



Rep. Sara Feigenholtz

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1 AMENDMENT TO SENATE BILL 26

2 AMENDMENT NO. _____. Amend Senate Bill 26 by replacing
3 everything after the enacting clause with the following:

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,

1 rehabilitation, and recovery.

2 The State of Illinois has an inordinately high inpatient
3 hospitalization rate for behavioral health services. This is
4 not productive for those needing behavioral health services. It
5 is also the least cost effective form of behavioral health
6 delivery possible. The General Assembly finds that
7 alternatives to inpatient hospitalization for behavioral
8 health are necessary to both improve outcomes and reduce costs.

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

25 Section 1-101.5. Prior law.

1 (a) This Act provides for licensure of long term care
2 facilities that are federally designated as institutions for
3 the mentally diseased on the effective date of this Act and
4 specialize in providing services to individuals with a serious
5 mental illness. On and after the effective date of this Act,
6 these facilities shall be governed by this Act instead of the
7 Nursing Home Care Act.

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

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

1 Department of Public Health, community mental health
2 providers, statewide associations of mental health providers,
3 mental health advocacy groups, and any other entity as deemed
4 appropriate for participation in the working group. The
5 Department of Human Services shall provide staff and support to
6 this working group.

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

9 "Accreditation" means any of the following:

10 (1) the Joint Commission;

11 (2) the Commission on Accreditation of Rehabilitation
12 Facilities;

13 (3) the Healthcare Facilities Accreditation Program;

14 or

15 (4) any other national standards of care as approved by
16 the Department.

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

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

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

24 (i) an individual requiring a locked setting;

25 (ii) an individual requiring psychiatric

1 hospitalization because of an acute psychiatric crisis;

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

3 (iv) an individual who is actively suicidal or violent
4 toward others;

5 (v) an individual who has been found unfit to stand
6 trial;

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

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

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

16 (ix) an individual transferred by the Department of
17 Corrections pursuant to Section 3-8-5 of the Unified Code
18 of Corrections.

19 "Consumer record" means a record that organizes all
20 information on the care, treatment, and rehabilitation
21 services rendered to a consumer in a specialized mental health
22 rehabilitation facility.

23 "Controlled drugs" means those drugs covered under the
24 federal Comprehensive Drug Abuse Prevention Control Act of
25 1970, as amended, or the Illinois Controlled Substances Act.

26 "Department" means the Department of Public Health.

1 "Discharge" means the full release of any consumer from a
2 facility.

3 "Drug administration" means the act in which a single dose
4 of a prescribed drug or biological is given to a consumer. The
5 complete act of administration entails removing an individual
6 dose from a container, verifying the dose with the prescriber's
7 orders, giving the individual dose to the consumer, and
8 promptly recording the time and dose given.

9 "Drug dispensing" means the act entailing the following of
10 a prescription order for a drug or biological and proper
11 selection, measuring, packaging, labeling, and issuance of the
12 drug or biological to a consumer.

13 "Emergency" means a situation, physical condition, or one
14 or more practices, methods, or operations which present
15 imminent danger of death or serious physical or mental harm to
16 consumers of a facility.

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

1 following criteria:

2 (1) 100% of the consumer population of the facility has
3 a diagnosis of serious mental illness;

4 (2) no more than 15% of the consumer population of the
5 facility is 65 years of age or older;

6 (3) none of the consumers are non-ambulatory

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

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

14 "Facility" does not include the following:

15 (1) a home, institution, or place operated by the
16 federal government or agency thereof, or by the State of
17 Illinois;

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

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

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

1 (5) a nursing home or sanatorium operated solely by and
2 for persons who rely exclusively upon treatment by
3 spiritual means through prayer, in accordance with the
4 creed or tenets of any well-recognized church or religious
5 denomination; however, such nursing home or sanatorium
6 shall comply with all local laws and rules relating to
7 sanitation and safety;

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

12 (7) a supportive residence licensed under the
13 Supportive Residences Licensing Act;

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

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

24 (10) an Alzheimer's disease management center
25 alternative health care model licensed under the
26 Alternative Health Care Delivery Act;

1 (11) a home, institution, or other place operated by or
2 under the authority of the Illinois Department of Veterans'
3 Affairs;

4 (12) a facility licensed under the ID/DD Community Care
5 Act; or

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

8 "Executive director" means a person who is charged with the
9 general administration and supervision of a facility licensed
10 under this Act.

11 "Guardian" means a person appointed as a guardian of the
12 person or guardian of the estate, or both, of a consumer under
13 the Probate Act of 1975.

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

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

24 "Misappropriation of a consumer's property" means the
25 deliberate misplacement, exploitation, or wrongful temporary
26 or permanent use of a consumer's belongings or money without

1 the consent of a consumer or his or her guardian.

2 "Neglect" means a facility's failure to provide, or willful
3 withholding of, adequate medical care, mental health
4 treatment, psychiatric rehabilitation, personal care, or
5 assistance that is necessary to avoid physical harm and mental
6 anguish of a consumer.

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

18 "Recovery and rehabilitation supports" means a program
19 that facilitates a consumer's longer-term symptom management
20 and stabilization while preparing the consumer for
21 transitional living units by improving living skills and
22 community socialization. The duration of stay in such a setting
23 shall be established by the Department by rule.

24 "Restraint" means:

25 (i) a physical restraint that is any manual method or
26 physical or mechanical device, material, or equipment

1 attached or adjacent to a consumer's body that the consumer
2 cannot remove easily and restricts freedom of movement or
3 normal access to one's body; devices used for positioning,
4 including, but not limited to, bed rails, gait belts, and
5 cushions, shall not be considered to be restraints for
6 purposes of this Section; or

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

18 "Self-administration of medication" means consumers shall
19 be responsible for the control, management, and use of their
20 own medication.

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

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

4 "Triage center" means a non-residential 23-hour center
5 that serves as an alternative to emergency room care,
6 hospitalization, or re-hospitalization for consumers in need
7 of short-term crisis stabilization.

8 ARTICLE 2.

9 GENERAL PROVISIONS

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

15 (1) life safety standards that will ensure the health,
16 safety and welfare of residents and their protection from
17 hazards;

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

1 (3) all sanitary conditions within the facility and its
2 surroundings, including water supply, sewage disposal,
3 food handling, and general hygiene which shall ensure the
4 health and comfort of consumers;

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

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

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

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

17 (8) standards for coercive free environment,
18 restraint, and therapeutic separation.

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

1 recognized national accreditation entity as set forth in the
2 definition of "accreditation" in Section 2-102. The rules shall
3 be created for each type of care offered at the facilities and
4 be crafted to address the different type of services offered.
5 The staffing ratios contained in the rules shall specifically
6 list the positions that are to be counted toward the staffing
7 ratio. In no case shall the staffing ratios contained in rule
8 be less than the following ratios:

9 (1) a staffing ratio of 3.6 hours of direct care for
10 crisis stabilization;

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

13 (3) a staffing ratio of 1.6 hours of direct care for
14 transitional living.

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

1 new services authorized under this Act.

2 ARTICLE 3.

3 RIGHTS AND RESPONSIBILITIES

4 PART 1.

5 CONSUMER RIGHTS

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

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

18 Section 3-103. Consumers' moneys and possessions. To the
19 extent possible, each consumer shall be responsible for his or
20 her own moneys and personal property or possessions in his or
21 her own immediate living quarters unless deemed inappropriate

1 by a physician or other facility clinician and so documented in
2 the consumer's record. In the event the moneys or possessions
3 of a consumer come under the supervision of the facility,
4 either voluntarily on the part of the consumer or so ordered by
5 a facility physician or other clinician, each facility to whom
6 a consumer's moneys or possessions have been entrusted shall
7 comply with the following:

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

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

19 (3) the facility shall make reasonable efforts to
20 prevent loss and theft of consumers' possessions; those
21 efforts shall be appropriate to the particular facility and
22 particular living setting within each facility and may
23 include staff training and monitoring, labeling
24 possessions, and frequent possession inventories; the
25 facility shall develop procedures for investigating
26 complaints concerning theft of consumers' possessions and

1 shall promptly investigate all such complaints.

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

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

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

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

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

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

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

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

21 Section 3-106. Pharmaceutical treatment.

22 (a) A consumer shall not be given unnecessary drugs. An
23 unnecessary drug is any drug used in an excessive dose,
24 including in duplicative therapy; for excessive duration;

1 without adequate monitoring; without adequate indications for
2 its use; or in the presence of adverse consequences that
3 indicate the drug should be reduced or discontinued. The
4 Department shall adopt, by rule, the standards for unnecessary
5 drugs.

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

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

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

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

23 Section 3-107. Abuse or neglect; duty to report. A
24 licensee, executive director, employee, or agent of a facility
25 shall not abuse or neglect a consumer. It is the duty of any

1 facility employee or agent who becomes aware of such abuse or
2 neglect to report it.

3 Section 3-108. Communications; visits. Every consumer,
4 except those in triage or crisis stabilization, shall be
5 permitted unimpeded, private, and uncensored communication of
6 his or her choice by mail, telephone, Internet, or visitation.

7 The executive director shall ensure that correspondence is
8 conveniently received and reasonably accessible.

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

12 The executive director shall ensure that space for visits
13 is available and that facility personnel knock, except in an
14 emergency, before entering any consumer's room during such
15 visits.

16 Section 3-109. Religion. A consumer shall be permitted the
17 free exercise of religion. Upon a consumer's request, and if
18 necessary, at the consumer's expense, the executive director
19 may make arrangements for a consumer's attendance at religious
20 services of the consumer's choice. However, no religious
21 beliefs or practices or attendance at religious services may be
22 imposed upon any consumer.

23 Section 3-110. Access to consumers.

1 (a) Any employee or agent of a public agency, any
2 representative of a community legal services program, or any
3 other member of the general public shall be permitted access at
4 reasonable hours to any individual consumer of any facility,
5 unless the consumer is receiving care and treatment in triage
6 or crisis stabilization.

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

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

20 (d) Notwithstanding subsection (a) of this Section, the
21 executive director of a facility may refuse access to the
22 facility to any person if the presence of that person in the
23 facility would be injurious to the health and safety of a
24 consumer or would threaten the security of the property of a
25 consumer or the facility, or if the person seeks access to the
26 facility for commercial purposes.

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

4 Section 3-111. Discharge. A consumer may be discharged from
5 a facility after he or she gives the executive director, a
6 physician, or a nurse of the facility written notice of the
7 desire to be discharged. If a guardian has been appointed for a
8 consumer, the consumer shall be discharged upon written consent
9 of his or her guardian. In the event of a requested consumer
10 discharge, the facility is relieved from any responsibility for
11 the consumer's care, safety, and well-being upon the consumer's
12 discharge.

13 Section 3-112. Grievances. A consumer shall be permitted to
14 present grievances on behalf of himself or herself or others to
15 the executive director, the consumers' advisory council, State
16 governmental agencies, or other persons without threat of
17 discharge or reprisal in any form or manner whatsoever. The
18 executive director shall provide all consumers or their
19 representatives with the name, address, and telephone number of
20 the appropriate State governmental office where complaints may
21 be lodged.

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

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

8 PART 2.

9 RESPONSIBILITIES

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

- 15 (1) triage units;
16 (2) crisis stabilization;
17 (3) recovery and rehabilitation supports; or
18 (4) transitional living units.

19 Section 3-203. Consumers' advisory council. Each facility
20 shall establish a consumers' advisory council. The executive
21 director shall designate a member of the facility staff to
22 coordinate the establishment of, and render assistance to, the

1 council.

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

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

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

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

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

20 (A) obtaining and disseminating information;

21 (B) soliciting and adopting recommendations for
22 facility programming and improvements; and

23 (C) early identification and for recommending
24 orderly resolution of problems.

25 (6) The council may present complaints on behalf of a
26 consumer to the Department or to any other person it

1 considers appropriate.

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

12 Section 3-206. Confidentiality of records.

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

20 (b) Confidential medical, social, personal, or financial
21 information identifying a consumer shall not be available for
22 public inspection in a manner that identifies a consumer.

23 Section 3-207. Notice of imminent death. A facility shall

1 immediately notify the consumer's next of kin, representative,
2 and physician of the consumer's death or when the consumer's
3 death appears to be imminent.

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

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

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

5 Section 3-211. Vaccinations.

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

13 (b) All persons seeking admission to a facility shall be
14 verbally screened for risk factors associated with hepatitis B,
15 hepatitis C, and the Human Immunodeficiency Virus (HIV)
16 according to guidelines established by the U.S. Centers for
17 Disease Control and Prevention. Persons who are identified as
18 being at high risk for hepatitis B, hepatitis C, or HIV shall
19 be offered an opportunity to undergo laboratory testing in
20 order to determine infection status if they will be admitted to
21 the facility for at least 7 days and are not known to be
22 infected with any of the listed viruses. All HIV testing shall
23 be conducted in compliance with the AIDS Confidentiality Act.
24 All persons determined to be susceptible to the hepatitis B
25 virus shall be offered immunization within 10 days after

1 admission to any facility. A facility shall document in the
2 consumer's medical record that he or she was verbally screened
3 for risk factors associated with hepatitis B, hepatitis C, and
4 HIV, and whether or not the consumer was immunized against
5 hepatitis B.

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

12 ARTICLE 4.

13 LICENSING AND ACCREDITATION

14 PART 1.

15 LICENSING

16 Section 4-101. Licensure system. The Department shall be
17 the sole agency responsible for licensure and shall establish a
18 comprehensive system of licensure for facilities in accordance
19 with this Act for the purpose of:

20 (1) protecting the health, welfare, and safety of
21 consumers; and

22 (2) ensuring the accountability for reimbursed care

1 provided in facilities.

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

18 Section 4-103. Provisional licensure emergency rules. The
19 Department, in consultation with the Division of Mental Health
20 of the Department of Human Services and the Department of
21 Healthcare and Family Services, is granted the authority under
22 this Act to establish provisional licensure and licensing
23 procedures by emergency rule. The Department shall file
24 emergency rules concerning provisional licensure under this

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

- 12 (1) triage units;
- 13 (2) crisis stabilization;
- 14 (3) recovery and rehabilitation supports;
- 15 (4) transitional living units; or
- 16 (5) other intensive treatment and stabilization
17 programs designed and developed in collaboration with the
18 Department.

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

- 22 (1) mandatory community agency linkage;
- 23 (2) discharge and transition planning;
- 24 (3) non-residential triage and stabilization center
25 requirements;

- 1 (4) crisis stabilization;
- 2 (5) transitional living units;
- 3 (6) recovery and rehabilitation supports;
- 4 (7) therapeutic activity and leisure training program;
- 5 (8) admission policies;
- 6 (9) consumer admission and assessment requirements;
- 7 (10) screening and consumer background checks;
- 8 (11) consumer records;
- 9 (12) informed consent;
- 10 (13) individualized treatment plan;
- 11 (14) consumer rights and confidentiality;
- 12 (15) safeguard of consumer funds;
- 13 (16) restraints and therapeutic separation;
- 14 (17) employee personnel policies and records;
- 15 (18) employee health evaluation;
- 16 (19) health care worker background check;
- 17 (20) required professional job positions;
- 18 (21) consultation and training;
- 19 (22) quality assessment and performance improvement;
- 20 (23) consumer information;
- 21 (24) reporting of unusual occurrences;
- 22 (25) abuse and reporting to local law enforcement;
- 23 (26) fire safety and disaster preparedness;
- 24 (27) required support services, including, but not
- 25 limited to, physician, health, pharmaceutical, infection
- 26 control, dietetic, dental, and environmental;

1 (28) enhanced services requests and program
2 flexibility requests;

3 (29) participation in a managed care entity, a
4 coordinated care entity, or an accountable care entity; and

5 (30) appropriate fines and sanctions associated with
6 violations of laws, rules, or regulations.

7 Section 4-105. Provisional licensure duration. A
8 provisional license shall be valid upon fulfilling the
9 requirements established by the Department by emergency rule.
10 The license shall remain valid as long as a facility remains in
11 compliance with the licensure provisions established in rule.
12 The provisional license shall expire when the administrative
13 rule established by the Department for provisional licensure
14 expires at the end of a 3-year period.

15 Section 4-106. Provisional licensure outcomes. The
16 Department of Healthcare and Family Services, in conjunction
17 with the Division of Mental Health of the Department of Human
18 Services and the Department of Public Health, shall establish a
19 methodology by which financial and clinical data are reported
20 and monitored from each program that is implemented in a
21 facility after the effective date of this Act. The Department
22 of Healthcare and Family Services shall work in concert with a
23 managed care entity, a care coordination entity, or an
24 accountable care entity to gather the data necessary to report

1 and monitor the progress of the services offered under this
2 Act.

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

10 Section 4-108. Surveys and inspections. The Department
11 shall conduct surveys of licensed facilities and their
12 certified programs and services. The Department shall review
13 the records or premises, or both, as it deems appropriate for
14 the purpose of determining compliance with this Act.

15 (1) The Department shall conduct scheduled surveys to
16 determine compliance and may conduct unscheduled surveys
17 to investigate complaints.

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

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

1 Section 4-109. License sanctions and revocation.

2 (a) The Department may revoke a license at any time if the
3 licensee:

4 (1) fails to correct deficiencies identified as a
5 result of an on-site survey by the Department or fails to
6 submit a plan of correction within 30 days after receipt of
7 the notice of violation;

8 (2) submits false information either on Department
9 forms, required certifications, plans of correction or
10 during an on-site inspection;

11 (3) refuses to permit or participate in a scheduled or
12 unscheduled survey; or

13 (4) willfully violates any rights of individuals being
14 served.

15 (b) The Department may refuse to license or relicense a
16 facility if the owner or authorized representative or licensee
17 has been convicted of a felony related to the provision of
18 healthcare or mental health services, as shown by a certified
19 copy of the court of conviction.

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

1 notice of violations and defined sanction. The levels of
2 compliance are:

3 (1) Level 1: Full compliance with the standards of this
4 Part.

5 (2) Level 2: Acceptable compliance with the standards.
6 No written plan of correction will be required from the
7 licensee.

8 (3) Level 3: Partial compliance with the standards. An
9 administrative warning is issued. The licensee shall
10 submit a written plan of correction.

11 (4) Level 4: Minimal compliance with the standards. The
12 licensee shall submit a written plan of correction, and the
13 Department will issue a probationary license. A re-survey
14 shall occur within 90 days.

15 (5) Level 5: Unsatisfactory compliance with the
16 standards. The agency shall submit a written plan of
17 correction, and the Department will issue a restricted
18 license. A resurvey shall occur within 60 days.

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

25 (d) Prior to initiating formal action to sanction a
26 license, the Department shall allow the licensee an opportunity

1 to take corrective action to eliminate or ameliorate a
2 violation of this Act except in cases in which the Department
3 determines that emergency action is necessary to protect the
4 public or individual interest, safety, or welfare.

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

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

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

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

1 admission of new individuals shall be prohibited during the
2 probationary period. (Level 4)

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

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

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

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

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

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

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

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

1 time as a final decision is made.

2 PART 2.

3 ACCREDITATION

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

18 (1) the Joint Commission;

19 (2) the Commission on Accreditation of Rehabilitation
20 Facilities;

21 (3) the Healthcare Facilities Accreditation Program;

22 or

23 (4) any other national standards of care as approved by
24 the Department.

1 ARTICLE 5.

2 FACILITY PAYMENT

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

1 ARTICLE 6.

2 MISCELLANEOUS AND AMENDATORY PROVISIONS; REPEALER

3 Section 6-101. Illinois Administrative Procedure Act. The
4 provisions of the Illinois Administrative Procedure Act are
5 hereby expressly adopted and shall apply to all administrative
6 rules and procedures of the Department under this Act.

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

13 Section 6-105. The Election Code is amended by changing
14 Sections 3-3, 4-6.3, 4-10, 5-9, 5-16.3, 6-50.3, 6-56, 19-4,
15 19-12.1, and 19-12.2 as follows:

16 (10 ILCS 5/3-3) (from Ch. 46, par. 3-3)

17 Sec. 3-3. Every honorably discharged soldier or sailor who
18 is an inmate of any soldiers' and sailors' home within the
19 State of Illinois, any person who is a resident of a facility
20 licensed or certified pursuant to the Nursing Home Care Act,
21 the Specialized Mental Health Rehabilitation Act of 2013, or
22 the ID/DD Community Care Act, or any person who is a resident

1 of a community-integrated living arrangement, as defined in
2 Section 3 of the Community-Integrated Living Arrangements
3 Licensure and Certification Act, for 30 days or longer, and who
4 is a citizen of the United States and has resided in this State
5 and in the election district 30 days next preceding any
6 election shall be entitled to vote in the election district in
7 which any such home or community-integrated living arrangement
8 in which he is an inmate or resident is located, for all
9 officers that now are or hereafter may be elected by the
10 people, and upon all questions that may be submitted to the
11 vote of the people: Provided, that he shall declare upon oath,
12 that it was his bona fide intention at the time he entered said
13 home or community-integrated living arrangement to become a
14 resident thereof.

15 (Source: P.A. 96-339, eff. 7-1-10; 96-563, eff. 1-1-10;
16 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
17 97-813, eff. 7-13-12.)

18 (10 ILCS 5/4-6.3) (from Ch. 46, par. 4-6.3)

19 Sec. 4-6.3. The county clerk may establish a temporary
20 place of registration for such times and at such locations
21 within the county as the county clerk may select. However, no
22 temporary place of registration may be in operation during the
23 27 days preceding an election. Notice of the time and place of
24 registration under this Section shall be published by the
25 county clerk in a newspaper having a general circulation in the

1 county not less than 3 nor more than 15 days before the holding
2 of such registration.

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

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

17 All temporary places of registration shall be manned by
18 deputy county clerks or deputy registrars appointed pursuant to
19 Section 4-6.2.

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

23 Sec. 4-10. Except as herein provided, no person shall be
24 registered, unless he applies in person to a registration
25 officer, answers such relevant questions as may be asked of him

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

19 One of the registration officers or a deputy registration
20 officer, county clerk, or clerk in the office of the county
21 clerk, shall administer to all persons who shall personally
22 apply to register the following oath or affirmation:

23 "You do solemnly swear (or affirm) that you will fully and
24 truly answer all such questions as shall be put to you touching
25 your name, place of residence, place of birth, your
26 qualifications as an elector and your right as such to register

1 and vote under the laws of the State of Illinois."

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

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

25 Any person claiming to be an elector in any election
26 precinct and whose registration card is marked "Incomplete" may

1 make and sign an application in writing, under oath, to the
2 county clerk in substance in the following form:

3 "I do solemnly swear that I,, did on (insert date)
4 make application to the board of registry of the precinct
5 of the township of (or to the county clerk of county)
6 and that said board or clerk refused to complete my
7 registration as a qualified voter in said precinct. That I
8 reside in said precinct, that I intend to reside in said
9 precinct, and am a duly qualified voter of said precinct and am
10 entitled to be registered to vote in said precinct at the next
11 election.

12 (Signature of applicant)"

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

1 registration has registered with the county clerk, such
2 application may be presented to and heard by the county clerk
3 or by his duly authorized representative upon the dates
4 specified above or at any time prior thereto designated by the
5 county clerk.

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

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

19 Name. The name of the applicant, giving surname and first
20 or Christian name in full, and the middle name or the initial
21 for such middle name, if any.

22 Sex.

23 Residence. The name and number of the street, avenue or
24 other location of the dwelling, and such additional clear and
25 definite description as may be necessary to determine the exact
26 location of the dwelling of the applicant. Where the location

1 cannot be determined by street and number, then the Section,
2 congressional township and range number may be used, or such
3 other information as may be necessary, including post office
4 mailing address.

5 Term of residence in the State of Illinois and the
6 precinct.

7 Nativity. The State or country in which the applicant was
8 born.

9 Citizenship. Whether the applicant is native born or
10 naturalized. If naturalized, the court, place and date of
11 naturalization.

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

13 Out of State address of

14 AFFIDAVIT OF REGISTRATION

15 State of

16) ss

17 County of

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

26

1 (His or her signature or mark)

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

4

5 Signature of officer administering oath.

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

14 (Source: P.A. 96-317, eff. 1-1-10; 96-339, eff. 7-1-10;
15 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
16 97-813, eff. 7-13-12.)

17 (10 ILCS 5/5-9) (from Ch. 46, par. 5-9)

18 Sec. 5-9. Except as herein provided, no person shall be
19 registered unless he applies in person to registration officer,
20 answers such relevant questions as may be asked of him by the
21 registration officer, and executes the affidavit of
22 registration. The registration officer shall require the
23 applicant to furnish two forms of identification, and except in
24 the case of a homeless individual, one of which must include
25 his or her residence address. These forms of identification

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

14 One of the Deputy Registrars, the Judge of Registration, or
15 an Officer of Registration, County Clerk, or clerk in the
16 office of the County Clerk, shall administer to all persons who
17 shall personally apply to register the following oath or
18 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 place of residence, name, 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 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 in writing notify such applicant
14 to appear before the County Clerk to furnish further proof of
15 his qualifications. Upon the card of such applicant shall be
16 written the word "Incomplete" and no such applicant shall be
17 permitted to vote unless such registration is satisfactorily
18 completed as hereinafter provided. No registration shall be
19 taken and marked as "incomplete" if information to complete it
20 can be furnished on the date of the original application.

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

26 "I do solemnly swear that I,, did on (insert

1 date) make application to the Board of Registry of the
 2 precinct of ward of the City of or of the
 3 District Town of (or to the
 4 County Clerk of) and County; that
 5 said Board or Clerk refused to complete my registration as a
 6 qualified voter in said precinct, that I reside in said
 7 precinct (or that I intend to reside in said precinct), am a
 8 duly qualified voter and entitled to vote in said precinct at
 9 the next election.

10
 11

(Signature of Applicant)"

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

22 Any otherwise qualified person who is absent from his
 23 county of residence either due to business of the United States
 24 or because he is temporarily outside the territorial limits of
 25 the United States may become registered by mailing an
 26 application to the county clerk within the periods of

1 registration provided for in this Article or by simultaneous
2 application for absentee registration and absentee ballot as
3 provided in Article 20 of this Code.

4 Upon receipt of such application the county clerk shall
5 immediately mail an affidavit of registration in duplicate,
6 which affidavit shall contain the following and such other
7 information as the State Board of Elections may think it proper
8 to require for the identification of the applicant:

9 Name. The name of the applicant, giving surname and first
10 or Christian name in full, and the middle name or the initial
11 for such middle name, if any.

12 Sex.

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

21 Term of residence in the State of Illinois and the
22 precinct.

23 Nativity. The State or country in which the applicant was
24 born.

25 Citizenship. Whether the applicant is native born or
26 naturalized. If naturalized, the court, place and date of

1 naturalization.

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

3 Out of State address of

4 AFFIDAVIT OF REGISTRATION

5 State of

6)ss

7 County of

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

17

18 (His or her signature or mark)

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

21

22 Signature of officer administering oath.

23 Upon receipt of the executed duplicate affidavit of
24 Registration, the county clerk shall transfer the information
25 contained thereon to duplicate Registration Cards provided for

1 in Section 5-7 of this Article and shall attach thereto a copy
2 of each of the duplicate affidavit of registration and
3 thereafter such registration card and affidavit shall
4 constitute the registration of such person the same as if he
5 had applied for registration in person.

6 (Source: P.A. 96-317, eff. 1-1-10; 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 (10 ILCS 5/5-16.3) (from Ch. 46, par. 5-16.3)

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

20 Temporary places of registration shall be established so
21 that the areas of concentration of population or use by the
22 public are served, whether by facilities provided in places of
23 private business or in public buildings or in mobile units.
24 Areas which may be designated as temporary places of
25 registration include, but are not limited to, facilities

1 licensed or certified pursuant to the Nursing Home Care Act,
2 the Specialized Mental Health Rehabilitation Act of 2013, or
3 the ID/DD Community Care Act, Soldiers' and Sailors' Homes,
4 shopping centers, business districts, public buildings and
5 county fairs.

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

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

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

15 Sec. 6-50.3. The board of election commissioners may
16 establish temporary places of registration for such times and
17 at such locations as the board 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 at any such temporary place of registration under
21 this Section shall be published by the board of election
22 commissioners in a newspaper having a general circulation in
23 the city, village or incorporated town not less than 3 nor more
24 than 15 days before the holding of such registration.

25 Temporary places of registration shall be established so

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

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

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

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

19 (10 ILCS 5/6-56) (from Ch. 46, par. 6-56)

20 Sec. 6-56. Not more than 30 nor less than 28 days before
21 any election under this Article, all owners, managers,
22 administrators or operators of hotels, lodging houses, rooming
23 houses, furnished apartments or facilities licensed or
24 certified under the Nursing Home Care Act, which house 4 or
25 more persons, outside the members of the family of such owner,

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

23 Except in such cases where a precinct canvass is being
24 conducted by the Board of Election Commissioners prior to a
25 Primary or Election, the board of election commissioners shall
26 compare the original copy of each such report with the list of

1 registered voters from such addresses. Every person registered
2 from such address and not listed in such report or whose name
3 is different from any name so listed, shall immediately after
4 the last day of registration be sent a notice through the
5 United States mail, at the address appearing upon his
6 registration record card, requiring him to appear before the
7 board of election commissioners on one of the days specified in
8 Section 6-45 of this Article and show cause why his
9 registration should not be cancelled. The provisions of
10 Sections 6-45, 6-46 and 6-47 of this Article shall apply to
11 such hearing and proceedings subsequent thereto.

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

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 5/19-4) (from Ch. 46, par. 19-4)

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

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

1 Code. Each election authority shall maintain a list of the
2 name, street address, ward and precinct, or township and
3 district number, as the case may be, of all applicants who have
4 returned absentee ballots to such authority, and the name of
5 such absent voter shall be added to such list within one
6 business day from receipt of such ballot. If the absentee
7 ballot envelope indicates that the voter was assisted in
8 casting the ballot, the name of the person so assisting shall
9 be included on the list. The list, the pages of which are to be
10 numbered consecutively, shall be kept by each election
11 authority in a conspicuous, open, and public place accessible
12 to the public at the entrance of the office of the election
13 authority and in a manner that the list may be viewed without
14 necessity of requesting permission for viewing.

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

23 Each election authority shall maintain a list for each
24 election of voters to whom it has issued temporarily absent
25 student ballots. The list shall be maintained for each election
26 jurisdiction within which such voters temporarily abide.

1 Immediately after the close of the period during which
2 application may be made by mail for absentee ballots, each
3 election authority shall mail to each other election authority
4 within the State a certified list of all such voters
5 temporarily abiding within the jurisdiction of the other
6 election authority.

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

23 All applications for absentee ballots shall be available at
24 the office of the election authority for public inspection upon
25 request from the time of receipt thereof by the election
26 authority until 30 days after the election, except during the

1 time such applications are kept in the office of the election
2 authority pursuant to Section 19-7, and except during the time
3 such applications are in the possession of the judges of
4 election.

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

7 (10 ILCS 5/19-12.1) (from Ch. 46, par. 19-12.1)

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

1 "federally operated veterans' home, hospital, or facility"
2 means the long-term care facilities at the Jesse Brown VA
3 Medical Center, Illiana Health Care System, Edward Hines, Jr.
4 VA Hospital, Marion VA Medical Center, and Captain James A.
5 Lovell Federal Health Care Center.

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

1 a new card by making application in the same manner as is
2 prescribed for the issuance of an original card, accompanied by
3 a new affidavit of the attending physician. The date of
4 expiration of such five-year period shall be made known to any
5 interested person by the election authority upon the request of
6 such person. Applications for the renewal of the identification
7 cards shall be mailed to the voters holding such cards not less
8 than 3 months prior to the date of expiration of the cards.

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

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

1 ballot as provided in Section 19-4. The ballot envelope shall
2 be the same as that prescribed in Section 19-5 for physically
3 disabled voters, and the manner of voting and returning the
4 ballot shall be the same as that provided in this Article for
5 other absentee ballots, except that a statement to be
6 subscribed to by the voter but which need not be sworn to shall
7 be placed on the ballot envelope in lieu of the affidavit
8 prescribed by Section 19-5.

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

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

22 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
23 eff. 1-1-12; 97-275, eff. 1-1-12; 97-813, eff. 7-13-12;
24 97-1064, eff. 1-1-13.)

1 Sec. 19-12.2. Voting by physically incapacitated electors
2 who have made proper application to the election authority not
3 later than 5 days before the regular primary and general
4 election of 1980 and before each election thereafter shall be
5 conducted on the premises of (i) federally operated veterans'
6 homes, hospitals, and facilities located in Illinois or (ii)
7 facilities licensed or certified pursuant to the Nursing Home
8 Care Act, the Specialized Mental Health Rehabilitation Act of
9 2013, or the ID/DD Community Care Act for the sole benefit of
10 residents of such homes, hospitals, and facilities. For the
11 purposes of this Section, "federally operated veterans' home,
12 hospital, or facility" means the long-term care facilities at
13 the Jesse Brown VA Medical Center, Illiana Health Care System,
14 Edward Hines, Jr. VA Hospital, Marion VA Medical Center, and
15 Captain James A. Lovell Federal Health Care Center. Such voting
16 shall be conducted during any continuous period sufficient to
17 allow all applicants to cast their ballots between the hours of
18 9 a.m. and 7 p.m. either on the Friday, Saturday, Sunday or
19 Monday immediately preceding the regular election. This
20 absentee voting on one of said days designated by the election
21 authority shall be supervised by two election judges who must
22 be selected by the election authority in the following order of
23 priority: (1) from the panel of judges appointed for the
24 precinct in which such home, hospital, or facility is located,
25 or from a panel of judges appointed for any other precinct
26 within the jurisdiction of the election authority in the same

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

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

26 Not less than 120 days before each regular election, the

1 Department of Public Health shall certify to the State Board of
2 Elections a list of the facilities 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 lists shall indicate the approved bed capacity and the
6 name of the chief administrative officer of each such home,
7 hospital, or facility, and the State Board of Elections shall
8 certify the same to the appropriate election authority within
9 20 days thereafter.

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

12 Section 6-110. The Mental Health and Developmental
13 Disabilities Administrative Act is amended by changing Section
14 15 as follows:

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

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

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

23 (b) requires further oversight and supervisory care
24 for which arrangements have been made with responsible

1 relatives or supervised residential program approved by
2 the Department; or

3 (c) requires further personal care or general
4 oversight as defined by the ID/DD Community Care Act or the
5 Specialized Mental Health Rehabilitation Act of 2013, for
6 which placement arrangements have been made with a suitable
7 family home or other licensed facility approved by the
8 Department under this Section; or

9 (d) requires community mental health services for
10 which arrangements have been made with a community mental
11 health provider in accordance with criteria, standards,
12 and procedures promulgated by rule.

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

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

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

1 of facilities, programs or homes within this State to
2 accommodate these recipients, except where placement in a
3 contiguous state results in locating a recipient in a facility
4 or program closer to the recipient's home or family. If an
5 appropriate facility or program becomes available equal to or
6 closer to the recipient's home or family, the recipient shall
7 be returned to and placed at the appropriate facility or
8 program within this State.

9 To place any person who is under a program of the
10 Department at board in a suitable family home or in such other
11 facility or program as the Department may consider desirable.
12 The Department may place in licensed nursing homes, sheltered
13 care homes, or homes for the aged those persons whose
14 behavioral manifestations and medical and nursing care needs
15 are such as to be substantially indistinguishable from persons
16 already living in such facilities. Prior to any placement by
17 the Department under this Section, a determination shall be
18 made by the personnel of the Department, as to the capability
19 and suitability of such facility to adequately meet the needs
20 of the person to be discharged. When specialized programs are
21 necessary in order to enable persons in need of supervised
22 living to develop and improve in the community, the Department
23 shall place such persons only in specialized residential care
24 facilities which shall meet Department standards including
25 restricted admission policy, special staffing and programming
26 for social and vocational rehabilitation, in addition to the

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

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

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

1 former Department recipients, training shall be available as
2 necessary for facility staff. Such training will be on a
3 continuing basis as the needs of the facility and recipients
4 change and further training is required.

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

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

26 Other than those placed in a family home the Department

1 shall cause all persons who are placed in a facility, as
2 defined by the ID/DD Community Care Act or the Specialized
3 Mental Health Rehabilitation Act of 2013, or in designated
4 community living situations or programs, to be visited at least
5 once during the first month following placement, and once every
6 month thereafter for the first year following placement when
7 indicated, but at least quarterly. After the first year, the
8 Department shall determine at what point the appropriate
9 licensing entity for the facility or designated community
10 living situation or program will assume the responsibility of
11 ensuring that appropriate services are being provided to the
12 resident. Once that responsibility is assumed, the Department
13 may discontinue such visits. If a long term care facility has
14 periodic care plan conferences, the visitor may participate in
15 those conferences, if such participation is approved by the
16 resident or the resident's guardian. Visits shall be made by
17 qualified and trained Department personnel, or their designee,
18 in the area of mental health or developmental disabilities
19 applicable to the person visited, and shall be made on a more
20 frequent basis when indicated. The Department may not use as
21 designee any personnel connected with or responsible to the
22 representatives of any facility in which persons who have been
23 transferred under this Section are placed. In the course of
24 such visit there shall be consideration of the following areas,
25 but not limited thereto: effects of transfer on physical and
26 mental health of the person, sufficiency of nursing care and

1 medical coverage required by the person, sufficiency of staff
2 personnel and ability to provide basic care for the person,
3 social, recreational and programmatic activities available for
4 the person, and other appropriate aspects of the person's
5 environment.

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

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

1 employment outside the facility, such sums for the
2 transportation, and other expenses as may be needed by him
3 until he receives his wages for such employment.

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

16 The rules and regulations governing purchase of care shall
17 describe categories and types of service deemed appropriate for
18 purchase by the Department.

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

1 Department.

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 6-115. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by changing Sections 2310-550, 2310-560, 2310-565, and
7 2310-625 as follows:

8 (20 ILCS 2310/2310-550) (was 20 ILCS 2310/55.40)

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

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

21 (20 ILCS 2310/2310-560) (was 20 ILCS 2310/55.87)

22 Sec. 2310-560. Advisory committees concerning construction
23 of facilities.

1 (a) The Director shall appoint an advisory committee. The
2 committee shall be established by the Department by rule. The
3 Director and the Department shall consult with the advisory
4 committee concerning the application of building codes and
5 Department rules related to those building codes to facilities
6 under the Ambulatory Surgical Treatment Center Act, the Nursing
7 Home Care Act, the Specialized Mental Health Rehabilitation Act
8 of 2013, and the ID/DD Community Care Act.

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

20 (1) The chairperson or an elected representative from
21 the Hospital Licensing Board under the Hospital Licensing
22 Act.

23 (2) Two health care architects with a minimum of 10
24 years of experience in institutional design and building
25 code analysis.

26 (3) Two engineering professionals (one mechanical and

1 one electrical) with a minimum of 10 years of experience in
2 institutional design and building code analysis.

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

5 (5) Two representatives from provider associations.

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

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

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

19 (20 ILCS 2310/2310-565) (was 20 ILCS 2310/55.88)

20 Sec. 2310-565. Facility construction training program. The
21 Department shall conduct, at least annually, a joint in-service
22 training program for architects, engineers, interior
23 designers, and other persons involved in the construction of a
24 facility under the Ambulatory Surgical Treatment Center Act,
25 the Nursing Home Care Act, the Specialized Mental Health

1 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
2 the Hospital Licensing Act on problems and issues relating to
3 the construction of facilities under any of those 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 (20 ILCS 2310/2310-625)

7 Sec. 2310-625. Emergency Powers.

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

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

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

1 (3) The power to modify the scope of practice
2 restrictions under the Nursing Home Care Act, the
3 Specialized Mental Health Rehabilitation Act of 2013, or
4 the ID/DD Community Care Act for Certified Nursing
5 Assistants for any person working under the direction of
6 the Illinois Emergency Management Agency and the Illinois
7 Department of Public Health pursuant to the declared
8 disaster.

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

22 (c) The Director shall exercise these powers by way of
23 proclamation.

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

3 (20 ILCS 2435/15) (from Ch. 23, par. 3395-15)

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

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

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

21 "Department" means the Department of Human Services.

22 "Adults with Disabilities Abuse Project" or "project"
23 means that program within the Office of Inspector General
24 designated by the Department of Human Services to receive and
25 assess reports of alleged or suspected abuse, neglect, or

1 exploitation of adults with disabilities.

2 "Domestic living situation" means a residence where the
3 adult with disabilities lives alone or with his or her family
4 or household members, a care giver, or others or at a board and
5 care home or other community-based unlicensed facility, but is
6 not:

7 (1) A licensed facility as defined in Section 1-113 of
8 the Nursing Home Care Act or Section 1-113 of the ID/DD
9 Community Care Act or Section 1-102 ~~1-113~~ of the
10 Specialized Mental Health Rehabilitation Act of 2013.

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

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

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

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

23 (6) A community-integrated living arrangement as
24 defined in the Community-Integrated Living Arrangements
25 Licensure and Certification Act or community residential
26 alternative as licensed under that Act.

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

3 "Family or household members" means a person who as a
4 family member, volunteer, or paid care provider has assumed
5 responsibility for all or a portion of the care of an adult
6 with disabilities who needs assistance with activities of daily
7 living.

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

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

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

24 Nothing in the definition of "neglect" shall be construed
25 to impose a requirement that assistance be provided to an adult
26 with disabilities over his or her objection in the absence of a

1 court order, nor to create any new affirmative duty to provide
2 support, assistance, or intervention to an adult with
3 disabilities. Nothing in this Act shall be construed to mean
4 that an adult with disabilities is a victim of neglect because
5 of health care services provided or not provided by licensed
6 health care professionals.

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

8 (1) knowing or reckless use of physical force,
9 confinement, or restraint;

10 (2) knowing, repeated, and unnecessary sleep
11 deprivation;

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

14 (4) when committed by a caregiver, a family member, or
15 any person with ongoing access to a person with
16 disabilities, directing another person to physically abuse
17 a person with disabilities.

18 "Secretary" means the Secretary of Human Services.

19 "Sexual abuse" means touching, fondling, sexual threats,
20 sexually inappropriate remarks, or any other sexual activity
21 with an adult with disabilities when the adult with
22 disabilities is unable to understand, unwilling to consent,
23 threatened, or physically forced to engage in sexual behavior.
24 Sexual abuse includes acts of sexual exploitation including,
25 but not limited to, facilitating or compelling an adult with
26 disabilities to become a prostitute, or receiving anything of

1 value from an adult with disabilities knowing it was obtained
2 in whole or in part from the practice of prostitution.

3 "Substantiated case" means a reported case of alleged or
4 suspected abuse, neglect, or exploitation in which the Adults
5 with Disabilities Abuse Project staff, after assessment,
6 determines that there is reason to believe abuse, neglect, or
7 exploitation has occurred.

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

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

12 (20 ILCS 3501/801-10)

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

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

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

1 other persons.

2 (c) The term "public purpose project" means any project or
3 facility including without limitation land, buildings,
4 structures, machinery, equipment and all other real and
5 personal property, which is authorized or required by law to be
6 acquired, constructed, improved, rehabilitated, reconstructed,
7 replaced or maintained by any unit of government or any other
8 lawful public purpose which is authorized or required by law to
9 be undertaken by any unit of government.

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

1 trestle, depot, terminal, switching and signaling or related
2 equipment, site preparation and landscaping; and (iii) all
3 non-capital costs and expenses relating thereto or (2) any
4 addition to, renovation, rehabilitation or improvement of a
5 capital project or (3) any activity or undertaking which the
6 Authority determines will aid, assist or encourage economic
7 growth, development or redevelopment within the State or any
8 area thereof, will promote the expansion, retention or
9 diversification of employment opportunities within the State
10 or any area thereof or will aid in stabilizing or developing
11 any industry or economic sector of the State economy. The term
12 "industrial project" also means the production of motion
13 pictures.

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

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

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

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

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

25 (i) The term "unit of government" means the federal
26 government, the State or unit of local government, a school

1 district, or any agency or instrumentality, office, officer,
2 department, division, bureau, commission, college or
3 university thereof.

4 (j) The term "health facility" means: (a) any public or
5 private institution, place, building, or agency required to be
6 licensed under the Hospital Licensing Act; (b) any public or
7 private institution, place, building, or agency required to be
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; (c) any public or licensed private hospital
11 as defined in the Mental Health and Developmental Disabilities
12 Code; (d) any such facility exempted from such licensure when
13 the Director of Public Health attests that such exempted
14 facility meets the statutory definition of a facility subject
15 to licensure; (e) any other public or private health service
16 institution, place, building, or agency which the Director of
17 Public Health attests is subject to certification by the
18 Secretary, U.S. Department of Health and Human Services under
19 the Social Security Act, as now or hereafter amended, or which
20 the Director of Public Health attests is subject to
21 standard-setting by a recognized public or voluntary
22 accrediting or standard-setting agency; (f) any public or
23 private institution, place, building or agency engaged in
24 providing one or more supporting services to a health facility;
25 (g) any public or private institution, place, building or
26 agency engaged in providing training in the healing arts,

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

1 residence or other housing or hotel facility used in whole or
2 in part for staff, employees or students and their families,
3 patients or relatives of patients admitted for treatment or
4 care in a health facility, or persons conducting business with
5 a health facility, physician's facility, surgicenter,
6 administration building, research facility, maintenance,
7 storage or utility facility and all structures or facilities
8 related to any of the foregoing or required or useful for the
9 operation of a health facility, including parking or other
10 facilities or other supporting service structures required or
11 useful for the orderly conduct of such health facility. "Health
12 facility" also means, with respect to a project located outside
13 the State, any public or private institution, place, building,
14 or agency which provides services similar to those described
15 above, provided that such project is owned, operated, leased or
16 managed by a participating health institution located within
17 the State, or a participating health institution affiliated
18 with an entity located within the State.

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

1 provided in this Act.

2 (l) The term "health facility project", means a specific
3 health facility work or improvement to be financed or
4 refinanced (including without limitation through reimbursement
5 of prior expenditures), acquired, constructed, enlarged,
6 remodeled, renovated, improved, furnished, or equipped, with
7 funds provided in whole or in part hereunder, any accounts
8 receivable, working capital, liability or insurance cost or
9 operating expense financing or refinancing program of a health
10 facility with or involving funds provided in whole or in part
11 hereunder, or any combination thereof.

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

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

25 (o) The term "revenues" means, with respect to any project,
26 the rents, fees, charges, interest, principal repayments,

1 collections and other income or profit derived therefrom.

2 (p) The term "higher education project" means, in the case
3 of a private institution of higher education, an educational
4 facility to be acquired, constructed, enlarged, remodeled,
5 renovated, improved, furnished, or equipped, or any
6 combination thereof.

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

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

1 facility, administrative facility, agricultural facility,
2 assembly hall, athletic facility, auditorium, boating
3 facility, campus, communication facility, computer facility,
4 continuing education facility, classroom, dining hall,
5 dormitory, exhibition hall, fire fighting facility, fire
6 prevention facility, food service and preparation facility,
7 gymnasium, greenhouse, health care facility, hospital,
8 housing, instructional facility, laboratory, library,
9 maintenance facility, medical facility, museum, offices,
10 parking area, physical education facility, recreational
11 facility, research facility, stadium, storage facility,
12 student union, study facility, theatre or utility.

13 (s) The term "cultural facility" means any property located
14 within the State, or any property located outside the State,
15 provided that, if the property is located outside the State, it
16 must be owned, operated, leased or managed by an entity located
17 within the State or an entity affiliated with an entity located
18 within the State, in each case constructed or acquired before
19 or after the effective date of this Act, which is or will be,
20 in whole or in part, suitable for the particular purposes or
21 needs of a cultural institution, including, without
22 limitation, any such property suitable for use as or in
23 connection with any one or more of the following: an
24 administrative facility, aquarium, assembly hall, auditorium,
25 botanical garden, exhibition hall, gallery, greenhouse,
26 library, museum, scientific laboratory, theater or zoological

1 facility, and shall also include, without limitation, books,
2 works of art or music, animal, plant or aquatic life or other
3 items for display, exhibition or performance. The term
4 "cultural facility" includes buildings on the National
5 Register of Historic Places which are owned or operated by
6 nonprofit entities.

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

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

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

1 which require the understanding and application of basic
2 engineering, scientific, or mathematical principles or
3 knowledge;

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

13 (4) Does not discriminate in the admission of students
14 on the basis of race or color. "Private institution of
15 higher education" also includes any "academic
16 institution".

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

1 purposes.

2 (v) The term "cultural institution" means any
3 not-for-profit institution which is not owned by the State or
4 any political subdivision, agency, instrumentality, district
5 or municipality thereof, which institution engages in the
6 cultural, intellectual, scientific, educational or artistic
7 enrichment of the people of the State. Cultural institutions
8 include, without limitation, aquaria, botanical societies,
9 historical societies, libraries, museums, performing arts
10 associations or societies, scientific societies and zoological
11 societies.

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

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

26 (y) The term "lender" with respect to financing of an

1 agricultural facility or an agribusiness, means any federal or
2 State chartered bank, Federal Land Bank, Production Credit
3 Association, Bank for Cooperatives, federal or State chartered
4 savings and loan association or building and loan association,
5 Small Business Investment Company or any other institution
6 qualified within this State to originate and service loans,
7 including, but without limitation to, insurance companies,
8 credit unions and mortgage loan companies. "Lender" also means
9 a wholly owned subsidiary of a manufacturer, seller or
10 distributor of goods or services that makes loans to businesses
11 or individuals, commonly known as a "captive finance company".

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

23 (1) grain handling and processing, including grain
24 storage, drying, treatment, conditioning, mailing and
25 packaging;

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

1 (3) fruit and vegetable processing, including
2 preparation, canning and packaging;

3 (4) processing of livestock and livestock products,
4 dairy products, poultry and poultry products, fish or
5 apiarian products, including slaughter, shearing,
6 collecting, preparation, canning and packaging;

7 (5) fertilizer and agricultural chemical
8 manufacturing, processing, application and supplying;

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

11 (7) manufacturing and supplying of agricultural
12 commodity processing machinery and equipment, including
13 machinery and equipment used in slaughter, treatment,
14 handling, collecting, preparation, canning or packaging of
15 agricultural commodities;

16 (8) farm building and farm structure manufacturing,
17 construction and supplying;

18 (9) construction, manufacturing, implementation,
19 supplying or servicing of irrigation, drainage and soil and
20 water conservation devices or equipment;

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

23 (11) facilities and equipment for processing and
24 packaging agricultural commodities specifically for
25 export;

26 (12) facilities and equipment for forestry product

1 processing and supplying, including sawmilling operations,
2 wood chip operations, timber harvesting operations, and
3 manufacturing of prefabricated buildings, paper, furniture
4 or other goods from forestry products;

5 (13) facilities and equipment for research and
6 development of products, processes and equipment for the
7 production, processing, preparation or packaging of
8 agricultural commodities and byproducts.

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

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

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

1 (dd) The term "housing project" means a specific work or
2 improvement undertaken to provide residential dwelling
3 accommodations, including the acquisition, construction or
4 rehabilitation of lands, buildings and community facilities
5 and in connection therewith to provide nonhousing facilities
6 which are part of the housing project, including land,
7 buildings, improvements, equipment and all ancillary
8 facilities for use for offices, stores, retirement homes,
9 hotels, financial institutions, service, health care,
10 education, recreation or research establishments, or any other
11 commercial purpose which are or are to be related to a housing
12 development.

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

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

25 (Source: P.A. 96-339, eff. 7-1-10; 96-1021, eff. 7-12-10;
26 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.

1 7-13-12.)

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

4 (35 ILCS 5/806)

5 Sec. 806. Exemption from penalty. An individual taxpayer
6 shall not be subject to a penalty for failing to pay estimated
7 tax as required by Section 803 if the taxpayer is 65 years of
8 age or older and is a permanent resident of a nursing home. For
9 purposes of this Section, "nursing home" means a skilled
10 nursing or intermediate long term care facility that is subject
11 to licensure by the Illinois Department of Public Health under
12 the Nursing Home Care Act, the Specialized Mental Health
13 Rehabilitation Act of 2013, or the 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 Section 6-140. The Use Tax Act is amended by changing
17 Section 3-5 as follows:

18 (35 ILCS 105/3-5)

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

21 (1) Personal property purchased from a corporation,
22 society, association, foundation, institution, or

1 organization, other than a limited liability company, that is
2 organized and operated as a not-for-profit service enterprise
3 for the benefit of persons 65 years of age or older if the
4 personal property was not purchased by the enterprise for the
5 purpose of resale by the enterprise.

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

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

24 (4) Personal property purchased by a governmental body, by
25 a corporation, society, association, foundation, or
26 institution organized and operated exclusively for charitable,

1 religious, or educational purposes, or by a not-for-profit
2 corporation, society, association, foundation, institution, or
3 organization that has no compensated officers or employees and
4 that is organized and operated primarily for the recreation of
5 persons 55 years of age or older. A limited liability company
6 may qualify for the exemption under this paragraph only if the
7 limited liability company is organized and operated
8 exclusively for educational purposes. On and after July 1,
9 1987, however, no entity otherwise eligible for this exemption
10 shall make tax-free purchases unless it has an active exemption
11 identification number issued by the Department.

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

15 (6) Until July 1, 2003 and beginning again on 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,
19 certified by the purchaser to be used primarily for graphic
20 arts production, and including machinery and equipment
21 purchased for lease. Equipment includes chemicals or chemicals
22 acting as catalysts but only if the chemicals or chemicals
23 acting as catalysts effect a direct and immediate change upon a
24 graphic arts product.

25 (7) Farm chemicals.

26 (8) Legal tender, currency, medallions, or gold or silver

1 coinage issued by the State of Illinois, the government of the
2 United States of America, or the government of any foreign
3 country, and bullion.

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

7 (10) A motor vehicle of the first division, a motor vehicle
8 of the second division that is a self-contained motor vehicle
9 designed or permanently converted to provide living quarters
10 for recreational, camping, or travel use, with direct walk
11 through to the living quarters from the driver's seat, or a
12 motor vehicle of the second division that is of the van
13 configuration designed for the transportation of not less than
14 7 nor more than 16 passengers, as defined in Section 1-146 of
15 the Illinois Vehicle Code, that is used for automobile renting,
16 as defined in the Automobile Renting Occupation and Use Tax
17 Act.

18 (11) 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 (11). Agricultural chemical tender tanks and dry
7 boxes 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 (11) is exempt from the
26 provisions of Section 3-90.

1 (12) 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 (13) Proceeds of mandatory service charges separately
9 stated on customers' bills for the purchase and consumption of
10 food and beverages purchased at retail from a retailer, to the
11 extent that the proceeds of the service charge are in fact
12 turned over as tips or as a substitute for tips to the
13 employees who participate directly in preparing, serving,
14 hosting or cleaning up the food or beverage function with
15 respect to which the service charge is imposed.

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

25 (15) Photoprocessing machinery and equipment, including
26 repair and replacement parts, both new and used, including that

1 manufactured on special order, certified by the purchaser to be
2 used primarily for photoprocessing, and including
3 photoprocessing machinery and equipment purchased for lease.

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

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

18 (18) Manufacturing and assembling machinery and equipment
19 used primarily in the process of manufacturing or assembling
20 tangible personal property for wholesale or retail sale or
21 lease, whether that sale or lease is made directly by the
22 manufacturer or by some other person, whether the materials
23 used in the process are owned by the manufacturer or some other
24 person, or whether that sale or lease is made apart from or as
25 an incident to the seller's engaging in the service occupation
26 of producing machines, tools, dies, jigs, patterns, gauges, or

1 other similar items of no commercial value on special order for
2 a particular purchaser.

3 (19) Personal property delivered to a purchaser or
4 purchaser's donee inside Illinois when the purchase order for
5 that personal property was received by a florist located
6 outside Illinois who has a florist located inside Illinois
7 deliver the personal property.

8 (20) Semen used for artificial insemination of livestock
9 for direct agricultural production.

10 (21) Horses, or interests in horses, registered with and
11 meeting the requirements of any of the Arabian Horse Club
12 Registry of America, Appaloosa Horse Club, American Quarter
13 Horse Association, United States Trotting Association, or
14 Jockey Club, as appropriate, used for purposes of breeding or
15 racing for prizes. This item (21) is exempt from the provisions
16 of Section 3-90, and the exemption provided for under this item
17 (21) applies for all periods beginning May 30, 1995, but no
18 claim for credit or refund is allowed on or after January 1,
19 2008 for such taxes paid during the period beginning May 30,
20 2000 and ending on January 1, 2008.

21 (22) Computers and communications equipment utilized for
22 any hospital purpose and equipment used in the diagnosis,
23 analysis, or treatment of hospital patients purchased by a
24 lessor who leases the equipment, under a lease of one year or
25 longer executed or in effect at the time the lessor would
26 otherwise be subject to the tax imposed by this Act, to a

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

18 (23) Personal property purchased by a lessor who leases the
19 property, under a lease of one year or longer executed or in
20 effect at the time the lessor would otherwise be subject to the
21 tax imposed by this Act, to a governmental body that has been
22 issued an active sales tax exemption identification number by
23 the Department under Section 1g of the Retailers' Occupation
24 Tax Act. If the property is leased in a manner that does not
25 qualify for this exemption or used in any other non-exempt
26 manner, the lessor shall be liable for the tax imposed under

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

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

22 (25) Beginning with taxable years ending on or after
23 December 31, 1995 and ending with taxable years ending on or
24 before December 31, 2004, personal property that is used in the
25 performance of infrastructure repairs in this State, including
26 but not limited to municipal roads and streets, access roads,

1 bridges, sidewalks, waste disposal systems, water and sewer
2 line extensions, water distribution and purification
3 facilities, storm water drainage and retention facilities, and
4 sewage treatment facilities, resulting from a State or
5 federally declared disaster in Illinois or bordering Illinois
6 when such repairs are initiated on facilities located in the
7 declared disaster area within 6 months after the disaster.

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

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

1 than 6 weeks duration and designed to prepare individuals to
2 follow a trade or to pursue a manual, technical, mechanical,
3 industrial, business, or commercial occupation.

4 (28) Beginning January 1, 2000, personal property,
5 including food, purchased through fundraising events for the
6 benefit of a public or private elementary or secondary school,
7 a group of those schools, or one or more school districts if
8 the events are sponsored by an entity recognized by the school
9 district that consists primarily of volunteers and includes
10 parents and teachers of the school children. This paragraph
11 does not apply to fundraising events (i) for the benefit of
12 private home instruction or (ii) for which the fundraising
13 entity purchases the personal property sold at the events from
14 another individual or entity that sold the property for the
15 purpose of resale by the fundraising entity and that profits
16 from the sale to the fundraising entity. This paragraph is
17 exempt from the provisions of Section 3-90.

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

1 is exempt from the provisions of Section 3-90.

2 (30) Beginning January 1, 2001 and through June 30, 2016,
3 food for human consumption that is to be consumed off the
4 premises where it is sold (other than alcoholic beverages, soft
5 drinks, and food that has been prepared for immediate
6 consumption) and prescription and nonprescription medicines,
7 drugs, medical appliances, and insulin, urine testing
8 materials, syringes, and needles used by diabetics, for human
9 use, when purchased for use by a person receiving medical
10 assistance under Article V of the Illinois Public Aid Code who
11 resides in a licensed long-term care facility, as defined in
12 the Nursing Home Care Act, or in a licensed facility as defined
13 in the ID/DD Community Care Act or the Specialized Mental
14 Health Rehabilitation Act of 2013.

15 (31) Beginning on the effective date of this amendatory Act
16 of the 92nd General Assembly, computers and communications
17 equipment utilized for any hospital purpose and equipment used
18 in the diagnosis, analysis, or treatment of hospital patients
19 purchased by a lessor who leases the equipment, under a lease
20 of one year or longer executed or in effect at the time the
21 lessor would otherwise be subject to the tax imposed by this
22 Act, to a hospital that has been issued an active tax exemption
23 identification number by the Department under Section 1g of the
24 Retailers' Occupation Tax Act. If the equipment is leased in a
25 manner that does not qualify for this exemption or is used in
26 any other nonexempt manner, the lessor shall be liable for the

1 tax imposed under this Act or the Service Use Tax Act, as the
2 case may be, based on the fair market value of the property at
3 the time the nonqualifying use occurs. No lessor shall collect
4 or attempt to collect an amount (however designated) that
5 purports to reimburse that lessor for the tax imposed by this
6 Act or the Service Use Tax Act, as the case may be, if the tax
7 has not been paid by the lessor. If a lessor improperly
8 collects any such amount from the lessee, the lessee shall have
9 a legal right to claim a refund of that amount from the lessor.
10 If, however, that amount is not refunded to the lessee for any
11 reason, the lessor is liable to pay that amount to the
12 Department. This paragraph is exempt from the provisions of
13 Section 3-90.

14 (32) Beginning on the effective date of this amendatory Act
15 of the 92nd General Assembly, personal property purchased by a
16 lessor who leases the property, under a lease of one year or
17 longer executed or in effect at the time the lessor would
18 otherwise be subject to the tax imposed by this Act, to a
19 governmental body that has been issued an active sales tax
20 exemption identification number by the Department under
21 Section 1g of the Retailers' Occupation Tax Act. If the
22 property is leased in a manner that does not qualify for this
23 exemption or used in any other nonexempt manner, the lessor
24 shall be liable for the tax imposed under this Act or the
25 Service Use Tax Act, as the case may be, based on the fair
26 market value of the property at the time the nonqualifying use

1 occurs. No lessor shall collect or attempt to collect an amount
2 (however designated) that purports to reimburse that lessor for
3 the tax imposed by this Act or the Service Use Tax Act, as the
4 case may be, if the tax has not been paid by the lessor. If a
5 lessor improperly collects any such amount from the lessee, the
6 lessee shall have a legal right to claim a refund of that
7 amount from the lessor. If, however, that amount is not
8 refunded to the lessee for any reason, the lessor is liable to
9 pay that amount to the Department. This paragraph is exempt
10 from the provisions of Section 3-90.

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

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

4 (34) Beginning January 1, 2008, tangible personal property
5 used in the construction or maintenance of a community water
6 supply, as defined under Section 3.145 of the Environmental
7 Protection Act, that is operated by a not-for-profit
8 corporation that holds a valid water supply permit issued under
9 Title IV of the Environmental Protection Act. This paragraph is
10 exempt from the provisions of Section 3-90.

11 (35) Beginning January 1, 2010, materials, parts,
12 equipment, components, and furnishings incorporated into or
13 upon an aircraft as part of the modification, refurbishment,
14 completion, replacement, repair, or maintenance of the
15 aircraft. This exemption includes consumable supplies used in
16 the modification, refurbishment, completion, replacement,
17 repair, and maintenance of aircraft, but excludes any
18 materials, parts, equipment, components, and consumable
19 supplies used in the modification, replacement, repair, and
20 maintenance of aircraft engines or power plants, whether such
21 engines or power plants are installed or uninstalled upon any
22 such aircraft. "Consumable supplies" include, but are not
23 limited to, adhesive, tape, sandpaper, general purpose
24 lubricants, cleaning solution, latex gloves, and protective
25 films. This exemption applies only to those organizations that
26 (i) hold an Air Agency Certificate and are empowered to operate

1 an approved repair station by the Federal Aviation
2 Administration, (ii) have a Class IV Rating, and (iii) conduct
3 operations in accordance with Part 145 of the Federal Aviation
4 Regulations. The exemption does not include aircraft operated
5 by a commercial air carrier providing scheduled passenger air
6 service pursuant to authority issued under Part 121 or Part 129
7 of the Federal Aviation Regulations.

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

22 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
23 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
24 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-431, eff.
25 8-16-11; 97-636, eff. 6-1-12; 97-767, eff. 7-9-12.)

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

3 (35 ILCS 110/3-5)

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

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

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

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

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

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

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

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

22 (7) Farm machinery and equipment, both new and used,
23 including that manufactured on special order, certified by the
24 purchaser to be used primarily for production agriculture or
25 State or federal agricultural programs, including individual
26 replacement parts for the machinery and equipment, including

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

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

23 Farm machinery and equipment also includes computers,
24 sensors, software, and related equipment used primarily in the
25 computer-assisted operation of production agriculture
26 facilities, equipment, and activities such as, but not limited

1 to, the collection, monitoring, and correlation of animal and
2 crop data for the purpose of formulating animal diets and
3 agricultural chemicals. This item (7) is exempt from the
4 provisions of Section 3-75.

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

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

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

1 drilling, and production equipment, and (vi) machinery and
2 equipment purchased for lease; but excluding motor vehicles
3 required to be registered under the Illinois Vehicle Code.

4 (11) Proceeds from the sale of photoprocessing machinery
5 and equipment, including repair and replacement parts, both new
6 and used, including that manufactured on special order,
7 certified by the purchaser to be used primarily for
8 photoprocessing, and including photoprocessing machinery and
9 equipment purchased for lease.

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

18 (13) Semen used for artificial insemination of livestock
19 for direct agricultural production.

20 (14) Horses, or interests in horses, registered with and
21 meeting the requirements of any of the Arabian Horse Club
22 Registry of America, Appaloosa Horse Club, American Quarter
23 Horse Association, United States Trotting Association, or
24 Jockey Club, as appropriate, used for purposes of breeding or
25 racing for prizes. This item (14) is exempt from the provisions
26 of Section 3-75, and the exemption provided for under this item

1 (14) applies for all periods beginning May 30, 1995, but no
2 claim for credit or refund is allowed on or after the effective
3 date of this amendatory Act of the 95th General Assembly for
4 such taxes paid during the period beginning May 30, 2000 and
5 ending on the effective date of this amendatory Act of the 95th
6 General Assembly.

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

1 is not refunded to the lessee for any reason, the lessor is
2 liable to pay that amount to the Department.

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

23 (17) Beginning with taxable years ending on or after
24 December 31, 1995 and ending with taxable years ending on or
25 before December 31, 2004, personal property that is donated for
26 disaster relief to be used in a State or federally declared

1 disaster area in Illinois or bordering Illinois by a
2 manufacturer or retailer that is registered in this State to a
3 corporation, society, association, foundation, or institution
4 that has been issued a sales tax exemption identification
5 number by the Department that assists victims of the disaster
6 who reside within the declared disaster area.

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

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

23 (20) A motor vehicle, as that term is defined in Section
24 1-146 of the Illinois Vehicle Code, that is donated to a
25 corporation, limited liability company, society, association,
26 foundation, or institution that is determined by the Department

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

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

1 from the sale to the fundraising entity. This paragraph is
2 exempt from the provisions of Section 3-75.

3 (22) Beginning January 1, 2000 and through December 31,
4 2001, new or used automatic vending machines that prepare and
5 serve hot food and beverages, including coffee, soup, and other
6 items, and replacement parts for these machines. Beginning
7 January 1, 2002 and through June 30, 2003, machines and parts
8 for machines used in commercial, coin-operated amusement and
9 vending business if a use or occupation tax is paid on the
10 gross receipts derived from the use of the commercial,
11 coin-operated amusement and vending machines. This paragraph
12 is exempt from the provisions of Section 3-75.

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

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

1 of the 92nd General Assembly, computers and communications
2 equipment utilized for any hospital purpose and equipment used
3 in the diagnosis, analysis, or treatment of hospital patients
4 purchased by a lessor who leases the equipment, under a lease
5 of one year or longer executed or in effect at the time the
6 lessor would otherwise be subject to the tax imposed by this
7 Act, to a hospital that has been issued an active tax exemption
8 identification number by the Department under Section 1g of the
9 Retailers' Occupation Tax Act. If the equipment is leased in a
10 manner that does not qualify for this exemption or is used in
11 any other nonexempt manner, the lessor shall be liable for the
12 tax imposed under this Act or the Use Tax Act, as the case may
13 be, based on the fair market value of the property at the time
14 the nonqualifying use occurs. No lessor shall collect or
15 attempt to collect an amount (however designated) that purports
16 to reimburse that lessor for the tax imposed by this Act or the
17 Use Tax Act, as the case may be, if the tax has not been paid by
18 the lessor. If a lessor improperly collects any such amount
19 from the lessee, the lessee shall have a legal right to claim a
20 refund of that amount from the lessor. If, however, that amount
21 is not refunded to the lessee for any reason, the lessor is
22 liable to pay that amount to the Department. This paragraph is
23 exempt from the provisions of Section 3-75.

24 (25) Beginning on the effective date of this amendatory Act
25 of the 92nd General Assembly, personal property purchased by a
26 lessor who leases the property, under a lease of one year or

1 longer executed or in effect at the time the lessor would
2 otherwise be subject to the tax imposed by this Act, to a
3 governmental body 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 property 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 (26) Beginning January 1, 2008, tangible personal property
21 used in the construction or maintenance of a community water
22 supply, as defined under Section 3.145 of the Environmental
23 Protection Act, that is operated by a not-for-profit
24 corporation that holds a valid water supply permit issued under
25 Title IV of the Environmental Protection Act. This paragraph is
26 exempt from the provisions of Section 3-75.

1 (27) Beginning January 1, 2010, materials, parts,
2 equipment, components, and furnishings incorporated into or
3 upon an aircraft as part of the modification, refurbishment,
4 completion, replacement, repair, or maintenance of the
5 aircraft. This exemption includes consumable supplies used in
6 the modification, refurbishment, completion, replacement,
7 repair, and maintenance of aircraft, but excludes any
8 materials, parts, equipment, components, and consumable
9 supplies used in the modification, replacement, repair, and
10 maintenance of aircraft engines or power plants, whether such
11 engines or power plants are installed or uninstalled upon any
12 such aircraft. "Consumable supplies" include, but are not
13 limited to, adhesive, tape, sandpaper, general purpose
14 lubricants, cleaning solution, latex gloves, and protective
15 films. This exemption applies only to those organizations that
16 (i) hold an Air Agency Certificate and are empowered to operate
17 an approved repair station by the Federal Aviation
18 Administration, (ii) have a Class IV Rating, and (iii) conduct
19 operations in accordance with Part 145 of the Federal Aviation
20 Regulations. The exemption does not include aircraft operated
21 by a commercial air carrier providing scheduled passenger air
22 service pursuant to authority issued under Part 121 or Part 129
23 of the Federal Aviation Regulations.

24 (28) Tangible personal property purchased by a
25 public-facilities corporation, as described in Section
26 11-65-10 of the Illinois Municipal Code, for purposes of

1 constructing or furnishing a municipal convention hall, but
2 only if the legal title to the municipal convention hall is
3 transferred to the municipality without any further
4 consideration by or on behalf of the municipality at the time
5 of the completion of the municipal convention hall or upon the
6 retirement or redemption of any bonds or other debt instruments
7 issued by the public-facilities corporation in connection with
8 the development of the municipal convention hall. This
9 exemption includes existing public-facilities corporations as
10 provided in Section 11-65-25 of the Illinois Municipal Code.
11 This paragraph is exempt from the provisions of Section 3-75.

12 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
13 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
14 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-431, eff.
15 8-16-11; 97-636, eff. 6-1-12; 97-767, eff. 7-9-12.)

16 (35 ILCS 110/3-10) (from Ch. 120, par. 439.33-10)

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

23 Beginning on July 1, 2000 and through December 31, 2000,
24 with respect to motor fuel, as defined in Section 1.1 of the
25 Motor Fuel Tax Law, and gasohol, as defined in Section 3-40 of

1 the Use Tax Act, the tax is imposed at the rate of 1.25%.

2 With respect to gasohol, as defined in the Use Tax Act, the
3 tax imposed by this Act applies to (i) 70% of the selling price
4 of property transferred as an incident to the sale of service
5 on or after January 1, 1990, and before July 1, 2003, (ii) 80%
6 of the selling price of property transferred as an incident to
7 the sale of service on or after July 1, 2003 and on or before
8 December 31, 2018, and (iii) 100% of the selling price
9 thereafter. If, at any time, however, the tax under this Act on
10 sales of gasohol, as defined in the Use Tax Act, is imposed at
11 the rate of 1.25%, then the tax imposed by this Act applies to
12 100% of the proceeds of sales of gasohol made during that time.

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

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

1 than 1% and no more than 10% biodiesel is imposed at the rate
2 of 1.25%, then the tax imposed by this Act applies to 100% of
3 the proceeds of sales of biodiesel blends with no less than 1%
4 and no more than 10% biodiesel made during that time.

