contained in the trust shall stipulate that any amount
13 remaining in the trust (up to the amount expended by the
14 Department on medical assistance) that is not retained by the
15 trust for reasonable administrative costs related to wrapping
16 up the affairs of the subaccount shall be paid to the
17 Department upon the death of the person. After a person reaches
18 age 65, any funding by or on behalf of the person to the trust
19 shall be treated as a transfer of assets for less than fair
20 market value unless the person is a ward of a county public
21 guardian or the State guardian pursuant to Section 13-5 of the
22 Probate Act of 1975 or Section 30 of the Guardianship and
23 Advocacy Act and lives in the community, or the person is a
24 ward of a county public guardian or the State guardian pursuant
25 to Section 13-5 of the Probate Act of 1975 or Section 30 of the
26 Guardianship and Advocacy Act and a court has found that any

1 expenditures from the trust will maintain or enhance the
2 person's quality of life. If the trust contains proceeds from a
3 personal injury settlement, any Department charge must be
4 satisfied in order for the transfer to the trust to be treated
5 as a transfer for fair market value.

6 The homestead shall be exempt from consideration except to
7 the extent that it meets the income and shelter needs of the
8 person. "Homestead" means the dwelling house and contiguous
9 real estate owned and occupied by the person, regardless of its
10 value. Subject to federal approval, a person shall not be
11 eligible for long-term care services, however, if the person's
12 equity interest in his or her homestead exceeds the minimum
13 home equity as allowed and increased annually under federal
14 law. Subject to federal approval, on and after the effective
15 date of this amendatory Act of the 97th General Assembly,
16 homestead property transferred to a trust shall no longer be
17 considered homestead property.

18 Occasional or irregular gifts in cash, goods or services
19 from persons who are not legally responsible relatives which
20 are of nominal value or which do not have significant effect in
21 meeting essential requirements shall be disregarded. The
22 eligibility of any applicant for or recipient of public aid
23 under this Article is not affected by the payment of any grant
24 under the "Senior Citizens and Disabled Persons Property Tax
25 Relief Act" or any distributions or items of income described
26 under subparagraph (X) of paragraph (2) of subsection (a) of

1 Section 203 of the Illinois Income Tax Act.

2 The Illinois Department may, after appropriate
3 investigation, establish and implement a consolidated standard
4 to determine need and eligibility for and amount of benefits
5 under this Article or a uniform cash supplement to the federal
6 Supplemental Security Income program for all or any part of the
7 then current recipients under this Article; provided, however,
8 that the establishment or implementation of such a standard or
9 supplement shall not result in reductions in benefits under
10 this Article for the then current recipients of such benefits.
11 (Source: P.A. 97-689, eff. 6-14-12.)

12 (305 ILCS 5/5-2b)

13 Sec. 5-2b. Medically fragile and technology dependent
14 children eligibility and program. Notwithstanding any other
15 provision of law, on and after September 1, 2012, subject to
16 federal approval, medical assistance under this Article shall
17 be available to children who qualify as persons with a
18 disability, as defined under the federal Supplemental Security
19 Income program and who are medically fragile and technology
20 dependent. The program shall allow eligible children to receive
21 the medical assistance provided under this Article in the
22 community, ~~shall be limited to families with income up to 500%~~
23 ~~of the federal poverty level,~~ and must maximize, to the fullest
24 extent permissible under federal law, federal reimbursement
25 and family cost-sharing, including co-pays, premiums, or any

1 other family contributions, except that the Department shall be
2 permitted to incentivize the utilization of selected services
3 through the use of cost-sharing adjustments. The Department
4 shall establish the policies, procedures, standards, services,
5 and criteria for this program by rule.

6 (Source: P.A. 97-689, eff. 6-14-12.)

7 (305 ILCS 5/5-4) (from Ch. 23, par. 5-4)

8 Sec. 5-4. Amount and nature of medical assistance.

9 (a) The amount and nature of medical assistance shall be
10 determined in accordance with the standards, rules, and
11 regulations of the Department of Healthcare and Family
12 Services, with due regard to the requirements and conditions in
13 each case, including contributions available from legally
14 responsible relatives. However, the amount and nature of such
15 medical assistance shall not be affected by the payment of any
16 grant under the Senior Citizens and Disabled Persons Property
17 Tax Relief Act or any distributions or items of income
18 described under subparagraph (X) of paragraph (2) of subsection
19 (a) of Section 203 of the Illinois Income Tax Act. The amount
20 and nature of medical assistance shall not be affected by the
21 receipt of donations or benefits from fundraisers in cases of
22 serious illness, as long as neither the person nor members of
23 the person's family have actual control over the donations or
24 benefits or the disbursement of the donations or benefits.

25 In determining the income and resources available to the

1 institutionalized spouse and to the community spouse, the
2 Department of Healthcare and Family Services shall follow the
3 procedures established by federal law. If an institutionalized
4 spouse or community spouse refuses to comply with the
5 requirements of Title XIX of the federal Social Security Act
6 and the regulations duly promulgated thereunder by failing to
7 provide the total value of assets, including income and
8 resources, to the extent either the institutionalized spouse or
9 community spouse has an ownership interest in them pursuant to
10 42 U.S.C. 1396r-5, such refusal may result in the
11 institutionalized spouse being denied eligibility and
12 continuing to remain ineligible for the medical assistance
13 program based on failure to cooperate.

14 Subject to federal approval, the community spouse resource
15 allowance shall be established and maintained at the higher of
16 \$109,560 or the minimum level permitted pursuant to Section
17 1924(f)(2) of the Social Security Act, as now or hereafter
18 amended, or an amount set after a fair hearing, whichever is
19 greater. The monthly maintenance allowance for the community
20 spouse shall be established and maintained at the higher of
21 \$2,739 per month or the minimum level permitted pursuant to
22 Section 1924(d)(3) ~~(c)~~ of the Social Security Act, as now or
23 hereafter amended, or an amount set after a fair hearing,
24 whichever is greater. Subject to the approval of the Secretary
25 of the United States Department of Health and Human Services,
26 the provisions of this Section shall be extended to persons who

1 but for the provision of home or community-based services under
2 Section 4.02 of the Illinois Act on the Aging, would require
3 the level of care provided in an institution, as is provided
4 for in federal law.

5 (b) Spousal support for institutionalized spouses
6 receiving medical assistance.

7 (i) The Department may seek support for an
8 institutionalized spouse, who has assigned his or her right
9 of support from his or her spouse to the State, from the
10 resources and income available to the community spouse.

11 (ii) The Department may bring an action in the circuit
12 court to establish support orders or itself establish
13 administrative support orders by any means and procedures
14 authorized in this Code, as applicable, except that the
15 standard and regulations for determining ability to
16 support in Section 10-3 shall not limit the amount of
17 support that may be ordered.

18 (iii) Proceedings may be initiated to obtain support,
19 or for the recovery of aid granted during the period such
20 support was not provided, or both, for the obtainment of
21 support and the recovery of the aid provided. Proceedings
22 for the recovery of aid may be taken separately or they may
23 be consolidated with actions to obtain support. Such
24 proceedings may be brought in the name of the person or
25 persons requiring support or may be brought in the name of
26 the Department, as the case requires.

1 (iv) The orders for the payment of moneys for the
2 support of the person shall be just and equitable and may
3 direct payment thereof for such period or periods of time
4 as the circumstances require, including support for a
5 period before the date the order for support is entered. In
6 no event shall the orders reduce the community spouse
7 resource allowance below the level established in
8 subsection (a) of this Section or an amount set after a
9 fair hearing, whichever is greater, or reduce the monthly
10 maintenance allowance for the community spouse below the
11 level permitted pursuant to subsection (a) of this Section.

12 (Source: P.A. 97-689, eff. 6-14-12.)

13 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

14 Sec. 5-5. Medical services. The Illinois Department, by
15 rule, shall determine the quantity and quality of and the rate
16 of reimbursement for the medical assistance for which payment
17 will be authorized, and the medical services to be provided,
18 which may include all or part of the following: (1) inpatient
19 hospital services; (2) outpatient hospital services; (3) other
20 laboratory and X-ray services; (4) skilled nursing home
21 services; (5) physicians' services whether furnished in the
22 office, the patient's home, a hospital, a skilled nursing home,
23 or elsewhere; (6) medical care, or any other type of remedial
24 care furnished by licensed practitioners; (7) home health care
25 services; (8) private duty nursing service; (9) clinic

1 services; (10) dental services, including prevention and
2 treatment of periodontal disease and dental caries disease for
3 pregnant women, provided by an individual licensed to practice
4 dentistry or dental surgery; for purposes of this item (10),
5 "dental services" means diagnostic, preventive, or corrective
6 procedures provided by or under the supervision of a dentist in
7 the practice of his or her profession; (11) physical therapy
8 and related services; (12) prescribed drugs, dentures, and
9 prosthetic devices; and eyeglasses prescribed by a physician
10 skilled in the diseases of the eye, or by an optometrist,
11 whichever the person may select; (13) other diagnostic,
12 screening, preventive, and rehabilitative services, including
13 to ensure that the individual's need for intervention or
14 treatment of mental disorders or substance use disorders or
15 co-occurring mental health and substance use disorders is
16 determined using a uniform screening, assessment, and
17 evaluation process inclusive of criteria, for children and
18 adults; for purposes of this item (13), a uniform screening,
19 assessment, and evaluation process refers to a process that
20 includes an appropriate evaluation and, as warranted, a
21 referral; "uniform" does not mean the use of a singular
22 instrument, tool, or process that all must utilize; (14)
23 transportation and such other expenses as may be necessary;
24 (15) medical treatment of sexual assault survivors, as defined
25 in Section 1a of the Sexual Assault Survivors Emergency
26 Treatment Act, for injuries sustained as a result of the sexual

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

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

1 Article.

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

9 On and after July 1, 2012, the Department of Healthcare and
10 Family Services may provide the following services to persons
11 eligible for assistance under this Article who are
12 participating in education, training or employment programs
13 operated by the Department of Human Services as successor to
14 the Department of Public Aid:

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

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

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

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

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

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

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

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

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

26 (C) A mammogram at the age and intervals considered

1 medically necessary by the woman's health care provider for
2 women under 40 years of age and having a family history of
3 breast cancer, prior personal history of breast cancer,
4 positive genetic testing, or other risk factors.

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

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

20 On and after January 1, 2012, providers participating in a
21 quality improvement program approved by the Department shall be
22 reimbursed for screening and diagnostic mammography at the same
23 rate as the Medicare program's rates, including the increased
24 reimbursement for digital mammography.

25 The Department shall convene an expert panel including
26 representatives of hospitals, free-standing mammography

1 facilities, and doctors, including radiologists, to establish
2 quality standards.

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

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

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

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

1 to similarly situated patients who are not served by the pilot
2 program.

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

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

23 The Illinois Department, in cooperation with the
24 Departments of Human Services (as successor to the Department
25 of Alcoholism and Substance Abuse) and Public Health, through a
26 public awareness campaign, may provide information concerning

1 treatment for alcoholism and drug abuse and addiction, prenatal
2 health care, and other pertinent programs directed at reducing
3 the number of drug-affected infants born to recipients of
4 medical assistance.

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

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

17 The Illinois Department may develop and contract with
18 Partnerships of medical providers to arrange medical services
19 for persons eligible under Section 5-2 of this Code.
20 Implementation of this Section may be by demonstration projects
21 in certain geographic areas. The Partnership shall be
22 represented by a sponsor organization. The Department, by rule,
23 shall develop qualifications for sponsors of Partnerships.
24 Nothing in this Section shall be construed to require that the
25 sponsor organization be a medical organization.

26 The sponsor must negotiate formal written contracts with

1 medical providers for physician services, inpatient and
2 outpatient hospital care, home health services, treatment for
3 alcoholism and substance abuse, and other services determined
4 necessary by the Illinois Department by rule for delivery by
5 Partnerships. Physician services must include prenatal and
6 obstetrical care. The Illinois Department shall reimburse
7 medical services delivered by Partnership providers to clients
8 in target areas according to provisions of this Article and the
9 Illinois Health Finance Reform Act, except that:

10 (1) Physicians participating in a Partnership and
11 providing certain services, which shall be determined by
12 the Illinois Department, to persons in areas covered by the
13 Partnership may receive an additional surcharge for such
14 services.

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

18 (3) Persons receiving medical services through
19 Partnerships may receive medical and case management
20 services above the level usually offered through the
21 medical assistance program.

22 Medical providers shall be required to meet certain
23 qualifications to participate in Partnerships to ensure the
24 delivery of high quality medical services. These
25 qualifications shall be determined by rule of the Illinois
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership
2 sponsors may prescribe reasonable additional qualifications
3 for participation by medical providers, only with the prior
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of
6 practitioners, hospitals, and other providers of medical
7 services by clients. In order to ensure patient freedom of
8 choice, the Illinois Department shall immediately promulgate
9 all rules and take all other necessary actions so that provided
10 services may be accessed from therapeutically certified
11 optometrists to the full extent of the Illinois Optometric
12 Practice Act of 1987 without discriminating between service
13 providers.

14 The Department shall apply for a waiver from the United
15 States Health Care Financing Administration to allow for the
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care
18 providers to maintain records that document the medical care
19 and services provided to recipients of Medical Assistance under
20 this Article. Such records must be retained for a period of not
21 less than 6 years from the date of service or as provided by
22 applicable State law, whichever period is longer, except that
23 if an audit is initiated within the required retention period
24 then the records must be retained until the audit is completed
25 and every exception is resolved. The Illinois Department shall
26 require health care providers to make available, when

1 authorized by the patient, in writing, the medical records in a
2 timely fashion to other health care providers who are treating
3 or serving persons eligible for Medical Assistance under this
4 Article. All dispensers of medical services shall be required
5 to maintain and retain business and professional records
6 sufficient to fully and accurately document the nature, scope,
7 details and receipt of the health care provided to persons
8 eligible for medical assistance under this Code, in accordance
9 with regulations promulgated by the Illinois Department. The
10 rules and regulations shall require that proof of the receipt
11 of prescription drugs, dentures, prosthetic devices and
12 eyeglasses by eligible persons under this Section accompany
13 each claim for reimbursement submitted by the dispenser of such
14 medical services. No such claims for reimbursement shall be
15 approved for payment by the Illinois Department without such
16 proof of receipt, unless the Illinois Department shall have put
17 into effect and shall be operating a system of post-payment
18 audit and review which shall, on a sampling basis, be deemed
19 adequate by the Illinois Department to assure that such drugs,
20 dentures, prosthetic devices and eyeglasses for which payment
21 is being made are actually being received by eligible
22 recipients. Within 90 days after the effective date of this
23 amendatory Act of 1984, the Illinois Department shall establish
24 a current list of acquisition costs for all prosthetic devices
25 and any other items recognized as medical equipment and
26 supplies reimbursable under this Article and shall update such

1 list on a quarterly basis, except that the acquisition costs of
2 all prescription drugs shall be updated no less frequently than
3 every 30 days as required by Section 5-5.12.

4 The rules and regulations of the Illinois Department shall
5 require that a written statement including the required opinion
6 of a physician shall accompany any claim for reimbursement for
7 abortions, or induced miscarriages or premature births. This
8 statement shall indicate what procedures were used in providing
9 such medical services.

10 The Illinois Department shall require all dispensers of
11 medical services, other than an individual practitioner or
12 group of practitioners, desiring to participate in the Medical
13 Assistance program established under this Article to disclose
14 all financial, beneficial, ownership, equity, surety or other
15 interests in any and all firms, corporations, partnerships,
16 associations, business enterprises, joint ventures, agencies,
17 institutions or other legal entities providing any form of
18 health care services in this State under this Article.

19 The Illinois Department may require that all dispensers of
20 medical services desiring to participate in the medical
21 assistance program established under this Article disclose,
22 under such terms and conditions as the Illinois Department may
23 by rule establish, all inquiries from clients and attorneys
24 regarding medical bills paid by the Illinois Department, which
25 inquiries could indicate potential existence of claims or liens
26 for the Illinois Department.

1 Enrollment of a vendor shall be subject to a provisional
2 period and shall be conditional for one year. During the period
3 of conditional enrollment, the Department may terminate the
4 vendor's eligibility to participate in, or may disenroll the
5 vendor from, the medical assistance program without cause.
6 Unless otherwise specified, such termination of eligibility or
7 disenrollment is not subject to the Department's hearing
8 process. However, a disenrolled vendor may reapply without
9 penalty.

10 The Department has the discretion to limit the conditional
11 enrollment period for vendors based upon category of risk of
12 the vendor.

13 Prior to enrollment and during the conditional enrollment
14 period in the medical assistance program, all vendors shall be
15 subject to enhanced oversight, screening, and review based on
16 the risk of fraud, waste, and abuse that is posed by the
17 category of risk of the vendor. The Illinois Department shall
18 establish the procedures for oversight, screening, and review,
19 which may include, but need not be limited to: criminal and
20 financial background checks; fingerprinting; license,
21 certification, and authorization verifications; unscheduled or
22 unannounced site visits; database checks; prepayment audit
23 reviews; audits; payment caps; payment suspensions; and other
24 screening as required by federal or State law.

25 The Department shall define or specify the following: (i)
26 by provider notice, the "category of risk of the vendor" for

1 each type of vendor, which shall take into account the level of
2 screening applicable to a particular category of vendor under
3 federal law and regulations; (ii) by rule or provider notice,
4 the maximum length of the conditional enrollment period for
5 each category of risk of the vendor; and (iii) by rule, the
6 hearing rights, if any, afforded to a vendor in each category
7 of risk of the vendor that is terminated or disenrolled during
8 the conditional enrollment period.

9 To be eligible for payment consideration, a vendor's
10 payment claim or bill, either as an initial claim or as a
11 resubmitted claim following prior rejection, must be received
12 by the Illinois Department, or its fiscal intermediary, no
13 later than 180 days after the latest date on the claim on which
14 medical goods or services were provided, with the following
15 exceptions:

16 (1) In the case of a provider whose enrollment is in
17 process by the Illinois Department, the 180-day period
18 shall not begin until the date on the written notice from
19 the Illinois Department that the provider enrollment is
20 complete.

21 (2) In the case of errors attributable to the Illinois
22 Department or any of its claims processing intermediaries
23 which result in an inability to receive, process, or
24 adjudicate a claim, the 180-day period shall not begin
25 until the provider has been notified of the error.

26 (3) In the case of a provider for whom the Illinois

1 Department initiates the monthly billing process.

2 (4) In the case of a provider operated by a unit of
3 local government with a population exceeding 3,000,000
4 when local government funds finance federal participation
5 for claims payments.

6 For claims for services rendered during a period for which
7 a recipient received retroactive eligibility, claims must be
8 filed within 180 days after the Department determines the
9 applicant is eligible. For claims for which the Illinois
10 Department is not the primary payer, claims must be submitted
11 to the Illinois Department within 180 days after the final
12 adjudication by the primary payer.

13 In the case of long term care facilities, admission
14 documents shall be submitted within 30 days of an admission to
15 the facility through the Medical Electronic Data Interchange
16 (MEDI) or the Recipient Eligibility Verification (REV) System,
17 or shall be submitted directly to the Department of Human
18 Services using required admission forms. Confirmation numbers
19 assigned to an accepted transaction shall be retained by a
20 facility to verify timely submittal. Once an admission
21 transaction has been completed, all resubmitted claims
22 following prior rejection are subject to receipt no later than
23 180 days after the admission transaction has been completed.

24 Claims that are not submitted and received in compliance
25 with the foregoing requirements shall not be eligible for
26 payment under the medical assistance program, and the State

1 shall have no liability for payment of those claims.

2 To the extent consistent with applicable information and
3 privacy, security, and disclosure laws, State and federal
4 agencies and departments shall provide the Illinois Department
5 access to confidential and other information and data necessary
6 to perform eligibility and payment verifications and other
7 Illinois Department functions. This includes, but is not
8 limited to: information pertaining to licensure;
9 certification; earnings; immigration status; citizenship; wage
10 reporting; unearned and earned income; pension income;
11 employment; supplemental security income; social security
12 numbers; National Provider Identifier (NPI) numbers; the
13 National Practitioner Data Bank (NPDB); program and agency
14 exclusions; taxpayer identification numbers; tax delinquency;
15 corporate information; and death records.

16 The Illinois Department shall enter into agreements with
17 State agencies and departments, and is authorized to enter into
18 agreements with federal agencies and departments, under which
19 such agencies and departments shall share data necessary for
20 medical assistance program integrity functions and oversight.
21 The Illinois Department shall develop, in cooperation with
22 other State departments and agencies, and in compliance with
23 applicable federal laws and regulations, appropriate and
24 effective methods to share such data. At a minimum, and to the
25 extent necessary to provide data sharing, the Illinois
26 Department shall enter into agreements with State agencies and

1 departments, and is authorized to enter into agreements with
2 federal agencies and departments, including but not limited to:
3 the Secretary of State; the Department of Revenue; the
4 Department of Public Health; the Department of Human Services;
5 and the Department of Financial and Professional Regulation.

6 Beginning in fiscal year 2013, the Illinois Department
7 shall set forth a request for information to identify the
8 benefits of a pre-payment, post-adjudication, and post-edit
9 claims system with the goals of streamlining claims processing
10 and provider reimbursement, reducing the number of pending or
11 rejected claims, and helping to ensure a more transparent
12 adjudication process through the utilization of: (i) provider
13 data verification and provider screening technology; and (ii)
14 clinical code editing; and (iii) pre-pay, pre- or
15 post-adjudicated predictive modeling with an integrated case
16 management system with link analysis. Such a request for
17 information shall not be considered as a request for proposal
18 or as an obligation on the part of the Illinois Department to
19 take any action or acquire any products or services.

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; and (2) rental,
26 lease, purchase or lease-purchase of durable medical equipment

1 in a cost-effective manner, taking into consideration the
2 recipient's medical prognosis, the extent of the recipient's
3 needs, and the requirements and costs for maintaining such
4 equipment. Subject to prior approval, such rules shall enable a
5 recipient to temporarily acquire and use alternative or
6 substitute devices or equipment pending repairs or
7 replacements of any device or equipment previously authorized
8 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; and
17 (iii) notwithstanding any other provision of law, subject to
18 federal approval, on and after July 1, 2012, an increase in the
19 determination of need (DON) scores from 29 to 37 for applicants
20 for institutional and home and community-based long term care;
21 if and only if federal approval is not granted, the Department
22 may, in conjunction with other affected agencies, implement
23 utilization controls or changes in benefit packages to
24 effectuate a similar savings amount for this population; and
25 (iv) no later than July 1, 2013, minimum level of care
26 eligibility criteria for institutional and home and

1 community-based long term care. In order to select the minimum
2 level of care eligibility criteria, the Governor shall
3 establish a workgroup that includes affected agency
4 representatives and stakeholders representing the
5 institutional and home and community-based long term care
6 interests. This Section shall not restrict the Department from
7 implementing lower level of care eligibility criteria for
8 community-based services in circumstances where federal
9 approval has been granted.

10 The Illinois Department shall develop and operate, in
11 cooperation with other State Departments and agencies and in
12 compliance with applicable federal laws and regulations,
13 appropriate and effective systems of health care evaluation and
14 programs for monitoring of utilization of health care services
15 and facilities, as it affects persons eligible for medical
16 assistance under this Code.

17 The Illinois Department shall report annually to the
18 General Assembly, no later than the second Friday in April of
19 1979 and each year thereafter, in regard to:

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

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

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

26 (d) efforts at utilization review and control by the

1 Illinois Department.

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

15 Rulemaking authority to implement Public Act 95-1045, if
16 any, is conditioned on the rules being adopted in accordance
17 with all provisions of the Illinois Administrative Procedure
18 Act and all rules and procedures of the Joint Committee on
19 Administrative Rules; any purported rule not so adopted, for
20 whatever reason, is unauthorized.

21 On and after July 1, 2012, the Department shall reduce any
22 rate of reimbursement for services or other payments or alter
23 any methodologies authorized by this Code to reduce any rate of
24 reimbursement for services or other payments in accordance with
25 Section 5-5e.

26 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,

1 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,
2 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;
3 revised 9-20-12.)

4 (305 ILCS 5/5-5e)

5 Sec. 5-5e. Adjusted rates of reimbursement.

6 (a) Rates or payments for services in effect on June 30,
7 2012 shall be adjusted and services shall be affected as
8 required by any other provision of this amendatory Act of the
9 97th General Assembly. In addition, the Department shall do the
10 following:

11 (1) Delink the per diem rate paid for supportive living
12 facility services from the per diem rate paid for nursing
13 facility services, effective for services provided on or
14 after May 1, 2011.

15 (2) Cease payment for bed reserves in nursing
16 facilities and ~~and~~ specialized mental health rehabilitation
17 facilities, ~~and, except in the instance of residents who~~
18 ~~are under 21 years of age, intermediate care facilities for~~
19 ~~persons with developmental disabilities.~~

20 (2.5) Cease payment for bed reserves for purposes of
21 inpatient hospitalizations to intermediate care facilities
22 for persons with development disabilities, except in the
23 instance of residents who are under 21 years of age.

24 (3) Cease payment of the \$10 per day add-on payment to
25 nursing facilities for certain residents with

1 developmental disabilities.

2 (b) After the application of subsection (a),
3 notwithstanding any other provision of this Code to the
4 contrary and to the extent permitted by federal law, on and
5 after July 1, 2012, the rates of reimbursement for services and
6 other payments provided under this Code shall further be
7 reduced as follows:

8 (1) Rates or payments for physician services, dental
9 services, or community health center services reimbursed
10 through an encounter rate, and services provided under the
11 Medicaid Rehabilitation Option of the Illinois Title XIX
12 State Plan shall not be further reduced.

13 (2) Rates or payments, or the portion thereof, paid to
14 a provider that is operated by a unit of local government
15 or State University that provides the non-federal share of
16 such services shall not be further reduced.

17 (3) Rates or payments for hospital services delivered
18 by a hospital defined as a Safety-Net Hospital under
19 Section 5-5e.1 of this Code shall not be further reduced.

20 (4) Rates or payments for hospital services delivered
21 by a Critical Access Hospital, which is an Illinois
22 hospital designated as a critical care hospital by the
23 Department of Public Health in accordance with 42 CFR 485,
24 Subpart F, shall not be further reduced.

25 (5) Rates or payments for Nursing Facility Services
26 shall only be further adjusted pursuant to Section 5-5.2 of

1 this Code.

2 (6) Rates or payments for services delivered by long
3 term care facilities licensed under the ID/DD Community
4 Care Act and developmental training services shall not be
5 further reduced.

6 (7) Rates or payments for services provided under
7 capitation rates shall be adjusted taking into
8 consideration the rates reduction and covered services
9 required by this amendatory Act of the 97th General
10 Assembly.

11 (8) For hospitals not previously described in this
12 subsection, the rates or payments for hospital services
13 shall be further reduced by 3.5%, except for payments
14 authorized under Section 5A-12.4 of this Code.

15 (9) For all other rates or payments for services
16 delivered by providers not specifically referenced in
17 paragraphs (1) through (8), rates or payments shall be
18 further reduced by 2.7%.

19 (c) Any assessment imposed by this Code shall continue and
20 nothing in this Section shall be construed to cause it to
21 cease.

22 (Source: P.A. 97-689, eff. 6-14-12.)

23 (305 ILCS 5/5-5e.1)

24 Sec. 5-5e.1. Safety-Net Hospitals.

25 (a) A Safety-Net Hospital is an Illinois hospital that:

1 (1) is licensed by the Department of Public Health as a
2 general acute care or pediatric hospital; and

3 (2) is a disproportionate share hospital, as described
4 in Section 1923 of the federal Social Security Act, as
5 determined by the Department; and

6 (3) meets one of the following:

7 (A) has a MIUR of at least 40% and a charity
8 percent of at least 4%; or

9 (B) has a MIUR of at least 50%.

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

11 (1) "Charity percent" means the ratio of (i) the
12 hospital's charity charges for services provided to
13 individuals without health insurance or another source of
14 third party coverage to (ii) the Illinois total hospital
15 charges, each as reported on the hospital's OBRA form.

16 (2) "MIUR" means Medicaid Inpatient Utilization Rate
17 and is defined as a fraction, the numerator of which is the
18 number of a hospital's inpatient days provided in the
19 hospital's fiscal year ending 3 years prior to the rate
20 year, to patients who, for such days, were eligible for
21 Medicaid under Title XIX of the federal Social Security
22 Act, 42 USC 1396a et seq., excluding those persons eligible
23 for medical assistance pursuant to 42 U.S.C.
24 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of
25 Section 5-2 of this Article, and the denominator of which
26 is the total number of the hospital's inpatient days in

1 that same period, excluding those persons eligible for
2 medical assistance pursuant to 42 U.S.C.
3 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of
4 Section 5-2 of this Article.

5 (3) "OBRA form" means form HFS-3834, OBRA '93 data
6 collection form, for the rate year.

7 (4) "Rate year" means the 12-month period beginning on
8 October 1.

9 (c) For the 27-month period beginning July 1, 2012, a
10 hospital that would have qualified for the rate year beginning
11 October 1, 2011, shall be a Safety-Net Hospital.

12 (d) No later than August 15 preceding the rate year, each
13 hospital shall submit the OBRA form to the Department. Prior to
14 October 1, the Department shall notify each hospital whether it
15 has qualified as a Safety-Net Hospital.

16 (e) The Department may promulgate rules in order to
17 implement this Section.

18 (Source: P.A. 97-689, eff. 6-14-12.)

19 (305 ILCS 5/5-5f)

20 Sec. 5-5f. Elimination and limitations of medical
21 assistance services. Notwithstanding any other provision of
22 this Code to the contrary, on and after July 1, 2012:

23 (a) The following services shall no longer be a covered
24 service available under this Code: group psychotherapy for
25 residents of any facility licensed under the Nursing Home Care

1 Act or the Specialized Mental Health Rehabilitation Act; and
2 adult chiropractic services.

3 (b) The Department shall place the following limitations on
4 services: (i) the Department shall limit adult eyeglasses to
5 one pair every 2 years; (ii) the Department shall set an annual
6 limit of a maximum of 20 visits for each of the following
7 services: adult speech, hearing, and language therapy
8 services, adult occupational therapy services, and physical
9 therapy services; (iii) the Department shall limit adult
10 podiatry services to individuals with diabetes; (iv) the
11 Department shall pay for caesarean sections at the normal
12 vaginal delivery rate unless a caesarean section was medically
13 necessary; (v) the Department shall limit adult dental services
14 to emergencies; beginning July 1, 2013, the Department shall
15 ensure that the following conditions are recognized as
16 emergencies: (A) dental services necessary for an individual in
17 order for the individual to be cleared for a medical procedure,
18 such as a transplant; (B) extractions and dentures necessary
19 for a diabetic to receive proper nutrition; (C) extractions and
20 dentures necessary as a result of cancer treatment; and (D)
21 dental services necessary for the health of a pregnant woman
22 prior to delivery of her baby; and (vi) effective July 1, 2012,
23 the Department shall place limitations and require concurrent
24 review on every inpatient detoxification stay to prevent repeat
25 admissions to any hospital for detoxification within 60 days of
26 a previous inpatient detoxification stay. The Department shall

1 convene a workgroup of hospitals, substance abuse providers,
2 care coordination entities, managed care plans, and other
3 stakeholders to develop recommendations for quality standards,
4 diversion to other settings, and admission criteria for
5 patients who need inpatient detoxification, which shall be
6 published on the Department's website no later than September
7 1, 2013.

8 (c) The Department shall require prior approval of the
9 following services: wheelchair repairs costing more than \$400 ~~7~~
10 ~~regardless of the cost of the repairs~~, coronary artery bypass
11 graft, and bariatric surgery consistent with Medicare
12 standards concerning patient responsibility. Wheelchair repair
13 prior approval requests shall be adjudicated within one
14 business day of receipt of complete supporting documentation.
15 Providers may not break wheelchair repairs into separate claims
16 for purposes of staying under the \$400 threshold for requiring
17 prior approval. The wholesale price ~~cost~~ of manual and power
18 wheelchairs, durable medical equipment and supplies, and
19 complex rehabilitation technology products and services shall
20 be defined as actual acquisition cost including all discounts.

21 (d) The Department shall establish benchmarks for
22 hospitals to measure and align payments to reduce potentially
23 preventable hospital readmissions, inpatient complications,
24 and unnecessary emergency room visits. In doing so, the
25 Department shall consider items, including, but not limited to,
26 historic and current acuity of care and historic and current

1 trends in readmission. The Department shall publish
2 provider-specific historical readmission data and anticipated
3 potentially preventable targets 60 days prior to the start of
4 the program. In the instance of readmissions, the Department
5 shall adopt policies and rates of reimbursement for services
6 and other payments provided under this Code to ensure that, by
7 June 30, 2013, expenditures to hospitals are reduced by, at a
8 minimum, \$40,000,000.

9 (e) The Department shall establish utilization controls
10 for the hospice program such that it shall not pay for other
11 care services when an individual is in hospice.

12 (f) For home health services, the Department shall require
13 Medicare certification of providers participating in the
14 program and ~~and~~ implement the Medicare face-to-face encounter
15 rule, ~~and limit services to post-hospitalization.~~ The
16 Department shall require providers to implement auditable
17 electronic service verification based on global positioning
18 systems or other cost-effective technology.

19 (g) For the Home Services Program operated by the
20 Department of Human Services and the Community Care Program
21 operated by the Department on Aging, the Department of Human
22 Services, in cooperation with the Department on Aging, shall
23 implement an electronic service verification based on global
24 positioning systems or other cost-effective technology.

25 (h) Effective with inpatient hospital admissions on or
26 after July 1, 2012, the Department shall reduce the payment for

1 a claim that indicates the occurrence of a provider-preventable
2 condition during the admission as specified by the Department
3 in rules. The Department shall not pay for services related to
4 an other provider-preventable condition.

5 As used in this subsection (h):

6 "Provider-preventable condition" means a health care
7 acquired condition as defined under the federal Medicaid
8 regulation found at 42 CFR 447.26 or an other
9 provider-preventable condition.

10 "Other provider-preventable condition" means a wrong
11 surgical or other invasive procedure performed on a patient, a
12 surgical or other invasive procedure performed on the wrong
13 body part, or a surgical procedure or other invasive procedure
14 performed on the wrong patient. ~~The Department shall not pay~~
15 ~~for hospital admissions when the claim indicates a hospital~~
16 ~~acquired condition that would cause Medicare to reduce its~~
17 ~~payment on the claim had the claim been submitted to Medicare,~~
18 ~~nor shall the Department pay for hospital admissions where a~~
19 ~~Medicare identified "never event" occurred.~~

20 (i) The Department shall implement cost savings
21 initiatives for advanced imaging services, cardiac imaging
22 services, pain management services, and back surgery. Such
23 initiatives shall be designed to achieve annual costs savings.

24 (j) The Department shall ensure that beneficiaries with a
25 diagnosis of epilepsy or seizure disorder in Department records
26 will not require prior approval for anticonvulsants.

1 (Source: P.A. 97-689, eff. 6-14-12.)

2 ARTICLE 11.

3 Section 11-5. The Illinois Public Aid Code is amended by
4 changing Section 11-5.3 as follows:

5 (305 ILCS 5/11-5.3)

6 Sec. 11-5.3. Procurement of vendor to verify eligibility
7 for assistance under Article V.

8 (a) No later than 60 days after the effective date of this
9 amendatory Act of the 97th General Assembly, the Chief
10 Procurement Officer for General Services, in consultation with
11 the Department of Healthcare and Family Services, shall conduct
12 and complete any procurement necessary to procure a vendor to
13 verify eligibility for assistance under Article V of this Code.
14 Such authority shall include procuring a vendor to assist the
15 Chief Procurement Officer in conducting the procurement. The
16 Chief Procurement Officer and the Department shall jointly
17 negotiate final contract terms with a vendor selected by the
18 Chief Procurement Officer. Within 30 days of selection of an
19 eligibility verification vendor, the Department of Healthcare
20 and Family Services shall enter into a contract with the
21 selected vendor. The Department of Healthcare and Family
22 Services and the Department of Human Services shall cooperate
23 with and provide any information requested by the Chief

1 Procurement Officer to conduct the procurement.

2 (b) Notwithstanding any other provision of law, any
3 procurement or contract necessary to comply with this Section
4 shall be exempt from: (i) the Illinois Procurement Code
5 pursuant to Section 1-10(h) of the Illinois Procurement Code,
6 except that bidders shall comply with the disclosure
7 requirement in Sections 50-10.5(a) through (d), 50-13, 50-35,
8 and 50-37 of the Illinois Procurement Code and a vendor awarded
9 a contract under this Section shall comply with Section 50-37
10 of the Illinois Procurement Code; (ii) any administrative rules
11 of this State pertaining to procurement or contract formation;
12 and (iii) any State or Department policies or procedures
13 pertaining to procurement, contract formation, contract award,
14 and Business Enterprise Program approval.