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

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

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

1 Specialized Mental Health Rehabilitation Act of 2013, or the
2 Child Care Act of 1969. The tax shall also be imposed at the
3 rate of 1% on food for human consumption that is to be consumed
4 off the premises where it is sold (other than alcoholic
5 beverages, soft drinks, and food that has been prepared for
6 immediate consumption and is not otherwise included in this
7 paragraph) and prescription and nonprescription medicines,
8 drugs, medical appliances, modifications to a motor vehicle for
9 the purpose of rendering it usable by a disabled person, and
10 insulin, urine testing materials, syringes, and needles used by
11 diabetics, for human use. For the purposes of this Section,
12 until September 1, 2009: the term "soft drinks" means any
13 complete, finished, ready-to-use, non-alcoholic drink, whether
14 carbonated or not, including but not limited to soda water,
15 cola, fruit juice, vegetable juice, carbonated water, and all
16 other preparations commonly known as soft drinks of whatever
17 kind or description that are contained in any closed or sealed
18 bottle, can, carton, or container, regardless of size; but
19 "soft drinks" does not include coffee, tea, non-carbonated
20 water, infant formula, milk or milk products as defined in the
21 Grade A Pasteurized Milk and Milk Products Act, or drinks
22 containing 50% or more natural fruit or vegetable juice.

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

1 products, soy, rice or similar milk substitutes, or greater
2 than 50% of vegetable or fruit juice by volume.

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

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

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

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

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

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

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

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

25 Section 6-150. The Service Occupation Tax Act is amended by

1 changing Sections 3-5 and 3-10 as follows:

2 (35 ILCS 115/3-5)

3 Sec. 3-5. Exemptions. The following tangible personal
4 property is exempt from the tax imposed by this Act:

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

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

15 (3) Personal property purchased by any not-for-profit arts
16 or cultural organization that establishes, by proof required by
17 the Department by rule, that it has received an exemption under
18 Section 501(c)(3) of the Internal Revenue Code and that is
19 organized and operated primarily for the presentation or
20 support of arts or cultural programming, activities, or
21 services. These organizations include, but are not limited to,
22 music and dramatic arts organizations such as symphony
23 orchestras and theatrical groups, arts and cultural service
24 organizations, local arts councils, visual arts organizations,
25 and media arts organizations. On and after the effective date

1 of this amendatory Act of the 92nd General Assembly, however,
2 an entity otherwise eligible for this exemption shall not make
3 tax-free purchases unless it has an active identification
4 number issued by the Department.

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

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

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

21 (7) Farm machinery and equipment, both new and used,
22 including that manufactured on special order, certified by the
23 purchaser to be used primarily for production agriculture or
24 State or federal agricultural programs, including individual
25 replacement parts for the machinery and equipment, including
26 machinery and equipment purchased for lease, and including

1 implements of husbandry defined in Section 1-130 of the
2 Illinois Vehicle Code, farm machinery and agricultural
3 chemical and fertilizer spreaders, and nurse wagons required to
4 be registered under Section 3-809 of the Illinois Vehicle Code,
5 but excluding other motor vehicles required to be registered
6 under the Illinois Vehicle Code. Horticultural polyhouses or
7 hoop houses used for propagating, growing, or overwintering
8 plants shall be considered farm machinery and equipment under
9 this item (7). Agricultural chemical tender tanks and dry boxes
10 shall include units sold separately from a motor vehicle
11 required to be licensed and units sold mounted on a motor
12 vehicle required to be licensed if the selling price of the
13 tender is separately stated.

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

22 Farm machinery and equipment also includes computers,
23 sensors, software, and related equipment used primarily in the
24 computer-assisted operation of production agriculture
25 facilities, equipment, and activities such as, but not limited
26 to, the collection, monitoring, and correlation of animal and

1 crop data for the purpose of formulating animal diets and
2 agricultural chemicals. This item (7) is exempt from the
3 provisions of Section 3-55.

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

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

19 (10) 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 (11) 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 (12) 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 (13) Beginning January 1, 1992 and through June 30, 2016,
16 food for human consumption that is to be consumed off the
17 premises where it is sold (other than alcoholic beverages, soft
18 drinks and food that has been prepared for immediate
19 consumption) and prescription and non-prescription medicines,
20 drugs, medical appliances, and insulin, urine testing
21 materials, syringes, and needles used by diabetics, for human
22 use, when purchased for use by a person receiving medical
23 assistance under Article V of the Illinois Public Aid Code who
24 resides in a licensed long-term care facility, as defined in
25 the Nursing Home Care Act, or in a licensed facility as defined
26 in the ID/DD Community Care Act or the Specialized Mental

1 Health Rehabilitation Act of 2013.

2 (14) Semen used for artificial insemination of livestock
3 for direct agricultural production.

4 (15) Horses, or interests in horses, registered with and
5 meeting the requirements of any of the Arabian Horse Club
6 Registry of America, Appaloosa Horse Club, American Quarter
7 Horse Association, United States Trotting Association, or
8 Jockey Club, as appropriate, used for purposes of breeding or
9 racing for prizes. This item (15) is exempt from the provisions
10 of Section 3-55, and the exemption provided for under this item
11 (15) applies for all periods beginning May 30, 1995, but no
12 claim for credit or refund is allowed on or after January 1,
13 2008 (the effective date of Public Act 95-88) for such taxes
14 paid during the period beginning May 30, 2000 and ending on
15 January 1, 2008 (the effective date of Public Act 95-88).

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

24 (17) Personal property sold to a lessor who leases the
25 property, under a lease of one year or longer executed or in
26 effect at the time of the purchase, to a governmental body that

1 has been issued an active tax exemption identification number
2 by the Department under Section 1g of the Retailers' Occupation
3 Tax Act.

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

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

26 (20) Beginning July 1, 1999, game or game birds sold at a

1 "game breeding and hunting preserve area" as that term is used
2 in the Wildlife Code. This paragraph is exempt from the
3 provisions of Section 3-55.

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

22 (22) Beginning January 1, 2000, personal property,
23 including food, purchased through fundraising events for the
24 benefit of a public or private elementary or secondary school,
25 a group of those schools, or one or more school districts if
26 the events are sponsored by an entity recognized by the school

1 district that consists primarily of volunteers and includes
2 parents and teachers of the school children. This paragraph
3 does not apply to fundraising events (i) for the benefit of
4 private home instruction or (ii) for which the fundraising
5 entity purchases the personal property sold at the events from
6 another individual or entity that sold the property for the
7 purpose of resale by the fundraising entity and that profits
8 from the sale to the fundraising entity. This paragraph is
9 exempt from the provisions of Section 3-55.

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

20 (24) Beginning on the effective date of this amendatory Act
21 of the 92nd General Assembly, computers and communications
22 equipment utilized for any hospital purpose and equipment used
23 in the diagnosis, analysis, or treatment of hospital patients
24 sold to a lessor who leases the equipment, under a lease of one
25 year or longer executed or in effect at the time of the
26 purchase, to a hospital that has been issued an active tax

1 exemption identification number by the Department under
2 Section 1g of the Retailers' Occupation Tax Act. This paragraph
3 is exempt from the provisions of Section 3-55.

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

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

1 paragraph (26). The permit issued under this paragraph (26)
2 shall authorize the holder, to the extent and in the manner
3 specified in the rules adopted under this Act, to purchase
4 tangible personal property from a retailer exempt from the
5 taxes imposed by this Act. Taxpayers shall maintain all
6 necessary books and records to substantiate the use and
7 consumption of all such tangible personal property outside of
8 the State of Illinois.

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

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

1 exemption includes existing public-facilities corporations as
2 provided in Section 11-65-25 of the Illinois Municipal Code.
3 This paragraph is exempt from the provisions of Section 3-55.

4 (29) Beginning January 1, 2010, materials, parts,
5 equipment, components, and furnishings incorporated into or
6 upon an aircraft as part of the modification, refurbishment,
7 completion, replacement, repair, or maintenance of the
8 aircraft. This exemption includes consumable supplies used in
9 the modification, refurbishment, completion, replacement,
10 repair, and maintenance of aircraft, but excludes any
11 materials, parts, equipment, components, and consumable
12 supplies used in the modification, replacement, repair, and
13 maintenance of aircraft engines or power plants, whether such
14 engines or power plants are installed or uninstalled upon any
15 such aircraft. "Consumable supplies" include, but are not
16 limited to, adhesive, tape, sandpaper, general purpose
17 lubricants, cleaning solution, latex gloves, and protective
18 films. This exemption applies only to those organizations that
19 (i) hold an Air Agency Certificate and are empowered to operate
20 an approved repair station by the Federal Aviation
21 Administration, (ii) have a Class IV Rating, and (iii) conduct
22 operations in accordance with Part 145 of the Federal Aviation
23 Regulations. The exemption does not include aircraft operated
24 by a commercial air carrier providing scheduled passenger air
25 service pursuant to authority issued under Part 121 or Part 129
26 of the Federal Aviation Regulations.

1 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
2 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
3 7-2-10; 97-38, eff. 6-28-11; 97-73, eff. 6-30-11; 97-227, eff.
4 1-1-12; 97-431, eff. 8-16-11; 97-636, eff. 6-1-12; 97-767, eff.
5 7-9-12.)

6 (35 ILCS 115/3-10) (from Ch. 120, par. 439.103-10)

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

25 Beginning on July 1, 2000 and through December 31, 2000,

1 with respect to motor fuel, as defined in Section 1.1 of the
2 Motor Fuel Tax Law, and gasohol, as defined in Section 3-40 of
3 the Use Tax Act, the tax is imposed at the rate of 1.25%.

4 With respect to gasohol, as defined in the Use Tax Act, the
5 tax imposed by this Act shall apply to (i) 70% of the cost
6 price of property transferred as an incident to the sale of
7 service on or after January 1, 1990, and before July 1, 2003,
8 (ii) 80% of the selling price of property transferred as an
9 incident to the sale of service on or after July 1, 2003 and on
10 or before December 31, 2018, and (iii) 100% of the cost price
11 thereafter. If, at any time, however, the tax under this Act on
12 sales of gasohol, as defined in the Use Tax Act, is imposed at
13 the rate of 1.25%, then the tax imposed by this Act applies to
14 100% of the proceeds of sales of gasohol made during that time.

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

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

1 at any time, however, the tax under this Act on sales of
2 biodiesel blends, as defined in the Use Tax Act, with no less
3 than 1% and no more than 10% biodiesel is imposed at the rate
4 of 1.25%, then the tax imposed by this Act applies to 100% of
5 the proceeds of sales of biodiesel blends with no less than 1%
6 and no more than 10% biodiesel made during that time.

7 With respect to 100% biodiesel, as defined in the Use Tax
8 Act, and biodiesel blends, as defined in the Use Tax Act, with
9 more than 10% but no more than 99% biodiesel material, the tax
10 imposed by this Act does not apply to the proceeds of the
11 selling price of property transferred as an incident to the
12 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 At the election of any registered serviceman made for each
16 fiscal year, sales of service in which the aggregate annual
17 cost price of tangible personal property transferred as an
18 incident to the sales of service is less than 35%, or 75% in
19 the case of servicemen transferring prescription drugs or
20 servicemen engaged in graphic arts production, of the aggregate
21 annual total gross receipts from all sales of service, the tax
22 imposed by this Act shall be based on the serviceman's cost
23 price of the tangible personal property transferred incident to
24 the sale of those services.

25 The tax shall be imposed at the rate of 1% on food prepared
26 for immediate consumption and transferred incident to a sale of

1 service subject to this Act or the Service Occupation Tax Act
2 by an entity licensed under the Hospital Licensing Act, the
3 Nursing Home Care Act, the ID/DD Community Care Act, the
4 Specialized Mental Health Rehabilitation Act of 2013, or the
5 Child Care Act of 1969. The tax shall also be imposed at the
6 rate of 1% on food for human consumption that is to be consumed
7 off the premises where it is sold (other than alcoholic
8 beverages, soft drinks, and food that has been prepared for
9 immediate consumption and is not otherwise included in this
10 paragraph) and prescription and nonprescription medicines,
11 drugs, medical appliances, modifications to a motor vehicle for
12 the purpose of rendering it usable by a disabled person, and
13 insulin, urine testing materials, syringes, and needles used by
14 diabetics, for human use. For the purposes of this Section,
15 until September 1, 2009: the term "soft drinks" means any
16 complete, finished, ready-to-use, non-alcoholic drink, whether
17 carbonated or not, including but not limited to soda water,
18 cola, fruit juice, vegetable juice, carbonated water, and all
19 other preparations commonly known as soft drinks of whatever
20 kind or description that are contained in any closed or sealed
21 can, carton, or container, regardless of size; but "soft
22 drinks" does not include coffee, tea, non-carbonated water,
23 infant formula, milk or milk products as defined in the Grade A
24 Pasteurized Milk and Milk Products Act, or drinks containing
25 50% or more natural fruit or vegetable juice.

26 Notwithstanding any other provisions of this Act,

1 beginning September 1, 2009, "soft drinks" means non-alcoholic
2 beverages that contain natural or artificial sweeteners. "Soft
3 drinks" do not include beverages that contain milk or milk
4 products, soy, rice or similar milk substitutes, or greater
5 than 50% of vegetable or fruit juice by volume.

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

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

1 Notwithstanding any other provisions of this Act,
2 beginning September 1, 2009, "nonprescription medicines and
3 drugs" does not include grooming and hygiene products. For
4 purposes of this Section, "grooming and hygiene products"
5 includes, but is not limited to, soaps and cleaning solutions,
6 shampoo, toothpaste, mouthwash, antiperspirants, and sun tan
7 lotions and screens, unless those products are available by
8 prescription only, regardless of whether the products meet the
9 definition of "over-the-counter-drugs". For the purposes of
10 this paragraph, "over-the-counter-drug" means a drug for human
11 use that contains a label that identifies the product as a drug
12 as required by 21 C.F.R. § 201.66. The "over-the-counter-drug"
13 label includes:

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

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

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

23 (35 ILCS 120/2-5)

24 Sec. 2-5. Exemptions. Gross receipts from proceeds from the

1 sale of the following tangible personal property are exempt
2 from the tax imposed by this Act:

3 (1) Farm chemicals.

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

23 Farm machinery and equipment shall include precision
24 farming equipment that is installed or purchased to be
25 installed on farm machinery and equipment including, but not
26 limited to, tractors, harvesters, sprayers, planters, seeders,

1 or spreaders. Precision farming equipment includes, but is not
2 limited to, soil testing sensors, computers, monitors,
3 software, global positioning and mapping systems, and other
4 such equipment.

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

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

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

1 immediate change upon a graphic arts product.

2 (5) A motor vehicle of the first division, a motor vehicle
3 of the second division that is a self contained motor vehicle
4 designed or permanently converted to provide living quarters
5 for recreational, camping, or travel use, with direct walk
6 through access to the living quarters from the driver's seat,
7 or a motor vehicle of the second division that is of the van
8 configuration designed for the transportation of not less than
9 7 nor more than 16 passengers, as defined in Section 1-146 of
10 the Illinois Vehicle Code, that is used for automobile renting,
11 as defined in the Automobile Renting Occupation and Use Tax
12 Act. This paragraph is exempt from the provisions of Section
13 2-70.

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) Until July 1, 2003, proceeds of that portion of the
18 selling price of a passenger car the sale of which is subject
19 to the Replacement Vehicle Tax.

20 (8) Personal property sold to an Illinois county fair
21 association for use in conducting, operating, or promoting the
22 county fair.

23 (9) Personal property sold to a not-for-profit arts or
24 cultural organization that establishes, by proof required by
25 the Department by rule, that it has received an exemption under
26 Section 501(c)(3) of the Internal Revenue Code and that is

1 organized and operated primarily for the presentation or
2 support of arts or cultural programming, activities, or
3 services. These organizations include, but are not limited to,
4 music and dramatic arts organizations such as symphony
5 orchestras and theatrical groups, arts and cultural service
6 organizations, local arts councils, visual arts organizations,
7 and media arts organizations. On and after the effective date
8 of this amendatory Act of the 92nd General Assembly, however,
9 an entity otherwise eligible for this exemption shall not make
10 tax-free purchases unless it has an active identification
11 number issued by the Department.

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

19 (11) Personal property sold to a governmental body, to a
20 corporation, society, association, foundation, or institution
21 organized and operated exclusively for charitable, religious,
22 or educational purposes, or to a not-for-profit corporation,
23 society, association, foundation, institution, or organization
24 that has no compensated officers or employees and that is
25 organized and operated primarily for the recreation of persons
26 55 years of age or older. A limited liability company may

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

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

16 (12-5) On and after July 1, 2003 and through June 30, 2004,
17 motor vehicles of the second division with a gross vehicle
18 weight in excess of 8,000 pounds that are subject to the
19 commercial distribution fee imposed under Section 3-815.1 of
20 the Illinois Vehicle Code. Beginning on July 1, 2004 and
21 through June 30, 2005, the use in this State of motor vehicles
22 of the second division: (i) with a gross vehicle weight rating
23 in excess of 8,000 pounds; (ii) that are subject to the
24 commercial distribution fee imposed under Section 3-815.1 of
25 the Illinois Vehicle Code; and (iii) that are primarily used
26 for commercial purposes. Through June 30, 2005, this exemption

1 applies to repair and replacement parts added after the initial
2 purchase of such a motor vehicle if that motor vehicle is used
3 in a manner that would qualify for the rolling stock exemption
4 otherwise provided for in this Act. For purposes of this
5 paragraph, "used for commercial purposes" means the
6 transportation of persons or property in furtherance of any
7 commercial or industrial enterprise whether for-hire or not.

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

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

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

8 (16) Petroleum products sold to a purchaser if the seller
9 is prohibited by federal law from charging tax to the
10 purchaser.

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

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

23 (19) Until July 1 2003, oil field exploration, drilling,
24 and production equipment, including (i) rigs and parts of rigs,
25 rotary rigs, cable tool rigs, and workover rigs, (ii) pipe and
26 tubular goods, including casing and drill strings, (iii) pumps

1 and pump-jack units, (iv) storage tanks and flow lines, (v) any
2 individual replacement part for oil field exploration,
3 drilling, and production equipment, and (vi) machinery and
4 equipment purchased for lease; but excluding motor vehicles
5 required to be registered under the Illinois Vehicle Code.

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

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

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

25 (23) A transaction in which the purchase order is received
26 by a florist who is located outside Illinois, but who has a

1 florist located in Illinois deliver the property to the
2 purchaser or the purchaser's donee in Illinois.

3 (24) Fuel consumed or used in the operation of ships,
4 barges, or vessels that are used primarily in or for the
5 transportation of property or the conveyance of persons for
6 hire on rivers bordering on this State if the fuel is delivered
7 by the seller to the purchaser's barge, ship, or vessel while
8 it is afloat upon that bordering river.

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

21 (25-5) The exemption under item (25) does not apply if the
22 state in which the motor vehicle will be titled does not allow
23 a reciprocal exemption for a motor vehicle sold and delivered
24 in that state to an Illinois resident but titled in Illinois.
25 The tax collected under this Act on the sale of a motor vehicle
26 in this State to a resident of another state that does not

1 allow a reciprocal exemption shall be imposed at a rate equal
2 to the state's rate of tax on taxable property in the state in
3 which the purchaser is a resident, except that the tax shall
4 not exceed the tax that would otherwise be imposed under this
5 Act. At the time of the sale, the purchaser shall execute a
6 statement, signed under penalty of perjury, of his or her
7 intent to title the vehicle in the state in which the purchaser
8 is a resident within 30 days after the sale and of the fact of
9 the payment to the State of Illinois of tax in an amount
10 equivalent to the state's rate of tax on taxable property in
11 his or her state of residence and shall submit the statement to
12 the appropriate tax collection agency in his or her state of
13 residence. In addition, the retailer must retain a signed copy
14 of the statement in his or her records. Nothing in this item
15 shall be construed to require the removal of the vehicle from
16 this state following the filing of an intent to title the
17 vehicle in the purchaser's state of residence if the purchaser
18 titles the vehicle in his or her state of residence within 30
19 days after the date of sale. The tax collected under this Act
20 in accordance with this item (25-5) shall be proportionately
21 distributed as if the tax were collected at the 6.25% general
22 rate imposed under this Act.

23 (25-7) Beginning on July 1, 2007, no tax is imposed under
24 this Act on the sale of an aircraft, as defined in Section 3 of
25 the Illinois Aeronautics Act, if all of the following
26 conditions are met:

1 (1) the aircraft leaves this State within 15 days after
2 the later of either the issuance of the final billing for
3 the sale of the aircraft, or the authorized approval for
4 return to service, completion of the maintenance record
5 entry, and completion of the test flight and ground test
6 for inspection, as required by 14 C.F.R. 91.407;

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

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

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

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

24 "Registered in this State" means an aircraft registered
25 with the Department of Transportation, Aeronautics Division,
26 or titled or registered with the Federal Aviation

1 Administration to an address located in this State.

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

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

6 (27) 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 (27) is exempt from the provisions
12 of Section 2-70, and the exemption provided for under this item
13 (27) 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 (the effective date of Public Act 95-88) for such taxes
16 paid during the period beginning May 30, 2000 and ending on
17 January 1, 2008 (the effective date of Public Act 95-88).

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

26 (29) Personal property sold to a lessor who leases the

1 property, under a lease of one year or longer executed or in
2 effect at the time of the purchase, to a governmental body that
3 has been issued an active tax exemption identification number
4 by the Department under Section 1g of this Act.

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

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

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

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

23 (34) Beginning January 1, 2000, personal property,
24 including food, purchased through fundraising events for the
25 benefit of a public or private elementary or secondary school,
26 a group of those schools, or one or more school districts if

1 the events are sponsored by an entity recognized by the school
2 district that consists primarily of volunteers and includes
3 parents and teachers of the school children. This paragraph
4 does not apply to fundraising events (i) for the benefit of
5 private home instruction or (ii) for which the fundraising
6 entity purchases the personal property sold at the events from
7 another individual or entity that sold the property for the
8 purpose of resale by the fundraising entity and that profits
9 from the sale to the fundraising entity. This paragraph is
10 exempt from the provisions of Section 2-70.

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

21 (35-5) Beginning August 23, 2001 and through June 30, 2016,
22 food for human consumption that is to be consumed off the
23 premises where it is sold (other than alcoholic beverages, soft
24 drinks, and food that has been prepared for immediate
25 consumption) and prescription and nonprescription medicines,
26 drugs, medical appliances, and insulin, urine testing

1 materials, syringes, and needles used by diabetics, for human
2 use, when purchased for use by a person receiving medical
3 assistance under Article V of the Illinois Public Aid Code who
4 resides in a licensed long-term care facility, as defined in
5 the Nursing Home Care Act, or a licensed facility as defined in
6 the ID/DD Community Care Act or the Specialized Mental Health
7 Rehabilitation Act of 2013.

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

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

24 (38) Beginning on January 1, 2002 and through June 30,
25 2016, tangible personal property purchased from an Illinois
26 retailer by a taxpayer engaged in centralized purchasing

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

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

1 exempt from the provisions of Section 2-70.

2 (40) Beginning January 1, 2010, materials, parts,
3 equipment, components, and furnishings incorporated into or
4 upon an aircraft as part of the modification, refurbishment,
5 completion, replacement, repair, or maintenance of the
6 aircraft. This exemption includes consumable supplies used in
7 the modification, refurbishment, completion, replacement,
8 repair, and maintenance of aircraft, but excludes any
9 materials, parts, equipment, components, and consumable
10 supplies used in the modification, replacement, repair, and
11 maintenance of aircraft engines or power plants, whether such
12 engines or power plants are installed or uninstalled upon any
13 such aircraft. "Consumable supplies" include, but are not
14 limited to, adhesive, tape, sandpaper, general purpose
15 lubricants, cleaning solution, latex gloves, and protective
16 films. This exemption applies only to those organizations that
17 (i) hold an Air Agency Certificate and are empowered to operate
18 an approved repair station by the Federal Aviation
19 Administration, (ii) have a Class IV Rating, and (iii) conduct
20 operations in accordance with Part 145 of the Federal Aviation
21 Regulations. The exemption does not include aircraft operated
22 by a commercial air carrier providing scheduled passenger air
23 service pursuant to authority issued under Part 121 or Part 129
24 of the Federal Aviation Regulations.

25 (41) Tangible personal property sold to a
26 public-facilities corporation, as described in Section

1 11-65-10 of the Illinois Municipal Code, for purposes of
2 constructing or furnishing a municipal convention hall, but
3 only if the legal title to the municipal convention hall is
4 transferred to the municipality without any further
5 consideration by or on behalf of the municipality at the time
6 of the completion of the municipal convention hall or upon the
7 retirement or redemption of any bonds or other debt instruments
8 issued by the public-facilities corporation in connection with
9 the development of the municipal convention hall. This
10 exemption includes existing public-facilities corporations as
11 provided in Section 11-65-25 of the Illinois Municipal Code.
12 This paragraph is exempt from the provisions of Section 2-70.

13 (Source: P.A. 96-116, eff. 7-31-09; 96-339, eff. 7-1-10;
14 96-532, eff. 8-14-09; 96-759, eff. 1-1-10; 96-1000, eff.
15 7-2-10; 97-38, eff. 6-28-11; 97-73, eff. 6-30-11; 97-227, eff.
16 1-1-12; 97-431, eff. 8-16-11; 97-636, eff. 6-1-12; 97-767, eff.
17 7-9-12.)

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

20 (35 ILCS 200/15-168)

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

22 (a) Beginning with taxable year 2007, an annual homestead
23 exemption is granted to disabled persons in the amount of
24 \$2,000, except as provided in subsection (c), to be deducted

1 from the property's value as equalized or assessed by the
2 Department of Revenue. The disabled person shall receive the
3 homestead exemption upon meeting the following requirements:

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

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

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

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

26 (b) For the purposes of this Section, "disabled person"

1 means a person unable to engage in any substantial gainful
2 activity by reason of a medically determinable physical or
3 mental impairment which can be expected to result in death or
4 has lasted or can be expected to last for a continuous period
5 of not less than 12 months. Disabled persons filing claims
6 under this Act shall submit proof of disability in such form
7 and manner as the Department shall by rule and regulation
8 prescribe. Proof that a claimant is eligible to receive
9 disability benefits under the Federal Social Security Act shall
10 constitute proof of disability for purposes of this Act.
11 Issuance of an Illinois Person with a Disability Identification
12 Card stating that the claimant is under a Class 2 disability,
13 as defined in Section 4A of the Illinois Identification Card
14 Act, shall constitute proof that the person named thereon is a
15 disabled person for purposes of this Act. A disabled person not
16 covered under the Federal Social Security Act and not
17 presenting an Illinois Person with a Disability Identification
18 Card stating that the claimant is under a Class 2 disability
19 shall be examined by a physician designated by the Department,
20 and his status as a disabled person determined using the same
21 standards as used by the Social Security Administration. The
22 costs of any required examination shall be borne by the
23 claimant.

24 (c) For land improved with (i) an apartment building owned
25 and operated as a cooperative or (ii) a life care facility as
26 defined under Section 2 of the Life Care Facilities Act that is

1 considered to be a cooperative, the maximum reduction from the
2 value of the property, as equalized or assessed by the
3 Department, shall be multiplied by the number of apartments or
4 units occupied by a disabled person. The disabled person shall
5 receive the homestead exemption upon meeting the following
6 requirements:

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

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

16 (3) The disabled person must be an owner of record of a
17 legal or equitable interest in the cooperative apartment
18 building. A leasehold interest does not meet this
19 requirement.

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

1 qualified disabled person is guilty of a Class B misdemeanor.

2 (d) The chief county assessment officer shall determine the
3 eligibility of property to receive the homestead exemption
4 according to guidelines established by the Department. After a
5 person has received an exemption under this Section, an annual
6 verification of eligibility for the exemption shall be mailed
7 to the taxpayer.

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

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

26 (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; 97-1064, eff. 1-1-13.)

2 (35 ILCS 200/15-170)

3 Sec. 15-170. Senior Citizens Homestead Exemption. An
4 annual homestead exemption limited, except as described here
5 with relation to cooperatives or life care facilities, to a
6 maximum reduction set forth below from the property's value, as
7 equalized or assessed by the Department, is granted for
8 property that is occupied as a residence by a person 65 years
9 of age or older who is liable for paying real estate taxes on
10 the property and is an owner of record of the property or has a
11 legal or equitable interest therein as evidenced by a written
12 instrument, except for a leasehold interest, other than a
13 leasehold interest of land on which a single family residence
14 is located, which is occupied as a residence by a person 65
15 years or older who has an ownership interest therein, legal,
16 equitable or as a lessee, and on which he or she is liable for
17 the payment of property taxes. Before taxable year 2004, the
18 maximum reduction shall be \$2,500 in counties with 3,000,000 or
19 more inhabitants and \$2,000 in all other counties. For taxable
20 years 2004 through 2005, the maximum reduction shall be \$3,000
21 in all counties. For taxable years 2006 and 2007, the maximum
22 reduction shall be \$3,500 and, for taxable years 2008 and
23 thereafter, the maximum reduction is \$4,000 in all counties.

24 For land improved with an apartment building owned and
25 operated as a cooperative, the maximum reduction from the value

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

26 When a homestead exemption has been granted under this

1 Section and the person qualifying subsequently becomes a
2 resident of a facility licensed under the Assisted Living and
3 Shared Housing Act, the Nursing Home Care Act, the Specialized
4 Mental Health Rehabilitation Act of 2013, or the ID/DD
5 Community Care Act, the exemption shall continue so long as the
6 residence continues to be occupied by the qualifying person's
7 spouse if the spouse is 65 years of age or older, or if the
8 residence remains unoccupied but is still owned by the person
9 qualified for the homestead exemption.

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

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

1 The assessor or chief county assessment officer may
2 determine the eligibility of a life care facility to receive
3 the benefits provided by this Section, by affidavit,
4 application, visual inspection, questionnaire or other
5 reasonable methods in order to insure that the tax savings
6 resulting from the exemption are credited by the management
7 firm to the apportioned tax liability of each qualifying
8 resident. The assessor may request reasonable proof that the
9 management firm has so credited the exemption.

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

1 designation at any time, in the manner and form required by the
2 chief county assessment officer.

3 The assessor or chief county assessment officer may
4 determine the eligibility of residential property to receive
5 the homestead exemption provided by this Section by
6 application, visual inspection, questionnaire or other
7 reasonable methods. The determination shall be made in
8 accordance with guidelines established by the Department.

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

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

23 The assessor or chief county assessment officer shall
24 notify each person who qualifies for an exemption under this
25 Section that the person may also qualify for deferral of real
26 estate taxes under the Senior Citizens Real Estate Tax Deferral

1 Act. The notice shall set forth the qualifications needed for
2 deferral of real estate taxes, the address and telephone number
3 of county collector, and a statement that applications for
4 deferral of real estate taxes may be obtained from the county
5 collector.

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

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

12 (35 ILCS 200/15-172)

13 Sec. 15-172. Senior Citizens Assessment Freeze Homestead
14 Exemption.

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

17 (b) As used in this Section:

18 "Applicant" means an individual who has filed an
19 application under this Section.

20 "Base amount" means the base year equalized assessed value
21 of the residence plus the first year's equalized assessed value
22 of any added improvements which increased the assessed value of
23 the residence after the base year.

24 "Base year" means the taxable year prior to the taxable
25 year for which the applicant first qualifies and applies for

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

1 selected year shall be the base year for taxable year 1999 and
2 thereafter until a new base year is established under the terms
3 of this paragraph.

4 "Chief County Assessment Officer" means the County
5 Assessor or Supervisor of Assessments of the county in which
6 the property is located.

7 "Equalized assessed value" means the assessed value as
8 equalized by the Illinois Department of Revenue.

9 "Household" means the applicant, the spouse of the
10 applicant, and all persons using the residence of the applicant
11 as their principal place of residence.

12 "Household income" means the combined income of the members
13 of a household for the calendar year preceding the taxable
14 year.

15 "Income" has the same meaning as provided in Section 3.07
16 of the Senior Citizens and Disabled Persons Property Tax Relief
17 Act, except that, beginning in assessment year 2001, "income"
18 does not include veteran's benefits.

19 "Internal Revenue Code of 1986" means the United States
20 Internal Revenue Code of 1986 or any successor law or laws
21 relating to federal income taxes in effect for the year
22 preceding the taxable year.

23 "Life care facility that qualifies as a cooperative" means
24 a facility as defined in Section 2 of the Life Care Facilities
25 Act.

26 "Maximum income limitation" means:

- 1 (1) \$35,000 prior to taxable year 1999;
- 2 (2) \$40,000 in taxable years 1999 through 2003;
- 3 (3) \$45,000 in taxable years 2004 through 2005;
- 4 (4) \$50,000 in taxable years 2006 and 2007; and
- 5 (5) \$55,000 in taxable year 2008 and thereafter.

6 "Residence" means the principal dwelling place and
7 appurtenant structures used for residential purposes in this
8 State occupied on January 1 of the taxable year by a household
9 and so much of the surrounding land, constituting the parcel
10 upon which the dwelling place is situated, as is used for
11 residential purposes. If the Chief County Assessment Officer
12 has established a specific legal description for a portion of
13 property constituting the residence, then that portion of
14 property shall be deemed the residence for the purposes of this
15 Section.

16 "Taxable year" means the calendar year during which ad
17 valorem property taxes payable in the next succeeding year are
18 levied.

19 (c) Beginning in taxable year 1994, a senior citizens
20 assessment freeze homestead exemption is granted for real
21 property that is improved with a permanent structure that is
22 occupied as a residence by an applicant who (i) is 65 years of
23 age or older during the taxable year, (ii) has a household
24 income that does not exceed the maximum income limitation,
25 (iii) is liable for paying real property taxes on the property,
26 and (iv) is an owner of record of the property or has a legal or

1 equitable interest in the property as evidenced by a written
2 instrument. This homestead exemption shall also apply to a
3 leasehold interest in a parcel of property improved with a
4 permanent structure that is a single family residence that is
5 occupied as a residence by a person who (i) is 65 years of age
6 or older during the taxable year, (ii) has a household income
7 that does not exceed the maximum income limitation, (iii) has a
8 legal or equitable ownership interest in the property as
9 lessee, and (iv) is liable for the payment of real property
10 taxes on that property.

11 In counties of 3,000,000 or more inhabitants, the amount of
12 the exemption for all taxable years is the equalized assessed
13 value of the residence in the taxable year for which
14 application is made minus the base amount. In all other
15 counties, the amount of the exemption is as follows: (i)
16 through taxable year 2005 and for taxable year 2007 and
17 thereafter, the amount of this exemption shall be the equalized
18 assessed value of the residence in the taxable year for which
19 application is made minus the base amount; and (ii) for taxable
20 year 2006, the amount of the exemption is as follows:

21 (1) For an applicant who has a household income of
22 \$45,000 or less, the amount of the exemption is the
23 equalized assessed value of the residence in the taxable
24 year for which application is made minus the base amount.

25 (2) For an applicant who has a household income
26 exceeding \$45,000 but not exceeding \$46,250, the amount of

1 the exemption is (i) the equalized assessed value of the
2 residence in the taxable year for which application is made
3 minus the base amount (ii) multiplied by 0.8.

4 (3) For an applicant who has a household income
5 exceeding \$46,250 but not exceeding \$47,500, the amount of
6 the exemption is (i) the equalized assessed value of the
7 residence in the taxable year for which application is made
8 minus the base amount (ii) multiplied by 0.6.

9 (4) For an applicant who has a household income
10 exceeding \$47,500 but not exceeding \$48,750, the amount of
11 the exemption is (i) the equalized assessed value of the
12 residence in the taxable year for which application is made
13 minus the base amount (ii) multiplied by 0.4.

14 (5) For an applicant who has a household income
15 exceeding \$48,750 but not exceeding \$50,000, the amount of
16 the exemption is (i) the equalized assessed value of the
17 residence in the taxable year for which application is made
18 minus the base amount (ii) multiplied by 0.2.

19 When the applicant is a surviving spouse of an applicant
20 for a prior year for the same residence for which an exemption
21 under this Section has been granted, the base year and base
22 amount for that residence are the same as for the applicant for
23 the prior year.

24 Each year at the time the assessment books are certified to
25 the County Clerk, the Board of Review or Board of Appeals shall
26 give to the County Clerk a list of the assessed values of

1 improvements on each parcel qualifying for this exemption that
2 were added after the base year for this parcel and that
3 increased the assessed value of the property.

4 In the case of land improved with an apartment building
5 owned and operated as a cooperative or a building that is a
6 life care facility that qualifies as a cooperative, the maximum
7 reduction from the equalized assessed value of the property is
8 limited to the sum of the reductions calculated for each unit
9 occupied as a residence by a person or persons (i) 65 years of
10 age or older, (ii) with a household income that does not exceed
11 the maximum income limitation, (iii) who is liable, by contract
12 with the owner or owners of record, for paying real property
13 taxes on the property, and (iv) who is an owner of record of a
14 legal or equitable interest in the cooperative apartment
15 building, other than a leasehold interest. In the instance of a
16 cooperative where a homestead exemption has been granted under
17 this Section, the cooperative association or its management
18 firm shall credit the savings resulting from that exemption
19 only to the apportioned tax liability of the owner who
20 qualified for the exemption. Any person who willfully refuses
21 to credit that savings to an owner who qualifies for the
22 exemption is guilty of a Class B misdemeanor.

23 When a homestead exemption has been granted under this
24 Section and an applicant then becomes a resident of a facility
25 licensed under the Assisted Living and Shared Housing Act, the
26 Nursing Home Care Act, the Specialized Mental Health

1 Rehabilitation Act of 2013, or the ID/DD Community Care Act,
2 the exemption shall be granted in subsequent years so long as
3 the residence (i) continues to be occupied by the qualified
4 applicant's spouse or (ii) if remaining unoccupied, is still
5 owned by the qualified applicant for the homestead exemption.

6 Beginning January 1, 1997, when an individual dies who
7 would have qualified for an exemption under this Section, and
8 the surviving spouse does not independently qualify for this
9 exemption because of age, the exemption under this Section
10 shall be granted to the surviving spouse for the taxable year
11 preceding and the taxable year of the death, provided that,
12 except for age, the surviving spouse meets all other
13 qualifications for the granting of this exemption for those
14 years.

15 When married persons maintain separate residences, the
16 exemption provided for in this Section may be claimed by only
17 one of such persons and for only one residence.

18 For taxable year 1994 only, in counties having less than
19 3,000,000 inhabitants, to receive the exemption, a person shall
20 submit an application by February 15, 1995 to the Chief County
21 Assessment Officer of the county in which the property is
22 located. In counties having 3,000,000 or more inhabitants, for
23 taxable year 1994 and all subsequent taxable years, to receive
24 the exemption, a person may submit an application to the Chief
25 County Assessment Officer of the county in which the property
26 is located during such period as may be specified by the Chief

1 County Assessment Officer. The Chief County Assessment Officer
2 in counties of 3,000,000 or more inhabitants shall annually
3 give notice of the application period by mail or by
4 publication. In counties having less than 3,000,000
5 inhabitants, beginning with taxable year 1995 and thereafter,
6 to receive the exemption, a person shall submit an application
7 by July 1 of each taxable year to the Chief County Assessment
8 Officer of the county in which the property is located. A
9 county may, by ordinance, establish a date for submission of
10 applications that is different than July 1. The applicant shall
11 submit with the application an affidavit of the applicant's
12 total household income, age, marital status (and if married the
13 name and address of the applicant's spouse, if known), and
14 principal dwelling place of members of the household on January
15 1 of the taxable year. The Department shall establish, by rule,
16 a method for verifying the accuracy of affidavits filed by
17 applicants under this Section, and the Chief County Assessment
18 Officer may conduct audits of any taxpayer claiming an
19 exemption under this Section to verify that the taxpayer is
20 eligible to receive the exemption. Each application shall
21 contain or be verified by a written declaration that it is made
22 under the penalties of perjury. A taxpayer's signing a
23 fraudulent application under this Act is perjury, as defined in
24 Section 32-2 of the Criminal Code of 2012. The applications
25 shall be clearly marked as applications for the Senior Citizens
26 Assessment Freeze Homestead Exemption and must contain a notice

1 that any taxpayer who receives the exemption is subject to an
2 audit by the Chief County Assessment Officer.

3 Notwithstanding any other provision to the contrary, in
4 counties having fewer than 3,000,000 inhabitants, if an
5 applicant fails to file the application required by this
6 Section in a timely manner and this failure to file is due to a
7 mental or physical condition sufficiently severe so as to
8 render the applicant incapable of filing the application in a
9 timely manner, the Chief County Assessment Officer may extend
10 the filing deadline for a period of 30 days after the applicant
11 regains the capability to file the application, but in no case
12 may the filing deadline be extended beyond 3 months of the
13 original filing deadline. In order to receive the extension
14 provided in this paragraph, the applicant shall provide the
15 Chief County Assessment Officer with a signed statement from
16 the applicant's physician stating the nature and extent of the
17 condition, that, in the physician's opinion, the condition was
18 so severe that it rendered the applicant incapable of filing
19 the application in a timely manner, and the date on which the
20 applicant regained the capability to file the application.

21 Beginning January 1, 1998, notwithstanding any other
22 provision to the contrary, in counties having fewer than
23 3,000,000 inhabitants, if an applicant fails to file the
24 application required by this Section in a timely manner and
25 this failure to file is due to a mental or physical condition
26 sufficiently severe so as to render the applicant incapable of

1 filing the application in a timely manner, the Chief County
2 Assessment Officer may extend the filing deadline for a period
3 of 3 months. In order to receive the extension provided in this
4 paragraph, the applicant shall provide the Chief County
5 Assessment Officer with a signed statement from the applicant's
6 physician stating the nature and extent of the condition, and
7 that, in the physician's opinion, the condition was so severe
8 that it rendered the applicant incapable of filing the
9 application in a timely manner.

10 In counties having less than 3,000,000 inhabitants, if an
11 applicant was denied an exemption in taxable year 1994 and the
12 denial occurred due to an error on the part of an assessment
13 official, or his or her agent or employee, then beginning in
14 taxable year 1997 the applicant's base year, for purposes of
15 determining the amount of the exemption, shall be 1993 rather
16 than 1994. In addition, in taxable year 1997, the applicant's
17 exemption shall also include an amount equal to (i) the amount
18 of any exemption denied to the applicant in taxable year 1995
19 as a result of using 1994, rather than 1993, as the base year,
20 (ii) the amount of any exemption denied to the applicant in
21 taxable year 1996 as a result of using 1994, rather than 1993,
22 as the base year, and (iii) the amount of the exemption
23 erroneously denied for taxable year 1994.

24 For purposes of this Section, a person who will be 65 years
25 of age during the current taxable year shall be eligible to
26 apply for the homestead exemption during that taxable year.

1 Application shall be made during the application period in
2 effect for the county of his or her residence.

3 The Chief County Assessment Officer may determine the
4 eligibility of a life care facility that qualifies as a
5 cooperative to receive the benefits provided by this Section by
6 use of an affidavit, application, visual inspection,
7 questionnaire, or other reasonable method in order to insure
8 that the tax savings resulting from the exemption are credited
9 by the management firm to the apportioned tax liability of each
10 qualifying resident. The Chief County Assessment Officer may
11 request reasonable proof that the management firm has so
12 credited that exemption.

13 Except as provided in this Section, all information
14 received by the chief county assessment officer or the
15 Department from applications filed under this Section, or from
16 any investigation conducted under the provisions of this
17 Section, shall be confidential, except for official purposes or
18 pursuant to official procedures for collection of any State or
19 local tax or enforcement of any civil or criminal penalty or
20 sanction imposed by this Act or by any statute or ordinance
21 imposing a State or local tax. Any person who divulges any such
22 information in any manner, except in accordance with a proper
23 judicial order, is guilty of a Class A misdemeanor.

24 Nothing contained in this Section shall prevent the
25 Director or chief county assessment officer from publishing or
26 making available reasonable statistics concerning the

1 operation of the exemption contained in this Section in which
2 the contents of claims are grouped into aggregates in such a
3 way that information contained in any individual claim shall
4 not be disclosed.

5 (d) Each Chief County Assessment Officer shall annually
6 publish a notice of availability of the exemption provided
7 under this Section. The notice shall be published at least 60
8 days but no more than 75 days prior to the date on which the
9 application must be submitted to the Chief County Assessment
10 Officer of the county in which the property is located. The
11 notice shall appear in a newspaper of general circulation in
12 the county.

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

16 (Source: P.A. 96-339, eff. 7-1-10; 96-355, eff. 1-1-10;
17 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
18 97-689, eff. 6-14-12; 97-813, eff. 7-13-12; 97-1150, eff.
19 1-25-13.)

20 Section 6-165. The Regional Transportation Authority Act
21 is amended by changing Section 4.03 as follows:

22 (70 ILCS 3615/4.03) (from Ch. 111 2/3, par. 704.03)
23 Sec. 4.03. Taxes.

24 (a) In order to carry out any of the powers or purposes of

1 the Authority, the Board may by ordinance adopted with the
2 concurrence of 12 of the then Directors, impose throughout the
3 metropolitan region any or all of the taxes provided in this
4 Section. Except as otherwise provided in this Act, taxes
5 imposed under this Section and civil penalties imposed incident
6 thereto shall be collected and enforced by the State Department
7 of Revenue. The Department shall have the power to administer
8 and enforce the taxes and to determine all rights for refunds
9 for erroneous payments of the taxes. Nothing in this amendatory
10 Act of the 95th General Assembly is intended to invalidate any
11 taxes currently imposed by the Authority. The increased vote
12 requirements to impose a tax shall only apply to actions taken
13 after the effective date of this amendatory Act of the 95th
14 General Assembly.

15 (b) The Board may impose a public transportation tax upon
16 all persons engaged in the metropolitan region in the business
17 of selling at retail motor fuel for operation of motor vehicles
18 upon public highways. The tax shall be at a rate not to exceed
19 5% of the gross receipts from the sales of motor fuel in the
20 course of the business. As used in this Act, the term "motor
21 fuel" shall have the same meaning as in the Motor Fuel Tax Law.
22 The Board may provide for details of the tax. The provisions of
23 any tax shall conform, as closely as may be practicable, to the
24 provisions of the Municipal Retailers Occupation Tax Act,
25 including without limitation, conformity to penalties with
26 respect to the tax imposed and as to the powers of the State

1 Department of Revenue to promulgate and enforce rules and
2 regulations relating to the administration and enforcement of
3 the provisions of the tax imposed, except that reference in the
4 Act to any municipality shall refer to the Authority and the
5 tax shall be imposed only with regard to receipts from sales of
6 motor fuel in the metropolitan region, at rates as limited by
7 this Section.

8 (c) In connection with the tax imposed under paragraph (b)
9 of this Section the Board may impose a tax upon the privilege
10 of using in the metropolitan region motor fuel for the
11 operation of a motor vehicle upon public highways, the tax to
12 be at a rate not in excess of the rate of tax imposed under
13 paragraph (b) of this Section. The Board may provide for
14 details of the tax.

15 (d) The Board may impose a motor vehicle parking tax upon
16 the privilege of parking motor vehicles at off-street parking
17 facilities in the metropolitan region at which a fee is
18 charged, and may provide for reasonable classifications in and
19 exemptions to the tax, for administration and enforcement
20 thereof and for civil penalties and refunds thereunder and may
21 provide criminal penalties thereunder, the maximum penalties
22 not to exceed the maximum criminal penalties provided in the
23 Retailers' Occupation Tax Act. The Authority may collect and
24 enforce the tax itself or by contract with any unit of local
25 government. The State Department of Revenue shall have no
26 responsibility for the collection and enforcement unless the

1 Department agrees with the Authority to undertake the
2 collection and enforcement. As used in this paragraph, the term
3 "parking facility" means a parking area or structure having
4 parking spaces for more than 2 vehicles at which motor vehicles
5 are permitted to park in return for an hourly, daily, or other
6 periodic fee, whether publicly or privately owned, but does not
7 include parking spaces on a public street, the use of which is
8 regulated by parking meters.

9 (e) The Board may impose a Regional Transportation
10 Authority Retailers' Occupation Tax upon all persons engaged in
11 the business of selling tangible personal property at retail in
12 the metropolitan region. In Cook County the tax rate shall be
13 1.25% of the gross receipts from sales of food for human
14 consumption that is to be consumed off the premises where it is
15 sold (other than alcoholic beverages, soft drinks and food that
16 has been prepared for immediate consumption) and prescription
17 and nonprescription medicines, drugs, medical appliances and
18 insulin, urine testing materials, syringes and needles used by
19 diabetics, and 1% of the gross receipts from other taxable
20 sales made in the course of that business. In DuPage, Kane,
21 Lake, McHenry, and Will Counties, the tax rate shall be 0.75%
22 of the gross receipts from all taxable sales made in the course
23 of that business. The tax imposed under this Section and all
24 civil penalties that may be assessed as an incident thereof
25 shall be collected and enforced by the State Department of
26 Revenue. The Department shall have full power to administer and

1 enforce this Section; to collect all taxes and penalties so
2 collected in the manner hereinafter provided; and to determine
3 all rights to credit memoranda arising on account of the
4 erroneous payment of tax or penalty hereunder. In the
5 administration of, and compliance with this Section, the
6 Department and persons who are subject to this Section shall
7 have the same rights, remedies, privileges, immunities, powers
8 and duties, and be subject to the same conditions,
9 restrictions, limitations, penalties, exclusions, exemptions
10 and definitions of terms, and employ the same modes of
11 procedure, as are prescribed in Sections 1, 1a, 1a-1, 1c, 1d,
12 1e, 1f, 1i, 1j, 2 through 2-65 (in respect to all provisions
13 therein other than the State rate of tax), 2c, 3 (except as to
14 the disposition of taxes and penalties collected), 4, 5, 5a,
15 5b, 5c, 5d, 5e, 5f, 5g, 5h, 5i, 5j, 5k, 5l, 6, 6a, 6b, 6c, 7, 8,
16 9, 10, 11, 12 and 13 of the Retailers' Occupation Tax Act and
17 Section 3-7 of the Uniform Penalty and Interest Act, as fully
18 as if those provisions were set forth herein.

19 Persons subject to any tax imposed under the authority
20 granted in this Section may reimburse themselves for their
21 seller's tax liability hereunder by separately stating the tax
22 as an additional charge, which charge may be stated in
23 combination in a single amount with State taxes that sellers
24 are required to collect under the Use Tax Act, under any
25 bracket schedules the Department may prescribe.

26 Whenever the Department determines that a refund should be

1 made under this Section to a claimant instead of issuing a
2 credit memorandum, the Department shall notify the State
3 Comptroller, who shall cause the warrant to be drawn for the
4 amount specified, and to the person named, in the notification
5 from the Department. The refund shall be paid by the State
6 Treasurer out of the Regional Transportation Authority tax fund
7 established under paragraph (n) of this Section.

8 If a tax is imposed under this subsection (e), a tax shall
9 also be imposed under subsections (f) and (g) of this Section.

10 For the purpose of determining whether a tax authorized
11 under this Section is applicable, a retail sale by a producer
12 of coal or other mineral mined in Illinois, is a sale at retail
13 at the place where the coal or other mineral mined in Illinois
14 is extracted from the earth. This paragraph does not apply to
15 coal or other mineral when it is delivered or shipped by the
16 seller to the purchaser at a point outside Illinois so that the
17 sale is exempt under the Federal Constitution as a sale in
18 interstate or foreign commerce.

19 No tax shall be imposed or collected under this subsection
20 on the sale of a motor vehicle in this State to a resident of
21 another state if that motor vehicle will not be titled in this
22 State.

23 Nothing in this Section shall be construed to authorize the
24 Regional Transportation Authority to impose a tax upon the
25 privilege of engaging in any business that under the
26 Constitution of the United States may not be made the subject

1 of taxation by this State.

2 (f) If a tax has been imposed under paragraph (e), a
3 Regional Transportation Authority Service Occupation Tax shall
4 also be imposed upon all persons engaged, in the metropolitan
5 region in the business of making sales of service, who as an
6 incident to making the sales of service, transfer tangible
7 personal property within the metropolitan region, either in the
8 form of tangible personal property or in the form of real
9 estate as an incident to a sale of service. In Cook County, the
10 tax rate shall be: (1) 1.25% of the serviceman's cost price of
11 food prepared for immediate consumption and transferred
12 incident to a sale of service subject to the service occupation
13 tax by an entity licensed under the Hospital Licensing Act, the
14 Nursing Home Care Act, the Specialized Mental Health
15 Rehabilitation Act of 2013, or the ID/DD Community Care Act
16 that is located in the metropolitan region; (2) 1.25% of the
17 selling price of food for human consumption that is to be
18 consumed off the premises where it is sold (other than
19 alcoholic beverages, soft drinks and food that has been
20 prepared for immediate consumption) and prescription and
21 nonprescription medicines, drugs, medical appliances and
22 insulin, urine testing materials, syringes and needles used by
23 diabetics; and (3) 1% of the selling price from other taxable
24 sales of tangible personal property transferred. In DuPage,
25 Kane, Lake, McHenry and Will Counties the rate shall be 0.75%
26 of the selling price of all tangible personal property

1 transferred.

2 The tax imposed under this paragraph and all civil
3 penalties that may be assessed as an incident thereof shall be
4 collected and enforced by the State Department of Revenue. The
5 Department shall have full power to administer and enforce this
6 paragraph; to collect all taxes and penalties due hereunder; to
7 dispose of taxes and penalties collected in the manner
8 hereinafter provided; and to determine all rights to credit
9 memoranda arising on account of the erroneous payment of tax or
10 penalty hereunder. In the administration of and compliance with
11 this paragraph, the Department and persons who are subject to
12 this paragraph shall have the same rights, remedies,
13 privileges, immunities, powers and duties, and be subject to
14 the same conditions, restrictions, limitations, penalties,
15 exclusions, exemptions and definitions of terms, and employ the
16 same modes of procedure, as are prescribed in Sections 1a-1, 2,
17 2a, 3 through 3-50 (in respect to all provisions therein other
18 than the State rate of tax), 4 (except that the reference to
19 the State shall be to the Authority), 5, 7, 8 (except that the
20 jurisdiction to which the tax shall be a debt to the extent
21 indicated in that Section 8 shall be the Authority), 9 (except
22 as to the disposition of taxes and penalties collected, and
23 except that the returned merchandise credit for this tax may
24 not be taken against any State tax), 10, 11, 12 (except the
25 reference therein to Section 2b of the Retailers' Occupation
26 Tax Act), 13 (except that any reference to the State shall mean

1 the Authority), the first paragraph of Section 15, 16, 17, 18,
2 19 and 20 of the Service Occupation Tax Act and Section 3-7 of
3 the Uniform Penalty and Interest Act, as fully as if those
4 provisions were set forth herein.

5 Persons subject to any tax imposed under the authority
6 granted in this paragraph may reimburse themselves for their
7 serviceman's tax liability hereunder by separately stating the
8 tax as an additional charge, that charge may be stated in
9 combination in a single amount with State tax that servicemen
10 are authorized to collect under the Service Use Tax Act, under
11 any bracket schedules the Department may prescribe.

12 Whenever the Department determines that a refund should be
13 made under this paragraph to a claimant instead of issuing a
14 credit memorandum, the Department shall notify the State
15 Comptroller, who shall cause the warrant to be drawn for the
16 amount specified, and to the person named in the notification
17 from the Department. The refund shall be paid by the State
18 Treasurer out of the Regional Transportation Authority tax fund
19 established under paragraph (n) of this Section.

20 Nothing in this paragraph shall be construed to authorize
21 the Authority to impose a tax upon the privilege of engaging in
22 any business that under the Constitution of the United States
23 may not be made the subject of taxation by the State.

24 (g) If a tax has been imposed under paragraph (e), a tax
25 shall also be imposed upon the privilege of using in the
26 metropolitan region, any item of tangible personal property

1 that is purchased outside the metropolitan region at retail
2 from a retailer, and that is titled or registered with an
3 agency of this State's government. In Cook County the tax rate
4 shall be 1% of the selling price of the tangible personal
5 property, as "selling price" is defined in the Use Tax Act. In
6 DuPage, Kane, Lake, McHenry and Will counties the tax rate
7 shall be 0.75% of the selling price of the tangible personal
8 property, as "selling price" is defined in the Use Tax Act. The
9 tax shall be collected from persons whose Illinois address for
10 titling or registration purposes is given as being in the
11 metropolitan region. The tax shall be collected by the
12 Department of Revenue for the Regional Transportation
13 Authority. The tax must be paid to the State, or an exemption
14 determination must be obtained from the Department of Revenue,
15 before the title or certificate of registration for the
16 property may be issued. The tax or proof of exemption may be
17 transmitted to the Department by way of the State agency with
18 which, or the State officer with whom, the tangible personal
19 property must be titled or registered if the Department and the
20 State agency or State officer determine that this procedure
21 will expedite the processing of applications for title or
22 registration.

23 The Department shall have full power to administer and
24 enforce this paragraph; to collect all taxes, penalties and
25 interest due hereunder; to dispose of taxes, penalties and
26 interest collected in the manner hereinafter provided; and to

1 determine all rights to credit memoranda or refunds arising on
2 account of the erroneous payment of tax, penalty or interest
3 hereunder. In the administration of and compliance with this
4 paragraph, the Department and persons who are subject to this
5 paragraph shall have the same rights, remedies, privileges,
6 immunities, powers and duties, and be subject to the same
7 conditions, restrictions, limitations, penalties, exclusions,
8 exemptions and definitions of terms and employ the same modes
9 of procedure, as are prescribed in Sections 2 (except the
10 definition of "retailer maintaining a place of business in this
11 State"), 3 through 3-80 (except provisions pertaining to the
12 State rate of tax, and except provisions concerning collection
13 or refunding of the tax by retailers), 4, 11, 12, 12a, 14, 15,
14 19 (except the portions pertaining to claims by retailers and
15 except the last paragraph concerning refunds), 20, 21 and 22 of
16 the Use Tax Act, and are not inconsistent with this paragraph,
17 as fully as if those provisions were set forth herein.

18 Whenever the Department determines that a refund should be
19 made under this paragraph to a claimant instead of issuing a
20 credit memorandum, the Department shall notify the State
21 Comptroller, who shall cause the order to be drawn for the
22 amount specified, and to the person named in the notification
23 from the Department. The refund shall be paid by the State
24 Treasurer out of the Regional Transportation Authority tax fund
25 established under paragraph (n) of this Section.

26 (h) The Authority may impose a replacement vehicle tax of

1 \$50 on any passenger car as defined in Section 1-157 of the
2 Illinois Vehicle Code purchased within the metropolitan region
3 by or on behalf of an insurance company to replace a passenger
4 car of an insured person in settlement of a total loss claim.
5 The tax imposed may not become effective before the first day
6 of the month following the passage of the ordinance imposing
7 the tax and receipt of a certified copy of the ordinance by the
8 Department of Revenue. The Department of Revenue shall collect
9 the tax for the Authority in accordance with Sections 3-2002
10 and 3-2003 of the Illinois Vehicle Code.

11 The Department shall immediately pay over to the State
12 Treasurer, ex officio, as trustee, all taxes collected
13 hereunder.

14 As soon as possible after the first day of each month,
15 beginning January 1, 2011, upon certification of the Department
16 of Revenue, the Comptroller shall order transferred, and the
17 Treasurer shall transfer, to the STAR Bonds Revenue Fund the
18 local sales tax increment, as defined in the Innovation
19 Development and Economy Act, collected under this Section
20 during the second preceding calendar month for sales within a
21 STAR bond district.

22 After the monthly transfer to the STAR Bonds Revenue Fund,
23 on or before the 25th day of each calendar month, the
24 Department shall prepare and certify to the Comptroller the
25 disbursement of stated sums of money to the Authority. The
26 amount to be paid to the Authority shall be the amount

1 collected hereunder during the second preceding calendar month
2 by the Department, less any amount determined by the Department
3 to be necessary for the payment of refunds, and less any
4 amounts that are transferred to the STAR Bonds Revenue Fund.
5 Within 10 days after receipt by the Comptroller of the
6 disbursement certification to the Authority provided for in
7 this Section to be given to the Comptroller by the Department,
8 the Comptroller shall cause the orders to be drawn for that
9 amount in accordance with the directions contained in the
10 certification.

11 (i) The Board may not impose any other taxes except as it
12 may from time to time be authorized by law to impose.

13 (j) A certificate of registration issued by the State
14 Department of Revenue to a retailer under the Retailers'
15 Occupation Tax Act or under the Service Occupation Tax Act
16 shall permit the registrant to engage in a business that is
17 taxed under the tax imposed under paragraphs (b), (e), (f) or
18 (g) of this Section and no additional registration shall be
19 required under the tax. A certificate issued under the Use Tax
20 Act or the Service Use Tax Act shall be applicable with regard
21 to any tax imposed under paragraph (c) of this Section.

22 (k) The provisions of any tax imposed under paragraph (c)
23 of this Section shall conform as closely as may be practicable
24 to the provisions of the Use Tax Act, including without
25 limitation conformity as to penalties with respect to the tax
26 imposed and as to the powers of the State Department of Revenue

1 to promulgate and enforce rules and regulations relating to the
2 administration and enforcement of the provisions of the tax
3 imposed. The taxes shall be imposed only on use within the
4 metropolitan region and at rates as provided in the paragraph.

5 (l) The Board in imposing any tax as provided in paragraphs
6 (b) and (c) of this Section, shall, after seeking the advice of
7 the State Department of Revenue, provide means for retailers,
8 users or purchasers of motor fuel for purposes other than those
9 with regard to which the taxes may be imposed as provided in
10 those paragraphs to receive refunds of taxes improperly paid,
11 which provisions may be at variance with the refund provisions
12 as applicable under the Municipal Retailers Occupation Tax Act.
13 The State Department of Revenue may provide for certificates of
14 registration for users or purchasers of motor fuel for purposes
15 other than those with regard to which taxes may be imposed as
16 provided in paragraphs (b) and (c) of this Section to
17 facilitate the reporting and nontaxability of the exempt sales
18 or uses.

19 (m) Any ordinance imposing or discontinuing any tax under
20 this Section shall be adopted and a certified copy thereof
21 filed with the Department on or before June 1, whereupon the
22 Department of Revenue shall proceed to administer and enforce
23 this Section on behalf of the Regional Transportation Authority
24 as of September 1 next following such adoption and filing.
25 Beginning January 1, 1992, an ordinance or resolution imposing
26 or discontinuing the tax hereunder shall be adopted and a

1 certified copy thereof filed with the Department on or before
2 the first day of July, whereupon the Department shall proceed
3 to administer and enforce this Section as of the first day of
4 October next following such adoption and filing. Beginning
5 January 1, 1993, an ordinance or resolution imposing,
6 increasing, decreasing, or discontinuing the tax hereunder
7 shall be adopted and a certified copy thereof filed with the
8 Department, whereupon the Department shall proceed to
9 administer and enforce this Section as of the first day of the
10 first month to occur not less than 60 days following such
11 adoption and filing. Any ordinance or resolution of the
12 Authority imposing a tax under this Section and in effect on
13 August 1, 2007 shall remain in full force and effect and shall
14 be administered by the Department of Revenue under the terms
15 and conditions and rates of tax established by such ordinance
16 or resolution until the Department begins administering and
17 enforcing an increased tax under this Section as authorized by
18 this amendatory Act of the 95th General Assembly. The tax rates
19 authorized by this amendatory Act of the 95th General Assembly
20 are effective only if imposed by ordinance of the Authority.

21 (n) The State Department of Revenue shall, upon collecting
22 any taxes as provided in this Section, pay the taxes over to
23 the State Treasurer as trustee for the Authority. The taxes
24 shall be held in a trust fund outside the State Treasury. On or
25 before the 25th day of each calendar month, the State
26 Department of Revenue shall prepare and certify to the

1 Comptroller of the State of Illinois and to the Authority (i)
2 the amount of taxes collected in each County other than Cook
3 County in the metropolitan region, (ii) the amount of taxes
4 collected within the City of Chicago, and (iii) the amount
5 collected in that portion of Cook County outside of Chicago,
6 each amount less the amount necessary for the payment of
7 refunds to taxpayers located in those areas described in items
8 (i), (ii), and (iii). Within 10 days after receipt by the
9 Comptroller of the certification of the amounts, the
10 Comptroller shall cause an order to be drawn for the payment of
11 two-thirds of the amounts certified in item (i) of this
12 subsection to the Authority and one-third of the amounts
13 certified in item (i) of this subsection to the respective
14 counties other than Cook County and the amount certified in
15 items (ii) and (iii) of this subsection to the Authority.

16 In addition to the disbursement required by the preceding
17 paragraph, an allocation shall be made in July 1991 and each
18 year thereafter to the Regional Transportation Authority. The
19 allocation shall be made in an amount equal to the average
20 monthly distribution during the preceding calendar year
21 (excluding the 2 months of lowest receipts) and the allocation
22 shall include the amount of average monthly distribution from
23 the Regional Transportation Authority Occupation and Use Tax
24 Replacement Fund. The distribution made in July 1992 and each
25 year thereafter under this paragraph and the preceding
26 paragraph shall be reduced by the amount allocated and

1 disbursed under this paragraph in the preceding calendar year.
2 The Department of Revenue shall prepare and certify to the
3 Comptroller for disbursement the allocations made in
4 accordance with this paragraph.

5 (o) Failure to adopt a budget ordinance or otherwise to
6 comply with Section 4.01 of this Act or to adopt a Five-year
7 Capital Program or otherwise to comply with paragraph (b) of
8 Section 2.01 of this Act shall not affect the validity of any
9 tax imposed by the Authority otherwise in conformity with law.

10 (p) At no time shall a public transportation tax or motor
11 vehicle parking tax authorized under paragraphs (b), (c) and
12 (d) of this Section be in effect at the same time as any
13 retailers' occupation, use or service occupation tax
14 authorized under paragraphs (e), (f) and (g) of this Section is
15 in effect.

16 Any taxes imposed under the authority provided in
17 paragraphs (b), (c) and (d) shall remain in effect only until
18 the time as any tax authorized by paragraphs (e), (f) or (g) of
19 this Section are imposed and becomes effective. Once any tax
20 authorized by paragraphs (e), (f) or (g) is imposed the Board
21 may not reimpose taxes as authorized in paragraphs (b), (c) and
22 (d) of the Section unless any tax authorized by paragraphs (e),
23 (f) or (g) of this Section becomes ineffective by means other
24 than an ordinance of the Board.

25 (q) Any existing rights, remedies and obligations
26 (including enforcement by the Regional Transportation

1 Authority) arising under any tax imposed under paragraphs (b),
2 (c) or (d) of this Section shall not be affected by the
3 imposition of a tax under paragraphs (e), (f) or (g) of this
4 Section.

5 (Source: P.A. 96-339, eff. 7-1-10; 96-939, eff. 6-24-10; 97-38,
6 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

7 Section 6-170. The Assisted Living and Shared Housing Act
8 is amended by changing Sections 10, 35, 55, and 145 as follows:

9 (210 ILCS 9/10)

10 Sec. 10. Definitions. For purposes of this Act:

11 "Activities of daily living" means eating, dressing,
12 bathing, toileting, transferring, or personal hygiene.

13 "Assisted living establishment" or "establishment" means a
14 home, building, residence, or any other place where sleeping
15 accommodations are provided for at least 3 unrelated adults, at
16 least 80% of whom are 55 years of age or older and where the
17 following are provided consistent with the purposes of this
18 Act:

19 (1) services consistent with a social model that is
20 based on the premise that the resident's unit in assisted
21 living and shared housing is his or her own home;

22 (2) community-based residential care for persons who
23 need assistance with activities of daily living, including
24 personal, supportive, and intermittent health-related

1 services available 24 hours per day, if needed, to meet the
2 scheduled and unscheduled needs of a resident;

3 (3) mandatory services, whether provided directly by
4 the establishment or by another entity arranged for by the
5 establishment, with the consent of the resident or
6 resident's representative; and

7 (4) a physical environment that is a homelike setting
8 that includes the following and such other elements as
9 established by the Department: individual living units
10 each of which shall accommodate small kitchen appliances
11 and contain private bathing, washing, and toilet
12 facilities, or private washing and toilet facilities with a
13 common bathing room readily accessible to each resident.
14 Units shall be maintained for single occupancy except in
15 cases in which 2 residents choose to share a unit.
16 Sufficient common space shall exist to permit individual
17 and group activities.

18 "Assisted living establishment" or "establishment" does
19 not mean any of the following:

20 (1) A home, institution, or similar place operated by
21 the federal government or the State of Illinois.

22 (2) A long term care facility licensed under the
23 Nursing Home Care Act, a facility licensed under the
24 Specialized Mental Health Rehabilitation Act of 2013, or a
25 facility licensed under the ID/DD Community Care Act.
26 However, a facility licensed under either of those Acts may

1 convert distinct parts of the facility to assisted living.
2 If the facility elects to do so, the facility shall retain
3 the Certificate of Need for its nursing and sheltered care
4 beds that were converted.

5 (3) A hospital, sanitarium, or other institution, the
6 principal activity or business of which is the diagnosis,
7 care, and treatment of human illness and that is required
8 to be licensed under the Hospital Licensing Act.

9 (4) A facility for child care as defined in the Child
10 Care Act of 1969.

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

13 (6) A nursing home or sanitarium operated solely by and
14 for persons who rely exclusively upon treatment by
15 spiritual means through prayer in accordance with the creed
16 or tenants of a well-recognized church or religious
17 denomination.

18 (7) A facility licensed by the Department of Human
19 Services as a community-integrated living arrangement as
20 defined in the Community-Integrated Living Arrangements
21 Licensure and Certification Act.

22 (8) A supportive residence licensed under the
23 Supportive Residences Licensing Act.

24 (9) The portion of a life care facility as defined in
25 the Life Care Facilities Act not licensed as an assisted
26 living establishment under this Act; a life care facility

1 may apply under this Act to convert sections of the
2 community to assisted living.

3 (10) A free-standing hospice facility licensed under
4 the Hospice Program Licensing Act.

5 (11) A shared housing establishment.

6 (12) A supportive living facility as described in
7 Section 5-5.01a of the Illinois Public Aid Code.

8 "Department" means the Department of Public Health.

9 "Director" means the Director of Public Health.

10 "Emergency situation" means imminent danger of death or
11 serious physical harm to a resident of an establishment.

12 "License" means any of the following types of licenses
13 issued to an applicant or licensee by the Department:

14 (1) "Probationary license" means a license issued to an
15 applicant or licensee that has not held a license under
16 this Act prior to its application or pursuant to a license
17 transfer in accordance with Section 50 of this Act.

18 (2) "Regular license" means a license issued by the
19 Department to an applicant or licensee that is in
20 substantial compliance with this Act and any rules
21 promulgated under this Act.

22 "Licensee" means a person, agency, association,
23 corporation, partnership, or organization that has been issued
24 a license to operate an assisted living or shared housing
25 establishment.

26 "Licensed health care professional" means a registered

1 professional nurse, an advanced practice nurse, a physician
2 assistant, and a licensed practical nurse.

3 "Mandatory services" include the following:

4 (1) 3 meals per day available to the residents prepared
5 by the establishment or an outside contractor;

6 (2) housekeeping services including, but not limited
7 to, vacuuming, dusting, and cleaning the resident's unit;

8 (3) personal laundry and linen services available to
9 the residents provided or arranged for by the
10 establishment;

11 (4) security provided 24 hours each day including, but
12 not limited to, locked entrances or building or contract
13 security personnel;

14 (5) an emergency communication response system, which
15 is a procedure in place 24 hours each day by which a
16 resident can notify building management, an emergency
17 response vendor, or others able to respond to his or her
18 need for assistance; and

19 (6) assistance with activities of daily living as
20 required by each resident.

21 "Negotiated risk" is the process by which a resident, or
22 his or her representative, may formally negotiate with
23 providers what risks each are willing and unwilling to assume
24 in service provision and the resident's living environment. The
25 provider assures that the resident and the resident's
26 representative, if any, are informed of the risks of these

1 decisions and of the potential consequences of assuming these
2 risks.

3 "Owner" means the individual, partnership, corporation,
4 association, or other person who owns an assisted living or
5 shared housing establishment. In the event an assisted living
6 or shared housing establishment is operated by a person who
7 leases or manages the physical plant, which is owned by another
8 person, "owner" means the person who operates the assisted
9 living or shared housing establishment, except that if the
10 person who owns the physical plant is an affiliate of the
11 person who operates the assisted living or shared housing
12 establishment and has significant control over the day to day
13 operations of the assisted living or shared housing
14 establishment, the person who owns the physical plant shall
15 incur jointly and severally with the owner all liabilities
16 imposed on an owner under this Act.

17 "Physician" means a person licensed under the Medical
18 Practice Act of 1987 to practice medicine in all of its
19 branches.

20 "Resident" means a person residing in an assisted living or
21 shared housing establishment.

22 "Resident's representative" means a person, other than the
23 owner, agent, or employee of an establishment or of the health
24 care provider unless related to the resident, designated in
25 writing by a resident to be his or her representative. This
26 designation may be accomplished through the Illinois Power of

1 Attorney Act, pursuant to the guardianship process under the
2 Probate Act of 1975, or pursuant to an executed designation of
3 representative form specified by the Department.

4 "Self" means the individual or the individual's designated
5 representative.

6 "Shared housing establishment" or "establishment" means a
7 publicly or privately operated free-standing residence for 16
8 or fewer persons, at least 80% of whom are 55 years of age or
9 older and who are unrelated to the owners and one manager of
10 the residence, where the following are provided:

11 (1) services consistent with a social model that is
12 based on the premise that the resident's unit is his or her
13 own home;

14 (2) community-based residential care for persons who
15 need assistance with activities of daily living, including
16 housing and personal, supportive, and intermittent
17 health-related services available 24 hours per day, if
18 needed, to meet the scheduled and unscheduled needs of a
19 resident; and

20 (3) mandatory services, whether provided directly by
21 the establishment or by another entity arranged for by the
22 establishment, with the consent of the resident or the
23 resident's representative.

24 "Shared housing establishment" or "establishment" does not
25 mean any of the following:

26 (1) A home, institution, or similar place operated by

1 the federal government or the State of Illinois.

2 (2) A long term care facility licensed under the
3 Nursing Home Care Act, a facility licensed under the
4 Specialized Mental Health Rehabilitation Act of 2013, or a
5 facility licensed under the ID/DD Community Care Act. A
6 facility licensed under either of those Acts may, however,
7 convert sections of the facility to assisted living. If the
8 facility elects to do so, the facility shall retain the
9 Certificate of Need for its nursing beds that were
10 converted.

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

15 (4) A facility for child care as defined in the Child
16 Care Act of 1969.

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

19 (6) A nursing home or sanitarium operated solely by and
20 for persons who rely exclusively upon treatment by
21 spiritual means through prayer in accordance with the creed
22 or tenants of a well-recognized church or religious
23 denomination.

24 (7) A facility licensed by the Department of Human
25 Services as a community-integrated living arrangement as
26 defined in the Community-Integrated Living Arrangements

1 Licensure and Certification Act.

2 (8) A supportive residence licensed under the
3 Supportive Residences Licensing Act.

4 (9) A life care facility as defined in the Life Care
5 Facilities Act; a life care facility may apply under this
6 Act to convert sections of the community to assisted
7 living.

8 (10) A free-standing hospice facility licensed under
9 the Hospice Program Licensing Act.

10 (11) An assisted living establishment.

11 (12) A supportive living facility as described in
12 Section 5-5.01a of the Illinois Public Aid Code.

13 "Total assistance" means that staff or another individual
14 performs the entire activity of daily living without
15 participation by the resident.

16 (Source: P.A. 96-339, eff. 7-1-10; 96-975, eff. 7-2-10; 97-38,
17 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

18 (210 ILCS 9/35)

19 Sec. 35. Issuance of license.

20 (a) Upon receipt and review of an application for a license
21 and review of the applicant establishment, the Director may
22 issue a license if he or she finds:

23 (1) that the individual applicant, or the corporation,
24 partnership, or other entity if the applicant is not an
25 individual, is a person responsible and suitable to operate

1 or to direct or participate in the operation of an
2 establishment by virtue of financial capacity, appropriate
3 business or professional experience, a record of lawful
4 compliance with lawful orders of the Department and lack of
5 revocation of a license issued under this Act, the Nursing
6 Home Care Act, the Specialized Mental Health
7 Rehabilitation Act of 2013, or the ID/DD Community Care Act
8 during the previous 5 years;

9 (2) that the establishment is under the supervision of
10 a full-time director who is at least 21 years of age and
11 has a high school diploma or equivalent plus either:

12 (A) 2 years of management experience or 2 years of
13 experience in positions of progressive responsibility
14 in health care, housing with services, or adult day
15 care or providing similar services to the elderly; or

16 (B) 2 years of management experience or 2 years of
17 experience in positions of progressive responsibility
18 in hospitality and training in health care and housing
19 with services management as defined by rule;

20 (3) that the establishment has staff sufficient in
21 number with qualifications, adequate skills, education,
22 and experience to meet the 24 hour scheduled and
23 unscheduled needs of residents and who participate in
24 ongoing training to serve the resident population;

25 (4) that all employees who are subject to the Health
26 Care Worker Background Check Act meet the requirements of

1 that Act;

2 (5) that the applicant is in substantial compliance
3 with this Act and such other requirements for a license as
4 the Department by rule may establish under this Act;

5 (6) that the applicant pays all required fees;

6 (7) that the applicant has provided to the Department
7 an accurate disclosure document in accordance with the
8 Alzheimer's Disease and Related Dementias Special Care
9 Disclosure Act and in substantial compliance with Section
10 150 of this Act.

11 In addition to any other requirements set forth in this
12 Act, as a condition of licensure under this Act, the director
13 of an establishment must participate in at least 20 hours of
14 training every 2 years to assist him or her in better meeting
15 the needs of the residents of the establishment and managing
16 the operation of the establishment.

17 Any license issued by the Director shall state the physical
18 location of the establishment, the date the license was issued,
19 and the expiration date. All licenses shall be valid for one
20 year, except as provided in Sections 40 and 45. Each license
21 shall be issued only for the premises and persons named in the
22 application, and shall not be transferable or assignable.

23 (Source: P.A. 96-339, eff. 7-1-10; 96-990, eff. 7-2-10; 97-38,
24 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

25 (210 ILCS 9/55)

1 Sec. 55. Grounds for denial of a license. An application
2 for a license may be denied for any of the following reasons:

3 (1) failure to meet any of the standards set forth in
4 this Act or by rules adopted by the Department under this
5 Act;

6 (2) conviction of the applicant, or if the applicant is
7 a firm, partnership, or association, of any of its members,
8 or if a corporation, the conviction of the corporation or
9 any of its officers or stockholders, or of the person
10 designated to manage or supervise the establishment, of a
11 felony or of 2 or more misdemeanors involving moral
12 turpitude during the previous 5 years as shown by a
13 certified copy of the record of the court of conviction;

14 (3) personnel insufficient in number or unqualified by
15 training or experience to properly care for the residents;

16 (4) insufficient financial or other resources to
17 operate and conduct the establishment in accordance with
18 standards adopted by the Department under this Act;

19 (5) revocation of a license during the previous 5
20 years, if such prior license was issued to the individual
21 applicant, a controlling owner or controlling combination
22 of owners of the applicant; or any affiliate of the
23 individual applicant or controlling owner of the applicant
24 and such individual applicant, controlling owner of the
25 applicant or affiliate of the applicant was a controlling
26 owner of the prior license; provided, however, that the

1 denial of an application for a license pursuant to this
2 Section must be supported by evidence that the prior
3 revocation renders the applicant unqualified or incapable
4 of meeting or maintaining an establishment in accordance
5 with the standards and rules adopted by the Department
6 under this Act; or

7 (6) the establishment is not under the direct
8 supervision of a full-time director, as defined by rule.

9 The Department shall deny an application for a license if 6
10 months after submitting its initial application the applicant
11 has not provided the Department with all of the information
12 required for review and approval or the applicant is not
13 actively pursuing the processing of its application. In
14 addition, the Department shall determine whether the applicant
15 has violated any provision of the Nursing Home Care Act, the
16 Specialized Mental Health Rehabilitation Act of 2013, or the
17 ID/DD Community Care Act.

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 (210 ILCS 9/145)

21 Sec. 145. Conversion of facilities. Entities licensed as
22 facilities under the Nursing Home Care Act, the Specialized
23 Mental Health Rehabilitation Act of 2013, or the ID/DD
24 Community Care Act may elect to convert to a license under this
25 Act. Any facility that chooses to convert, in whole or in part,

1 shall follow the requirements in the Nursing Home Care Act, the
2 Specialized Mental Health Rehabilitation Act of 2013, or the
3 ID/DD Community Care Act, as applicable, and rules promulgated
4 under those Acts regarding voluntary closure and notice to
5 residents. Any conversion of existing beds licensed under the
6 Nursing Home Care Act, the Specialized Mental Health
7 Rehabilitation Act of 2013, or the ID/DD Community Care Act to
8 licensure under this Act is exempt from review by the Health
9 Facilities and Services Review Board.

10 (Source: P.A. 96-31, eff. 6-30-09; 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 Section 6-175. The Abuse Prevention Review Team Act is
14 amended by changing Sections 10 and 50 as follows:

15 (210 ILCS 28/10)

16 Sec. 10. Definitions. As used in this Act, unless the
17 context requires otherwise:

18 "Department" means the Department of Public Health.

19 "Director" means the Director of Public Health.

20 "Executive Council" means the Illinois Residential Health
21 Care Facility Resident Sexual Assault and Death Review Teams
22 Executive Council.

23 "Resident" means a person residing in and receiving
24 personal care from a facility licensed under the Nursing Home

1 Care Act, the Specialized Mental Health Rehabilitation Act of
2 2013, or the ID/DD Community Care Act.

3 "Review team" means a residential health care facility
4 resident sexual assault and death review team appointed under
5 this Act.

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

8 (210 ILCS 28/50)

9 Sec. 50. Funding. Notwithstanding any other provision of
10 law, to the extent permitted by federal law, the Department
11 shall use moneys from fines paid by facilities licensed under
12 the Nursing Home Care Act, the Specialized Mental Health
13 Rehabilitation Act of 2013, or the ID/DD Community Care Act for
14 violating requirements for certification under Titles XVIII
15 and XIX of the Social Security Act to implement the provisions
16 of this Act. The Department shall use moneys deposited in the
17 Long Term Care Monitor/Receiver Fund to pay the costs of
18 implementing this Act that cannot be met by the use of federal
19 civil monetary penalties.

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 6-180. The Abused and Neglected Long Term Care
23 Facility Residents Reporting Act is amended by changing
24 Sections 3, 4, and 6 as follows:

1 (210 ILCS 30/3) (from Ch. 111 1/2, par. 4163)

2 Sec. 3. As used in this Act unless the context otherwise
3 requires:

4 a. "Department" means the Department of Public Health of
5 the State of Illinois.

6 b. "Resident" means a person residing in and receiving
7 personal care from a long term care facility, or residing in a
8 mental health facility or developmental disability facility as
9 defined in the Mental Health and Developmental Disabilities
10 Code.

11 c. "Long term care facility" has the same meaning ascribed
12 to such term in the Nursing Home Care Act, except that the term
13 as used in this Act shall include any mental health facility or
14 developmental disability facility as defined in the Mental
15 Health and Developmental Disabilities Code. The term also
16 includes any facility licensed under the ID/DD Community Care
17 Act or the Specialized Mental Health Rehabilitation Act of
18 2013.

19 d. "Abuse" means any physical injury, sexual abuse or
20 mental injury inflicted on a resident other than by accidental
21 means.

22 e. "Neglect" means a failure in a long term care facility
23 to provide adequate medical or personal care or maintenance,
24 which failure results in physical or mental injury to a
25 resident or in the deterioration of a resident's physical or

1 mental condition.

2 f. "Protective services" means services provided to a
3 resident who has been abused or neglected, which may include,
4 but are not limited to alternative temporary institutional
5 placement, nursing care, counseling, other social services
6 provided at the nursing home where the resident resides or at
7 some other facility, personal care and such protective services
8 of voluntary agencies as are available.

9 g. Unless the context otherwise requires, direct or
10 indirect references in this Act to the programs, personnel,
11 facilities, services, service providers, or service recipients
12 of the Department of Human Services shall be construed to refer
13 only to those programs, personnel, facilities, services,
14 service providers, or service recipients that pertain to the
15 Department of Human Services' mental health and developmental
16 disabilities functions.

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

19 (210 ILCS 30/4) (from Ch. 111 1/2, par. 4164)

20 Sec. 4. Any long term care facility administrator, agent or
21 employee or any physician, hospital, surgeon, dentist,
22 osteopath, chiropractor, podiatrist, accredited religious
23 practitioner who provides treatment by spiritual means alone
24 through prayer in accordance with the tenets and practices of
25 the accrediting church, coroner, social worker, social

1 services administrator, registered nurse, law enforcement
2 officer, field personnel of the Department of Healthcare and
3 Family Services, field personnel of the Illinois Department of
4 Public Health and County or Municipal Health Departments,
5 personnel of the Department of Human Services (acting as the
6 successor to the Department of Mental Health and Developmental
7 Disabilities or the Department of Public Aid), personnel of the
8 Guardianship and Advocacy Commission, personnel of the State
9 Fire Marshal, local fire department inspectors or other
10 personnel, or personnel of the Illinois Department on Aging, or
11 its subsidiary Agencies on Aging, or employee of a facility
12 licensed under the Assisted Living and Shared Housing Act,
13 having reasonable cause to believe any resident with whom they
14 have direct contact has been subjected to abuse or neglect
15 shall immediately report or cause a report to be made to the
16 Department. Persons required to make reports or cause reports
17 to be made under this Section include all employees of the
18 State of Illinois who are involved in providing services to
19 residents, including professionals providing medical or
20 rehabilitation services and all other persons having direct
21 contact with residents; and further include all employees of
22 community service agencies who provide services to a resident
23 of a public or private long term care facility outside of that
24 facility. Any long term care surveyor of the Illinois
25 Department of Public Health who has reasonable cause to believe
26 in the course of a survey that a resident has been abused or

1 neglected and initiates an investigation while on site at the
2 facility shall be exempt from making a report under this
3 Section but the results of any such investigation shall be
4 forwarded to the central register in a manner and form
5 described by the Department.

6 The requirement of this Act shall not relieve any long term
7 care facility administrator, agent or employee of
8 responsibility to report the abuse or neglect of a resident
9 under Section 3-610 of the Nursing Home Care Act or under
10 Section 3-610 of the ID/DD Community Care Act or under Section
11 2-107 ~~3-610~~ of the Specialized Mental Health Rehabilitation Act
12 of 2013.

13 In addition to the above persons required to report
14 suspected resident abuse and neglect, any other person may make
15 a report to the Department, or to any law enforcement officer,
16 if such person has reasonable cause to suspect a resident has
17 been abused or neglected.

18 This Section also applies to residents whose death occurs
19 from suspected abuse or neglect before being found or brought
20 to a hospital.

21 A person required to make reports or cause reports to be
22 made under this Section who fails to comply with the
23 requirements of this Section is guilty of a Class A
24 misdemeanor.

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 (210 ILCS 30/6) (from Ch. 111 1/2, par. 4166)

2 Sec. 6. All reports of suspected abuse or neglect made
3 under this Act shall be made immediately by telephone to the
4 Department's central register established under Section 14 on
5 the single, State-wide, toll-free telephone number established
6 under Section 13, or in person or by telephone through the
7 nearest Department office. No long term care facility
8 administrator, agent or employee, or any other person, shall
9 screen reports or otherwise withhold any reports from the
10 Department, and no long term care facility, department of State
11 government, or other agency shall establish any rules,
12 criteria, standards or guidelines to the contrary. Every long
13 term care facility, department of State government and other
14 agency whose employees are required to make or cause to be made
15 reports under Section 4 shall notify its employees of the
16 provisions of that Section and of this Section, and provide to
17 the Department documentation that such notification has been
18 given. The Department of Human Services shall train all of its
19 mental health and developmental disabilities employees in the
20 detection and reporting of suspected abuse and neglect of
21 residents. Reports made to the central register through the
22 State-wide, toll-free telephone number shall be transmitted to
23 appropriate Department offices and municipal health
24 departments that have responsibility for licensing long term
25 care facilities under the Nursing Home Care Act, the

1 Specialized Mental Health Rehabilitation Act of 2013, or the
2 ID/DD Community Care Act. All reports received through offices
3 of the Department shall be forwarded to the central register,
4 in a manner and form described by the Department. The
5 Department shall be capable of receiving reports of suspected
6 abuse and neglect 24 hours a day, 7 days a week. Reports shall
7 also be made in writing deposited in the U.S. mail, postage
8 prepaid, within 24 hours after having reasonable cause to
9 believe that the condition of the resident resulted from abuse
10 or neglect. Such reports may in addition be made to the local
11 law enforcement agency in the same manner. However, in the
12 event a report is made to the local law enforcement agency, the
13 reporter also shall immediately so inform the Department. The
14 Department shall initiate an investigation of each report of
15 resident abuse and neglect under this Act, whether oral or
16 written, as provided for in Section 3-702 of the Nursing Home
17 Care Act, Section 2-208 ~~3-702~~ of the Specialized Mental Health
18 Rehabilitation Act of 2013, or Section 3-702 of the ID/DD
19 Community Care Act, except that reports of abuse which indicate
20 that a resident's life or safety is in imminent danger shall be
21 investigated within 24 hours of such report. The Department may
22 delegate to law enforcement officials or other public agencies
23 the duty to perform such investigation.

24 With respect to investigations of reports of suspected
25 abuse or neglect of residents of mental health and
26 developmental disabilities institutions under the jurisdiction

1 of the Department of Human Services, the Department shall
2 transmit copies of such reports to the Department of State
3 Police, the Department of Human Services, and the Inspector
4 General appointed under Section 1-17 of the Department of Human
5 Services Act. If the Department receives a report of suspected
6 abuse or neglect of a recipient of services as defined in
7 Section 1-123 of the Mental Health and Developmental
8 Disabilities Code, the Department shall transmit copies of such
9 report to the Inspector General and the Directors of the
10 Guardianship and Advocacy Commission and the agency designated
11 by the Governor pursuant to the Protection and Advocacy for
12 Developmentally Disabled Persons Act. When requested by the
13 Director of the Guardianship and Advocacy Commission, the
14 agency designated by the Governor pursuant to the Protection
15 and Advocacy for Developmentally Disabled Persons Act, or the
16 Department of Financial and Professional Regulation, the
17 Department, the Department of Human Services and the Department
18 of State Police shall make available a copy of the final
19 investigative report regarding investigations conducted by
20 their respective agencies on incidents of suspected abuse or
21 neglect of residents of mental health and developmental
22 disabilities institutions or individuals receiving services at
23 community agencies under the jurisdiction of the Department of
24 Human Services. Such final investigative report shall not
25 contain witness statements, investigation notes, draft
26 summaries, results of lie detector tests, investigative files

1 or other raw data which was used to compile the final
2 investigative report. Specifically, the final investigative
3 report of the Department of State Police shall mean the
4 Director's final transmittal letter. The Department of Human
5 Services shall also make available a copy of the results of
6 disciplinary proceedings of employees involved in incidents of
7 abuse or neglect to the Directors. All identifiable information
8 in reports provided shall not be further disclosed except as
9 provided by the Mental Health and Developmental Disabilities
10 Confidentiality Act. Nothing in this Section is intended to
11 limit or construe the power or authority granted to the agency
12 designated by the Governor pursuant to the Protection and
13 Advocacy for Developmentally Disabled Persons Act, pursuant to
14 any other State or federal statute.

15 With respect to investigations of reported resident abuse
16 or neglect, the Department shall effect with appropriate law
17 enforcement agencies formal agreements concerning methods and
18 procedures for the conduct of investigations into the criminal
19 histories of any administrator, staff assistant or employee of
20 the nursing home or other person responsible for the residents
21 care, as well as for other residents in the nursing home who
22 may be in a position to abuse, neglect or exploit the patient.
23 Pursuant to the formal agreements entered into with appropriate
24 law enforcement agencies, the Department may request
25 information with respect to whether the person or persons set
26 forth in this paragraph have ever been charged with a crime and

1 if so, the disposition of those charges. Unless the criminal
2 histories of the subjects involved crimes of violence or
3 resident abuse or neglect, the Department shall be entitled
4 only to information limited in scope to charges and their
5 dispositions. In cases where prior crimes of violence or
6 resident abuse or neglect are involved, a more detailed report
7 can be made available to authorized representatives of the
8 Department, pursuant to the agreements entered into with
9 appropriate law enforcement agencies. Any criminal charges and
10 their disposition information obtained by the Department shall
11 be confidential and may not be transmitted outside the
12 Department, except as required herein, to authorized
13 representatives or delegates of the Department, and may not be
14 transmitted to anyone within the Department who is not duly
15 authorized to handle resident abuse or neglect investigations.

16 The Department shall effect formal agreements with
17 appropriate law enforcement agencies in the various counties
18 and communities to encourage cooperation and coordination in
19 the handling of resident abuse or neglect cases pursuant to
20 this Act. The Department shall adopt and implement methods and
21 procedures to promote statewide uniformity in the handling of
22 reports of abuse and neglect under this Act, and those methods
23 and procedures shall be adhered to by personnel of the
24 Department involved in such investigations and reporting. The
25 Department shall also make information required by this Act
26 available to authorized personnel within the Department, as

1 well as its authorized representatives.

2 The Department shall keep a continuing record of all
3 reports made pursuant to this Act, including indications of the
4 final determination of any investigation and the final
5 disposition of all reports.

6 The Department shall report annually to the General
7 Assembly on the incidence of abuse and neglect of long term
8 care facility residents, with special attention to residents
9 who are mentally disabled. The report shall include but not be
10 limited to data on the number and source of reports of
11 suspected abuse or neglect filed under this Act, the nature of
12 any injuries to residents, the final determination of
13 investigations, the type and number of cases where abuse or
14 neglect is determined to exist, and the final disposition of
15 cases.

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 6-185. The Nursing Home Care Act is amended by
19 changing Sections 1-113, 2-204, 3-202.05, and 3-202.5 as
20 follows:

21 (210 ILCS 45/1-113) (from Ch. 111 1/2, par. 4151-113)

22 Sec. 1-113. "Facility" or "long-term care facility" means a
23 private home, institution, building, residence, or any other
24 place, whether operated for profit or not, or a county home for

1 the infirm and chronically ill operated pursuant to Division
2 5-21 or 5-22 of the Counties Code, or any similar institution
3 operated by a political subdivision of the State of Illinois,
4 which provides, through its ownership or management, personal
5 care, sheltered care or nursing for 3 or more persons, not
6 related to the applicant or owner by blood or marriage. It
7 includes skilled nursing facilities and intermediate care
8 facilities as those terms are defined in Title XVIII and Title
9 XIX of the Federal Social Security Act. It also includes homes,
10 institutions, or other places operated by or under the
11 authority of the Illinois Department of Veterans' Affairs.

12 "Facility" does not include the following:

13 (1) A home, institution, or other place operated by the
14 federal government or agency thereof, or by the State of
15 Illinois, other than homes, institutions, or other places
16 operated by or under the authority of the Illinois
17 Department of Veterans' Affairs;

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

23 (3) Any "facility for child care" as defined in the
24 Child Care Act of 1969;

25 (4) Any "Community Living Facility" as defined in the
26 Community Living Facilities Licensing Act;

1 (5) Any "community residential alternative" as defined
2 in the Community Residential Alternatives Licensing Act;

3 (6) Any nursing home or sanatorium operated solely by
4 and for persons who rely exclusively upon treatment by
5 spiritual means through prayer, in accordance with the
6 creed or tenets of any well-recognized church or religious
7 denomination. However, such nursing home or sanatorium
8 shall comply with all local laws and rules relating to
9 sanitation and safety;

10 (7) Any facility licensed by the Department of Human
11 Services as a community-integrated living arrangement as
12 defined in the Community-Integrated Living Arrangements
13 Licensure and Certification Act;

14 (8) Any "Supportive Residence" licensed under the
15 Supportive Residences Licensing Act;

16 (9) Any "supportive living facility" in good standing
17 with the program established under Section 5-5.01a of the
18 Illinois Public Aid Code, except only for purposes of the
19 employment of persons in accordance with Section 3-206.01;

20 (10) Any assisted living or shared housing
21 establishment licensed under the Assisted Living and
22 Shared Housing Act, except only for purposes of the
23 employment of persons in accordance with Section 3-206.01;

24 (11) An Alzheimer's disease management center
25 alternative health care model licensed under the
26 Alternative Health Care Delivery Act;

1 (12) A facility licensed under the ID/DD Community Care
2 Act; or

3 (13) A facility licensed under the Specialized Mental
4 Health Rehabilitation Act of 2013.

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

7 (210 ILCS 45/2-204) (from Ch. 111 1/2, par. 4152-204)

8 Sec. 2-204. The Director shall appoint a Long-Term Care
9 Facility Advisory Board to consult with the Department and the
10 residents' advisory councils created under Section 2-203.

11 (a) The Board shall be comprised of the following persons:

12 (1) The Director who shall serve as chairman, ex
13 officio and nonvoting; and

14 (2) One representative each of the Department of
15 Healthcare and Family Services, the Department of Human
16 Services, the Department on Aging, and the Office of the
17 State Fire Marshal, all nonvoting members;

18 (3) One member who shall be a physician licensed to
19 practice medicine in all its branches;

20 (4) One member who shall be a registered nurse selected
21 from the recommendations of professional nursing
22 associations;

23 (5) Four members who shall be selected from the
24 recommendations by organizations whose membership consists
25 of facilities;

1 (6) Two members who shall represent the general public
2 who are not members of a residents' advisory council
3 established under Section 2-203 and who have no
4 responsibility for management or formation of policy or
5 financial interest in a facility;

6 (7) One member who is a member of a residents' advisory
7 council established under Section 2-203 and is capable of
8 actively participating on the Board; and

9 (8) One member who shall be selected from the
10 recommendations of consumer organizations which engage
11 solely in advocacy or legal representation on behalf of
12 residents and their immediate families.

13 (b) The terms of those members of the Board appointed prior
14 to the effective date of this amendatory Act of 1988 shall
15 expire on December 31, 1988. Members of the Board created by
16 this amendatory Act of 1988 shall be appointed to serve for
17 terms as follows: 3 for 2 years, 3 for 3 years and 3 for 4
18 years. The member of the Board added by this amendatory Act of
19 1989 shall be appointed to serve for a term of 4 years. Each
20 successor member shall be appointed for a term of 4 years. Any
21 member appointed to fill a vacancy occurring prior to the
22 expiration of the term for which his predecessor was appointed
23 shall be appointed for the remainder of such term. The Board
24 shall meet as frequently as the chairman deems necessary, but
25 not less than 4 times each year. Upon request by 4 or more
26 members the chairman shall call a meeting of the Board. The

1 affirmative vote of 6 members of the Board shall be necessary
2 for Board action. A member of the Board can designate a
3 replacement to serve at the Board meeting and vote in place of
4 the member by submitting a letter of designation to the
5 chairman prior to or at the Board meeting. The Board members
6 shall be reimbursed for their actual expenses incurred in the
7 performance of their duties.

8 (c) The Advisory Board shall advise the Department of
9 Public Health on all aspects of its responsibilities under this
10 Act and the Specialized Mental Health Rehabilitation
11 ~~Facilities~~ Act of 2013, including the format and content of any
12 rules promulgated by the Department of Public Health. Any such
13 rules, except emergency rules promulgated pursuant to Section
14 5-45 of the Illinois Administrative Procedure Act, promulgated
15 without obtaining the advice of the Advisory Board are null and
16 void. In the event that the Department fails to follow the
17 advice of the Board, the Department shall, prior to the
18 promulgation of such rules, transmit a written explanation of
19 the reason thereof to the Board. During its review of rules,
20 the Board shall analyze the economic and regulatory impact of
21 those rules. If the Advisory Board, having been asked for its
22 advice, fails to advise the Department within 90 days, the
23 rules shall be considered acted upon.

24 (Source: P.A. 97-38, eff. 6-28-11; revised 8-3-12.)

1 Sec. 3-202.05. Staffing ratios effective July 1, 2010 and
2 thereafter.

3 (a) For the purpose of computing staff to resident ratios,
4 direct care staff shall include:

5 (1) registered nurses;

6 (2) licensed practical nurses;

7 (3) certified nurse assistants;

8 (4) psychiatric services rehabilitation aides;

9 (5) rehabilitation and therapy aides;

10 (6) psychiatric services rehabilitation coordinators;

11 (7) assistant directors of nursing;

12 (8) 50% of the Director of Nurses' time; and

13 (9) 30% of the Social Services Directors' time.

14 The Department shall, by rule, allow certain facilities
15 subject to 77 Ill. Admin. Code 300.4000 and following (Subpart
16 S) to utilize specialized clinical staff, as defined in rules,
17 to count towards the staffing ratios.

18 Within 120 days of the effective date of this amendatory
19 Act of the 97th General Assembly, the Department shall
20 promulgate rules specific to the staffing requirements for
21 facilities federally defined as Institutions for Mental
22 Disease. These rules shall recognize the unique nature of
23 individuals with chronic mental health conditions, shall
24 include minimum requirements for specialized clinical staff,
25 including clinical social workers, psychiatrists,
26 psychologists, and direct care staff set forth in paragraphs

1 (4) through (6) and any other specialized staff which may be
2 utilized and deemed necessary to count toward staffing ratios.

3 Within 120 days of the effective date of this amendatory
4 Act of the 97th General Assembly, the Department shall
5 promulgate rules specific to the staffing requirements for
6 facilities licensed under the Specialized Mental Health
7 Rehabilitation Act of 2013. These rules shall recognize the
8 unique nature of individuals with chronic mental health
9 conditions, shall include minimum requirements for specialized
10 clinical staff, including clinical social workers,
11 psychiatrists, psychologists, and direct care staff set forth
12 in paragraphs (4) through (6) and any other specialized staff
13 which may be utilized and deemed necessary to count toward
14 staffing ratios.

15 (b) Beginning January 1, 2011, and thereafter, light
16 intermediate care shall be staffed at the same staffing ratio
17 as intermediate care.

18 (c) Facilities shall notify the Department within 60 days
19 after the effective date of this amendatory Act of the 96th
20 General Assembly, in a form and manner prescribed by the
21 Department, of the staffing ratios in effect on the effective
22 date of this amendatory Act of the 96th General Assembly for
23 both intermediate and skilled care and the number of residents
24 receiving each level of care.

25 (d) (1) Effective July 1, 2010, for each resident needing
26 skilled care, a minimum staffing ratio of 2.5 hours of nursing

1 and personal care each day must be provided; for each resident
2 needing intermediate care, 1.7 hours of nursing and personal
3 care each day must be provided.

4 (2) Effective January 1, 2011, the minimum staffing ratios
5 shall be increased to 2.7 hours of nursing and personal care
6 each day for a resident needing skilled care and 1.9 hours of
7 nursing and personal care each day for a resident needing
8 intermediate care.

9 (3) Effective January 1, 2012, the minimum staffing ratios
10 shall be increased to 3.0 hours of nursing and personal care
11 each day for a resident needing skilled care and 2.1 hours of
12 nursing and personal care each day for a resident needing
13 intermediate care.

14 (4) Effective January 1, 2013, the minimum staffing ratios
15 shall be increased to 3.4 hours of nursing and personal care
16 each day for a resident needing skilled care and 2.3 hours of
17 nursing and personal care each day for a resident needing
18 intermediate care.

19 (5) Effective January 1, 2014, the minimum staffing ratios
20 shall be increased to 3.8 hours of nursing and personal care
21 each day for a resident needing skilled care and 2.5 hours of
22 nursing and personal care each day for a resident needing
23 intermediate care.

24 (e) Ninety days after the effective date of this amendatory
25 Act of the 97th General Assembly, a minimum of 25% of nursing
26 and personal care time shall be provided by licensed nurses,

1 with at least 10% of nursing and personal care time provided by
2 registered nurses. These minimum requirements shall remain in
3 effect until an acuity based registered nurse requirement is
4 promulgated by rule concurrent with the adoption of the
5 Resource Utilization Group classification-based payment
6 methodology, as provided in Section 5-5.2 of the Illinois
7 Public Aid Code. Registered nurses and licensed practical
8 nurses employed by a facility in excess of these requirements
9 may be used to satisfy the remaining 75% of the nursing and
10 personal care time requirements. Notwithstanding this
11 subsection, no staffing requirement in statute in effect on the
12 effective date of this amendatory Act of the 97th General
13 Assembly shall be reduced on account of this subsection.

14 (Source: P.A. 96-1372, eff. 7-29-10; 96-1504, eff. 1-27-11;
15 97-689, eff. 6-14-12.)

16 (210 ILCS 45/3-202.5)

17 Sec. 3-202.5. Facility plan review; fees.

18 (a) Before commencing construction of a new facility or
19 specified types of alteration or additions to an existing long
20 term care facility involving major construction, as defined by
21 rule by the Department, with an estimated cost greater than
22 \$100,000, architectural drawings and specifications for the
23 facility shall be submitted to the Department for review and
24 approval. A facility may submit architectural drawings and
25 specifications for other construction projects for Department

1 review according to subsection (b) that shall not be subject to
2 fees under subsection (d). Review of drawings and
3 specifications shall be conducted by an employee of the
4 Department meeting the qualifications established by the
5 Department of Central Management Services class specifications
6 for such an individual's position or by a person contracting
7 with the Department who meets those class specifications. Final
8 approval of the drawings and specifications for compliance with
9 design and construction standards shall be obtained from the
10 Department before the alteration, addition, or new
11 construction is begun.

12 (b) The Department shall inform an applicant in writing
13 within 10 working days after receiving drawings and
14 specifications and the required fee, if any, from the applicant
15 whether the applicant's submission is complete or incomplete.
16 Failure to provide the applicant with this notice within 10
17 working days shall result in the submission being deemed
18 complete for purposes of initiating the 60-day review period
19 under this Section. If the submission is incomplete, the
20 Department shall inform the applicant of the deficiencies with
21 the submission in writing. If the submission is complete the
22 required fee, if any, has been paid, the Department shall
23 approve or disapprove drawings and specifications submitted to
24 the Department no later than 60 days following receipt by the
25 Department. The drawings and specifications shall be of
26 sufficient detail, as provided by Department rule, to enable

1 the Department to render a determination of compliance with
2 design and construction standards under this Act. If the
3 Department finds that the drawings are not of sufficient detail
4 for it to render a determination of compliance, the plans shall
5 be determined to be incomplete and shall not be considered for
6 purposes of initiating the 60 day review period. If a
7 submission of drawings and specifications is incomplete, the
8 applicant may submit additional information. The 60-day review
9 period shall not commence until the Department determines that
10 a submission of drawings and specifications is complete or the
11 submission is deemed complete. If the Department has not
12 approved or disapproved the drawings and specifications within
13 60 days, the construction, major alteration, or addition shall
14 be deemed approved. If the drawings and specifications are
15 disapproved, the Department shall state in writing, with
16 specificity, the reasons for the disapproval. The entity
17 submitting the drawings and specifications may submit
18 additional information in response to the written comments from
19 the Department or request a reconsideration of the disapproval.
20 A final decision of approval or disapproval shall be made
21 within 45 days of the receipt of the additional information or
22 reconsideration request. If denied, the Department shall state
23 the specific reasons for the denial.

24 (c) The Department shall provide written approval for
25 occupancy pursuant to subsection (g) and shall not issue a
26 violation to a facility as a result of a licensure or complaint

1 survey based upon the facility's physical structure if:

2 (1) the Department reviewed and approved or deemed
3 approved the drawings and specifications for compliance
4 with design and construction standards;

5 (2) the construction, major alteration, or addition
6 was built as submitted;

7 (3) the law or rules have not been amended since the
8 original approval; and

9 (4) the conditions at the facility indicate that there
10 is a reasonable degree of safety provided for the
11 residents.

12 (d) The Department shall charge the following fees in
13 connection with its reviews conducted before June 30, 2004
14 under this Section:

15 (1) (Blank).

16 (2) (Blank).

17 (3) If the estimated dollar value of the alteration,
18 addition, or new construction is \$100,000 or more but less
19 than \$500,000, the fee shall be the greater of \$2,400 or
20 1.2% of that value.

21 (4) If the estimated dollar value of the alteration,
22 addition, or new construction is \$500,000 or more but less
23 than \$1,000,000, the fee shall be the greater of \$6,000 or
24 0.96% of that value.

25 (5) If the estimated dollar value of the alteration,
26 addition, or new construction is \$1,000,000 or more but

1 less than \$5,000,000, the fee shall be the greater of
2 \$9,600 or 0.22% of that value.

3 (6) If the estimated dollar value of the alteration,
4 addition, or new construction is \$5,000,000 or more, the
5 fee shall be the greater of \$11,000 or 0.11% of that value,
6 but shall not exceed \$40,000.

7 The fees provided in this subsection (d) shall not apply to
8 major construction projects involving facility changes that
9 are required by Department rule amendments.

10 The fees provided in this subsection (d) shall also not
11 apply to major construction projects if 51% or more of the
12 estimated cost of the project is attributed to capital
13 equipment. For major construction projects where 51% or more of
14 the estimated cost of the project is attributed to capital
15 equipment, the Department shall by rule establish a fee that is
16 reasonably related to the cost of reviewing the project.

17 The Department shall not commence the facility plan review
18 process under this Section until the applicable fee has been
19 paid.

20 (e) All fees received by the Department under this Section
21 shall be deposited into the Health Facility Plan Review Fund, a
22 special fund created in the State Treasury. All fees paid by
23 long-term care facilities under subsection (d) shall be used
24 only to cover the costs relating to the Department's review of
25 long-term care facility projects under this Section. Moneys
26 shall be appropriated from that Fund to the Department only to

1 pay the costs of conducting reviews under this Section or under
2 Section 3-202.5 of the ID/DD Community Care Act ~~or under~~
3 ~~Section 3-202.5 of the Specialized Mental Health~~
4 ~~Rehabilitation Act~~. None of the moneys in the Health Facility
5 Plan Review Fund shall be used to reduce the amount of General
6 Revenue Fund moneys appropriated to the Department for facility
7 plan reviews conducted pursuant to this Section.

8 (f)(1) The provisions of this amendatory Act of 1997
9 concerning drawings and specifications shall apply only to
10 drawings and specifications submitted to the Department on or
11 after October 1, 1997.

12 (2) On and after the effective date of this amendatory Act
13 of 1997 and before October 1, 1997, an applicant may submit or
14 resubmit drawings and specifications to the Department and pay
15 the fees provided in subsection (d). If an applicant pays the
16 fees provided in subsection (d) under this paragraph (2), the
17 provisions of subsection (b) shall apply with regard to those
18 drawings and specifications.

19 (g) The Department shall conduct an on-site inspection of
20 the completed project no later than 30 days after notification
21 from the applicant that the project has been completed and all
22 certifications required by the Department have been received
23 and accepted by the Department. The Department shall provide
24 written approval for occupancy to the applicant within 5
25 working days of the Department's final inspection, provided the
26 applicant has demonstrated substantial compliance as defined

1 by Department rule. Occupancy of new major construction is
2 prohibited until Department approval is received, unless the
3 Department has not acted within the time frames provided in
4 this subsection (g), in which case the construction shall be
5 deemed approved. Occupancy shall be authorized after any
6 required health inspection by the Department has been
7 conducted.

8 (h) The Department shall establish, by rule, a procedure to
9 conduct interim on-site review of large or complex construction
10 projects.

11 (i) The Department shall establish, by rule, an expedited
12 process for emergency repairs or replacement of like equipment.

13 (j) Nothing in this Section shall be construed to apply to
14 maintenance, upkeep, or renovation that does not affect the
15 structural integrity of the building, does not add beds or
16 services over the number for which the long-term care facility
17 is licensed, and provides a reasonable degree of safety for the
18 residents.

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

21 (210 ILCS 48/Act rep.)

22 Section 6-187. The Specialized Mental Health
23 Rehabilitation Act is repealed.

24 Section 6-190. The Home Health, Home Services, and Home

1 Nursing Agency Licensing Act is amended by changing Section
2 2.08 as follows:

3 (210 ILCS 55/2.08)

4 Sec. 2.08. "Home services agency" means an agency that
5 provides services directly, or acts as a placement agency, for
6 the purpose of placing individuals as workers providing home
7 services for consumers in their personal residences. "Home
8 services agency" does not include agencies licensed under the
9 Nurse Agency Licensing Act, the Hospital Licensing Act, the
10 Nursing Home Care Act, the ID/DD Community Care Act, the
11 Specialized Mental Health Rehabilitation Act of 2013, or the
12 Assisted Living and Shared Housing Act and does not include an
13 agency that limits its business exclusively to providing
14 housecleaning services. Programs providing services
15 exclusively through the Community Care Program of the Illinois
16 Department on Aging, the Department of Human Services Office of
17 Rehabilitation Services, or the United States Department of
18 Veterans Affairs are not considered to be a home services
19 agency under this Act.

20 (Source: P.A. 96-339, eff. 7-1-10; 96-577, eff. 8-18-09;
21 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
22 97-813, eff. 7-13-12.)

23 Section 6-195. The Hospice Program Licensing Act is amended
24 by changing Sections 3 and 4 as follows:

1 (210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)

2 Sec. 3. Definitions. As used in this Act, unless the
3 context otherwise requires:

4 (a) "Bereavement" means the period of time during which the
5 hospice patient's family experiences and adjusts to the death
6 of the hospice patient.

7 (a-5) "Bereavement services" means counseling services
8 provided to an individual's family after the individual's
9 death.

10 (a-10) "Attending physician" means a physician who:

11 (1) is a doctor of medicine or osteopathy; and

12 (2) is identified by an individual, at the time the
13 individual elects to receive hospice care, as having the
14 most significant role in the determination and delivery of
15 the individual's medical care.

16 (b) "Department" means the Illinois Department of Public
17 Health.

18 (c) "Director" means the Director of the Illinois
19 Department of Public Health.

20 (d) "Hospice care" means a program of palliative care that
21 provides for the physical, emotional, and spiritual care needs
22 of a terminally ill patient and his or her family. The goal of
23 such care is to achieve the highest quality of life as defined
24 by the patient and his or her family through the relief of
25 suffering and control of symptoms.

1 (e) "Hospice care team" means an interdisciplinary group or
2 groups composed of individuals who provide or supervise the
3 care and services offered by the hospice.

4 (f) "Hospice patient" means a terminally ill person
5 receiving hospice services.

6 (g) "Hospice patient's family" means a hospice patient's
7 immediate family consisting of a spouse, sibling, child, parent
8 and those individuals designated as such by the patient for the
9 purposes of this Act.

10 (g-1) "Hospice residence" means a separately licensed
11 home, apartment building, or similar building providing living
12 quarters:

13 (1) that is owned or operated by a person licensed to
14 operate as a comprehensive hospice; and

15 (2) at which hospice services are provided to facility
16 residents.

17 A building that is licensed under the Hospital Licensing
18 Act, the Nursing Home Care Act, the Specialized Mental Health
19 Rehabilitation Act of 2013, or the ID/DD Community Care Act is
20 not a hospice residence.

21 (h) "Hospice services" means a range of professional and
22 other supportive services provided to a hospice patient and his
23 or her family. These services may include, but are not limited
24 to, physician services, nursing services, medical social work
25 services, spiritual counseling services, bereavement services,
26 and volunteer services.

1 (h-5) "Hospice program" means a licensed public agency or
2 private organization, or a subdivision of either of those, that
3 is primarily engaged in providing care to terminally ill
4 individuals through a program of home care or inpatient care,
5 or both home care and inpatient care, utilizing a medically
6 directed interdisciplinary hospice care team of professionals
7 or volunteers, or both professionals and volunteers. A hospice
8 program may be licensed as a comprehensive hospice program or a
9 volunteer hospice program.

10 (h-10) "Comprehensive hospice" means a program that
11 provides hospice services and meets the minimum standards for
12 certification under the Medicare program set forth in the
13 Conditions of Participation in 42 CFR Part 418 but is not
14 required to be Medicare-certified.

15 (i) "Palliative care" means the management of pain and
16 other distressing symptoms that incorporates medical, nursing,
17 psychosocial, and spiritual care according to the needs,
18 values, beliefs, and culture or cultures of the patient and his
19 or her family. The evaluation and treatment is
20 patient-centered, with a focus on the central role of the
21 family unit in decision-making.

22 (j) "Hospice service plan" means a plan detailing the
23 specific hospice services offered by a comprehensive or
24 volunteer hospice program, and the administrative and direct
25 care personnel responsible for those services. The plan shall
26 include but not be limited to:

1 (1) Identification of the person or persons
2 administratively responsible for the program.

3 (2) The estimated average monthly patient census.

4 (3) The proposed geographic area the hospice will
5 serve.

6 (4) A listing of those hospice services provided
7 directly by the hospice, and those hospice services
8 provided indirectly through a contractual agreement.

9 (5) The name and qualifications of those persons or
10 entities under contract to provide indirect hospice
11 services.

12 (6) The name and qualifications of those persons
13 providing direct hospice services, with the exception of
14 volunteers.

15 (7) A description of how the hospice plans to utilize
16 volunteers in the provision of hospice services.

17 (8) A description of the program's record keeping
18 system.

19 (k) "Terminally ill" means a medical prognosis by a
20 physician licensed to practice medicine in all of its branches
21 that a patient has an anticipated life expectancy of one year
22 or less.

23 (l) "Volunteer" means a person who offers his or her
24 services to a hospice without compensation. Reimbursement for a
25 volunteer's expenses in providing hospice service shall not be
26 considered compensation.

1 (1-5) "Employee" means a paid or unpaid member of the staff
2 of a hospice program, or, if the hospice program is a
3 subdivision of an agency or organization, of the agency or
4 organization, who is appropriately trained and assigned to the
5 hospice program. "Employee" also means a volunteer whose duties
6 are prescribed by the hospice program and whose performance of
7 those duties is supervised by the hospice program.

8 (1-10) "Representative" means an individual who has been
9 authorized under State law to terminate an individual's medical
10 care or to elect or revoke the election of hospice care on
11 behalf of a terminally ill individual who is mentally or
12 physically incapacitated.

13 (m) "Volunteer hospice" means a program which provides
14 hospice services to patients regardless of their ability to
15 pay, with emphasis on the utilization of volunteers to provide
16 services, under the administration of a not-for-profit agency.
17 This definition does not prohibit the employment of staff.

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 (210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

21 Sec. 4. License.

22 (a) No person shall establish, conduct or maintain a
23 comprehensive or volunteer hospice program without first
24 obtaining a license from the Department. A hospice residence
25 may be operated only at the locations listed on the license. A

1 comprehensive hospice program owning or operating a hospice
2 residence is not subject to the provisions of the Nursing Home
3 Care Act, the Specialized Mental Health Rehabilitation Act of
4 2013, or the ID/DD Community Care Act in owning or operating a
5 hospice residence.

6 (b) No public or private agency shall advertise or present
7 itself to the public as a comprehensive or volunteer hospice
8 program which provides hospice services without meeting the
9 provisions of subsection (a).

10 (c) The license shall be valid only in the possession of
11 the hospice to which it was originally issued and shall not be
12 transferred or assigned to any other person, agency, or
13 corporation.

14 (d) The license shall be renewed annually.

15 (e) The license shall be displayed in a conspicuous place
16 inside the hospice program office.

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

19 Section 6-200. The Hospital Licensing Act is amended by
20 changing Sections 3 and 6.09 as follows:

21 (210 ILCS 85/3)

22 Sec. 3. As used in this Act:

23 (A) "Hospital" means any institution, place, building,
24 buildings on a campus, or agency, public or private, whether

1 organized for profit or not, devoted primarily to the
2 maintenance and operation of facilities for the diagnosis and
3 treatment or care of 2 or more unrelated persons admitted for
4 overnight stay or longer in order to obtain medical, including
5 obstetric, psychiatric and nursing, care of illness, disease,
6 injury, infirmity, or deformity.

7 The term "hospital", without regard to length of stay,
8 shall also include:

9 (a) any facility which is devoted primarily to
10 providing psychiatric and related services and programs
11 for the diagnosis and treatment or care of 2 or more
12 unrelated persons suffering from emotional or nervous
13 diseases;

14 (b) all places where pregnant females are received,
15 cared for, or treated during delivery irrespective of the
16 number of patients received.

17 The term "hospital" includes general and specialized
18 hospitals, tuberculosis sanitarium, mental or psychiatric
19 hospitals and sanitarium, and includes maternity homes,
20 lying-in homes, and homes for unwed mothers in which care is
21 given during delivery.

22 The term "hospital" does not include:

23 (1) any person or institution required to be licensed
24 pursuant to the Nursing Home Care Act, the Specialized
25 Mental Health Rehabilitation Act of 2013, or the ID/DD
26 Community Care Act;

1 (2) hospitalization or care facilities maintained by
2 the State or any department or agency thereof, where such
3 department or agency has authority under law to establish
4 and enforce standards for the hospitalization or care
5 facilities under its management and control;

6 (3) hospitalization or care facilities maintained by
7 the federal government or agencies thereof;

8 (4) hospitalization or care facilities maintained by
9 any university or college established under the laws of
10 this State and supported principally by public funds raised
11 by taxation;

12 (5) any person or facility required to be licensed
13 pursuant to the Alcoholism and Other Drug Abuse and
14 Dependency Act;

15 (6) any facility operated solely by and for persons who
16 rely exclusively upon treatment by spiritual means through
17 prayer, in accordance with the creed or tenets of any
18 well-recognized church or religious denomination;

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

22 (8) any veterinary hospital or clinic operated by a
23 veterinarian or veterinarians licensed under the
24 Veterinary Medicine and Surgery Practice Act of 2004 or
25 maintained by a State-supported or publicly funded
26 university or college.

1 (B) "Person" means the State, and any political subdivision
2 or municipal corporation, individual, firm, partnership,
3 corporation, company, association, or joint stock association,
4 or the legal successor thereof.

5 (C) "Department" means the Department of Public Health of
6 the State of Illinois.

7 (D) "Director" means the Director of Public Health of the
8 State of Illinois.

9 (E) "Perinatal" means the period of time between the
10 conception of an infant and the end of the first month after
11 birth.

12 (F) "Federally designated organ procurement agency" means
13 the organ procurement agency designated by the Secretary of the
14 U.S. Department of Health and Human Services for the service
15 area in which a hospital is located; except that in the case of
16 a hospital located in a county adjacent to Wisconsin which
17 currently contracts with an organ procurement agency located in
18 Wisconsin that is not the organ procurement agency designated
19 by the U.S. Secretary of Health and Human Services for the
20 service area in which the hospital is located, if the hospital
21 applies for a waiver pursuant to 42 USC 1320b-8(a), it may
22 designate an organ procurement agency located in Wisconsin to
23 be thereafter deemed its federally designated organ
24 procurement agency for the purposes of this Act.

25 (G) "Tissue bank" means any facility or program operating
26 in Illinois that is certified by the American Association of

1 Tissue Banks or the Eye Bank Association of America and is
2 involved in procuring, furnishing, donating, or distributing
3 corneas, bones, or other human tissue for the purpose of
4 injecting, transfusing, or transplanting any of them into the
5 human body. "Tissue bank" does not include a licensed blood
6 bank. For the purposes of this Act, "tissue" does not include
7 organs.

8 (H) "Campus", as this terms applies to operations, has the
9 same meaning as the term "campus" as set forth in federal
10 Medicare regulations, 42 CFR 413.65.

11 (Source: P.A. 96-219, eff. 8-10-09; 96-339, eff. 7-1-10;
12 96-1000, eff. 7-2-10; 96-1515, eff. 2-4-11; 97-38, eff.
13 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

14 (210 ILCS 85/6.09) (from Ch. 111 1/2, par. 147.09)

15 Sec. 6.09. (a) In order to facilitate the orderly
16 transition of aged and disabled patients from hospitals to
17 post-hospital care, whenever a patient who qualifies for the
18 federal Medicare program is hospitalized, the patient shall be
19 notified of discharge at least 24 hours prior to discharge from
20 the hospital. With regard to pending discharges to a skilled
21 nursing facility, the hospital must notify the case
22 coordination unit, as defined in 89 Ill. Adm. Code 240.260, at
23 least 24 hours prior to discharge or, if home health services
24 are ordered, the hospital must inform its designated case
25 coordination unit, as defined in 89 Ill. Adm. Code 240.260, of

1 the pending discharge and must provide the patient with the
2 case coordination unit's telephone number and other contact
3 information.

4 (b) Every hospital shall develop procedures for a physician
5 with medical staff privileges at the hospital or any
6 appropriate medical staff member to provide the discharge
7 notice prescribed in subsection (a) of this Section. The
8 procedures must include prohibitions against discharging or
9 referring a patient to any of the following if unlicensed,
10 uncertified, or unregistered: (i) a board and care facility, as
11 defined in the Board and Care Home Act; (ii) an assisted living
12 and shared housing establishment, as defined in the Assisted
13 Living and Shared Housing Act; (iii) a facility licensed under
14 the Nursing Home Care Act, the Specialized Mental Health
15 Rehabilitation Act of 2013, or the ID/DD Community Care Act;
16 (iv) a supportive living facility, as defined in Section
17 5-5.01a of the Illinois Public Aid Code; or (v) a free-standing
18 hospice facility licensed under the Hospice Program Licensing
19 Act if licensure, certification, or registration is required.
20 The Department of Public Health shall annually provide
21 hospitals with a list of licensed, certified, or registered
22 board and care facilities, assisted living and shared housing
23 establishments, nursing homes, supportive living facilities,
24 facilities licensed under the ID/DD Community Care Act or the
25 Specialized Mental Health Rehabilitation Act of 2013, and
26 hospice facilities. Reliance upon this list by a hospital shall

1 satisfy compliance with this requirement. The procedure may
2 also include a waiver for any case in which a discharge notice
3 is not feasible due to a short length of stay in the hospital
4 by the patient, or for any case in which the patient
5 voluntarily desires to leave the hospital before the expiration
6 of the 24 hour period.

7 (c) At least 24 hours prior to discharge from the hospital,
8 the patient shall receive written information on the patient's
9 right to appeal the discharge pursuant to the federal Medicare
10 program, including the steps to follow to appeal the discharge
11 and the appropriate telephone number to call in case the
12 patient intends to appeal the discharge.

13 (d) Before transfer of a patient to a long term care
14 facility licensed under the Nursing Home Care Act where elderly
15 persons reside, a hospital shall as soon as practicable
16 initiate a name-based criminal history background check by
17 electronic submission to the Department of State Police for all
18 persons between the ages of 18 and 70 years; provided, however,
19 that a hospital shall be required to initiate such a background
20 check only with respect to patients who:

21 (1) are transferring to a long term care facility for
22 the first time;

23 (2) have been in the hospital more than 5 days;

24 (3) are reasonably expected to remain at the long term
25 care facility for more than 30 days;

26 (4) have a known history of serious mental illness or

1 substance abuse; and

2 (5) are independently ambulatory or mobile for more
3 than a temporary period of time.

4 A hospital may also request a criminal history background
5 check for a patient who does not meet any of the criteria set
6 forth in items (1) through (5).

7 A hospital shall notify a long term care facility if the
8 hospital has initiated a criminal history background check on a
9 patient being discharged to that facility. In all circumstances
10 in which the hospital is required by this subsection to
11 initiate the criminal history background check, the transfer to
12 the long term care facility may proceed regardless of the
13 availability of criminal history results. Upon receipt of the
14 results, the hospital shall promptly forward the results to the
15 appropriate long term care facility. If the results of the
16 background check are inconclusive, the hospital shall have no
17 additional duty or obligation to seek additional information
18 from, or about, the patient.

19 (Source: P.A. 96-339, eff. 7-1-10; 96-1372, eff. 7-29-10;
20 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
21 7-13-12.)

22 Section 6-205. The Language Assistance Services Act is
23 amended by changing Section 10 as follows:

24 (210 ILCS 87/10)

1 Sec. 10. Definitions. As used in this Act:

2 "Department" means the Department of Public Health.

3 "Interpreter" means a person fluent in English and in the
4 necessary language of the patient who can accurately speak,
5 read, and readily interpret the necessary second language, or a
6 person who can accurately sign and read sign language.
7 Interpreters shall have the ability to translate the names of
8 body parts and to describe completely symptoms and injuries in
9 both languages. Interpreters may include members of the medical
10 or professional staff.

11 "Language or communication barriers" means either of the
12 following:

13 (1) With respect to spoken language, barriers that are
14 experienced by limited-English-speaking or
15 non-English-speaking individuals who speak the same
16 primary language, if those individuals constitute at least
17 5% of the patients served by the health facility annually.

18 (2) With respect to sign language, barriers that are
19 experienced by individuals who are deaf and whose primary
20 language is sign language.

21 "Health facility" means a hospital licensed under the
22 Hospital Licensing Act, a long-term care facility licensed
23 under the Nursing Home Care Act, or a facility licensed under
24 the ID/DD Community Care Act or the Specialized Mental Health
25 Rehabilitation Act of 2013.

26 (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 Section 6-210. The Community-Integrated Living
3 Arrangements Licensure and Certification Act is amended by
4 changing Section 4 as follows:

5 (210 ILCS 135/4) (from Ch. 91 1/2, par. 1704)

6 Sec. 4. (a) Any community mental health or developmental
7 services agency who wishes to develop and support a variety of
8 community-integrated living arrangements may do so pursuant to
9 a license issued by the Department under this Act. However,
10 programs established under or otherwise subject to the Child
11 Care Act of 1969, the Nursing Home Care Act, the Specialized
12 Mental Health Rehabilitation Act of 2013, or the ID/DD
13 Community Care Act, as now or hereafter amended, shall remain
14 subject thereto, and this Act shall not be construed to limit
15 the application of those Acts.

16 (b) The system of licensure established under this Act
17 shall be for the purposes of:

18 (1) Insuring that all recipients residing in
19 community-integrated living arrangements are receiving
20 appropriate community-based services, including treatment,
21 training and habilitation or rehabilitation;

22 (2) Insuring that recipients' rights are protected and
23 that all programs provided to and placements arranged for
24 recipients comply with this Act, the Mental Health and

1 Developmental Disabilities Code, and applicable Department
2 rules and regulations;

3 (3) Maintaining the integrity of communities by
4 requiring regular monitoring and inspection of placements
5 and other services provided in community-integrated living
6 arrangements.

7 The licensure system shall be administered by a quality
8 assurance unit within the Department which shall be
9 administratively independent of units responsible for funding
10 of agencies or community services.

11 (c) As a condition of being licensed by the Department as a
12 community mental health or developmental services agency under
13 this Act, the agency shall certify to the Department that:

14 (1) All recipients residing in community-integrated
15 living arrangements are receiving appropriate
16 community-based services, including treatment, training
17 and habilitation or rehabilitation;

18 (2) All programs provided to and placements arranged
19 for recipients are supervised by the agency; and

20 (3) All programs provided to and placements arranged
21 for recipients comply with this Act, the Mental Health and
22 Developmental Disabilities Code, and applicable Department
23 rules and regulations.

24 (d) An applicant for licensure as a community mental health
25 or developmental services agency under this Act shall submit an
26 application pursuant to the application process established by

1 the Department by rule and shall pay an application fee in an
2 amount established by the Department, which amount shall not be
3 more than \$200.

4 (e) If an applicant meets the requirements established by
5 the Department to be licensed as a community mental health or
6 developmental services agency under this Act, after payment of
7 the licensing fee, the Department shall issue a license valid
8 for 3 years from the date thereof unless suspended or revoked
9 by the Department or voluntarily surrendered by the agency.

10 (f) Upon application to the Department, the Department may
11 issue a temporary permit to an applicant for a 6-month period
12 to allow the holder of such permit reasonable time to become
13 eligible for a license under this Act.

14 (g) (1) The Department may conduct site visits to an agency
15 licensed under this Act, or to any program or placement
16 certified by the agency, and inspect the records or premises,
17 or both, of such agency, program or placement as it deems
18 appropriate, for the purpose of determining compliance with
19 this Act, the Mental Health and Developmental Disabilities
20 Code, and applicable Department rules and regulations.

21 (2) If the Department determines that an agency licensed
22 under this Act is not in compliance with this Act or the rules
23 and regulations promulgated under this Act, the Department
24 shall serve a notice of violation upon the licensee. Each
25 notice of violation shall be prepared in writing and shall
26 specify the nature of the violation, the statutory provision or

1 rule alleged to have been violated, and that the licensee
2 submit a plan of correction to the Department if required. The
3 notice shall also inform the licensee of any other action which
4 the Department might take pursuant to this Act and of the right
5 to a hearing.

6 (g-5) As determined by the Department, a disproportionate
7 number or percentage of licensure complaints; a
8 disproportionate number or percentage of substantiated cases
9 of abuse, neglect, or exploitation involving an agency; an
10 apparent unnatural death of an individual served by an agency;
11 any egregious or life-threatening abuse or neglect within an
12 agency; or any other significant event as determined by the
13 Department shall initiate a review of the agency's license by
14 the Department, as well as a review of its service agreement
15 for funding. The Department shall adopt rules to establish the
16 process by which the determination to initiate a review shall
17 be made and the timeframe to initiate a review upon the making
18 of such determination.

19 (h) Upon the expiration of any license issued under this
20 Act, a license renewal application shall be required of and a
21 license renewal fee in an amount established by the Department
22 shall be charged to a community mental health or developmental
23 services agency, provided that such fee shall not be more than
24 \$200.

25 (Source: P.A. 96-339, eff. 7-1-10; 97-38, eff. 6-28-11; 97-227,
26 eff. 1-1-12; 97-441, eff. 8-19-11; 97-813, eff. 7-13-12.)

1 Section 6-215. The Child Care Act of 1969 is amended by
2 changing Section 2.06 as follows:

3 (225 ILCS 10/2.06) (from Ch. 23, par. 2212.06)

4 Sec. 2.06. "Child care institution" means a child care
5 facility where more than 7 children are received and maintained
6 for the purpose of providing them with care or training or
7 both. The term "child care institution" includes residential
8 schools, primarily serving ambulatory handicapped children,
9 and those operating a full calendar year, but does not include:

10 (a) Any State-operated institution for child care
11 established by legislative action;

12 (b) Any juvenile detention or shelter care home established
13 and operated by any county or child protection district
14 established under the "Child Protection Act";

15 (c) Any institution, home, place or facility operating
16 under a license pursuant to the Nursing Home Care Act, the
17 Specialized Mental Health Rehabilitation Act of 2013, or the
18 ID/DD Community Care Act;

19 (d) Any bona fide boarding school in which children are
20 primarily taught branches of education corresponding to those
21 taught in public schools, grades one through 12, or taught in
22 public elementary schools, high schools, or both elementary and
23 high schools, and which operates on a regular academic school
24 year basis; or

1 (e) Any facility licensed as a "group home" as defined in
2 this Act.

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

5 Section 6-220. The Health Care Worker Background Check Act
6 is amended by changing Section 15 as follows:

7 (225 ILCS 46/15)

8 Sec. 15. Definitions. In this Act:

9 "Applicant" means an individual seeking employment with a
10 health care employer who has received a bona fide conditional
11 offer of employment.

12 "Conditional offer of employment" means a bona fide offer
13 of employment by a health care employer to an applicant, which
14 is contingent upon the receipt of a report from the Department
15 of Public Health indicating that the applicant does not have a
16 record of conviction of any of the criminal offenses enumerated
17 in Section 25.

18 "Direct care" means the provision of nursing care or
19 assistance with feeding, dressing, movement, bathing,
20 toileting, or other personal needs, including home services as
21 defined in the Home Health, Home Services, and Home Nursing
22 Agency Licensing Act. The entity responsible for inspecting and
23 licensing, certifying, or registering the health care employer
24 may, by administrative rule, prescribe guidelines for

1 interpreting this definition with regard to the health care
2 employers that it licenses.

3 "Disqualifying offenses" means those offenses set forth in
4 Section 25 of this Act.

5 "Employee" means any individual hired, employed, or
6 retained to which this Act applies.

7 "Fingerprint-based criminal history records check" means a
8 livescan fingerprint-based criminal history records check
9 submitted as a fee applicant inquiry in the form and manner
10 prescribed by the Department of State Police.

11 "Health care employer" means:

12 (1) the owner or licensee of any of the following:

13 (i) a community living facility, as defined in the
14 Community Living Facilities Act;

15 (ii) a life care facility, as defined in the Life
16 Care Facilities Act;

17 (iii) a long-term care facility;

18 (iv) a home health agency, home services agency, or
19 home nursing agency as defined in the Home Health, Home
20 Services, and Home Nursing Agency Licensing Act;

21 (v) a hospice care program or volunteer hospice
22 program, as defined in the Hospice Program Licensing
23 Act;

24 (vi) a hospital, as defined in the Hospital
25 Licensing Act;

26 (vii) (blank);

1 (viii) a nurse agency, as defined in the Nurse
2 Agency Licensing Act;

3 (ix) a respite care provider, as defined in the
4 Respite Program Act;

5 (ix-a) an establishment licensed under the
6 Assisted Living and Shared Housing Act;

7 (x) a supportive living program, as defined in the
8 Illinois Public Aid Code;

9 (xi) early childhood intervention programs as
10 described in 59 Ill. Adm. Code 121;

11 (xii) the University of Illinois Hospital,
12 Chicago;

13 (xiii) programs funded by the Department on Aging
14 through the Community Care Program;

15 (xiv) programs certified to participate in the
16 Supportive Living Program authorized pursuant to
17 Section 5-5.01a of the Illinois Public Aid Code;

18 (xv) programs listed by the Emergency Medical
19 Services (EMS) Systems Act as Freestanding Emergency
20 Centers;

21 (xvi) locations licensed under the Alternative
22 Health Care Delivery Act;

23 (2) a day training program certified by the Department
24 of Human Services;

25 (3) a community integrated living arrangement operated
26 by a community mental health and developmental service

1 agency, as defined in the Community-Integrated Living
2 Arrangements Licensing and Certification Act; or

3 (4) the State Long Term Care Ombudsman Program,
4 including any regional long term care ombudsman programs
5 under Section 4.04 of the Illinois Act on the Aging, only
6 for the purpose of securing background checks.

7 "Initiate" means obtaining from a student, applicant, or
8 employee his or her social security number, demographics, a
9 disclosure statement, and an authorization for the Department
10 of Public Health or its designee to request a fingerprint-based
11 criminal history records check; transmitting this information
12 electronically to the Department of Public Health; conducting
13 Internet searches on certain web sites, including without
14 limitation the Illinois Sex Offender Registry, the Department
15 of Corrections' Sex Offender Search Engine, the Department of
16 Corrections' Inmate Search Engine, the Department of
17 Corrections Wanted Fugitives Search Engine, the National Sex
18 Offender Public Registry, and the website of the Health and
19 Human Services Office of Inspector General to determine if the
20 applicant has been adjudicated a sex offender, has been a
21 prison inmate, or has committed Medicare or Medicaid fraud, or
22 conducting similar searches as defined by rule; and having the
23 student, applicant, or employee's fingerprints collected and
24 transmitted electronically to the Department of State Police.

25 "Livescan vendor" means an entity whose equipment has been
26 certified by the Department of State Police to collect an

1 individual's demographics and inkless fingerprints and, in a
2 manner prescribed by the Department of State Police and the
3 Department of Public Health, electronically transmit the
4 fingerprints and required data to the Department of State
5 Police and a daily file of required data to the Department of
6 Public Health. The Department of Public Health shall negotiate
7 a contract with one or more vendors that effectively
8 demonstrate that the vendor has 2 or more years of experience
9 transmitting fingerprints electronically to the Department of
10 State Police and that the vendor can successfully transmit the
11 required data in a manner prescribed by the Department of
12 Public Health. Vendor authorization may be further defined by
13 administrative rule.

14 "Long-term care facility" means a facility licensed by the
15 State or certified under federal law as a long-term care
16 facility, including without limitation facilities licensed
17 under the Nursing Home Care Act, the Specialized Mental Health
18 Rehabilitation Act of 2013, or the ID/DD Community Care Act, a
19 supportive living facility, an assisted living establishment,
20 or a shared housing establishment or registered as a board and
21 care home.

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 6-225. The Nursing Home Administrators Licensing
25 and Disciplinary Act is amended by changing Sections 4 and 17

1 as follows:

2 (225 ILCS 70/4) (from Ch. 111, par. 3654)

3 (Section scheduled to be repealed on January 1, 2018)

4 Sec. 4. Definitions. For purposes of this Act, the
5 following definitions shall have the following meanings,
6 except where the context requires otherwise:

7 (1) "Act" means the Nursing Home Administrators
8 Licensing and Disciplinary Act.

9 (2) "Department" means the Department of Financial and
10 Professional Regulation.

11 (3) "Secretary" means the Secretary of Financial and
12 Professional Regulation.

13 (4) "Board" means the Nursing Home Administrators
14 Licensing and Disciplinary Board appointed by the
15 Governor.

16 (5) "Nursing home administrator" means the individual
17 licensed under this Act and directly responsible for
18 planning, organizing, directing and supervising the
19 operation of a nursing home, or who in fact performs such
20 functions, whether or not such functions are delegated to
21 one or more other persons.

22 (6) "Nursing home" or "facility" means any entity that
23 is required to be licensed by the Department of Public
24 Health under the Nursing Home Care Act, as amended, other
25 than a sheltered care home as defined thereunder, and

1 includes private homes, institutions, buildings,
2 residences, or other places, whether operated for profit or
3 not, irrespective of the names attributed to them, county
4 homes for the infirm and chronically ill operated pursuant
5 to the County Nursing Home Act, as amended, and any similar
6 institutions operated by a political subdivision of the
7 State of Illinois that provide, though their ownership or
8 management, maintenance, personal care, and nursing for 3
9 or more persons, not related to the owner by blood or
10 marriage, or any similar facilities in which maintenance is
11 provided to 3 or more persons who by reason of illness of
12 physical infirmity require personal care and nursing. The
13 term also means any facility licensed under the ID/DD
14 Community Care Act or the Specialized Mental Health
15 Rehabilitation Act of 2013.

16 (7) "Maintenance" means food, shelter and laundry.

17 (8) "Personal care" means assistance with meals,
18 dressing, movement, bathing, or other personal needs, or
19 general supervision of the physical and mental well-being
20 of an individual who because of age, physical, or mental
21 disability, emotion or behavior disorder, or an
22 intellectual disability is incapable of managing his or her
23 person, whether or not a guardian has been appointed for
24 such individual. For the purposes of this Act, this
25 definition does not include the professional services of a
26 nurse.

1 (9) "Nursing" means professional nursing or practical
2 nursing, as those terms are defined in the Nurse Practice
3 Act, for sick or infirm persons who are under the care and
4 supervision of licensed physicians or dentists.

5 (10) "Disciplinary action" means revocation,
6 suspension, probation, supervision, reprimand, required
7 education, fines or any other action taken by the
8 Department against a person holding a license.

9 (11) "Impaired" means the inability to practice with
10 reasonable skill and safety due to physical or mental
11 disabilities as evidenced by a written determination or
12 written consent based on clinical evidence including
13 deterioration through the aging process or loss of motor
14 skill, or abuse of drugs or alcohol, of sufficient degree
15 to diminish a person's ability to administer a nursing
16 home.

17 (12) "Address of record" means the designated address
18 recorded by the Department in the applicant's or licensee's
19 application file or license file maintained by the
20 Department's licensure maintenance unit. It is the duty of
21 the applicant or licensee to inform the Department of any
22 change of address, and such changes must be made either
23 through the Department's website or by contacting the
24 Department's licensure maintenance unit.

25 (Source: P.A. 96-328, eff. 8-11-09; 96-339, eff. 7-1-10; 97-38,
26 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

1 (225 ILCS 70/17) (from Ch. 111, par. 3667)

2 Sec. 17. Grounds for disciplinary action.

3 (a) The Department may impose fines not to exceed \$10,000
4 or may refuse to issue or to renew, or may revoke, suspend,
5 place on probation, censure, reprimand or take other
6 disciplinary or non-disciplinary action with regard to the
7 license of any person, for any one or combination of the
8 following causes:

9 (1) Intentional material misstatement in furnishing
10 information to the Department.

11 (2) Conviction of or entry of a plea of guilty or nolo
12 contendere to any crime that is a felony under the laws of
13 the United States or any state or territory thereof or a
14 misdemeanor of which an essential element is dishonesty or
15 that is directly related to the practice of the profession
16 of nursing home administration.

17 (3) Making any misrepresentation for the purpose of
18 obtaining a license, or violating any provision of this
19 Act.

20 (4) Immoral conduct in the commission of any act, such
21 as sexual abuse or sexual misconduct, related to the
22 licensee's practice.

23 (5) Failing to respond within 30 days, to a written
24 request made by the Department for information.

25 (6) Engaging in dishonorable, unethical or

1 unprofessional conduct of a character likely to deceive,
2 defraud or harm the public.

3 (7) Habitual use or addiction to alcohol, narcotics,
4 stimulants, or any other chemical agent or drug which
5 results in the inability to practice with reasonable
6 judgment, skill or safety.

7 (8) Discipline by another U.S. jurisdiction if at least
8 one of the grounds for the discipline is the same or
9 substantially equivalent to those set forth herein.

10 (9) A finding by the Department that the licensee,
11 after having his or her license placed on probationary
12 status has violated the terms of probation.