15 (c) Upon becoming operational, the contractor shall
16 conduct data matches using the name, date of birth, address,
17 and Social Security Number of each applicant and recipient
18 against public records to verify eligibility. The contractor,
19 upon preliminary determination that an enrollee is eligible or
20 ineligible, shall notify the Department, except that the
21 contractor shall not make preliminary determinations regarding
22 the eligibility of persons residing in long term care
23 facilities whose income and resources were at or below the
24 applicable financial eligibility standards at the time of their
25 last review. Within 20 business days of such notification, the
26 Department shall accept the recommendation or reject it with a

1 stated reason. The Department shall retain final authority over
2 eligibility determinations. The contractor shall keep a record
3 of all preliminary determinations of ineligibility
4 communicated to the Department. Within 30 days of the end of
5 each calendar quarter, the Department and contractor shall file
6 a joint report on a quarterly basis to the Governor, the
7 Speaker of the House of Representatives, the Minority Leader of
8 the House of Representatives, the Senate President, and the
9 Senate Minority Leader. The report shall include, but shall not
10 be limited to, monthly recommendations of preliminary
11 determinations of eligibility or ineligibility communicated by
12 the contractor, the actions taken on those preliminary
13 determinations by the Department, and the stated reasons for
14 those recommendations that the Department rejected.

15 (d) An eligibility verification vendor contract shall be
16 awarded for an initial 2-year period with up to a maximum of 2
17 one-year renewal options. Nothing in this Section shall compel
18 the award of a contract to a vendor that fails to meet the
19 needs of the Department. A contract with a vendor to assist in
20 the procurement shall be awarded for a period of time not to
21 exceed 6 months.

22 (e) The provisions of this Section shall be administered in
23 compliance with federal law.

24 (Source: P.A. 97-689, eff. 6-14-12.)

25 Section 11-10. The State Finance Act is amended by adding

1 Section 5.826 as follows:

2 (30 ILCS 105/5.826 new)

3 Sec. 5.826. The Medicaid Research and Education Support
4 Fund.

5 Section 11-15. The Illinois Public Aid Code is amended by
6 adding Sections 5-5e.2, 5-31, and 5-32 as follows:

7 (305 ILCS 5/5-5e.2 new)

8 Sec. 5-5e.2. Academic medical centers and major teaching
9 hospital status.

10 (a) Hospitals dedicated to medical research and medical
11 education shall be classified each State fiscal year in 3 tiers
12 based on specific criteria:

13 (1) Tier I. A private academic medical center must:

14 (A) be a hospital located in Illinois which is
15 either:

16 (i) under common ownership with the college of
17 medicine of a non-public college or university;

18 (ii) a freestanding hospital in which the
19 majority of the clinical chiefs of service or
20 clinical department chairs are department chairmen
21 in an affiliated non-public Illinois medical
22 school; or

23 (iii) a children's hospital which is

1 separately incorporated and non-integrated into
2 the academic medical center hospital but which is
3 the pediatric partner for an academic medical
4 center hospital and which serves as the primary
5 teaching hospital for pediatrics for its
6 affiliated Illinois medical school. A hospital
7 identified herein is deemed to meet the additional
8 Tier I criteria if its partner academic medical
9 center hospital meets the Tier I criteria;

10 (B) serve as the training site for at least 30
11 graduate medical education programs accredited by
12 Accreditation Council for Graduate Medical Education;

13 (C) facilitate the training on its campus or on
14 affiliated off-campus sites no less than 500 medical
15 students, interns, residents, and fellows during the
16 calendar year preceding the beginning of the State
17 fiscal year;

18 (D) perform, either itself or through its
19 affiliated university, at least \$12,000,000 in medical
20 research funded through grants or contracts from the
21 National Institutes of Health either directly or, with
22 respect to hospitals described in item (ii) of
23 subparagraph (A) of this paragraph, have as its
24 affiliated non-public Illinois medical school a
25 medical school that performs either itself or through
26 its affiliated University medical research funded

1 using at least \$12,000,000 in grants or contracts from
2 the National Institutes of Health; and

3 (E) expend directly or indirectly through an
4 affiliated non-public medical school or as part of a
5 hospital system as defined in paragraph (4) of
6 subsection (h) of Section 3-8 of the Service Use Tax
7 Act no less than \$5,000,000 toward medical research and
8 education during the calendar year preceding the
9 beginning of the State fiscal year.

10 (2) Tier II. A public academic medical center must:

11 (A) be a hospital located in Illinois which is a
12 primary teaching hospital affiliated with;

13 (i) University of Illinois School of Medicine
14 at Chicago; or

15 (ii) University of Illinois School of Medicine
16 at Peoria; or

17 (iii) University of Illinois School of
18 Medicine at Rockford; or

19 (iv) University of Illinois School of Medicine
20 at Urbana; or

21 (v) Southern Illinois University School of
22 Medicine in Springfield; and

23 (B) contribute no less than \$2,500,000 toward
24 medical research and education during the calendar
25 year preceding the beginning of the State fiscal year.

26 (3) Tier III. A major teaching hospital must:

1 (A) be an Illinois hospital with 100 or more
2 interns and residents or with a ratio of interns and
3 residents to beds greater than or equal to 0.25; and

4 (B) support at least one graduate medical
5 education program accredited by Accreditation Council
6 for Graduate Medical Education.

7 (b) All hospitals seeking to qualify for Tier I, Tier II,
8 or Tier III recognition must annually submit a report to the
9 Department with supporting documentation and attesting to
10 meeting the requirements in this Section. Such reporting must
11 also describe each hospital's education and research
12 activities for the preceding year.

13 (305 ILCS 5/5-31 new)

14 Sec. 5-31. Medicaid Research and Education Support Fund.

15 (a) There is created in the State treasury the Medicaid
16 Research and Education Support Fund. Interest earned by the
17 Fund shall be credited to the Fund. The Fund shall not be used
18 to replace any moneys appropriated to the Medicaid program by
19 the General Assembly.

20 (b) The Fund is created for the purpose of receiving
21 moneys, donations, and grants from private and public colleges
22 and universities and disbursing moneys only for the following
23 purposes, notwithstanding any other provision of law, for
24 making payments to hospitals as required under Section 5-32 of
25 this Code and any amounts which are reimbursable to the federal

1 government for payments from this Fund which are required to be
2 paid by State warrant.

3 Disbursements from the Fund shall be by warrants drawn by
4 the State Comptroller upon receipt of vouchers duly executed
5 and certified by the Illinois Department.

6 (c) The Fund shall consist of the following:

7 (1) All moneys collected or received by the Illinois
8 Department from donations and grants from private and
9 public colleges and universities.

10 (2) All federal matching funds received by the Illinois
11 Department as a result of expenditures made by the Illinois
12 Department that are attributable to moneys deposited in the
13 Fund.

14 (3) Any interest or penalty levied in conjunction with
15 the administration of this Section.

16 (4) Moneys transferred from another fund in the State
17 treasury.

18 (5) All other moneys received for the Fund from any
19 other source, including interest earned thereon.

20 (d) Interfund transfers from the Medicaid Research and
21 Education Support Fund are prohibited.

22 (305 ILCS 5/5-32 new)

23 Sec. 5-32. Medicaid research and education enhancement
24 payments.

25 (a) The Department shall make Medicaid enhancement

1 payments to Tier I and Tier II academic medical centers as
2 defined in Section 5-5e.2 of this Code identified as primary
3 affiliates by any university or college that makes a donation
4 to the Medicaid Research and Education Support Fund.

5 (b) By April 30 of each year, a university or college that
6 intends to make a donation to the Medicaid Research and
7 Education Support Fund for the upcoming State fiscal year must
8 notify the Department of this intent and identify a primary
9 Tier I or Tier II academic medical center as defined in Section
10 5-5e.2 of this Code.

11 (c) Only Tier I and Tier II academic medical centers as
12 defined in Section 5-5e.2 of this Code identified by a
13 university or college as required under subsection (b) of this
14 Section are eligible to receive payments under this Section.

15 (d) Reimbursement methodology. The Department shall
16 develop a reimbursement methodology consistent with this
17 Section for distribution of moneys from the funds in a manner
18 that would allow distributions from these funds to be matchable
19 under Title XIX of the Social Security Act. The Department may
20 enhance payment rates to any combination of Medicaid inpatient
21 or outpatient Medicaid services. The Department may enhance
22 Medicaid physician services for physicians employed by Tier I
23 or Tier II academic medical centers as defined in Section
24 5-5e.2 of this Code qualified to receive payment under this
25 Section if the Department and the Tier I or Tier II academic
26 medical centers as defined in Section 5-5e.2 of this Code agree

1 prior to the start of the State fiscal year for which payments
2 are made. The Department shall promulgate rules necessary to
3 make these distributions matchable.

4 (e) The Department of Healthcare and Family Services must
5 submit a State Medicaid Plan Amendment to the Centers for
6 Medicare and Medicaid Services to implement the payments under
7 this Section within 60 days of the effective date of this
8 amendatory Act of the 98th General Assembly.

9 (f) Reimbursements or payments by the State. Nothing in
10 this Section may be used to reduce reimbursements or payments
11 by the State to a hospital under any other Act.

12 Section 11-20. The Illinois Public Aid Code is amended by
13 changing Section 5-30 as follows:

14 (305 ILCS 5/5-30)

15 Sec. 5-30. Care coordination.

16 (a) At least 50% of recipients eligible for comprehensive
17 medical benefits in all medical assistance programs or other
18 health benefit programs administered by the Department,
19 including the Children's Health Insurance Program Act and the
20 Covering ALL KIDS Health Insurance Act, shall be enrolled in a
21 care coordination program by no later than January 1, 2015. For
22 purposes of this Section, "coordinated care" or "care
23 coordination" means delivery systems where recipients will
24 receive their care from providers who participate under

1 contract in integrated delivery systems that are responsible
2 for providing or arranging the majority of care, including
3 primary care physician services, referrals from primary care
4 physicians, diagnostic and treatment services, behavioral
5 health services, in-patient and outpatient hospital services,
6 dental services, and rehabilitation and long-term care
7 services. The Department shall designate or contract for such
8 integrated delivery systems (i) to ensure enrollees have a
9 choice of systems and of primary care providers within such
10 systems; (ii) to ensure that enrollees receive quality care in
11 a culturally and linguistically appropriate manner; and (iii)
12 to ensure that coordinated care programs meet the diverse needs
13 of enrollees with developmental, mental health, physical, and
14 age-related disabilities.

15 (b) Payment for such coordinated care shall be based on
16 arrangements where the State pays for performance related to
17 health care outcomes, the use of evidence-based practices, the
18 use of primary care delivered through comprehensive medical
19 homes, the use of electronic medical records, and the
20 appropriate exchange of health information electronically made
21 either on a capitated basis in which a fixed monthly premium
22 per recipient is paid and full financial risk is assumed for
23 the delivery of services, or through other risk-based payment
24 arrangements.

25 (c) To qualify for compliance with this Section, the 50%
26 goal shall be achieved by enrolling medical assistance

1 enrollees from each medical assistance enrollment category,
2 including parents, children, seniors, and people with
3 disabilities to the extent that current State Medicaid payment
4 laws would not limit federal matching funds for recipients in
5 care coordination programs. In addition, services must be more
6 comprehensively defined and more risk shall be assumed than in
7 the Department's primary care case management program as of the
8 effective date of this amendatory Act of the 96th General
9 Assembly.

10 (d) The Department shall report to the General Assembly in
11 a separate part of its annual medical assistance program
12 report, beginning April, 2012 until April, 2016, on the
13 progress and implementation of the care coordination program
14 initiatives established by the provisions of this amendatory
15 Act of the 96th General Assembly. The Department shall include
16 in its April 2011 report a full analysis of federal laws or
17 regulations regarding upper payment limitations to providers
18 and the necessary revisions or adjustments in rate
19 methodologies and payments to providers under this Code that
20 would be necessary to implement coordinated care with full
21 financial risk by a party other than the Department.

22 (e) Integrated Care Program for individuals with chronic
23 mental health conditions.

24 (1) The Integrated Care Program shall encompass
25 services administered to recipients of medical assistance
26 under this Article to prevent exacerbations and

1 complications using cost-effective, evidence-based
2 practice guidelines and mental health management
3 strategies.

4 (2) The Department may utilize and expand upon existing
5 contractual arrangements with integrated care plans under
6 the Integrated Care Program for providing the coordinated
7 care provisions of this Section.

8 (3) Payment for such coordinated care shall be based on
9 arrangements where the State pays for performance related
10 to mental health outcomes on a capitated basis in which a
11 fixed monthly premium per recipient is paid and full
12 financial risk is assumed for the delivery of services, or
13 through other risk-based payment arrangements such as
14 provider-based care coordination.

15 (4) The Department shall examine whether chronic
16 mental health management programs and services for
17 recipients with specific chronic mental health conditions
18 do any or all of the following:

19 (A) Improve the patient's overall mental health in
20 a more expeditious and cost-effective manner.

21 (B) Lower costs in other aspects of the medical
22 assistance program, such as hospital admissions,
23 emergency room visits, or more frequent and
24 inappropriate psychotropic drug use.

25 (5) The Department shall work with the facilities and
26 any integrated care plan participating in the program to

1 identify and correct barriers to the successful
2 implementation of this subsection (e) prior to and during
3 the implementation to best facilitate the goals and
4 objectives of this subsection (e).

5 (f) A hospital that is located in a county of the State in
6 which the Department mandates some or all of the beneficiaries
7 of the Medical Assistance Program residing in the county to
8 enroll in a Care Coordination Program, as set forth in Section
9 5-30 of this Code, shall not be eligible for any non-claims
10 based payments not mandated by Article V-A of this Code for
11 which it would otherwise be qualified to receive, unless the
12 hospital is a Coordinated Care Participating Hospital no later
13 than 60 days after the effective date of this amendatory Act of
14 the 97th General Assembly or 60 days after the first mandatory
15 enrollment of a beneficiary in a Coordinated Care program. For
16 purposes of this subsection, "Coordinated Care Participating
17 Hospital" means a hospital that meets one of the following
18 criteria:

19 (1) The hospital has entered into a contract to provide
20 hospital services to enrollees of the care coordination
21 program.

22 (2) The hospital has not been offered a contract by a
23 care coordination plan that pays at least as much as the
24 Department would pay, on a fee-for-service basis, not
25 including disproportionate share hospital adjustment
26 payments or any other supplemental adjustment or add-on

1 payment to the base fee-for-service rate.

2 (g) No later than August 1, 2013, the Department shall
3 issue a purchase of care solicitation for Accountable Care
4 Entities (ACE) to serve any children and parents or caretaker
5 relatives of children eligible for medical assistance under
6 this Article. An ACE may be a single corporate structure or a
7 network of providers organized through contractual
8 relationships with a single corporate entity. The solicitation
9 shall require that:

10 (1) An ACE operating in Cook County be capable of
11 servng at least 40,000 eligible individuals in that
12 county; an ACE operating in Lake, Kane, DuPage, or Will
13 Counties be capable of serving at least 20,000 eligible
14 individuals in those counties and an ACE operating in other
15 regions of the State be capable of serving at least 10,000
16 eligible individuals in the region in which it operates.
17 During initial periods of mandatory enrollment, the
18 Department shall require its enrollment services
19 contractor to use a default assignment algorithm that
20 ensures if possible an ACE reaches the minimum enrollment
21 levels set forth in this paragraph.

22 (2) An ACE must include at a minimum the following
23 types of providers: primary care, specialty care,
24 hospitals, and behavioral healthcare.

25 (3) An ACE shall have a governance structure that
26 includes the major components of the health care delivery

1 system, including one representative from each of the
2 groups listed in paragraph (2).

3 (4) An ACE must be an integrated delivery system,
4 including a network able to provide the full range of
5 services needed by Medicaid beneficiaries and system
6 capacity to securely pass clinical information across
7 participating entities and to aggregate and analyze that
8 data in order to coordinate care.

9 (5) An ACE must be capable of providing both care
10 coordination and complex case management, as necessary, to
11 beneficiaries. To be responsive to the solicitation, a
12 potential ACE must outline its care coordination and
13 complex case management model and plan to reduce the cost
14 of care.

15 (6) In the first 18 months of operation, unless the ACE
16 selects a shorter period, an ACE shall be paid care
17 coordination fees on a per member per month basis that are
18 projected to be cost neutral to the State during the term
19 of their payment and, subject to federal approval, be
20 eligible to share in additional savings generated by their
21 care coordination.

22 (7) In months 19 through 36 of operation, unless the
23 ACE selects a shorter period, an ACE shall be paid on a
24 pre-paid capitation basis for all medical assistance
25 covered services, under contract terms similar to Managed
26 Care Organizations (MCO), with the Department sharing the

1 risk through either stop-loss insurance for extremely high
2 cost individuals or corridors of shared risk based on the
3 overall cost of the total enrollment in the ACE. The ACE
4 shall be responsible for claims processing, encounter data
5 submission, utilization control, and quality assurance.

6 (8) In the fourth and subsequent years of operation, an
7 ACE shall convert to a Managed Care Community Network
8 (MCCN), as defined in this Article, or Health Maintenance
9 Organization pursuant to the Illinois Insurance Code,
10 accepting full-risk capitation payments.

11 The Department shall allow potential ACE entities 5 months
12 from the date of the posting of the solicitation to submit
13 proposals. After the solicitation is released, in addition to
14 the MCO rate development data available on the Department's
15 website, subject to federal and State confidentiality and
16 privacy laws and regulations, the Department shall provide 2
17 years of de-identified summary service data on the targeted
18 population, split between children and adults, showing the
19 historical type and volume of services received and the cost of
20 those services to those potential bidders that sign a data use
21 agreement. The Department may add up to 2 non-state government
22 employees with expertise in creating integrated delivery
23 systems to its review team for the purchase of care
24 solicitation described in this subsection. Any such
25 individuals must sign a no-conflict disclosure and
26 confidentiality agreement and agree to act in accordance with

1 all applicable State laws.

2 During the first 2 years of an ACE's operation, the
3 Department shall provide claims data to the ACE on its
4 enrollees on a periodic basis no less frequently than monthly.

5 Nothing in this subsection shall be construed to limit the
6 Department's mandate to enroll 50% of its beneficiaries into
7 care coordination systems by January 1, 2015, using all
8 available care coordination delivery systems, including Care
9 Coordination Entities (CCE), MCCNs, or MCOs, nor be construed
10 to affect the current CCEs, MCCNs, and MCOs selected to serve
11 seniors and persons with disabilities prior to that date.