13 (10) Willfully making or filing false records or
14 reports in his or her practice, including but not limited
15 to false records filed with State agencies or departments.

16 (11) Physical illness, mental illness, or other
17 impairment or disability, including, but not limited to,
18 deterioration through the aging process, or loss of motor
19 skill that results in the inability to practice the
20 profession with reasonable judgment, skill or safety.

21 (12) Disregard or violation of this Act or of any rule
22 issued pursuant to this Act.

23 (13) Aiding or abetting another in the violation of
24 this Act or any rule or regulation issued pursuant to this
25 Act.

26 (14) Allowing one's license to be used by an unlicensed

1 person.

2 (15) (Blank).

3 (16) Professional incompetence in the practice of
4 nursing home administration.

5 (17) Conviction of a violation of Section 12-19 or
6 subsection (a) of Section 12-4.4a of the Criminal Code of
7 1961 or the Criminal Code of 2012 for the abuse and
8 criminal neglect of a long term care facility resident.

9 (18) Violation of the Nursing Home Care Act, the
10 Specialized Mental Health Rehabilitation Act of 2013, or
11 the ID/DD Community Care Act or of any rule issued under
12 the Nursing Home Care Act, the Specialized Mental Health
13 Rehabilitation Act of 2013, or the ID/DD Community Care
14 Act. A final adjudication of a Type "AA" violation of the
15 Nursing Home Care Act made by the Illinois Department of
16 Public Health, as identified by rule, relating to the
17 hiring, training, planning, organizing, directing, or
18 supervising the operation of a nursing home and a
19 licensee's failure to comply with this Act or the rules
20 adopted under this Act, shall create a rebuttable
21 presumption of a violation of this subsection.

22 (19) Failure to report to the Department any adverse
23 final action taken against the licensee by a licensing
24 authority of another state, territory of the United States,
25 or foreign country; or by any governmental or law
26 enforcement agency; or by any court for acts or conduct

1 similar to acts or conduct that would constitute grounds
2 for disciplinary action under this Section.

3 (20) Failure to report to the Department the surrender
4 of a license or authorization to practice as a nursing home
5 administrator in another state or jurisdiction for acts or
6 conduct similar to acts or conduct that would constitute
7 grounds for disciplinary action under this Section.

8 (21) Failure to report to the Department any adverse
9 judgment, settlement, or award arising from a liability
10 claim related to acts or conduct similar to acts or conduct
11 that would constitute grounds for disciplinary action
12 under this Section.

13 All proceedings to suspend, revoke, place on probationary
14 status, or take any other disciplinary action as the Department
15 may deem proper, with regard to a license on any of the
16 foregoing grounds, must be commenced within 5 years next after
17 receipt by the Department of (i) a complaint alleging the
18 commission of or notice of the conviction order for any of the
19 acts described herein or (ii) a referral for investigation
20 under Section 3-108 of the Nursing Home Care Act.

21 The entry of an order or judgment by any circuit court
22 establishing that any person holding a license under this Act
23 is a person in need of mental treatment operates as a
24 suspension of that license. That person may resume their
25 practice only upon the entry of a Department order based upon a
26 finding by the Board that they have been determined to be

1 recovered from mental illness by the court and upon the Board's
2 recommendation that they be permitted to resume their practice.

3 The Department, upon the recommendation of the Board, may
4 adopt rules which set forth standards to be used in determining
5 what constitutes:

6 (i) when a person will be deemed sufficiently
7 rehabilitated to warrant the public trust;

8 (ii) dishonorable, unethical or unprofessional conduct
9 of a character likely to deceive, defraud, or harm the
10 public;

11 (iii) immoral conduct in the commission of any act
12 related to the licensee's practice; and

13 (iv) professional incompetence in the practice of
14 nursing home administration.

15 However, no such rule shall be admissible into evidence in
16 any civil action except for review of a licensing or other
17 disciplinary action under this Act.

18 In enforcing this Section, the Department or Board, upon a
19 showing of a possible violation, may compel any individual
20 licensed to practice under this Act, or who has applied for
21 licensure pursuant to this Act, to submit to a mental or
22 physical examination, or both, as required by and at the
23 expense of the Department. The examining physician or
24 physicians shall be those specifically designated by the
25 Department or Board. The Department or Board may order the
26 examining physician to present testimony concerning this

1 mental or physical examination of the licensee or applicant. No
2 information shall be excluded by reason of any common law or
3 statutory privilege relating to communications between the
4 licensee or applicant and the examining physician. The
5 individual to be examined may have, at his or her own expense,
6 another physician of his or her choice present during all
7 aspects of the examination. Failure of any individual to submit
8 to mental or physical examination, when directed, shall be
9 grounds for suspension of his or her license until such time as
10 the individual submits to the examination if the Department
11 finds, after notice and hearing, that the refusal to submit to
12 the examination was without reasonable cause.

13 If the Department or Board finds an individual unable to
14 practice because of the reasons set forth in this Section, the
15 Department or Board shall require such individual to submit to
16 care, counseling, or treatment by physicians approved or
17 designated by the Department or Board, as a condition, term, or
18 restriction for continued, reinstated, or renewed licensure to
19 practice; or in lieu of care, counseling, or treatment, the
20 Department may file, or the Board may recommend to the
21 Department to file, a complaint to immediately suspend, revoke,
22 or otherwise discipline the license of the individual. Any
23 individual whose license was granted pursuant to this Act or
24 continued, reinstated, renewed, disciplined or supervised,
25 subject to such terms, conditions or restrictions who shall
26 fail to comply with such terms, conditions or restrictions

1 shall be referred to the Secretary for a determination as to
2 whether the licensee shall have his or her license suspended
3 immediately, pending a hearing by the Department. In instances
4 in which the Secretary immediately suspends a license under
5 this Section, a hearing upon such person's license must be
6 convened by the Board within 30 days after such suspension and
7 completed without appreciable delay. The Department and Board
8 shall have the authority to review the subject administrator's
9 record of treatment and counseling regarding the impairment, to
10 the extent permitted by applicable federal statutes and
11 regulations safeguarding the confidentiality of medical
12 records.

13 An individual licensed under this Act, affected under this
14 Section, shall be afforded an opportunity to demonstrate to the
15 Department or Board that he or she can resume practice in
16 compliance with acceptable and prevailing standards under the
17 provisions of his or her license.

18 (b) Any individual or organization acting in good faith,
19 and not in a wilful and wanton manner, in complying with this
20 Act by providing any report or other information to the
21 Department, or assisting in the investigation or preparation of
22 such information, or by participating in proceedings of the
23 Department, or by serving as a member of the Board, shall not,
24 as a result of such actions, be subject to criminal prosecution
25 or civil damages.

26 (c) Members of the Board, and persons retained under

1 contract to assist and advise in an investigation, shall be
2 indemnified by the State for any actions occurring within the
3 scope of services on or for the Board, done in good faith and
4 not wilful and wanton in nature. The Attorney General shall
5 defend all such actions unless he or she determines either that
6 there would be a conflict of interest in such representation or
7 that the actions complained of were not in good faith or were
8 wilful and wanton.

9 Should the Attorney General decline representation, a
10 person entitled to indemnification under this Section shall
11 have the right to employ counsel of his or her choice, whose
12 fees shall be provided by the State, after approval by the
13 Attorney General, unless there is a determination by a court
14 that the member's actions were not in good faith or were wilful
15 and wanton.

16 A person entitled to indemnification under this Section
17 must notify the Attorney General within 7 days of receipt of
18 notice of the initiation of any action involving services of
19 the Board. Failure to so notify the Attorney General shall
20 constitute an absolute waiver of the right to a defense and
21 indemnification.

22 The Attorney General shall determine within 7 days after
23 receiving such notice, whether he or she will undertake to
24 represent a person entitled to indemnification under this
25 Section.

26 (d) The determination by a circuit court that a licensee is

1 subject to involuntary admission or judicial admission as
2 provided in the Mental Health and Developmental Disabilities
3 Code, as amended, operates as an automatic suspension. Such
4 suspension will end only upon a finding by a court that the
5 patient is no longer subject to involuntary admission or
6 judicial admission and issues an order so finding and
7 discharging the patient; and upon the recommendation of the
8 Board to the Secretary that the licensee be allowed to resume
9 his or her practice.

10 (e) The Department may refuse to issue or may suspend the
11 license of any person who fails to file a return, or to pay the
12 tax, penalty or interest shown in a filed return, or to pay any
13 final assessment of tax, penalty or interest, as required by
14 any tax Act administered by the Department of Revenue, until
15 such time as the requirements of any such tax Act are
16 satisfied.

17 (f) The Department of Public Health shall transmit to the
18 Department a list of those facilities which receive an "A"
19 violation as defined in Section 1-129 of the Nursing Home Care
20 Act.

21 (Source: P.A. 96-339, eff. 7-1-10; 96-1372, eff. 7-29-10;
22 96-1551, eff. 7-1-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
23 97-1109, eff. 1-1-13; 97-1150, eff. 1-25-13.)

24 Section 6-230. The Pharmacy Practice Act is amended by
25 changing Section 3 as follows:

1 (225 ILCS 85/3)

2 (Section scheduled to be repealed on January 1, 2018)

3 Sec. 3. Definitions. For the purpose of this Act, except
4 where otherwise limited therein:

5 (a) "Pharmacy" or "drugstore" means and includes every
6 store, shop, pharmacy department, or other place where
7 pharmacist care is provided by a pharmacist (1) where drugs,
8 medicines, or poisons are dispensed, sold or offered for sale
9 at retail, or displayed for sale at retail; or (2) where
10 prescriptions of physicians, dentists, advanced practice
11 nurses, physician assistants, veterinarians, podiatrists, or
12 optometrists, within the limits of their licenses, are
13 compounded, filled, or dispensed; or (3) which has upon it or
14 displayed within it, or affixed to or used in connection with
15 it, a sign bearing the word or words "Pharmacist", "Druggist",
16 "Pharmacy", "Pharmaceutical Care", "Apothecary", "Drugstore",
17 "Medicine Store", "Prescriptions", "Drugs", "Dispensary",
18 "Medicines", or any word or words of similar or like import,
19 either in the English language or any other language; or (4)
20 where the characteristic prescription sign (Rx) or similar
21 design is exhibited; or (5) any store, or shop, or other place
22 with respect to which any of the above words, objects, signs or
23 designs are used in any advertisement.

24 (b) "Drugs" means and includes (1) articles recognized in
25 the official United States Pharmacopoeia/National Formulary

1 (USP/NF), or any supplement thereto and being intended for and
2 having for their main use the diagnosis, cure, mitigation,
3 treatment or prevention of disease in man or other animals, as
4 approved by the United States Food and Drug Administration, but
5 does not include devices or their components, parts, or
6 accessories; and (2) all other articles intended for and having
7 for their main use the diagnosis, cure, mitigation, treatment
8 or prevention of disease in man or other animals, as approved
9 by the United States Food and Drug Administration, but does not
10 include devices or their components, parts, or accessories; and
11 (3) articles (other than food) having for their main use and
12 intended to affect the structure or any function of the body of
13 man or other animals; and (4) articles having for their main
14 use and intended for use as a component or any articles
15 specified in clause (1), (2) or (3); but does not include
16 devices or their components, parts or accessories.

17 (c) "Medicines" means and includes all drugs intended for
18 human or veterinary use approved by the United States Food and
19 Drug Administration.

20 (d) "Practice of pharmacy" means (1) the interpretation and
21 the provision of assistance in the monitoring, evaluation, and
22 implementation of prescription drug orders; (2) the dispensing
23 of prescription drug orders; (3) participation in drug and
24 device selection; (4) drug administration limited to the
25 administration of oral, topical, injectable, and inhalation as
26 follows: in the context of patient education on the proper use

1 or delivery of medications; vaccination of patients 14 years of
2 age and older pursuant to a valid prescription or standing
3 order, by a physician licensed to practice medicine in all its
4 branches, upon completion of appropriate training, including
5 how to address contraindications and adverse reactions set
6 forth by rule, with notification to the patient's physician and
7 appropriate record retention, or pursuant to hospital pharmacy
8 and therapeutics committee policies and procedures; (5)
9 vaccination of patients ages 10 through 13 limited to the
10 Influenza (inactivated influenza vaccine and live attenuated
11 influenza intranasal vaccine) and Tdap (defined as tetanus,
12 diphtheria, acellular pertussis) vaccines, pursuant to a valid
13 prescription or standing order, by a physician licensed to
14 practice medicine in all its branches, upon completion of
15 appropriate training, including how to address
16 contraindications and adverse reactions set forth by rule, with
17 notification to the patient's physician and appropriate record
18 retention, or pursuant to hospital pharmacy and therapeutics
19 committee policies and procedures; (6) drug regimen review; (7)
20 drug or drug-related research; (8) the provision of patient
21 counseling; (9) the practice of telepharmacy; (10) the
22 provision of those acts or services necessary to provide
23 pharmacist care; (11) medication therapy management; and (12)
24 the responsibility for compounding and labeling of drugs and
25 devices (except labeling by a manufacturer, repackager, or
26 distributor of non-prescription drugs and commercially

1 packaged legend drugs and devices), proper and safe storage of
2 drugs and devices, and maintenance of required records. A
3 pharmacist who performs any of the acts defined as the practice
4 of pharmacy in this State must be actively licensed as a
5 pharmacist under this Act.

6 (e) "Prescription" means and includes any written, oral,
7 facsimile, or electronically transmitted order for drugs or
8 medical devices, issued by a physician licensed to practice
9 medicine in all its branches, dentist, veterinarian, or
10 podiatrist, or optometrist, within the limits of their
11 licenses, by a physician assistant in accordance with
12 subsection (f) of Section 4, or by an advanced practice nurse
13 in accordance with subsection (g) of Section 4, containing the
14 following: (1) name of the patient; (2) date when prescription
15 was issued; (3) name and strength of drug or description of the
16 medical device prescribed; and (4) quantity; (5) directions for
17 use; (6) prescriber's name, address, and signature; and (7) DEA
18 number where required, for controlled substances. The
19 prescription may, but is not required to, list the illness,
20 disease, or condition for which the drug or device is being
21 prescribed. DEA numbers shall not be required on inpatient drug
22 orders.

23 (f) "Person" means and includes a natural person,
24 copartnership, association, corporation, government entity, or
25 any other legal entity.

26 (g) "Department" means the Department of Financial and

1 Professional Regulation.

2 (h) "Board of Pharmacy" or "Board" means the State Board of
3 Pharmacy of the Department of Financial and Professional
4 Regulation.

5 (i) "Secretary" means the Secretary of Financial and
6 Professional Regulation.

7 (j) "Drug product selection" means the interchange for a
8 prescribed pharmaceutical product in accordance with Section
9 25 of this Act and Section 3.14 of the Illinois Food, Drug and
10 Cosmetic Act.

11 (k) "Inpatient drug order" means an order issued by an
12 authorized prescriber for a resident or patient of a facility
13 licensed under the Nursing Home Care Act, the ID/DD Community
14 Care Act, the Specialized Mental Health Rehabilitation Act of
15 2013, or the Hospital Licensing Act, or "An Act in relation to
16 the founding and operation of the University of Illinois
17 Hospital and the conduct of University of Illinois health care
18 programs", approved July 3, 1931, as amended, or a facility
19 which is operated by the Department of Human Services (as
20 successor to the Department of Mental Health and Developmental
21 Disabilities) or the Department of Corrections.

22 (k-5) "Pharmacist" means an individual health care
23 professional and provider currently licensed by this State to
24 engage in the practice of pharmacy.

25 (l) "Pharmacist in charge" means the licensed pharmacist
26 whose name appears on a pharmacy license and who is responsible

1 for all aspects of the operation related to the practice of
2 pharmacy.

3 (m) "Dispense" or "dispensing" means the interpretation,
4 evaluation, and implementation of a prescription drug order,
5 including the preparation and delivery of a drug or device to a
6 patient or patient's agent in a suitable container
7 appropriately labeled for subsequent administration to or use
8 by a patient in accordance with applicable State and federal
9 laws and regulations. "Dispense" or "dispensing" does not mean
10 the physical delivery to a patient or a patient's
11 representative in a home or institution by a designee of a
12 pharmacist or by common carrier. "Dispense" or "dispensing"
13 also does not mean the physical delivery of a drug or medical
14 device to a patient or patient's representative by a
15 pharmacist's designee within a pharmacy or drugstore while the
16 pharmacist is on duty and the pharmacy is open.

17 (n) "Nonresident pharmacy" means a pharmacy that is located
18 in a state, commonwealth, or territory of the United States,
19 other than Illinois, that delivers, dispenses, or distributes,
20 through the United States Postal Service, commercially
21 acceptable parcel delivery service, or other common carrier, to
22 Illinois residents, any substance which requires a
23 prescription.

24 (o) "Compounding" means the preparation and mixing of
25 components, excluding flavorings, (1) as the result of a
26 prescriber's prescription drug order or initiative based on the

1 prescriber-patient-pharmacist relationship in the course of
2 professional practice or (2) for the purpose of, or incident
3 to, research, teaching, or chemical analysis and not for sale
4 or dispensing. "Compounding" includes the preparation of drugs
5 or devices in anticipation of receiving prescription drug
6 orders based on routine, regularly observed dispensing
7 patterns. Commercially available products may be compounded
8 for dispensing to individual patients only if all of the
9 following conditions are met: (i) the commercial product is not
10 reasonably available from normal distribution channels in a
11 timely manner to meet the patient's needs and (ii) the
12 prescribing practitioner has requested that the drug be
13 compounded.

14 (p) (Blank).

15 (q) (Blank).

16 (r) "Patient counseling" means the communication between a
17 pharmacist or a student pharmacist under the supervision of a
18 pharmacist and a patient or the patient's representative about
19 the patient's medication or device for the purpose of
20 optimizing proper use of prescription medications or devices.
21 "Patient counseling" may include without limitation (1)
22 obtaining a medication history; (2) acquiring a patient's
23 allergies and health conditions; (3) facilitation of the
24 patient's understanding of the intended use of the medication;
25 (4) proper directions for use; (5) significant potential
26 adverse events; (6) potential food-drug interactions; and (7)

1 the need to be compliant with the medication therapy. A
2 pharmacy technician may only participate in the following
3 aspects of patient counseling under the supervision of a
4 pharmacist: (1) obtaining medication history; (2) providing
5 the offer for counseling by a pharmacist or student pharmacist;
6 and (3) acquiring a patient's allergies and health conditions.

7 (s) "Patient profiles" or "patient drug therapy record"
8 means the obtaining, recording, and maintenance of patient
9 prescription information, including prescriptions for
10 controlled substances, and personal information.

11 (t) (Blank).

12 (u) "Medical device" means an instrument, apparatus,
13 implement, machine, contrivance, implant, in vitro reagent, or
14 other similar or related article, including any component part
15 or accessory, required under federal law to bear the label
16 "Caution: Federal law requires dispensing by or on the order of
17 a physician". A seller of goods and services who, only for the
18 purpose of retail sales, compounds, sells, rents, or leases
19 medical devices shall not, by reasons thereof, be required to
20 be a licensed pharmacy.

21 (v) "Unique identifier" means an electronic signature,
22 handwritten signature or initials, thumb print, or other
23 acceptable biometric or electronic identification process as
24 approved by the Department.

25 (w) "Current usual and customary retail price" means the
26 price that a pharmacy charges to a non-third-party payor.

1 (x) "Automated pharmacy system" means a mechanical system
2 located within the confines of the pharmacy or remote location
3 that performs operations or activities, other than compounding
4 or administration, relative to storage, packaging, dispensing,
5 or distribution of medication, and which collects, controls,
6 and maintains all transaction information.

7 (y) "Drug regimen review" means and includes the evaluation
8 of prescription drug orders and patient records for (1) known
9 allergies; (2) drug or potential therapy contraindications;
10 (3) reasonable dose, duration of use, and route of
11 administration, taking into consideration factors such as age,
12 gender, and contraindications; (4) reasonable directions for
13 use; (5) potential or actual adverse drug reactions; (6)
14 drug-drug interactions; (7) drug-food interactions; (8)
15 drug-disease contraindications; (9) therapeutic duplication;
16 (10) patient laboratory values when authorized and available;
17 (11) proper utilization (including over or under utilization)
18 and optimum therapeutic outcomes; and (12) abuse and misuse.

19 (z) "Electronic transmission prescription" means any
20 prescription order for which a facsimile or electronic image of
21 the order is electronically transmitted from a licensed
22 prescriber to a pharmacy. "Electronic transmission
23 prescription" includes both data and image prescriptions.

24 (aa) "Medication therapy management services" means a
25 distinct service or group of services offered by licensed
26 pharmacists, physicians licensed to practice medicine in all

1 its branches, advanced practice nurses authorized in a written
2 agreement with a physician licensed to practice medicine in all
3 its branches, or physician assistants authorized in guidelines
4 by a supervising physician that optimize therapeutic outcomes
5 for individual patients through improved medication use. In a
6 retail or other non-hospital pharmacy, medication therapy
7 management services shall consist of the evaluation of
8 prescription drug orders and patient medication records to
9 resolve conflicts with the following:

- 10 (1) known allergies;
- 11 (2) drug or potential therapy contraindications;
- 12 (3) reasonable dose, duration of use, and route of
13 administration, taking into consideration factors such as
14 age, gender, and contraindications;
- 15 (4) reasonable directions for use;
- 16 (5) potential or actual adverse drug reactions;
- 17 (6) drug-drug interactions;
- 18 (7) drug-food interactions;
- 19 (8) drug-disease contraindications;
- 20 (9) identification of therapeutic duplication;
- 21 (10) patient laboratory values when authorized and
22 available;
- 23 (11) proper utilization (including over or under
24 utilization) and optimum therapeutic outcomes; and
- 25 (12) drug abuse and misuse.

26 "Medication therapy management services" includes the

1 following:

2 (1) documenting the services delivered and
3 communicating the information provided to patients'
4 prescribers within an appropriate time frame, not to exceed
5 48 hours;

6 (2) providing patient counseling designed to enhance a
7 patient's understanding and the appropriate use of his or
8 her medications; and

9 (3) providing information, support services, and
10 resources designed to enhance a patient's adherence with
11 his or her prescribed therapeutic regimens.

12 "Medication therapy management services" may also include
13 patient care functions authorized by a physician licensed to
14 practice medicine in all its branches for his or her identified
15 patient or groups of patients under specified conditions or
16 limitations in a standing order from the physician.

17 "Medication therapy management services" in a licensed
18 hospital may also include the following:

19 (1) reviewing assessments of the patient's health
20 status; and

21 (2) following protocols of a hospital pharmacy and
22 therapeutics committee with respect to the fulfillment of
23 medication orders.

24 (bb) "Pharmacist care" means the provision by a pharmacist
25 of medication therapy management services, with or without the
26 dispensing of drugs or devices, intended to achieve outcomes

1 that improve patient health, quality of life, and comfort and
2 enhance patient safety.

3 (cc) "Protected health information" means individually
4 identifiable health information that, except as otherwise
5 provided, is:

6 (1) transmitted by electronic media;

7 (2) maintained in any medium set forth in the
8 definition of "electronic media" in the federal Health
9 Insurance Portability and Accountability Act; or

10 (3) transmitted or maintained in any other form or
11 medium.

12 "Protected health information" does not include
13 individually identifiable health information found in:

14 (1) education records covered by the federal Family
15 Educational Right and Privacy Act; or

16 (2) employment records held by a licensee in its role
17 as an employer.

18 (dd) "Standing order" means a specific order for a patient
19 or group of patients issued by a physician licensed to practice
20 medicine in all its branches in Illinois.

21 (ee) "Address of record" means the address recorded by the
22 Department in the applicant's or licensee's application file or
23 license file, as maintained by the Department's licensure
24 maintenance unit.

25 (ff) "Home pharmacy" means the location of a pharmacy's
26 primary operations.

1 (Source: P.A. 96-339, eff. 7-1-10; 96-673, eff. 1-1-10;
2 96-1000, eff. 7-2-10; 96-1353, eff. 7-28-10; 97-38, eff.
3 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12; 97-1043,
4 eff. 8-21-12.)

5 Section 6-235. The Nurse Agency Licensing Act is amended by
6 changing Section 3 as follows:

7 (225 ILCS 510/3) (from Ch. 111, par. 953)

8 Sec. 3. Definitions. As used in this Act:

9 (a) "Certified nurse aide" means an individual certified as
10 defined in Section 3-206 of the Nursing Home Care Act, ~~Section~~
11 ~~3-206 of the Specialized Mental Health Rehabilitation Act,~~ or
12 Section 3-206 of the ID/DD Community Care Act, as now or
13 hereafter amended.

14 (b) "Department" means the Department of Labor.

15 (c) "Director" means the Director of Labor.

16 (d) "Health care facility" is defined as in Section 3 of
17 the Illinois Health Facilities Planning Act, as now or
18 hereafter amended.

19 (e) "Licensee" means any nursing agency which is properly
20 licensed under this Act.

21 (f) "Nurse" means a registered nurse or a licensed
22 practical nurse as defined in the Nurse Practice Act.

23 (g) "Nurse agency" means any individual, firm,
24 corporation, partnership or other legal entity that employs,

1 assigns or refers nurses or certified nurse aides to a health
2 care facility for a fee. The term "nurse agency" includes
3 nurses registries. The term "nurse agency" does not include
4 services provided by home health agencies licensed and operated
5 under the Home Health, Home Services, and Home Nursing Agency
6 Licensing Act or a licensed or certified individual who
7 provides his or her own services as a regular employee of a
8 health care facility, nor does it apply to a health care
9 facility's organizing nonsalaried employees to provide
10 services only in that facility.

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 6-240. The Illinois Public Aid Code is amended by
14 changing Sections 5-5.2, 5-5.4, 5-5.7, 5-5f, 5-6, and 8A-11 as
15 follows:

16 (305 ILCS 5/5-5.2) (from Ch. 23, par. 5-5.2)

17 Sec. 5-5.2. Payment.

18 (a) All nursing facilities that are grouped pursuant to
19 Section 5-5.1 of this Act shall receive the same rate of
20 payment for similar services.

21 (b) It shall be a matter of State policy that the Illinois
22 Department shall utilize a uniform billing cycle throughout the
23 State for the long-term care providers.

24 (c) Notwithstanding any other provisions of this Code, the

1 methodologies for reimbursement of nursing services as
2 provided under this Article shall no longer be applicable for
3 bills payable for nursing services rendered on or after a new
4 reimbursement system based on the Resource Utilization Groups
5 (RUGs) has been fully operationalized, which shall take effect
6 for services provided on or after January 1, 2014.

7 (d) A new nursing services reimbursement methodology
8 utilizing RUGs IV 48 grouper model shall be established and may
9 include an Illinois-specific default group, as needed. The new
10 RUGs-based nursing services reimbursement methodology shall be
11 resident-driven, facility-specific, and cost-based. Costs
12 shall be annually rebased and case mix index quarterly updated.
13 The methodology shall include regional wage adjustors based on
14 the Health Service Areas (HSA) groupings in effect on April 30,
15 2012. The Department shall assign a case mix index to each
16 resident class based on the Centers for Medicare and Medicaid
17 Services staff time measurement study utilizing an index
18 maximization approach.

19 (e) Notwithstanding any other provision of this Code, the
20 Department shall by rule develop a reimbursement methodology
21 reflective of the intensity of care and services requirements
22 of low need residents in the lowest RUG IV groupers and
23 corresponding regulations.

24 (f) Notwithstanding any other provision of this Code, on
25 and after July 1, 2012, reimbursement rates associated with the
26 nursing or support components of the current nursing facility

1 rate methodology shall not increase beyond the level effective
2 May 1, 2011 until a new reimbursement system based on the RUGs
3 IV 48 grouper model has been fully operationalized.

4 (g) Notwithstanding any other provision of this Code, on
5 and after July 1, 2012, for facilities not designated by the
6 Department of Healthcare and Family Services as "Institutions
7 for Mental Disease", rates effective May 1, 2011 shall be
8 adjusted as follows:

9 (1) Individual nursing rates for residents classified
10 in RUG IV groups PA1, PA2, BA1, and BA2 during the quarter
11 ending March 31, 2012 shall be reduced by 10%;

12 (2) Individual nursing rates for residents classified
13 in all other RUG IV groups shall be reduced by 1.0%;

14 (3) Facility rates for the capital and support
15 components shall be reduced by 1.7%.

16 (h) Notwithstanding any other provision of this Code, on
17 and after July 1, 2012, nursing facilities designated by the
18 Department of Healthcare and Family Services as "Institutions
19 for Mental Disease" and "Institutions for Mental Disease" that
20 are facilities licensed under the Specialized Mental Health
21 Rehabilitation Act of 2013 shall have the nursing,
22 socio-developmental, capital, and support components of their
23 reimbursement rate effective May 1, 2011 reduced in total by
24 2.7%.

25 (Source: P.A. 96-1530, eff. 2-16-11; 97-689, eff. 6-14-12.)

1 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

2 Sec. 5-5.4. Standards of Payment - Department of Healthcare
3 and Family Services. The Department of Healthcare and Family
4 Services shall develop standards of payment of nursing facility
5 and ICF/DD services in facilities providing such services under
6 this Article which:

7 (1) Provide for the determination of a facility's payment
8 for nursing facility or ICF/DD services on a prospective basis.
9 The amount of the payment rate for all nursing facilities
10 certified by the Department of Public Health under the ID/DD
11 Community Care Act or the Nursing Home Care Act as Intermediate
12 Care for the Developmentally Disabled facilities, Long Term
13 Care for Under Age 22 facilities, Skilled Nursing facilities,
14 or Intermediate Care facilities under the medical assistance
15 program shall be prospectively established annually on the
16 basis of historical, financial, and statistical data
17 reflecting actual costs from prior years, which shall be
18 applied to the current rate year and updated for inflation,
19 except that the capital cost element for newly constructed
20 facilities shall be based upon projected budgets. The annually
21 established payment rate shall take effect on July 1 in 1984
22 and subsequent years. No rate increase and no update for
23 inflation shall be provided on or after July 1, 1994 and before
24 January 1, 2014, unless specifically provided for in this
25 Section. The changes made by Public Act 93-841 extending the
26 duration of the prohibition against a rate increase or update

1 for inflation are effective retroactive to July 1, 2004.

2 For facilities licensed by the Department of Public Health
3 under the Nursing Home Care Act as Intermediate Care for the
4 Developmentally Disabled facilities or Long Term Care for Under
5 Age 22 facilities, the rates taking effect on July 1, 1998
6 shall include an increase of 3%. For facilities licensed by the
7 Department of Public Health under the Nursing Home Care Act as
8 Skilled Nursing facilities or Intermediate Care facilities,
9 the rates taking effect on July 1, 1998 shall include an
10 increase of 3% plus \$1.10 per resident-day, as defined by the
11 Department. For facilities licensed by the Department of Public
12 Health under the Nursing Home Care Act as Intermediate Care
13 Facilities for the Developmentally Disabled or Long Term Care
14 for Under Age 22 facilities, the rates taking effect on January
15 1, 2006 shall include an increase of 3%. For facilities
16 licensed by the Department of Public Health under the Nursing
17 Home Care Act as Intermediate Care Facilities for the
18 Developmentally Disabled or Long Term Care for Under Age 22
19 facilities, the rates taking effect on January 1, 2009 shall
20 include an increase sufficient to provide a \$0.50 per hour wage
21 increase for non-executive staff.

22 For facilities licensed by the Department of Public Health
23 under the Nursing Home Care Act as Intermediate Care for the
24 Developmentally Disabled facilities or Long Term Care for Under
25 Age 22 facilities, the rates taking effect on July 1, 1999
26 shall include an increase of 1.6% plus \$3.00 per resident-day,

1 as defined by the Department. For facilities licensed by the
2 Department of Public Health under the Nursing Home Care Act as
3 Skilled Nursing facilities or Intermediate Care facilities,
4 the rates taking effect on July 1, 1999 shall include an
5 increase of 1.6% and, for services provided on or after October
6 1, 1999, shall be increased by \$4.00 per resident-day, as
7 defined by the Department.

8 For facilities licensed by the Department of Public Health
9 under the Nursing Home Care Act as Intermediate Care for the
10 Developmentally Disabled facilities or Long Term Care for Under
11 Age 22 facilities, the rates taking effect on July 1, 2000
12 shall include an increase of 2.5% per resident-day, as defined
13 by the Department. For facilities licensed by the Department of
14 Public Health under the Nursing Home Care Act as Skilled
15 Nursing facilities or Intermediate Care facilities, the rates
16 taking effect on July 1, 2000 shall include an increase of 2.5%
17 per resident-day, as defined by the Department.

18 For facilities licensed by the Department of Public Health
19 under the Nursing Home Care Act as skilled nursing facilities
20 or intermediate care facilities, a new payment methodology must
21 be implemented for the nursing component of the rate effective
22 July 1, 2003. The Department of Public Aid (now Healthcare and
23 Family Services) shall develop the new payment methodology
24 using the Minimum Data Set (MDS) as the instrument to collect
25 information concerning nursing home resident condition
26 necessary to compute the rate. The Department shall develop the

1 new payment methodology to meet the unique needs of Illinois
2 nursing home residents while remaining subject to the
3 appropriations provided by the General Assembly. A transition
4 period from the payment methodology in effect on June 30, 2003
5 to the payment methodology in effect on July 1, 2003 shall be
6 provided for a period not exceeding 3 years and 184 days after
7 implementation of the new payment methodology as follows:

8 (A) For a facility that would receive a lower nursing
9 component rate per patient day under the new system than
10 the facility received effective on the date immediately
11 preceding the date that the Department implements the new
12 payment methodology, the nursing component rate per
13 patient day for the facility shall be held at the level in
14 effect on the date immediately preceding the date that the
15 Department implements the new payment methodology until a
16 higher nursing component rate of reimbursement is achieved
17 by that facility.

18 (B) For a facility that would receive a higher nursing
19 component rate per patient day under the payment
20 methodology in effect on July 1, 2003 than the facility
21 received effective on the date immediately preceding the
22 date that the Department implements the new payment
23 methodology, the nursing component rate per patient day for
24 the facility shall be adjusted.

25 (C) Notwithstanding paragraphs (A) and (B), the
26 nursing component rate per patient day for the facility

1 shall be adjusted subject to appropriations provided by the
2 General Assembly.

3 For facilities licensed by the Department of Public Health
4 under the Nursing Home Care Act as Intermediate Care for the
5 Developmentally Disabled facilities or Long Term Care for Under
6 Age 22 facilities, the rates taking effect on March 1, 2001
7 shall include a statewide increase of 7.85%, as defined by the
8 Department.

9 Notwithstanding any other provision of this Section, for
10 facilities licensed by the Department of Public Health under
11 the Nursing Home Care Act as skilled nursing facilities or
12 intermediate care facilities, except facilities participating
13 in the Department's demonstration program pursuant to the
14 provisions of Title 77, Part 300, Subpart T of the Illinois
15 Administrative Code, the numerator of the ratio used by the
16 Department of Healthcare and Family Services to compute the
17 rate payable under this Section using the Minimum Data Set
18 (MDS) methodology shall incorporate the following annual
19 amounts as the additional funds appropriated to the Department
20 specifically to pay for rates based on the MDS nursing
21 component methodology in excess of the funding in effect on
22 December 31, 2006:

23 (i) For rates taking effect January 1, 2007,
24 \$60,000,000.

25 (ii) For rates taking effect January 1, 2008,
26 \$110,000,000.

1 (iii) For rates taking effect January 1, 2009,
2 \$194,000,000.

3 (iv) For rates taking effect April 1, 2011, or the
4 first day of the month that begins at least 45 days after
5 the effective date of this amendatory Act of the 96th
6 General Assembly, \$416,500,000 or an amount as may be
7 necessary to complete the transition to the MDS methodology
8 for the nursing component of the rate. Increased payments
9 under this item (iv) are not due and payable, however,
10 until (i) the methodologies described in this paragraph are
11 approved by the federal government in an appropriate State
12 Plan amendment and (ii) the assessment imposed by Section
13 5B-2 of this Code is determined to be a permissible tax
14 under Title XIX of the Social Security Act.

15 Notwithstanding any other provision of this Section, for
16 facilities licensed by the Department of Public Health under
17 the Nursing Home Care Act as skilled nursing facilities or
18 intermediate care facilities, the support component of the
19 rates taking effect on January 1, 2008 shall be computed using
20 the most recent cost reports on file with the Department of
21 Healthcare and Family Services no later than April 1, 2005,
22 updated for inflation to January 1, 2006.

23 For facilities licensed by the Department of Public Health
24 under the Nursing Home Care Act as Intermediate Care for the
25 Developmentally Disabled facilities or Long Term Care for Under
26 Age 22 facilities, the rates taking effect on April 1, 2002

1 shall include a statewide increase of 2.0%, as defined by the
2 Department. This increase terminates on July 1, 2002; beginning
3 July 1, 2002 these rates are reduced to the level of the rates
4 in effect on March 31, 2002, as defined by the Department.

5 For facilities licensed by the Department of Public Health
6 under the Nursing Home Care Act as skilled nursing facilities
7 or intermediate care facilities, the rates taking effect on
8 July 1, 2001 shall be computed using the most recent cost
9 reports on file with the Department of Public Aid no later than
10 April 1, 2000, updated for inflation to January 1, 2001. For
11 rates effective July 1, 2001 only, rates shall be the greater
12 of the rate computed for July 1, 2001 or the rate effective on
13 June 30, 2001.

14 Notwithstanding any other provision of this Section, for
15 facilities licensed by the Department of Public Health under
16 the Nursing Home Care Act as skilled nursing facilities or
17 intermediate care facilities, the Illinois Department shall
18 determine by rule the rates taking effect on July 1, 2002,
19 which shall be 5.9% less than the rates in effect on June 30,
20 2002.

21 Notwithstanding any other provision of this Section, for
22 facilities licensed by the Department of Public Health under
23 the Nursing Home Care Act as skilled nursing facilities or
24 intermediate care facilities, if the payment methodologies
25 required under Section 5A-12 and the waiver granted under 42
26 CFR 433.68 are approved by the United States Centers for

1 Medicare and Medicaid Services, the rates taking effect on July
2 1, 2004 shall be 3.0% greater than the rates in effect on June
3 30, 2004. These rates shall take effect only upon approval and
4 implementation of the payment methodologies required under
5 Section 5A-12.

6 Notwithstanding any other provisions of this Section, for
7 facilities licensed by the Department of Public Health under
8 the Nursing Home Care Act as skilled nursing facilities or
9 intermediate care facilities, the rates taking effect on
10 January 1, 2005 shall be 3% more than the rates in effect on
11 December 31, 2004.

12 Notwithstanding any other provision of this Section, for
13 facilities licensed by the Department of Public Health under
14 the Nursing Home Care Act as skilled nursing facilities or
15 intermediate care facilities, effective January 1, 2009, the
16 per diem support component of the rates effective on January 1,
17 2008, computed using the most recent cost reports on file with
18 the Department of Healthcare and Family Services no later than
19 April 1, 2005, updated for inflation to January 1, 2006, shall
20 be increased to the amount that would have been derived using
21 standard Department of Healthcare and Family Services methods,
22 procedures, and inflators.

23 Notwithstanding any other provisions of this Section, for
24 facilities licensed by the Department of Public Health under
25 the Nursing Home Care Act as intermediate care facilities that
26 are federally defined as Institutions for Mental Disease, or

1 facilities licensed by the Department of Public Health under
2 the Specialized Mental Health Rehabilitation Act of 2013, a
3 socio-development component rate equal to 6.6% of the
4 facility's nursing component rate as of January 1, 2006 shall
5 be established and paid effective July 1, 2006. The
6 socio-development component of the rate shall be increased by a
7 factor of 2.53 on the first day of the month that begins at
8 least 45 days after January 11, 2008 (the effective date of
9 Public Act 95-707). As of August 1, 2008, the socio-development
10 component rate shall be equal to 6.6% of the facility's nursing
11 component rate as of January 1, 2006, multiplied by a factor of
12 3.53. For services provided on or after April 1, 2011, or the
13 first day of the month that begins at least 45 days after the
14 effective date of this amendatory Act of the 96th General
15 Assembly, whichever is later, the Illinois Department may by
16 rule adjust these socio-development component rates, and may
17 use different adjustment methodologies for those facilities
18 participating, and those not participating, in the Illinois
19 Department's demonstration program pursuant to the provisions
20 of Title 77, Part 300, Subpart T of the Illinois Administrative
21 Code, but in no case may such rates be diminished below those
22 in effect on August 1, 2008.

23 For facilities licensed by the Department of Public Health
24 under the Nursing Home Care Act as Intermediate Care for the
25 Developmentally Disabled facilities or as long-term care
26 facilities for residents under 22 years of age, the rates

1 taking effect on July 1, 2003 shall include a statewide
2 increase of 4%, as defined by the Department.

3 For facilities licensed by the Department of Public Health
4 under the Nursing Home Care Act as Intermediate Care for the
5 Developmentally Disabled facilities or Long Term Care for Under
6 Age 22 facilities, the rates taking effect on the first day of
7 the month that begins at least 45 days after the effective date
8 of this amendatory Act of the 95th General Assembly shall
9 include a statewide increase of 2.5%, as defined by the
10 Department.

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, effective January 1, 2005,
15 facility rates shall be increased by the difference between (i)
16 a facility's per diem property, liability, and malpractice
17 insurance costs as reported in the cost report filed with the
18 Department of Public Aid and used to establish rates effective
19 July 1, 2001 and (ii) those same costs as reported in the
20 facility's 2002 cost report. These costs shall be passed
21 through to the facility without caps or limitations, except for
22 adjustments required under normal auditing procedures.

23 Rates established effective each July 1 shall govern
24 payment for services rendered throughout that fiscal year,
25 except that rates established on July 1, 1996 shall be
26 increased by 6.8% for services provided on or after January 1,

1 1997. Such rates will be based upon the rates calculated for
2 the year beginning July 1, 1990, and for subsequent years
3 thereafter until June 30, 2001 shall be based on the facility
4 cost reports for the facility fiscal year ending at any point
5 in time during the previous calendar year, updated to the
6 midpoint of the rate year. The cost report shall be on file
7 with the Department no later than April 1 of the current rate
8 year. Should the cost report not be on file by April 1, the
9 Department shall base the rate on the latest cost report filed
10 by each skilled care facility and intermediate care facility,
11 updated to the midpoint of the current rate year. In
12 determining rates for services rendered on and after July 1,
13 1985, fixed time shall not be computed at less than zero. The
14 Department shall not make any alterations of regulations which
15 would reduce any component of the Medicaid rate to a level
16 below what that component would have been utilizing in the rate
17 effective on July 1, 1984.

18 (2) Shall take into account the actual costs incurred by
19 facilities in providing services for recipients of skilled
20 nursing and intermediate care services under the medical
21 assistance program.

22 (3) Shall take into account the medical and psycho-social
23 characteristics and needs of the patients.

24 (4) Shall take into account the actual costs incurred by
25 facilities in meeting licensing and certification standards
26 imposed and prescribed by the State of Illinois, any of its

1 political subdivisions or municipalities and by the U.S.
2 Department of Health and Human Services pursuant to Title XIX
3 of the Social Security Act.

4 The Department of Healthcare and Family Services shall
5 develop precise standards for payments to reimburse nursing
6 facilities for any utilization of appropriate rehabilitative
7 personnel for the provision of rehabilitative services which is
8 authorized by federal regulations, including reimbursement for
9 services provided by qualified therapists or qualified
10 assistants, and which is in accordance with accepted
11 professional practices. Reimbursement also may be made for
12 utilization of other supportive personnel under appropriate
13 supervision.

14 The Department shall develop enhanced payments to offset
15 the additional costs incurred by a facility serving exceptional
16 need residents and shall allocate at least \$4,000,000
17 ~~\$8,000,000~~ of the funds collected from the assessment
18 established by Section 5B-2 of this Code for such payments. For
19 the purpose of this Section, "exceptional needs" means, but
20 need not be limited to, ventilator care, ~~tracheotomy care,~~
21 ~~bariatric care, complex wound care,~~ and traumatic brain injury
22 care. The enhanced payments for exceptional need residents
23 under this paragraph are not due and payable, however, until
24 (i) the methodologies described in this paragraph are approved
25 by the federal government in an appropriate State Plan
26 amendment and (ii) the assessment imposed by Section 5B-2 of

1 this Code is determined to be a permissible tax under Title XIX
2 of the Social Security Act.

3 Beginning January 1, 2014 the methodologies for
4 reimbursement of nursing facility services as provided under
5 this Section 5-5.4 shall no longer be applicable for services
6 provided on or after January 1, 2014.

7 No payment increase under this Section for the MDS
8 methodology, exceptional care residents, or the
9 socio-development component rate established by Public Act
10 96-1530 of the 96th General Assembly and funded by the
11 assessment imposed under Section 5B-2 of this Code shall be due
12 and payable until after the Department notifies the long-term
13 care providers, in writing, that the payment methodologies to
14 long-term care providers required under this Section have been
15 approved by the Centers for Medicare and Medicaid Services of
16 the U.S. Department of Health and Human Services and the
17 waivers under 42 CFR 433.68 for the assessment imposed by this
18 Section, if necessary, have been granted by the Centers for
19 Medicare and Medicaid Services of the U.S. Department of Health
20 and Human Services. Upon notification to the Department of
21 approval of the payment methodologies required under this
22 Section and the waivers granted under 42 CFR 433.68, all
23 increased payments otherwise due under this Section prior to
24 the date of notification shall be due and payable within 90
25 days of the date federal approval is received.

26 On and after July 1, 2012, the Department shall reduce any

1 rate of reimbursement for services or other payments or alter
2 any methodologies authorized by this Code to reduce any rate of
3 reimbursement for services or other payments in accordance with
4 Section 5-5e.

5 (Source: P.A. 96-45, eff. 7-15-09; 96-339, eff. 7-1-10; 96-959,
6 eff. 7-1-10; 96-1000, eff. 7-2-10; 96-1530, eff. 2-16-11;
7 97-10, eff. 6-14-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12;
8 97-584, eff. 8-26-11; 97-689, eff. 6-14-12; 97-813, eff.
9 7-13-12.)

10 (305 ILCS 5/5-5.7) (from Ch. 23, par. 5-5.7)

11 Sec. 5-5.7. Cost Reports - Audits. The Department of
12 Healthcare and Family Services shall work with the Department
13 of Public Health to use cost report information currently being
14 collected under provisions of the Nursing Home Care Act, the
15 Specialized Mental Health Rehabilitation Act of 2013, and the
16 ID/DD Community Care Act. The Department of Healthcare and
17 Family Services may, in conjunction with the Department of
18 Public Health, develop in accordance with generally accepted
19 accounting principles a uniform chart of accounts which each
20 facility providing services under the medical assistance
21 program shall adopt, after a reasonable period.

22 Facilities licensed under the Nursing Home Care Act, the
23 Specialized Mental Health Rehabilitation Act of 2013, or the
24 ID/DD Community Care Act and providers of adult developmental
25 training services certified by the Department of Human Services

1 pursuant to Section 15.2 of the Mental Health and Developmental
2 Disabilities Administrative Act which provide services to
3 clients eligible for medical assistance under this Article are
4 responsible for submitting the required annual cost report to
5 the Department of Healthcare and Family Services.

6 The Department of Healthcare and Family Services shall
7 audit the financial and statistical records of each provider
8 participating in the medical assistance program as a nursing
9 facility, a specialized mental health rehabilitation facility,
10 or an ICF/DD over a 3 year period, beginning with the close of
11 the first cost reporting year. Following the end of this 3-year
12 term, audits of the financial and statistical records will be
13 performed each year in at least 20% of the facilities
14 participating in the medical assistance program with at least
15 10% being selected on a random sample basis, and the remainder
16 selected on the basis of exceptional profiles. All audits shall
17 be conducted in accordance with generally accepted auditing
18 standards.

19 The Department of Healthcare and Family Services shall
20 establish prospective payment rates for categories or levels of
21 services within each licensure class, in order to more
22 appropriately recognize the individual needs of patients in
23 nursing facilities.

24 The Department of Healthcare and Family Services shall
25 provide, during the process of establishing the payment rate
26 for nursing facility, specialized mental health rehabilitation

1 facility, or ICF/DD services, or when a substantial change in
2 rates is proposed, an opportunity for public review and comment
3 on the proposed rates prior to their becoming effective.

4 (Source: P.A. 96-339, eff. 7-1-10; 96-1530, eff. 2-16-11;
5 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
6 7-13-12.)

7 (305 ILCS 5/5-5f)

8 Sec. 5-5f. Elimination and limitations of medical
9 assistance services. Notwithstanding any other provision of
10 this Code to the contrary, on and after July 1, 2012:

11 (a) The following services shall no longer be a covered
12 service available under this Code: group psychotherapy for
13 residents of any facility licensed under the Nursing Home Care
14 Act or the Specialized Mental Health Rehabilitation Act of
15 2013; and adult chiropractic services.

16 (b) The Department shall place the following limitations on
17 services: (i) the Department shall limit adult eyeglasses to
18 one pair every 2 years; (ii) the Department shall set an annual
19 limit of a maximum of 20 visits for each of the following
20 services: adult speech, hearing, and language therapy
21 services, adult occupational therapy services, and physical
22 therapy services; (iii) the Department shall limit podiatry
23 services to individuals with diabetes; (iv) the Department
24 shall pay for caesarean sections at the normal vaginal delivery
25 rate unless a caesarean section was medically necessary; (v)

1 the Department shall limit adult dental services to
2 emergencies; and (vi) effective July 1, 2012, the Department
3 shall place limitations and require concurrent review on every
4 inpatient detoxification stay to prevent repeat admissions to
5 any hospital for detoxification within 60 days of a previous
6 inpatient detoxification stay. The Department shall convene a
7 workgroup of hospitals, substance abuse providers, care
8 coordination entities, managed care plans, and other
9 stakeholders to develop recommendations for quality standards,
10 diversion to other settings, and admission criteria for
11 patients who need inpatient detoxification.

12 (c) The Department shall require prior approval of the
13 following services: wheelchair repairs, regardless of the cost
14 of the repairs, coronary artery bypass graft, and bariatric
15 surgery consistent with Medicare standards concerning patient
16 responsibility. The wholesale cost of power wheelchairs shall
17 be actual acquisition cost including all discounts.

18 (d) The Department shall establish benchmarks for
19 hospitals to measure and align payments to reduce potentially
20 preventable hospital readmissions, inpatient complications,
21 and unnecessary emergency room visits. In doing so, the
22 Department shall consider items, including, but not limited to,
23 historic and current acuity of care and historic and current
24 trends in readmission. The Department shall publish
25 provider-specific historical readmission data and anticipated
26 potentially preventable targets 60 days prior to the start of

1 the program. In the instance of readmissions, the Department
2 shall adopt policies and rates of reimbursement for services
3 and other payments provided under this Code to ensure that, by
4 June 30, 2013, expenditures to hospitals are reduced by, at a
5 minimum, \$40,000,000.

6 (e) The Department shall establish utilization controls
7 for the hospice program such that it shall not pay for other
8 care services when an individual is in hospice.

9 (f) For home health services, the Department shall require
10 Medicare certification of providers participating in the
11 program, implement the Medicare face-to-face encounter rule,
12 and limit services to post-hospitalization. The Department
13 shall require providers to implement auditable electronic
14 service verification based on global positioning systems or
15 other cost-effective technology.

16 (g) For the Home Services Program operated by the
17 Department of Human Services and the Community Care Program
18 operated by the Department on Aging, the Department of Human
19 Services, in cooperation with the Department on Aging, shall
20 implement an electronic service verification based on global
21 positioning systems or other cost-effective technology.

22 (h) The Department shall not pay for hospital admissions
23 when the claim indicates a hospital acquired condition that
24 would cause Medicare to reduce its payment on the claim had the
25 claim been submitted to Medicare, nor shall the Department pay
26 for hospital admissions where a Medicare identified "never

1 event" occurred.

2 (i) The Department shall implement cost savings
3 initiatives for advanced imaging services, cardiac imaging
4 services, pain management services, and back surgery. Such
5 initiatives shall be designed to achieve annual costs savings.
6 (Source: P.A. 97-689, eff. 6-14-12.)

7 (305 ILCS 5/5-6) (from Ch. 23, par. 5-6)

8 Sec. 5-6. Obligations incurred prior to death of a
9 recipient. Obligations incurred but not paid for at the time of
10 a recipient's death for services authorized under Section 5-5,
11 including medical and other care in facilities as defined in
12 the Nursing Home Care Act, the Specialized Mental Health
13 Rehabilitation Act of 2013, or the ID/DD Community Care Act, or
14 in like facilities not required to be licensed under that Act,
15 may be paid, subject to the rules and regulations of the
16 Illinois Department, after the death of the recipient.

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

19 (305 ILCS 5/8A-11) (from Ch. 23, par. 8A-11)

20 Sec. 8A-11. (a) No person shall:

21 (1) Knowingly charge a resident of a nursing home for
22 any services provided pursuant to Article V of the Illinois
23 Public Aid Code, money or other consideration at a rate in
24 excess of the rates established for covered services by the

1 Illinois Department pursuant to Article V of The Illinois
2 Public Aid Code; or

3 (2) Knowingly charge, solicit, accept or receive, in
4 addition to any amount otherwise authorized or required to
5 be paid pursuant to Article V of The Illinois Public Aid
6 Code, any gift, money, donation or other consideration:

7 (i) As a precondition to admitting or expediting
8 the admission of a recipient or applicant, pursuant to
9 Article V of The Illinois Public Aid Code, to a
10 long-term care facility as defined in Section 1-113 of
11 the Nursing Home Care Act or a facility as defined in
12 Section 1-113 of the ID/DD Community Care Act or
13 Section 1-102 ~~1-113~~ of the Specialized Mental Health
14 Rehabilitation Act of 2013; and

15 (ii) As a requirement for the recipient's or
16 applicant's continued stay in such facility when the
17 cost of the services provided therein to the recipient
18 is paid for, in whole or in part, pursuant to Article V
19 of The Illinois Public Aid Code.

20 (b) Nothing herein shall prohibit a person from making a
21 voluntary contribution, gift or donation to a long-term care
22 facility.

23 (c) This paragraph shall not apply to agreements to provide
24 continuing care or life care between a life care facility as
25 defined by the Life Care Facilities Act, and a person
26 financially eligible for benefits pursuant to Article V of The

1 Illinois Public Aid Code.

2 (d) Any person who violates this Section shall be guilty of
3 a business offense and fined not less than \$5,000 nor more than
4 \$25,000.

5 (e) "Person", as used in this Section, means an individual,
6 corporation, partnership, or unincorporated association.

7 (f) The State's Attorney of the county in which the
8 facility is located and the Attorney General shall be notified
9 by the Illinois Department of any alleged violations of this
10 Section known to the Department.

11 (g) The Illinois Department shall adopt rules and
12 regulations to carry out the provisions of this Section.

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 6-245. The Elder Abuse and Neglect Act is amended
16 by changing Section 2 as follows:

17 (320 ILCS 20/2) (from Ch. 23, par. 6602)

18 Sec. 2. Definitions. As used in this Act, unless the
19 context requires otherwise:

20 (a) "Abuse" means causing any physical, mental or sexual
21 injury to an eligible adult, including exploitation of such
22 adult's financial resources.

23 Nothing in this Act shall be construed to mean that an
24 eligible adult is a victim of abuse, neglect, or self-neglect

1 for the sole reason that he or she is being furnished with or
2 relies upon treatment by spiritual means through prayer alone,
3 in accordance with the tenets and practices of a recognized
4 church or religious denomination.

5 Nothing in this Act shall be construed to mean that an
6 eligible adult is a victim of abuse because of health care
7 services provided or not provided by licensed health care
8 professionals.

9 (a-5) "Abuser" means a person who abuses, neglects, or
10 financially exploits an eligible adult.

11 (a-7) "Caregiver" means a person who either as a result of
12 a family relationship, voluntarily, or in exchange for
13 compensation has assumed responsibility for all or a portion of
14 the care of an eligible adult who needs assistance with
15 activities of daily living.

16 (b) "Department" means the Department on Aging of the State
17 of Illinois.

18 (c) "Director" means the Director of the Department.

19 (d) "Domestic living situation" means a residence where the
20 eligible adult at the time of the report lives alone or with
21 his or her family or a caregiver, or others, or a board and
22 care home or other community-based unlicensed facility, but is
23 not:

24 (1) A licensed facility as defined in Section 1-113 of
25 the Nursing Home Care Act;

26 (1.5) A facility licensed under the ID/DD Community

1 Care Act;

2 (1.7) A facility licensed under the Specialized Mental
3 Health Rehabilitation Act of 2013;

4 (2) A "life care facility" as defined in the Life Care
5 Facilities Act;

6 (3) A home, institution, or other place operated by the
7 federal government or agency thereof or by the State of
8 Illinois;

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

15 (5) A "community living facility" as defined in the
16 Community Living Facilities Licensing Act;

17 (6) (Blank);

18 (7) A "community-integrated living arrangement" as
19 defined in the Community-Integrated Living Arrangements
20 Licensure and Certification Act;

21 (8) An assisted living or shared housing establishment
22 as defined in the Assisted Living and Shared Housing Act;
23 or

24 (9) A supportive living facility as described in
25 Section 5-5.01a of the Illinois Public Aid Code.

26 (e) "Eligible adult" means a person 60 years of age or

1 older who resides in a domestic living situation and is, or is
2 alleged to be, abused, neglected, or financially exploited by
3 another individual or who neglects himself or herself.

4 (f) "Emergency" means a situation in which an eligible
5 adult is living in conditions presenting a risk of death or
6 physical, mental or sexual injury and the provider agency has
7 reason to believe the eligible adult is unable to consent to
8 services which would alleviate that risk.

9 (f-5) "Mandated reporter" means any of the following
10 persons while engaged in carrying out their professional
11 duties:

12 (1) a professional or professional's delegate while
13 engaged in: (i) social services, (ii) law enforcement,
14 (iii) education, (iv) the care of an eligible adult or
15 eligible adults, or (v) any of the occupations required to
16 be licensed under the Clinical Psychologist Licensing Act,
17 the Clinical Social Work and Social Work Practice Act, the
18 Illinois Dental Practice Act, the Dietitian Nutritionist
19 Practice Act, the Marriage and Family Therapy Licensing
20 Act, the Medical Practice Act of 1987, the Naprapathic
21 Practice Act, the Nurse Practice Act, the Nursing Home
22 Administrators Licensing and Disciplinary Act, the
23 Illinois Occupational Therapy Practice Act, the Illinois
24 Optometric Practice Act of 1987, the Pharmacy Practice Act,
25 the Illinois Physical Therapy Act, the Physician Assistant
26 Practice Act of 1987, the Podiatric Medical Practice Act of

1 1987, the Respiratory Care Practice Act, the Professional
2 Counselor and Clinical Professional Counselor Licensing
3 and Practice Act, the Illinois Speech-Language Pathology
4 and Audiology Practice Act, the Veterinary Medicine and
5 Surgery Practice Act of 2004, and the Illinois Public
6 Accounting Act;

7 (2) an employee of a vocational rehabilitation
8 facility prescribed or supervised by the Department of
9 Human Services;

10 (3) an administrator, employee, or person providing
11 services in or through an unlicensed community based
12 facility;

13 (4) any religious practitioner who provides treatment
14 by prayer or spiritual means alone in accordance with the
15 tenets and practices of a recognized church or religious
16 denomination, except as to information received in any
17 confession or sacred communication enjoined by the
18 discipline of the religious denomination to be held
19 confidential;

20 (5) field personnel of the Department of Healthcare and
21 Family Services, Department of Public Health, and
22 Department of Human Services, and any county or municipal
23 health department;

24 (6) personnel of the Department of Human Services, the
25 Guardianship and Advocacy Commission, the State Fire
26 Marshal, local fire departments, the Department on Aging

1 and its subsidiary Area Agencies on Aging and provider
2 agencies, and the Office of State Long Term Care Ombudsman;

3 (7) any employee of the State of Illinois not otherwise
4 specified herein who is involved in providing services to
5 eligible adults, including professionals providing medical
6 or rehabilitation services and all other persons having
7 direct contact with eligible adults;

8 (8) a person who performs the duties of a coroner or
9 medical examiner; or

10 (9) a person who performs the duties of a paramedic or
11 an emergency medical technician.

12 (g) "Neglect" means another individual's failure to
13 provide an eligible adult with or willful withholding from an
14 eligible adult the necessities of life including, but not
15 limited to, food, clothing, shelter or health care. This
16 subsection does not create any new affirmative duty to provide
17 support to eligible adults. Nothing in this Act shall be
18 construed to mean that an eligible adult is a victim of neglect
19 because of health care services provided or not provided by
20 licensed health care professionals.

21 (h) "Provider agency" means any public or nonprofit agency
22 in a planning and service area appointed by the regional
23 administrative agency with prior approval by the Department on
24 Aging to receive and assess reports of alleged or suspected
25 abuse, neglect, or financial exploitation.

26 (i) "Regional administrative agency" means any public or

1 nonprofit agency in a planning and service area so designated
2 by the Department, provided that the designated Area Agency on
3 Aging shall be designated the regional administrative agency if
4 it so requests. The Department shall assume the functions of
5 the regional administrative agency for any planning and service
6 area where another agency is not so designated.

7 (i-5) "Self-neglect" means a condition that is the result
8 of an eligible adult's inability, due to physical or mental
9 impairments, or both, or a diminished capacity, to perform
10 essential self-care tasks that substantially threaten his or
11 her own health, including: providing essential food, clothing,
12 shelter, and health care; and obtaining goods and services
13 necessary to maintain physical health, mental health,
14 emotional well-being, and general safety. The term includes
15 compulsive hoarding, which is characterized by the acquisition
16 and retention of large quantities of items and materials that
17 produce an extensively cluttered living space, which
18 significantly impairs the performance of essential self-care
19 tasks or otherwise substantially threatens life or safety.

20 (j) "Substantiated case" means a reported case of alleged
21 or suspected abuse, neglect, financial exploitation, or
22 self-neglect in which a provider agency, after assessment,
23 determines that there is reason to believe abuse, neglect, or
24 financial exploitation has occurred.

25 (Source: P.A. 96-339, eff. 7-1-10; 96-526, eff. 1-1-10; 96-572,
26 eff. 1-1-10; 96-1000, eff. 7-2-10; 97-38, eff. 6-28-11; 97-227,

1 eff. 1-1-12; 97-300, eff. 8-11-11; 97-706, eff. 6-25-12;
2 97-813, eff. 7-13-12; 97-1141, eff. 12-28-12.)

3 Section 6-250. The Mental Health and Developmental
4 Disabilities Code is amended by changing Section 2-107 as
5 follows:

6 (405 ILCS 5/2-107) (from Ch. 91 1/2, par. 2-107)

7 Sec. 2-107. Refusal of services; informing of risks.

8 (a) An adult recipient of services or the recipient's
9 guardian, if the recipient is under guardianship, and the
10 recipient's substitute decision maker, if any, must be informed
11 of the recipient's right to refuse medication or
12 electroconvulsive therapy. The recipient and the recipient's
13 guardian or substitute decision maker shall be given the
14 opportunity to refuse generally accepted mental health or
15 developmental disability services, including but not limited
16 to medication or electroconvulsive therapy. If such services
17 are refused, they shall not be given unless such services are
18 necessary to prevent the recipient from causing serious and
19 imminent physical harm to the recipient or others and no less
20 restrictive alternative is available. The facility director
21 shall inform a recipient, guardian, or substitute decision
22 maker, if any, who refuses such services of alternate services
23 available and the risks of such alternate services, as well as
24 the possible consequences to the recipient of refusal of such

1 services.

2 (b) Psychotropic medication or electroconvulsive therapy
3 may be administered under this Section for up to 24 hours only
4 if the circumstances leading up to the need for emergency
5 treatment are set forth in writing in the recipient's record.

6 (c) Administration of medication or electroconvulsive
7 therapy may not be continued unless the need for such treatment
8 is redetermined at least every 24 hours based upon a personal
9 examination of the recipient by a physician or a nurse under
10 the supervision of a physician and the circumstances
11 demonstrating that need are set forth in writing in the
12 recipient's record.

13 (d) Neither psychotropic medication nor electroconvulsive
14 therapy may be administered under this Section for a period in
15 excess of 72 hours, excluding Saturdays, Sundays, and holidays,
16 unless a petition is filed under Section 2-107.1 and the
17 treatment continues to be necessary under subsection (a) of
18 this Section. Once the petition has been filed, treatment may
19 continue in compliance with subsections (a), (b), and (c) of
20 this Section until the final outcome of the hearing on the
21 petition.

22 (e) The Department shall issue rules designed to insure
23 that in State-operated mental health facilities psychotropic
24 medication and electroconvulsive therapy are administered in
25 accordance with this Section and only when appropriately
26 authorized and monitored by a physician or a nurse under the

1 supervision of a physician in accordance with accepted medical
2 practice. The facility director of each mental health facility
3 not operated by the State shall issue rules designed to insure
4 that in that facility psychotropic medication and
5 electroconvulsive therapy are administered in accordance with
6 this Section and only when appropriately authorized and
7 monitored by a physician or a nurse under the supervision of a
8 physician in accordance with accepted medical practice. Such
9 rules shall be available for public inspection and copying
10 during normal business hours.

11 (f) The provisions of this Section with respect to the
12 emergency administration of psychotropic medication and
13 electroconvulsive therapy do not apply to facilities licensed
14 under the Nursing Home Care Act, the Specialized Mental Health
15 Rehabilitation Act of 2013, or the ID/DD Community Care Act.

16 (g) Under no circumstances may long-acting psychotropic
17 medications be administered under this Section.

18 (h) Whenever psychotropic medication or electroconvulsive
19 therapy is refused pursuant to subsection (a) of this Section
20 at least once that day, the physician shall determine and state
21 in writing the reasons why the recipient did not meet the
22 criteria for administration of medication or electroconvulsive
23 therapy under subsection (a) and whether the recipient meets
24 the standard for administration of psychotropic medication or
25 electroconvulsive therapy under Section 2-107.1 of this Code.
26 If the physician determines that the recipient meets the

1 standard for administration of psychotropic medication or
2 electroconvulsive therapy under Section 2-107.1, the facility
3 director or his or her designee shall petition the court for
4 administration of psychotropic medication or electroconvulsive
5 therapy pursuant to that Section unless the facility director
6 or his or her designee states in writing in the recipient's
7 record why the filing of such a petition is not warranted. This
8 subsection (h) applies only to State-operated mental health
9 facilities.

10 (i) The Department shall conduct annual trainings for all
11 physicians and registered nurses working in State-operated
12 mental health facilities on the appropriate use of emergency
13 administration of psychotropic medication and
14 electroconvulsive therapy, standards for their use, and the
15 methods of authorization under this Section.

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 6-255. The Protection and Advocacy for Mentally Ill
19 Persons Act is amended by changing Section 3 as follows:

20 (405 ILCS 45/3) (from Ch. 91 1/2, par. 1353)

21 Sec. 3. Powers and Duties.

22 (A) In order to properly exercise its powers and duties,
23 the agency shall have the authority to:

24 (1) Investigate incidents of abuse and neglect of

1 mentally ill persons if the incidents are reported to the
2 agency or if there is probable cause to believe that the
3 incidents occurred. In case of conflict with provisions of
4 the Abused and Neglected Child Reporting Act or the Nursing
5 Home Care Act, the provisions of those Acts shall apply.

6 (2) Pursue administrative, legal and other appropriate
7 remedies to ensure the protection of the rights of mentally
8 ill persons who are receiving care and treatment in this
9 State.

10 (3) Pursue administrative, legal and other remedies on
11 behalf of an individual who:

12 (a) was a mentally ill individual; and

13 (b) is a resident of this State, but only with
14 respect to matters which occur within 90 days after the
15 date of the discharge of such individual from a
16 facility providing care and treatment.

17 (4) Establish a board which shall:

18 (a) advise the protection and advocacy system on
19 policies and priorities to be carried out in protecting
20 and advocating the rights of mentally ill individuals;
21 and

22 (b) include attorneys, mental health
23 professionals, individuals from the public who are
24 knowledgeable about mental illness, a provider of
25 mental health services, individuals who have received
26 or are receiving mental health services and family

1 members of such individuals. At least one-half the
2 members of the board shall be individuals who have
3 received or are receiving mental health services or who
4 are family members of such individuals.

5 (5) On January 1, 1988, and on January 1 of each
6 succeeding year, prepare and transmit to the Secretary of
7 the United States Department of Health and Human Services
8 and to the Illinois Secretary of Human Services a report
9 describing the activities, accomplishments and
10 expenditures of the protection and advocacy system during
11 the most recently completed fiscal year.

12 (B) The agency shall have access to all mental health
13 facilities as defined in Sections 1-107 and 1-114 of the Mental
14 Health and Developmental Disabilities Code, all facilities as
15 defined in Section 1-113 of the Nursing Home Care Act, all
16 facilities as defined in Section 1-102 ~~1-113~~ of the Specialized
17 Mental Health Rehabilitation Act of 2013, all facilities as
18 defined in Section 1-113 of the ID/DD Community Care Act, all
19 facilities as defined in Section 2.06 of the Child Care Act of
20 1969, as now or hereafter amended, and all other facilities
21 providing care or treatment to mentally ill persons. Such
22 access shall be granted for the purposes of meeting with
23 residents and staff, informing them of services available from
24 the agency, distributing written information about the agency
25 and the rights of persons who are mentally ill, conducting
26 scheduled and unscheduled visits, and performing other

1 activities designed to protect the rights of mentally ill
2 persons.

3 (C) The agency shall have access to all records of mentally
4 ill persons who are receiving care or treatment from a
5 facility, subject to the limitations of this Act, the Mental
6 Health and Developmental Disabilities Confidentiality Act, the
7 Nursing Home Care Act and the Child Care Act of 1969, as now or
8 hereafter amended. If the mentally ill person has a legal
9 guardian other than the State or a designee of the State, the
10 facility director shall disclose the guardian's name, address
11 and telephone number to the agency upon its request. In cases
12 of conflict with provisions of the Abused and Neglected Child
13 Reporting Act and the Nursing Home Care Act, the provisions of
14 the Abused and Neglected Child Reporting Act and the Nursing
15 Home Care Act shall apply. The agency shall also have access,
16 for the purpose of inspection and copying, to the records of a
17 mentally ill person (i) who by reason of his or her mental or
18 physical condition is unable to authorize the agency to have
19 such access; (ii) who does not have a legal guardian or for
20 whom the State or a designee of the State is the legal
21 guardian; and (iii) with respect to whom a complaint has been
22 received by the agency or with respect to whom there is
23 probable cause to believe that such person has been subjected
24 to abuse or neglect.

25 The agency shall provide written notice to the mentally ill
26 person and the State guardian of the nature of the complaint

1 based upon which the agency has gained access to the records.
2 No record or the contents of the record shall be redisclosed by
3 the agency unless the person who is mentally ill and the State
4 guardian are provided 7 days advance written notice, except in
5 emergency situations, of the agency's intent to redisclose such
6 record. Within such 7-day period, the mentally ill person or
7 the State guardian may seek an injunction prohibiting the
8 agency's redisclosure of such record on the grounds that such
9 redisclosure is contrary to the interests of the mentally ill
10 person.

11 Upon request, the authorized agency shall be entitled to
12 inspect and copy any clinical or trust fund records of mentally
13 ill persons which may further the agency's investigation of
14 alleged problems affecting numbers of mentally ill persons.
15 When required by law, any personally identifiable information
16 of mentally ill persons shall be removed from the records.
17 However, the agency may not inspect or copy any records or
18 other materials when the removal of personally identifiable
19 information imposes an unreasonable burden on any facility as
20 defined by the Mental Health and Developmental Disabilities
21 Code, the Nursing Home Care Act, the Specialized Mental Health
22 Rehabilitation Act of 2013, or the Child Care Act of 1969, or
23 any other facility providing care or treatment to mentally ill
24 persons.

25 (D) Prior to instituting any legal action in a federal or
26 State court on behalf of a mentally ill individual, an eligible

1 protection and advocacy system, or a State agency or nonprofit
2 organization which entered into a contract with such an
3 eligible system under Section 104(a) of the federal Protection
4 and Advocacy for Mentally Ill Individuals Act of 1986, shall
5 exhaust in a timely manner all administrative remedies where
6 appropriate. If, in pursuing administrative remedies, the
7 system, State agency or organization determines that any matter
8 with respect to such individual will not be resolved within a
9 reasonable time, the system, State agency or organization may
10 pursue alternative remedies, including the initiation of
11 appropriate legal action.