12 (h) Department contracts with MCOs and other entities
13 reimbursed by risk based capitation shall have a minimum
14 medical loss ratio of 85%, shall require the MCO or other
15 entity to pay claims within 30 days of receiving a bill that
16 contains all the essential information needed to adjudicate the
17 bill, and shall require the entity to pay a penalty that is at
18 least equal to the penalty imposed under the Illinois Insurance
19 Code for any claims not paid within this time period. The
20 requirements of this subsection shall apply to contracts with
21 MCOs entered into or renewed or extended after June 1, 2013.

22 (Source: P.A. 96-1501, eff. 1-25-11; 97-689, eff. 6-14-12.)

23 Section 11-25. The Illinois Public Aid Code is amended by
24 changing Section 5-5.02 as follows:

1 (305 ILCS 5/5-5.02) (from Ch. 23, par. 5-5.02)

2 Sec. 5-5.02. Hospital reimbursements.

3 (a) Reimbursement to Hospitals; July 1, 1992 through
4 September 30, 1992. Notwithstanding any other provisions of
5 this Code or the Illinois Department's Rules promulgated under
6 the Illinois Administrative Procedure Act, reimbursement to
7 hospitals for services provided during the period July 1, 1992
8 through September 30, 1992, shall be as follows:

9 (1) For inpatient hospital services rendered, or if
10 applicable, for inpatient hospital discharges occurring,
11 on or after July 1, 1992 and on or before September 30,
12 1992, the Illinois Department shall reimburse hospitals
13 for inpatient services under the reimbursement
14 methodologies in effect for each hospital, and at the
15 inpatient payment rate calculated for each hospital, as of
16 June 30, 1992. For purposes of this paragraph,
17 "reimbursement methodologies" means all reimbursement
18 methodologies that pertain to the provision of inpatient
19 hospital services, including, but not limited to, any
20 adjustments for disproportionate share, targeted access,
21 critical care access and uncompensated care, as defined by
22 the Illinois Department on June 30, 1992.

23 (2) For the purpose of calculating the inpatient
24 payment rate for each hospital eligible to receive
25 quarterly adjustment payments for targeted access and
26 critical care, as defined by the Illinois Department on

1 June 30, 1992, the adjustment payment for the period July
2 1, 1992 through September 30, 1992, shall be 25% of the
3 annual adjustment payments calculated for each eligible
4 hospital, as of June 30, 1992. The Illinois Department
5 shall determine by rule the adjustment payments for
6 targeted access and critical care beginning October 1,
7 1992.

8 (3) For the purpose of calculating the inpatient
9 payment rate for each hospital eligible to receive
10 quarterly adjustment payments for uncompensated care, as
11 defined by the Illinois Department on June 30, 1992, the
12 adjustment payment for the period August 1, 1992 through
13 September 30, 1992, shall be one-sixth of the total
14 uncompensated care adjustment payments calculated for each
15 eligible hospital for the uncompensated care rate year, as
16 defined by the Illinois Department, ending on July 31,
17 1992. The Illinois Department shall determine by rule the
18 adjustment payments for uncompensated care beginning
19 October 1, 1992.

20 (b) Inpatient payments. For inpatient services provided on
21 or after October 1, 1993, in addition to rates paid for
22 hospital inpatient services pursuant to the Illinois Health
23 Finance Reform Act, as now or hereafter amended, or the
24 Illinois Department's prospective reimbursement methodology,
25 or any other methodology used by the Illinois Department for
26 inpatient services, the Illinois Department shall make

1 adjustment payments, in an amount calculated pursuant to the
2 methodology described in paragraph (c) of this Section, to
3 hospitals that the Illinois Department determines satisfy any
4 one of the following requirements:

5 (1) Hospitals that are described in Section 1923 of the
6 federal Social Security Act, as now or hereafter amended,
7 except that for rate year 2015 and after a hospital
8 described in Section 1923(b)(1)(B) of the federal Social
9 Security Act and qualified for the payments described in
10 subsection (c) of this Section for rate year 2014 provided
11 the hospital continues to meet the description in Section
12 1923(b)(1)(B) in the current determination year; or

13 (2) Illinois hospitals that have a Medicaid inpatient
14 utilization rate which is at least one-half a standard
15 deviation above the mean Medicaid inpatient utilization
16 rate for all hospitals in Illinois receiving Medicaid
17 payments from the Illinois Department; or

18 (3) Illinois hospitals that on July 1, 1991 had a
19 Medicaid inpatient utilization rate, as defined in
20 paragraph (h) of this Section, that was at least the mean
21 Medicaid inpatient utilization rate for all hospitals in
22 Illinois receiving Medicaid payments from the Illinois
23 Department and which were located in a planning area with
24 one-third or fewer excess beds as determined by the Health
25 Facilities and Services Review Board, and that, as of June
26 30, 1992, were located in a federally designated Health

1 Manpower Shortage Area; or

2 (4) Illinois hospitals that:

3 (A) have a Medicaid inpatient utilization rate
4 that is at least equal to the mean Medicaid inpatient
5 utilization rate for all hospitals in Illinois
6 receiving Medicaid payments from the Department; and

7 (B) also have a Medicaid obstetrical inpatient
8 utilization rate that is at least one standard
9 deviation above the mean Medicaid obstetrical
10 inpatient utilization rate for all hospitals in
11 Illinois receiving Medicaid payments from the
12 Department for obstetrical services; or

13 (5) Any children's hospital, which means a hospital
14 devoted exclusively to caring for children. A hospital
15 which includes a facility devoted exclusively to caring for
16 children shall be considered a children's hospital to the
17 degree that the hospital's Medicaid care is provided to
18 children if either (i) the facility devoted exclusively to
19 caring for children is separately licensed as a hospital by
20 a municipality prior to February 28, 2013 ~~September 30,~~
21 ~~1998~~ or (ii) the hospital has been designated by the State
22 as a Level III perinatal care facility, has a Medicaid
23 Inpatient Utilization rate greater than 55% for the rate
24 year 2003 disproportionate share determination, and has
25 more than 10,000 qualified children days as defined by the
26 Department in rulemaking.

1 (c) Inpatient adjustment payments. The adjustment payments
2 required by paragraph (b) shall be calculated based upon the
3 hospital's Medicaid inpatient utilization rate as follows:

4 (1) hospitals with a Medicaid inpatient utilization
5 rate below the mean shall receive a per day adjustment
6 payment equal to \$25;

7 (2) hospitals with a Medicaid inpatient utilization
8 rate that is equal to or greater than the mean Medicaid
9 inpatient utilization rate but less than one standard
10 deviation above the mean Medicaid inpatient utilization
11 rate shall receive a per day adjustment payment equal to
12 the sum of \$25 plus \$1 for each one percent that the
13 hospital's Medicaid inpatient utilization rate exceeds the
14 mean Medicaid inpatient utilization rate;

15 (3) hospitals with a Medicaid inpatient utilization
16 rate that is equal to or greater than one standard
17 deviation above the mean Medicaid inpatient utilization
18 rate but less than 1.5 standard deviations above the mean
19 Medicaid inpatient utilization rate shall receive a per day
20 adjustment payment equal to the sum of \$40 plus \$7 for each
21 one percent that the hospital's Medicaid inpatient
22 utilization rate exceeds one standard deviation above the
23 mean Medicaid inpatient utilization rate; and

24 (4) hospitals with a Medicaid inpatient utilization
25 rate that is equal to or greater than 1.5 standard
26 deviations above the mean Medicaid inpatient utilization

1 rate shall receive a per day adjustment payment equal to
2 the sum of \$90 plus \$2 for each one percent that the
3 hospital's Medicaid inpatient utilization rate exceeds 1.5
4 standard deviations above the mean Medicaid inpatient
5 utilization rate.

6 (d) Supplemental adjustment payments. In addition to the
7 adjustment payments described in paragraph (c), hospitals as
8 defined in clauses (1) through (5) of paragraph (b), excluding
9 county hospitals (as defined in subsection (c) of Section 15-1
10 of this Code) and a hospital organized under the University of
11 Illinois Hospital Act, shall be paid supplemental inpatient
12 adjustment payments of \$60 per day. For purposes of Title XIX
13 of the federal Social Security Act, these supplemental
14 adjustment payments shall not be classified as adjustment
15 payments to disproportionate share hospitals.

16 (e) The inpatient adjustment payments described in
17 paragraphs (c) and (d) shall be increased on October 1, 1993
18 and annually thereafter by a percentage equal to the lesser of
19 (i) the increase in the DRI hospital cost index for the most
20 recent 12 month period for which data are available, or (ii)
21 the percentage increase in the statewide average hospital
22 payment rate over the previous year's statewide average
23 hospital payment rate. The sum of the inpatient adjustment
24 payments under paragraphs (c) and (d) to a hospital, other than
25 a county hospital (as defined in subsection (c) of Section 15-1
26 of this Code) or a hospital organized under the University of

1 Illinois Hospital Act, however, shall not exceed \$275 per day;
2 that limit shall be increased on October 1, 1993 and annually
3 thereafter by a percentage equal to the lesser of (i) the
4 increase in the DRI hospital cost index for the most recent
5 12-month period for which data are available or (ii) the
6 percentage increase in the statewide average hospital payment
7 rate over the previous year's statewide average hospital
8 payment rate.

9 (f) Children's hospital inpatient adjustment payments. For
10 children's hospitals, as defined in clause (5) of paragraph
11 (b), the adjustment payments required pursuant to paragraphs
12 (c) and (d) shall be multiplied by 2.0.

13 (g) County hospital inpatient adjustment payments. For
14 county hospitals, as defined in subsection (c) of Section 15-1
15 of this Code, there shall be an adjustment payment as
16 determined by rules issued by the Illinois Department.

17 (h) For the purposes of this Section the following terms
18 shall be defined as follows:

19 (1) "Medicaid inpatient utilization rate" means a
20 fraction, the numerator of which is the number of a
21 hospital's inpatient days provided in a given 12-month
22 period to patients who, for such days, were eligible for
23 Medicaid under Title XIX of the federal Social Security
24 Act, and the denominator of which is the total number of
25 the hospital's inpatient days in that same period.

26 (2) "Mean Medicaid inpatient utilization rate" means

1 the total number of Medicaid inpatient days provided by all
2 Illinois Medicaid-participating hospitals divided by the
3 total number of inpatient days provided by those same
4 hospitals.

5 (3) "Medicaid obstetrical inpatient utilization rate"
6 means the ratio of Medicaid obstetrical inpatient days to
7 total Medicaid inpatient days for all Illinois hospitals
8 receiving Medicaid payments from the Illinois Department.

9 (i) Inpatient adjustment payment limit. In order to meet
10 the limits of Public Law 102-234 and Public Law 103-66, the
11 Illinois Department shall by rule adjust disproportionate
12 share adjustment payments.

13 (j) University of Illinois Hospital inpatient adjustment
14 payments. For hospitals organized under the University of
15 Illinois Hospital Act, there shall be an adjustment payment as
16 determined by rules adopted by the Illinois Department.

17 (k) The Illinois Department may by rule establish criteria
18 for and develop methodologies for adjustment payments to
19 hospitals participating under this Article.

20 (l) On and after July 1, 2012, the Department shall reduce
21 any rate of reimbursement for services or other payments or
22 alter any methodologies authorized by this Code to reduce any
23 rate of reimbursement for services or other payments in
24 accordance with Section 5-5e.

25 (Source: P.A. 96-31, eff. 6-30-09; 97-689, eff. 6-14-12.)

1 Section 11-30. The Personnel Code is amended by changing
2 Section 4d as follows:

3 (20 ILCS 415/4d) (from Ch. 127, par. 63b104d)

4 Sec. 4d. Partial exemptions. The following positions in
5 State service are exempt from jurisdictions A, B, and C to the
6 extent stated for each, unless those jurisdictions are extended
7 as provided in this Act:

8 (1) In each department, board or commission that now
9 maintains or may hereafter maintain a major administrative
10 division, service or office in both Sangamon County and
11 Cook County, 2 private secretaries for the director or
12 chairman thereof, one located in the Cook County office and
13 the other located in the Sangamon County office, shall be
14 exempt from jurisdiction B; in all other departments,
15 boards and commissions one private secretary for the
16 director or chairman thereof shall be exempt from
17 jurisdiction B. In all departments, boards and commissions
18 one confidential assistant for the director or chairman
19 thereof shall be exempt from jurisdiction B. This paragraph
20 is subject to such modifications or waiver of the
21 exemptions as may be necessary to assure the continuity of
22 federal contributions in those agencies supported in whole
23 or in part by federal funds.

24 (2) The resident administrative head of each State
25 charitable, penal and correctional institution, the

1 chaplains thereof, and all member, patient and inmate
2 employees are exempt from jurisdiction B.

3 (3) The Civil Service Commission, upon written
4 recommendation of the Director of Central Management
5 Services, shall exempt from jurisdiction B other positions
6 which, in the judgment of the Commission, involve either
7 principal administrative responsibility for the
8 determination of policy or principal administrative
9 responsibility for the way in which policies are carried
10 out, except positions in agencies which receive federal
11 funds if such exemption is inconsistent with federal
12 requirements, and except positions in agencies supported
13 in whole by federal funds.

14 (4) All beauticians and teachers of beauty culture and
15 teachers of barbering, and all positions heretofore paid
16 under Section 1.22 of "An Act to standardize position
17 titles and salary rates", approved June 30, 1943, as
18 amended, shall be exempt from jurisdiction B.

19 (5) Licensed attorneys in positions as legal or
20 technical advisors, positions in the Department of Natural
21 Resources requiring incumbents to be either a registered
22 professional engineer or to hold a bachelor's degree in
23 engineering from a recognized college or university,
24 licensed physicians in positions of medical administrator
25 or physician or physician specialist (including
26 psychiatrists), and registered nurses (except those

1 registered nurses employed by the Department of Public
2 Health), except those in positions in agencies which
3 receive federal funds if such exemption is inconsistent
4 with federal requirements and except those in positions in
5 agencies supported in whole by federal funds, are exempt
6 from jurisdiction B only to the extent that the
7 requirements of Section 8b.1, 8b.3 and 8b.5 of this Code
8 need not be met.

9 (6) All positions established outside the geographical
10 limits of the State of Illinois to which appointments of
11 other than Illinois citizens may be made are exempt from
12 jurisdiction B.

13 (7) Staff attorneys reporting directly to individual
14 Commissioners of the Illinois Workers' Compensation
15 Commission are exempt from jurisdiction B.

16 (8) Twenty-one senior public service administrator
17 positions within the Department of Healthcare and Family
18 Services, as set forth in this paragraph (8), requiring the
19 specific knowledge of healthcare administration,
20 healthcare finance, healthcare data analytics, or
21 information technology described are exempt from
22 jurisdiction B only to the extent that the requirements of
23 Sections 8b.1, 8b.3, and 8b.5 of this Code need not be met.
24 The General Assembly finds that these positions are all
25 senior policy makers and have spokesperson authority for
26 the Director of the Department of Healthcare and Family

1 Services. When filling positions so designated, the
2 Director of Healthcare and Family Services shall cause a
3 position description to be published which allots points to
4 various qualifications desired. After scoring qualified
5 applications, the Director shall add Veteran's Preference
6 points as enumerated in Section 8b.7 of this Code. The
7 following are the minimum qualifications for the senior
8 public service administrator positions provided for in
9 this paragraph (8):

10 (A) HEALTHCARE ADMINISTRATION.

11 Medical Director: Licensed Medical Doctor in
12 good standing; experience in healthcare payment
13 systems, pay for performance initiatives, medical
14 necessity criteria or federal or State quality
15 improvement programs; preferred experience serving
16 Medicaid patients or experience in population
17 health programs with a large provider, health
18 insurer, government agency, or research
19 institution.

20 Chief, Bureau of Quality Management: Advanced
21 degree in health policy or health professional
22 field preferred; at least 3 years experience in
23 implementing or managing healthcare quality
24 improvement initiatives in a clinical setting.

25 Quality Management Bureau: Manager, Care
26 Coordination/Managed Care Quality: Clinical degree

1 or advanced degree in relevant field required;
2 experience in the field of managed care quality
3 improvement, with knowledge of HEDIS measurements,
4 coding, and related data definitions.

5 Quality Management Bureau: Manager, Primary
6 Care Provider Quality and Practice Development:
7 Clinical degree or advanced degree in relevant
8 field required; experience in practice
9 administration in the primary care setting with a
10 provider or a provider association or an
11 accrediting body; knowledge of practice standards
12 for medical homes and best evidence based
13 standards of care for primary care.

14 Director of Care Coordination Contracts and
15 Compliance: Bachelor's degree required; multi-year
16 experience in negotiating managed care contracts,
17 preferably on behalf of a payer; experience with
18 health care contract compliance.

19 Manager, Long Term Care Policy: Bachelor's
20 degree required; social work, gerontology, or
21 social service degree preferred; knowledge of
22 Olmstead and other relevant court decisions
23 required; experience working with diverse long
24 term care populations and service systems, federal
25 initiatives to create long term care community
26 options, and home and community-based waiver

1 services required. The General Assembly finds that
2 this position is necessary for the timely and
3 effective implementation of this amendatory Act of
4 the 97th General Assembly.

5 Manager, Behavioral Health Programs: Clinical
6 license or Advanced degree required, preferably in
7 psychology, social work, or relevant field;
8 knowledge of medical necessity criteria and
9 governmental policies and regulations governing
10 the provision of mental health services to
11 Medicaid populations, including children and
12 adults, in community and institutional settings of
13 care. The General Assembly finds that this
14 position is necessary for the timely and effective
15 implementation of this amendatory Act of the 97th
16 General Assembly.

17 Manager, Office of Accountable Care Entity
18 Development ~~Chief, Bureau of Maternal and Child~~
19 ~~Health Promotion:~~ Bachelor's degree required,
20 clinical degree or advanced degree in relevant
21 field preferred; experience in developing
22 integrated delivery systems, including knowledge
23 of health homes and evidence-based standards of
24 care delivery ~~advanced degree preferred, in public~~
25 ~~health, health care management, or a clinical~~
26 ~~field;~~ multi-year experience in health care or

1 public health management; knowledge of federal ACO
2 or other similar delivery system ~~EPSDT~~
3 requirements and strategies for improving health
4 care delivery ~~for children as well as improving~~
5 ~~birth outcomes.~~

6 Manager of Federal Regulatory Compliance
7 ~~Director of Dental Program:~~ Bachelor's degree
8 required, advanced degree preferred, in healthcare
9 management or relevant field; experience in
10 healthcare administration or Medicaid State Plan
11 amendments preferred; experience interpreting
12 federal rules; experience with either federal
13 health care agency or with a State agency in
14 working with federal regulations; ~~experience in~~
15 ~~administering dental healthcare programs,~~
16 ~~knowledge of practice standards for dental care~~
17 ~~and treatment services; knowledge of the public~~
18 ~~dental health infrastructure.~~

19 Manager, Office of Medical Project Management:
20 Bachelor's degree required, project management
21 certification preferred; multi-year experience in
22 project management and developing business analyst
23 skills; leadership skills to manage multiple and
24 complex projects.

25 Manager of Medicare/Medicaid Coordination:
26 Bachelor's degree required, knowledge and

1 experience with Medicare Advantage rules and
2 regulations, knowledge of Medicaid laws and
3 policies; experience with contract drafting
4 preferred.

5 Chief, Bureau of Eligibility Integrity:
6 Bachelor's degree required, advanced degree in
7 public administration or business administration
8 preferred; experience equivalent to 4 years of
9 administration in a public or business
10 organization required; experience with managing
11 contract compliance required; knowledge of
12 Medicaid eligibility laws and policy preferred;
13 supervisory experience preferred. The General
14 Assembly finds that this position is necessary for
15 the timely and effective implementation of this
16 amendatory Act of the 97th General Assembly.

17 (B) HEALTHCARE FINANCE.

18 Director of Care Coordination Rate and
19 Finance: MBA, CPA, or Actuarial degree required;
20 experience in managed care rate setting,
21 including, but not limited to, baseline costs and
22 growth trends; knowledge and experience with
23 Medical Loss Ratio standards and measurements.

24 Director of Encounter Data Program: Bachelor's
25 degree required, advanced degree preferred,
26 preferably in health care, business, or

1 information systems; at least 2 years healthcare
2 or other similar data reporting experience,
3 including, but not limited to, data definitions,
4 submission, and editing; ~~strong~~ background in
5 HIPAA transactions relevant to encounter data
6 submission; experience with large provider, health
7 insurer, government agency, or research
8 institution or other knowledge of healthcare
9 claims systems.

10 ~~Chief, Bureau of Rate Development and~~
11 ~~Analysis: Bachelor's degree required, advanced~~
12 ~~degree preferred, with preferred coursework in~~
13 ~~business or public administration, accounting,~~
14 ~~finance, data analysis, or statistics; experience~~
15 ~~with Medicaid reimbursement methodologies and~~
16 ~~regulations; experience with extracting data from~~
17 ~~large systems for analysis.~~

18 Manager of Medical Finance, Division of
19 Finance: Requires relevant advanced degree or
20 certification in relevant field, such as Certified
21 Public Accountant; coursework in business or
22 public administration, accounting, finance, data
23 analysis, or statistics preferred; experience in
24 control systems and GAAP; financial management
25 experience in a healthcare or government entity
26 utilizing Medicaid funding.

1 (C) HEALTHCARE DATA ANALYTICS.

2 Data Quality Assurance Manager: Bachelor's
3 degree required, advanced degree preferred,
4 preferably in business, information systems, or
5 epidemiology; at least 3 years of extensive
6 healthcare data reporting experience with a large
7 provider, health insurer, government agency, or
8 research institution; previous data quality
9 assurance role or formal data quality assurance
10 training.

11 Data Analytics Unit Manager: Bachelor's degree
12 required, advanced degree preferred, in
13 information systems, applied mathematics, or
14 another field with a strong analytics component;
15 extensive healthcare data reporting experience
16 with a large provider, health insurer, government
17 agency, or research institution; experience as a
18 business analyst interfacing between business and
19 information technology departments; in-depth
20 knowledge of health insurance coding and evolving
21 healthcare quality metrics; working knowledge of
22 SQL and/or SAS.

23 Data Analytics Platform Manager: Bachelor's
24 degree required, advanced degree preferred,
25 preferably in business or information systems;
26 extensive healthcare data reporting experience

1 with a large provider, health insurer, government
2 agency, or research institution; previous
3 experience working on a health insurance data
4 analytics platform; experience managing contracts
5 and vendors preferred.

6 (D) HEALTHCARE INFORMATION TECHNOLOGY.

7 Manager of MMIS Claims Unit: Bachelor's degree
8 required, with preferred coursework in business,
9 public administration, information systems;
10 experience equivalent to 4 years of administration
11 in a public or business organization; working
12 knowledge with design and implementation of
13 technical solutions to medical claims payment
14 systems; extensive technical writing experience,
15 including, but not limited to, the development of
16 RFPs, APDs, feasibility studies, and related
17 documents; thorough knowledge of IT system design,
18 commercial off the shelf software packages and
19 hardware components.

20 Assistant Bureau Chief, Office of Information
21 Systems: Bachelor's degree required, with
22 preferred coursework in business, public
23 administration, information systems; experience
24 equivalent to 5 years of administration in a public
25 or private business organization; extensive
26 technical writing experience, including, but not

1 limited to, the development of RFPs, APDs,
2 feasibility studies and related documents;
3 extensive healthcare technology experience with a
4 large provider, health insurer, government agency,
5 or research institution; experience as a business
6 analyst interfacing between business and
7 information technology departments; thorough
8 knowledge of IT system design, commercial off the
9 shelf software packages and hardware components.

10 Technical System Architect: Bachelor's degree
11 required, with preferred coursework in computer
12 science or information technology; prior
13 experience equivalent to 5 years of computer
14 science or IT administration in a public or
15 business organization; extensive healthcare
16 technology experience with a large provider,
17 health insurer, government agency, or research
18 institution; experience as a business analyst
19 interfacing between business and information
20 technology departments.

21 The provisions of this paragraph (8), other than this
22 sentence, are inoperative after January 1, 2014.

23 (Source: P.A. 97-649, eff. 12-30-11; 97-689, eff. 6-14-12.)

24 Section 11-35. The Illinois Public Aid Code is amended by
25 changing Section 5-5.2 as follows:

1 (305 ILCS 5/5-5.2) (from Ch. 23, par. 5-5.2)

2 Sec. 5-5.2. Payment.

3 (a) All nursing facilities that are grouped pursuant to
4 Section 5-5.1 of this Act shall receive the same rate of
5 payment for similar services.

6 (b) It shall be a matter of State policy that the Illinois
7 Department shall utilize a uniform billing cycle throughout the
8 State for the long-term care providers.

9 (c) Notwithstanding any other provisions of this Code, the
10 methodologies for reimbursement of nursing services as
11 provided under this Article shall no longer be applicable for
12 bills payable for nursing services rendered on or after a new
13 reimbursement system based on the Resource Utilization Groups
14 (RUGs) has been fully operationalized, which shall take effect
15 for services provided on or after January 1, 2014.

16 (d) The new nursing services reimbursement methodology
17 utilizing RUG-IV 48 grouper model, which shall be referred to
18 as the RUGs reimbursement system, taking effect January 1,
19 2014, shall be based on the following: A new nursing services
20 reimbursement methodology utilizing RUGs IV 48 grouper model
21 shall be established and may include an Illinois specific
22 default group, as needed.

23 (1) The methodology ~~The new RUGs based nursing~~
24 ~~services reimbursement methodology~~ shall be
25 resident-driven, facility-specific, and cost-based.

1 (2) Costs shall be annually rebased and case mix index
2 quarterly updated. The nursing services methodology will
3 be assigned to the Medicaid enrolled residents on record as
4 of 30 days prior to the beginning of the rate period in the
5 Department's Medicaid Management Information System (MMIS)
6 as present on the last day of the second quarter preceding
7 the rate period.

8 (3) Regional ~~The methodology shall include regional~~
9 wage adjustors based on the Health Service Areas (HSA)
10 groupings and adjusters in effect on April 30, 2012 shall
11 be included.

12 (4) Case ~~The Department shall assign a case mix index~~
13 shall be assigned to each resident class based on the
14 Centers for Medicare and Medicaid Services staff time
15 measurement study in effect on July 1, 2013, utilizing an
16 index maximization approach.

17 (5) The pool of funds available for distribution by
18 case mix and the base facility rate shall be determined
19 using the formula contained in subsection (d-1).

20 (d-1) Calculation of base year Statewide RUG-IV nursing
21 base per diem rate.

22 (1) Base rate spending pool shall be:

23 (A) The base year resident days which are
24 calculated by multiplying the number of Medicaid
25 residents in each nursing home as indicated in the MDS
26 data defined in paragraph (4) by 365.

1 (B) Each facility's nursing component per diem in
2 effect on July 1, 2012 shall be multiplied by
3 subsection (A).

4 (C) Thirteen million is added to the product of
5 subparagraph (A) and subparagraph (B) to adjust for the
6 exclusion of nursing homes defined in paragraph (5).

7 (2) For each nursing home with Medicaid residents as
8 indicated by the MDS data defined in paragraph (4),
9 weighted days adjusted for case mix and regional wage
10 adjustment shall be calculated. For each home this
11 calculation is the product of:

12 (A) Base year resident days as calculated in
13 subparagraph (A) of paragraph (1).

14 (B) The nursing home's regional wage adjustor
15 based on the Health Service Areas (HSA) groupings and
16 adjustors in effect on April 30, 2012.

17 (C) Facility weighted case mix which is the number
18 of Medicaid residents as indicated by the MDS data
19 defined in paragraph (4) multiplied by the associated
20 case weight for the RUG-IV 48 grouper model using
21 standard RUG-IV procedures for index maximization.

22 (D) The sum of the products calculated for each
23 nursing home in subparagraphs (A) through (C) above
24 shall be the base year case mix, rate adjusted weighted
25 days.

26 (3) The Statewide RUG-IV nursing base per diem rate on

1 January 1, 2014 shall be the quotient of the paragraph (1)
2 divided by the sum calculated under subparagraph (D) of
3 paragraph (2).

4 (4) Minimum Data Set (MDS) comprehensive assessments
5 for Medicaid residents on the last day of the quarter used
6 to establish the base rate.

7 (5) Nursing facilities designated as of July 1, 2012 by
8 the Department as "Institutions for Mental Disease" shall
9 be excluded from all calculations under this subsection.
10 The data from these facilities shall not be used in the
11 computations described in paragraphs (1) through (4) above
12 to establish the base rate.

13 (e) Notwithstanding any other provision of this Code, the
14 Department shall by rule develop a reimbursement methodology
15 reflective of the intensity of care and services requirements
16 of low need residents in the lowest RUG IV groupers and
17 corresponding regulations. Only that portion of the RUGs
18 Reimbursement System spending pool described in subsection
19 (d-1) attributed to the groupers as of July 1, 2013 for which
20 the methodology in this Section is developed may be diverted
21 for this purpose. The Department shall submit the rules no
22 later than January 1, 2014 for an implementation date no later
23 than January 1, 2015. If the Department does not implement this
24 reimbursement methodology by the required date, the nursing
25 component per diem on January 1, 2015 for residents classified
26 in RUG-IV groups PA1, PA2, BA1, and BA2 shall be the blended

1 rate of the calculated RUG-IV nursing component per diem and
2 the nursing component per diem in effect on July 1, 2012. This
3 blended rate shall be applied only to nursing homes whose
4 resident population is greater than or equal to 70% of the
5 total residents served and whose RUG-IV nursing component per
6 diem rate is less than the nursing component per diem in effect
7 on July 1, 2012. This blended rate shall be in effect until the
8 reimbursement methodology is implemented or until July 1, 2019,
9 whichever is sooner.

10 (e-1) Notwithstanding any other provision of this Article,
11 rates established pursuant to this subsection shall not apply
12 to any and all nursing facilities designated by the Department
13 as "Institutions for Mental Disease" and shall be excluded from
14 the RUGs Reimbursement System applicable to facilities not
15 designated as "Institutions for the Mentally Diseased" by the
16 Department.

17 (e-2) For dates of services beginning January 1, 2014, the
18 RUG-IV nursing component per diem for a nursing home shall be
19 the product of the statewide RUG-IV nursing base per diem rate,
20 the facility average case mix index, and the regional wage
21 adjustor. Transition rates for services provided between
22 January 1, 2014 and December 31, 2014 shall be as follows:

23 (1) The transition RUG-IV per diem nursing rate for
24 nursing homes whose rate calculated in this subsection
25 (e-2) is greater than the nursing component rate in effect
26 July 1, 2012 shall be paid the sum of:

1 (A) The nursing component rate in effect July 1,
2 2012; plus

3 (B) The difference of the RUG-IV nursing component
4 per diem calculated for the current quarter minus the
5 nursing component rate in effect July 1, 2012
6 multiplied by 0.88.

7 (2) The transition RUG-IV per diem nursing rate for
8 nursing homes whose rate calculated in this subsection
9 (e-2) is less than the nursing component rate in effect
10 July 1, 2012 shall be paid the sum of:

11 (A) The nursing component rate in effect July 1,
12 2012; plus

13 (B) The difference of the RUG-IV nursing component
14 per diem calculated for the current quarter minus the
15 nursing component rate in effect July 1, 2012
16 multiplied by 0.13.

17 (f) Notwithstanding any other provision of this Code, on
18 and after July 1, 2012, reimbursement rates associated with the
19 nursing or support components of the current nursing facility
20 rate methodology shall not increase beyond the level effective
21 May 1, 2011 until a new reimbursement system based on the RUGs
22 IV 48 grouper model has been fully operationalized.

23 (g) Notwithstanding any other provision of this Code, on
24 and after July 1, 2012, for facilities not designated by the
25 Department of Healthcare and Family Services as "Institutions
26 for Mental Disease", rates effective May 1, 2011 shall be

1 adjusted as follows:

2 (1) Individual nursing rates for residents classified
3 in RUG IV groups PA1, PA2, BA1, and BA2 during the quarter
4 ending March 31, 2012 shall be reduced by 10%;

5 (2) Individual nursing rates for residents classified
6 in all other RUG IV groups shall be reduced by 1.0%;

7 (3) Facility rates for the capital and support
8 components shall be reduced by 1.7%.

9 (h) Notwithstanding any other provision of this Code, on
10 and after July 1, 2012, nursing facilities designated by the
11 Department of Healthcare and Family Services as "Institutions
12 for Mental Disease" and "Institutions for Mental Disease" that
13 are facilities licensed under the Specialized Mental Health
14 Rehabilitation Act shall have the nursing,
15 socio-developmental, capital, and support components of their
16 reimbursement rate effective May 1, 2011 reduced in total by
17 2.7%.

18 (Source: P.A. 96-1530, eff. 2-16-11; 97-689, eff. 6-14-12.)

19 Section 11-40. The Mental Health and Developmental
20 Disabilities Code is amended by adding Section 6-104.3 as
21 follows:

22 (405 ILCS 5/6-104.3 new)

23 Sec. 6-104.3. Comparable programs for the services
24 contained in the Specialized Mental Health Rehabilitation Act

1 of 2013. The Division of Mental Health of the Department of
2 Human Services shall oversee the creation of comparable
3 programs for the services contained in the Specialized Mental
4 Health Rehabilitation Act of 2013 for community-based
5 providers to provide the following services:

6 (1) triage center;

7 (2) crisis stabilization; and

8 (3) transitional living.

9 These comparable programs shall operate under the
10 regulations that may currently exist for such programs, or, if
11 no such regulations are in existence, regulations shall be
12 created. The comparable programs shall be provided through a
13 managed care entity, a coordinated care entity, or an
14 accountable care entity. The Department shall work in concert
15 with any managed care entity, care coordination entity, or
16 accountable care entity to gather the data necessary to report
17 and monitor the progress of the services offered under this
18 Section. The services to be provided under this Section shall
19 be subject to a specific appropriation of the General Assembly
20 for the specific purposes of this Section.

21 The Department shall adopt any emergency rules necessary to
22 implement this Section.

23 Section 11-45. The Illinois Public Aid Code is amended by
24 adding Section 5-5.4h as follows:

1 (305 ILCS 5/5-5.4h new)

2 Sec. 5-5.4h. Medicaid reimbursement for pediatric skilled
3 nursing facilities.

4 (a) Facilities uniquely licensed as pediatric skilled
5 nursing facilities that serve severely and chronically ill
6 pediatric patients shall have a specific reimbursement system
7 designed to recognize the characteristics and needs of the
8 patients they serve.

9 (b) For dates of services starting July 1, 2013 and until a
10 new reimbursement system is designed, pediatric skilled
11 nursing facilities that meet the following criteria:

12 (1) serve exceptional care patients; and

13 (2) have 30% or more of their patients receiving
14 ventilator care;

15 shall receive Medicaid reimbursement on a 30-day expedited
16 schedule.

17 ARTICLE 12.

18 Section 12-1. Short title. This Article 12 may be referred
19 to as the Resident First Act.

20 Section 12-5. Purpose. The purpose of this Article is to
21 reprioritize the State's oversight of nursing homes to focus on
22 the needs of the residents first. As unfunded mandates have
23 increased, the State also reduced or eliminated its financial

1 support for services nursing home residents need. In doing so,
2 the State turned its back on frail elderly citizens for whom
3 nursing home care is not a luxury but a necessity.

4 Section 12-10. Findings. The General Assembly finds the
5 following:

6 (1) The needs of residents must always take precedence.

7 (2) Medicaid eligibility delays adversely impact
8 quality.

9 (3) Payment delays further compound quality-of-care
10 issues.

11 (4) Nursing homes are viable members of our
12 communities.

13 (5) When a nursing home closes, residents lose touch
14 with their families, jobs are lost, and the local economy
15 suffers.

16 (6) Increasing the number of State employees dedicated
17 to Medicaid long term care determinations and updating the
18 State's out-of-date data processing systems would
19 positively impact the excessive eligibility determination
20 delays experienced by nursing home residents.

21 Section 12-15. The Nursing Home Care Act is amended by
22 changing Sections 2-202, 3-212, 3-301, and 3-305 as follows:

23 (210 ILCS 45/2-202) (from Ch. 111 1/2, par. 4152-202)

1 Sec. 2-202. (a) Before a person is admitted to a facility,
2 or at the expiration of the period of previous contract, or
3 when the source of payment for the resident's care changes from
4 private to public funds or from public to private funds, a
5 written contract shall be executed between a licensee and the
6 following in order of priority:

7 (1) the person, or if the person is a minor, his parent
8 or guardian; or

9 (2) the person's guardian, if any, or agent, if any, as
10 defined in Section 2-3 of the Illinois Power of Attorney
11 Act; or

12 (3) a member of the person's immediate family.

13 An adult person shall be presumed to have the capacity to
14 contract for admission to a long term care facility unless he
15 has been adjudicated a "disabled person" within the meaning of
16 Section 11a-2 of the Probate Act of 1975, or unless a petition
17 for such an adjudication is pending in a circuit court of
18 Illinois.