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 6-260. The Developmental Disability and Mental
15 Disability Services Act is amended by changing Sections 2-3 and
16 5-1 as follows:

17 (405 ILCS 80/2-3) (from Ch. 91 1/2, par. 1802-3)

18 Sec. 2-3. As used in this Article, unless the context
19 requires otherwise:

20 (a) "Agency" means an agency or entity licensed by the
21 Department pursuant to this Article or pursuant to the
22 Community Residential Alternatives Licensing Act.

23 (b) "Department" means the Department of Human Services, as
24 successor to the Department of Mental Health and Developmental

1 Disabilities.

2 (c) "Home-based services" means services provided to a
3 mentally disabled adult who lives in his or her own home. These
4 services include but are not limited to:

5 (1) home health services;

6 (2) case management;

7 (3) crisis management;

8 (4) training and assistance in self-care;

9 (5) personal care services;

10 (6) habilitation and rehabilitation services;

11 (7) employment-related services;

12 (8) respite care; and

13 (9) other skill training that enables a person to
14 become self-supporting.

15 (d) "Legal guardian" means a person appointed by a court of
16 competent jurisdiction to exercise certain powers on behalf of
17 a mentally disabled adult.

18 (e) "Mentally disabled adult" means a person over the age
19 of 18 years who lives in his or her own home; who needs
20 home-based services, but does not require 24-hour-a-day
21 supervision; and who has one of the following conditions:
22 severe autism, severe mental illness, a severe or profound
23 intellectual disability, or severe and multiple impairments.

24 (f) In one's "own home" means that a mentally disabled
25 adult lives alone; or that a mentally disabled adult is in
26 full-time residence with his or her parents, legal guardian, or

1 other relatives; or that a mentally disabled adult is in
2 full-time residence in a setting not subject to licensure under
3 the Nursing Home Care Act, the Specialized Mental Health
4 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
5 the Child Care Act of 1969, as now or hereafter amended, with 3
6 or fewer other adults unrelated to the mentally disabled adult
7 who do not provide home-based services to the mentally disabled
8 adult.

9 (g) "Parent" means the biological or adoptive parent of a
10 mentally disabled adult, or a person licensed as a foster
11 parent under the laws of this State who acts as a mentally
12 disabled adult's foster parent.

13 (h) "Relative" means any of the following relationships by
14 blood, marriage or adoption: parent, son, daughter, brother,
15 sister, grandparent, uncle, aunt, nephew, niece, great
16 grandparent, great uncle, great aunt, stepbrother, stepsister,
17 stepson, stepdaughter, stepparent or first cousin.

18 (i) "Severe autism" means a lifelong developmental
19 disability which is typically manifested before 30 months of
20 age and is characterized by severe disturbances in reciprocal
21 social interactions; verbal and nonverbal communication and
22 imaginative activity; and repertoire of activities and
23 interests. A person shall be determined severely autistic, for
24 purposes of this Article, if both of the following are present:

25 (1) Diagnosis consistent with the criteria for
26 autistic disorder in the current edition of the Diagnostic

1 and Statistical Manual of Mental Disorders.

2 (2) Severe disturbances in reciprocal social
3 interactions; verbal and nonverbal communication and
4 imaginative activity; repertoire of activities and
5 interests. A determination of severe autism shall be based
6 upon a comprehensive, documented assessment with an
7 evaluation by a licensed clinical psychologist or
8 psychiatrist. A determination of severe autism shall not be
9 based solely on behaviors relating to environmental,
10 cultural or economic differences.

11 (j) "Severe mental illness" means the manifestation of all
12 of the following characteristics:

13 (1) A primary diagnosis of one of the major mental
14 disorders in the current edition of the Diagnostic and
15 Statistical Manual of Mental Disorders listed below:

- 16 (A) Schizophrenia disorder.
17 (B) Delusional disorder.
18 (C) Schizo-affective disorder.
19 (D) Bipolar affective disorder.
20 (E) Atypical psychosis.
21 (F) Major depression, recurrent.

22 (2) The individual's mental illness must substantially
23 impair his or her functioning in at least 2 of the
24 following areas:

- 25 (A) Self-maintenance.
26 (B) Social functioning.

1 (C) Activities of community living.

2 (D) Work skills.

3 (3) Disability must be present or expected to be
4 present for at least one year.

5 A determination of severe mental illness shall be based
6 upon a comprehensive, documented assessment with an evaluation
7 by a licensed clinical psychologist or psychiatrist, and shall
8 not be based solely on behaviors relating to environmental,
9 cultural or economic differences.

10 (k) "Severe or profound intellectual disability" means a
11 manifestation of all of the following characteristics:

12 (1) A diagnosis which meets Classification in Mental
13 Retardation or criteria in the current edition of the
14 Diagnostic and Statistical Manual of Mental Disorders for
15 severe or profound mental retardation (an IQ of 40 or
16 below). This must be measured by a standardized instrument
17 for general intellectual functioning.

18 (2) A severe or profound level of disturbed adaptive
19 behavior. This must be measured by a standardized adaptive
20 behavior scale or informal appraisal by the professional in
21 keeping with illustrations in Classification in Mental
22 Retardation, 1983.

23 (3) Disability diagnosed before age of 18.

24 A determination of a severe or profound intellectual
25 disability shall be based upon a comprehensive, documented
26 assessment with an evaluation by a licensed clinical

1 psychologist or certified school psychologist or a
2 psychiatrist, and shall not be based solely on behaviors
3 relating to environmental, cultural or economic differences.

4 (1) "Severe and multiple impairments" means the
5 manifestation of all of the following characteristics:

6 (1) The evaluation determines the presence of a
7 developmental disability which is expected to continue
8 indefinitely, constitutes a substantial handicap and is
9 attributable to any of the following:

10 (A) Intellectual disability, which is defined as
11 general intellectual functioning that is 2 or more
12 standard deviations below the mean concurrent with
13 impairment of adaptive behavior which is 2 or more
14 standard deviations below the mean. Assessment of the
15 individual's intellectual functioning must be measured
16 by a standardized instrument for general intellectual
17 functioning.

18 (B) Cerebral palsy.

19 (C) Epilepsy.

20 (D) Autism.

21 (E) Any other condition which results in
22 impairment similar to that caused by an intellectual
23 disability and which requires services similar to
24 those required by intellectually disabled persons.

25 (2) The evaluation determines multiple handicaps in
26 physical, sensory, behavioral or cognitive functioning

1 which constitute a severe or profound impairment
2 attributable to one or more of the following:

3 (A) Physical functioning, which severely impairs
4 the individual's motor performance that may be due to:

5 (i) Neurological, psychological or physical
6 involvement resulting in a variety of disabling
7 conditions such as hemiplegia, quadriplegia or
8 ataxia,

9 (ii) Severe organ systems involvement such as
10 congenital heart defect,

11 (iii) Physical abnormalities resulting in the
12 individual being non-mobile and non-ambulatory or
13 confined to bed and receiving assistance in
14 transferring, or

15 (iv) The need for regular medical or nursing
16 supervision such as gastrostomy care and feeding.

17 Assessment of physical functioning must be based
18 on clinical medical assessment by a physician licensed
19 to practice medicine in all its branches, using the
20 appropriate instruments, techniques and standards of
21 measurement required by the professional.

22 (B) Sensory, which involves severe restriction due
23 to hearing or visual impairment limiting the
24 individual's movement and creating dependence in
25 completing most daily activities. Hearing impairment
26 is defined as a loss of 70 decibels aided or speech

1 discrimination of less than 50% aided. Visual
2 impairment is defined as 20/200 corrected in the better
3 eye or a visual field of 20 degrees or less. Sensory
4 functioning must be based on clinical medical
5 assessment by a physician licensed to practice
6 medicine in all its branches using the appropriate
7 instruments, techniques and standards of measurement
8 required by the professional.

9 (C) Behavioral, which involves behavior that is
10 maladaptive and presents a danger to self or others, is
11 destructive to property by deliberately breaking,
12 destroying or defacing objects, is disruptive by
13 fighting, or has other socially offensive behaviors in
14 sufficient frequency or severity to seriously limit
15 social integration. Assessment of behavioral
16 functioning may be measured by a standardized scale or
17 informal appraisal by a clinical psychologist or
18 psychiatrist.

19 (D) Cognitive, which involves intellectual
20 functioning at a measured IQ of 70 or below. Assessment
21 of cognitive functioning must be measured by a
22 standardized instrument for general intelligence.

23 (3) The evaluation determines that development is
24 substantially less than expected for the age in cognitive,
25 affective or psychomotor behavior as follows:

26 (A) Cognitive, which involves intellectual

1 functioning at a measured IQ of 70 or below. Assessment
2 of cognitive functioning must be measured by a
3 standardized instrument for general intelligence.

4 (B) Affective behavior, which involves over and
5 under responding to stimuli in the environment and may
6 be observed in mood, attention to awareness, or in
7 behaviors such as euphoria, anger or sadness that
8 seriously limit integration into society. Affective
9 behavior must be based on clinical assessment using the
10 appropriate instruments, techniques and standards of
11 measurement required by the professional.

12 (C) Psychomotor, which includes a severe
13 developmental delay in fine or gross motor skills so
14 that development in self-care, social interaction,
15 communication or physical activity will be greatly
16 delayed or restricted.

17 (4) A determination that the disability originated
18 before the age of 18 years.

19 A determination of severe and multiple impairments shall be
20 based upon a comprehensive, documented assessment with an
21 evaluation by a licensed clinical psychologist or
22 psychiatrist.

23 If the examiner is a licensed clinical psychologist,
24 ancillary evaluation of physical impairment, cerebral palsy or
25 epilepsy must be made by a physician licensed to practice
26 medicine in all its branches.

1 Regardless of the discipline of the examiner, ancillary
2 evaluation of visual impairment must be made by an
3 ophthalmologist or a licensed optometrist.

4 Regardless of the discipline of the examiner, ancillary
5 evaluation of hearing impairment must be made by an
6 otolaryngologist or an audiologist with a certificate of
7 clinical competency.

8 The only exception to the above is in the case of a person
9 with cerebral palsy or epilepsy who, according to the
10 eligibility criteria listed below, has multiple impairments
11 which are only physical and sensory. In such a case, a
12 physician licensed to practice medicine in all its branches may
13 serve as the examiner.

14 (m) "Twenty-four-hour-a-day supervision" means
15 24-hour-a-day care by a trained mental health or developmental
16 disability professional on an ongoing basis.

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

19 (405 ILCS 80/5-1) (from Ch. 91 1/2, par. 1805-1)

20 Sec. 5-1. As the mental health and developmental
21 disabilities or intellectual disabilities authority for the
22 State of Illinois, the Department of Human Services shall have
23 the authority to license, certify and prescribe standards
24 governing the programs and services provided under this Act, as
25 well as all other agencies or programs which provide home-based

1 or community-based services to the mentally disabled, except
2 those services, programs or agencies established under or
3 otherwise subject to the Child Care Act of 1969, the
4 Specialized Mental Health Rehabilitation Act of 2013, or the
5 ID/DD Community Care Act, as now or hereafter amended, and this
6 Act shall not be construed to limit the application of those
7 Acts.

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 6-265. The Facilities Requiring Smoke Detectors
11 Act is amended by changing Section 1 as follows:

12 (425 ILCS 10/1) (from Ch. 127 1/2, par. 821)

13 Sec. 1. For purposes of this Act, unless the context
14 requires otherwise:

15 (a) "Facility" means:

16 (1) Any long-term care facility as defined in Section
17 1-113 of the Nursing Home Care Act or any facility as
18 defined in Section 1-113 of the ID/DD Community Care Act or
19 the Specialized Mental Health Rehabilitation Act of 2013,
20 as amended;

21 (2) Any community residential alternative as defined
22 in paragraph (4) of Section 3 of the Community Residential
23 Alternatives Licensing Act, as amended; and

24 (3) Any child care facility as defined in Section 2.05

1 of the Child Care Act of 1969, as amended.

2 (b) "Approved smoke detector" or "detector" means a smoke
3 detector of the ionization or photoelectric type which complies
4 with all the requirements of the rules and regulations of the
5 Illinois State Fire Marshal.

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

8 Section 6-270. The Criminal Code of 2012 is amended by
9 changing Sections 12-4.4a and 26-1 as follows:

10 (720 ILCS 5/12-4.4a)

11 Sec. 12-4.4a. Abuse or criminal neglect of a long term care
12 facility resident; criminal abuse or neglect of an elderly
13 person or person with a disability.

14 (a) Abuse or criminal neglect of a long term care facility
15 resident.

16 (1) A person or an owner or licensee commits abuse of a
17 long term care facility resident when he or she knowingly
18 causes any physical or mental injury to, or commits any
19 sexual offense in this Code against, a resident.

20 (2) A person or an owner or licensee commits criminal
21 neglect of a long term care facility resident when he or
22 she recklessly:

23 (A) performs acts that cause a resident's life to
24 be endangered, health to be injured, or pre-existing

1 physical or mental condition to deteriorate, or that
2 create the substantial likelihood that an elderly
3 person's or person with a disability's life will be
4 endangered, health will be injured, or pre-existing
5 physical or mental condition will 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 a resident, and that
9 failure causes the resident's life to be endangered,
10 health to be injured, or pre-existing physical or
11 mental condition to deteriorate, or that create the
12 substantial likelihood that an elderly person's or
13 person with a disability's life will be endangered,
14 health will be injured, or pre-existing physical or
15 mental condition will deteriorate; or

16 (C) abandons a resident.

17 (3) A person or an owner or licensee commits neglect of
18 a long term care facility resident when he or she
19 negligently fails to provide adequate medical care,
20 personal care, or maintenance to the resident which results
21 in physical or mental injury or deterioration of the
22 resident's physical or mental condition. An owner or
23 licensee is guilty under this subdivision (a)(3), however,
24 only if the owner or licensee failed to exercise reasonable
25 care in the hiring, training, supervising, or providing of
26 staff or other related routine administrative

1 responsibilities.

2 (b) Criminal abuse or neglect of an elderly person or
3 person with a disability.

4 (1) A caregiver commits criminal abuse or neglect of an
5 elderly person or person with a disability when he or she
6 knowingly does any of the following:

7 (A) performs acts that cause the person's life to
8 be endangered, health to be injured, or pre-existing
9 physical or mental condition to deteriorate;

10 (B) fails to perform acts that he or she knows or
11 reasonably should know are necessary to maintain or
12 preserve the life or health of the person, and that
13 failure causes the person's life to be endangered,
14 health to be injured, or pre-existing physical or
15 mental condition to deteriorate;

16 (C) abandons the person;

17 (D) physically abuses, harasses, intimidates, or
18 interferes with the personal liberty of the person; or

19 (E) exposes the person to willful deprivation.

20 (2) It is not a defense to criminal abuse or neglect of
21 an elderly person or person with a disability that the
22 caregiver reasonably believed that the victim was not an
23 elderly person or person with a disability.

24 (c) Offense not applicable.

25 (1) Nothing in this Section applies to a physician
26 licensed to practice medicine in all its branches or a duly

1 licensed nurse providing care within the scope of his or
2 her professional judgment and within the accepted
3 standards of care within the community.

4 (2) Nothing in this Section imposes criminal liability
5 on a caregiver who made a good faith effort to provide for
6 the health and personal care of an elderly person or person
7 with a disability, but through no fault of his or her own
8 was unable to provide such care.

9 (3) Nothing in this Section applies to the medical
10 supervision, regulation, or control of the remedial care or
11 treatment of residents in a long term care facility
12 conducted for those who rely upon treatment by prayer or
13 spiritual means in accordance with the creed or tenets of
14 any well-recognized church or religious denomination as
15 described in Section 3-803 of the Nursing Home Care Act,
16 Section 1-102 ~~3-803~~ of the Specialized Mental Health
17 Rehabilitation Act of 2013, or Section 3-803 of the ID/DD
18 Community Care Act.

19 (4) Nothing in this Section prohibits a caregiver from
20 providing treatment to an elderly person or person with a
21 disability by spiritual means through prayer alone and care
22 consistent therewith in lieu of medical care and treatment
23 in accordance with the tenets and practices of any church
24 or religious denomination of which the elderly person or
25 person with a disability is a member.

26 (5) Nothing in this Section limits the remedies

1 available to the victim under the Illinois Domestic
2 Violence Act of 1986.

3 (d) Sentence.

4 (1) Long term care facility. Abuse of a long term care
5 facility resident is a Class 3 felony. Criminal neglect of
6 a long term care facility resident is a Class 4 felony,
7 unless it results in the resident's death in which case it
8 is a Class 3 felony. Neglect of a long term care facility
9 resident is a petty offense.

10 (2) Caregiver. Criminal abuse or neglect of an elderly
11 person or person with a disability is a Class 3 felony,
12 unless it results in the person's death in which case it is
13 a Class 2 felony, and if imprisonment is imposed it shall
14 be for a minimum term of 3 years and a maximum term of 14
15 years.

16 (e) Definitions. For the purposes of this Section:

17 "Abandon" means to desert or knowingly forsake a resident
18 or an elderly person or person with a disability under
19 circumstances in which a reasonable person would continue to
20 provide care and custody.

21 "Caregiver" means a person who has a duty to provide for an
22 elderly person or person with a disability's health and
23 personal care, at the elderly person or person with a
24 disability's place of residence, including, but not limited to,
25 food and nutrition, shelter, hygiene, prescribed medication,
26 and medical care and treatment, and includes any of the

1 following:

2 (1) A parent, spouse, adult child, or other relative by
3 blood or marriage who resides with or resides in the same
4 building with or regularly visits the elderly person or
5 person with a disability, knows or reasonably should know
6 of such person's physical or mental impairment, and knows
7 or reasonably should know that such person is unable to
8 adequately provide for his or her own health and personal
9 care.

10 (2) A person who is employed by the elderly person or
11 person with a disability or by another to reside with or
12 regularly visit the elderly person or person with a
13 disability and provide for such person's health and
14 personal care.

15 (3) A person who has agreed for consideration to reside
16 with or regularly visit the elderly person or person with a
17 disability and provide for such person's health and
18 personal care.

19 (4) A person who has been appointed by a private or
20 public agency or by a court of competent jurisdiction to
21 provide for the elderly person or person with a
22 disability's health and personal care.

23 "Caregiver" does not include a long-term care facility
24 licensed or certified under the Nursing Home Care Act or a
25 facility licensed or certified under the ID/DD Community Care
26 Act or the Specialized Mental Health Rehabilitation Act of

1 2013, or any administrative, medical, or other personnel of
2 such a facility, or a health care provider who is licensed
3 under the Medical Practice Act of 1987 and renders care in the
4 ordinary course of his or her profession.

5 "Elderly person" means a person 60 years of age or older
6 who is incapable of adequately providing for his or her own
7 health and personal care.

8 "Licensee" means the individual or entity licensed to
9 operate a facility under the Nursing Home Care Act, the
10 Specialized Mental Health Rehabilitation Act of 2013, the ID/DD
11 Community Care Act, or the Assisted Living and Shared Housing
12 Act.

13 "Long term care facility" means a private home,
14 institution, building, residence, or other place, whether
15 operated for profit or not, or a county home for the infirm and
16 chronically ill operated pursuant to Division 5-21 or 5-22 of
17 the Counties Code, or any similar institution operated by the
18 State of Illinois or a political subdivision thereof, which
19 provides, through its ownership or management, personal care,
20 sheltered care, or nursing for 3 or more persons not related to
21 the owner by blood or marriage. The term also includes skilled
22 nursing facilities and intermediate care facilities as defined
23 in Titles XVIII and XIX of the federal Social Security Act and
24 assisted living establishments and shared housing
25 establishments licensed under the Assisted Living and Shared
26 Housing Act.

1 "Owner" means the owner a long term care facility as
2 provided in the Nursing Home Care Act, the owner of a facility
3 as provided under the Specialized Mental Health Rehabilitation
4 Act of 2013, the owner of a facility as provided in the ID/DD
5 Community Care Act, or the owner of an assisted living or
6 shared housing establishment as provided in the Assisted Living
7 and Shared Housing Act.

8 "Person with a disability" means a person who suffers from
9 a permanent physical or mental impairment, resulting from
10 disease, injury, functional disorder, or congenital condition,
11 which renders the person incapable of adequately providing for
12 his or her own health and personal care.

13 "Resident" means a person residing in a long term care
14 facility.

15 "Willful deprivation" has the meaning ascribed to it in
16 paragraph (15) of Section 103 of the Illinois Domestic Violence
17 Act of 1986.

18 (Source: P.A. 96-1551, eff. 7-1-11; incorporates 97-38, eff.
19 6-28-11, and 97-227, eff. 1-1-12; 97-1109, eff. 1-1-13.)

20 (720 ILCS 5/26-1) (from Ch. 38, par. 26-1)

21 Sec. 26-1. Disorderly conduct.

22 (a) A person commits disorderly conduct when he or she
23 knowingly:

24 (1) Does any act in such unreasonable manner as to
25 alarm or disturb another and to provoke a breach of the

1 peace;

2 (2) Transmits or causes to be transmitted in any manner
3 to the fire department of any city, town, village or fire
4 protection district a false alarm of fire, knowing at the
5 time of the transmission that there is no reasonable ground
6 for believing that the fire exists;

7 (3) Transmits or causes to be transmitted in any manner
8 to another a false alarm to the effect that a bomb or other
9 explosive of any nature or a container holding poison gas,
10 a deadly biological or chemical contaminant, or
11 radioactive substance is concealed in a place where its
12 explosion or release would endanger human life, knowing at
13 the time of the transmission that there is no reasonable
14 ground for believing that the bomb, explosive or a
15 container holding poison gas, a deadly biological or
16 chemical contaminant, or radioactive substance is
17 concealed in the place;

18 (3.5) Transmits or causes to be transmitted a threat of
19 destruction of a school building or school property, or a
20 threat of violence, death, or bodily harm directed against
21 persons at a school, school function, or school event,
22 whether or not school is in session;

23 (4) Transmits or causes to be transmitted in any manner
24 to any peace officer, public officer or public employee a
25 report to the effect that an offense will be committed, is
26 being committed, or has been committed, knowing at the time

1 of the transmission that there is no reasonable ground for
2 believing that the offense will be committed, is being
3 committed, or has been committed;

4 (5) Transmits or causes to be transmitted a false
5 report to any public safety agency without the reasonable
6 grounds necessary to believe that transmitting the report
7 is necessary for the safety and welfare of the public; or

8 (6) Calls the number "911" for the purpose of making or
9 transmitting a false alarm or complaint and reporting
10 information when, at the time the call or transmission is
11 made, the person knows there is no reasonable ground for
12 making the call or transmission and further knows that the
13 call or transmission could result in the emergency response
14 of any public safety agency;

15 (7) Transmits or causes to be transmitted a false
16 report to the Department of Children and Family Services
17 under Section 4 of the "Abused and Neglected Child
18 Reporting Act";

19 (8) Transmits or causes to be transmitted a false
20 report to the Department of Public Health under the Nursing
21 Home Care Act, the Specialized Mental Health
22 Rehabilitation Act of 2013, or the ID/DD Community Care
23 Act;

24 (9) Transmits or causes to be transmitted in any manner
25 to the police department or fire department of any
26 municipality or fire protection district, or any privately

1 owned and operated ambulance service, a false request for
2 an ambulance, emergency medical technician-ambulance or
3 emergency medical technician-paramedic knowing at the time
4 there is no reasonable ground for believing that the
5 assistance is required;

6 (10) Transmits or causes to be transmitted a false
7 report under Article II of "An Act in relation to victims
8 of violence and abuse", approved September 16, 1984, as
9 amended;

10 (11) Enters upon the property of another and for a lewd
11 or unlawful purpose deliberately looks into a dwelling on
12 the property through any window or other opening in it; or

13 (12) While acting as a collection agency as defined in
14 the Collection Agency Act or as an employee of the
15 collection agency, and while attempting to collect an
16 alleged debt, makes a telephone call to the alleged debtor
17 which is designed to harass, annoy or intimidate the
18 alleged debtor.

19 (b) Sentence. A violation of subsection (a)(1) of this
20 Section is a Class C misdemeanor. A violation of subsection
21 (a)(5) or (a)(11) of this Section is a Class A misdemeanor. A
22 violation of subsection (a)(8) or (a)(10) of this Section is a
23 Class B misdemeanor. A violation of subsection (a)(2),
24 (a)(3.5), (a)(4), (a)(6), (a)(7), or (a)(9) of this Section is
25 a Class 4 felony. A violation of subsection (a)(3) of this
26 Section is a Class 3 felony, for which a fine of not less than

1 \$3,000 and no more than \$10,000 shall be assessed in addition
2 to any other penalty imposed.

3 A violation of subsection (a)(12) of this Section is a
4 Business Offense and shall be punished by a fine not to exceed
5 \$3,000. A second or subsequent violation of subsection (a)(7)
6 or (a)(5) of this Section is a Class 4 felony. A third or
7 subsequent violation of subsection (a)(11) of this Section is a
8 Class 4 felony.

9 (c) In addition to any other sentence that may be imposed,
10 a court shall order any person convicted of disorderly conduct
11 to perform community service for not less than 30 and not more
12 than 120 hours, if community service is available in the
13 jurisdiction and is funded and approved by the county board of
14 the county where the offense was committed. In addition,
15 whenever any person is placed on supervision for an alleged
16 offense under this Section, the supervision shall be
17 conditioned upon the performance of the community service.

18 This subsection does not apply when the court imposes a
19 sentence of incarceration.

20 (d) In addition to any other sentence that may be imposed,
21 the court shall order any person convicted of disorderly
22 conduct under paragraph (3) of subsection (a) involving a false
23 alarm of a threat that a bomb or explosive device has been
24 placed in a school to reimburse the unit of government that
25 employs the emergency response officer or officers that were
26 dispatched to the school for the cost of the search for a bomb

1 or explosive device. For the purposes of this Section,
2 "emergency response" means any incident requiring a response by
3 a police officer, a firefighter, a State Fire Marshal employee,
4 or an ambulance.

5 (Source: P.A. 96-339, eff. 7-1-10; 96-413, eff. 8-13-09;
6 96-772, eff. 1-1-10; 96-1000, eff. 7-2-10; 96-1261, eff.
7 1-1-11; 97-38, eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff.
8 7-13-12; 97-1108, eff. 1-1-13.)

9 Section 6-275. The Unified Code of Corrections is amended
10 by changing Section 5-5-3.2 as follows:

11 (730 ILCS 5/5-5-3.2)

12 Sec. 5-5-3.2. Factors in Aggravation and Extended-Term
13 Sentencing.

14 (a) The following factors shall be accorded weight in favor
15 of imposing a term of imprisonment or may be considered by the
16 court as reasons to impose a more severe sentence under Section
17 5-8-1 or Article 4.5 of Chapter V:

18 (1) the defendant's conduct caused or threatened
19 serious harm;

20 (2) the defendant received compensation for committing
21 the offense;

22 (3) the defendant has a history of prior delinquency or
23 criminal activity;

24 (4) the defendant, by the duties of his office or by

1 his position, was obliged to prevent the particular offense
2 committed or to bring the offenders committing it to
3 justice;

4 (5) the defendant held public office at the time of the
5 offense, and the offense related to the conduct of that
6 office;

7 (6) the defendant utilized his professional reputation
8 or position in the community to commit the offense, or to
9 afford him an easier means of committing it;

10 (7) the sentence is necessary to deter others from
11 committing the same crime;

12 (8) the defendant committed the offense against a
13 person 60 years of age or older or such person's property;

14 (9) the defendant committed the offense against a
15 person who is physically handicapped or such person's
16 property;

17 (10) by reason of another individual's actual or
18 perceived race, color, creed, religion, ancestry, gender,
19 sexual orientation, physical or mental disability, or
20 national origin, the defendant committed the offense
21 against (i) the person or property of that individual; (ii)
22 the person or property of a person who has an association
23 with, is married to, or has a friendship with the other
24 individual; or (iii) the person or property of a relative
25 (by blood or marriage) of a person described in clause (i)
26 or (ii). For the purposes of this Section, "sexual

1 orientation" means heterosexuality, homosexuality, or
2 bisexuality;

3 (11) the offense took place in a place of worship or on
4 the grounds of a place of worship, immediately prior to,
5 during or immediately following worship services. For
6 purposes of this subparagraph, "place of worship" shall
7 mean any church, synagogue or other building, structure or
8 place used primarily for religious worship;

9 (12) the defendant was convicted of a felony committed
10 while he was released on bail or his own recognizance
11 pending trial for a prior felony and was convicted of such
12 prior felony, or the defendant was convicted of a felony
13 committed while he was serving a period of probation,
14 conditional discharge, or mandatory supervised release
15 under subsection (d) of Section 5-8-1 for a prior felony;

16 (13) the defendant committed or attempted to commit a
17 felony while he was wearing a bulletproof vest. For the
18 purposes of this paragraph (13), a bulletproof vest is any
19 device which is designed for the purpose of protecting the
20 wearer from bullets, shot or other lethal projectiles;

21 (14) the defendant held a position of trust or
22 supervision such as, but not limited to, family member as
23 defined in Section 11-0.1 of the Criminal Code of 2012,
24 teacher, scout leader, baby sitter, or day care worker, in
25 relation to a victim under 18 years of age, and the
26 defendant committed an offense in violation of Section

1 11-1.20, 11-1.30, 11-1.40, 11-1.50, 11-1.60, 11-6, 11-11,
2 11-14.4 except for an offense that involves keeping a place
3 of juvenile prostitution, 11-15.1, 11-19.1, 11-19.2,
4 11-20.1, 11-20.1B, 11-20.3, 12-13, 12-14, 12-14.1, 12-15
5 or 12-16 of the Criminal Code of 1961 or the Criminal Code
6 of 2012 against that victim;

7 (15) the defendant committed an offense related to the
8 activities of an organized gang. For the purposes of this
9 factor, "organized gang" has the meaning ascribed to it in
10 Section 10 of the Streetgang Terrorism Omnibus Prevention
11 Act;

12 (16) the defendant committed an offense in violation of
13 one of the following Sections while in a school, regardless
14 of the time of day or time of year; on any conveyance
15 owned, leased, or contracted by a school to transport
16 students to or from school or a school related activity; on
17 the real property of a school; or on a public way within
18 1,000 feet of the real property comprising any school:
19 Section 10-1, 10-2, 10-5, 11-1.20, 11-1.30, 11-1.40,
20 11-1.50, 11-1.60, 11-14.4, 11-15.1, 11-17.1, 11-18.1,
21 11-19.1, 11-19.2, 12-2, 12-4, 12-4.1, 12-4.2, 12-4.3,
22 12-6, 12-6.1, 12-6.5, 12-13, 12-14, 12-14.1, 12-15, 12-16,
23 18-2, or 33A-2, or Section 12-3.05 except for subdivision
24 (a) (4) or (g) (1), of the Criminal Code of 1961 or the
25 Criminal Code of 2012;

26 (16.5) the defendant committed an offense in violation

1 of one of the following Sections while in a day care
2 center, regardless of the time of day or time of year; on
3 the real property of a day care center, regardless of the
4 time of day or time of year; or on a public way within
5 1,000 feet of the real property comprising any day care
6 center, regardless of the time of day or time of year:
7 Section 10-1, 10-2, 10-5, 11-1.20, 11-1.30, 11-1.40,
8 11-1.50, 11-1.60, 11-14.4, 11-15.1, 11-17.1, 11-18.1,
9 11-19.1, 11-19.2, 12-2, 12-4, 12-4.1, 12-4.2, 12-4.3,
10 12-6, 12-6.1, 12-6.5, 12-13, 12-14, 12-14.1, 12-15, 12-16,
11 18-2, or 33A-2, or Section 12-3.05 except for subdivision
12 (a)(4) or (g)(1), of the Criminal Code of 1961 or the
13 Criminal Code of 2012;

14 (17) the defendant committed the offense by reason of
15 any person's activity as a community policing volunteer or
16 to prevent any person from engaging in activity as a
17 community policing volunteer. For the purpose of this
18 Section, "community policing volunteer" has the meaning
19 ascribed to it in Section 2-3.5 of the Criminal Code of
20 2012;

21 (18) the defendant committed the offense in a nursing
22 home or on the real property comprising a nursing home. For
23 the purposes of this paragraph (18), "nursing home" means a
24 skilled nursing or intermediate long term care facility
25 that is subject to license by the Illinois Department of
26 Public Health under the Nursing Home Care Act, the

1 Specialized Mental Health Rehabilitation Act of 2013, or
2 the ID/DD Community Care Act;

3 (19) the defendant was a federally licensed firearm
4 dealer and was previously convicted of a violation of
5 subsection (a) of Section 3 of the Firearm Owners
6 Identification Card Act and has now committed either a
7 felony violation of the Firearm Owners Identification Card
8 Act or an act of armed violence while armed with a firearm;

9 (20) the defendant (i) committed the offense of
10 reckless homicide under Section 9-3 of the Criminal Code of
11 1961 or the Criminal Code of 2012 or the offense of driving
12 under the influence of alcohol, other drug or drugs,
13 intoxicating compound or compounds or any combination
14 thereof under Section 11-501 of the Illinois Vehicle Code
15 or a similar provision of a local ordinance and (ii) was
16 operating a motor vehicle in excess of 20 miles per hour
17 over the posted speed limit as provided in Article VI of
18 Chapter 11 of the Illinois Vehicle Code;

19 (21) the defendant (i) committed the offense of
20 reckless driving or aggravated reckless driving under
21 Section 11-503 of the Illinois Vehicle Code and (ii) was
22 operating a motor vehicle in excess of 20 miles per hour
23 over the posted speed limit as provided in Article VI of
24 Chapter 11 of the Illinois Vehicle Code;

25 (22) the defendant committed the offense against a
26 person that the defendant knew, or reasonably should have

1 known, was a member of the Armed Forces of the United
2 States serving on active duty. For purposes of this clause
3 (22), the term "Armed Forces" means any of the Armed Forces
4 of the United States, including a member of any reserve
5 component thereof or National Guard unit called to active
6 duty;

7 (23) the defendant committed the offense against a
8 person who was elderly, disabled, or infirm by taking
9 advantage of a family or fiduciary relationship with the
10 elderly, disabled, or infirm person;

11 (24) the defendant committed any offense under Section
12 11-20.1 of the Criminal Code of 1961 or the Criminal Code
13 of 2012 and possessed 100 or more images;

14 (25) the defendant committed the offense while the
15 defendant or the victim was in a train, bus, or other
16 vehicle used for public transportation;

17 (26) the defendant committed the offense of child
18 pornography or aggravated child pornography, specifically
19 including paragraph (1), (2), (3), (4), (5), or (7) of
20 subsection (a) of Section 11-20.1 of the Criminal Code of
21 1961 or the Criminal Code of 2012 where a child engaged in,
22 solicited for, depicted in, or posed in any act of sexual
23 penetration or bound, fettered, or subject to sadistic,
24 masochistic, or sadomasochistic abuse in a sexual context
25 and specifically including paragraph (1), (2), (3), (4),
26 (5), or (7) of subsection (a) of Section 11-20.1B or

1 Section 11-20.3 of the Criminal Code of 1961 where a child
2 engaged in, solicited for, depicted in, or posed in any act
3 of sexual penetration or bound, fettered, or subject to
4 sadistic, masochistic, or sadomasochistic abuse in a
5 sexual context;

6 (27) the defendant committed the offense of first
7 degree murder, assault, aggravated assault, battery,
8 aggravated battery, robbery, armed robbery, or aggravated
9 robbery against a person who was a veteran and the
10 defendant knew, or reasonably should have known, that the
11 person was a veteran performing duties as a representative
12 of a veterans' organization. For the purposes of this
13 paragraph (27), "veteran" means an Illinois resident who
14 has served as a member of the United States Armed Forces, a
15 member of the Illinois National Guard, or a member of the
16 United States Reserve Forces; and "veterans' organization"
17 means an organization comprised of members of which
18 substantially all are individuals who are veterans or
19 spouses, widows, or widowers of veterans, the primary
20 purpose of which is to promote the welfare of its members
21 and to provide assistance to the general public in such a
22 way as to confer a public benefit; or

23 (28) the defendant committed the offense of assault,
24 aggravated assault, battery, aggravated battery, robbery,
25 armed robbery, or aggravated robbery against a person that
26 the defendant knew or reasonably should have known was a

1 letter carrier or postal worker while that person was
2 performing his or her duties delivering mail for the United
3 States Postal Service.

4 For the purposes of this Section:

5 "School" is defined as a public or private elementary or
6 secondary school, community college, college, or university.

7 "Day care center" means a public or private State certified
8 and licensed day care center as defined in Section 2.09 of the
9 Child Care Act of 1969 that displays a sign in plain view
10 stating that the property is a day care center.

11 "Public transportation" means the transportation or
12 conveyance of persons by means available to the general public,
13 and includes paratransit services.

14 (b) The following factors, related to all felonies, may be
15 considered by the court as reasons to impose an extended term
16 sentence under Section 5-8-2 upon any offender:

17 (1) When a defendant is convicted of any felony, after
18 having been previously convicted in Illinois or any other
19 jurisdiction of the same or similar class felony or greater
20 class felony, when such conviction has occurred within 10
21 years after the previous conviction, excluding time spent
22 in custody, and such charges are separately brought and
23 tried and arise out of different series of acts; or

24 (2) When a defendant is convicted of any felony and the
25 court finds that the offense was accompanied by
26 exceptionally brutal or heinous behavior indicative of

1 wanton cruelty; or

2 (3) When a defendant is convicted of any felony
3 committed against:

4 (i) a person under 12 years of age at the time of
5 the offense or such person's property;

6 (ii) a person 60 years of age or older at the time
7 of the offense or such person's property; or

8 (iii) a person physically handicapped at the time
9 of the offense or such person's property; or

10 (4) When a defendant is convicted of any felony and the
11 offense involved any of the following types of specific
12 misconduct committed as part of a ceremony, rite,
13 initiation, observance, performance, practice or activity
14 of any actual or ostensible religious, fraternal, or social
15 group:

16 (i) the brutalizing or torturing of humans or
17 animals;

18 (ii) the theft of human corpses;

19 (iii) the kidnapping of humans;

20 (iv) the desecration of any cemetery, religious,
21 fraternal, business, governmental, educational, or
22 other building or property; or

23 (v) ritualized abuse of a child; or

24 (5) When a defendant is convicted of a felony other
25 than conspiracy and the court finds that the felony was
26 committed under an agreement with 2 or more other persons

1 to commit that offense and the defendant, with respect to
2 the other individuals, occupied a position of organizer,
3 supervisor, financier, or any other position of management
4 or leadership, and the court further finds that the felony
5 committed was related to or in furtherance of the criminal
6 activities of an organized gang or was motivated by the
7 defendant's leadership in an organized gang; or

8 (6) When a defendant is convicted of an offense
9 committed while using a firearm with a laser sight attached
10 to it. For purposes of this paragraph, "laser sight" has
11 the meaning ascribed to it in Section 26-7 of the Criminal
12 Code of 2012; or

13 (7) When a defendant who was at least 17 years of age
14 at the time of the commission of the offense is convicted
15 of a felony and has been previously adjudicated a
16 delinquent minor under the Juvenile Court Act of 1987 for
17 an act that if committed by an adult would be a Class X or
18 Class 1 felony when the conviction has occurred within 10
19 years after the previous adjudication, excluding time
20 spent in custody; or

21 (8) When a defendant commits any felony and the
22 defendant used, possessed, exercised control over, or
23 otherwise directed an animal to assault a law enforcement
24 officer engaged in the execution of his or her official
25 duties or in furtherance of the criminal activities of an
26 organized gang in which the defendant is engaged.

1 (c) The following factors may be considered by the court as
2 reasons to impose an extended term sentence under Section 5-8-2
3 (730 ILCS 5/5-8-2) upon any offender for the listed offenses:

4 (1) When a defendant is convicted of first degree
5 murder, after having been previously convicted in Illinois
6 of any offense listed under paragraph (c)(2) of Section
7 5-5-3 (730 ILCS 5/5-5-3), when that conviction has occurred
8 within 10 years after the previous conviction, excluding
9 time spent in custody, and the charges are separately
10 brought and tried and arise out of different series of
11 acts.

12 (1.5) When a defendant is convicted of first degree
13 murder, after having been previously convicted of domestic
14 battery (720 ILCS 5/12-3.2) or aggravated domestic battery
15 (720 ILCS 5/12-3.3) committed on the same victim or after
16 having been previously convicted of violation of an order
17 of protection (720 ILCS 5/12-30) in which the same victim
18 was the protected person.

19 (2) When a defendant is convicted of voluntary
20 manslaughter, second degree murder, involuntary
21 manslaughter, or reckless homicide in which the defendant
22 has been convicted of causing the death of more than one
23 individual.

24 (3) When a defendant is convicted of aggravated
25 criminal sexual assault or criminal sexual assault, when
26 there is a finding that aggravated criminal sexual assault

1 or criminal sexual assault was also committed on the same
2 victim by one or more other individuals, and the defendant
3 voluntarily participated in the crime with the knowledge of
4 the participation of the others in the crime, and the
5 commission of the crime was part of a single course of
6 conduct during which there was no substantial change in the
7 nature of the criminal objective.

8 (4) If the victim was under 18 years of age at the time
9 of the commission of the offense, when a defendant is
10 convicted of aggravated criminal sexual assault or
11 predatory criminal sexual assault of a child under
12 subsection (a)(1) of Section 11-1.40 or subsection (a)(1)
13 of Section 12-14.1 of the Criminal Code of 1961 or the
14 Criminal Code of 2012 (720 ILCS 5/11-1.40 or 5/12-14.1).

15 (5) When a defendant is convicted of a felony violation
16 of Section 24-1 of the Criminal Code of 1961 or the
17 Criminal Code of 2012 (720 ILCS 5/24-1) and there is a
18 finding that the defendant is a member of an organized
19 gang.

20 (6) When a defendant was convicted of unlawful use of
21 weapons under Section 24-1 of the Criminal Code of 1961 or
22 the Criminal Code of 2012 (720 ILCS 5/24-1) for possessing
23 a weapon that is not readily distinguishable as one of the
24 weapons enumerated in Section 24-1 of the Criminal Code of
25 1961 or the Criminal Code of 2012 (720 ILCS 5/24-1).

26 (7) When a defendant is convicted of an offense

1 involving the illegal manufacture of a controlled
2 substance under Section 401 of the Illinois Controlled
3 Substances Act (720 ILCS 570/401), the illegal manufacture
4 of methamphetamine under Section 25 of the Methamphetamine
5 Control and Community Protection Act (720 ILCS 646/25), or
6 the illegal possession of explosives and an emergency
7 response officer in the performance of his or her duties is
8 killed or injured at the scene of the offense while
9 responding to the emergency caused by the commission of the
10 offense. In this paragraph, "emergency" means a situation
11 in which a person's life, health, or safety is in jeopardy;
12 and "emergency response officer" means a peace officer,
13 community policing volunteer, fireman, emergency medical
14 technician-ambulance, emergency medical
15 technician-intermediate, emergency medical
16 technician-paramedic, ambulance driver, other medical
17 assistance or first aid personnel, or hospital emergency
18 room personnel.

19 (d) For the purposes of this Section, "organized gang" has
20 the meaning ascribed to it in Section 10 of the Illinois
21 Streetgang Terrorism Omnibus Prevention Act.

22 (e) The court may impose an extended term sentence under
23 Article 4.5 of Chapter V upon an offender who has been
24 convicted of a felony violation of Section 11-1.20, 11-1.30,
25 11-1.40, 11-1.50, 11-1.60, 12-13, 12-14, 12-14.1, 12-15, or
26 12-16 of the Criminal Code of 1961 or the Criminal Code of 2012

1 when the victim of the offense is under 18 years of age at the
2 time of the commission of the offense and, during the
3 commission of the offense, the victim was under the influence
4 of alcohol, regardless of whether or not the alcohol was
5 supplied by the offender; and the offender, at the time of the
6 commission of the offense, knew or should have known that the
7 victim had consumed alcohol.

8 (Source: P.A. 96-41, eff. 1-1-10; 96-292, eff. 1-1-10; 96-328,
9 eff. 8-11-09; 96-339, eff. 7-1-10; 96-1000, eff. 7-2-10;
10 96-1200, eff. 7-22-10; 96-1228, eff. 1-1-11; 96-1390, eff.
11 1-1-11; 96-1551, Article 1, Section 970, eff. 7-1-11; 96-1551,
12 Article 2, Section 1065, eff. 7-1-11; 97-38, eff. 6-28-11,
13 97-227, eff. 1-1-12; 97-333, eff. 8-12-11; 97-693, eff. 1-1-13;
14 97-1108, eff. 1-1-13; 97-1109, eff. 1-1-13; 97-1150, eff.
15 1-25-13.)

16 Section 6-285. The Code of Civil Procedure is amended by
17 changing Section 2-203 as follows:

18 (735 ILCS 5/2-203) (from Ch. 110, par. 2-203)

19 Sec. 2-203. Service on individuals.

20 (a) Except as otherwise expressly provided, service of
21 summons upon an individual defendant shall be made (1) by
22 leaving a copy of the summons with the defendant personally,
23 (2) by leaving a copy at the defendant's usual place of abode,
24 with some person of the family or a person residing there, of

1 the age of 13 years or upwards, and informing that person of
2 the contents of the summons, provided the officer or other
3 person making service shall also send a copy of the summons in
4 a sealed envelope with postage fully prepaid, addressed to the
5 defendant at his or her usual place of abode, or (3) as
6 provided in Section 1-2-9.2 of the Illinois Municipal Code with
7 respect to violation of an ordinance governing parking or
8 standing of vehicles in cities with a population over 500,000.
9 The certificate of the officer or affidavit of the person that
10 he or she has sent the copy in pursuance of this Section is
11 evidence that he or she has done so. No employee of a facility
12 licensed under the Nursing Home Care Act, the Specialized
13 Mental Health Rehabilitation Act of 2013, or the ID/DD
14 Community Care Act shall obstruct an officer or other person
15 making service in compliance with this Section.

16 (b) The officer, in his or her certificate or in a record
17 filed and maintained in the Sheriff's office, or other person
18 making service, in his or her affidavit or in a record filed
19 and maintained in his or her employer's office, shall (1)
20 identify as to sex, race, and approximate age the defendant or
21 other person with whom the summons was left and (2) state the
22 place where (whenever possible in terms of an exact street
23 address) and the date and time of the day when the summons was
24 left with the defendant or other person.

25 (c) Any person who knowingly sets forth in the certificate
26 or affidavit any false statement, shall be liable in civil

1 contempt. When the court holds a person in civil contempt under
2 this Section, it shall award such damages as it determines to
3 be just and, when the contempt is prosecuted by a private
4 attorney, may award reasonable attorney's fees.

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

7 Section 6-290. The Consumer Fraud and Deceptive Business
8 Practices Act is amended by changing Section 2BBB as follows:

9 (815 ILCS 505/2BBB)

10 Sec. 2BBB. Long term care facility, ID/DD facility, or
11 specialized mental health rehabilitation facility; Consumer
12 Choice Information Report. A long term care facility that fails
13 to comply with Section 2-214 of the Nursing Home Care Act or a
14 facility that fails to comply with Section 2-214 of the ID/DD
15 Community Care Act ~~or Section 2-214 of the Specialized Mental~~
16 ~~Health Rehabilitation Act~~ commits an unlawful practice within
17 the meaning of this Act.

18 (Source: P.A. 96-328, eff. 8-11-09; 96-339, eff. 7-1-10; 97-38,
19 eff. 6-28-11; 97-227, eff. 1-1-12; 97-813, eff. 7-13-12.)

20 ARTICLE 7.

21 Section 7-10. The Children's Health Insurance Program Act
22 is amended by changing Sections 15, 25, 30, and 35 as follows:

1 (215 ILCS 106/15)

2 Sec. 15. Operation of the Program. There is hereby created
3 a Children's Health Insurance Program. The Program shall
4 operate subject to appropriation and shall be administered by
5 the Department of Healthcare and Family Services. The
6 Department shall have the powers and authority granted to the
7 Department under the Illinois Public Aid Code, including, but
8 not limited to, Section 11-5.1 of the Code. The Department may
9 contract with a Third Party Administrator or other entities to
10 administer and oversee any portion of this Program. Beginning
11 October 1, 2013, the determination of eligibility under this
12 Act shall comply with the requirements of 42 U.S.C.
13 1397bb(b)(1)(B)(v) and applicable federal regulations. If
14 changes made to this Section require federal approval, they
15 shall not take effect until such approval has been received.

16 (Source: P.A. 95-331, eff. 8-21-07; 96-1501, eff. 1-25-11.)

17 (215 ILCS 106/25)

18 Sec. 25. Health benefits for children.

19 (a) The Department shall, subject to appropriation,
20 provide health benefits coverage to eligible children by:

21 (1) Until December 31, 2013 and providing that no
22 application for such coverage shall be accepted after
23 September 30, 2013, subsidizing ~~subsidizing~~ the cost of
24 privately sponsored health insurance, including employer

1 based health insurance, to assist families to take
2 advantage of available privately sponsored health
3 insurance for their eligible children; and

4 (2) Purchasing, until December 31, 2013, or providing
5 health care benefits for eligible children. The health
6 benefits provided under this subdivision (a)(2) shall,
7 subject to appropriation and without regard to any
8 applicable cost sharing under Section 30, be identical to
9 the benefits provided for children under the State's
10 approved plan under Title XIX of the Social Security Act.
11 Providers under this subdivision (a)(2) shall be subject to
12 approval by the Department to provide health care under the
13 Illinois Public Aid Code and shall be reimbursed at the
14 same rate as providers under the State's approved plan
15 under Title XIX of the Social Security Act. In addition,
16 providers may retain co-payments when determined
17 appropriate by the Department.

18 (b) The subsidization provided pursuant to subdivision
19 (a)(1) shall be credited to the family of the eligible child.

20 (c) The Department is prohibited from denying coverage to a
21 child who is enrolled in a privately sponsored health insurance
22 plan pursuant to subdivision (a)(1) because the plan does not
23 meet federal benchmarking standards or cost sharing and
24 contribution requirements. To be eligible for inclusion in the
25 Program, the plan shall contain comprehensive major medical
26 coverage which shall consist of physician and hospital

1 inpatient services. The Department is prohibited from denying
2 coverage to a child who is enrolled in a privately sponsored
3 health insurance plan pursuant to subdivision (a)(1) because
4 the plan offers benefits in addition to physician and hospital
5 inpatient services.

6 (d) The total dollar amount of subsidizing coverage per
7 child per month pursuant to subdivision (a)(1) shall be equal
8 to the average dollar payments, less premiums incurred, per
9 child per month pursuant to subdivision (a)(2). The Department
10 shall set this amount prospectively based upon the prior fiscal
11 year's experience adjusted for incurred but not reported claims
12 and estimated increases or decreases in the cost of medical
13 care. Payments obligated before July 1, 1999, will be computed
14 using State Fiscal Year 1996 payments for children eligible for
15 Medical Assistance and income assistance under the Aid to
16 Families with Dependent Children Program, with appropriate
17 adjustments for cost and utilization changes through January 1,
18 1999. The Department is prohibited from providing a subsidy
19 pursuant to subdivision (a)(1) that is more than the
20 individual's monthly portion of the premium.

21 (e) An eligible child may obtain immediate coverage under
22 this Program only once during a medical visit. If coverage
23 lapses, re-enrollment shall be completed in advance of the next
24 covered medical visit and the first month's required premium
25 shall be paid in advance of any covered medical visit.

26 (f) In order to accelerate and facilitate the development

1 of networks to deliver services to children in areas outside
2 counties with populations in excess of 3,000,000, in the event
3 less than 25% of the eligible children in a county or
4 contiguous counties has enrolled with a Health Maintenance
5 Organization pursuant to Section 5-11 of the Illinois Public
6 Aid Code, the Department may develop and implement
7 demonstration projects to create alternative networks designed
8 to enhance enrollment and participation in the program. The
9 Department shall prescribe by rule the criteria, standards, and
10 procedures for effecting demonstration projects under this
11 Section.

12 (g) On and after July 1, 2012, the Department shall reduce
13 any rate of reimbursement for services or other payments or
14 alter any methodologies authorized by this Act or the Illinois
15 Public Aid Code to reduce any rate of reimbursement for
16 services or other payments in accordance with Section 5-5e of
17 the Illinois Public Aid Code.

18 (Source: P.A. 97-689, eff. 6-14-12.)

19 (215 ILCS 106/30)

20 Sec. 30. Cost sharing.

21 (a) Children enrolled in a health benefits program pursuant
22 to subdivision (a)(2) of Section 25 and persons enrolled in a
23 health benefits waiver program pursuant to Section 40 shall be
24 subject to the following cost sharing requirements:

25 (1) There shall be no co-payment required for well-baby

1 or well-child care, including age-appropriate
2 immunizations as required under federal law.

3 (2) Health insurance premiums for family members,
4 either children or adults, in families whose household
5 income is above 150% of the federal poverty level shall be
6 payable monthly, subject to rules promulgated by the
7 Department for grace periods and advance payments, and
8 shall be as follows:

9 (A) \$15 per month for one family member.

10 (B) \$25 per month for 2 family members.

11 (C) \$30 per month for 3 family members.

12 (D) \$35 per month for 4 family members.

13 (E) \$40 per month for 5 or more family members.

14 (3) Co-payments for children or adults in families
15 whose income is at or below 150% of the federal poverty
16 level, at a minimum and to the extent permitted under
17 federal law, shall be \$2 for all medical visits and
18 prescriptions provided under this Act and up to \$10 for
19 emergency room use for a non-emergency situation as defined
20 by the Department by rule and subject to federal approval.

21 (4) Co-payments for children or adults in families
22 whose income is above 150% of the federal poverty level, at
23 a minimum and to the extent permitted under federal law
24 shall be as follows:

25 (A) \$5 for medical visits.

26 (B) \$3 for generic prescriptions and \$5 for brand

1 name prescriptions.

2 (C) \$25 for emergency room use for a non-emergency
3 situation as defined by the Department by rule.

4 (5) (Blank).

5 (6) Co-payments shall be maximized to the extent
6 permitted by federal law and are subject to federal
7 approval.

8 (b) (Blank). ~~Individuals enrolled in a privately sponsored~~
9 ~~health insurance plan pursuant to subdivision (a) (1) of Section~~
10 ~~25 shall be subject to the cost sharing provisions as stated in~~
11 ~~the privately sponsored health insurance plan.~~

12 (Source: P.A. 97-74, eff. 6-30-11.)

13 (215 ILCS 106/35)

14 Sec. 35. Funding.

15 (a) This Program is not an entitlement and shall not be
16 construed to create an entitlement. Eligibility for the Program
17 is subject to appropriation of funds by the State and federal
18 governments. ~~Subdivision (a) (2) of Section 25 shall operate and~~
19 ~~be funded only if subdivision (a) (1) of Section 25 is~~
20 ~~operational and funded. The estimated net State share of~~
21 ~~appropriated funds for subdivision (a) (2) of Section 25 shall~~
22 ~~be equal to the estimated net State share of appropriated funds~~
23 ~~for subdivision (a) (1) of Section 25.~~

24 (b) Any requirement imposed under this Act and any
25 implementation of this Act by the Department shall cease in the

1 event (1) continued receipt of federal funds for implementation
2 of this Act requires an amendment to this Act, or (2) federal
3 funds for implementation of the Act are not otherwise
4 available.

5 (c) Payments under this Act shall be appropriated from the
6 General Revenue Fund and other funds that are authorized to be
7 used to reimburse or make medical payments for health care
8 benefits under this Act or Title XXI of the Social Security
9 Act.

10 (d) Benefits under this Act shall be available only as long
11 as the intergovernmental agreements made pursuant to Section
12 12-4.7 and Article XV of the Illinois Public Aid Code and
13 entered into between the Department and the Cook County Board
14 of Commissioners continue to exist.

15 (Source: P.A. 90-736, eff. 8-12-98; 91-24, eff. 7-1-99.)

16 Section 7-20. The Covering ALL KIDS Health Insurance Act is
17 amended by changing Section 15 as follows:

18 (215 ILCS 170/15)

19 (Section scheduled to be repealed on July 1, 2016)

20 Sec. 15. Operation of Program. The Covering ALL KIDS Health
21 Insurance Program is created. The Program shall be administered
22 by the Department of Healthcare and Family Services. The
23 Department shall have the same powers and authority to
24 administer the Program as are provided to the Department in

1 connection with the Department's administration of the
2 Illinois Public Aid Code, including, but not limited to, the
3 provisions under Section 11-5.1 of the Code, and the Children's
4 Health Insurance Program Act. The Department shall coordinate
5 the Program with the existing children's health programs
6 operated by the Department and other State agencies. Effective
7 October 1, 2013, the determination of eligibility under this
8 Act shall comply with the requirements of 42 U.S.C.
9 1397bb(b) (1) (B) (v) and applicable federal regulations. If
10 changes made to this Section require federal approval, they
11 shall not take effect until such approval has been received.

12 (Source: P.A. 96-1501, eff. 1-25-11.)

13 Section 7-30. The Illinois Public Aid Code is amended by
14 changing Section 5-1.1 as follows:

15 (305 ILCS 5/5-1.1) (from Ch. 23, par. 5-1.1)

16 Sec. 5-1.1. Definitions. The terms defined in this Section
17 shall have the meanings ascribed to them, except when the
18 context otherwise requires.

19 (a) "Nursing facility" means a facility, licensed by the
20 Department of Public Health under the Nursing Home Care Act,
21 that provides nursing facility services within the meaning of
22 Title XIX of the federal Social Security Act.

23 (b) "Intermediate care facility for the developmentally
24 disabled" or "ICF/DD" means a facility, licensed by the

1 Department of Public Health under the ID/DD Community Care Act,
2 that is an intermediate care facility for the mentally retarded
3 within the meaning of Title XIX of the federal Social Security
4 Act.

5 (c) "Standard services" means those services required for
6 the care of all patients in the facility and shall, as a
7 minimum, include the following: (1) administration; (2)
8 dietary (standard); (3) housekeeping; (4) laundry and linen;
9 (5) maintenance of property and equipment, including
10 utilities; (6) medical records; (7) training of employees; (8)
11 utilization review; (9) activities services; (10) social
12 services; (11) disability services; and all other similar
13 services required by either the laws of the State of Illinois
14 or one of its political subdivisions or municipalities or by
15 Title XIX of the Social Security Act.

16 (d) "Patient services" means those which vary with the
17 number of personnel; professional and para-professional skills
18 of the personnel; specialized equipment, and reflect the
19 intensity of the medical and psycho-social needs of the
20 patients. Patient services shall as a minimum include: (1)
21 physical services; (2) nursing services, including restorative
22 nursing; (3) medical direction and patient care planning; (4)
23 health related supportive and habilitative services and all
24 similar services required by either the laws of the State of
25 Illinois or one of its political subdivisions or municipalities
26 or by Title XIX of the Social Security Act.

1 (e) "Ancillary services" means those services which
2 require a specific physician's order and defined as under the
3 medical assistance program as not being routine in nature for
4 skilled nursing facilities and ICF/DDs. Such services
5 generally must be authorized prior to delivery and payment as
6 provided for under the rules of the Department of Healthcare
7 and Family Services.

8 (f) "Capital" means the investment in a facility's assets
9 for both debt and non-debt funds. Non-debt capital is the
10 difference between an adjusted replacement value of the assets
11 and the actual amount of debt capital.

12 (g) "Profit" means the amount which shall accrue to a
13 facility as a result of its revenues exceeding its expenses as
14 determined in accordance with generally accepted accounting
15 principles.

16 (h) "Non-institutional services" means those services
17 provided under paragraph (f) of Section 3 of the Disabled
18 Persons Rehabilitation Act and those services provided under
19 Section 4.02 of the Illinois Act on the Aging.

20 (i) (Blank).

21 (j) "Institutionalized person" means an individual who is
22 an inpatient in an ICF/DD or nursing facility, or who is an
23 inpatient in a medical institution receiving a level of care
24 equivalent to that of an ICF/DD or nursing facility, or who is
25 receiving services under Section 1915(c) of the Social Security
26 Act.

1 (k) "Institutionalized spouse" means an institutionalized
2 person who is expected to receive services at the same level of
3 care for at least 30 days and is married to a spouse who is not
4 an institutionalized person.

5 (l) "Community spouse" is the spouse of an
6 institutionalized spouse.

7 (m) "Health Benefits Service Package" means, subject to
8 federal approval, benefits covered by the medical assistance
9 program as determined by the Department by rule for individuals
10 eligible for medical assistance under paragraph 18 of Section
11 5-2 of this Code.

12 (n) "Federal poverty level" means the poverty guidelines
13 updated periodically in the Federal Register by the U.S.
14 Department of Health and Human Services. These guidelines set
15 poverty levels by family size.

16 (Source: P.A. 96-1530, eff. 2-16-11; 97-227, eff. 1-1-12;
17 97-820, eff. 7-17-12.)

18 Section 7-35. The Illinois Public Aid Code is amended by
19 changing Section 5-1.4 as follows:

20 (305 ILCS 5/5-1.4)

21 Sec. 5-1.4. Moratorium on eligibility expansions.
22 Beginning on January 25, 2011 (the effective date of Public Act
23 96-1501), there shall be a 4-year moratorium on the expansion
24 of eligibility through increasing financial eligibility

1 standards, or through increasing income disregards, or through
2 the creation of new programs which would add new categories of
3 eligible individuals under the medical assistance program in
4 addition to those categories covered on January 1, 2011 or
5 above the level of any subsequent reduction in eligibility.
6 This moratorium shall not apply to expansions required as a
7 federal condition of State participation in the medical
8 assistance program or to expansions approved by the federal
9 government that are financed entirely by units of local
10 government and federal matching funds. If the State of Illinois
11 finds that the State has borne a cost related to such an
12 expansion, the unit of local government shall reimburse the
13 State. All federal funds associated with an expansion funded by
14 a unit of local government shall be returned to the local
15 government entity funding the expansion, pursuant to an
16 intergovernmental agreement between the Department of
17 Healthcare and Family Services and the local government entity.
18 Within 10 calendar days of the effective date of this
19 amendatory Act of the 97th General Assembly, the Department of
20 Healthcare and Family Services shall formally advise the
21 Centers for Medicare and Medicaid Services of the passage of
22 this amendatory Act of the 97th General Assembly. The State is
23 prohibited from submitting additional waiver requests that
24 expand or allow for an increase in the classes of persons
25 eligible for medical assistance under this Article to the
26 federal government for its consideration beginning on the 20th

1 calendar day following the effective date of this amendatory
2 Act of the 97th General Assembly until January 25, 2015. This
3 moratorium shall not apply to those persons eligible for
4 medical assistance pursuant to 42 U.S.C.
5 1396a(a)(10)(A)(i)(VIII) and 42 U.S.C. 1396a(a)(10)(A)(i)(IX).
6 (Source: P.A. 96-1501, eff. 1-25-11; 97-687, eff. 6-14-12.)

7 Section 7-40. The Illinois Public Aid Code is amended by
8 changing Section 5-2 as follows:

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

10 Sec. 5-2. Classes of Persons Eligible.

11 Medical assistance under this Article shall be available to
12 any of the following classes of persons in respect to whom a
13 plan for coverage has been submitted to the Governor by the
14 Illinois Department and approved by him. If changes made in
15 this Section 5-2 require federal approval, they shall not take
16 effect until such approval has been received:

17 1. Recipients of basic maintenance grants under
18 Articles III and IV.

19 2. Beginning January 1, 2014, persons ~~Persons~~
20 otherwise eligible for basic maintenance under Article
21 ~~Articles~~ III ~~and~~ ~~IV~~, excluding any eligibility
22 requirements that are inconsistent with any federal law or
23 federal regulation, as interpreted by the U.S. Department
24 of Health and Human Services, but who fail to qualify

1 thereunder on the basis of need ~~or who qualify but are not~~
2 ~~receiving basic maintenance under Article IV~~, and who have
3 insufficient income and resources to meet the costs of
4 necessary medical care, including but not limited to the
5 following:

6 (a) All persons otherwise eligible for basic
7 maintenance under Article III but who fail to qualify
8 under that Article on the basis of need and who meet
9 either of the following requirements:

10 (i) their income, as determined by the
11 Illinois Department in accordance with any federal
12 requirements, is equal to or less than 100% of the
13 ~~federal poverty level 70% in fiscal year 2001,~~
14 ~~equal to or less than 85% in fiscal year 2002 and~~
15 ~~until a date to be determined by the Department by~~
16 ~~rule, and equal to or less than 100% beginning on~~
17 ~~the date determined by the Department by rule, of~~
18 ~~the nonfarm income official poverty line, as~~
19 ~~defined by the federal Office of Management and~~
20 ~~Budget and revised annually in accordance with~~
21 ~~Section 673(2) of the Omnibus Budget~~
22 ~~Reconciliation Act of 1981, applicable to families~~
23 ~~of the same size; or~~

24 (ii) their income, after the deduction of
25 costs incurred for medical care and for other types
26 of remedial care, is equal to or less than 100% of

1 ~~the federal poverty level 70% in fiscal year 2001,~~
2 ~~equal to or less than 85% in fiscal year 2002 and~~
3 ~~until a date to be determined by the Department by~~
4 ~~rule, and equal to or less than 100% beginning on~~
5 ~~the date determined by the Department by rule, of~~
6 ~~the nonfarm income official poverty line, as~~
7 ~~defined in item (i) of this subparagraph (a).~~

8 (b) (Blank). ~~All persons who, excluding any~~
9 ~~eligibility requirements that are inconsistent with~~
10 ~~any federal law or federal regulation, as interpreted~~
11 ~~by the U.S. Department of Health and Human Services,~~
12 ~~would be determined eligible for such basic~~
13 ~~maintenance under Article IV by disregarding the~~
14 ~~maximum earned income permitted by federal law.~~

15 3. (Blank). ~~Persons who would otherwise qualify for Aid~~
16 ~~to the Medically Indigent under Article VII.~~

17 4. Persons not eligible under any of the preceding
18 paragraphs who fall sick, are injured, or die, not having
19 sufficient money, property or other resources to meet the
20 costs of necessary medical care or funeral and burial
21 expenses.

22 5.(a) Women during pregnancy, ~~after the fact of~~
23 ~~pregnancy has been determined by medical diagnosis,~~ and
24 during the 60-day period beginning on the last day of the
25 pregnancy, together with their infants ~~and children born~~
26 ~~after September 30, 1983,~~ whose income is at or below 200%

1 of the federal poverty level. Until September 30, 2019 or
2 sooner if the maintenance of effort requirements under the
3 Patient Protection and Affordable Care Act are eliminated
4 or may be waived before then, women during pregnancy and
5 during the 60-day period beginning on the last day of the
6 pregnancy, whose countable monthly income, after the
7 deduction of costs incurred for medical care and for other
8 types of remedial care as specified in administrative rule,
9 is equal to or less than the Medical Assistance-No Grant (C)
10 (MANG(C)) Income Standard in effect on April 1, 2013 as set
11 forth in administrative rule and resources are
12 insufficient to meet the costs of necessary medical care to
13 the maximum extent possible under Title XIX of the Federal
14 Social Security Act.

15 (b) The plan for coverage Illinois Department and the
16 Governor shall provide a plan for coverage of the persons
17 eligible under paragraph 5(a) by April 1, 1990. Such plan
18 shall provide ambulatory prenatal care to pregnant women
19 during a presumptive eligibility period and establish an
20 income eligibility standard that is equal to 200% of the
21 federal poverty level ~~133% of the nonfarm income official~~
22 ~~poverty line, as defined by the federal Office of~~
23 ~~Management and Budget and revised annually in accordance~~
24 ~~with Section 673(2) of the Omnibus Budget Reconciliation~~
25 ~~Act of 1981, applicable to families of the same size,~~
26 provided that costs incurred for medical care are not taken

1 into account in determining such income eligibility.

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

14 6. (a) Children younger than age 19 when countable
15 income is at or below 133% of the federal poverty level.
16 Until September 30, 2019, or sooner if the maintenance of
17 effort requirements under the Patient Protection and
18 Affordable Care Act are eliminated or may be waived before
19 then, children younger than age 19 whose countable monthly
20 income, after the deduction of costs incurred for medical
21 care and for other types of remedial care as specified in
22 administrative rule, is equal to or less than the Medical
23 Assistance-No Grant(C) (MANG(C)) Income Standard in effect
24 on April 1, 2013 as set forth in administrative rule.

25 (b) Children and youth who are under temporary custody
26 or guardianship of the Department of Children and Family

1 Services or who receive financial assistance in support of
2 an adoption or guardianship placement from the Department
3 of Children and Family Services.

4 ~~Persons under the age of 18 who fail to qualify as dependent~~
5 ~~under Article IV and who have insufficient income and~~
6 ~~resources to meet the costs of necessary medical care to~~
7 ~~the maximum extent permitted under Title XIX of the Federal~~
8 ~~Social Security Act.~~

9 7. (Blank).

10 8. As required under federal law, persons who are
11 eligible for Transitional Medical Assistance as a result of
12 an increase in earnings or child or spousal support
13 received. ~~Persons who become ineligible for basic~~
14 ~~maintenance assistance under Article IV of this Code in~~
15 ~~programs administered by the Illinois Department due to~~
16 ~~employment earnings and persons in assistance units~~
17 ~~comprised of adults and children who become ineligible for~~
18 ~~basic maintenance assistance under Article VI of this Code~~
19 ~~due to employment earnings.~~ The plan for coverage for this
20 class of persons shall:

21 (a) extend the medical assistance coverage to the
22 extent required by federal law ~~for up to 12 months~~
23 ~~following termination of basic maintenance assistance;~~
24 and

25 (b) offer persons who have initially received 6
26 months of the coverage provided in paragraph (a) above,

1 the option of receiving an additional 6 months of
2 coverage, subject to the following:

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

5 (ii) such coverage shall include all services
6 covered under Illinois' State Medicaid Plan ~~while~~
7 ~~the person was eligible for basic maintenance~~
8 ~~assistance;~~

9 (iii) no premium shall be charged for such
10 coverage; and

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

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

1 Act.

2 10. Participants in the long-term care insurance
3 partnership program established under the Illinois
4 Long-Term Care Partnership Program Act who meet the
5 qualifications for protection of resources described in
6 Section 15 of that Act.

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

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

19 (b) exempt retirement accounts that the person
20 cannot access without penalty before the age of 59 1/2,
21 and medical savings accounts established pursuant to
22 26 U.S.C. 220;

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

26 (d) continue to apply subparagraphs (b) and (c) in

1 determining the eligibility of the person under this
2 Article even if the person loses eligibility under this
3 paragraph 11.

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

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

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

22 "Medical assistance" under this paragraph 12 shall be
23 identical to the benefits provided under the State's
24 approved plan under Title XIX of the Social Security Act.
25 The Department must request federal approval of the
26 coverage under this paragraph 12 within 30 days after the

1 effective date of this amendatory Act of the 92nd General
2 Assembly.

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

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

26 14. Subject to the availability of funds for this

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

22 15. Family Care Eligibility.

23 (a) On and after July 1, 2012, a parent or other
24 caretaker relative who is 19 years of age or older when
25 countable income is at or below 133% of the federal
26 poverty level ~~Federal Poverty Level Guidelines, as~~

1 ~~published annually in the Federal Register, for the~~
2 ~~appropriate family size.~~ A person may not spend down to
3 become eligible under this paragraph 15.

4 (b) Eligibility shall be reviewed annually.

5 (c) (Blank).

6 (d) (Blank).

7 (e) (Blank).

8 (f) (Blank).

9 (g) (Blank).

10 (h) (Blank).

11 (i) Following termination of an individual's
12 coverage under this paragraph 15, the individual must
13 be determined eligible before the person can be
14 re-enrolled.

15 16. Subject to appropriation, uninsured persons who
16 are not otherwise eligible under this Section who have been
17 certified and referred by the Department of Public Health
18 as having been screened and found to need diagnostic
19 evaluation or treatment, or both diagnostic evaluation and
20 treatment, for prostate or testicular cancer. For the
21 purposes of this paragraph 16, uninsured persons are those
22 who do not have creditable coverage, as defined under the
23 Health Insurance Portability and Accountability Act, or
24 have otherwise exhausted any insurance benefits they may
25 have had, for prostate or testicular cancer diagnostic
26 evaluation or treatment, or both diagnostic evaluation and

1 treatment. To be eligible, a person must furnish a Social
2 Security number. A person's assets are exempt from
3 consideration in determining eligibility under this
4 paragraph 16. Such persons shall be eligible for medical
5 assistance under this paragraph 16 for so long as they need
6 treatment for the cancer. A person shall be considered to
7 need treatment if, in the opinion of the person's treating
8 physician, the person requires therapy directed toward
9 cure or palliation of prostate or testicular cancer,
10 including recurrent metastatic cancer that is a known or
11 presumed complication of prostate or testicular cancer and
12 complications resulting from the treatment modalities
13 themselves. Persons who require only routine monitoring
14 services are not considered to need treatment. "Medical
15 assistance" under this paragraph 16 shall be identical to
16 the benefits provided under the State's approved plan under
17 Title XIX of the Social Security Act. Notwithstanding any
18 other provision of law, the Department (i) does not have a
19 claim against the estate of a deceased recipient of
20 services under this paragraph 16 and (ii) does not have a
21 lien against any homestead property or other legal or
22 equitable real property interest owned by a recipient of
23 services under this paragraph 16.