19 If there is no guardian, agent or member of the person's
20 immediate family available, able or willing to execute the
21 contract required by this Section and a physician determines
22 that a person is so disabled as to be unable to consent to
23 placement in a facility, or if a person has already been found
24 to be a "disabled person", but no order has been entered
25 allowing residential placement of the person, that person may
26 be admitted to a facility before the execution of a contract

1 required by this Section; provided that a petition for
2 guardianship or for modification of guardianship is filed
3 within 15 days of the person's admission to a facility, and
4 provided further that such a contract is executed within 10
5 days of the disposition of the petition.

6 No adult shall be admitted to a facility if he objects,
7 orally or in writing, to such admission, except as otherwise
8 provided in Chapters III and IV of the Mental Health and
9 Developmental Disabilities Code or Section 11a-14.1 of the
10 Probate Act of 1975.

11 If a person has not executed a contract as required by this
12 Section, then such a contract shall be executed on or before
13 July 1, 1981, or within 10 days after the disposition of a
14 petition for guardianship or modification of guardianship that
15 was filed prior to July 1, 1981, whichever is later.

16 Before a licensee enters a contract under this Section, it
17 shall provide the prospective resident and his or her guardian,
18 if any, with written notice of the licensee's policy regarding
19 discharge of a resident whose private funds for payment of care
20 are exhausted.

21 Before a licensee enters into a contract under this
22 Section, it shall provide the resident or prospective resident
23 and his or her guardian, if any, with a copy of the licensee's
24 policy regarding the assignment of Social Security
25 representative payee status as a condition of the contract when
26 the resident's or prospective resident's care is being funded

1 under Title XIX of the Social Security Act and Article V of the
2 Illinois Public Aid Code.

3 (b) A resident shall not be discharged or transferred at
4 the expiration of the term of a contract, except as provided in
5 Sections 3-401 through 3-423.

6 (c) At the time of the resident's admission to the
7 facility, a copy of the contract shall be given to the
8 resident, his guardian, if any, and any other person who
9 executed the contract.

10 (d) A copy of the contract for a resident who is supported
11 by nonpublic funds other than the resident's own funds shall be
12 made available to the person providing the funds for the
13 resident's support.

14 (e) The original or a copy of the contract shall be
15 maintained in the facility and be made available upon request
16 to representatives of the Department and the Department of
17 Healthcare and Family Services.

18 (f) The contract shall be written in clear and unambiguous
19 language and shall be printed in not less than 12-point type.
20 The general form of the contract shall be prescribed by the
21 Department.

22 (g) The contract shall specify:

23 (1) the term of the contract;

24 (2) the services to be provided under the contract and
25 the charges for the services;

26 (3) the services that may be provided to supplement the

1 contract and the charges for the services;

2 (4) the sources liable for payments due under the
3 contract;

4 (5) the amount of deposit paid; and

5 (6) the rights, duties and obligations of the resident,
6 except that the specification of a resident's rights may be
7 furnished on a separate document which complies with the
8 requirements of Section 2-211.

9 (h) The contract shall designate the name of the resident's
10 representative, if any. The resident shall provide the facility
11 with a copy of the written agreement between the resident and
12 the resident's representative which authorizes the resident's
13 representative to inspect and copy the resident's records and
14 authorizes the resident's representative to execute the
15 contract on behalf of the resident required by this Section.

16 (i) The contract shall provide that if the resident is
17 compelled by a change in physical or mental health to leave the
18 facility, the contract and all obligations under it shall
19 terminate on 7 days notice. No prior notice of termination of
20 the contract shall be required, however, in the case of a
21 resident's death. The contract shall also provide that in all
22 other situations, a resident may terminate the contract and all
23 obligations under it with 30 days notice. All charges shall be
24 prorated as of the date on which the contract terminates, and,
25 if any payments have been made in advance, the excess shall be
26 refunded to the resident. This provision shall not apply to

1 life-care contracts through which a facility agrees to provide
2 maintenance and care for a resident throughout the remainder of
3 his life nor to continuing-care contracts through which a
4 facility agrees to supplement all available forms of financial
5 support in providing maintenance and care for a resident
6 throughout the remainder of his life.

7 (j) In addition to all other contract specifications
8 contained in this Section admission contracts shall also
9 specify:

10 (1) whether the facility accepts Medicaid clients;

11 (2) whether the facility requires a deposit of the
12 resident or his family prior to the establishment of
13 Medicaid eligibility;

14 (3) in the event that a deposit is required, a clear
15 and concise statement of the procedure to be followed for
16 the return of such deposit to the resident or the
17 appropriate family member or guardian of the person;

18 (4) that all deposits made to a facility by a resident,
19 or on behalf of a resident, shall be returned by the
20 facility within 30 days of the establishment of Medicaid
21 eligibility, unless such deposits must be drawn upon or
22 encumbered in accordance with Medicaid eligibility
23 requirements established by the Department of Healthcare
24 and Family Services.

25 (k) It shall be a business offense for a facility to
26 knowingly and intentionally both retain a resident's deposit

1 and accept Medicaid payments on behalf of that resident.

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

3 (210 ILCS 45/3-212) (from Ch. 111 1/2, par. 4153-212)

4 Sec. 3-212. Inspection.

5 (a) The Department, whenever it deems necessary in
6 accordance with subsection (b), shall inspect, survey and
7 evaluate every facility to determine compliance with
8 applicable licensure requirements and standards. Submission of
9 a facility's current Consumer Choice Information Report
10 required by Section 2-214 shall be verified at time of
11 inspection. An inspection should occur within 120 days prior to
12 license renewal. The Department may periodically visit a
13 facility for the purpose of consultation. An inspection,
14 survey, or evaluation, other than an inspection of financial
15 records, shall be conducted without prior notice to the
16 facility. A visit for the sole purpose of consultation may be
17 announced. The Department shall provide training to surveyors
18 about the appropriate assessment, care planning, and care of
19 persons with mental illness (other than Alzheimer's disease or
20 related disorders) to enable its surveyors to determine whether
21 a facility is complying with State and federal requirements
22 about the assessment, care planning, and care of those persons.

23 (a-1) An employee of a State or unit of local government
24 agency charged with inspecting, surveying, and evaluating
25 facilities who directly or indirectly gives prior notice of an

1 inspection, survey, or evaluation, other than an inspection of
2 financial records, to a facility or to an employee of a
3 facility is guilty of a Class A misdemeanor.

4 An inspector or an employee of the Department who
5 intentionally prenotifies a facility, orally or in writing, of
6 a pending complaint investigation or inspection shall be guilty
7 of a Class A misdemeanor. Superiors of persons who have
8 prenotified a facility shall be subject to the same penalties,
9 if they have knowingly allowed the prenotification. A person
10 found guilty of prenotifying a facility shall be subject to
11 disciplinary action by his or her employer.

12 If the Department has a good faith belief, based upon
13 information that comes to its attention, that a violation of
14 this subsection has occurred, it must file a complaint with the
15 Attorney General or the State's Attorney in the county where
16 the violation took place within 30 days after discovery of the
17 information.

18 (a-2) An employee of a State or unit of local government
19 agency charged with inspecting, surveying, or evaluating
20 facilities who willfully profits from violating the
21 confidentiality of the inspection, survey, or evaluation
22 process shall be guilty of a Class 4 felony and that conduct
23 shall be deemed unprofessional conduct that may subject a
24 person to loss of his or her professional license. An action to
25 prosecute a person for violating this subsection (a-2) may be
26 brought by either the Attorney General or the State's Attorney

1 in the county where the violation took place.

2 (b) In determining whether to make more than the required
3 number of unannounced inspections, surveys and evaluations of a
4 facility the Department shall consider one or more of the
5 following: previous inspection reports; the facility's history
6 of compliance with standards, rules and regulations
7 promulgated under this Act and correction of violations,
8 penalties or other enforcement actions; the number and severity
9 of complaints received about the facility; any allegations of
10 resident abuse or neglect; weather conditions; health
11 emergencies; other reasonable belief that deficiencies exist.

12 (b-1) The Department shall not be required to determine
13 whether a facility certified to participate in the Medicare
14 program under Title XVIII of the Social Security Act, or the
15 Medicaid program under Title XIX of the Social Security Act,
16 and which the Department determines by inspection under this
17 Section or under Section 3-702 of this Act to be in compliance
18 with the certification requirements of Title XVIII or XIX, is
19 in compliance with any requirement of this Act that is less
20 stringent than or duplicates a federal certification
21 requirement. In accordance with subsection (a) of this Section
22 or subsection (d) of Section 3-702, the Department shall
23 determine whether a certified facility is in compliance with
24 requirements of this Act that exceed federal certification
25 requirements. If a certified facility is found to be out of
26 compliance with federal certification requirements, the

1 results of an inspection conducted pursuant to Title XVIII or
2 XIX of the Social Security Act may be used as the basis for
3 enforcement remedies authorized and commenced, with the
4 Department's discretion to evaluate whether penalties are
5 warranted, under this Act. Enforcement of this Act against a
6 certified facility shall be commenced pursuant to the
7 requirements of this Act, unless enforcement remedies sought
8 pursuant to Title XVIII or XIX of the Social Security Act
9 exceed those authorized by this Act. As used in this
10 subsection, "enforcement remedy" means a sanction for
11 violating a federal certification requirement or this Act.

12 (c) Upon completion of each inspection, survey and
13 evaluation, the appropriate Department personnel who conducted
14 the inspection, survey or evaluation shall submit a copy of
15 their report to the licensee upon exiting the facility, and
16 shall submit the actual report to the appropriate regional
17 office of the Department. Such report and any recommendations
18 for action by the Department under this Act shall be
19 transmitted to the appropriate offices of the associate
20 director of the Department, together with related comments or
21 documentation provided by the licensee which may refute
22 findings in the report, which explain extenuating
23 circumstances that the facility could not reasonably have
24 prevented, or which indicate methods and timetables for
25 correction of deficiencies described in the report. Without
26 affecting the application of subsection (a) of Section 3-303,

1 any documentation or comments of the licensee shall be provided
2 within 10 days of receipt of the copy of the report. Such
3 report shall recommend to the Director appropriate action under
4 this Act with respect to findings against a facility. The
5 Director shall then determine whether the report's findings
6 constitute a violation or violations of which the facility must
7 be given notice. Such determination shall be based upon the
8 severity of the finding, the danger posed to resident health
9 and safety, the comments and documentation provided by the
10 facility, the diligence and efforts to correct deficiencies,
11 correction of the reported deficiencies, the frequency and
12 duration of similar findings in previous reports and the
13 facility's general inspection history. Violations shall be
14 determined under this subsection no later than 75 ~~90~~ days after
15 completion of each inspection, survey and evaluation.

16 (d) The Department shall maintain all inspection, survey
17 and evaluation reports for at least 5 years in a manner
18 accessible to and understandable by the public.

19 (e) Revisit surveys. The Department shall conduct a revisit
20 to its licensure and certification surveys, consistent with
21 federal regulations and guidelines.

22 (f) Notwithstanding any other provision of this Act, the
23 Department shall, no later than 180 days after the effective
24 date of this amendatory Act of the 98th General Assembly,
25 implement a single survey process that encompasses federal
26 certification and State licensure requirements, health and

1 life safety requirements, and an enhanced complaint
2 investigation initiative.

3 (1) To meet the requirement of a single survey process,
4 the portions of the health and life safety survey
5 associated with federal certification and State licensure
6 surveys must be started within 7 working days of each
7 other. Nothing in this paragraph (1) of subsection (f) of
8 this Section applies to a complaint investigation.

9 (2) The enhanced complaint and incident report
10 investigation initiative shall permit the facility to
11 challenge the amount of the fine due to the excessive
12 length of the investigation which results in one or more of
13 the following conditions:

14 (A) prohibits the timely development and
15 implementation of a plan of correction;

16 (B) creates undue financial hardship impacting the
17 quality of care delivered to the resident;

18 (C) delays initiation of corrective training; and

19 (D) negatively impacts quality assurance and
20 patient improvement standards.

21 This paragraph (2) does not apply to complaint
22 investigations exited within 14 working days or a situation
23 that triggers an extended survey.

24 (Source: P.A. 95-823, eff. 1-1-09; 96-1372, eff. 7-29-10.)

25 (210 ILCS 45/3-301) (from Ch. 111 1/2, par. 4153-301)

1 Sec. 3-301. Determination of violation; notice; review
2 team.

3 (a) If after receiving the report specified in subsection
4 (c) of Section 3-212 the Director or his designee determines
5 that a facility is in violation of this Act or of any rule
6 promulgated thereunder, he shall serve a notice of violation
7 upon the licensee within 10 days thereafter. Each notice of
8 violation shall be prepared in writing and shall specify the
9 nature of the violation, and the statutory provision or rule
10 alleged to have been violated. The notice shall inform the
11 licensee of any action the Department may take under the Act,
12 including the requirement of a facility plan of correction
13 under Section 3-303; placement of the facility on a list
14 prepared under Section 3-304; assessment of a penalty under
15 Section 3-305; a conditional license under Sections 3-311
16 through 3-317; or license suspension or revocation under
17 Section 3-119. The Director or his designee shall also inform
18 the licensee of rights to a hearing under Section 3-703.

19 (b) The Department shall perform an audit of all Type "AA"
20 or Type "A" violations between January 1, 2014 and January 1,
21 2015. The purpose of the audit is to determine the consistency
22 of assigning Type "AA" and Type "A" violations. The audit shall
23 be completed and a report submitted to the Long Term Care
24 Advisory Committee by April 1, 2015 for comment. The report
25 shall include recommendations for increasing the consistency
26 of assignment of violations. The Committee may offer additional

1 recommendations to be incorporated into the report. The final
2 report shall be filed with the General Assembly by June 30,
3 2015.

4 (Source: P.A. 85-1378.)

5 (210 ILCS 45/3-305) (from Ch. 111 1/2, par. 4153-305)

6 Sec. 3-305. The license of a facility which is in violation
7 of this Act or any rule adopted thereunder may be subject to
8 the penalties or fines levied by the Department as specified in
9 this Section.

10 (1) A licensee who commits a Type "AA" violation as defined
11 in Section 1-128.5 is automatically issued a conditional
12 license for a period of 6 months to coincide with an acceptable
13 plan of correction and assessed a fine up to \$25,000 per
14 violation.

15 (1.5) A licensee who commits a Type "A" violation as
16 defined in Section 1-129 is automatically issued a conditional
17 license for a period of 6 months to coincide with an acceptable
18 plan of correction and assessed a fine of up to \$12,500 per
19 violation.

20 (2) A licensee who commits a Type "B" violation as defined
21 in Section 1-130 shall be assessed a fine of up to \$1,100 per
22 violation.

23 (2.5) A licensee who commits 10 or more Type "C"
24 violations, as defined in Section 1-132, in a single survey
25 shall be assessed a fine of up to \$250 per violation. A

1 licensee who commits one or more Type "C" violations with a
2 high risk designation, as defined by rule, shall be assessed a
3 fine of up to \$500 per violation.

4 (3) A licensee who commits a Type "AA" or Type "A"
5 violation as defined in Section 1-128.5 or 1-129 which
6 continues beyond the time specified in paragraph (a) of Section
7 3-303 which is cited as a repeat violation shall have its
8 license revoked and shall be assessed a fine of 3 times the
9 fine computed per resident per day under subsection (1).

10 (4) A licensee who fails to satisfactorily comply with an
11 accepted plan of correction for a Type "B" violation or an
12 administrative warning issued pursuant to Sections 3-401
13 through 3-413 or the rules promulgated thereunder shall be
14 automatically issued a conditional license for a period of not
15 less than 6 months. A second or subsequent acceptable plan of
16 correction shall be filed. A fine shall be assessed in
17 accordance with subsection (2) when cited for the repeat
18 violation. This fine shall be computed for all days of the
19 violation, including the duration of the first plan of
20 correction compliance time.

21 (5) For the purpose of computing a penalty under
22 subsections (2) through (4), the number of residents per day
23 shall be based on the average number of residents in the
24 facility during the 30 days preceding the discovery of the
25 violation.

26 (6) When the Department finds that a provision of Article

1 II has been violated with regard to a particular resident, the
2 Department shall issue an order requiring the facility to
3 reimburse the resident for injuries incurred, or \$100,
4 whichever is greater. In the case of a violation involving any
5 action other than theft of money belonging to a resident,
6 reimbursement shall be ordered only if a provision of Article
7 II has been violated with regard to that or any other resident
8 of the facility within the 2 years immediately preceding the
9 violation in question.

10 (7) For purposes of assessing fines under this Section, a
11 repeat violation shall be a violation which has been cited
12 during one inspection of the facility for which an accepted
13 plan of correction was not complied with or a new citation of
14 the same rule if the licensee is not substantially addressing
15 the issue routinely throughout the facility.

16 (7.5) If an occurrence results in more than one type of
17 violation as defined in this Act (that is, a Type "AA", Type
18 "A", Type "B", or Type "C" violation), the Department shall
19 assess only one fine, which shall not exceed ~~maximum fine that~~
20 ~~may be assessed for that occurrence is~~ the maximum fine that
21 may be assessed for the most serious type of violation charged.
22 For purposes of the preceding sentence, a Type "AA" violation
23 is the most serious type of violation that may be charged,
24 followed by a Type "A", Type "B", or Type "C" violation, in
25 that order.

26 (8) The minimum and maximum fines that may be assessed

1 pursuant to this Section shall be twice those otherwise
2 specified for any facility that willfully makes a misstatement
3 of fact to the Department, or willfully fails to make a
4 required notification to the Department, if that misstatement
5 or failure delays the start of a surveyor or impedes a survey.

6 (9) High risk designation. If the Department finds that a
7 facility has violated a provision of the Illinois
8 Administrative Code that has a high risk designation, or that a
9 facility has violated the same provision of the Illinois
10 Administrative Code 3 or more times in the previous 12 months,
11 the Department may assess a fine of up to 2 times the maximum
12 fine otherwise allowed.

13 (10) If a licensee has paid a civil monetary penalty
14 imposed pursuant to the Medicare and Medicaid Certification
15 Program for the equivalent federal violation giving rise to a
16 fine under this Section, the Department shall offset the fine
17 by the amount of the civil monetary penalty. The offset may not
18 reduce the fine by more than 75% of the original fine, however.