24 17. Persons who, pursuant to a waiver approved by the
25 Secretary of the U.S. Department of Health and Human
26 Services, are eligible for medical assistance under Title

1 XIX or XXI of the federal Social Security Act.
2 Notwithstanding any other provision of this Code and
3 consistent with the terms of the approved waiver, the
4 Illinois Department, may by rule:

5 (a) Limit the geographic areas in which the waiver
6 program operates.

7 (b) Determine the scope, quantity, duration, and
8 quality, and the rate and method of reimbursement, of
9 the medical services to be provided, which may differ
10 from those for other classes of persons eligible for
11 assistance under this Article.

12 (c) Restrict the persons' freedom in choice of
13 providers.

14 18. Beginning January 1, 2014, persons aged 19 or
15 older, but younger than 65, who are not otherwise eligible
16 for medical assistance under this Section 5-2, who qualify
17 for medical assistance pursuant to 42 U.S.C.
18 1396a(a)(10)(A)(i)(VIII) and applicable federal
19 regulations, and who have income at or below 133% of the
20 federal poverty level plus 5% for the applicable family
21 size as determined pursuant to 42 U.S.C. 1396a(e)(14) and
22 applicable federal regulations. Persons eligible for
23 medical assistance under this paragraph 18 shall receive
24 coverage for the Health Benefits Service Package as that
25 term is defined in subsection (m) of Section 5-1.1 of this
26 Code. If Illinois' federal medical assistance percentage

1 (FMAP) is reduced below 90% for persons eligible for
2 medical assistance under this paragraph 18, eligibility
3 under this paragraph 18 shall cease no later than the end
4 of the third month following the month in which the
5 reduction in FMAP takes effect.

6 19. Beginning January 1, 2014, as required under 42
7 U.S.C. 1396a(a)(10)(A)(i)(IX), persons older than age 18
8 and younger than age 26 who are not otherwise eligible for
9 medical assistance under paragraphs (1) through (17) of
10 this Section who (i) were in foster care under the
11 responsibility of the State on the date of attaining age 18
12 or on the date of attaining age 21 when a court has
13 continued wardship for good cause as provided in Section
14 2-31 of the Juvenile Court Act of 1987 and (ii) received
15 medical assistance under the Illinois Title XIX State Plan
16 or waiver of such plan while in foster care.

17 In implementing the provisions of Public Act 96-20, the
18 Department is authorized to adopt only those rules necessary,
19 including emergency rules. Nothing in Public Act 96-20 permits
20 the Department to adopt rules or issue a decision that expands
21 eligibility for the FamilyCare Program to a person whose income
22 exceeds 185% of the Federal Poverty Level as determined from
23 time to time by the U.S. Department of Health and Human
24 Services, unless the Department is provided with express
25 statutory authority.

26 ~~The Illinois Department and the Governor shall provide a~~

1 ~~plan for coverage of the persons eligible under paragraph 7 as~~
2 ~~soon as possible after July 1, 1984.~~

3 The eligibility of any such person for medical assistance
4 under this Article is not affected by the payment of any grant
5 under the Senior Citizens and Disabled Persons Property Tax
6 Relief Act or any distributions or items of income described
7 under subparagraph (X) of paragraph (2) of subsection (a) of
8 Section 203 of the Illinois Income Tax Act.

9 The Department shall by rule establish the amounts of
10 assets to be disregarded in determining eligibility for medical
11 assistance, which shall at a minimum equal the amounts to be
12 disregarded under the Federal Supplemental Security Income
13 Program. The amount of assets of a single person to be
14 disregarded shall not be less than \$2,000, and the amount of
15 assets of a married couple to be disregarded shall not be less
16 than \$3,000.

17 To the extent permitted under federal law, any person found
18 guilty of a second violation of Article VIIIA shall be
19 ineligible for medical assistance under this Article, as
20 provided in Section 8A-8.

21 The eligibility of any person for medical assistance under
22 this Article shall not be affected by the receipt by the person
23 of donations or benefits from fundraisers held for the person
24 in cases of serious illness, as long as neither the person nor
25 members of the person's family have actual control over the
26 donations or benefits or the disbursement of the donations or

1 benefits.

2 Notwithstanding any other provision of this Code, if the
3 United States Supreme Court holds Title II, Subtitle A, Section
4 2001(a) of Public Law 111-148 to be unconstitutional, or if a
5 holding of Public Law 111-148 makes Medicaid eligibility
6 allowed under Section 2001(a) inoperable, the State or a unit
7 of local government shall be prohibited from enrolling
8 individuals in the Medical Assistance Program as the result of
9 federal approval of a State Medicaid waiver on or after the
10 effective date of this amendatory Act of the 97th General
11 Assembly, and any individuals enrolled in the Medical
12 Assistance Program pursuant to eligibility permitted as a
13 result of such a State Medicaid waiver shall become immediately
14 ineligible.

15 Notwithstanding any other provision of this Code, if an Act
16 of Congress that becomes a Public Law eliminates Section
17 2001(a) of Public Law 111-148, the State or a unit of local
18 government shall be prohibited from enrolling individuals in
19 the Medical Assistance Program as the result of federal
20 approval of a State Medicaid waiver on or after the effective
21 date of this amendatory Act of the 97th General Assembly, and
22 any individuals enrolled in the Medical Assistance Program
23 pursuant to eligibility permitted as a result of such a State
24 Medicaid waiver shall become immediately ineligible.

25 Effective October 1, 2013, the determination of
26 eligibility of persons who qualify under paragraphs 5, 6, 8,

1 15, 17, and 18 of this Section shall comply with the
2 requirements of 42 U.S.C. 1396a(e)(14) and applicable federal
3 regulations.

4 The Department of Healthcare and Family Services, the
5 Department of Human Services, and the Illinois health insurance
6 marketplace shall work cooperatively to assist persons who
7 would otherwise lose health benefits as a result of changes
8 made under this amendatory Act of the 98th General Assembly to
9 transition to other health insurance coverage.

10 (Source: P.A. 96-20, eff. 6-30-09; 96-181, eff. 8-10-09;
11 96-328, eff. 8-11-09; 96-567, eff. 1-1-10; 96-1000, eff.
12 7-2-10; 96-1123, eff. 1-1-11; 96-1270, eff. 7-26-10; 97-48,
13 eff. 6-28-11; 97-74, eff. 6-30-11; 97-333, eff. 8-12-11;
14 97-687, eff. 6-14-12; 97-689, eff. 6-14-12; 97-813, eff.
15 7-13-12; revised 7-23-12.)

16 Section 7-50. The Veterans' Health Insurance Program Act of
17 2008 is amended by changing Section 10 as follows:

18 (330 ILCS 126/10)

19 Sec. 10. Operation of the Program.

20 (a) The Veterans' Health Insurance Program is created. This
21 Program is not an entitlement. Enrollment is based on the
22 availability of funds, and enrollment may be capped based on
23 funds appropriated for the Program. As soon as practical after
24 the effective date of this Act, coverage for this Program shall

1 begin. The Program shall be administered by the Department of
2 Healthcare and Family Services in collaboration with the
3 Department of Veterans' Affairs. The Department shall have the
4 same powers and authority to administer the Program as are
5 provided to the Department in connection with the Department's
6 administration of the Illinois Public Aid Code. The Department
7 shall coordinate the Program with other health programs
8 operated by the Department and other State and federal
9 agencies.

10 (b) The Department shall operate the Program in a manner so
11 that the estimated cost of the Program during the fiscal year
12 will not exceed the total appropriation for the Program. The
13 Department may take any appropriate action to limit spending or
14 enrollment into the Program, including, but not limited to,
15 ceasing to accept or process applications, reviewing
16 eligibility more frequently than annually, adjusting
17 cost-sharing, or reducing the income threshold for eligibility
18 as necessary to control expenditures for the Program.

19 (c) Notwithstanding subsections (a) and (b) and with the
20 mutual agreement of the Department of Veterans' Affairs and the
21 Department of Healthcare and Family Services, the operation of
22 the Program may be changed to simplify its administration and
23 to take advantage of health insurance coverage that may be
24 available to veterans under the Patient Protection and
25 Affordable Care Act.

26 (Source: P.A. 95-755, eff. 7-25-08.)

1 Section 7-60. The Renal Disease Treatment Act is amended by
2 changing Section 3 as follows:

3 (410 ILCS 430/3) (from Ch. 111 1/2, par. 22.33)

4 Sec. 3. Duties of Departments of Healthcare and Family
5 Services and Public Health.

6 (A) The Department of Healthcare and Family Services shall:

7 (a) Develop ~~With the advice of the Renal Disease~~
8 ~~Advisory Committee, develop~~ standards for determining
9 eligibility for care and treatment under this program.
10 Among other standards so developed under this paragraph,
11 candidates, to be eligible for care and treatment, must be
12 evaluated in a center properly staffed and equipped for
13 such evaluation.

14 (b) (Blank).

15 (c) (Blank).

16 (d) Extend financial assistance to persons suffering
17 from chronic renal diseases in obtaining ~~the medical,~~
18 ~~surgical, nursing, pharmaceutical, and technical services~~
19 ~~necessary in caring for such diseases, including the~~
20 ~~renting of home dialysis equipment. The Renal Disease~~
21 ~~Advisory Committee shall recommend to the Department the~~
22 ~~extent of financial assistance, including the reasonable~~
23 ~~charges and fees, for:~~

24 (1) Treatment in a dialysis facility;

1 (2) Hospital treatment for dialysis and transplant
2 surgery;

3 (3) Treatment in a limited care facility;

4 (4) Home dialysis training; and

5 (5) Home dialysis.

6 (e) (Blank). ~~Assist in equipping dialysis centers.~~

7 (f) On and after July 1, 2012, the Department shall
8 reduce any rate of reimbursement for services or other
9 payments or alter any methodologies authorized by this Act
10 or the Illinois Public Aid Code to reduce any rate of
11 reimbursement for services or other payments in accordance
12 with Section 5-5e of the Illinois Public Aid Code.

13 Effective January 1, 2014, coverage under this Act shall be
14 coordinated with the requirements of the Patient Protection and
15 Affordable Care Act and eligibility under this Act shall be
16 available only to individuals who have met their obligations
17 under the Patient Protection and Affordable Care Act to obtain
18 health insurance. For purposes of this Act, payment of a tax
19 penalty for failing to obtain insurance is not considered
20 fulfilling the obligation to obtain health insurance under the
21 Patient Protection and Affordable Care Act. Coverage of the
22 services listed in paragraph (d) of this subsection shall be
23 coordinated with the individual's health insurance plan.

24 The Department of Healthcare and Family Services, the
25 Department of Human Services, and the Illinois health insurance
26 marketplace shall work cooperatively to assist persons

1 enrolled for services under this Act to obtain health insurance
2 coverage prior to January 1, 2014.

3 (B) The Department of Public Health shall:

4 (a) Assist in the development and expansion of programs
5 for the care and treatment of persons suffering from
6 chronic renal diseases, including dialysis and other
7 medical or surgical procedures and techniques that will
8 have a lifesaving effect in the care and treatment of
9 persons suffering from these diseases.

10 (b) Assist in the development of programs for the
11 prevention of chronic renal diseases.

12 (c) Institute and carry on an educational program among
13 physicians, hospitals, public health departments, and the
14 public concerning chronic renal diseases, including the
15 dissemination of information and the conducting of
16 educational programs concerning the prevention of chronic
17 renal diseases and the methods for the care and treatment
18 of persons suffering from these diseases.

19 (Source: P.A. 97-689, eff. 6-14-12.)

20 (410 ILCS 430/2 rep.)

21 Section 7-61. The Renal Disease Treatment Act is amended by
22 repealing Section 2.

23 Section 7-70. The Hemophilia Care Act is amended by
24 changing Sections 1, 1.5, and 3 as follows:

1 (410 ILCS 420/1) (from Ch. 111 1/2, par. 2901)

2 Sec. 1. Definitions. As used in this Act, unless the
3 context clearly requires otherwise:

4 (1) "Department" means the Department of Healthcare and
5 Family Services.

6 (1.5) "Director" means the Director of Healthcare and
7 Family Services and the Director of Insurance.

8 (2) (Blank).

9 (3) "Hemophilia" means a bleeding tendency resulting from a
10 genetically determined deficiency in the blood.

11 (4) (Blank).

12 (5) "Eligible person" means any resident of the State
13 suffering from hemophilia.

14 (6) "Family" means:

15 (a) In the case of a patient who is a dependent of
16 another person or couple as defined by the Illinois Income
17 Tax Act, all those persons for whom exemption is claimed in
18 the State income tax return of the person or couple whose
19 dependent the eligible person is, and

20 (b) In all other cases, all those persons for whom
21 exemption is claimed in the State income tax return of the
22 eligible person, or of the eligible person and his spouse.

23 (7) "Eligible cost of hemophilia services" means the cost
24 of blood transfusions, blood derivatives, and for outpatient
25 services, of physician charges, medical supplies, and

1 appliances, used in the treatment of eligible persons for
2 hemophilia, plus one half of the cost of hospital inpatient
3 care, minus any amount of such cost which is eligible for
4 payment or reimbursement by any hospital or medical insurance
5 program, by any other government medical or financial
6 assistance program, or by any charitable assistance program.

7 (8) "Gross income" means the base income for State income
8 tax purposes of all members of the family.

9 (9) "Available family income" means the lesser of:

10 (a) Gross income minus the sum of (1) \$5,500, and (2)
11 \$3,500 times the number of persons in the family, or

12 (b) One half of gross income.

13 (10) (Blank). ~~"Board" means the Hemophilia Advisory Review~~
14 ~~Board.~~

15 (Source: P.A. 95-12, eff. 7-2-07; 95-331, eff. 8-21-07.)

16 (410 ILCS 420/1.5)

17 Sec. 1.5. Findings. The General Assembly finds all of the
18 following:

19 (1) Inherited hemophilia and other bleeding disorders
20 are devastating health conditions that can cause serious
21 financial, social, and emotional hardships for patients
22 and their families. Hemophilia, which occurs predominantly
23 in males, is a rare but well-known type of inherited
24 bleeding disorder in which one of several proteins normally
25 found in blood are either deficient or inactive, and

1 causing pain, swelling, and permanent damage to joints and
2 muscles. The disorder affects Americans of all racial and
3 ethnic backgrounds. In about one-third of all cases, there
4 is no known family history of the disorder. In these cases,
5 the disease developed after a new or spontaneous gene
6 mutation.

7 (2) Hemophilia is one of a spectrum of devastating
8 chronic bleeding disorders impacting Americans. Von
9 Willebrand Disease, another type of bleeding disorder, is
10 caused by a deficiency on the von Willebrand protein.
11 Persons with the disorder often bruise easily, have
12 frequent nosebleeds, or bleed after tooth extraction,
13 tonsillectomy, or other surgery. In some instances, women
14 will have prolonged menstrual bleeding. The disorder
15 occurs in about 1% to 2% of the U.S. population.

16 (3) Appropriate care and treatment are necessities for
17 maintaining optimum health for persons afflicted with
18 hemophilia and other bleeding disorders.

19 (4) While hemophilia and other bleeding disorders are
20 incurable, advancements in drug therapies are allowing
21 individuals greater latitude in managing their conditions,
22 fostering independence, and minimizing chronic
23 complications such as damage to the joints and muscles,
24 blood-transmitted infectious diseases, and chronic liver
25 diseases. At the same time, treatment for clotting
26 disorders is saving more and more lives. The rarity of

1 these disorders coupled with the delicate processes for
2 producing factors, however, makes treating these disorders
3 extremely costly. As a result, insurance coverage is a
4 major concern for patients and their families.

5 (5) It is thus the intent of the General Assembly to
6 coordinate State support for ~~through implementation of~~
7 ~~this Act to establish an advisory board to provide expert~~
8 ~~advice to the State on health and insurance policies,~~
9 ~~plans, and public health programs that impact~~ individuals
10 with hemophilia and other bleeding disorders with the
11 health insurance protections made available to all
12 Americans under the Patient Protection and Affordable Care
13 Act.

14 (Source: P.A. 95-12, eff. 7-2-07.)

15 (410 ILCS 420/3) (from Ch. 111 1/2, par. 2903)

16 Sec. 3. The powers and duties of the Department shall
17 include the following:

18 (1) Develop ~~With the advice and counsel of the~~
19 ~~Committee, develop~~ standards for determining eligibility
20 for care and treatment under this program. Among other
21 standards developed under this Section, persons suffering
22 from hemophilia must be evaluated in a center properly
23 staffed and equipped for such evaluation, but not operated
24 by the Department.

25 (2) (Blank).

1 (3) Extend financial assistance to eligible persons in
2 order that they may obtain blood and blood derivatives for
3 use in hospitals, in medical and dental facilities, or at
4 home. The Department shall extend financial assistance in
5 each fiscal year to each family containing one or more
6 eligible persons in the amount of (a) the family's eligible
7 cost of hemophilia services for that fiscal year, minus (b)
8 one fifth of its available family income for its next
9 preceding taxable year. The Director may extend financial
10 assistance in the case of unusual hardships, according to
11 specific procedures and conditions adopted for this
12 purpose in the rules and regulations promulgated by the
13 Department to implement and administer this Act.

14 (4) (Blank).

15 (5) Promulgate rules and regulations ~~with the advice~~
16 ~~and counsel of the Committee~~ for the implementation and
17 administration of this Act.

18 Effective January 1, 2014, coverage under this Act shall be
19 coordinated with the requirements of the Patient Protection and
20 Affordable Care Act and eligibility under this Act shall be
21 available only to individuals who have met their obligations
22 under the Patient Protection and Affordable Care Act to obtain
23 health insurance. For purposes of this Act, payment of a tax
24 penalty for failing to obtain insurance is not considered
25 fulfilling the obligation to obtain health insurance under the
26 Patient Protection and Affordable Care Act. Coverage of blood

1 and blood derivatives for use in hospitals, in medical and
2 dental facilities, or at home shall be coordinated with the
3 individual's health insurance plan.

4 The Department of Healthcare and Family Services, the
5 Department of Human Services, and the Illinois health insurance
6 marketplace shall work cooperatively to assist persons
7 enrolled for services under this Act to obtain health insurance
8 coverage prior to January 1, 2014.

9 On and after July 1, 2012, the Department shall reduce any
10 rate of reimbursement for services or other payments or alter
11 any methodologies authorized by this Act or the Illinois Public
12 Aid Code to reduce any rate of reimbursement for services or
13 other payments in accordance with Section 5-5e of the Illinois
14 Public Aid Code.

15 (Source: P.A. 97-689, eff. 6-14-12.)

16 (410 ILCS 420/2.5 rep.)

17 Section 7-71. The Hemophilia Care Act is amended by
18 repealing Section 2.5.

19 ARTICLE 8.

20 Section 8-5. The Illinois Public Aid Code is amended by
21 changing Sections 5A-2, 5A-4, 5A-5, 5A-8, and 5A-12.4 as
22 follows:

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

2 (Section scheduled to be repealed on January 1, 2015)

3 Sec. 5A-2. Assessment.

4 (a) Subject to Sections 5A-3 and 5A-10, for State fiscal
5 years 2009 through 2014, and from July 1, 2014 through December
6 31, 2014, an annual assessment on inpatient services is imposed
7 on each hospital provider in an amount equal to \$218.38
8 multiplied by the difference of the hospital's occupied bed
9 days less the hospital's Medicare bed days.

10 For State fiscal years 2009 through 2014, and after a
11 hospital's occupied bed days and Medicare bed days shall be
12 determined using the most recent data available from each
13 hospital's 2005 Medicare cost report as contained in the
14 Healthcare Cost Report Information System file, for the quarter
15 ending on December 31, 2006, without regard to any subsequent
16 adjustments or changes to such data. If a hospital's 2005
17 Medicare cost report is not contained in the Healthcare Cost
18 Report Information System, then the Illinois Department may
19 obtain the hospital provider's occupied bed days and Medicare
20 bed days from any source available, including, but not limited
21 to, records maintained by the hospital provider, which may be
22 inspected at all times during business hours of the day by the
23 Illinois Department or its duly authorized agents and
24 employees.

25 (b) (Blank).

26 (b-5) Subject to Sections 5A-3 and 5A-10, for the portion

1 of State fiscal year 2012, beginning June 10, 2012 through June
2 30, 2012, and for State fiscal years 2013 through 2014, and
3 July 1, 2014 through December 31, 2014, an annual assessment on
4 outpatient services is imposed on each hospital provider in an
5 amount equal to .008766 multiplied by the hospital's outpatient
6 gross revenue. For the period beginning June 10, 2012 through
7 June 30, 2012, the annual assessment on outpatient services
8 shall be prorated by multiplying the assessment amount by a
9 fraction, the numerator of which is 21 days and the denominator
10 of which is 365 days.

11 For the portion of State fiscal year 2012, beginning June
12 10, 2012 through June 30, 2012, and State fiscal years 2013
13 through 2014, and July 1, 2014 through December 31, 2014, a
14 hospital's outpatient gross revenue shall be determined using
15 the most recent data available from each hospital's 2009
16 Medicare cost report as contained in the Healthcare Cost Report
17 Information System file, for the quarter ending on June 30,
18 2011, without regard to any subsequent adjustments or changes
19 to such data. If a hospital's 2009 Medicare cost report is not
20 contained in the Healthcare Cost Report Information System,
21 then the Department may obtain the hospital provider's
22 outpatient gross revenue from any source available, including,
23 but not limited to, records maintained by the hospital
24 provider, which may be inspected at all times during business
25 hours of the day by the Department or its duly authorized
26 agents and employees.

1 (c) (Blank).

2 (d) Notwithstanding any of the other provisions of this
3 Section, the Department is authorized to adopt rules to reduce
4 the rate of any annual assessment imposed under this Section,
5 as authorized by Section 5-46.2 of the Illinois Administrative
6 Procedure Act.

7 (e) Notwithstanding any other provision of this Section,
8 any plan providing for an assessment on a hospital provider as
9 a permissible tax under Title XIX of the federal Social
10 Security Act and Medicaid-eligible payments to hospital
11 providers from the revenues derived from that assessment shall
12 be reviewed by the Illinois Department of Healthcare and Family
13 Services, as the Single State Medicaid Agency required by
14 federal law, to determine whether those assessments and
15 hospital provider payments meet federal Medicaid standards. If
16 the Department determines that the elements of the plan may
17 meet federal Medicaid standards and a related State Medicaid
18 Plan Amendment is prepared in a manner and form suitable for
19 submission, that State Plan Amendment shall be submitted in a
20 timely manner for review by the Centers for Medicare and
21 Medicaid Services of the United States Department of Health and
22 Human Services and subject to approval by the Centers for
23 Medicare and Medicaid Services of the United States Department
24 of Health and Human Services. No such plan shall become
25 effective without approval by the Illinois General Assembly by
26 the enactment into law of related legislation. Notwithstanding

1 any other provision of this Section, the Department is
2 authorized to adopt rules to reduce the rate of any annual
3 assessment imposed under this Section. Any such rules may be
4 adopted by the Department under Section 5-50 of the Illinois
5 Administrative Procedure Act.

6 (Source: P.A. 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
7 97-689, eff. 6-14-12.)

8 (305 ILCS 5/5A-4) (from Ch. 23, par. 5A-4)

9 Sec. 5A-4. Payment of assessment; penalty.

10 (a) The assessment imposed by Section 5A-2 for State fiscal
11 year 2009 and each subsequent State fiscal year shall be due
12 and payable in monthly installments, each equaling one-twelfth
13 of the assessment for the year, on the fourteenth State
14 business day of each month. No installment payment of an
15 assessment imposed by Section 5A-2 shall be due and payable,
16 however, until after the Comptroller has issued the payments
17 required under this Article.

18 Except as provided in subsection (a-5) of this Section, the
19 assessment imposed by subsection (b-5) of Section 5A-2 for the
20 portion of State fiscal year 2012 beginning June 10, 2012
21 through June 30, 2012, and for State fiscal year 2013 and each
22 subsequent State fiscal year shall be due and payable in
23 monthly installments, each equaling one-twelfth of the
24 assessment for the year, on the 14th State business day of each
25 month. No installment payment of an assessment imposed by

1 subsection (b-5) of Section 5A-2 shall be due and payable,
2 however, until after: (i) the Department notifies the hospital
3 provider, in writing, that the payment methodologies to
4 hospitals required under Section 5A-12.4, have been approved by
5 the Centers for Medicare and Medicaid Services of the U.S.
6 Department of Health and Human Services, and the waiver under
7 42 CFR 433.68 for the assessment imposed by subsection (b-5) of
8 Section 5A-2, if necessary, has been granted by the Centers for
9 Medicare and Medicaid Services of the U.S. Department of Health
10 and Human Services; and (ii) the Comptroller has issued the
11 payments required under Section 5A-12.4. Upon notification to
12 the Department of approval of the payment methodologies
13 required under Section 5A-12.4 and the waiver granted under 42
14 CFR 433.68, if necessary, all installments otherwise due under
15 subsection (b-5) of Section 5A-2 prior to the date of
16 notification shall be due and payable to the Department upon
17 written direction from the Department and issuance by the
18 Comptroller of the payments required under Section 5A-12.4.

19 (a-5) The Illinois Department may accelerate the schedule
20 upon which assessment installments are due and payable by
21 hospitals with a payment ratio greater than or equal to one.
22 Such acceleration of due dates for payment of the assessment
23 may be made only in conjunction with a corresponding
24 acceleration in access payments identified in Section 5A-12.2
25 or Section 5A-12.4 to the same hospitals. For the purposes of
26 this subsection (a-5), a hospital's payment ratio is defined as

1 the quotient obtained by dividing the total payments for the
2 State fiscal year, as authorized under Section 5A-12.2 or
3 Section 5A-12.4, by the total assessment for the State fiscal
4 year imposed under Section 5A-2 or subsection (b-5) of Section
5 5A-2.

6 (b) The Illinois Department is authorized to establish
7 delayed payment schedules for hospital providers that are
8 unable to make installment payments when due under this Section
9 due to financial difficulties, as determined by the Illinois
10 Department.

11 (c) If a hospital provider fails to pay the full amount of
12 an installment when due (including any extensions granted under
13 subsection (b)), there shall, unless waived by the Illinois
14 Department for reasonable cause, be added to the assessment
15 imposed by Section 5A-2 a penalty assessment equal to the
16 lesser of (i) 5% of the amount of the installment not paid on
17 or before the due date plus 5% of the portion thereof remaining
18 unpaid on the last day of each 30-day period thereafter or (ii)
19 100% of the installment amount not paid on or before the due
20 date. For purposes of this subsection, payments will be
21 credited first to unpaid installment amounts (rather than to
22 penalty or interest), beginning with the most delinquent
23 installments.

24 (d) Any assessment amount that is due and payable to the
25 Illinois Department more frequently than once per calendar
26 quarter shall be remitted to the Illinois Department by the

1 hospital provider by means of electronic funds transfer. The
2 Illinois Department may provide for remittance by other means
3 if (i) the amount due is less than \$10,000 or (ii) electronic
4 funds transfer is unavailable for this purpose.

5 (Source: P.A. 96-821, eff. 11-20-09; 97-688, eff. 6-14-12;
6 97-689, eff. 6-14-12.)

7 (305 ILCS 5/5A-5) (from Ch. 23, par. 5A-5)

8 Sec. 5A-5. Notice; penalty; maintenance of records.

9 (a) The Illinois Department shall send a notice of
10 assessment to every hospital provider subject to assessment
11 under this Article. The notice of assessment shall notify the
12 hospital of its assessment and shall be sent after receipt by
13 the Department of notification from the Centers for Medicare
14 and Medicaid Services of the U.S. Department of Health and
15 Human Services that the payment methodologies required under
16 this Article and, if necessary, the waiver granted under 42 CFR
17 433.68 have been approved. The notice shall be on a form
18 prepared by the Illinois Department and shall state the
19 following:

20 (1) The name of the hospital provider.

21 (2) The address of the hospital provider's principal
22 place of business from which the provider engages in the
23 occupation of hospital provider in this State, and the name
24 and address of each hospital operated, conducted, or
25 maintained by the provider in this State.

1 (3) The occupied bed days, occupied bed days less
2 Medicare days, adjusted gross hospital revenue, or
3 outpatient gross revenue of the hospital provider
4 (whichever is applicable), the amount of assessment
5 imposed under Section 5A-2 for the State fiscal year for
6 which the notice is sent, and the amount of each
7 installment to be paid during the State fiscal year.

8 (4) (Blank).

9 (5) Other reasonable information as determined by the
10 Illinois Department.

11 (b) If a hospital provider conducts, operates, or maintains
12 more than one hospital licensed by the Illinois Department of
13 Public Health, the provider shall pay the assessment for each
14 hospital separately.

15 (c) Notwithstanding any other provision in this Article, in
16 the case of a person who ceases to conduct, operate, or
17 maintain a hospital in respect of which the person is subject
18 to assessment under this Article as a hospital provider, the
19 assessment for the State fiscal year in which the cessation
20 occurs shall be adjusted by multiplying the assessment computed
21 under Section 5A-2 by a fraction, the numerator of which is the
22 number of days in the year during which the provider conducts,
23 operates, or maintains the hospital and the denominator of
24 which is 365. Immediately upon ceasing to conduct, operate, or
25 maintain a hospital, the person shall pay the assessment for
26 the year as so adjusted (to the extent not previously paid).

1 (d) Notwithstanding any other provision in this Article, a
2 provider who commences conducting, operating, or maintaining a
3 hospital, upon notice by the Illinois Department, shall pay the
4 assessment computed under Section 5A-2 and subsection (e) in
5 installments on the due dates stated in the notice and on the
6 regular installment due dates for the State fiscal year
7 occurring after the due dates of the initial notice.

8 (e) Notwithstanding any other provision in this Article,
9 for State fiscal years 2009 through 2015, in the case of a
10 hospital provider that did not conduct, operate, or maintain a
11 hospital in 2005, the assessment for that State fiscal year
12 shall be computed on the basis of hypothetical occupied bed
13 days for the full calendar year as determined by the Illinois
14 Department. Notwithstanding any other provision in this
15 Article, for the portion of State fiscal year 2012 beginning
16 June 10, 2012 through June 30, 2012, and for State fiscal years
17 2013 through 2014, and for July 1, 2014 through December 31,
18 2014, in the case of a hospital provider that did not conduct,
19 operate, or maintain a hospital in 2009, the assessment under
20 subsection (b-5) of Section 5A-2 for that State fiscal year
21 shall be computed on the basis of hypothetical gross outpatient
22 revenue for the full calendar year as determined by the
23 Illinois Department.

24 (f) Every hospital provider subject to assessment under
25 this Article shall keep sufficient records to permit the
26 determination of adjusted gross hospital revenue for the

1 hospital's fiscal year. All such records shall be kept in the
2 English language and shall, at all times during regular
3 business hours of the day, be subject to inspection by the
4 Illinois Department or its duly authorized agents and
5 employees.

6 (g) The Illinois Department may, by rule, provide a
7 hospital provider a reasonable opportunity to request a
8 clarification or correction of any clerical or computational
9 errors contained in the calculation of its assessment, but such
10 corrections shall not extend to updating the cost report
11 information used to calculate the assessment.

12 (h) (Blank).

13 (Source: P.A. 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
14 97-689, eff. 6-14-12; revised 10-17-12.)

15 (305 ILCS 5/5A-8) (from Ch. 23, par. 5A-8)

16 Sec. 5A-8. Hospital Provider Fund.

17 (a) There is created in the State Treasury the Hospital
18 Provider Fund. Interest earned by the Fund shall be credited to
19 the Fund. The Fund shall not be used to replace any moneys
20 appropriated to the Medicaid program by the General Assembly.

21 (b) The Fund is created for the purpose of receiving moneys
22 in accordance with Section 5A-6 and disbursing moneys only for
23 the following purposes, notwithstanding any other provision of
24 law:

25 (1) For making payments to hospitals as required under

1 this Code, under the Children's Health Insurance Program
2 Act, under the Covering ALL KIDS Health Insurance Act, and
3 under the Long Term Acute Care Hospital Quality Improvement
4 Transfer Program Act.

5 (2) For the reimbursement of moneys collected by the
6 Illinois Department from hospitals or hospital providers
7 through error or mistake in performing the activities
8 authorized under this Code.

9 (3) For payment of administrative expenses incurred by
10 the Illinois Department or its agent in performing
11 activities under this Code, under the Children's Health
12 Insurance Program Act, under the Covering ALL KIDS Health
13 Insurance Act, and under the Long Term Acute Care Hospital
14 Quality Improvement Transfer Program Act.

15 (4) For payments of any amounts which are reimbursable
16 to the federal government for payments from this Fund which
17 are required to be paid by State warrant.

18 (5) For making transfers, as those transfers are
19 authorized in the proceedings authorizing debt under the
20 Short Term Borrowing Act, but transfers made under this
21 paragraph (5) shall not exceed the principal amount of debt
22 issued in anticipation of the receipt by the State of
23 moneys to be deposited into the Fund.

24 (6) For making transfers to any other fund in the State
25 treasury, but transfers made under this paragraph (6) shall
26 not exceed the amount transferred previously from that

1 other fund into the Hospital Provider Fund plus any
2 interest that would have been earned by that fund on the
3 monies that had been transferred.

4 (6.5) For making transfers to the Healthcare Provider
5 Relief Fund, except that transfers made under this
6 paragraph (6.5) shall not exceed \$60,000,000 in the
7 aggregate.

8 (7) For making transfers not exceeding the following
9 amounts, in State fiscal years 2013 and 2014 in each State
10 fiscal year during which an assessment is imposed pursuant
11 to Section 5A-2, to the following designated funds:

12	Health and Human Services Medicaid Trust	
13	Fund	\$20,000,000
14	Long-Term Care Provider Fund	\$30,000,000
15	General Revenue Fund	\$80,000,000.

16 Transfers under this paragraph shall be made within 7 days
17 after the payments have been received pursuant to the
18 schedule of payments provided in subsection (a) of Section
19 5A-4.

20 (7.1) For making transfers not exceeding the following
21 amounts, in State fiscal year 2015, to the following
22 designated funds:

23	Health and Human Services Medicaid Trust	
24	Fund	\$10,000,000
25	Long-Term Care Provider Fund	\$15,000,000
26	General Revenue Fund	\$40,000,000.

1 Transfers under this paragraph shall be made within 7 days
2 after the payments have been received pursuant to the
3 schedule of payments provided in subsection (a) of Section
4 5A-4.

5 (7.5) (Blank).

6 (7.8) (Blank).

7 (7.9) (Blank).

8 (7.10) For State fiscal years 2013 and 2014, for making
9 transfers of the moneys resulting from the assessment under
10 subsection (b-5) of Section 5A-2 and received from hospital
11 providers under Section 5A-4 and transferred into the
12 Hospital Provider Fund under Section 5A-6 to the designated
13 funds not exceeding the following amounts in that State
14 fiscal year:

15 Health Care Provider Relief Fund \$50,000,000

16 Transfers under this paragraph shall be made within 7
17 days after the payments have been received pursuant to the
18 schedule of payments provided in subsection (a) of Section
19 5A-4.

20 (7.11) For State fiscal year 2015, for making transfers
21 of the moneys resulting from the assessment under
22 subsection (b-5) of Section 5A-2 and received from hospital
23 providers under Section 5A-4 and transferred into the
24 Hospital Provider Fund under Section 5A-6 to the designated
25 funds not exceeding the following amounts in that State
26 fiscal year:

1 Health Care Provider Relief Fund \$25,000,000

2 Transfers under this paragraph shall be made within 7
3 days after the payments have been received pursuant to the
4 schedule of payments provided in subsection (a) of Section
5 5A-4.

6 (7.12) For State fiscal year 2013, for increasing by
7 21/365ths the transfer of the moneys resulting from the
8 assessment under subsection (b-5) of Section 5A-2 and
9 received from hospital providers under Section 5A-4 for the
10 portion of State fiscal year 2012 beginning June 10, 2012
11 through June 30, 2012 and transferred into the Hospital
12 Provider Fund under Section 5A-6 to the designated funds
13 not exceeding the following amounts in that State fiscal
14 year:

15 Health Care Provider Relief Fund \$2,870,000

16 (8) For making refunds to hospital providers pursuant
17 to Section 5A-10.

18 Disbursements from the Fund, other than transfers
19 authorized under paragraphs (5) and (6) of this subsection,
20 shall be by warrants drawn by the State Comptroller upon
21 receipt of vouchers duly executed and certified by the Illinois
22 Department.

23 (c) The Fund shall consist of the following:

24 (1) All moneys collected or received by the Illinois
25 Department from the hospital provider assessment imposed
26 by this Article.

1 (2) All federal matching funds received by the Illinois
2 Department as a result of expenditures made by the Illinois
3 Department that are attributable to moneys deposited in the
4 Fund.

5 (3) Any interest or penalty levied in conjunction with
6 the administration of this Article.

7 (4) Moneys transferred from another fund in the State
8 treasury.

9 (5) All other moneys received for the Fund from any
10 other source, including interest earned thereon.

11 (d) (Blank).

12 (Source: P.A. 96-3, eff. 2-27-09; 96-45, eff. 7-15-09; 96-821,
13 eff. 11-20-09; 96-1530, eff. 2-16-11; 97-688, eff. 6-14-12;
14 97-689, eff. 6-14-12; revised 10-17-12.)

15 (305 ILCS 5/5A-12.4)

16 (Section scheduled to be repealed on January 1, 2015)

17 Sec. 5A-12.4. Hospital access improvement payments on or
18 after June 10, 2012 ~~July 1, 2012~~.

19 (a) Hospital access improvement payments. To preserve and
20 improve access to hospital services, for hospital and physician
21 services rendered on or after June 10, 2012 ~~July 1, 2012~~, the
22 Illinois Department shall, except for hospitals described in
23 subsection (b) of Section 5A-3, make payments to hospitals as
24 set forth in this Section. These payments shall be paid in 12
25 equal installments on or before the 7th State business day of

1 each month, except that no payment shall be due within 100 days
2 after the later of the date of notification of federal approval
3 of the payment methodologies required under this Section or any
4 waiver required under 42 CFR 433.68, at which time the sum of
5 amounts required under this Section prior to the date of
6 notification is due and payable. Payments under this Section
7 are not due and payable, however, until (i) the methodologies
8 described in this Section are approved by the federal
9 government in an appropriate State Plan amendment and (ii) the
10 assessment imposed under subsection (b-5) of Section 5A-2 of
11 this Article is determined to be a permissible tax under Title
12 XIX of the Social Security Act. The Illinois Department shall
13 take all actions necessary to implement the payments under this
14 Section effective June 10, 2012 ~~July 1, 2012~~, including but not
15 limited to providing public notice pursuant to federal
16 requirements, the filing of a State Plan amendment, and the
17 adoption of administrative rules. For State fiscal year 2013,
18 payments under this Section shall be increased by 21/365ths.
19 The funding source for these additional payments shall be from
20 the increased assessment under subsection (b-5) of Section 5A-2
21 that was received from hospital providers under Section 5A-4
22 for the portion of State fiscal year 2012 beginning June 10,
23 2012 through June 30, 2012.

24 (a-5) Accelerated schedule. The Illinois Department may,
25 when practicable, accelerate the schedule upon which payments
26 authorized under this Section are made.

1 (b) Magnet and perinatal hospital adjustment. In addition
2 to rates paid for inpatient hospital services, the Department
3 shall pay to each Illinois general acute care hospital that, as
4 of August 25, 2011, was recognized as a Magnet hospital by the
5 American Nurses Credentialing Center and that, as of September
6 14, 2011, was designated as a level III perinatal center
7 amounts as follows:

8 (1) For hospitals with a case mix index equal to or
9 greater than the 80th percentile of case mix indices for
10 all Illinois hospitals, \$470 for each Medicaid general
11 acute care inpatient day of care provided by the hospital
12 during State fiscal year 2009.

13 (2) For all other hospitals, \$170 for each Medicaid
14 general acute care inpatient day of care provided by the
15 hospital during State fiscal year 2009.

16 (c) Trauma level II adjustment. In addition to rates paid
17 for inpatient hospital services, the Department shall pay to
18 each Illinois general acute care hospital that, as of July 1,
19 2011, was designated as a level II trauma center amounts as
20 follows:

21 (1) For hospitals with a case mix index equal to or
22 greater than the 50th percentile of case mix indices for
23 all Illinois hospitals, \$470 for each Medicaid general
24 acute care inpatient day of care provided by the hospital
25 during State fiscal year 2009.

26 (2) For all other hospitals, \$170 for each Medicaid

1 general acute care inpatient day of care provided by the
2 hospital during State fiscal year 2009.

3 (3) For the purposes of this adjustment, hospitals
4 located in the same city that alternate their trauma center
5 designation as defined in 89 Ill. Adm. Code 148.295(a)(2)
6 shall have the adjustment provided under this Section
7 divided between the 2 hospitals.

8 (d) Dual-eligible adjustment. In addition to rates paid for
9 inpatient services, the Department shall pay each Illinois
10 general acute care hospital that had a ratio of crossover days
11 to total inpatient days for programs under Title XIX of the
12 Social Security Act administered by the Department (utilizing
13 information from 2009 paid claims) greater than 50%, and a case
14 mix index equal to or greater than the 75th percentile of case
15 mix indices for all Illinois hospitals, a rate of \$400 for each
16 Medicaid inpatient day during State fiscal year 2009 including
17 crossover days.

18 (e) Medicaid volume adjustment. In addition to rates paid
19 for inpatient hospital services, the Department shall pay to
20 each Illinois general acute care hospital that provided more
21 than 10,000 Medicaid inpatient days of care in State fiscal
22 year 2009, has a Medicaid inpatient utilization rate of at
23 least 29.05% as calculated by the Department for the Rate Year
24 2011 Disproportionate Share determination, and is not eligible
25 for Medicaid Percentage Adjustment payments in rate year 2011
26 an amount equal to \$135 for each Medicaid inpatient day of care

1 provided during State fiscal year 2009.

2 (f) Outpatient service adjustment. In addition to the rates
3 paid for outpatient hospital services, the Department shall pay
4 each Illinois hospital an amount at least equal to \$100
5 multiplied by the hospital's outpatient ambulatory procedure
6 listing services (excluding categories 3B and 3C) and by the
7 hospital's end stage renal disease treatment services provided
8 for State fiscal year 2009.

9 (g) Ambulatory service adjustment.

10 (1) In addition to the rates paid for outpatient
11 hospital services provided in the emergency department,
12 the Department shall pay each Illinois hospital an amount
13 equal to \$105 multiplied by the hospital's outpatient
14 ambulatory procedure listing services for categories 3A,
15 3B, and 3C for State fiscal year 2009.

16 (2) In addition to the rates paid for outpatient
17 hospital services, the Department shall pay each Illinois
18 freestanding psychiatric hospital an amount equal to \$200
19 multiplied by the hospital's ambulatory procedure listing
20 services for category 5A for State fiscal year 2009.

21 (h) Specialty hospital adjustment. In addition to the rates
22 paid for outpatient hospital services, the Department shall pay
23 each Illinois long term acute care hospital and each Illinois
24 hospital devoted exclusively to the treatment of cancer, an
25 amount equal to \$700 multiplied by the hospital's outpatient
26 ambulatory procedure listing services and by the hospital's end

1 stage renal disease treatment services (including services
2 provided to individuals eligible for both Medicaid and
3 Medicare) provided for State fiscal year 2009.

4 (h-1) ER Safety Net Payments. In addition to rates paid for
5 outpatient services, the Department shall pay to each Illinois
6 general acute care hospital with an emergency room ratio equal
7 to or greater than 55%, that is not eligible for Medicaid
8 percentage adjustments payments in rate year 2011, with a case
9 mix index equal to or greater than the 20th percentile, and
10 that is not designated as a trauma center by the Illinois
11 Department of Public Health on July 1, 2011, as follows:

12 (1) Each hospital with an emergency room ratio equal to
13 or greater than 74% shall receive a rate of \$225 for each
14 outpatient ambulatory procedure listing and end-stage
15 renal disease treatment service provided for State fiscal
16 year 2009.

17 (2) For all other hospitals, \$65 shall be paid for each
18 outpatient ambulatory procedure listing and end-stage
19 renal disease treatment service provided for State fiscal
20 year 2009.

21 (i) Physician supplemental adjustment. In addition to the
22 rates paid for physician services, the Department shall make an
23 adjustment payment for services provided by physicians as
24 follows:

25 (1) Physician services eligible for the adjustment
26 payment are those provided by physicians employed by or who

1 have a contract to provide services to patients of the
2 following hospitals: (i) Illinois general acute care
3 hospitals that provided at least 17,000 Medicaid inpatient
4 days of care in State fiscal year 2009 and are eligible for
5 Medicaid Percentage Adjustment Payments in rate year 2011;
6 and (ii) Illinois freestanding children's hospitals, as
7 defined in 89 Ill. Adm. Code 149.50(c)(3)(A).

8 (2) The amount of the adjustment for each eligible
9 hospital under this subsection (i) shall be determined by
10 rule by the Department to spend a total pool of at least
11 \$6,960,000 annually. This pool shall be allocated among the
12 eligible hospitals based on the difference between the
13 upper payment limit for what could have been paid under
14 Medicaid for physician services provided during State
15 fiscal year 2009 by physicians employed by or who had a
16 contract with the hospital and the amount that was paid
17 under Medicaid for such services, provided however, that in
18 no event shall physicians at any individual hospital
19 collectively receive an annual, aggregate adjustment in
20 excess of \$435,000, except that any amount that is not
21 distributed to a hospital because of the upper payment
22 limit shall be reallocated among the remaining eligible
23 hospitals that are below the upper payment limitation, on a
24 proportionate basis.

25 (i-5) For any children's hospital which did not charge for
26 its services during the base period, the Department shall use

1 data supplied by the hospital to determine payments using
2 similar methodologies for freestanding children's hospitals
3 under this Section or Section 5A-12.2 ~~12.2~~.

4 (j) For purposes of this Section, a hospital that is
5 enrolled to provide Medicaid services during State fiscal year
6 2009 shall have its utilization and associated reimbursements
7 annualized prior to the payment calculations being performed
8 under this Section.

9 (k) For purposes of this Section, the terms "Medicaid
10 days", "ambulatory procedure listing services", and
11 "ambulatory procedure listing payments" do not include any
12 days, charges, or services for which Medicare or a managed care
13 organization reimbursed on a capitated basis was liable for
14 payment, except where explicitly stated otherwise in this
15 Section.

16 (l) Definitions. Unless the context requires otherwise or
17 unless provided otherwise in this Section, the terms used in
18 this Section for qualifying criteria and payment calculations
19 shall have the same meanings as those terms have been given in
20 the Illinois Department's administrative rules as in effect on
21 October 1, 2011. Other terms shall be defined by the Illinois
22 Department by rule.

23 As used in this Section, unless the context requires
24 otherwise:

25 "Case mix index" means, for a given hospital, the sum of
26 the per admission (DRG) relative weighting factors in effect on

1 January 1, 2005, for all general acute care admissions for
2 State fiscal year 2009, excluding Medicare crossover
3 admissions and transplant admissions reimbursed under 89 Ill.
4 Adm. Code 148.82, divided by the total number of general acute
5 care admissions for State fiscal year 2009, excluding Medicare
6 crossover admissions and transplant admissions reimbursed
7 under 89 Ill. Adm. Code 148.82.

8 "Emergency room ratio" means, for a given hospital, a
9 fraction, the denominator of which is the number of the
10 hospital's outpatient ambulatory procedure listing and
11 end-stage renal disease treatment services provided for State
12 fiscal year 2009 and the numerator of which is the hospital's
13 outpatient ambulatory procedure listing services for
14 categories 3A, 3B, and 3C for State fiscal year 2009.

15 "Medicaid inpatient day" means, for a given hospital, the
16 sum of days of inpatient hospital days provided to recipients
17 of medical assistance under Title XIX of the federal Social
18 Security Act, excluding days for individuals eligible for
19 Medicare under Title XVIII of that Act (Medicaid/Medicare
20 crossover days), as tabulated from the Department's paid claims
21 data for admissions occurring during State fiscal year 2009
22 that was adjudicated by the Department through June 30, 2010.

23 "Outpatient ambulatory procedure listing services" means,
24 for a given hospital, ambulatory procedure listing services, as
25 described in 89 Ill. Adm. Code 148.140(b), provided to
26 recipients of medical assistance under Title XIX of the federal

1 Social Security Act, excluding services for individuals
2 eligible for Medicare under Title XVIII of the Act
3 (Medicaid/Medicare crossover days), as tabulated from the
4 Department's paid claims data for services occurring in State
5 fiscal year 2009 that were adjudicated by the Department
6 through September 2, 2010.

7 "Outpatient end-stage renal disease treatment services"
8 means, for a given hospital, the services, as described in 89
9 Ill. Adm. Code 148.140(c), provided to recipients of medical
10 assistance under Title XIX of the federal Social Security Act,
11 excluding payments for individuals eligible for Medicare under
12 Title XVIII of the Act (Medicaid/Medicare crossover days), as
13 tabulated from the Department's paid claims data for services
14 occurring in State fiscal year 2009 that were adjudicated by
15 the Department through September 2, 2010.

16 (m) The Department may adjust payments made under this
17 Section 5A-12.4 to comply with federal law or regulations
18 regarding hospital-specific payment limitations on
19 government-owned or government-operated hospitals.

20 (n) Notwithstanding any of the other provisions of this
21 Section, the Department is authorized to adopt rules that
22 change the hospital access improvement payments specified in
23 this Section, but only to the extent necessary to conform to
24 any federally approved amendment to the Title XIX State plan.
25 Any such rules shall be adopted by the Department as authorized
26 by Section 5-50 of the Illinois Administrative Procedure Act.

1 Notwithstanding any other provision of law, any changes
2 implemented as a result of this subsection (n) shall be given
3 retroactive effect so that they shall be deemed to have taken
4 effect as of the effective date of this Section.

5 (o) The Department of Healthcare and Family Services must
6 submit a State Medicaid Plan Amendment to the Centers for ~~of~~
7 Medicare and Medicaid Services to implement the payments under
8 this Section. ~~within 30 days of the effective date of this Act.~~
9 (Source: P.A. 97-688, eff. 6-14-12; revised 8-3-12.)

10

ARTICLE 9.

11 Section 9-5. The Illinois Public Aid Code is amended by
12 changing Sections 3-1.2, 5-2b, 5-4, 5-5, 5-5e, 5-5e.1, and 5-5f
13 as follows:

14 (305 ILCS 5/3-1.2) (from Ch. 23, par. 3-1.2)

15 Sec. 3-1.2. Need. Income available to the person, when
16 added to contributions in money, substance, or services from
17 other sources, including contributions from legally
18 responsible relatives, must be insufficient to equal the grant
19 amount established by Department regulation for such person.

20 In determining earned income to be taken into account,
21 consideration shall be given to any expenses reasonably
22 attributable to the earning of such income. If federal law or
23 regulations permit or require exemption of earned or other

1 income and resources, the Illinois Department shall provide by
2 rule and regulation that the amount of income to be disregarded
3 be increased (1) to the maximum extent so required and (2) to
4 the maximum extent permitted by federal law or regulation in
5 effect as of the date this Amendatory Act becomes law. The
6 Illinois Department may also provide by rule and regulation
7 that the amount of resources to be disregarded be increased to
8 the maximum extent so permitted or required. Subject to federal
9 approval, resources (for example, land, buildings, equipment,
10 supplies, or tools), including farmland property and personal
11 property used in the income-producing operations related to the
12 farmland (for example, equipment and supplies, motor vehicles,
13 or tools), necessary for self-support, up to \$6,000 of the
14 person's equity in the income-producing property, provided
15 that the property produces a net annual income of at least 6%
16 of the excluded equity value of the property, are exempt.
17 Equity value in excess of \$6,000 shall not be excluded. If ~~if~~
18 the activity produces income that is less than 6% of the exempt
19 equity due to reasons beyond the person's control (for example,
20 the person's illness or crop failure) and there is a reasonable
21 expectation that the property will again produce income equal
22 to or greater than 6% of the equity value (for example, a
23 medical prognosis that the person is expected to respond to
24 treatment or that drought-resistant corn will be planted), the
25 equity value in the property up to \$6,000 is exempt. If the
26 person owns more than one piece of property and each produces

1 income, each piece of property shall be looked at to determine
2 whether the 6% rule is met, and then the amounts of the
3 person's equity in all of those properties shall be totaled to
4 determine whether the total equity is \$6,000 or less. The total
5 equity value of all properties that is exempt shall be limited
6 to \$6,000.

7 In determining the resources of an individual or any
8 dependents, the Department shall exclude from consideration
9 the value of funeral and burial spaces, funeral and burial
10 insurance the proceeds of which can only be used to pay the
11 funeral and burial expenses of the insured and funds
12 specifically set aside for the funeral and burial arrangements
13 of the individual or his or her dependents, including prepaid
14 funeral and burial plans, to the same extent that such items
15 are excluded from consideration under the federal Supplemental
16 Security Income program (SSI).

17 Prepaid funeral or burial contracts are exempt to the
18 following extent:

19 (1) Funds in a revocable prepaid funeral or burial
20 contract are exempt up to \$1,500, except that any portion
21 of a contract that clearly represents the purchase of
22 burial space, as that term is defined for purposes of the
23 Supplemental Security Income program, is exempt regardless
24 of value.

25 (2) Funds in an irrevocable prepaid funeral or burial
26 contract are exempt up to \$5,874, except that any portion

1 of a contract that clearly represents the purchase of
2 burial space, as that term is defined for purposes of the
3 Supplemental Security Income program, is exempt regardless
4 of value. This amount shall be adjusted annually for any
5 increase in the Consumer Price Index. The amount exempted
6 shall be limited to the price of the funeral goods and
7 services to be provided upon death. The contract must
8 provide a complete description of the funeral goods and
9 services to be provided and the price thereof. Any amount
10 in the contract not so specified shall be treated as a
11 transfer of assets for less than fair market value.

12 (3) A prepaid, guaranteed-price funeral or burial
13 contract, funded by an irrevocable assignment of a person's
14 life insurance policy to a trust, is exempt. The amount
15 exempted shall be limited to the amount of the insurance
16 benefit designated for the cost of the funeral goods and
17 services to be provided upon the person's death. The
18 contract must provide a complete description of the funeral
19 goods and services to be provided and the price thereof.
20 Any amount in the contract not so specified shall be
21 treated as a transfer of assets for less than fair market
22 value. The trust must include a statement that, upon the
23 death of the person, the State will receive all amounts
24 remaining in the trust, including any remaining payable
25 proceeds under the insurance policy up to an amount equal
26 to the total medical assistance paid on behalf of the

1 person. The trust is responsible for ensuring that the
2 provider of funeral services under the contract receives
3 the proceeds of the policy when it provides the funeral
4 goods and services specified under the contract. The
5 irrevocable assignment of ownership of the insurance
6 policy must be acknowledged by the insurance company.

7 Notwithstanding any other provision of this Code to the
8 contrary, an irrevocable trust containing the resources of a
9 person who is determined to have a disability shall be
10 considered exempt from consideration. A pooled ~~Such~~ trust must
11 be established and managed by a non-profit association that
12 pools funds but maintains a separate account for each
13 beneficiary. The trust may be established by the person, a
14 parent, grandparent, legal guardian, or court. It must be
15 established for the sole benefit of the person and language
16 contained in the trust shall stipulate that any amount
17 remaining in the trust (up to the amount expended by the
18 Department on medical assistance) that is not retained by the
19 trust for reasonable administrative costs related to wrapping
20 up the affairs of the subaccount shall be paid to the
21 Department upon the death of the person. After a person reaches
22 age 65, any funding by or on behalf of the person to the trust
23 shall be treated as a transfer of assets for less than fair
24 market value unless the person is a ward of a county public
25 guardian or the State guardian pursuant to Section 13-5 of the
26 Probate Act of 1975 or Section 30 of the Guardianship and

1 Advocacy Act and lives in the community, or the person is a
2 ward of a county public guardian or the State guardian pursuant
3 to Section 13-5 of the Probate Act of 1975 or Section 30 of the
4 Guardianship and Advocacy Act and a court has found that any
5 expenditures from the trust will maintain or enhance the
6 person's quality of life. If the trust contains proceeds from a
7 personal injury settlement, any Department charge must be
8 satisfied in order for the transfer to the trust to be treated
9 as a transfer for fair market value.

10 The homestead shall be exempt from consideration except to
11 the extent that it meets the income and shelter needs of the
12 person. "Homestead" means the dwelling house and contiguous
13 real estate owned and occupied by the person, regardless of its
14 value. Subject to federal approval, a person shall not be
15 eligible for long-term care services, however, if the person's
16 equity interest in his or her homestead exceeds the minimum
17 home equity as allowed and increased annually under federal
18 law. Subject to federal approval, on and after the effective
19 date of this amendatory Act of the 97th General Assembly,
20 homestead property transferred to a trust shall no longer be
21 considered homestead property.

22 Occasional or irregular gifts in cash, goods or services
23 from persons who are not legally responsible relatives which
24 are of nominal value or which do not have significant effect in
25 meeting essential requirements shall be disregarded. The
26 eligibility of any applicant for or recipient of public aid

1 under this Article is not affected by the payment of any grant
2 under the "Senior Citizens and Disabled Persons Property Tax
3 Relief Act" or any distributions or items of income described
4 under subparagraph (X) of paragraph (2) of subsection (a) of
5 Section 203 of the Illinois Income Tax Act.

6 The Illinois Department may, after appropriate
7 investigation, establish and implement a consolidated standard
8 to determine need and eligibility for and amount of benefits
9 under this Article or a uniform cash supplement to the federal
10 Supplemental Security Income program for all or any part of the
11 then current recipients under this Article; provided, however,
12 that the establishment or implementation of such a standard or
13 supplement shall not result in reductions in benefits under
14 this Article for the then current recipients of such benefits.

15 (Source: P.A. 97-689, eff. 6-14-12.)

16 (305 ILCS 5/5-2b)

17 Sec. 5-2b. Medically fragile and technology dependent
18 children eligibility and program. Notwithstanding any other
19 provision of law, on and after September 1, 2012, subject to
20 federal approval, medical assistance under this Article shall
21 be available to children who qualify as persons with a
22 disability, as defined under the federal Supplemental Security
23 Income program and who are medically fragile and technology
24 dependent. The program shall allow eligible children to receive
25 the medical assistance provided under this Article in the

1 ~~community, shall be limited to families with income up to 500%~~
2 ~~of the federal poverty level,~~ and must maximize, to the fullest
3 extent permissible under federal law, federal reimbursement
4 and family cost-sharing, including co-pays, premiums, or any
5 other family contributions, except that the Department shall be
6 permitted to incentivize the utilization of selected services
7 through the use of cost-sharing adjustments. The Department
8 shall establish the policies, procedures, standards, services,
9 and criteria for this program by rule.

10 (Source: P.A. 97-689, eff. 6-14-12.)

11 (305 ILCS 5/5-4) (from Ch. 23, par. 5-4)

12 Sec. 5-4. Amount and nature of medical assistance.

13 (a) The amount and nature of medical assistance shall be
14 determined in accordance with the standards, rules, and
15 regulations of the Department of Healthcare and Family
16 Services, with due regard to the requirements and conditions in
17 each case, including contributions available from legally
18 responsible relatives. However, the amount and nature of such
19 medical assistance shall not be affected by the payment of any
20 grant under the Senior Citizens and Disabled Persons Property
21 Tax Relief Act or any distributions or items of income
22 described under subparagraph (X) of paragraph (2) of subsection
23 (a) of Section 203 of the Illinois Income Tax Act. The amount
24 and nature of medical assistance shall not be affected by the
25 receipt of donations or benefits from fundraisers in cases of

1 serious illness, as long as neither the person nor members of
2 the person's family have actual control over the donations or
3 benefits or the disbursement of the donations or benefits.

4 In determining the income and resources available to the
5 institutionalized spouse and to the community spouse, the
6 Department of Healthcare and Family Services shall follow the
7 procedures established by federal law. If an institutionalized
8 spouse or community spouse refuses to comply with the
9 requirements of Title XIX of the federal Social Security Act
10 and the regulations duly promulgated thereunder by failing to
11 provide the total value of assets, including income and
12 resources, to the extent either the institutionalized spouse or
13 community spouse has an ownership interest in them pursuant to
14 42 U.S.C. 1396r-5, such refusal may result in the
15 institutionalized spouse being denied eligibility and
16 continuing to remain ineligible for the medical assistance
17 program based on failure to cooperate.

18 Subject to federal approval, the community spouse resource
19 allowance shall be established and maintained at the higher of
20 \$109,560 or the minimum level permitted pursuant to Section
21 1924(f)(2) of the Social Security Act, as now or hereafter
22 amended, or an amount set after a fair hearing, whichever is
23 greater. The monthly maintenance allowance for the community
24 spouse shall be established and maintained at the higher of
25 \$2,739 per month or the minimum level permitted pursuant to
26 Section 1924(d)(3) ~~(C)~~ of the Social Security Act, as now or

1 hereafter amended, or an amount set after a fair hearing,
2 whichever is greater. Subject to the approval of the Secretary
3 of the United States Department of Health and Human Services,
4 the provisions of this Section shall be extended to persons who
5 but for the provision of home or community-based services under
6 Section 4.02 of the Illinois Act on the Aging, would require
7 the level of care provided in an institution, as is provided
8 for in federal law.

9 (b) Spousal support for institutionalized spouses
10 receiving medical assistance.

11 (i) The Department may seek support for an
12 institutionalized spouse, who has assigned his or her right
13 of support from his or her spouse to the State, from the
14 resources and income available to the community spouse.

15 (ii) The Department may bring an action in the circuit
16 court to establish support orders or itself establish
17 administrative support orders by any means and procedures
18 authorized in this Code, as applicable, except that the
19 standard and regulations for determining ability to
20 support in Section 10-3 shall not limit the amount of
21 support that may be ordered.

22 (iii) Proceedings may be initiated to obtain support,
23 or for the recovery of aid granted during the period such
24 support was not provided, or both, for the obtainment of
25 support and the recovery of the aid provided. Proceedings
26 for the recovery of aid may be taken separately or they may

1 be consolidated with actions to obtain support. Such
2 proceedings may be brought in the name of the person or
3 persons requiring support or may be brought in the name of
4 the Department, as the case requires.

5 (iv) The orders for the payment of moneys for the
6 support of the person shall be just and equitable and may
7 direct payment thereof for such period or periods of time
8 as the circumstances require, including support for a
9 period before the date the order for support is entered. In
10 no event shall the orders reduce the community spouse
11 resource allowance below the level established in
12 subsection (a) of this Section or an amount set after a
13 fair hearing, whichever is greater, or reduce the monthly
14 maintenance allowance for the community spouse below the
15 level permitted pursuant to subsection (a) of this Section.

16 (Source: P.A. 97-689, eff. 6-14-12.)

17 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

18 Sec. 5-5. Medical services. The Illinois Department, by
19 rule, shall determine the quantity and quality of and the rate
20 of reimbursement for the medical assistance for which payment
21 will be authorized, and the medical services to be provided,
22 which may include all or part of the following: (1) inpatient
23 hospital services; (2) outpatient hospital services; (3) other
24 laboratory and X-ray services; (4) skilled nursing home
25 services; (5) physicians' services whether furnished in the

1 office, the patient's home, a hospital, a skilled nursing home,
2 or elsewhere; (6) medical care, or any other type of remedial
3 care furnished by licensed practitioners; (7) home health care
4 services; (8) private duty nursing service; (9) clinic
5 services; (10) dental services, including prevention and
6 treatment of periodontal disease and dental caries disease for
7 pregnant women, provided by an individual licensed to practice
8 dentistry or dental surgery; for purposes of this item (10),
9 "dental services" means diagnostic, preventive, or corrective
10 procedures provided by or under the supervision of a dentist in
11 the practice of his or her profession; (11) physical therapy
12 and related services; (12) prescribed drugs, dentures, and
13 prosthetic devices; and eyeglasses prescribed by a physician
14 skilled in the diseases of the eye, or by an optometrist,
15 whichever the person may select; (13) other diagnostic,
16 screening, preventive, and rehabilitative services, including
17 to ensure that the individual's need for intervention or
18 treatment of mental disorders or substance use disorders or
19 co-occurring mental health and substance use disorders is
20 determined using a uniform screening, assessment, and
21 evaluation process inclusive of criteria, for children and
22 adults; for purposes of this item (13), a uniform screening,
23 assessment, and evaluation process refers to a process that
24 includes an appropriate evaluation and, as warranted, a
25 referral; "uniform" does not mean the use of a singular
26 instrument, tool, or process that all must utilize; (14)

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

25 Notwithstanding any other provision of this Section, a
26 comprehensive tobacco use cessation program that includes

1 purchasing prescription drugs or prescription medical devices
2 approved by the Food and Drug Administration shall be covered
3 under the medical assistance program under this Article for
4 persons who are otherwise eligible for assistance under this
5 Article.

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

13 On and after July 1, 2012, the Department of Healthcare and
14 Family Services may provide the following services to persons
15 eligible for assistance under this Article who are
16 participating in education, training or employment programs
17 operated by the Department of Human Services as successor to
18 the Department of Public Aid:

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

21 (2) eyeglasses prescribed by a physician skilled in the
22 diseases of the eye, or by an optometrist, whichever the
23 person may select.

24 Notwithstanding any other provision of this Code and
25 subject to federal approval, the Department may adopt rules to
26 allow a dentist who is volunteering his or her service at no

1 cost to render dental services through an enrolled
2 not-for-profit health clinic without the dentist personally
3 enrolling as a participating provider in the medical assistance
4 program. A not-for-profit health clinic shall include a public
5 health clinic or Federally Qualified Health Center or other
6 enrolled provider, as determined by the Department, through
7 which dental services covered under this Section are performed.
8 The Department shall establish a process for payment of claims
9 for reimbursement for covered dental services rendered under
10 this provision.

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

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

21 The Illinois Department shall authorize the provision of,
22 and shall authorize payment for, screening by low-dose
23 mammography for the presence of occult breast cancer for women
24 35 years of age or older who are eligible for medical
25 assistance under this Article, as follows:

26 (A) A baseline mammogram for women 35 to 39 years of

1 age.

2 (B) An annual mammogram for women 40 years of age or
3 older.

4 (C) A mammogram at the age and intervals considered
5 medically necessary by the woman's health care provider for
6 women under 40 years of age and having a family history of
7 breast cancer, prior personal history of breast cancer,
8 positive genetic testing, or other risk factors.

9 (D) A comprehensive ultrasound screening of an entire
10 breast or breasts if a mammogram demonstrates
11 heterogeneous or dense breast tissue, when medically
12 necessary as determined by a physician licensed to practice
13 medicine in all of its branches.

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

24 On and after January 1, 2012, providers participating in a
25 quality improvement program approved by the Department shall be
26 reimbursed for screening and diagnostic mammography at the same

1 rate as the Medicare program's rates, including the increased
2 reimbursement for digital mammography.

3 The Department shall convene an expert panel including
4 representatives of hospitals, free-standing mammography
5 facilities, and doctors, including radiologists, to establish
6 quality standards.

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

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

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

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

1 be in the metropolitan Chicago area and at least one site shall
2 be outside the metropolitan Chicago area. An evaluation of the
3 pilot program shall be carried out measuring health outcomes
4 and cost of care for those served by the pilot program compared
5 to similarly situated patients who are not served by the pilot
6 program.

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

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

1 The Illinois Department, in cooperation with the
2 Departments of Human Services (as successor to the Department
3 of Alcoholism and Substance Abuse) and Public Health, through a
4 public awareness campaign, may provide information concerning
5 treatment for alcoholism and drug abuse and addiction, prenatal
6 health care, and other pertinent programs directed at reducing
7 the number of drug-affected infants born to recipients of
8 medical assistance.

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

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

21 The Illinois Department may develop and contract with
22 Partnerships of medical providers to arrange medical services
23 for persons eligible under Section 5-2 of this Code.
24 Implementation of this Section may be by demonstration projects
25 in certain geographic areas. The Partnership shall be
26 represented by a sponsor organization. The Department, by rule,

1 shall develop qualifications for sponsors of Partnerships.
2 Nothing in this Section shall be construed to require that the
3 sponsor organization be a medical organization.

4 The sponsor must negotiate formal written contracts with
5 medical providers for physician services, inpatient and
6 outpatient hospital care, home health services, treatment for
7 alcoholism and substance abuse, and other services determined
8 necessary by the Illinois Department by rule for delivery by
9 Partnerships. Physician services must include prenatal and
10 obstetrical care. The Illinois Department shall reimburse
11 medical services delivered by Partnership providers to clients
12 in target areas according to provisions of this Article and the
13 Illinois Health Finance Reform Act, except that:

14 (1) Physicians participating in a Partnership and
15 providing certain services, which shall be determined by
16 the Illinois Department, to persons in areas covered by the
17 Partnership may receive an additional surcharge for such
18 services.

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

22 (3) Persons receiving medical services through
23 Partnerships may receive medical and case management
24 services above the level usually offered through the
25 medical assistance program.

26 Medical providers shall be required to meet certain

1 qualifications to participate in Partnerships to ensure the
2 delivery of high quality medical services. These
3 qualifications shall be determined by rule of the Illinois
4 Department and may be higher than qualifications for
5 participation in the medical assistance program. Partnership
6 sponsors may prescribe reasonable additional qualifications
7 for participation by medical providers, only with the prior
8 written approval of the Illinois Department.

9 Nothing in this Section shall limit the free choice of
10 practitioners, hospitals, and other providers of medical
11 services by clients. In order to ensure patient freedom of
12 choice, the Illinois Department shall immediately promulgate
13 all rules and take all other necessary actions so that provided
14 services may be accessed from therapeutically certified
15 optometrists to the full extent of the Illinois Optometric
16 Practice Act of 1987 without discriminating between service
17 providers.

18 The Department shall apply for a waiver from the United
19 States Health Care Financing Administration to allow for the
20 implementation of Partnerships under this Section.

21 The Illinois Department shall require health care
22 providers to maintain records that document the medical care
23 and services provided to recipients of Medical Assistance under
24 this Article. Such records must be retained for a period of not
25 less than 6 years from the date of service or as provided by
26 applicable State law, whichever period is longer, except that

1 if an audit is initiated within the required retention period
2 then the records must be retained until the audit is completed
3 and every exception is resolved. The Illinois Department shall
4 require health care providers to make available, when
5 authorized by the patient, in writing, the medical records in a
6 timely fashion to other health care providers who are treating
7 or serving persons eligible for Medical Assistance under this
8 Article. All dispensers of medical services shall be required
9 to maintain and retain business and professional records
10 sufficient to fully and accurately document the nature, scope,
11 details and receipt of the health care provided to persons
12 eligible for medical assistance under this Code, in accordance
13 with regulations promulgated by the Illinois Department. The
14 rules and regulations shall require that proof of the receipt
15 of prescription drugs, dentures, prosthetic devices and
16 eyeglasses by eligible persons under this Section accompany
17 each claim for reimbursement submitted by the dispenser of such
18 medical services. No such claims for reimbursement shall be
19 approved for payment by the Illinois Department without such
20 proof of receipt, unless the Illinois Department shall have put
21 into effect and shall be operating a system of post-payment
22 audit and review which shall, on a sampling basis, be deemed
23 adequate by the Illinois Department to assure that such drugs,
24 dentures, prosthetic devices and eyeglasses for which payment
25 is being made are actually being received by eligible
26 recipients. Within 90 days after the effective date of this

1 amendatory Act of 1984, the Illinois Department shall establish
2 a current list of acquisition costs for all prosthetic devices
3 and any other items recognized as medical equipment and
4 supplies reimbursable under this Article and shall update such
5 list on a quarterly basis, except that the acquisition costs of
6 all prescription drugs shall be updated no less frequently than
7 every 30 days as required by Section 5-5.12.

8 The rules and regulations of the Illinois Department shall
9 require that a written statement including the required opinion
10 of a physician shall accompany any claim for reimbursement for
11 abortions, or induced miscarriages or premature births. This
12 statement shall indicate what procedures were used in providing
13 such medical services.