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

20 Section 12-20. The Illinois Public Aid Code is amended by
21 changing Section 5-5 and by adding Section 11-5.4 as follows:

22 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

23 Sec. 5-5. Medical services. The Illinois Department, by
24 rule, shall determine the quantity and quality of and the rate

1 of reimbursement for the medical assistance for which payment
2 will be authorized, and the medical services to be provided,
3 which may include all or part of the following: (1) inpatient
4 hospital services; (2) outpatient hospital services; (3) other
5 laboratory and X-ray services; (4) skilled nursing home
6 services; (5) physicians' services whether furnished in the
7 office, the patient's home, a hospital, a skilled nursing home,
8 or elsewhere; (6) medical care, or any other type of remedial
9 care furnished by licensed practitioners; (7) home health care
10 services; (8) private duty nursing service; (9) clinic
11 services; (10) dental services, including prevention and
12 treatment of periodontal disease and dental caries disease for
13 pregnant women, provided by an individual licensed to practice
14 dentistry or dental surgery; for purposes of this item (10),
15 "dental services" means diagnostic, preventive, or corrective
16 procedures provided by or under the supervision of a dentist in
17 the practice of his or her profession; (11) physical therapy
18 and related services; (12) prescribed drugs, dentures, and
19 prosthetic devices; and eyeglasses prescribed by a physician
20 skilled in the diseases of the eye, or by an optometrist,
21 whichever the person may select; (13) other diagnostic,
22 screening, preventive, and rehabilitative services, including
23 to ensure that the individual's need for intervention or
24 treatment of mental disorders or substance use disorders or
25 co-occurring mental health and substance use disorders is
26 determined using a uniform screening, assessment, and

1 evaluation process inclusive of criteria, for children and
2 adults; for purposes of this item (13), a uniform screening,
3 assessment, and evaluation process refers to a process that
4 includes an appropriate evaluation and, as warranted, a
5 referral; "uniform" does not mean the use of a singular
6 instrument, tool, or process that all must utilize; (14)
7 transportation and such other expenses as may be necessary;
8 (15) medical treatment of sexual assault survivors, as defined
9 in Section 1a of the Sexual Assault Survivors Emergency
10 Treatment Act, for injuries sustained as a result of the sexual
11 assault, including examinations and laboratory tests to
12 discover evidence which may be used in criminal proceedings
13 arising from the sexual assault; (16) the diagnosis and
14 treatment of sickle cell anemia; and (17) any other medical
15 care, and any other type of remedial care recognized under the
16 laws of this State, but not including abortions, or induced
17 miscarriages or premature births, unless, in the opinion of a
18 physician, such procedures are necessary for the preservation
19 of the life of the woman seeking such treatment, or except an
20 induced premature birth intended to produce a live viable child
21 and such procedure is necessary for the health of the mother or
22 her unborn child. The Illinois Department, by rule, shall
23 prohibit any physician from providing medical assistance to
24 anyone eligible therefor under this Code where such physician
25 has been found guilty of performing an abortion procedure in a
26 wilful and wanton manner upon a woman who was not pregnant at

1 the time such abortion procedure was performed. The term "any
2 other type of remedial care" shall include nursing care and
3 nursing home service for persons who rely on treatment by
4 spiritual means alone through prayer for healing.

5 Notwithstanding any other provision of this Section, a
6 comprehensive tobacco use cessation program that includes
7 purchasing prescription drugs or prescription medical devices
8 approved by the Food and Drug Administration shall be covered
9 under the medical assistance program under this Article for
10 persons who are otherwise eligible for assistance under this
11 Article.

12 Notwithstanding any other provision of this Code, the
13 Illinois Department may not require, as a condition of payment
14 for any laboratory test authorized under this Article, that a
15 physician's handwritten signature appear on the laboratory
16 test order form. The Illinois Department may, however, impose
17 other appropriate requirements regarding laboratory test order
18 documentation.

19 On and after July 1, 2012, the Department of Healthcare and
20 Family Services may provide the following services to persons
21 eligible for assistance under this Article who are
22 participating in education, training or employment programs
23 operated by the Department of Human Services as successor to
24 the Department of Public Aid:

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

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

4 Notwithstanding any other provision of this Code and
5 subject to federal approval, the Department may adopt rules to
6 allow a dentist who is volunteering his or her service at no
7 cost to render dental services through an enrolled
8 not-for-profit health clinic without the dentist personally
9 enrolling as a participating provider in the medical assistance
10 program. A not-for-profit health clinic shall include a public
11 health clinic or Federally Qualified Health Center or other
12 enrolled provider, as determined by the Department, through
13 which dental services covered under this Section are performed.
14 The Department shall establish a process for payment of claims
15 for reimbursement for covered dental services rendered under
16 this provision.

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

20 The Department of Healthcare and Family Services must
21 provide coverage and reimbursement for amino acid-based
22 elemental formulas, regardless of delivery method, for the
23 diagnosis and treatment of (i) eosinophilic disorders and (ii)
24 short bowel syndrome when the prescribing physician has issued
25 a written order stating that the amino acid-based elemental
26 formula is medically necessary.

1 The Illinois Department shall authorize the provision of,
2 and shall authorize payment for, screening by low-dose
3 mammography for the presence of occult breast cancer for women
4 35 years of age or older who are eligible for medical
5 assistance under this Article, as follows:

6 (A) A baseline mammogram for women 35 to 39 years of
7 age.

8 (B) An annual mammogram for women 40 years of age or
9 older.

10 (C) A mammogram at the age and intervals considered
11 medically necessary by the woman's health care provider for
12 women under 40 years of age and having a family history of
13 breast cancer, prior personal history of breast cancer,
14 positive genetic testing, or other risk factors.

15 (D) A comprehensive ultrasound screening of an entire
16 breast or breasts if a mammogram demonstrates
17 heterogeneous or dense breast tissue, when medically
18 necessary as determined by a physician licensed to practice
19 medicine in all of its branches.

20 All screenings shall include a physical breast exam,
21 instruction on self-examination and information regarding the
22 frequency of self-examination and its value as a preventative
23 tool. For purposes of this Section, "low-dose mammography"
24 means the x-ray examination of the breast using equipment
25 dedicated specifically for mammography, including the x-ray
26 tube, filter, compression device, and image receptor, with an

1 average radiation exposure delivery of less than one rad per
2 breast for 2 views of an average size breast. The term also
3 includes digital mammography.

4 On and after January 1, 2012, providers participating in a
5 quality improvement program approved by the Department shall be
6 reimbursed for screening and diagnostic mammography at the same
7 rate as the Medicare program's rates, including the increased
8 reimbursement for digital mammography.

9 The Department shall convene an expert panel including
10 representatives of hospitals, free-standing mammography
11 facilities, and doctors, including radiologists, to establish
12 quality standards.

13 Subject to federal approval, the Department shall
14 establish a rate methodology for mammography at federally
15 qualified health centers and other encounter-rate clinics.
16 These clinics or centers may also collaborate with other
17 hospital-based mammography facilities.

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

22 The Department shall establish a performance goal for
23 primary care providers with respect to their female patients
24 over age 40 receiving an annual mammogram. This performance
25 goal shall be used to provide additional reimbursement in the
26 form of a quality performance bonus to primary care providers

1 who meet that goal.

2 The Department shall devise a means of case-managing or
3 patient navigation for beneficiaries diagnosed with breast
4 cancer. This program shall initially operate as a pilot program
5 in areas of the State with the highest incidence of mortality
6 related to breast cancer. At least one pilot program site shall
7 be in the metropolitan Chicago area and at least one site shall
8 be outside the metropolitan Chicago area. An evaluation of the
9 pilot program shall be carried out measuring health outcomes
10 and cost of care for those served by the pilot program compared
11 to similarly situated patients who are not served by the pilot
12 program.

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

25 All medical providers providing medical assistance to
26 pregnant women under this Code shall receive information from

1 the Department on the availability of services under the Drug
2 Free Families with a Future or any comparable program providing
3 case management services for addicted women, including
4 information on appropriate referrals for other social services
5 that may be needed by addicted women in addition to treatment
6 for addiction.

7 The Illinois Department, in cooperation with the
8 Departments of Human Services (as successor to the Department
9 of Alcoholism and Substance Abuse) and Public Health, through a
10 public awareness campaign, may provide information concerning
11 treatment for alcoholism and drug abuse and addiction, prenatal
12 health care, and other pertinent programs directed at reducing
13 the number of drug-affected infants born to recipients of
14 medical assistance.

15 Neither the Department of Healthcare and Family Services
16 nor the Department of Human Services shall sanction the
17 recipient solely on the basis of her substance abuse.

18 The Illinois Department shall establish such regulations
19 governing the dispensing of health services under this Article
20 as it shall deem appropriate. The Department should seek the
21 advice of formal professional advisory committees appointed by
22 the Director of the Illinois Department for the purpose of
23 providing regular advice on policy and administrative matters,
24 information dissemination and educational activities for
25 medical and health care providers, and consistency in
26 procedures to the Illinois Department.

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

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

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

25 (2) The Department may elect to consider and negotiate
26 financial incentives to encourage the development of

1 Partnerships and the efficient delivery of medical care.

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

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

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

24 The Department shall apply for a waiver from the United
25 States Health Care Financing Administration to allow for the
26 implementation of Partnerships under this Section.

1 The Illinois Department shall require health care
2 providers to maintain records that document the medical care
3 and services provided to recipients of Medical Assistance under
4 this Article. Such records must be retained for a period of not
5 less than 6 years from the date of service or as provided by
6 applicable State law, whichever period is longer, except that
7 if an audit is initiated within the required retention period
8 then the records must be retained until the audit is completed
9 and every exception is resolved. The Illinois Department shall
10 require health care providers to make available, when
11 authorized by the patient, in writing, the medical records in a
12 timely fashion to other health care providers who are treating
13 or serving persons eligible for Medical Assistance under this
14 Article. All dispensers of medical services shall be required
15 to maintain and retain business and professional records
16 sufficient to fully and accurately document the nature, scope,
17 details and receipt of the health care provided to persons
18 eligible for medical assistance under this Code, in accordance
19 with regulations promulgated by the Illinois Department. The
20 rules and regulations shall require that proof of the receipt
21 of prescription drugs, dentures, prosthetic devices and
22 eyeglasses by eligible persons under this Section accompany
23 each claim for reimbursement submitted by the dispenser of such
24 medical services. No such claims for reimbursement shall be
25 approved for payment by the Illinois Department without such
26 proof of receipt, unless the Illinois Department shall have put

1 into effect and shall be operating a system of post-payment
2 audit and review which shall, on a sampling basis, be deemed
3 adequate by the Illinois Department to assure that such drugs,
4 dentures, prosthetic devices and eyeglasses for which payment
5 is being made are actually being received by eligible
6 recipients. Within 90 days after the effective date of this
7 amendatory Act of 1984, the Illinois Department shall establish
8 a current list of acquisition costs for all prosthetic devices
9 and any other items recognized as medical equipment and
10 supplies reimbursable under this Article and shall update such
11 list on a quarterly basis, except that the acquisition costs of
12 all prescription drugs shall be updated no less frequently than
13 every 30 days as required by Section 5-5.12.

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

20 Notwithstanding any other law to the contrary, the Illinois
21 Department shall, within 365 days after the effective date of
22 this amendatory Act of the 98th General Assembly, establish
23 procedures to permit skilled care facilities licensed under the
24 Nursing Home Care Act to submit monthly billing claims for
25 reimbursement purposes. Following development of these
26 procedures, the Department shall have an additional 365 days to

1 test the viability of the new system and to ensure that any
2 necessary operational or structural changes to its information
3 technology platforms are implemented.

4 The Illinois Department shall require all dispensers of
5 medical services, other than an individual practitioner or
6 group of practitioners, desiring to participate in the Medical
7 Assistance program established under this Article to disclose
8 all financial, beneficial, ownership, equity, surety or other
9 interests in any and all firms, corporations, partnerships,
10 associations, business enterprises, joint ventures, agencies,
11 institutions or other legal entities providing any form of
12 health care services in this State under this Article.

13 The Illinois Department may require that all dispensers of
14 medical services desiring to participate in the medical
15 assistance program established under this Article disclose,
16 under such terms and conditions as the Illinois Department may
17 by rule establish, all inquiries from clients and attorneys
18 regarding medical bills paid by the Illinois Department, which
19 inquiries could indicate potential existence of claims or liens
20 for the Illinois Department.

21 Enrollment of a vendor shall be subject to a provisional
22 period and shall be conditional for one year. During the period
23 of conditional enrollment, the Department may terminate the
24 vendor's eligibility to participate in, or may disenroll the
25 vendor from, the medical assistance program without cause.
26 Unless otherwise specified, such termination of eligibility or

1 disenrollment is not subject to the Department's hearing
2 process. However, a disenrolled vendor may reapply without
3 penalty.

4 The Department has the discretion to limit the conditional
5 enrollment period for vendors based upon category of risk of
6 the vendor.

7 Prior to enrollment and during the conditional enrollment
8 period in the medical assistance program, all vendors shall be
9 subject to enhanced oversight, screening, and review based on
10 the risk of fraud, waste, and abuse that is posed by the
11 category of risk of the vendor. The Illinois Department shall
12 establish the procedures for oversight, screening, and review,
13 which may include, but need not be limited to: criminal and
14 financial background checks; fingerprinting; license,
15 certification, and authorization verifications; unscheduled or
16 unannounced site visits; database checks; prepayment audit
17 reviews; audits; payment caps; payment suspensions; and other
18 screening as required by federal or State law.

19 The Department shall define or specify the following: (i)
20 by provider notice, the "category of risk of the vendor" for
21 each type of vendor, which shall take into account the level of
22 screening applicable to a particular category of vendor under
23 federal law and regulations; (ii) by rule or provider notice,
24 the maximum length of the conditional enrollment period for
25 each category of risk of the vendor; and (iii) by rule, the
26 hearing rights, if any, afforded to a vendor in each category

1 of risk of the vendor that is terminated or disenrolled during
2 the conditional enrollment period.

3 To be eligible for payment consideration, a vendor's
4 payment claim or bill, either as an initial claim or as a
5 resubmitted claim following prior rejection, must be received
6 by the Illinois Department, or its fiscal intermediary, no
7 later than 180 days after the latest date on the claim on which
8 medical goods or services were provided, with the following
9 exceptions:

10 (1) In the case of a provider whose enrollment is in
11 process by the Illinois Department, the 180-day period
12 shall not begin until the date on the written notice from
13 the Illinois Department that the provider enrollment is
14 complete.

15 (2) In the case of errors attributable to the Illinois
16 Department or any of its claims processing intermediaries
17 which result in an inability to receive, process, or
18 adjudicate a claim, the 180-day period shall not begin
19 until the provider has been notified of the error.

20 (3) In the case of a provider for whom the Illinois
21 Department initiates the monthly billing process.

22 For claims for services rendered during a period for which
23 a recipient received retroactive eligibility, claims must be
24 filed within 180 days after the Department determines the
25 applicant is eligible. For claims for which the Illinois
26 Department is not the primary payer, claims must be submitted

1 to the Illinois Department within 180 days after the final
2 adjudication by the primary payer.

3 In the case of long term care facilities, admission
4 documents shall be submitted within 30 days of an admission to
5 the facility through the Medical Electronic Data Interchange
6 (MEDI) or the Recipient Eligibility Verification (REV) System,
7 or shall be submitted directly to the Department of Human
8 Services using required admission forms. Confirmation numbers
9 assigned to an accepted transaction shall be retained by a
10 facility to verify timely submittal. Once an admission
11 transaction has been completed, all resubmitted claims
12 following prior rejection are subject to receipt no later than
13 180 days after the admission transaction has been completed.

14 Claims that are not submitted and received in compliance
15 with the foregoing requirements shall not be eligible for
16 payment under the medical assistance program, and the State
17 shall have no liability for payment of those claims.

18 To the extent consistent with applicable information and
19 privacy, security, and disclosure laws, State and federal
20 agencies and departments shall provide the Illinois Department
21 access to confidential and other information and data necessary
22 to perform eligibility and payment verifications and other
23 Illinois Department functions. This includes, but is not
24 limited to: information pertaining to licensure;
25 certification; earnings; immigration status; citizenship; wage
26 reporting; unearned and earned income; pension income;

1 employment; supplemental security income; social security
2 numbers; National Provider Identifier (NPI) numbers; the
3 National Practitioner Data Bank (NPDB); program and agency
4 exclusions; taxpayer identification numbers; tax delinquency;
5 corporate information; and death records.

6 The Illinois Department shall enter into agreements with
7 State agencies and departments, and is authorized to enter into
8 agreements with federal agencies and departments, under which
9 such agencies and departments shall share data necessary for
10 medical assistance program integrity functions and oversight.
11 The Illinois Department shall develop, in cooperation with
12 other State departments and agencies, and in compliance with
13 applicable federal laws and regulations, appropriate and
14 effective methods to share such data. At a minimum, and to the
15 extent necessary to provide data sharing, the Illinois
16 Department shall enter into agreements with State agencies and
17 departments, and is authorized to enter into agreements with
18 federal agencies and departments, including but not limited to:
19 the Secretary of State; the Department of Revenue; the
20 Department of Public Health; the Department of Human Services;
21 and the Department of Financial and Professional Regulation.

22 Beginning in fiscal year 2013, the Illinois Department
23 shall set forth a request for information to identify the
24 benefits of a pre-payment, post-adjudication, and post-edit
25 claims system with the goals of streamlining claims processing
26 and provider reimbursement, reducing the number of pending or

1 rejected claims, and helping to ensure a more transparent
2 adjudication process through the utilization of: (i) provider
3 data verification and provider screening technology; and (ii)
4 clinical code editing; and (iii) pre-pay, pre- or
5 post-adjudicated predictive modeling with an integrated case
6 management system with link analysis. Such a request for
7 information shall not be considered as a request for proposal
8 or as an obligation on the part of the Illinois Department to
9 take any action or acquire any products or services.

10 The Illinois Department shall establish policies,
11 procedures, standards and criteria by rule for the acquisition,
12 repair and replacement of orthotic and prosthetic devices and
13 durable medical equipment. Such rules shall provide, but not be
14 limited to, the following services: (1) immediate repair or
15 replacement of such devices by recipients; and (2) rental,
16 lease, purchase or lease-purchase of durable medical equipment
17 in a cost-effective manner, taking into consideration the
18 recipient's medical prognosis, the extent of the recipient's
19 needs, and the requirements and costs for maintaining such
20 equipment. Subject to prior approval, such rules shall enable a
21 recipient to temporarily acquire and use alternative or
22 substitute devices or equipment pending repairs or
23 replacements of any device or equipment previously authorized
24 for such recipient by the Department.