14 The Illinois Department shall require all dispensers of
15 medical services, other than an individual practitioner or
16 group of practitioners, desiring to participate in the Medical
17 Assistance program established under this Article to disclose
18 all financial, beneficial, ownership, equity, surety or other
19 interests in any and all firms, corporations, partnerships,
20 associations, business enterprises, joint ventures, agencies,
21 institutions or other legal entities providing any form of
22 health care services in this State under this Article.

23 The Illinois Department may require that all dispensers of
24 medical services desiring to participate in the medical
25 assistance program established under this Article disclose,
26 under such terms and conditions as the Illinois Department may

1 by rule establish, all inquiries from clients and attorneys
2 regarding medical bills paid by the Illinois Department, which
3 inquiries could indicate potential existence of claims or liens
4 for the Illinois Department.

5 Enrollment of a vendor shall be subject to a provisional
6 period and shall be conditional for one year. During the period
7 of conditional enrollment, the Department may terminate the
8 vendor's eligibility to participate in, or may disenroll the
9 vendor from, the medical assistance program without cause.
10 Unless otherwise specified, such termination of eligibility or
11 disenrollment is not subject to the Department's hearing
12 process. However, a disenrolled vendor may reapply without
13 penalty.

14 The Department has the discretion to limit the conditional
15 enrollment period for vendors based upon category of risk of
16 the vendor.

17 Prior to enrollment and during the conditional enrollment
18 period in the medical assistance program, all vendors shall be
19 subject to enhanced oversight, screening, and review based on
20 the risk of fraud, waste, and abuse that is posed by the
21 category of risk of the vendor. The Illinois Department shall
22 establish the procedures for oversight, screening, and review,
23 which may include, but need not be limited to: criminal and
24 financial background checks; fingerprinting; license,
25 certification, and authorization verifications; unscheduled or
26 unannounced site visits; database checks; prepayment audit

1 reviews; audits; payment caps; payment suspensions; and other
2 screening as required by federal or State law.

3 The Department shall define or specify the following: (i)
4 by provider notice, the "category of risk of the vendor" for
5 each type of vendor, which shall take into account the level of
6 screening applicable to a particular category of vendor under
7 federal law and regulations; (ii) by rule or provider notice,
8 the maximum length of the conditional enrollment period for
9 each category of risk of the vendor; and (iii) by rule, the
10 hearing rights, if any, afforded to a vendor in each category
11 of risk of the vendor that is terminated or disenrolled during
12 the conditional enrollment period.

13 To be eligible for payment consideration, a vendor's
14 payment claim or bill, either as an initial claim or as a
15 resubmitted claim following prior rejection, must be received
16 by the Illinois Department, or its fiscal intermediary, no
17 later than 180 days after the latest date on the claim on which
18 medical goods or services were provided, with the following
19 exceptions:

20 (1) In the case of a provider whose enrollment is in
21 process by the Illinois Department, the 180-day period
22 shall not begin until the date on the written notice from
23 the Illinois Department that the provider enrollment is
24 complete.

25 (2) In the case of errors attributable to the Illinois
26 Department or any of its claims processing intermediaries

1 which result in an inability to receive, process, or
2 adjudicate a claim, the 180-day period shall not begin
3 until the provider has been notified of the error.

4 (3) In the case of a provider for whom the Illinois
5 Department initiates the monthly billing process.

6 (4) In the case of a provider operated by a unit of
7 local government with a population exceeding 3,000,000
8 when local government funds finance federal participation
9 for claims payments.

10 For claims for services rendered during a period for which
11 a recipient received retroactive eligibility, claims must be
12 filed within 180 days after the Department determines the
13 applicant is eligible. For claims for which the Illinois
14 Department is not the primary payer, claims must be submitted
15 to the Illinois Department within 180 days after the final
16 adjudication by the primary payer.

17 In the case of long term care facilities, admission
18 documents shall be submitted within 30 days of an admission to
19 the facility through the Medical Electronic Data Interchange
20 (MEDI) or the Recipient Eligibility Verification (REV) System,
21 or shall be submitted directly to the Department of Human
22 Services using required admission forms. Confirmation numbers
23 assigned to an accepted transaction shall be retained by a
24 facility to verify timely submittal. Once an admission
25 transaction has been completed, all resubmitted claims
26 following prior rejection are subject to receipt no later than

1 180 days after the admission transaction has been completed.

2 Claims that are not submitted and received in compliance
3 with the foregoing requirements shall not be eligible for
4 payment under the medical assistance program, and the State
5 shall have no liability for payment of those claims.

6 To the extent consistent with applicable information and
7 privacy, security, and disclosure laws, State and federal
8 agencies and departments shall provide the Illinois Department
9 access to confidential and other information and data necessary
10 to perform eligibility and payment verifications and other
11 Illinois Department functions. This includes, but is not
12 limited to: information pertaining to licensure;
13 certification; earnings; immigration status; citizenship; wage
14 reporting; unearned and earned income; pension income;
15 employment; supplemental security income; social security
16 numbers; National Provider Identifier (NPI) numbers; the
17 National Practitioner Data Bank (NPDB); program and agency
18 exclusions; taxpayer identification numbers; tax delinquency;
19 corporate information; and death records.

20 The Illinois Department shall enter into agreements with
21 State agencies and departments, and is authorized to enter into
22 agreements with federal agencies and departments, under which
23 such agencies and departments shall share data necessary for
24 medical assistance program integrity functions and oversight.
25 The Illinois Department shall develop, in cooperation with
26 other State departments and agencies, and in compliance with

1 applicable federal laws and regulations, appropriate and
2 effective methods to share such data. At a minimum, and to the
3 extent necessary to provide data sharing, the Illinois
4 Department shall enter into agreements with State agencies and
5 departments, and is authorized to enter into agreements with
6 federal agencies and departments, including but not limited to:
7 the Secretary of State; the Department of Revenue; the
8 Department of Public Health; the Department of Human Services;
9 and the Department of Financial and Professional Regulation.

10 Beginning in fiscal year 2013, the Illinois Department
11 shall set forth a request for information to identify the
12 benefits of a pre-payment, post-adjudication, and post-edit
13 claims system with the goals of streamlining claims processing
14 and provider reimbursement, reducing the number of pending or
15 rejected claims, and helping to ensure a more transparent
16 adjudication process through the utilization of: (i) provider
17 data verification and provider screening technology; and (ii)
18 clinical code editing; and (iii) pre-pay, pre- or
19 post-adjudicated predictive modeling with an integrated case
20 management system with link analysis. Such a request for
21 information shall not be considered as a request for proposal
22 or as an obligation on the part of the Illinois Department to
23 take any action or acquire any products or services.

24 The Illinois Department shall establish policies,
25 procedures, standards and criteria by rule for the acquisition,
26 repair and replacement of orthotic and prosthetic devices and

1 durable medical equipment. Such rules shall provide, but not be
2 limited to, the following services: (1) immediate repair or
3 replacement of such devices by recipients; and (2) rental,
4 lease, purchase or lease-purchase of durable medical equipment
5 in a cost-effective manner, taking into consideration the
6 recipient's medical prognosis, the extent of the recipient's
7 needs, and the requirements and costs for maintaining such
8 equipment. Subject to prior approval, such rules shall enable a
9 recipient to temporarily acquire and use alternative or
10 substitute devices or equipment pending repairs or
11 replacements of any device or equipment previously authorized
12 for such recipient by the Department.

13 The Department shall execute, relative to the nursing home
14 prescreening project, written inter-agency agreements with the
15 Department of Human Services and the Department on Aging, to
16 effect the following: (i) intake procedures and common
17 eligibility criteria for those persons who are receiving
18 non-institutional services; and (ii) the establishment and
19 development of non-institutional services in areas of the State
20 where they are not currently available or are undeveloped; and
21 (iii) notwithstanding any other provision of law, subject to
22 federal approval, on and after July 1, 2012, an increase in the
23 determination of need (DON) scores from 29 to 37 for applicants
24 for institutional and home and community-based long term care;
25 if and only if federal approval is not granted, the Department
26 may, in conjunction with other affected agencies, implement

1 utilization controls or changes in benefit packages to
2 effectuate a similar savings amount for this population; and
3 (iv) no later than July 1, 2013, minimum level of care
4 eligibility criteria for institutional and home and
5 community-based long term care. In order to select the minimum
6 level of care eligibility criteria, the Governor shall
7 establish a workgroup that includes affected agency
8 representatives and stakeholders representing the
9 institutional and home and community-based long term care
10 interests. This Section shall not restrict the Department from
11 implementing lower level of care eligibility criteria for
12 community-based services in circumstances where federal
13 approval has been granted.

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

21 The Illinois Department shall report annually to the
22 General Assembly, no later than the second Friday in April of
23 1979 and each year thereafter, in regard to:

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

26 (b) actual statistics and trends in the provision of

1 the various medical services by medical vendors;

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

4 (d) efforts at utilization review and control by the
5 Illinois Department.

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

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

25 On and after July 1, 2012, the Department shall reduce any
26 rate of reimbursement for services or other payments or alter

1 any methodologies authorized by this Code to reduce any rate of
2 reimbursement for services or other payments in accordance with
3 Section 5-5e.

4 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,
5 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,
6 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;
7 revised 9-20-12.)

8 (305 ILCS 5/5-5e)

9 Sec. 5-5e. Adjusted rates of reimbursement.

10 (a) Rates or payments for services in effect on June 30,
11 2012 shall be adjusted and services shall be affected as
12 required by any other provision of this amendatory Act of the
13 97th General Assembly. In addition, the Department shall do the
14 following:

15 (1) Delink the per diem rate paid for supportive living
16 facility services from the per diem rate paid for nursing
17 facility services, effective for services provided on or
18 after May 1, 2011.

19 (2) Cease payment for bed reserves in nursing
20 facilities and ~~and~~ specialized mental health rehabilitation
21 facilities, ~~and, except in the instance of residents who~~
22 ~~are under 21 years of age, intermediate care facilities for~~
23 ~~persons with developmental disabilities.~~

24 (2.5) Cease payment for bed reserves for purposes of
25 inpatient hospitalizations to intermediate care facilities

1 for persons with development disabilities, except in the
2 instance of residents who are under 21 years of age.

3 (3) Cease payment of the \$10 per day add-on payment to
4 nursing facilities for certain residents with
5 developmental disabilities.

6 (b) After the application of subsection (a),
7 notwithstanding any other provision of this Code to the
8 contrary and to the extent permitted by federal law, on and
9 after July 1, 2012, the rates of reimbursement for services and
10 other payments provided under this Code shall further be
11 reduced as follows:

12 (1) Rates or payments for physician services, dental
13 services, or community health center services reimbursed
14 through an encounter rate, and services provided under the
15 Medicaid Rehabilitation Option of the Illinois Title XIX
16 State Plan shall not be further reduced.

17 (2) Rates or payments, or the portion thereof, paid to
18 a provider that is operated by a unit of local government
19 or State University that provides the non-federal share of
20 such services shall not be further reduced.

21 (3) Rates or payments for hospital services delivered
22 by a hospital defined as a Safety-Net Hospital under
23 Section 5-5e.1 of this Code shall not be further reduced.

24 (4) Rates or payments for hospital services delivered
25 by a Critical Access Hospital, which is an Illinois
26 hospital designated as a critical care hospital by the

1 Department of Public Health in accordance with 42 CFR 485,
2 Subpart F, shall not be further reduced.

3 (5) Rates or payments for Nursing Facility Services
4 shall only be further adjusted pursuant to Section 5-5.2 of
5 this Code.

6 (6) Rates or payments for services delivered by long
7 term care facilities licensed under the ID/DD Community
8 Care Act and developmental training services shall not be
9 further reduced.

10 (7) Rates or payments for services provided under
11 capitation rates shall be adjusted taking into
12 consideration the rates reduction and covered services
13 required by this amendatory Act of the 97th General
14 Assembly.

15 (8) For hospitals not previously described in this
16 subsection, the rates or payments for hospital services
17 shall be further reduced by 3.5%, except for payments
18 authorized under Section 5A-12.4 of this Code.

19 (9) For all other rates or payments for services
20 delivered by providers not specifically referenced in
21 paragraphs (1) through (8), rates or payments shall be
22 further reduced by 2.7%.

23 (c) Any assessment imposed by this Code shall continue and
24 nothing in this Section shall be construed to cause it to
25 cease.

26 (Source: P.A. 97-689, eff. 6-14-12.)

1 (305 ILCS 5/5-5e.1)

2 Sec. 5-5e.1. Safety-Net Hospitals.

3 (a) A Safety-Net Hospital is an Illinois hospital that:

4 (1) is licensed by the Department of Public Health as a
5 general acute care or pediatric hospital; and

6 (2) is a disproportionate share hospital, as described
7 in Section 1923 of the federal Social Security Act, as
8 determined by the Department; and

9 (3) meets one of the following:

10 (A) has a MIUR of at least 40% and a charity
11 percent of at least 4%; or

12 (B) has a MIUR of at least 50%.

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

14 (1) "Charity percent" means the ratio of (i) the
15 hospital's charity charges for services provided to
16 individuals without health insurance or another source of
17 third party coverage to (ii) the Illinois total hospital
18 charges, each as reported on the hospital's OBRA form.

19 (2) "MIUR" means Medicaid Inpatient Utilization Rate
20 and is defined as a fraction, the numerator of which is the
21 number of a hospital's inpatient days provided in the
22 hospital's fiscal year ending 3 years prior to the rate
23 year, to patients who, for such days, were eligible for
24 Medicaid under Title XIX of the federal Social Security
25 Act, 42 USC 1396a et seq., excluding those persons eligible

1 for medical assistance pursuant to 42 U.S.C.
2 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of
3 Section 5-2 of this Article, and the denominator of which
4 is the total number of the hospital's inpatient days in
5 that same period, excluding those persons eligible for
6 medical assistance pursuant to 42 U.S.C.
7 1396a(a)(10)(A)(i)(VIII) as set forth in paragraph 18 of
8 Section 5-2 of this Article.

9 (3) "OBRA form" means form HFS-3834, OBRA '93 data
10 collection form, for the rate year.

11 (4) "Rate year" means the 12-month period beginning on
12 October 1.

13 (c) For the 27-month period beginning July 1, 2012, a
14 hospital that would have qualified for the rate year beginning
15 October 1, 2011, shall be a Safety-Net Hospital.

16 (d) No later than August 15 preceding the rate year, each
17 hospital shall submit the OBRA form to the Department. Prior to
18 October 1, the Department shall notify each hospital whether it
19 has qualified as a Safety-Net Hospital.

20 (e) The Department may promulgate rules in order to
21 implement this Section.

22 (Source: P.A. 97-689, eff. 6-14-12.)

23 (305 ILCS 5/5-5f)

24 Sec. 5-5f. Elimination and limitations of medical
25 assistance services. Notwithstanding any other provision of

1 this Code to the contrary, on and after July 1, 2012:

2 (a) The following services shall no longer be a covered
3 service available under this Code: group psychotherapy for
4 residents of any facility licensed under the Nursing Home Care
5 Act or the Specialized Mental Health Rehabilitation Act; and
6 adult chiropractic services.

7 (b) The Department shall place the following limitations on
8 services: (i) the Department shall limit adult eyeglasses to
9 one pair every 2 years; (ii) the Department shall set an annual
10 limit of a maximum of 20 visits for each of the following
11 services: adult speech, hearing, and language therapy
12 services, adult occupational therapy services, and physical
13 therapy services; (iii) the Department shall limit adult
14 podiatry services to individuals with diabetes; (iv) the
15 Department shall pay for caesarean sections at the normal
16 vaginal delivery rate unless a caesarean section was medically
17 necessary; (v) the Department shall limit adult dental services
18 to emergencies; beginning July 1, 2013, the Department shall
19 ensure that the following conditions are recognized as
20 emergencies: (A) dental services necessary for an individual in
21 order for the individual to be cleared for a medical procedure,
22 such as a transplant; (B) extractions and dentures necessary
23 for a diabetic to receive proper nutrition; (C) extractions and
24 dentures necessary as a result of cancer treatment; and (D)
25 dental services necessary for the health of a pregnant woman
26 prior to delivery of her baby; and (vi) effective July 1, 2012,

1 the Department shall place limitations and require concurrent
2 review on every inpatient detoxification stay to prevent repeat
3 admissions to any hospital for detoxification within 60 days of
4 a previous inpatient detoxification stay. The Department shall
5 convene a workgroup of hospitals, substance abuse providers,
6 care coordination entities, managed care plans, and other
7 stakeholders to develop recommendations for quality standards,
8 diversion to other settings, and admission criteria for
9 patients who need inpatient detoxification, which shall be
10 published on the Department's website no later than September
11 1, 2013.

12 (c) The Department shall require prior approval of the
13 following services: wheelchair repairs costing more than \$400 ~~7~~
14 ~~regardless of the cost of the repairs~~, coronary artery bypass
15 graft, and bariatric surgery consistent with Medicare
16 standards concerning patient responsibility. Wheelchair repair
17 prior approval requests shall be adjudicated within one
18 business day of receipt of complete supporting documentation.
19 Providers may not break wheelchair repairs into separate claims
20 for purposes of staying under the \$400 threshold for requiring
21 prior approval. The wholesale price ~~cost~~ of manual and power
22 wheelchairs, durable medical equipment and supplies, and
23 complex rehabilitation technology products and services shall
24 be defined as actual acquisition cost including all discounts.

25 (d) The Department shall establish benchmarks for
26 hospitals to measure and align payments to reduce potentially

1 preventable hospital readmissions, inpatient complications,
2 and unnecessary emergency room visits. In doing so, the
3 Department shall consider items, including, but not limited to,
4 historic and current acuity of care and historic and current
5 trends in readmission. The Department shall publish
6 provider-specific historical readmission data and anticipated
7 potentially preventable targets 60 days prior to the start of
8 the program. In the instance of readmissions, the Department
9 shall adopt policies and rates of reimbursement for services
10 and other payments provided under this Code to ensure that, by
11 June 30, 2013, expenditures to hospitals are reduced by, at a
12 minimum, \$40,000,000.

13 (e) The Department shall establish utilization controls
14 for the hospice program such that it shall not pay for other
15 care services when an individual is in hospice.

16 (f) For home health services, the Department shall require
17 Medicare certification of providers participating in the
18 program and ~~and~~ implement the Medicare face-to-face encounter
19 rule, ~~and limit services to post-hospitalization.~~ The
20 Department shall require providers to implement auditable
21 electronic service verification based on global positioning
22 systems or other cost-effective technology.

23 (g) For the Home Services Program operated by the
24 Department of Human Services and the Community Care Program
25 operated by the Department on Aging, the Department of Human
26 Services, in cooperation with the Department on Aging, shall

1 implement an electronic service verification based on global
2 positioning systems or other cost-effective technology.

3 (h) Effective with inpatient hospital admissions on or
4 after July 1, 2012, the Department shall reduce the payment for
5 a claim that indicates the occurrence of a provider-preventable
6 condition during the admission as specified by the Department
7 in rules. The Department shall not pay for services related to
8 an other provider-preventable condition.

9 As used in this subsection (h):

10 "Provider-preventable condition" means a health care
11 acquired condition as defined under the federal Medicaid
12 regulation found at 42 CFR 447.26 or an other
13 provider-preventable condition.

14 "Other provider-preventable condition" means a wrong
15 surgical or other invasive procedure performed on a patient, a
16 surgical or other invasive procedure performed on the wrong
17 body part, or a surgical procedure or other invasive procedure
18 performed on the wrong patient. ~~The Department shall not pay~~
19 ~~for hospital admissions when the claim indicates a hospital~~
20 ~~acquired condition that would cause Medicare to reduce its~~
21 ~~payment on the claim had the claim been submitted to Medicare,~~
22 ~~nor shall the Department pay for hospital admissions where a~~
23 ~~Medicare identified "never 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 (j) The Department shall ensure that beneficiaries with a
3 diagnosis of epilepsy or seizure disorder in Department records
4 will not require prior approval for anticonvulsants.

5
6 (Source: P.A. 97-689, eff. 6-14-12.)

7 ARTICLE 10.

8 Section 10-5. The Workers' Compensation Act is amended by
9 changing Sections 6, 8, and 17 and by adding Section 17.1 as
10 follows:

11 (820 ILCS 305/6) (from Ch. 48, par. 138.6)

12 Sec. 6. (a) Every employer within the provisions of this
13 Act, shall, under the rules and regulations prescribed by the
14 Commission, post printed notices in their respective places of
15 employment in such number and at such places as may be
16 determined by the Commission, containing such information
17 relative to this Act as in the judgment of the Commission may
18 be necessary to aid employees to safeguard their rights under
19 this Act in event of injury.

20 In addition thereto, the employer shall post in a
21 conspicuous place on the place of the employment a printed or
22 typewritten notice stating whether he is insured or whether he
23 has qualified and is operating as a self-insured employer. In

1 the event the employer is insured, the notice shall state the
2 name and address of his insurance carrier, the number of the
3 insurance policy, its effective date and the date of
4 termination. In the event of the termination of the policy for
5 any reason prior to the termination date stated, the posted
6 notice shall promptly be corrected accordingly. In the event
7 the employer is operating as a self-insured employer the notice
8 shall state the name and address of the company, if any,
9 servicing the compensation payments of the employer, and the
10 name and address of the person in charge of making compensation
11 payments.

12 (b) Every employer subject to this Act shall maintain
13 accurate records of work-related deaths, injuries and illness
14 other than minor injuries requiring only first aid treatment
15 and which do not involve medical treatment, loss of
16 consciousness, restriction of work or motion, or transfer to
17 another job and file with the Commission, in writing, a report
18 of all accidental deaths, injuries and illnesses arising out of
19 and in the course of the employment resulting in the loss of
20 more than 3 scheduled work days. In the case of death such
21 report shall be made no later than 2 working days following the
22 accidental death. In all other cases such report shall be made
23 between the 15th and 25th of each month unless required to be
24 made sooner by rule of the Commission. In case the injury
25 results in permanent disability, a further report shall be made
26 as soon as it is determined that such permanent disability has

1 resulted or will result from the injury. All reports shall
2 state the date of the injury, including the time of day or
3 night, the nature of the employer's business, the name,
4 address, age, sex, conjugal condition of the injured person,
5 the specific occupation of the injured person, the direct cause
6 of the injury and the nature of the accident, the character of
7 the injury, the length of disability, and in case of death the
8 length of disability before death, the wages of the injured
9 person, whether compensation has been paid to the injured
10 person, or to his or her legal representative or his heirs or
11 next of kin, the amount of compensation paid, the amount paid
12 for physicians', surgeons' and hospital bills, and by whom
13 paid, and the amount paid for funeral or burial expenses if
14 known. The reports shall be made on forms and in the manner as
15 prescribed by the Commission and shall contain such further
16 information as the Commission shall deem necessary and require.
17 The making of these reports releases the employer from making
18 such reports to any other officer of the State and shall
19 satisfy the reporting provisions as contained in the "Health
20 and Safety Act" and "An Act in relation to safety inspections
21 and education in industrial and commercial establishments and
22 to repeal an Act therein named", approved July 18, 1955, as now
23 or hereafter amended. The reports filed with the Commission
24 pursuant to this Section shall be made available by the
25 Commission to the Director of Labor or his representatives and
26 to all other departments of the State of Illinois which shall

1 require such information for the proper discharge of their
2 official duties. Failure to file with the Commission any of the
3 reports required in this Section is a petty offense.

4 Except as provided in this paragraph and in Sections 8 and
5 17.1, all reports filed hereunder shall be confidential and any
6 person having access to such records filed with the Illinois
7 Workers' Compensation Commission as herein required, who shall
8 release any information therein contained including the names
9 or otherwise identify any persons sustaining injuries or
10 disabilities, or give access to such information to any
11 unauthorized person, shall be subject to discipline or
12 discharge, and in addition shall be guilty of a Class B
13 misdemeanor. The Commission shall compile and distribute to
14 interested persons aggregate statistics, taken from the
15 reports filed hereunder. The aggregate statistics shall not
16 give the names or otherwise identify persons sustaining
17 injuries or disabilities or the employer of any injured or
18 disabled person.

19 (c) Notice of the accident shall be given to the employer
20 as soon as practicable, but not later than 45 days after the
21 accident. Provided:

22 (1) In case of the legal disability of the employee or any
23 dependent of a deceased employee who may be entitled to
24 compensation under the provisions of this Act, the limitations
25 of time by this Act provided do not begin to run against such
26 person under legal disability until a guardian has been

1 appointed.

2 (2) In cases of injuries sustained by exposure to
3 radiological materials or equipment, notice shall be given to
4 the employer within 90 days subsequent to the time that the
5 employee knows or suspects that he has received an excessive
6 dose of radiation.

7 No defect or inaccuracy of such notice shall be a bar to
8 the maintenance of proceedings on arbitration or otherwise by
9 the employee unless the employer proves that he is unduly
10 prejudiced in such proceedings by such defect or inaccuracy.

11 Notice of the accident shall give the approximate date and
12 place of the accident, if known, and may be given orally or in
13 writing.

14 (d) Every employer shall notify each injured employee who
15 has been granted compensation under the provisions of Section 8
16 of this Act of his rights to rehabilitation services and advise
17 him of the locations of available public rehabilitation centers
18 and any other such services of which the employer has
19 knowledge.

20 In any case, other than one where the injury was caused by
21 exposure to radiological materials or equipment or asbestos
22 unless the application for compensation is filed with the
23 Commission within 3 years after the date of the accident, where
24 no compensation has been paid, or within 2 years after the date
25 of the last payment of compensation, where any has been paid,
26 whichever shall be later, the right to file such application

1 shall be barred.

2 In any case of injury caused by exposure to radiological
3 materials or equipment or asbestos, unless application for
4 compensation is filed with the Commission within 25 years after
5 the last day that the employee was employed in an environment
6 of hazardous radiological activity or asbestos, the right to
7 file such application shall be barred.

8 If in any case except one where the injury was caused by
9 exposure to radiological materials or equipment or asbestos,
10 the accidental injury results in death application for
11 compensation for death may be filed with the Commission within
12 3 years after the date of death where no compensation has been
13 paid or within 2 years after the date of the last payment of
14 compensation where any has been paid, whichever shall be later,
15 but not thereafter.

16 If an accidental injury caused by exposure to radiological
17 material or equipment or asbestos results in death within 25
18 years after the last day that the employee was so exposed
19 application for compensation for death may be filed with the
20 Commission within 3 years after the date of death, where no
21 compensation has been paid, or within 2 years after the date of
22 the last payment of compensation where any has been paid,
23 whichever shall be later, but not thereafter.

24 (e) Any contract or agreement made by any employer or his
25 agent or attorney with any employee or any other beneficiary of
26 any claim under the provisions of this Act within 7 days after

1 the injury shall be presumed to be fraudulent.

2 (f) Any condition or impairment of health of an employee
3 employed as a firefighter, emergency medical technician (EMT),
4 or paramedic which results directly or indirectly from any
5 bloodborne pathogen, lung or respiratory disease or condition,
6 heart or vascular disease or condition, hypertension,
7 tuberculosis, or cancer resulting in any disability
8 (temporary, permanent, total, or partial) to the employee shall
9 be rebuttably presumed to arise out of and in the course of the
10 employee's firefighting, EMT, or paramedic employment and,
11 further, shall be rebuttably presumed to be causally connected
12 to the hazards or exposures of the employment. This presumption
13 shall also apply to any hernia or hearing loss suffered by an
14 employee employed as a firefighter, EMT, or paramedic. However,
15 this presumption shall not apply to any employee who has been
16 employed as a firefighter, EMT, or paramedic for less than 5
17 years at the time he or she files an Application for Adjustment
18 of Claim concerning this condition or impairment with the
19 Illinois Workers' Compensation Commission. The Finding and
20 Decision of the Illinois Workers' Compensation Commission
21 under only the rebuttable presumption provision of this
22 subsection shall not be admissible or be deemed res judicata in
23 any disability claim under the Illinois Pension Code arising
24 out of the same medical condition; however, this sentence makes
25 no change to the law set forth in Krohe v. City of Bloomington,
26 204 Ill.2d 392.

1 (Source: P.A. 95-316, eff. 1-1-08.)

2 (820 ILCS 305/8) (from Ch. 48, par. 138.8)

3 Sec. 8. The amount of compensation which shall be paid to
4 the employee for an accidental injury not resulting in death
5 is:

6 (a) The employer shall provide and pay the negotiated rate,
7 if applicable, or the lesser of the health care provider's
8 actual charges or according to a fee schedule, subject to
9 Section 8.2, in effect at the time the service was rendered for
10 all the necessary first aid, medical and surgical services, and
11 all necessary medical, surgical and hospital services
12 thereafter incurred, limited, however, to that which is
13 reasonably required to cure or relieve from the effects of the
14 accidental injury, even if a health care provider sells,
15 transfers, or otherwise assigns an account receivable for
16 procedures, treatments, or services covered under this Act. If
17 the employer does not dispute payment of first aid, medical,
18 surgical, and hospital services, the employer shall make such
19 payment to the provider on behalf of the employee. The employer
20 shall also pay for treatment, instruction and training
21 necessary for the physical, mental and vocational
22 rehabilitation of the employee, including all maintenance
23 costs and expenses incidental thereto. If as a result of the
24 injury the employee is unable to be self-sufficient the
25 employer shall further pay for such maintenance or

1 institutional care as shall be required.

2 The employee may at any time elect to secure his own
3 physician, surgeon and hospital services at the employer's
4 expense, or,

5 Upon agreement between the employer and the employees, or
6 the employees' exclusive representative, and subject to the
7 approval of the Illinois Workers' Compensation Commission, the
8 employer shall maintain a list of physicians, to be known as a
9 Panel of Physicians, who are accessible to the employees. The
10 employer shall post this list in a place or places easily
11 accessible to his employees. The employee shall have the right
12 to make an alternative choice of physician from such Panel if
13 he is not satisfied with the physician first selected. If, due
14 to the nature of the injury or its occurrence away from the
15 employer's place of business, the employee is unable to make a
16 selection from the Panel, the selection process from the Panel
17 shall not apply. The physician selected from the Panel may
18 arrange for any consultation, referral or other specialized
19 medical services outside the Panel at the employer's expense.
20 Provided that, in the event the Commission shall find that a
21 doctor selected by the employee is rendering improper or
22 inadequate care, the Commission may order the employee to
23 select another doctor certified or qualified in the medical
24 field for which treatment is required. If the employee refuses
25 to make such change the Commission may relieve the employer of
26 his obligation to pay the doctor's charges from the date of

1 refusal to the date of compliance.

2 Any vocational rehabilitation counselors who provide
3 service under this Act shall have appropriate certifications
4 which designate the counselor as qualified to render opinions
5 relating to vocational rehabilitation. Vocational
6 rehabilitation may include, but is not limited to, counseling
7 for job searches, supervising a job search program, and
8 vocational retraining including education at an accredited
9 learning institution. The employee or employer may petition to
10 the Commission to decide disputes relating to vocational
11 rehabilitation and the Commission shall resolve any such
12 dispute, including payment of the vocational rehabilitation
13 program by the employer.

14 The maintenance benefit shall not be less than the
15 temporary total disability rate determined for the employee. In
16 addition, maintenance shall include costs and expenses
17 incidental to the vocational rehabilitation program.

18 When the employee is working light duty on a part-time
19 basis or full-time basis and earns less than he or she would be
20 earning if employed in the full capacity of the job or jobs,
21 then the employee shall be entitled to temporary partial
22 disability benefits. Temporary partial disability benefits
23 shall be equal to two-thirds of the difference between the
24 average amount that the employee would be able to earn in the
25 full performance of his or her duties in the occupation in
26 which he or she was engaged at the time of accident and the

1 gross amount which he or she is earning in the modified job
2 provided to the employee by the employer or in any other job
3 that the employee is working.

4 Every hospital, physician, surgeon or other person
5 rendering treatment or services in accordance with the
6 provisions of this Section shall upon written request furnish
7 full and complete reports thereof to, and permit their records
8 to be copied by, the employer, the employee or his dependents,
9 as the case may be, or any other party to any proceeding for
10 compensation before the Commission, or their attorneys.

11 Notwithstanding the foregoing, the employer's liability to
12 pay for such medical services selected by the employee shall be
13 limited to:

14 (1) all first aid and emergency treatment; plus

15 (2) all medical, surgical and hospital services
16 provided by the physician, surgeon or hospital initially
17 chosen by the employee or by any other physician,
18 consultant, expert, institution or other provider of
19 services recommended by said initial service provider or
20 any subsequent provider of medical services in the chain of
21 referrals from said initial service provider; plus

22 (3) all medical, surgical and hospital services
23 provided by any second physician, surgeon or hospital
24 subsequently chosen by the employee or by any other
25 physician, consultant, expert, institution or other
26 provider of services recommended by said second service

1 provider or any subsequent provider of medical services in
2 the chain of referrals from said second service provider.
3 Thereafter the employer shall select and pay for all
4 necessary medical, surgical and hospital treatment and the
5 employee may not select a provider of medical services at
6 the employer's expense unless the employer agrees to such
7 selection. At any time the employee may obtain any medical
8 treatment he desires at his own expense. This paragraph
9 shall not affect the duty to pay for rehabilitation
10 referred to above.

11 (4) The following shall apply for injuries occurring on
12 or after June 28, 2011 (the effective date of Public Act
13 97-18) and only when an employer has an approved preferred
14 provider program pursuant to Section 8.1a on the date the
15 employee sustained his or her accidental injuries:

16 (A) The employer shall, in writing, on a form
17 promulgated by the Commission, inform the employee of
18 the preferred provider program;

19 (B) Subsequent to the report of an injury by an
20 employee, the employee may choose in writing at any
21 time to decline the preferred provider program, in
22 which case that would constitute one of the two choices
23 of medical providers to which the employee is entitled
24 under subsection (a) (2) or (a) (3); and

25 (C) Prior to the report of an injury by an
26 employee, when an employee chooses non-emergency

1 treatment from a provider not within the preferred
2 provider program, that would constitute the employee's
3 one choice of medical providers to which the employee
4 is entitled under subsection (a) (2) or (a) (3).

5 When an employer and employee so agree in writing, nothing
6 in this Act prevents an employee whose injury or disability has
7 been established under this Act, from relying in good faith, on
8 treatment by prayer or spiritual means alone, in accordance
9 with the tenets and practice of a recognized church or
10 religious denomination, by a duly accredited practitioner
11 thereof, and having nursing services appropriate therewith,
12 without suffering loss or diminution of the compensation
13 benefits under this Act. However, the employee shall submit to
14 all physical examinations required by this Act. The cost of
15 such treatment and nursing care shall be paid by the employee
16 unless the employer agrees to make such payment.

17 Where the accidental injury results in the amputation of an
18 arm, hand, leg or foot, or the enucleation of an eye, or the
19 loss of any of the natural teeth, the employer shall furnish an
20 artificial of any such members lost or damaged in accidental
21 injury arising out of and in the course of employment, and
22 shall also furnish the necessary braces in all proper and
23 necessary cases. In cases of the loss of a member or members by
24 amputation, the employer shall, whenever necessary, maintain
25 in good repair, refit or replace the artificial limbs during
26 the lifetime of the employee. Where the accidental injury

1 accompanied by physical injury results in damage to a denture,
2 eye glasses or contact eye lenses, or where the accidental
3 injury results in damage to an artificial member, the employer
4 shall replace or repair such denture, glasses, lenses, or
5 artificial member.

6 The furnishing by the employer of any such services or
7 appliances is not an admission of liability on the part of the
8 employer to pay compensation.

9 The furnishing of any such services or appliances or the
10 servicing thereof by the employer is not the payment of
11 compensation.

12 (b) If the period of temporary total incapacity for work
13 lasts more than 3 working days, weekly compensation as
14 hereinafter provided shall be paid beginning on the 4th day of
15 such temporary total incapacity and continuing as long as the
16 total temporary incapacity lasts. In cases where the temporary
17 total incapacity for work continues for a period of 14 days or
18 more from the day of the accident compensation shall commence
19 on the day after the accident.

20 1. The compensation rate for temporary total
21 incapacity under this paragraph (b) of this Section shall
22 be equal to 66 2/3% of the employee's average weekly wage
23 computed in accordance with Section 10, provided that it
24 shall be not less than 66 2/3% of the sum of the Federal
25 minimum wage under the Fair Labor Standards Act, or the
26 Illinois minimum wage under the Minimum Wage Law, whichever

1 is more, multiplied by 40 hours. This percentage rate shall
2 be increased by 10% for each spouse and child, not to
3 exceed 100% of the total minimum wage calculation,
4 nor exceed the employee's average weekly wage computed in
5 accordance with the provisions of Section 10, whichever is
6 less.

7 2. The compensation rate in all cases other than for
8 temporary total disability under this paragraph (b), and
9 other than for serious and permanent disfigurement under
10 paragraph (c) and other than for permanent partial
11 disability under subparagraph (2) of paragraph (d) or under
12 paragraph (e), of this Section shall be equal to 66 2/3% of
13 the employee's average weekly wage computed in accordance
14 with the provisions of Section 10, provided that it shall
15 be not less than 66 2/3% of the sum of the Federal minimum
16 wage under the Fair Labor Standards Act, or the Illinois
17 minimum wage under the Minimum Wage Law, whichever is more,
18 multiplied by 40 hours. This percentage rate shall be
19 increased by 10% for each spouse and child, not to exceed
20 100% of the total minimum wage calculation,
21 nor exceed the employee's average weekly wage computed in
22 accordance with the provisions of Section 10, whichever is
23 less.

24 2.1. The compensation rate in all cases of serious and
25 permanent disfigurement under paragraph (c) and of
26 permanent partial disability under subparagraph (2) of

1 paragraph (d) or under paragraph (e) of this Section shall
2 be equal to 60% of the employee's average weekly wage
3 computed in accordance with the provisions of Section 10,
4 provided that it shall be not less than 66 2/3% of the sum
5 of the Federal minimum wage under the Fair Labor Standards
6 Act, or the Illinois minimum wage under the Minimum Wage
7 Law, whichever is more, multiplied by 40 hours. This
8 percentage rate shall be increased by 10% for each spouse
9 and child, not to exceed 100% of the total minimum wage
10 calculation,

11 nor exceed the employee's average weekly wage computed in
12 accordance with the provisions of Section 10, whichever is
13 less.

14 3. As used in this Section the term "child" means a
15 child of the employee including any child legally adopted
16 before the accident or whom at the time of the accident the
17 employee was under legal obligation to support or to whom
18 the employee stood in loco parentis, and who at the time of
19 the accident was under 18 years of age and not emancipated.
20 The term "children" means the plural of "child".

21 4. All weekly compensation rates provided under
22 subparagraphs 1, 2 and 2.1 of this paragraph (b) of this
23 Section shall be subject to the following limitations:

24 The maximum weekly compensation rate from July 1, 1975,
25 except as hereinafter provided, shall be 100% of the
26 State's average weekly wage in covered industries under the

1 Unemployment Insurance Act, that being the wage that most
2 closely approximates the State's average weekly wage.

3 The maximum weekly compensation rate, for the period
4 July 1, 1984, through June 30, 1987, except as hereinafter
5 provided, shall be \$293.61. Effective July 1, 1987 and on
6 July 1 of each year thereafter the maximum weekly
7 compensation rate, except as hereinafter provided, shall
8 be determined as follows: if during the preceding 12 month
9 period there shall have been an increase in the State's
10 average weekly wage in covered industries under the
11 Unemployment Insurance Act, the weekly compensation rate
12 shall be proportionately increased by the same percentage
13 as the percentage of increase in the State's average weekly
14 wage in covered industries under the Unemployment
15 Insurance Act during such period.

16 The maximum weekly compensation rate, for the period
17 January 1, 1981 through December 31, 1983, except as
18 hereinafter provided, shall be 100% of the State's average
19 weekly wage in covered industries under the Unemployment
20 Insurance Act in effect on January 1, 1981. Effective
21 January 1, 1984 and on January 1, of each year thereafter
22 the maximum weekly compensation rate, except as
23 hereinafter provided, shall be determined as follows: if
24 during the preceding 12 month period there shall have been
25 an increase in the State's average weekly wage in covered
26 industries under the Unemployment Insurance Act, the

1 weekly compensation rate shall be proportionately
2 increased by the same percentage as the percentage of
3 increase in the State's average weekly wage in covered
4 industries under the Unemployment Insurance Act during
5 such period.

6 From July 1, 1977 and thereafter such maximum weekly
7 compensation rate in death cases under Section 7, and
8 permanent total disability cases under paragraph (f) or
9 subparagraph 18 of paragraph (3) of this Section and for
10 temporary total disability under paragraph (b) of this
11 Section and for amputation of a member or enucleation of an
12 eye under paragraph (e) of this Section shall be increased
13 to 133-1/3% of the State's average weekly wage in covered
14 industries under the Unemployment Insurance Act.

15 For injuries occurring on or after February 1, 2006,
16 the maximum weekly benefit under paragraph (d)1 of this
17 Section shall be 100% of the State's average weekly wage in
18 covered industries under the Unemployment Insurance Act.

19 4.1. Any provision herein to the contrary
20 notwithstanding, the weekly compensation rate for
21 compensation payments under subparagraph 18 of paragraph
22 (e) of this Section and under paragraph (f) of this Section
23 and under paragraph (a) of Section 7 and for amputation of
24 a member or enucleation of an eye under paragraph (e) of
25 this Section, shall in no event be less than 50% of the
26 State's average weekly wage in covered industries under the

1 Unemployment Insurance Act.

2 4.2. Any provision to the contrary notwithstanding,
3 the total compensation payable under Section 7 shall not
4 exceed the greater of \$500,000 or 25 years.

5 5. For the purpose of this Section this State's average
6 weekly wage in covered industries under the Unemployment
7 Insurance Act on July 1, 1975 is hereby fixed at \$228.16
8 per week and the computation of compensation rates shall be
9 based on the aforesaid average weekly wage until modified
10 as hereinafter provided.

11 6. The Department of Employment Security of the State
12 shall on or before the first day of December, 1977, and on
13 or before the first day of June, 1978, and on the first day
14 of each December and June of each year thereafter, publish
15 the State's average weekly wage in covered industries under
16 the Unemployment Insurance Act and the Illinois Workers'
17 Compensation Commission shall on the 15th day of January,
18 1978 and on the 15th day of July, 1978 and on the 15th day
19 of each January and July of each year thereafter, post and
20 publish the State's average weekly wage in covered
21 industries under the Unemployment Insurance Act as last
22 determined and published by the Department of Employment
23 Security. The amount when so posted and published shall be
24 conclusive and shall be applicable as the basis of
25 computation of compensation rates until the next posting
26 and publication as aforesaid.

1 7. The payment of compensation by an employer or his
2 insurance carrier to an injured employee shall not
3 constitute an admission of the employer's liability to pay
4 compensation.

5 (c) For any serious and permanent disfigurement to the
6 hand, head, face, neck, arm, leg below the knee or the chest
7 above the axillary line, the employee is entitled to
8 compensation for such disfigurement, the amount determined by
9 agreement at any time or by arbitration under this Act, at a
10 hearing not less than 6 months after the date of the accidental
11 injury, which amount shall not exceed 150 weeks (if the
12 accidental injury occurs on or after the effective date of this
13 amendatory Act of the 94th General Assembly but before February
14 1, 2006) or 162 weeks (if the accidental injury occurs on or
15 after February 1, 2006) at the applicable rate provided in
16 subparagraph 2.1 of paragraph (b) of this Section.

17 No compensation is payable under this paragraph where
18 compensation is payable under paragraphs (d), (e) or (f) of
19 this Section.

20 A duly appointed member of a fire department in a city, the
21 population of which exceeds 500,000 according to the last
22 federal or State census, is eligible for compensation under
23 this paragraph only where such serious and permanent
24 disfigurement results from burns.

25 (d) 1. If, after the accidental injury has been sustained,
26 the employee as a result thereof becomes partially

1 incapacitated from pursuing his usual and customary line of
2 employment, he shall, except in cases compensated under the
3 specific schedule set forth in paragraph (e) of this Section,
4 receive compensation for the duration of his disability,
5 subject to the limitations as to maximum amounts fixed in
6 paragraph (b) of this Section, equal to 66-2/3% of the
7 difference between the average amount which he would be able to
8 earn in the full performance of his duties in the occupation in
9 which he was engaged at the time of the accident and the
10 average amount which he is earning or is able to earn in some
11 suitable employment or business after the accident. For
12 accidental injuries that occur on or after September 1, 2011,
13 an award for wage differential under this subsection shall be
14 effective only until the employee reaches the age of 67 or 5
15 years from the date the award becomes final, whichever is
16 later.

17 2. If, as a result of the accident, the employee sustains
18 serious and permanent injuries not covered by paragraphs (c)
19 and (e) of this Section or having sustained injuries covered by
20 the aforesaid paragraphs (c) and (e), he shall have sustained
21 in addition thereto other injuries which injuries do not
22 incapacitate him from pursuing the duties of his employment but
23 which would disable him from pursuing other suitable
24 occupations, or which have otherwise resulted in physical
25 impairment; or if such injuries partially incapacitate him from
26 pursuing the duties of his usual and customary line of

1 employment but do not result in an impairment of earning
2 capacity, or having resulted in an impairment of earning
3 capacity, the employee elects to waive his right to recover
4 under the foregoing subparagraph 1 of paragraph (d) of this
5 Section then in any of the foregoing events, he shall receive
6 in addition to compensation for temporary total disability
7 under paragraph (b) of this Section, compensation at the rate
8 provided in subparagraph 2.1 of paragraph (b) of this Section
9 for that percentage of 500 weeks that the partial disability
10 resulting from the injuries covered by this paragraph bears to
11 total disability. If the employee shall have sustained a
12 fracture of one or more vertebra or fracture of the skull, the
13 amount of compensation allowed under this Section shall be not
14 less than 6 weeks for a fractured skull and 6 weeks for each
15 fractured vertebra, and in the event the employee shall have
16 sustained a fracture of any of the following facial bones:
17 nasal, lachrymal, vomer, zygoma, maxilla, palatine or
18 mandible, the amount of compensation allowed under this Section
19 shall be not less than 2 weeks for each such fractured bone,
20 and for a fracture of each transverse process not less than 3
21 weeks. In the event such injuries shall result in the loss of a
22 kidney, spleen or lung, the amount of compensation allowed
23 under this Section shall be not less than 10 weeks for each
24 such organ. Compensation awarded under this subparagraph 2
25 shall not take into consideration injuries covered under
26 paragraphs (c) and (e) of this Section and the compensation

1 provided in this paragraph shall not affect the employee's
2 right to compensation payable under paragraphs (b), (c) and (e)
3 of this Section for the disabilities therein covered.

4 (e) For accidental injuries in the following schedule, the
5 employee shall receive compensation for the period of temporary
6 total incapacity for work resulting from such accidental
7 injury, under subparagraph 1 of paragraph (b) of this Section,
8 and shall receive in addition thereto compensation for a
9 further period for the specific loss herein mentioned, but
10 shall not receive any compensation under any other provisions
11 of this Act. The following listed amounts apply to either the
12 loss of or the permanent and complete loss of use of the member
13 specified, such compensation for the length of time as follows:

14 1. Thumb-

15 70 weeks if the accidental injury occurs on or
16 after the effective date of this amendatory Act of the
17 94th General Assembly but before February 1, 2006.

18 76 weeks if the accidental injury occurs on or
19 after February 1, 2006.

20 2. First, or index finger-

21 40 weeks if the accidental injury occurs on or
22 after the effective date of this amendatory Act of the
23 94th General Assembly but before February 1, 2006.

24 43 weeks if the accidental injury occurs on or
25 after February 1, 2006.

26 3. Second, or middle finger-

1 35 weeks if the accidental injury occurs on or
2 after the effective date of this amendatory Act of the
3 94th General Assembly but before February 1, 2006.

4 38 weeks if the accidental injury occurs on or
5 after February 1, 2006.

6 4. Third, or ring finger-

7 25 weeks if the accidental injury occurs on or
8 after the effective date of this amendatory Act of the
9 94th General Assembly but before February 1, 2006.

10 27 weeks if the accidental injury occurs on or
11 after February 1, 2006.

12 5. Fourth, or little finger-

13 20 weeks if the accidental injury occurs on or
14 after the effective date of this amendatory Act of the
15 94th General Assembly but before February 1, 2006.

16 22 weeks if the accidental injury occurs on or
17 after February 1, 2006.

18 6. Great toe-

19 35 weeks if the accidental injury occurs on or
20 after the effective date of this amendatory Act of the
21 94th General Assembly but before February 1, 2006.

22 38 weeks if the accidental injury occurs on or
23 after February 1, 2006.

24 7. Each toe other than great toe-

25 12 weeks if the accidental injury occurs on or
26 after the effective date of this amendatory Act of the

1 94th General Assembly but before February 1, 2006.

2 13 weeks if the accidental injury occurs on or
3 after February 1, 2006.

4 8. The loss of the first or distal phalanx of the thumb
5 or of any finger or toe shall be considered to be equal to
6 the loss of one-half of such thumb, finger or toe and the
7 compensation payable shall be one-half of the amount above
8 specified. The loss of more than one phalanx shall be
9 considered as the loss of the entire thumb, finger or toe.
10 In no case shall the amount received for more than one
11 finger exceed the amount provided in this schedule for the
12 loss of a hand.

13 9. Hand-

14 190 weeks if the accidental injury occurs on or
15 after the effective date of this amendatory Act of the
16 94th General Assembly but before February 1, 2006.

17 205 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 190 weeks if the accidental injury occurs on or
20 after June 28, 2011 (the effective date of Public Act
21 97-18) and if the accidental injury involves carpal
22 tunnel syndrome due to repetitive or cumulative
23 trauma, in which case the permanent partial disability
24 shall not exceed 15% loss of use of the hand, except
25 for cause shown by clear and convincing evidence and in
26 which case the award shall not exceed 30% loss of use

1 of the hand.

2 The loss of 2 or more digits, or one or more phalanges
3 of 2 or more digits, of a hand may be compensated on the
4 basis of partial loss of use of a hand, provided, further,
5 that the loss of 4 digits, or the loss of use of 4 digits,
6 in the same hand shall constitute the complete loss of a
7 hand.

8 10. Arm-

9 235 weeks if the accidental injury occurs on or
10 after the effective date of this amendatory Act of the
11 94th General Assembly but before February 1, 2006.

12 253 weeks if the accidental injury occurs on or
13 after February 1, 2006.

14 Where an accidental injury results in the amputation of
15 an arm below the elbow, such injury shall be compensated as
16 a loss of an arm. Where an accidental injury results in the
17 amputation of an arm above the elbow, compensation for an
18 additional 15 weeks (if the accidental injury occurs on or
19 after the effective date of this amendatory Act of the 94th
20 General Assembly but before February 1, 2006) or an
21 additional 17 weeks (if the accidental injury occurs on or
22 after February 1, 2006) shall be paid, except where the
23 accidental injury results in the amputation of an arm at
24 the shoulder joint, or so close to shoulder joint that an
25 artificial arm cannot be used, or results in the
26 disarticulation of an arm at the shoulder joint, in which

1 case compensation for an additional 65 weeks (if the
2 accidental injury occurs on or after the effective date of
3 this amendatory Act of the 94th General Assembly but before
4 February 1, 2006) or an additional 70 weeks (if the
5 accidental injury occurs on or after February 1, 2006)
6 shall be paid.

7 11. Foot-

8 155 weeks if the accidental injury occurs on or
9 after the effective date of this amendatory Act of the
10 94th General Assembly but before February 1, 2006.

11 167 weeks if the accidental injury occurs on or
12 after February 1, 2006.

13 12. Leg-

14 200 weeks if the accidental injury occurs on or
15 after the effective date of this amendatory Act of the
16 94th General Assembly but before February 1, 2006.

17 215 weeks if the accidental injury occurs on or
18 after February 1, 2006.

19 Where an accidental injury results in the amputation of
20 a leg below the knee, such injury shall be compensated as
21 loss of a leg. Where an accidental injury results in the
22 amputation of a leg above the knee, compensation for an
23 additional 25 weeks (if the accidental injury occurs on or
24 after the effective date of this amendatory Act of the 94th
25 General Assembly but before February 1, 2006) or an
26 additional 27 weeks (if the accidental injury occurs on or

1 after February 1, 2006) shall be paid, except where the
2 accidental injury results in the amputation of a leg at the
3 hip joint, or so close to the hip joint that an artificial
4 leg cannot be used, or results in the disarticulation of a
5 leg at the hip joint, in which case compensation for an
6 additional 75 weeks (if the accidental injury occurs on or
7 after the effective date of this amendatory Act of the 94th
8 General Assembly but before February 1, 2006) or an
9 additional 81 weeks (if the accidental injury occurs on or
10 after February 1, 2006) shall be paid.

11 13. Eye-

12 150 weeks if the accidental injury occurs on or
13 after the effective date of this amendatory Act of the
14 94th General Assembly but before February 1, 2006.

15 162 weeks if the accidental injury occurs on or
16 after February 1, 2006.

17 Where an accidental injury results in the enucleation
18 of an eye, compensation for an additional 10 weeks (if the
19 accidental injury occurs on or after the effective date of
20 this amendatory Act of the 94th General Assembly but before
21 February 1, 2006) or an additional 11 weeks (if the
22 accidental injury occurs on or after February 1, 2006)
23 shall be paid.

24 14. Loss of hearing of one ear-

25 50 weeks if the accidental injury occurs on or
26 after the effective date of this amendatory Act of the

1 94th General Assembly but before February 1, 2006.

2 54 weeks if the accidental injury occurs on or
3 after February 1, 2006.

4 Total and permanent loss of hearing of both ears-

5 200 weeks if the accidental injury occurs on or
6 after the effective date of this amendatory Act of the
7 94th General Assembly but before February 1, 2006.

8 215 weeks if the accidental injury occurs on or
9 after February 1, 2006.

10 15. Testicle-

11 50 weeks if the accidental injury occurs on or
12 after the effective date of this amendatory Act of the
13 94th General Assembly but before February 1, 2006.

14 54 weeks if the accidental injury occurs on or
15 after February 1, 2006.

16 Both testicles-

17 150 weeks if the accidental injury occurs on or
18 after the effective date of this amendatory Act of the
19 94th General Assembly but before February 1, 2006.

20 162 weeks if the accidental injury occurs on or
21 after February 1, 2006.

22 16. For the permanent partial loss of use of a member
23 or sight of an eye, or hearing of an ear, compensation
24 during that proportion of the number of weeks in the
25 foregoing schedule provided for the loss of such member or
26 sight of an eye, or hearing of an ear, which the partial

1 loss of use thereof bears to the total loss of use of such
2 member, or sight of eye, or hearing of an ear.

3 (a) Loss of hearing for compensation purposes
4 shall be confined to the frequencies of 1,000, 2,000
5 and 3,000 cycles per second. Loss of hearing ability
6 for frequency tones above 3,000 cycles per second are
7 not to be considered as constituting disability for
8 hearing.

9 (b) The percent of hearing loss, for purposes of
10 the determination of compensation claims for
11 occupational deafness, shall be calculated as the
12 average in decibels for the thresholds of hearing for
13 the frequencies of 1,000, 2,000 and 3,000 cycles per
14 second. Pure tone air conduction audiometric
15 instruments, approved by nationally recognized
16 authorities in this field, shall be used for measuring
17 hearing loss. If the losses of hearing average 30
18 decibels or less in the 3 frequencies, such losses of
19 hearing shall not then constitute any compensable
20 hearing disability. If the losses of hearing average 85
21 decibels or more in the 3 frequencies, then the same
22 shall constitute and be total or 100% compensable
23 hearing loss.

24 (c) In measuring hearing impairment, the lowest
25 measured losses in each of the 3 frequencies shall be
26 added together and divided by 3 to determine the

1 average decibel loss. For every decibel of loss
2 exceeding 30 decibels an allowance of 1.82% shall be
3 made up to the maximum of 100% which is reached at 85
4 decibels.

5 (d) If a hearing loss is established to have
6 existed on July 1, 1975 by audiometric testing the
7 employer shall not be liable for the previous loss so
8 established nor shall he be liable for any loss for
9 which compensation has been paid or awarded.

10 (e) No consideration shall be given to the question
11 of whether or not the ability of an employee to
12 understand speech is improved by the use of a hearing
13 aid.

14 (f) No claim for loss of hearing due to industrial
15 noise shall be brought against an employer or allowed
16 unless the employee has been exposed for a period of
17 time sufficient to cause permanent impairment to noise
18 levels in excess of the following:

19 Sound Level DBA

20	Slow Response	Hours Per Day
21	90	8
22	92	6
23	95	4
24	97	3
25	100	2
26	102	1-1/2

1	105	1
2	110	1/2
3	115	1/4

4 This subparagraph (f) shall not be applied in cases of
5 hearing loss resulting from trauma or explosion.

6 17. In computing the compensation to be paid to any
7 employee who, before the accident for which he claims
8 compensation, had before that time sustained an injury
9 resulting in the loss by amputation or partial loss by
10 amputation of any member, including hand, arm, thumb or
11 fingers, leg, foot or any toes, such loss or partial loss
12 of any such member shall be deducted from any award made
13 for the subsequent injury. For the permanent loss of use or
14 the permanent partial loss of use of any such member or the
15 partial loss of sight of an eye, for which compensation has
16 been paid, then such loss shall be taken into consideration
17 and deducted from any award for the subsequent injury.

18 18. The specific case of loss of both hands, both arms,
19 or both feet, or both legs, or both eyes, or of any two
20 thereof, or the permanent and complete loss of the use
21 thereof, constitutes total and permanent disability, to be
22 compensated according to the compensation fixed by
23 paragraph (f) of this Section. These specific cases of
24 total and permanent disability do not exclude other cases.

25 Any employee who has previously suffered the loss or
26 permanent and complete loss of the use of any of such

1 members, and in a subsequent independent accident loses
2 another or suffers the permanent and complete loss of the
3 use of any one of such members the employer for whom the
4 injured employee is working at the time of the last
5 independent accident is liable to pay compensation only for
6 the loss or permanent and complete loss of the use of the
7 member occasioned by the last independent accident.

8 19. In a case of specific loss and the subsequent death
9 of such injured employee from other causes than such injury
10 leaving a widow, widower, or dependents surviving before
11 payment or payment in full for such injury, then the amount
12 due for such injury is payable to the widow or widower and,
13 if there be no widow or widower, then to such dependents,
14 in the proportion which such dependency bears to total
15 dependency.

16 Beginning July 1, 1980, and every 6 months thereafter, the
17 Commission shall examine the Second Injury Fund and when, after
18 deducting all advances or loans made to such Fund, the amount
19 therein is \$500,000 then the amount required to be paid by
20 employers pursuant to paragraph (f) of Section 7 shall be
21 reduced by one-half. When the Second Injury Fund reaches the
22 sum of \$600,000 then the payments shall cease entirely.
23 However, when the Second Injury Fund has been reduced to
24 \$400,000, payment of one-half of the amounts required by
25 paragraph (f) of Section 7 shall be resumed, in the manner
26 herein provided, and when the Second Injury Fund has been

1 reduced to \$300,000, payment of the full amounts required by
2 paragraph (f) of Section 7 shall be resumed, in the manner
3 herein provided. The Commission shall make the changes in
4 payment effective by general order, and the changes in payment
5 become immediately effective for all cases coming before the
6 Commission thereafter either by settlement agreement or final
7 order, irrespective of the date of the accidental injury.

8 On August 1, 1996 and on February 1 and August 1 of each
9 subsequent year, the Commission shall examine the special fund
10 designated as the "Rate Adjustment Fund" and when, after
11 deducting all advances or loans made to said fund, the amount
12 therein is \$4,000,000, the amount required to be paid by
13 employers pursuant to paragraph (f) of Section 7 shall be
14 reduced by one-half. When the Rate Adjustment Fund reaches the
15 sum of \$5,000,000 the payment therein shall cease entirely.
16 However, when said Rate Adjustment Fund has been reduced to
17 \$3,000,000 the amounts required by paragraph (f) of Section 7
18 shall be resumed in the manner herein provided.

19 (f) In case of complete disability, which renders the
20 employee wholly and permanently incapable of work, or in the
21 specific case of total and permanent disability as provided in
22 subparagraph 18 of paragraph (e) of this Section, compensation
23 shall be payable at the rate provided in subparagraph 2 of
24 paragraph (b) of this Section for life.

25 An employee entitled to benefits under paragraph (f) of
26 this Section shall also be entitled to receive from the Rate

1 Adjustment Fund provided in paragraph (f) of Section 7 of the
2 supplementary benefits provided in paragraph (g) of this
3 Section 8.

4 If any employee who receives an award under this paragraph
5 afterwards returns to work or is able to do so, and earns or is
6 able to earn as much as before the accident, payments under
7 such award shall cease. If such employee returns to work, or is
8 able to do so, and earns or is able to earn part but not as much
9 as before the accident, such award shall be modified so as to
10 conform to an award under paragraph (d) of this Section. If
11 such award is terminated or reduced under the provisions of
12 this paragraph, such employees have the right at any time
13 within 30 months after the date of such termination or
14 reduction to file petition with the Commission for the purpose
15 of determining whether any disability exists as a result of the
16 original accidental injury and the extent thereof.

17 Disability as enumerated in subdivision 18, paragraph (e)
18 of this Section is considered complete disability.

19 If an employee who had previously incurred loss or the
20 permanent and complete loss of use of one member, through the
21 loss or the permanent and complete loss of the use of one hand,
22 one arm, one foot, one leg, or one eye, incurs permanent and
23 complete disability through the loss or the permanent and
24 complete loss of the use of another member, he shall receive,
25 in addition to the compensation payable by the employer and
26 after such payments have ceased, an amount from the Second

1 Injury Fund provided for in paragraph (f) of Section 7, which,
2 together with the compensation payable from the employer in
3 whose employ he was when the last accidental injury was
4 incurred, will equal the amount payable for permanent and
5 complete disability as provided in this paragraph of this
6 Section.

7 The custodian of the Second Injury Fund provided for in
8 paragraph (f) of Section 7 shall be joined with the employer as
9 a party respondent in the application for adjustment of claim.
10 The application for adjustment of claim shall state briefly and
11 in general terms the approximate time and place and manner of
12 the loss of the first member.

13 In its award the Commission or the Arbitrator shall
14 specifically find the amount the injured employee shall be
15 weekly paid, the number of weeks compensation which shall be
16 paid by the employer, the date upon which payments begin out of
17 the Second Injury Fund provided for in paragraph (f) of Section
18 7 of this Act, the length of time the weekly payments continue,
19 the date upon which the pension payments commence and the
20 monthly amount of the payments. The Commission shall 30 days
21 after the date upon which payments out of the Second Injury
22 Fund have begun as provided in the award, and every month
23 thereafter, prepare and submit to the State Comptroller a
24 voucher for payment for all compensation accrued to that date
25 at the rate fixed by the Commission. The State Comptroller
26 shall draw a warrant to the injured employee along with a

1 receipt to be executed by the injured employee and returned to
2 the Commission. The endorsed warrant and receipt is a full and
3 complete acquittance to the Commission for the payment out of
4 the Second Injury Fund. No other appropriation or warrant is
5 necessary for payment out of the Second Injury Fund. The Second
6 Injury Fund is appropriated for the purpose of making payments
7 according to the terms of the awards.

8 As of July 1, 1980 to July 1, 1982, all claims against and
9 obligations of the Second Injury Fund shall become claims
10 against and obligations of the Rate Adjustment Fund to the
11 extent there is insufficient money in the Second Injury Fund to
12 pay such claims and obligations. In that case, all references
13 to "Second Injury Fund" in this Section shall also include the
14 Rate Adjustment Fund.

15 (g) Every award for permanent total disability entered by
16 the Commission on and after July 1, 1965 under which
17 compensation payments shall become due and payable after the
18 effective date of this amendatory Act, and every award for
19 death benefits or permanent total disability entered by the
20 Commission on and after the effective date of this amendatory
21 Act shall be subject to annual adjustments as to the amount of
22 the compensation rate therein provided. Such adjustments shall
23 first be made on July 15, 1977, and all awards made and entered
24 prior to July 1, 1975 and on July 15 of each year thereafter.
25 In all other cases such adjustment shall be made on July 15 of
26 the second year next following the date of the entry of the

1 award and shall further be made on July 15 annually thereafter.
2 If during the intervening period from the date of the entry of
3 the award, or the last periodic adjustment, there shall have
4 been an increase in the State's average weekly wage in covered
5 industries under the Unemployment Insurance Act, the weekly
6 compensation rate shall be proportionately increased by the
7 same percentage as the percentage of increase in the State's
8 average weekly wage in covered industries under the
9 Unemployment Insurance Act. The increase in the compensation
10 rate under this paragraph shall in no event bring the total
11 compensation rate to an amount greater than the prevailing
12 maximum rate at the time that the annual adjustment is made.
13 Such increase shall be paid in the same manner as herein
14 provided for payments under the Second Injury Fund to the
15 injured employee, or his dependents, as the case may be, out of
16 the Rate Adjustment Fund provided in paragraph (f) of Section 7
17 of this Act. Payments shall be made at the same intervals as
18 provided in the award or, at the option of the Commission, may
19 be made in quarterly payment on the 15th day of January, April,
20 July and October of each year. In the event of a decrease in
21 such average weekly wage there shall be no change in the then
22 existing compensation rate. The within paragraph shall not
23 apply to cases where there is disputed liability and in which a
24 compromise lump sum settlement between the employer and the
25 injured employee, or his dependents, as the case may be, has
26 been duly approved by the Illinois Workers' Compensation

1 Commission.

2 Provided, that in cases of awards entered by the Commission
3 for injuries occurring before July 1, 1975, the increases in
4 the compensation rate adjusted under the foregoing provision of
5 this paragraph (g) shall be limited to increases in the State's
6 average weekly wage in covered industries under the
7 Unemployment Insurance Act occurring after July 1, 1975.

8 For every accident occurring on or after July 20, 2005 but
9 before the effective date of this amendatory Act of the 94th
10 General Assembly (Senate Bill 1283 of the 94th General
11 Assembly), the annual adjustments to the compensation rate in
12 awards for death benefits or permanent total disability, as
13 provided in this Act, shall be paid by the employer. The
14 adjustment shall be made by the employer on July 15 of the
15 second year next following the date of the entry of the award
16 and shall further be made on July 15 annually thereafter. If
17 during the intervening period from the date of the entry of the
18 award, or the last periodic adjustment, there shall have been
19 an increase in the State's average weekly wage in covered
20 industries under the Unemployment Insurance Act, the employer
21 shall increase the weekly compensation rate proportionately by
22 the same percentage as the percentage of increase in the
23 State's average weekly wage in covered industries under the
24 Unemployment Insurance Act. The increase in the compensation
25 rate under this paragraph shall in no event bring the total
26 compensation rate to an amount greater than the prevailing

1 maximum rate at the time that the annual adjustment is made. In
2 the event of a decrease in such average weekly wage there shall
3 be no change in the then existing compensation rate. Such
4 increase shall be paid by the employer in the same manner and
5 at the same intervals as the payment of compensation in the
6 award. This paragraph shall not apply to cases where there is
7 disputed liability and in which a compromise lump sum
8 settlement between the employer and the injured employee, or
9 his or her dependents, as the case may be, has been duly
10 approved by the Illinois Workers' Compensation Commission.

11 The annual adjustments for every award of death benefits or
12 permanent total disability involving accidents occurring
13 before July 20, 2005 and accidents occurring on or after the
14 effective date of this amendatory Act of the 94th General
15 Assembly (Senate Bill 1283 of the 94th General Assembly) shall
16 continue to be paid from the Rate Adjustment Fund pursuant to
17 this paragraph and Section 7(f) of this Act.

18 (h) In case death occurs from any cause before the total
19 compensation to which the employee would have been entitled has
20 been paid, then in case the employee leaves any widow, widower,
21 child, parent (or any grandchild, grandparent or other lineal
22 heir or any collateral heir dependent at the time of the
23 accident upon the earnings of the employee to the extent of 50%
24 or more of total dependency) such compensation shall be paid to
25 the beneficiaries of the deceased employee and distributed as
26 provided in paragraph (g) of Section 7.

1 (h-1) In case an injured employee is under legal disability
2 at the time when any right or privilege accrues to him or her
3 under this Act, a guardian may be appointed pursuant to law,
4 and may, on behalf of such person under legal disability, claim
5 and exercise any such right or privilege with the same effect
6 as if the employee himself or herself had claimed or exercised
7 the right or privilege. No limitations of time provided by this
8 Act run so long as the employee who is under legal disability
9 is without a conservator or guardian.

10 (i) In case the injured employee is under 16 years of age
11 at the time of the accident and is illegally employed, the
12 amount of compensation payable under paragraphs (b), (c), (d),
13 (e) and (f) of this Section is increased 50%.

14 However, where an employer has on file an employment
15 certificate issued pursuant to the Child Labor Law or work
16 permit issued pursuant to the Federal Fair Labor Standards Act,
17 as amended, or a birth certificate properly and duly issued,
18 such certificate, permit or birth certificate is conclusive
19 evidence as to the age of the injured minor employee for the
20 purposes of this Section.

21 Nothing herein contained repeals or amends the provisions
22 of the Child Labor Law relating to the employment of minors
23 under the age of 16 years.

24 (j) 1. In the event the injured employee receives benefits,
25 including medical, surgical or hospital benefits under any
26 group plan covering non-occupational disabilities contributed

1 to wholly or partially by the employer, which benefits should
2 not have been payable if any rights of recovery existed under
3 this Act, then such amounts so paid to the employee from any
4 such group plan as shall be consistent with, and limited to,
5 the provisions of paragraph 2 hereof, shall be credited to or
6 against any compensation payment for temporary total
7 incapacity for work or any medical, surgical or hospital
8 benefits made or to be made under this Act. In such event, the
9 period of time for giving notice of accidental injury and
10 filing application for adjustment of claim does not commence to
11 run until the termination of such payments. This paragraph does
12 not apply to payments made under any group plan which would
13 have been payable irrespective of an accidental injury under
14 this Act. Any employer receiving such credit shall keep such
15 employee safe and harmless from any and all claims or
16 liabilities that may be made against him by reason of having
17 received such payments only to the extent of such credit.

18 Any excess benefits paid to or on behalf of a State
19 employee by the State Employees' Retirement System under
20 Article 14 of the Illinois Pension Code on a death claim or
21 disputed disability claim shall be credited against any
22 payments made or to be made by the State of Illinois to or on
23 behalf of such employee under this Act, except for payments for
24 medical expenses which have already been incurred at the time
25 of the award. The State of Illinois shall directly reimburse
26 the State Employees' Retirement System to the extent of such

1 credit.

2 2. Nothing contained in this Act shall be construed to give
3 the employer or the insurance carrier the right to credit for
4 any benefits or payments received by the employee other than
5 compensation payments provided by this Act, and where the
6 employee receives payments other than compensation payments,
7 whether as full or partial salary, group insurance benefits,
8 bonuses, annuities or any other payments, the employer or
9 insurance carrier shall receive credit for each such payment
10 only to the extent of the compensation that would have been
11 payable during the period covered by such payment.

12 3. The extension of time for the filing of an Application
13 for Adjustment of Claim as provided in paragraph 1 above shall
14 not apply to those cases where the time for such filing had
15 expired prior to the date on which payments or benefits
16 enumerated herein have been initiated or resumed. Provided
17 however that this paragraph 3 shall apply only to cases wherein
18 the payments or benefits hereinabove enumerated shall be
19 received after July 1, 1969.

20 4. If payment for medical services that should be a
21 compensable medical benefit under this Section is made by the
22 employee, the employee's health benefit plan, or the Department
23 of Healthcare and Family Services, then the payments made by
24 the employee, the employee's health benefit plan, or the
25 Department of Healthcare and Family Services shall be
26 reimbursed by the employer or workers' compensation insurer.

1 The employee, the Department of Healthcare and Family
2 Services, or the health benefit plan that made such payments
3 shall have 24 months from the latter of the date of payment or
4 the date the case is ruled compensable to file a request for
5 reimbursement. Such a request shall not be subject to the
6 billing rules of the Commission that apply to original provider
7 invoices and reports. The request for reimbursement need not
8 contain original provider invoices. A written summary of
9 services paid is adequate, so long as it includes:

10 (A) the injured worker's name, address, and date of
11 birth;

12 (B) the date of the compensable injury;

13 (C) the provider of service with address;

14 (D) ICD-9 codes;

15 (E) quantity and type of service paid by CPT code,
16 revenue code, or HCPCS code;

17 (F) date of each service; and

18 (G) amounts charged and paid by service.