25 The Department shall execute, relative to the nursing home
26 prescreening project, written inter-agency agreements with the

1 Department of Human Services and the Department on Aging, to
2 effect the following: (i) intake procedures and common
3 eligibility criteria for those persons who are receiving
4 non-institutional services; and (ii) the establishment and
5 development of non-institutional services in areas of the State
6 where they are not currently available or are undeveloped; and
7 (iii) notwithstanding any other provision of law, subject to
8 federal approval, on and after July 1, 2012, an increase in the
9 determination of need (DON) scores from 29 to 37 for applicants
10 for institutional and home and community-based long term care;
11 if and only if federal approval is not granted, the Department
12 may, in conjunction with other affected agencies, implement
13 utilization controls or changes in benefit packages to
14 effectuate a similar savings amount for this population; and
15 (iv) no later than July 1, 2013, minimum level of care
16 eligibility criteria for institutional and home and
17 community-based long term care. In order to select the minimum
18 level of care eligibility criteria, the Governor shall
19 establish a workgroup that includes affected agency
20 representatives and stakeholders representing the
21 institutional and home and community-based long term care
22 interests. This Section shall not restrict the Department from
23 implementing lower level of care eligibility criteria for
24 community-based services in circumstances where federal
25 approval has been granted.

26 The Illinois Department shall develop and operate, in

1 cooperation with other State Departments and agencies and in
2 compliance with applicable federal laws and regulations,
3 appropriate and effective systems of health care evaluation and
4 programs for monitoring of utilization of health care services
5 and facilities, as it affects persons eligible for medical
6 assistance under this Code.

7 The Illinois Department shall report annually to the
8 General Assembly, no later than the second Friday in April of
9 1979 and each year thereafter, in regard to:

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

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

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

16 (d) efforts at utilization review and control by the
17 Illinois Department.

18 The period covered by each report shall be the 3 years
19 ending on the June 30 prior to the report. The report shall
20 include suggested legislation for consideration by the General
21 Assembly. The filing of one copy of the report with the
22 Speaker, one copy with the Minority Leader and one copy with
23 the Clerk of the House of Representatives, one copy with the
24 President, one copy with the Minority Leader and one copy with
25 the Secretary of the Senate, one copy with the Legislative
26 Research Unit, and such additional copies with the State

1 Government Report Distribution Center for the General Assembly
2 as is required under paragraph (t) of Section 7 of the State
3 Library Act shall be deemed sufficient to comply with this
4 Section.

5 Rulemaking authority to implement Public Act 95-1045, if
6 any, is conditioned on the rules being adopted in accordance
7 with all provisions of the Illinois Administrative Procedure
8 Act and all rules and procedures of the Joint Committee on
9 Administrative Rules; any purported rule not so adopted, for
10 whatever reason, is unauthorized.

11 On and after July 1, 2012, the Department shall reduce any
12 rate of reimbursement for services or other payments or alter
13 any methodologies authorized by this Code to reduce any rate of
14 reimbursement for services or other payments in accordance with
15 Section 5-5e.

16 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,
17 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,
18 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;
19 revised 9-20-12.)

20 (305 ILCS 5/11-5.4 new)

21 Sec. 11-5.4. Expedited long-term care eligibility
22 determination and enrollment.

23 (a) An expedited long-term care eligibility determination
24 and enrollment system shall be established to reduce long-term
25 care determinations to 90 days or fewer by July 1, 2014 and

1 streamline the long-term care enrollment process.
2 Establishment of the system shall be a joint venture of the
3 Department of Human Services and Healthcare and Family Services
4 and the Department on Aging. The Governor shall name a lead
5 agency no later than 30 days after the effective date of this
6 amendatory Act of the 98th General Assembly to assume
7 responsibility for the full implementation of the
8 establishment and maintenance of the system. Project outcomes
9 shall include an enhanced eligibility determination tracking
10 system accessible to providers and a centralized application
11 review and eligibility determination with all applicants
12 reviewed within 90 days of receipt by the State of a complete
13 application. If the Department of Healthcare and Family
14 Services' Office of the Inspector General determines that there
15 is a likelihood that a non-allowable transfer of assets has
16 occurred, and the facility in which the applicant resides is
17 notified, an extension of up to 90 days shall be permissible.
18 On or before December 31, 2015, a streamlined application and
19 enrollment process shall be put in place based on the following
20 principles:

21 (1) Minimize the burden on applicants by collecting
22 only the data necessary to determine eligibility for
23 medical services, long-term care services, and spousal
24 impoverishment offset.

25 (2) Integrate online data sources to simplify the
26 application process by reducing the amount of information

1 needed to be entered and to expedite eligibility
2 verification.

3 (3) Provide online prompts to alert the applicant that
4 information is missing or not complete.

5 (b) The Department shall, on or before July 1, 2014, assess
6 the feasibility of incorporating all information needed to
7 determine eligibility for long-term care services, including
8 asset transfer and spousal impoverishment financials, into the
9 State's integrated eligibility system identifying all
10 resources needed and reasonable timeframes for achieving the
11 specified integration.

12 (c) The lead agency shall file interim reports with the
13 Chairs and Minority Spokespersons of the House and Senate Human
14 Services Committees no later than September 1, 2013 and on
15 February 1, 2014. The Department of Healthcare and Family
16 Services shall include in the annual Medicaid report for State
17 Fiscal Year 2014 and every fiscal year thereafter information
18 concerning implementation of the provisions of this Section.

19 (d) No later than August 1, 2014, the Auditor General shall
20 report to the General Assembly concerning the extent to which
21 the timeframes specified in this Section have been met and the
22 extent to which State staffing levels are adequate to meet the
23 requirements of this Section.

1 Section 99-5. The Illinois Administrative Procedure Act is
2 amended by changing Section 5-45 as follows:

3 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

4 Sec. 5-45. Emergency rulemaking.

5 (a) "Emergency" means the existence of any situation that
6 any agency finds reasonably constitutes a threat to the public
7 interest, safety, or welfare.

8 (b) If any agency finds that an emergency exists that
9 requires adoption of a rule upon fewer days than is required by
10 Section 5-40 and states in writing its reasons for that
11 finding, the agency may adopt an emergency rule without prior
12 notice or hearing upon filing a notice of emergency rulemaking
13 with the Secretary of State under Section 5-70. The notice
14 shall include the text of the emergency rule and shall be
15 published in the Illinois Register. Consent orders or other
16 court orders adopting settlements negotiated by an agency may
17 be adopted under this Section. Subject to applicable
18 constitutional or statutory provisions, an emergency rule
19 becomes effective immediately upon filing under Section 5-65 or
20 at a stated date less than 10 days thereafter. The agency's
21 finding and a statement of the specific reasons for the finding
22 shall be filed with the rule. The agency shall take reasonable
23 and appropriate measures to make emergency rules known to the
24 persons who may be affected by them.

25 (c) An emergency rule may be effective for a period of not

1 longer than 150 days, but the agency's authority to adopt an
2 identical rule under Section 5-40 is not precluded. No
3 emergency rule may be adopted more than once in any 24 month
4 period, except that this limitation on the number of emergency
5 rules that may be adopted in a 24 month period does not apply
6 to (i) emergency rules that make additions to and deletions
7 from the Drug Manual under Section 5-5.16 of the Illinois
8 Public Aid Code or the generic drug formulary under Section
9 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)
10 emergency rules adopted by the Pollution Control Board before
11 July 1, 1997 to implement portions of the Livestock Management
12 Facilities Act, (iii) emergency rules adopted by the Illinois
13 Department of Public Health under subsections (a) through (i)
14 of Section 2 of the Department of Public Health Act when
15 necessary to protect the public's health, (iv) emergency rules
16 adopted pursuant to subsection (n) of this Section, (v)
17 emergency rules adopted pursuant to subsection (o) of this
18 Section, or (vi) emergency rules adopted pursuant to subsection
19 (c-5) of this Section. Two or more emergency rules having
20 substantially the same purpose and effect shall be deemed to be
21 a single rule for purposes of this Section.

22 (c-5) To facilitate the maintenance of the program of group
23 health benefits provided to annuitants, survivors, and retired
24 employees under the State Employees Group Insurance Act of
25 1971, rules to alter the contributions to be paid by the State,
26 annuitants, survivors, retired employees, or any combination

1 of those entities, for that program of group health benefits,
2 shall be adopted as emergency rules. The adoption of those
3 rules shall be considered an emergency and necessary for the
4 public interest, safety, and welfare.

5 (d) In order to provide for the expeditious and timely
6 implementation of the State's fiscal year 1999 budget,
7 emergency rules to implement any provision of Public Act 90-587
8 or 90-588 or any other budget initiative for fiscal year 1999
9 may be adopted in accordance with this Section by the agency
10 charged with administering that provision or initiative,
11 except that the 24-month limitation on the adoption of
12 emergency rules and the provisions of Sections 5-115 and 5-125
13 do not apply to rules adopted under this subsection (d). The
14 adoption of emergency rules authorized by this subsection (d)
15 shall be deemed to be necessary for the public interest,
16 safety, and welfare.

17 (e) In order to provide for the expeditious and timely
18 implementation of the State's fiscal year 2000 budget,
19 emergency rules to implement any provision of this amendatory
20 Act of the 91st General Assembly or any other budget initiative
21 for fiscal year 2000 may be adopted in accordance with this
22 Section by the agency charged with administering that provision
23 or initiative, except that the 24-month limitation on the
24 adoption of emergency rules and the provisions of Sections
25 5-115 and 5-125 do not apply to rules adopted under this
26 subsection (e). The adoption of emergency rules authorized by

1 this subsection (e) shall be deemed to be necessary for the
2 public interest, safety, and welfare.

3 (f) In order to provide for the expeditious and timely
4 implementation of the State's fiscal year 2001 budget,
5 emergency rules to implement any provision of this amendatory
6 Act of the 91st General Assembly or any other budget initiative
7 for fiscal year 2001 may be adopted in accordance with this
8 Section by the agency charged with administering that provision
9 or initiative, except that the 24-month limitation on the
10 adoption of emergency rules and the provisions of Sections
11 5-115 and 5-125 do not apply to rules adopted under this
12 subsection (f). The adoption of emergency rules authorized by
13 this subsection (f) shall be deemed to be necessary for the
14 public interest, safety, and welfare.

15 (g) In order to provide for the expeditious and timely
16 implementation of the State's fiscal year 2002 budget,
17 emergency rules to implement any provision of this amendatory
18 Act of the 92nd General Assembly or any other budget initiative
19 for fiscal year 2002 may be adopted in accordance with this
20 Section by the agency charged with administering that provision
21 or initiative, except that the 24-month limitation on the
22 adoption of emergency rules and the provisions of Sections
23 5-115 and 5-125 do not apply to rules adopted under this
24 subsection (g). The adoption of emergency rules authorized by
25 this subsection (g) shall be deemed to be necessary for the
26 public interest, safety, and welfare.

1 (h) In order to provide for the expeditious and timely
2 implementation of the State's fiscal year 2003 budget,
3 emergency rules to implement any provision of this amendatory
4 Act of the 92nd General Assembly or any other budget initiative
5 for fiscal year 2003 may be adopted in accordance with this
6 Section by the agency charged with administering that provision
7 or initiative, except that the 24-month limitation on the
8 adoption of emergency rules and the provisions of Sections
9 5-115 and 5-125 do not apply to rules adopted under this
10 subsection (h). The adoption of emergency rules authorized by
11 this subsection (h) shall be deemed to be necessary for the
12 public interest, safety, and welfare.

13 (i) In order to provide for the expeditious and timely
14 implementation of the State's fiscal year 2004 budget,
15 emergency rules to implement any provision of this amendatory
16 Act of the 93rd General Assembly or any other budget initiative
17 for fiscal year 2004 may be adopted in accordance with this
18 Section by the agency charged with administering that provision
19 or initiative, except that the 24-month limitation on the
20 adoption of emergency rules and the provisions of Sections
21 5-115 and 5-125 do not apply to rules adopted under this
22 subsection (i). The adoption of emergency rules authorized by
23 this subsection (i) shall be deemed to be necessary for the
24 public interest, safety, and welfare.

25 (j) In order to provide for the expeditious and timely
26 implementation of the provisions of the State's fiscal year

1 2005 budget as provided under the Fiscal Year 2005 Budget
2 Implementation (Human Services) Act, emergency rules to
3 implement any provision of the Fiscal Year 2005 Budget
4 Implementation (Human Services) Act may be adopted in
5 accordance with this Section by the agency charged with
6 administering that provision, except that the 24-month
7 limitation on the adoption of emergency rules and the
8 provisions of Sections 5-115 and 5-125 do not apply to rules
9 adopted under this subsection (j). The Department of Public Aid
10 may also adopt rules under this subsection (j) necessary to
11 administer the Illinois Public Aid Code and the Children's
12 Health Insurance Program Act. The adoption of emergency rules
13 authorized by this subsection (j) shall be deemed to be
14 necessary for the public interest, safety, and welfare.

15 (k) In order to provide for the expeditious and timely
16 implementation of the provisions of the State's fiscal year
17 2006 budget, emergency rules to implement any provision of this
18 amendatory Act of the 94th General Assembly or any other budget
19 initiative for fiscal year 2006 may be adopted in accordance
20 with this Section by the agency charged with administering that
21 provision or initiative, except that the 24-month limitation on
22 the adoption of emergency rules and the provisions of Sections
23 5-115 and 5-125 do not apply to rules adopted under this
24 subsection (k). The Department of Healthcare and Family
25 Services may also adopt rules under this subsection (k)
26 necessary to administer the Illinois Public Aid Code, the

1 Senior Citizens and Disabled Persons Property Tax Relief Act,
2 the Senior Citizens and Disabled Persons Prescription Drug
3 Discount Program Act (now the Illinois Prescription Drug
4 Discount Program Act), and the Children's Health Insurance
5 Program Act. The adoption of emergency rules authorized by this
6 subsection (k) shall be deemed to be necessary for the public
7 interest, safety, and welfare.

8 (l) In order to provide for the expeditious and timely
9 implementation of the provisions of the State's fiscal year
10 2007 budget, the Department of Healthcare and Family Services
11 may adopt emergency rules during fiscal year 2007, including
12 rules effective July 1, 2007, in accordance with this
13 subsection to the extent necessary to administer the
14 Department's responsibilities with respect to amendments to
15 the State plans and Illinois waivers approved by the federal
16 Centers for Medicare and Medicaid Services necessitated by the
17 requirements of Title XIX and Title XXI of the federal Social
18 Security Act. The adoption of emergency rules authorized by
19 this subsection (l) shall be deemed to be necessary for the
20 public interest, safety, and welfare.

21 (m) In order to provide for the expeditious and timely
22 implementation of the provisions of the State's fiscal year
23 2008 budget, the Department of Healthcare and Family Services
24 may adopt emergency rules during fiscal year 2008, including
25 rules effective July 1, 2008, in accordance with this
26 subsection to the extent necessary to administer the

1 Department's responsibilities with respect to amendments to
2 the State plans and Illinois waivers approved by the federal
3 Centers for Medicare and Medicaid Services necessitated by the
4 requirements of Title XIX and Title XXI of the federal Social
5 Security Act. The adoption of emergency rules authorized by
6 this subsection (m) shall be deemed to be necessary for the
7 public interest, safety, and welfare.

8 (n) In order to provide for the expeditious and timely
9 implementation of the provisions of the State's fiscal year
10 2010 budget, emergency rules to implement any provision of this
11 amendatory Act of the 96th General Assembly or any other budget
12 initiative authorized by the 96th General Assembly for fiscal
13 year 2010 may be adopted in accordance with this Section by the
14 agency charged with administering that provision or
15 initiative. The adoption of emergency rules authorized by this
16 subsection (n) shall be deemed to be necessary for the public
17 interest, safety, and welfare. The rulemaking authority
18 granted in this subsection (n) shall apply only to rules
19 promulgated during Fiscal Year 2010.

20 (o) In order to provide for the expeditious and timely
21 implementation of the provisions of the State's fiscal year
22 2011 budget, emergency rules to implement any provision of this
23 amendatory Act of the 96th General Assembly or any other budget
24 initiative authorized by the 96th General Assembly for fiscal
25 year 2011 may be adopted in accordance with this Section by the
26 agency charged with administering that provision or

1 initiative. The adoption of emergency rules authorized by this
2 subsection (o) is deemed to be necessary for the public
3 interest, safety, and welfare. The rulemaking authority
4 granted in this subsection (o) applies only to rules
5 promulgated on or after the effective date of this amendatory
6 Act of the 96th General Assembly through June 30, 2011.

7 (p) In order to provide for the expeditious and timely
8 implementation of the provisions of Public Act 97-689 ~~this~~
9 ~~amendatory Act of the 97th General Assembly~~, emergency rules to
10 implement any provision of Public Act 97-689 ~~this amendatory~~
11 ~~Act of the 97th General Assembly~~ may be adopted in accordance
12 with this subsection (p) by the agency charged with
13 administering that provision or initiative. The 150-day
14 limitation of the effective period of emergency rules does not
15 apply to rules adopted under this subsection (p), and the
16 effective period may continue through June 30, 2013. The
17 24-month limitation on the adoption of emergency rules does not
18 apply to rules adopted under this subsection (p). The adoption
19 of emergency rules authorized by this subsection (p) is deemed
20 to be necessary for the public interest, safety, and welfare.

21 (q) In order to provide for the expeditious and timely
22 implementation of the provisions of Articles 7, 8, 9, 11, and
23 12 of this amendatory Act of the 98th General Assembly,
24 emergency rules to implement any provision of Articles 7, 8, 9,
25 11, and 12 of this amendatory Act of the 98th General Assembly
26 may be adopted in accordance with this subsection (q) by the

1 agency charged with administering that provision or
2 initiative. The 24-month limitation on the adoption of
3 emergency rules does not apply to rules adopted under this
4 subsection (q). The adoption of emergency rules authorized by
5 this subsection (q) is deemed to be necessary for the public
6 interest, safety, and welfare.

7 (Source: P.A. 96-45, eff. 7-15-09; 96-958, eff. 7-1-10;
8 96-1500, eff. 1-18-11; 97-689, eff. 6-14-12; 97-695, eff.
9 7-1-12; revised 7-10-12.)

10 Section 99-10. Severability. If any provision of this Act
11 or application thereof to any person or circumstance is held
12 invalid, such invalidity does not affect other provisions or
13 applications of this Act which can be given effect without the
14 invalid application or provision, and to this end the
15 provisions of this Act are declared to be severable.

16 Section 99-95. No acceleration or delay. Where this Act
17 makes changes in a statute that is represented in this Act by
18 text that is not yet or no longer in effect (for example, a
19 Section represented by multiple versions), the use of that text
20 does not accelerate or delay the taking effect of (i) the
21 changes made by this Act or (ii) provisions derived from any
22 other Public Act.

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