19 The employee, the health benefit plan, or the Department of
20 Healthcare and Family Services is not responsible to provide
21 medical records if requested by the employer or the workers'
22 compensation insurer.

23 The employer or carrier may object to the reimbursement on
24 the grounds that:

25 (i) the employer had previously paid the provider for
26 the same service;

1 (ii) the service paid was not related to the
2 compensable injury;

3 (iii) the service had previously been reviewed and
4 found to be medically unnecessary;

5 (iv) the injury in question had been denied as
6 non-compensable; or

7 (v) the case in question is not the responsibility of
8 the carrier receiving the reimbursement request.

9 A request for reimbursement shall receive payment or a
10 written response explaining any objections within 75 days after
11 receipt of the request by the employer or carrier.

12 If, after 75 days, the requestor has received no response
13 or has been denied for reasons that the employee or health
14 benefit plan or the Department of Healthcare and Family
15 Services deems inappropriate, the dispute may be submitted to
16 arbitration at the initial expense of the employee or health
17 benefit plan. If the requesting party is upheld by the
18 arbitrator, in whole or in part, the costs of the arbitration
19 proceedings shall be included with the amount to be reimbursed
20 by the employer or workers' compensation carrier and payment
21 shall be made within 20 days after the arbitration decision.

22 (Source: P.A. 97-18, eff. 6-28-11; 97-268, eff. 8-8-11; 97-813,
23 eff. 7-13-12.)

24 (820 ILCS 305/17) (from Ch. 48, par. 138.17)

25 Sec. 17. The Commission shall cause to be printed and

1 furnish free of charge upon request by any employer or employee
2 such blank forms as may facilitate or promote efficient
3 administration and the performance of the duties of the
4 Commission. It shall provide a proper record in which shall be
5 entered and indexed the name of any employer who shall file a
6 notice of declination or withdrawal under this Act, and the
7 date of the filing thereof; and a proper record in which shall
8 be entered and indexed the name of any employee who shall file
9 such notice of declination or withdrawal, and the date of the
10 filing thereof; and such other notices as may be required by
11 this Act; and records in which shall be recorded all
12 proceedings, orders and awards had or made by the Commission or
13 by the arbitration committees, and such other books or records
14 as it shall deem necessary, all such records to be kept in the
15 office of the Commission.

16 The Commission may destroy all papers and documents which
17 have been on file for more than 5 years where there is no claim
18 for compensation pending or where more than 2 years have
19 elapsed since the termination of the compensation period.

20 The Commission shall compile and distribute to interested
21 persons aggregate statistics, taken from any records and
22 reports in the possession of the Commission. Except as
23 authorized in Sections 8 and 17.1, the ~~The~~ aggregate statistics
24 shall not give the names or otherwise identify persons
25 sustaining injuries or disabilities or the employer of any
26 injured or disabled person.

1 The Commission is authorized to establish reasonable fees
2 and methods of payment limited to covering only the costs to
3 the Commission for processing, maintaining and generating
4 records or data necessary for the computerized production of
5 documents, records and other materials except to the extent of
6 any salaries or compensation of Commission officers or
7 employees.

8 All fees collected by the Commission under this Section
9 shall be deposited in the Statistical Services Revolving Fund
10 and credited to the account of the Illinois Workers'
11 Compensation Commission.

12 (Source: P.A. 93-721, eff. 1-1-05.)

13 (820 ILCS 305/17.1 new)

14 Sec. 17.1. Information to be shared with health benefit
15 plans and the Department of Healthcare and Family Services.

16 (a) The Commission shall establish a program to provide
17 limited workers' compensation case information to health
18 benefit plans providing accident, health, or disability
19 insurance benefits to residents of the State and to the
20 Department of Healthcare and Family Services. The provisions of
21 this Section apply to health benefit plans subject to the State
22 Employees Group Insurance Act of 1971, to medical assistance
23 programs administered by the Department of Healthcare and
24 Family Services, and to health benefit and insurance plans
25 operating under the Employee Retirement Income Security Act of

1 1974. A health benefit plan shall also include an appropriately
2 contracted agent or business associate of an eligible health
3 benefit plan.

4 (b) The Commission program shall offer either (1) a
5 quarterly abstract of all new cases initiated in the Commission
6 files or (2) a data match of health benefit plan member
7 identities to the Commission's claimant records on file in the
8 Commission's electronic case records. The Chairman of the
9 Illinois Workers' Compensation Commission is authorized to
10 select the most cost-effective approach. The Commission is
11 authorized to charge a fee to participating health benefit
12 plans to cover the direct costs of creating and operating the
13 program. The Department of Healthcare and Family Services and
14 the program of benefits under the State Employees Group
15 Insurance Act of 1971 shall be exempted from the program
16 participation fee.

17 (c) The Commission is hereby authorized to provide a
18 limited set of workers' compensation case record elements to a
19 participating health benefit plan to which a claimant belongs
20 or has belonged or to the Department of Healthcare and Family
21 Services for any individuals receiving services through a
22 program administered by the Department of Healthcare and Family
23 Services. This approved data set shall include at least the
24 following elements:

25 (1) the claimant's name and address;

26 (2) the claimant's date of birth;

- 1 (3) the claimant's gender;
- 2 (4) the claimant's Social Security number, if
3 available;
- 4 (5) the Commission case number for each case involving
5 the identified claimant; and
- 6 (6) for each case identified by case number:
- 7 (A) the date of the injury or illness;
- 8 (B) the nature of the injury or illness;
- 9 (C) the body parts affected;
- 10 (D) the employer of record on the date of injury or
11 illness, with contact information;
- 12 (E) the workers' compensation carrier responsible
13 for the case, with contact information; and
- 14 (F) the formal case status as coded by the
15 Commission, including codes for:
- 16 (i) accepted as compensable;
- 17 (ii) denied and appealed or ruled compensable
18 (date of ruling);
- 19 (iii) settled or compromised with date of
20 settlement if available; and
- 21 (iv) other status categories.
- 22 (d) A health benefit plan or the Department of Healthcare
23 and Family Services seeking to participate in the program shall
24 execute a participation agreement with the Commission that
25 details the terms of participation, including the permissible
26 uses of the data, user fees to be paid by the health benefit

1 plan, data confidentiality, and data security provisions of the
2 program.

3 (e) The case information provided by the Commission to the
4 health benefit plan or the Department of Healthcare and Family
5 Services shall be treated as personal health information
6 subject to all the confidentiality and data security
7 protections required by Health Insurance Portability and
8 Accountability Act of 1996 (HIPAA) and other State or federal
9 laws. Disclosure of the case information set forth in
10 subsections (b) and (c) to a participating health benefit plan
11 and the Department of Healthcare and Family Services is
12 explicitly recognized to be an approved exception to the
13 provisions of Section 17 and subsection (b) of Section 6.

14 (f) This Section is authorizing the provision of case
15 information to allow health benefit plans or the Department of
16 Healthcare and Family Services to recognize the existence of
17 workers' compensation cases and to coordinate their coverage of
18 medical care services with the workers' compensation system.
19 The disclosed case information shall not be used for any other
20 purpose.

21 ARTICLE 11.

22 Section 11-5. The Illinois Public Aid Code is amended by
23 changing Section 11-5.3 as follows:

1 (305 ILCS 5/11-5.3)

2 Sec. 11-5.3. Procurement of vendor to verify eligibility
3 for assistance under Article V.

4 (a) No later than 60 days after the effective date of this
5 amendatory Act of the 97th General Assembly, the Chief
6 Procurement Officer for General Services, in consultation with
7 the Department of Healthcare and Family Services, shall conduct
8 and complete any procurement necessary to procure a vendor to
9 verify eligibility for assistance under Article V of this Code.
10 Such authority shall include procuring a vendor to assist the
11 Chief Procurement Officer in conducting the procurement. The
12 Chief Procurement Officer and the Department shall jointly
13 negotiate final contract terms with a vendor selected by the
14 Chief Procurement Officer. Within 30 days of selection of an
15 eligibility verification vendor, the Department of Healthcare
16 and Family Services shall enter into a contract with the
17 selected vendor. The Department of Healthcare and Family
18 Services and the Department of Human Services shall cooperate
19 with and provide any information requested by the Chief
20 Procurement Officer to conduct the procurement.

21 (b) Notwithstanding any other provision of law, any
22 procurement or contract necessary to comply with this Section
23 shall be exempt from: (i) the Illinois Procurement Code
24 pursuant to Section 1-10(h) of the Illinois Procurement Code,
25 except that bidders shall comply with the disclosure
26 requirement in Sections 50-10.5(a) through (d), 50-13, 50-35,

1 and 50-37 of the Illinois Procurement Code and a vendor awarded
2 a contract under this Section shall comply with Section 50-37
3 of the Illinois Procurement Code; (ii) any administrative rules
4 of this State pertaining to procurement or contract formation;
5 and (iii) any State or Department policies or procedures
6 pertaining to procurement, contract formation, contract award,
7 and Business Enterprise Program approval.

8 (c) Upon becoming operational, the contractor shall
9 conduct data matches using the name, date of birth, address,
10 and Social Security Number of each applicant and recipient
11 against public records to verify eligibility. The contractor,
12 upon preliminary determination that an enrollee is eligible or
13 ineligible, shall notify the Department, except that the
14 contractor shall not make preliminary determinations regarding
15 the eligibility of persons residing in long term care
16 facilities whose income and resources were at or below the
17 applicable financial eligibility standards at the time of their
18 last review. Within 20 business days of such notification, the
19 Department shall accept the recommendation or reject it with a
20 stated reason. The Department shall retain final authority over
21 eligibility determinations. The contractor shall keep a record
22 of all preliminary determinations of ineligibility
23 communicated to the Department. Within 30 days of the end of
24 each calendar quarter, the Department and contractor shall file
25 a joint report on a quarterly basis to the Governor, the
26 Speaker of the House of Representatives, the Minority Leader of

1 the House of Representatives, the Senate President, and the
2 Senate Minority Leader. The report shall include, but shall not
3 be limited to, monthly recommendations of preliminary
4 determinations of eligibility or ineligibility communicated by
5 the contractor, the actions taken on those preliminary
6 determinations by the Department, and the stated reasons for
7 those recommendations that the Department rejected.

8 (d) An eligibility verification vendor contract shall be
9 awarded for an initial 2-year period with up to a maximum of 2
10 one-year renewal options. Nothing in this Section shall compel
11 the award of a contract to a vendor that fails to meet the
12 needs of the Department. A contract with a vendor to assist in
13 the procurement shall be awarded for a period of time not to
14 exceed 6 months.

15 (e) The provisions of this Section shall be administered in
16 compliance with federal law.

17 (Source: P.A. 97-689, eff. 6-14-12.)

18 Section 11-10. The State Finance Act is amended by adding
19 Section 5.826 as follows:

20 (30 ILCS 105/5.826 new)

21 Sec. 5.826. The Medicaid Research and Education Support
22 Fund.

23 Section 11-15. The Illinois Public Aid Code is amended by

1 adding Sections 5-5e.2, 5-31, and 5-32 as follows:

2 (305 ILCS 5/5-5e.2 new)

3 Sec. 5-5e.2. Academic medical centers and major teaching
4 hospital status.

5 (a) Hospitals dedicated to medical research and medical
6 education shall be classified each State fiscal year in 3 tiers
7 based on specific criteria:

8 (1) Tier I. A private academic medical center must:

9 (A) be a hospital located in Illinois which is
10 either:

11 (i) under common ownership with the college of
12 medicine of a non-public college or university;

13 (ii) a freestanding hospital in which the
14 majority of the clinical chiefs of service or
15 clinical department chairs are department chairmen
16 in an affiliated non-public Illinois medical
17 school; or

18 (iii) a children's hospital which is
19 separately incorporated and non-integrated into
20 the academic medical center hospital but which is
21 the pediatric partner for an academic medical
22 center hospital and which serves as the primary
23 teaching hospital for pediatrics for its
24 affiliated Illinois medical school. A hospital
25 identified herein is deemed to meet the additional

1 Tier I criteria if its partner academic medical
2 center hospital meets the Tier I criteria;

3 (B) serve as the training site for at least 30
4 graduate medical education programs accredited by
5 Accreditation Council for Graduate Medical Education;

6 (C) facilitate the training on its campus or on
7 affiliated off-campus sites no less than 500 medical
8 students, interns, residents, and fellows during the
9 calendar year preceding the beginning of the State
10 fiscal year;

11 (D) perform, either itself or through its
12 affiliated university, at least \$12,000,000 in medical
13 research funded through grants or contracts from the
14 National Institutes for Health either directly or,
15 with respect to hospitals described in item (ii) of
16 subparagraph (A) of this paragraph, have as its
17 affiliated non-public Illinois medical school a
18 medical school that performs either itself or through
19 its affiliated University medical research funded
20 using at least \$12,000,000 in grants or contracts from
21 the National Institutes of Health; and

22 (E) expend directly or indirectly through an
23 affiliated non-public medical school or as part of a
24 hospital system as defined in paragraph (4) of
25 subsection (h) of Section 3-8 of the Service Use Tax
26 Act no less than \$5,000,000 toward medical research

1 during the calendar year preceding the beginning of the
2 State fiscal year.

3 (2) Tier II. A public academic medical center must:

4 (A) be a hospital located in Illinois which is a
5 primary teaching hospital affiliated with;

6 (i) University of Illinois School of Medicine
7 at Chicago; or

8 (ii) University of Illinois School of Medicine
9 at Peoria; or

10 (iii) University of Illinois School of
11 Medicine at Rockford; or

12 (iv) University of Illinois School of Medicine
13 at Urbana; or

14 (v) Southern Illinois University School of
15 Medicine in Springfield; and

16 (B) contribute no less than \$2,500,000 toward
17 medical research during the calendar year preceding
18 the beginning of the State fiscal year.

19 (3) Tier III. A major teaching hospital must:

20 (A) be an Illinois hospital with 100 or more
21 interns and residents or with a ratio of interns and
22 residents to beds greater than or equal to 0.25; and

23 (B) support at least one graduate medical
24 education program accredited by Accreditation Council
25 for Graduate Medical Education.

26 (b) All hospitals seeking to qualify for Tier I, Tier II,

1 or Tier III recognition must annually submit a report to the
2 Department with supporting documentation and attesting to
3 meeting the requirements in this Section. Such reporting must
4 also describe each hospital's education and research
5 activities for the preceding year.

6 (305 ILCS 5/5-31 new)

7 Sec. 5-31. Medicaid Research and Education Support Fund.

8 (a) There is created in the State treasury the Medicaid
9 Research and Education Support Fund. Interest earned by the
10 Fund shall be credited to the Fund. The Fund shall not be used
11 to replace any moneys appropriated to the Medicaid program by
12 the General Assembly.

13 (b) The Fund is created for the purpose of receiving
14 moneys, donations, and grants from private and public colleges
15 and universities and disbursing moneys only for the following
16 purposes, notwithstanding any other provision of law, for
17 making payments to hospitals as required under Section 5-32 of
18 this Code and any amounts which are reimbursable to the federal
19 government for payments from this Fund which are required to be
20 paid by State warrant.

21 Disbursements from the Fund shall be by warrants drawn by
22 the State Comptroller upon receipt of vouchers duly executed
23 and certified by the Illinois Department.

24 (c) The Fund shall consist of the following:

25 (1) All moneys collected or received by the Illinois

1 Department from donations and grants from private and
2 public colleges and universities.

3 (2) All federal matching funds received by the Illinois
4 Department as a result of expenditures made by the Illinois
5 Department that are attributable to moneys deposited in the
6 Fund.

7 (3) Any interest or penalty levied in conjunction with
8 the administration of this Section.

9 (4) Moneys transferred from another fund in the State
10 treasury.

11 (5) All other moneys received for the Fund from any
12 other source, including interest earned thereon.

13 (d) Interfund transfers from the Medicaid Research and
14 Education Support Fund are prohibited.

15 (305 ILCS 5/5-32 new)

16 Sec. 5-32. Medicaid research and education enhancement
17 payments.

18 (a) The Department shall make Medicaid enhancement
19 payments to Tier I and Tier II academic medical centers as
20 defined in Section 5-5e.2 of this Code identified as primary
21 affiliates by any university or college that makes a donation
22 to the Medicaid Research and Education Support Fund.

23 (b) By April 30 of each year a university or college that
24 intends to make a donation to the Medicaid Research and
25 Education Support Fund for the upcoming State fiscal year must

1 notify the Department of this intent and identify a primary
2 Tier I or Tier II academic medical center as defined in Section
3 5-5e.2 of this Code.

4 (c) Only Tier I and Tier II academic medical centers as
5 defined in Section 5-5e.2 of this Code identified by a
6 university or college as required under subsection (b) of this
7 Section are eligible to receive payments under this Section.
8 Hospitals defined in Section 5-5e.1 of this Code are not
9 qualified to receive payments under this Section.

10 (d) Reimbursement methodology. The Department shall
11 develop a reimbursement methodology consistent with this
12 Section for distribution of moneys from the funds in a manner
13 that would allow distributions from these funds to be matchable
14 under Title XIX of the Social Security Act. The Department may
15 enhance payment rates to any combination of Medicaid inpatient
16 or outpatient Medicaid services. The Department may enhance
17 Medicaid physician services for physicians employed by Tier I
18 or Tier II academic medical centers as defined in Section
19 5-5e.2 of this Code qualified to receive payment under this
20 Section if the Department and the Tier I or Tier II academic
21 medical centers as defined in Section 5-5e.2 of this Code agree
22 prior to the start of the State fiscal year for which payments
23 are made. The Department shall promulgate rules necessary to
24 make these distributions matchable.

25 (e) The Department of Healthcare and Family Services must
26 submit a State Medicaid Plan Amendment to the Centers for

1 Medicare and Medicaid Services to implement the payments under
2 this Section within 60 days of the effective date of this
3 amendatory Act of the 98th General Assembly.

4 (f) Reimbursements or payments by the State. Nothing in
5 this Section may be used to reduce reimbursements or payments
6 by the State to a hospital under any other Act.

7 Section 11-20. The Illinois Public Aid Code is amended by
8 changing Section 5-30 as follows:

9 (305 ILCS 5/5-30)

10 Sec. 5-30. Care coordination.

11 (a) At least 50% of recipients eligible for comprehensive
12 medical benefits in all medical assistance programs or other
13 health benefit programs administered by the Department,
14 including the Children's Health Insurance Program Act and the
15 Covering ALL KIDS Health Insurance Act, shall be enrolled in a
16 care coordination program by no later than January 1, 2015. For
17 purposes of this Section, "coordinated care" or "care
18 coordination" means delivery systems where recipients will
19 receive their care from providers who participate under
20 contract in integrated delivery systems that are responsible
21 for providing or arranging the majority of care, including
22 primary care physician services, referrals from primary care
23 physicians, diagnostic and treatment services, behavioral
24 health services, in-patient and outpatient hospital services,

1 dental services, and rehabilitation and long-term care
2 services. The Department shall designate or contract for such
3 integrated delivery systems (i) to ensure enrollees have a
4 choice of systems and of primary care providers within such
5 systems; (ii) to ensure that enrollees receive quality care in
6 a culturally and linguistically appropriate manner; and (iii)
7 to ensure that coordinated care programs meet the diverse needs
8 of enrollees with developmental, mental health, physical, and
9 age-related disabilities.

10 (b) Payment for such coordinated care shall be based on
11 arrangements where the State pays for performance related to
12 health care outcomes, the use of evidence-based practices, the
13 use of primary care delivered through comprehensive medical
14 homes, the use of electronic medical records, and the
15 appropriate exchange of health information electronically made
16 either on a capitated basis in which a fixed monthly premium
17 per recipient is paid and full financial risk is assumed for
18 the delivery of services, or through other risk-based payment
19 arrangements.

20 (c) To qualify for compliance with this Section, the 50%
21 goal shall be achieved by enrolling medical assistance
22 enrollees from each medical assistance enrollment category,
23 including parents, children, seniors, and people with
24 disabilities to the extent that current State Medicaid payment
25 laws would not limit federal matching funds for recipients in
26 care coordination programs. In addition, services must be more

1 comprehensively defined and more risk shall be assumed than in
2 the Department's primary care case management program as of the
3 effective date of this amendatory Act of the 96th General
4 Assembly.

5 (d) The Department shall report to the General Assembly in
6 a separate part of its annual medical assistance program
7 report, beginning April, 2012 until April, 2016, on the
8 progress and implementation of the care coordination program
9 initiatives established by the provisions of this amendatory
10 Act of the 96th General Assembly. The Department shall include
11 in its April 2011 report a full analysis of federal laws or
12 regulations regarding upper payment limitations to providers
13 and the necessary revisions or adjustments in rate
14 methodologies and payments to providers under this Code that
15 would be necessary to implement coordinated care with full
16 financial risk by a party other than the Department.

17 (e) Integrated Care Program for individuals with chronic
18 mental health conditions.

19 (1) The Integrated Care Program shall encompass
20 services administered to recipients of medical assistance
21 under this Article to prevent exacerbations and
22 complications using cost-effective, evidence-based
23 practice guidelines and mental health management
24 strategies.

25 (2) The Department may utilize and expand upon existing
26 contractual arrangements with integrated care plans under

1 the Integrated Care Program for providing the coordinated
2 care provisions of this Section.

3 (3) Payment for such coordinated care shall be based on
4 arrangements where the State pays for performance related
5 to mental health outcomes on a capitated basis in which a
6 fixed monthly premium per recipient is paid and full
7 financial risk is assumed for the delivery of services, or
8 through other risk-based payment arrangements such as
9 provider-based care coordination.

10 (4) The Department shall examine whether chronic
11 mental health management programs and services for
12 recipients with specific chronic mental health conditions
13 do any or all of the following:

14 (A) Improve the patient's overall mental health in
15 a more expeditious and cost-effective manner.

16 (B) Lower costs in other aspects of the medical
17 assistance program, such as hospital admissions,
18 emergency room visits, or more frequent and
19 inappropriate psychotropic drug use.

20 (5) The Department shall work with the facilities and
21 any integrated care plan participating in the program to
22 identify and correct barriers to the successful
23 implementation of this subsection (e) prior to and during
24 the implementation to best facilitate the goals and
25 objectives of this subsection (e).

26 (f) A hospital that is located in a county of the State in

1 which the Department mandates some or all of the beneficiaries
2 of the Medical Assistance Program residing in the county to
3 enroll in a Care Coordination Program, as set forth in Section
4 5-30 of this Code, shall not be eligible for any non-claims
5 based payments not mandated by Article V-A of this Code for
6 which it would otherwise be qualified to receive, unless the
7 hospital is a Coordinated Care Participating Hospital no later
8 than 60 days after the effective date of this amendatory Act of
9 the 97th General Assembly or 60 days after the first mandatory
10 enrollment of a beneficiary in a Coordinated Care program. For
11 purposes of this subsection, "Coordinated Care Participating
12 Hospital" means a hospital that meets one of the following
13 criteria:

14 (1) The hospital has entered into a contract to provide
15 hospital services to enrollees of the care coordination
16 program.

17 (2) The hospital has not been offered a contract by a
18 care coordination plan that pays at least as much as the
19 Department would pay, on a fee-for-service basis, not
20 including disproportionate share hospital adjustment
21 payments or any other supplemental adjustment or add-on
22 payment to the base fee-for-service rate.

23 (g) No later than August 1, 2013, the Department shall
24 issue a purchase of care solicitation for Accountable Care
25 Entities (ACE) to serve any children and parents or caretaker
26 relatives of children eligible for medical assistance under

1 this Article. An ACE may be a single corporate structure or a
2 network of providers organized through contractual
3 relationships with a single corporate entity. The solicitation
4 shall require that:

5 (1) An ACE operating in Cook County be capable of
6 servng at least 40,000 eligible individuals in that
7 county; an ACE operating in Lake, Kane, DuPage, or Will
8 Counties be capable of serving at least 20,000 eligible
9 individuals in those counties and an ACE operating in other
10 regions of the State be capable of serving at least 10,000
11 eligible individuals in the region in which it operates.
12 During initial periods of mandatory enrollment, the
13 Department shall require its enrollment services
14 contractor to use a default assignment algorithm that
15 ensures if possible an ACE reaches the minimum enrollment
16 levels set forth in this paragraph.

17 (2) An ACE must include at a minimum the following
18 types of providers: primary care, specialty care,
19 hospitals, and behavioral healthcare.

20 (3) An ACE shall have a governance structure that
21 includes the major components of the health care delivery
22 system, including one representative from each of the
23 groups listed in paragraph (2).

24 (4) An ACE must be an integrated delivery system,
25 including a network able to provide the full range of
26 services needed by Medicaid beneficiaries and system

1 capacity to securely pass clinical information across
2 participating entities and to aggregate and analyze that
3 data in order to coordinate care.

4 (5) An ACE must be capable of providing both care
5 coordination and complex case management, as necessary, to
6 beneficiaries. To be responsive to the solicitation, a
7 potential ACE must outline its care coordination and
8 complex case management model and plan to reduce the cost
9 of care.

10 (6) In the first 18 months of operation, unless the ACE
11 selects a shorter period, an ACE shall be paid care
12 coordination fees on a per member per month basis that are
13 projected to be cost neutral to the State during the term
14 of their payment and, subject to federal approval, be
15 eligible to share in additional savings generated by their
16 care coordination.

17 (7) In months 19 through 36 of operation, unless the
18 ACE selects a shorter period, an ACE shall be paid on a
19 pre-paid capitation basis for all medical assistance
20 covered services, under contract terms similar to Managed
21 Care Organizations (MCO), with the Department sharing the
22 risk through either stop-loss insurance for extremely high
23 cost individuals or corridors of shared risk based on the
24 overall cost of the total enrollment in the ACE. The ACE
25 shall be responsible for claims processing, encounter data
26 submission, utilization control, and quality assurance.

1 (8) In the fourth and subsequent years of operation, an
2 ACE shall convert to a Managed Care Community Network
3 (MCCN), as defined in this Article, or Health Maintenance
4 Organization pursuant to the Illinois Insurance Code,
5 accepting full-risk capitation payments.

6 The Department shall allow potential ACE entities 5 months
7 from the date of the posting of the solicitation to submit
8 proposals. After the solicitation is released, in addition to
9 the MCO rate development data available on the Department's
10 website, subject to federal and State confidentiality and
11 privacy laws and regulations, the Department shall provide 2
12 years of de-identified summary service data on the targeted
13 population, split between children and adults, showing the
14 historical type and volume of services received and the cost of
15 those services to those potential bidders that sign a data use
16 agreement. The Department may add up to 2 non-state government
17 employees with expertise in creating integrated delivery
18 systems to its review team for the purchase of care
19 solicitation described in this subsection. Any such
20 individuals must sign a no-conflict disclosure and
21 confidentiality agreement and agree to act in accordance with
22 all applicable State laws.

23 During the first 2 years of an ACE's operation, the
24 Department shall provide claims data to the ACE on its
25 enrollees on a periodic basis no less frequently than monthly.

26 Nothing in this subsection shall be construed to limit the

1 Department's mandate to enroll 50% of its beneficiaries into
2 care coordination systems by January 1, 2015, using all
3 available care coordination delivery systems, including Care
4 Coordination Entities (CCE), MCCNs, or MCOs, nor be construed
5 to affect the current CCEs, MCCNs, and MCOs selected to serve
6 seniors and persons with disabilities prior to that date.

7 (h) Department contracts with MCOs and other entities
8 reimbursed by risk based capitation shall have a minimum
9 medical loss ratio of 85%, shall require the MCO or other
10 entity to pay claims within 30 days of receiving a bill that
11 contains all the essential information needed to adjudicate the
12 bill, and shall require the entity to pay a penalty that is at
13 least equal to the penalty imposed under the Illinois Insurance
14 Code for any claims not paid within this time period. The
15 requirements of this subsection shall apply to contracts with
16 MCOs entered into or renewed or extended after June 1, 2013.

17 (Source: P.A. 96-1501, eff. 1-25-11; 97-689, eff. 6-14-12.)

18 Section 11-25. The Illinois Public Aid Code is amended by
19 changing Section 5-5.02 as follows:

20 (305 ILCS 5/5-5.02) (from Ch. 23, par. 5-5.02)

21 Sec. 5-5.02. Hospital reimbursements.

22 (a) Reimbursement to Hospitals; July 1, 1992 through
23 September 30, 1992. Notwithstanding any other provisions of
24 this Code or the Illinois Department's Rules promulgated under

1 the Illinois Administrative Procedure Act, reimbursement to
2 hospitals for services provided during the period July 1, 1992
3 through September 30, 1992, shall be as follows:

4 (1) For inpatient hospital services rendered, or if
5 applicable, for inpatient hospital discharges occurring,
6 on or after July 1, 1992 and on or before September 30,
7 1992, the Illinois Department shall reimburse hospitals
8 for inpatient services under the reimbursement
9 methodologies in effect for each hospital, and at the
10 inpatient payment rate calculated for each hospital, as of
11 June 30, 1992. For purposes of this paragraph,
12 "reimbursement methodologies" means all reimbursement
13 methodologies that pertain to the provision of inpatient
14 hospital services, including, but not limited to, any
15 adjustments for disproportionate share, targeted access,
16 critical care access and uncompensated care, as defined by
17 the Illinois Department on June 30, 1992.

18 (2) For the purpose of calculating the inpatient
19 payment rate for each hospital eligible to receive
20 quarterly adjustment payments for targeted access and
21 critical care, as defined by the Illinois Department on
22 June 30, 1992, the adjustment payment for the period July
23 1, 1992 through September 30, 1992, shall be 25% of the
24 annual adjustment payments calculated for each eligible
25 hospital, as of June 30, 1992. The Illinois Department
26 shall determine by rule the adjustment payments for

1 targeted access and critical care beginning October 1,
2 1992.

3 (3) For the purpose of calculating the inpatient
4 payment rate for each hospital eligible to receive
5 quarterly adjustment payments for uncompensated care, as
6 defined by the Illinois Department on June 30, 1992, the
7 adjustment payment for the period August 1, 1992 through
8 September 30, 1992, shall be one-sixth of the total
9 uncompensated care adjustment payments calculated for each
10 eligible hospital for the uncompensated care rate year, as
11 defined by the Illinois Department, ending on July 31,
12 1992. The Illinois Department shall determine by rule the
13 adjustment payments for uncompensated care beginning
14 October 1, 1992.

15 (b) Inpatient payments. For inpatient services provided on
16 or after October 1, 1993, in addition to rates paid for
17 hospital inpatient services pursuant to the Illinois Health
18 Finance Reform Act, as now or hereafter amended, or the
19 Illinois Department's prospective reimbursement methodology,
20 or any other methodology used by the Illinois Department for
21 inpatient services, the Illinois Department shall make
22 adjustment payments, in an amount calculated pursuant to the
23 methodology described in paragraph (c) of this Section, to
24 hospitals that the Illinois Department determines satisfy any
25 one of the following requirements:

26 (1) Hospitals that are described in Section 1923 of the

1 federal Social Security Act, as now or hereafter amended,
2 except that for rate year 2015 and after a hospital
3 described in Section 1923(b)(1)(B) of the federal Social
4 Security Act and qualified for the payments described in
5 subsection (c) of this Section for rate year 2014 provided
6 the hospital continues to meet the description in Section
7 1923(b)(1)(B) in the current determination year; or

8 (2) Illinois hospitals that have a Medicaid inpatient
9 utilization rate which is at least one-half a standard
10 deviation above the mean Medicaid inpatient utilization
11 rate for all hospitals in Illinois receiving Medicaid
12 payments from the Illinois Department; or

13 (3) Illinois hospitals that on July 1, 1991 had a
14 Medicaid inpatient utilization rate, as defined in
15 paragraph (h) of this Section, that was at least the mean
16 Medicaid inpatient utilization rate for all hospitals in
17 Illinois receiving Medicaid payments from the Illinois
18 Department and which were located in a planning area with
19 one-third or fewer excess beds as determined by the Health
20 Facilities and Services Review Board, and that, as of June
21 30, 1992, were located in a federally designated Health
22 Manpower Shortage Area; or

23 (4) Illinois hospitals that:

24 (A) have a Medicaid inpatient utilization rate
25 that is at least equal to the mean Medicaid inpatient
26 utilization rate for all hospitals in Illinois

1 receiving Medicaid payments from the Department; and

2 (B) also have a Medicaid obstetrical inpatient
3 utilization rate that is at least one standard
4 deviation above the mean Medicaid obstetrical
5 inpatient utilization rate for all hospitals in
6 Illinois receiving Medicaid payments from the
7 Department for obstetrical services; or

8 (5) Any children's hospital, which means a hospital
9 devoted exclusively to caring for children. A hospital
10 which includes a facility devoted exclusively to caring for
11 children shall be considered a children's hospital to the
12 degree that the hospital's Medicaid care is provided to
13 children if either (i) the facility devoted exclusively to
14 caring for children is separately licensed as a hospital by
15 a municipality prior to February 28, 2013 ~~September 30,~~
16 ~~1998~~ or (ii) the hospital has been designated by the State
17 as a Level III perinatal care facility, has a Medicaid
18 Inpatient Utilization rate greater than 55% for the rate
19 year 2003 disproportionate share determination, and has
20 more than 10,000 qualified children days as defined by the
21 Department in rulemaking.

22 (c) Inpatient adjustment payments. The adjustment payments
23 required by paragraph (b) shall be calculated based upon the
24 hospital's Medicaid inpatient utilization rate as follows:

25 (1) hospitals with a Medicaid inpatient utilization
26 rate below the mean shall receive a per day adjustment

1 payment equal to \$25;

2 (2) hospitals with a Medicaid inpatient utilization
3 rate that is equal to or greater than the mean Medicaid
4 inpatient utilization rate but less than one standard
5 deviation above the mean Medicaid inpatient utilization
6 rate shall receive a per day adjustment payment equal to
7 the sum of \$25 plus \$1 for each one percent that the
8 hospital's Medicaid inpatient utilization rate exceeds the
9 mean Medicaid inpatient utilization rate;

10 (3) hospitals with a Medicaid inpatient utilization
11 rate that is equal to or greater than one standard
12 deviation above the mean Medicaid inpatient utilization
13 rate but less than 1.5 standard deviations above the mean
14 Medicaid inpatient utilization rate shall receive a per day
15 adjustment payment equal to the sum of \$40 plus \$7 for each
16 one percent that the hospital's Medicaid inpatient
17 utilization rate exceeds one standard deviation above the
18 mean Medicaid inpatient utilization rate; and

19 (4) hospitals with a Medicaid inpatient utilization
20 rate that is equal to or greater than 1.5 standard
21 deviations above the mean Medicaid inpatient utilization
22 rate shall receive a per day adjustment payment equal to
23 the sum of \$90 plus \$2 for each one percent that the
24 hospital's Medicaid inpatient utilization rate exceeds 1.5
25 standard deviations above the mean Medicaid inpatient
26 utilization rate.

1 (d) Supplemental adjustment payments. In addition to the
2 adjustment payments described in paragraph (c), hospitals as
3 defined in clauses (1) through (5) of paragraph (b), excluding
4 county hospitals (as defined in subsection (c) of Section 15-1
5 of this Code) and a hospital organized under the University of
6 Illinois Hospital Act, shall be paid supplemental inpatient
7 adjustment payments of \$60 per day. For purposes of Title XIX
8 of the federal Social Security Act, these supplemental
9 adjustment payments shall not be classified as adjustment
10 payments to disproportionate share hospitals.

11 (e) The inpatient adjustment payments described in
12 paragraphs (c) and (d) shall be increased on October 1, 1993
13 and annually thereafter by a percentage equal to the lesser of
14 (i) the increase in the DRI hospital cost index for the most
15 recent 12 month period for which data are available, or (ii)
16 the percentage increase in the statewide average hospital
17 payment rate over the previous year's statewide average
18 hospital payment rate. The sum of the inpatient adjustment
19 payments under paragraphs (c) and (d) to a hospital, other than
20 a county hospital (as defined in subsection (c) of Section 15-1
21 of this Code) or a hospital organized under the University of
22 Illinois Hospital Act, however, shall not exceed \$275 per day;
23 that limit shall be increased on October 1, 1993 and annually
24 thereafter by a percentage equal to the lesser of (i) the
25 increase in the DRI hospital cost index for the most recent
26 12-month period for which data are available or (ii) the

1 percentage increase in the statewide average hospital payment
2 rate over the previous year's statewide average hospital
3 payment rate.

4 (f) Children's hospital inpatient adjustment payments. For
5 children's hospitals, as defined in clause (5) of paragraph
6 (b), the adjustment payments required pursuant to paragraphs
7 (c) and (d) shall be multiplied by 2.0.

8 (g) County hospital inpatient adjustment payments. For
9 county hospitals, as defined in subsection (c) of Section 15-1
10 of this Code, there shall be an adjustment payment as
11 determined by rules issued by the Illinois Department.

12 (h) For the purposes of this Section the following terms
13 shall be defined as follows:

14 (1) "Medicaid inpatient utilization rate" means a
15 fraction, the numerator of which is the number of a
16 hospital's inpatient days provided in a given 12-month
17 period to patients who, for such days, were eligible for
18 Medicaid under Title XIX of the federal Social Security
19 Act, and the denominator of which is the total number of
20 the hospital's inpatient days in that same period.

21 (2) "Mean Medicaid inpatient utilization rate" means
22 the total number of Medicaid inpatient days provided by all
23 Illinois Medicaid-participating hospitals divided by the
24 total number of inpatient days provided by those same
25 hospitals.

26 (3) "Medicaid obstetrical inpatient utilization rate"

1 means the ratio of Medicaid obstetrical inpatient days to
2 total Medicaid inpatient days for all Illinois hospitals
3 receiving Medicaid payments from the Illinois Department.

4 (i) Inpatient adjustment payment limit. In order to meet
5 the limits of Public Law 102-234 and Public Law 103-66, the
6 Illinois Department shall by rule adjust disproportionate
7 share adjustment payments.

8 (j) University of Illinois Hospital inpatient adjustment
9 payments. For hospitals organized under the University of
10 Illinois Hospital Act, there shall be an adjustment payment as
11 determined by rules adopted by the Illinois Department.

12 (k) The Illinois Department may by rule establish criteria
13 for and develop methodologies for adjustment payments to
14 hospitals participating under this Article.

15 (l) On and after July 1, 2012, the Department shall reduce
16 any rate of reimbursement for services or other payments or
17 alter any methodologies authorized by this Code to reduce any
18 rate of reimbursement for services or other payments in
19 accordance with Section 5-5e.

20 (Source: P.A. 96-31, eff. 6-30-09; 97-689, eff. 6-14-12.)

21 Section 11-30. The Personnel Code is amended by changing
22 Section 4d as follows:

23 (20 ILCS 415/4d) (from Ch. 127, par. 63b104d)

24 Sec. 4d. Partial exemptions. The following positions in

1 State service are exempt from jurisdictions A, B, and C to the
2 extent stated for each, unless those jurisdictions are extended
3 as provided in this Act:

4 (1) In each department, board or commission that now
5 maintains or may hereafter maintain a major administrative
6 division, service or office in both Sangamon County and
7 Cook County, 2 private secretaries for the director or
8 chairman thereof, one located in the Cook County office and
9 the other located in the Sangamon County office, shall be
10 exempt from jurisdiction B; in all other departments,
11 boards and commissions one private secretary for the
12 director or chairman thereof shall be exempt from
13 jurisdiction B. In all departments, boards and commissions
14 one confidential assistant for the director or chairman
15 thereof shall be exempt from jurisdiction B. This paragraph
16 is subject to such modifications or waiver of the
17 exemptions as may be necessary to assure the continuity of
18 federal contributions in those agencies supported in whole
19 or in part by federal funds.

20 (2) The resident administrative head of each State
21 charitable, penal and correctional institution, the
22 chaplains thereof, and all member, patient and inmate
23 employees are exempt from jurisdiction B.

24 (3) The Civil Service Commission, upon written
25 recommendation of the Director of Central Management
26 Services, shall exempt from jurisdiction B other positions

1 which, in the judgment of the Commission, involve either
2 principal administrative responsibility for the
3 determination of policy or principal administrative
4 responsibility for the way in which policies are carried
5 out, except positions in agencies which receive federal
6 funds if such exemption is inconsistent with federal
7 requirements, and except positions in agencies supported
8 in whole by federal funds.

9 (4) All beauticians and teachers of beauty culture and
10 teachers of barbering, and all positions heretofore paid
11 under Section 1.22 of "An Act to standardize position
12 titles and salary rates", approved June 30, 1943, as
13 amended, shall be exempt from jurisdiction B.

14 (5) Licensed attorneys in positions as legal or
15 technical advisors, positions in the Department of Natural
16 Resources requiring incumbents to be either a registered
17 professional engineer or to hold a bachelor's degree in
18 engineering from a recognized college or university,
19 licensed physicians in positions of medical administrator
20 or physician or physician specialist (including
21 psychiatrists), and registered nurses (except those
22 registered nurses employed by the Department of Public
23 Health), except those in positions in agencies which
24 receive federal funds if such exemption is inconsistent
25 with federal requirements and except those in positions in
26 agencies supported in whole by federal funds, are exempt

1 from jurisdiction B only to the extent that the
2 requirements of Section 8b.1, 8b.3 and 8b.5 of this Code
3 need not be met.

4 (6) All positions established outside the geographical
5 limits of the State of Illinois to which appointments of
6 other than Illinois citizens may be made are exempt from
7 jurisdiction B.

8 (7) Staff attorneys reporting directly to individual
9 Commissioners of the Illinois Workers' Compensation
10 Commission are exempt from jurisdiction B.

11 (8) Twenty-one senior public service administrator
12 positions within the Department of Healthcare and Family
13 Services, as set forth in this paragraph (8), requiring the
14 specific knowledge of healthcare administration,
15 healthcare finance, healthcare data analytics, or
16 information technology described are exempt from
17 jurisdiction B only to the extent that the requirements of
18 Sections 8b.1, 8b.3, and 8b.5 of this Code need not be met.
19 The General Assembly finds that these positions are all
20 senior policy makers and have spokesperson authority for
21 the Director of the Department of Healthcare and Family
22 Services. When filling positions so designated, the
23 Director of Healthcare and Family Services shall cause a
24 position description to be published which allots points to
25 various qualifications desired. After scoring qualified
26 applications, the Director shall add Veteran's Preference

1 points as enumerated in Section 8b.7 of this Code. The
2 following are the minimum qualifications for the senior
3 public service administrator positions provided for in
4 this paragraph (8):

5 (A) HEALTHCARE ADMINISTRATION.

6 Medical Director: Licensed Medical Doctor in
7 good standing; experience in healthcare payment
8 systems, pay for performance initiatives, medical
9 necessity criteria or federal or State quality
10 improvement programs; preferred experience serving
11 Medicaid patients or experience in population
12 health programs with a large provider, health
13 insurer, government agency, or research
14 institution.

15 Chief, Bureau of Quality Management: Advanced
16 degree in health policy or health professional
17 field preferred; at least 3 years experience in
18 implementing or managing healthcare quality
19 improvement initiatives in a clinical setting.

20 Quality Management Bureau: Manager, Care
21 Coordination/Managed Care Quality: Clinical degree
22 or advanced degree in relevant field required;
23 experience in the field of managed care quality
24 improvement, with knowledge of HEDIS measurements,
25 coding, and related data definitions.

26 Quality Management Bureau: Manager, Primary

1 Care Provider Quality and Practice Development:
2 Clinical degree or advanced degree in relevant
3 field required; experience in practice
4 administration in the primary care setting with a
5 provider or a provider association or an
6 accrediting body; knowledge of practice standards
7 for medical homes and best evidence based
8 standards of care for primary care.

9 Director of Care Coordination Contracts and
10 Compliance: Bachelor's degree required; multi-year
11 experience in negotiating managed care contracts,
12 preferably on behalf of a payer; experience with
13 health care contract compliance.

14 Manager, Long Term Care Policy: Bachelor's
15 degree required; social work, gerontology, or
16 social service degree preferred; knowledge of
17 Olmstead and other relevant court decisions
18 required; experience working with diverse long
19 term care populations and service systems, federal
20 initiatives to create long term care community
21 options, and home and community-based waiver
22 services required. The General Assembly finds that
23 this position is necessary for the timely and
24 effective implementation of this amendatory Act of
25 the 97th General Assembly.

26 Manager, Behavioral Health Programs: Clinical

1 license or Advanced degree required, preferably in
2 psychology, social work, or relevant field;
3 knowledge of medical necessity criteria and
4 governmental policies and regulations governing
5 the provision of mental health services to
6 Medicaid populations, including children and
7 adults, in community and institutional settings of
8 care. The General Assembly finds that this
9 position is necessary for the timely and effective
10 implementation of this amendatory Act of the 97th
11 General Assembly.

12 Manager, Office of Accountable Care Entity
13 Development ~~Chief, Bureau of Maternal and Child~~
14 ~~Health Promotion:~~ Bachelor's degree required,
15 clinical degree or advanced degree in relevant
16 field preferred; experience in developing
17 integrated delivery systems, including knowledge
18 of health homes and evidence-based standards of
19 care delivery ~~advanced degree preferred, in public~~
20 ~~health, health care management, or a clinical~~
21 ~~field;~~ multi-year experience in health care or
22 public health management; knowledge of federal ACO
23 or other similar delivery system ~~EPSDT~~
24 requirements and strategies for improving health
25 care delivery ~~for children as well as improving~~
26 ~~birth outcomes.~~

1 Manager of Federal Regulatory Compliance
2 ~~Director of Dental Program:~~ Bachelor's degree
3 required, advanced degree preferred, in healthcare
4 management or relevant field; experience in
5 healthcare administration or Medicaid State Plan
6 amendments preferred; experience interpreting
7 federal rules; experience with either federal
8 health care agency or with a State agency in
9 working with federal regulations; ~~experience in~~
10 ~~administering dental healthcare programs,~~
11 ~~knowledge of practice standards for dental care~~
12 ~~and treatment services; knowledge of the public~~
13 ~~dental health infrastructure.~~

14 Manager, Office of Medical Project Management:
15 Bachelor's degree required, project management
16 certification preferred; multi-year experience in
17 project management and developing business analyst
18 skills; leadership skills to manage multiple and
19 complex projects.

20 Manager of Medicare/Medicaid Coordination:
21 Bachelor's degree required, knowledge and
22 experience with Medicare Advantage rules and
23 regulations, knowledge of Medicaid laws and
24 policies; experience with contract drafting
25 preferred.

26 Chief, Bureau of Eligibility Integrity:

1 Bachelor's degree required, advanced degree in
2 public administration or business administration
3 preferred; experience equivalent to 4 years of
4 administration in a public or business
5 organization required; experience with managing
6 contract compliance required; knowledge of
7 Medicaid eligibility laws and policy preferred;
8 supervisory experience preferred. The General
9 Assembly finds that this position is necessary for
10 the timely and effective implementation of this
11 amendatory Act of the 97th General Assembly.

12 (B) HEALTHCARE FINANCE.

13 Director of Care Coordination Rate and
14 Finance: MBA, CPA, or Actuarial degree required;
15 experience in managed care rate setting,
16 including, but not limited to, baseline costs and
17 growth trends; knowledge and experience with
18 Medical Loss Ratio standards and measurements.

19 Director of Encounter Data Program: Bachelor's
20 degree required, advanced degree preferred,
21 preferably in health care, business, or
22 information systems; at least 2 years healthcare
23 or other similar data reporting experience,
24 including, but not limited to, data definitions,
25 submission, and editing; ~~strong~~ background in
26 HIPAA transactions relevant to encounter data

1 submission; experience with large provider, health
2 insurer, government agency, or research
3 institution or other knowledge of healthcare
4 claims systems.

5 ~~Chief, Bureau of Rate Development and~~
6 ~~Analysis: Bachelor's degree required, advanced~~
7 ~~degree preferred, with preferred coursework in~~
8 ~~business or public administration, accounting,~~
9 ~~finance, data analysis, or statistics; experience~~
10 ~~with Medicaid reimbursement methodologies and~~
11 ~~regulations; experience with extracting data from~~
12 ~~large systems for analysis.~~

13 Manager of Medical Finance, Division of
14 Finance: Requires relevant advanced degree or
15 certification in relevant field, such as Certified
16 Public Accountant; coursework in business or
17 public administration, accounting, finance, data
18 analysis, or statistics preferred; experience in
19 control systems and GAAP; financial management
20 experience in a healthcare or government entity
21 utilizing Medicaid funding.

22 (C) HEALTHCARE DATA ANALYTICS.

23 Data Quality Assurance Manager: Bachelor's
24 degree required, advanced degree preferred,
25 preferably in business, information systems, or
26 epidemiology; at least 3 years of extensive

1 healthcare data reporting experience with a large
2 provider, health insurer, government agency, or
3 research institution; previous data quality
4 assurance role or formal data quality assurance
5 training.

6 Data Analytics Unit Manager: Bachelor's degree
7 required, advanced degree preferred, in
8 information systems, applied mathematics, or
9 another field with a strong analytics component;
10 extensive healthcare data reporting experience
11 with a large provider, health insurer, government
12 agency, or research institution; experience as a
13 business analyst interfacing between business and
14 information technology departments; in-depth
15 knowledge of health insurance coding and evolving
16 healthcare quality metrics; working knowledge of
17 SQL and/or SAS.

18 Data Analytics Platform Manager: Bachelor's
19 degree required, advanced degree preferred,
20 preferably in business or information systems;
21 extensive healthcare data reporting experience
22 with a large provider, health insurer, government
23 agency, or research institution; previous
24 experience working on a health insurance data
25 analytics platform; experience managing contracts
26 and vendors preferred.

1 (D) HEALTHCARE INFORMATION TECHNOLOGY.

2 Manager of MMIS Claims Unit: Bachelor's degree
3 required, with preferred coursework in business,
4 public administration, information systems;
5 experience equivalent to 4 years of administration
6 in a public or business organization; working
7 knowledge with design and implementation of
8 technical solutions to medical claims payment
9 systems; extensive technical writing experience,
10 including, but not limited to, the development of
11 RFPs, APDs, feasibility studies, and related
12 documents; thorough knowledge of IT system design,
13 commercial off the shelf software packages and
14 hardware components.

15 Assistant Bureau Chief, Office of Information
16 Systems: Bachelor's degree required, with
17 preferred coursework in business, public
18 administration, information systems; experience
19 equivalent to 5 years of administration in a public
20 or private business organization; extensive
21 technical writing experience, including, but not
22 limited to, the development of RFPs, APDs,
23 feasibility studies and related documents;
24 extensive healthcare technology experience with a
25 large provider, health insurer, government agency,
26 or research institution; experience as a business

1 analyst interfacing between business and
2 information technology departments; thorough
3 knowledge of IT system design, commercial off the
4 shelf software packages and hardware components.

5 Technical System Architect: Bachelor's degree
6 required, with preferred coursework in computer
7 science or information technology; prior
8 experience equivalent to 5 years of computer
9 science or IT administration in a public or
10 business organization; extensive healthcare
11 technology experience with a large provider,
12 health insurer, government agency, or research
13 institution; experience as a business analyst
14 interfacing between business and information
15 technology departments.

16 The provisions of this paragraph (8), other than this
17 sentence, are inoperative after January 1, 2014.

18 (Source: P.A. 97-649, eff. 12-30-11; 97-689, eff. 6-14-12.)

19 Section 11-35. The Illinois Public Aid Code is amended by
20 changing Section 5-5.2 as follows:

21 (305 ILCS 5/5-5.2) (from Ch. 23, par. 5-5.2)

22 Sec. 5-5.2. Payment.

23 (a) All nursing facilities that are grouped pursuant to
24 Section 5-5.1 of this Act shall receive the same rate of

1 payment for similar services.

2 (b) It shall be a matter of State policy that the Illinois
3 Department shall utilize a uniform billing cycle throughout the
4 State for the long-term care providers.

5 (c) Notwithstanding any other provisions of this Code, the
6 methodologies for reimbursement of nursing services as
7 provided under this Article shall no longer be applicable for
8 bills payable for nursing services rendered on or after a new
9 reimbursement system based on the Resource Utilization Groups
10 (RUGs) has been fully operationalized, which shall take effect
11 for services provided on or after January 1, 2014.

12 (d) The new nursing services reimbursement methodology
13 utilizing RUG-IV 48 grouper model, which shall be referred to
14 as the RUGs reimbursement system, taking effect January 1,
15 2014, shall be based on the following: A new nursing services
16 reimbursement methodology utilizing RUGs IV 48 grouper model
17 shall be established and may include an Illinois specific
18 default group, as needed.

19 (1) The methodology ~~The new RUGs based nursing~~
20 ~~services reimbursement methodology~~ shall be
21 resident-driven, facility-specific, and cost-based.

22 (2) Costs shall be annually rebased and case mix index
23 quarterly updated. The nursing services methodology will
24 be assigned to the Medicaid enrolled resident on record as
25 of 30 days prior to the beginning of the rate period in the
26 Department's Medicaid Management Information System (MMIS)

1 as present on the last day of the second quarter preceding
2 the rate period.

3 (3) Regional ~~The methodology shall include regional~~
4 wage adjustors based on the Health Service Areas (HSA)
5 groupings and adjusters in effect on April 30, 2012 shall
6 be included.

7 (4) Case ~~The Department shall assign a case~~ mix index
8 shall be assigned to each resident class based on the
9 Centers for Medicare and Medicaid Services staff time
10 measurement study in effect on July 1, 2013, utilizing an
11 index maximization approach.

12 (5) The pool of funds available for distribution by
13 case mix and the base facility rate shall be determined
14 using the formula contained in subsection (d-1).

15 (d-1) Calculation of base year Statewide RUG-IV nursing
16 base per diem rate.

17 (1) Base rate spending pool shall be:

18 (A) The base year resident days which are
19 calculated by multiplying the number of Medicaid
20 residents in each nursing home as indicated in the MDS
21 data defined in paragraph (4) by 365.

22 (B) Each facility's nursing component per diem in
23 effect on July 1, 2012 shall be multiplied by
24 subsection (A).

25 (C) Thirteen million is added to the product of
26 subparagraph (A) and subparagraph (B) to adjust for the

1 exclusion of nursing homes defined in paragraph (5).

2 (2) For each nursing home with Medicaid residents as
3 indicated by the MDS data defined in paragraph (4),
4 weighted days adjusted for case mix and regional wage
5 adjustment shall be calculated. For each home this
6 calculation is the product of:

7 (A) Base year resident days as calculated in
8 subparagraph (A) of paragraph (1).

9 (B) The nursing home's regional wage adjustor
10 based on the Health Service Areas (HSA) groupings and
11 adjustors in effect on April 30, 2012.

12 (C) Facility weighted case mix which is the number
13 of Medicaid residents as indicated by the MDS data
14 defined in paragraph (4) multiplied by the associated
15 case weight for the RUG-IV 48 grouper model using
16 standard RUG-IV procedures for index maximization.

17 (D) The sum of the products calculated for each
18 nursing home in subparagraphs (A) through (C) above
19 shall be the base year case mix, rate adjusted weighted
20 days.

21 (3) The Statewide RUG-IV nursing base per diem rate on
22 January 1, 2014 shall be the quotient of the paragraph (1)
23 divided by the sum calculated under subparagraph (D) of
24 paragraph (2).

25 (4) Minimum Data Set (MDS) comprehensive assessments
26 for Medicaid residents on the last day of the quarter used

1 to establish the base rate.

2 (5) Nursing facilities designated as of July 1, 2012 by
3 the Department as "Institutions for Mental Disease" shall
4 be excluded from all calculations under this subsection.

5 The data from these facilities shall not be used in the
6 computations described in paragraphs (1) through (4) above
7 to establish the base rate.

8 (e) Notwithstanding any other provision of this Code, the
9 Department shall by rule develop a reimbursement methodology
10 reflective of the intensity of care and services requirements
11 of low need residents in the lowest RUG IV groupers and
12 corresponding regulations. Only that portion of the RUGs
13 Reimbursement System spending pool described in subsection
14 (d-1) attributed to the groupers as of July 1, 2013 for which
15 the methodology in this Section is developed may be diverted
16 for this purpose. The Department shall submit the rules no
17 later than January 1, 2014 for an implementation date no later
18 than January 1, 2015. If the Department does not implement this
19 reimbursement methodology by the required date, the nursing
20 component per diem on January 1, 2015 for residents classified
21 in RUG-IV groups PA1, PA2, BA1, and BA2 shall be the blended
22 rate of the calculated RUG-IV nursing component per diem and
23 the nursing component per diem in effect on July 1, 2012. This
24 blended rate shall be applied only to nursing homes whose
25 resident population is greater than or equal to 70% of the
26 total residents served and whose RUG-IV nursing component per

1 diem rate is less than the nursing component per diem in effect
2 on July 1, 2012. This blended rate shall be in effect until the
3 reimbursement methodology is implemented or until July 1, 2019,
4 which ever is sooner.

5 (e-1) Notwithstanding any other provision of this Article,
6 rates established pursuant to this subsection shall not apply
7 to any and all nursing facilities designated by the Department
8 as "Institutions for Mental Disease" and shall be excluded from
9 the RUGs Reimbursement System applicable to facilities not
10 designated as "Institutions for the Mentally Diseased" by the
11 Department.

12 (e-2) Transition rates for services provided between
13 January 1, 2014 and December 31, 2014 shall be as follows:

14 (1) The transition RUG-IV per diem nursing rate for
15 nursing homes whose rate calculated in subsection (d-1) is
16 greater than the nursing component rate in effect July 1,
17 2012 shall be paid the sum of:

18 (A) The nursing component rate in effect July 1,
19 2012; plus

20 (B) The difference of the RUG-IV nursing component
21 per diem calculated for the current quarter minus, the
22 nursing component rate in effect July 1, 2012
23 multiplied by 0.88.

24 (2) The transition RUG-IV per diem nursing rate for
25 nursing homes whose rate calculated in subsection (d-1) is
26 less than the nursing component rate in effect July 1, 2012

1 shall be paid the sum of:

2 (A) The nursing component rate in effect July 1,
3 2012; plus

4 (B) The difference of the RUG-IV nursing component
5 per diem calculated for the current quarter minus the
6 nursing component rate in effect July 1, 2012
7 multiplied by 0.13.

8 (f) Notwithstanding any other provision of this Code, on
9 and after July 1, 2012, reimbursement rates associated with the
10 nursing or support components of the current nursing facility
11 rate methodology shall not increase beyond the level effective
12 May 1, 2011 until a new reimbursement system based on the RUGs
13 IV 48 grouper model has been fully operationalized.

14 (g) Notwithstanding any other provision of this Code, on
15 and after July 1, 2012, for facilities not designated by the
16 Department of Healthcare and Family Services as "Institutions
17 for Mental Disease", rates effective May 1, 2011 shall be
18 adjusted as follows:

19 (1) Individual nursing rates for residents classified
20 in RUG IV groups PA1, PA2, BA1, and BA2 during the quarter
21 ending March 31, 2012 shall be reduced by 10%;

22 (2) Individual nursing rates for residents classified
23 in all other RUG IV groups shall be reduced by 1.0%;

24 (3) Facility rates for the capital and support
25 components shall be reduced by 1.7%.

26 (h) Notwithstanding any other provision of this Code, on

1 and after July 1, 2012, nursing facilities designated by the
2 Department of Healthcare and Family Services as "Institutions
3 for Mental Disease" and "Institutions for Mental Disease" that
4 are facilities licensed under the Specialized Mental Health
5 Rehabilitation Act shall have the nursing,
6 socio-developmental, capital, and support components of their
7 reimbursement rate effective May 1, 2011 reduced in total by
8 2.7%.

9 (Source: P.A. 96-1530, eff. 2-16-11; 97-689, eff. 6-14-12.)

10 Section 11-40. The Mental Health and Developmental
11 Disabilities Code is amended by adding Section 6-104.3 as
12 follows:

13 (405 ILCS 5/6-104.3 new)

14 Sec. 6-104.3. Comparable programs for the services
15 contained in the Specialized Mental Health Rehabilitation Act
16 of 2013. The Division of Mental Health of the Department of
17 Human Services shall oversee the creation of comparable
18 programs for the services contained in the Specialized Mental
19 Health Rehabilitation Act of 2013 for community-based
20 providers to provide the following services:

21 (1) triage;

22 (2) crisis stabilization; and

23 (3) transitional living.

24 These comparable programs shall operate under the

1 regulations that may currently exist for such programs, or, if
2 no such regulations are in existence, regulations shall be
3 created. The comparable programs shall be provided through a
4 managed care entity, a coordinated care entity, or an
5 accountable care entity. The Department shall work in concert
6 with any managed care entity, care coordination entity, or
7 accountable care entity to gather the data necessary to report
8 and monitor the progress of the services offered under this
9 Section. The services to be provided under this Section shall
10 be subject to a specific appropriation of the General Assembly
11 for the specific purposes of this Section.

12 The Department shall adopt any emergency rules necessary to
13 implement this Section.

14 ARTICLE 12.

15 Section 12-1. Short title. This Article 12 may be referred
16 to as the Resident First Act.

17 Section 12-5. Purpose. The purpose of this Article is to
18 reprioritize the State's oversight of nursing homes to focus on
19 the needs of the residents first. As unfunded mandates have
20 increased, the State also reduced or eliminated its financial
21 support for services nursing home residents need. In doing so,
22 the State turned its back on frail elderly citizens for whom
23 nursing home care is not a luxury but a necessity.

1 Section 12-10. Findings. The General Assembly finds the
2 following:

3 (1) The needs of residents must always take precedence.

4 (2) Medicaid eligibility delays adversely impact
5 quality.

6 (3) Payment delays further compound quality-of-care
7 issues.

8 (4) Nursing homes are viable members of our
9 communities.

10 (5) When a nursing home closes, residents lose touch
11 with their families, jobs are lost, and the local economy
12 suffers.

13 (6) Increasing the number of State employees dedicated
14 to Medicaid long term care determinations and updating the
15 State's out-of-date data processing systems would
16 positively impact the excessive eligibility determination
17 delays experienced by nursing home residents.

18 Section 12-15. The Nursing Home Care Act is amended by
19 changing Sections 2-202, 3-212, 3-301, and 3-305 as follows:

20 (210 ILCS 45/2-202) (from Ch. 111 1/2, par. 4152-202)

21 Sec. 2-202. (a) Before a person is admitted to a facility,
22 or at the expiration of the period of previous contract, or
23 when the source of payment for the resident's care changes from

1 private to public funds or from public to private funds, a
2 written contract shall be executed between a licensee and the
3 following in order of priority:

4 (1) the person, or if the person is a minor, his parent
5 or guardian; or

6 (2) the person's guardian, if any, or agent, if any, as
7 defined in Section 2-3 of the Illinois Power of Attorney
8 Act; or

9 (3) a member of the person's immediate family.

10 An adult person shall be presumed to have the capacity to
11 contract for admission to a long term care facility unless he
12 has been adjudicated a "disabled person" within the meaning of
13 Section 11a-2 of the Probate Act of 1975, or unless a petition
14 for such an adjudication is pending in a circuit court of
15 Illinois.

16 If there is no guardian, agent or member of the person's
17 immediate family available, able or willing to execute the
18 contract required by this Section and a physician determines
19 that a person is so disabled as to be unable to consent to
20 placement in a facility, or if a person has already been found
21 to be a "disabled person", but no order has been entered
22 allowing residential placement of the person, that person may
23 be admitted to a facility before the execution of a contract
24 required by this Section; provided that a petition for
25 guardianship or for modification of guardianship is filed
26 within 15 days of the person's admission to a facility, and

1 provided further that such a contract is executed within 10
2 days of the disposition of the petition.

3 No adult shall be admitted to a facility if he objects,
4 orally or in writing, to such admission, except as otherwise
5 provided in Chapters III and IV of the Mental Health and
6 Developmental Disabilities Code or Section 11a-14.1 of the
7 Probate Act of 1975.

8 If a person has not executed a contract as required by this
9 Section, then such a contract shall be executed on or before
10 July 1, 1981, or within 10 days after the disposition of a
11 petition for guardianship or modification of guardianship that
12 was filed prior to July 1, 1981, whichever is later.

13 Before a licensee enters a contract under this Section, it
14 shall provide the prospective resident and his or her guardian,
15 if any, with written notice of the licensee's policy regarding
16 discharge of a resident whose private funds for payment of care
17 are exhausted.

18 Before a licensee enters into a contract under this
19 Section, it shall provide the resident or prospective resident
20 and his or her guardian, if any, with a copy of the licensee's
21 policy regarding the assignment of Social Security
22 representative payee status as a condition of the contract when
23 the resident's or prospective resident's care is being funded
24 under Title XIX of the Social Security Act and Article V of the
25 Illinois Public Aid Code.

26 (b) A resident shall not be discharged or transferred at

1 the expiration of the term of a contract, except as provided in
2 Sections 3-401 through 3-423.

3 (c) At the time of the resident's admission to the
4 facility, a copy of the contract shall be given to the
5 resident, his guardian, if any, and any other person who
6 executed the contract.

7 (d) A copy of the contract for a resident who is supported
8 by nonpublic funds other than the resident's own funds shall be
9 made available to the person providing the funds for the
10 resident's support.

11 (e) The original or a copy of the contract shall be
12 maintained in the facility and be made available upon request
13 to representatives of the Department and the Department of
14 Healthcare and Family Services.

15 (f) The contract shall be written in clear and unambiguous
16 language and shall be printed in not less than 12-point type.
17 The general form of the contract shall be prescribed by the
18 Department.

19 (g) The contract shall specify:

20 (1) the term of the contract;

21 (2) the services to be provided under the contract and
22 the charges for the services;

23 (3) the services that may be provided to supplement the
24 contract and the charges for the services;

25 (4) the sources liable for payments due under the
26 contract;

1 (5) the amount of deposit paid; and

2 (6) the rights, duties and obligations of the resident,
3 except that the specification of a resident's rights may be
4 furnished on a separate document which complies with the
5 requirements of Section 2-211.

6 (h) The contract shall designate the name of the resident's
7 representative, if any. The resident shall provide the facility
8 with a copy of the written agreement between the resident and
9 the resident's representative which authorizes the resident's
10 representative to inspect and copy the resident's records and
11 authorizes the resident's representative to execute the
12 contract on behalf of the resident required by this Section.

13 (i) The contract shall provide that if the resident is
14 compelled by a change in physical or mental health to leave the
15 facility, the contract and all obligations under it shall
16 terminate on 7 days notice. No prior notice of termination of
17 the contract shall be required, however, in the case of a
18 resident's death. The contract shall also provide that in all
19 other situations, a resident may terminate the contract and all
20 obligations under it with 30 days notice. All charges shall be
21 prorated as of the date on which the contract terminates, and,
22 if any payments have been made in advance, the excess shall be
23 refunded to the resident. This provision shall not apply to
24 life-care contracts through which a facility agrees to provide
25 maintenance and care for a resident throughout the remainder of
26 his life nor to continuing-care contracts through which a

1 facility agrees to supplement all available forms of financial
2 support in providing maintenance and care for a resident
3 throughout the remainder of his life.

4 (j) In addition to all other contract specifications
5 contained in this Section admission contracts shall also
6 specify:

7 (1) whether the facility accepts Medicaid clients;

8 (2) whether the facility requires a deposit of the
9 resident or his family prior to the establishment of
10 Medicaid eligibility;

11 (3) in the event that a deposit is required, a clear
12 and concise statement of the procedure to be followed for
13 the return of such deposit to the resident or the
14 appropriate family member or guardian of the person;

15 (4) that all deposits made to a facility by a resident,
16 or on behalf of a resident, shall be returned by the
17 facility within 30 days of the establishment of Medicaid
18 eligibility, unless such deposits must be drawn upon or
19 encumbered in accordance with Medicaid eligibility
20 requirements established by the Department of Healthcare
21 and Family Services.

22 (k) It shall be a business offense for a facility to
23 knowingly and intentionally both retain a resident's deposit
24 and accept Medicaid payments on behalf of that resident.

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

1 (210 ILCS 45/3-212) (from Ch. 111 1/2, par. 4153-212)

2 Sec. 3-212. Inspection.

3 (a) The Department, whenever it deems necessary in
4 accordance with subsection (b), shall inspect, survey and
5 evaluate every facility to determine compliance with
6 applicable licensure requirements and standards. Submission of
7 a facility's current Consumer Choice Information Report
8 required by Section 2-214 shall be verified at time of
9 inspection. An inspection should occur within 120 days prior to
10 license renewal. The Department may periodically visit a
11 facility for the purpose of consultation. An inspection,
12 survey, or evaluation, other than an inspection of financial
13 records, shall be conducted without prior notice to the
14 facility. A visit for the sole purpose of consultation may be
15 announced. The Department shall provide training to surveyors
16 about the appropriate assessment, care planning, and care of
17 persons with mental illness (other than Alzheimer's disease or
18 related disorders) to enable its surveyors to determine whether
19 a facility is complying with State and federal requirements
20 about the assessment, care planning, and care of those persons.

21 (a-1) An employee of a State or unit of local government
22 agency charged with inspecting, surveying, and evaluating
23 facilities who directly or indirectly gives prior notice of an
24 inspection, survey, or evaluation, other than an inspection of
25 financial records, to a facility or to an employee of a
26 facility is guilty of a Class A misdemeanor.

1 An inspector or an employee of the Department who
2 intentionally prenotifies a facility, orally or in writing, of
3 a pending complaint investigation or inspection shall be guilty
4 of a Class A misdemeanor. Superiors of persons who have
5 prenotified a facility shall be subject to the same penalties,
6 if they have knowingly allowed the prenotification. A person
7 found guilty of prenotifying a facility shall be subject to
8 disciplinary action by his or her employer.

9 If the Department has a good faith belief, based upon
10 information that comes to its attention, that a violation of
11 this subsection has occurred, it must file a complaint with the
12 Attorney General or the State's Attorney in the county where
13 the violation took place within 30 days after discovery of the
14 information.

15 (a-2) An employee of a State or unit of local government
16 agency charged with inspecting, surveying, or evaluating
17 facilities who willfully profits from violating the
18 confidentiality of the inspection, survey, or evaluation
19 process shall be guilty of a Class 4 felony and that conduct
20 shall be deemed unprofessional conduct that may subject a
21 person to loss of his or her professional license. An action to
22 prosecute a person for violating this subsection (a-2) may be
23 brought by either the Attorney General or the State's Attorney
24 in the county where the violation took place.

25 (b) In determining whether to make more than the required
26 number of unannounced inspections, surveys and evaluations of a

1 facility the Department shall consider one or more of the
2 following: previous inspection reports; the facility's history
3 of compliance with standards, rules and regulations
4 promulgated under this Act and correction of violations,
5 penalties or other enforcement actions; the number and severity
6 of complaints received about the facility; any allegations of
7 resident abuse or neglect; weather conditions; health
8 emergencies; other reasonable belief that deficiencies exist.

9 (b-1) The Department shall not be required to determine
10 whether a facility certified to participate in the Medicare
11 program under Title XVIII of the Social Security Act, or the
12 Medicaid program under Title XIX of the Social Security Act,
13 and which the Department determines by inspection under this
14 Section or under Section 3-702 of this Act to be in compliance
15 with the certification requirements of Title XVIII or XIX, is
16 in compliance with any requirement of this Act that is less
17 stringent than or duplicates a federal certification
18 requirement. In accordance with subsection (a) of this Section
19 or subsection (d) of Section 3-702, the Department shall
20 determine whether a certified facility is in compliance with
21 requirements of this Act that exceed federal certification
22 requirements. If a certified facility is found to be out of
23 compliance with federal certification requirements, the
24 results of an inspection conducted pursuant to Title XVIII or
25 XIX of the Social Security Act may be used as the basis for
26 enforcement remedies authorized and commenced, with the

1 Department's discretion to evaluate whether penalties are
2 warranted, under this Act. Enforcement of this Act against a
3 certified facility shall be commenced pursuant to the
4 requirements of this Act, unless enforcement remedies sought
5 pursuant to Title XVIII or XIX of the Social Security Act
6 exceed those authorized by this Act. As used in this
7 subsection, "enforcement remedy" means a sanction for
8 violating a federal certification requirement or this Act.

9 (c) Upon completion of each inspection, survey and
10 evaluation, the appropriate Department personnel who conducted
11 the inspection, survey or evaluation shall submit a copy of
12 their report to the licensee upon exiting the facility, and
13 shall submit the actual report to the appropriate regional
14 office of the Department. Such report and any recommendations
15 for action by the Department under this Act shall be
16 transmitted to the appropriate offices of the associate
17 director of the Department, together with related comments or
18 documentation provided by the licensee which may refute
19 findings in the report, which explain extenuating
20 circumstances that the facility could not reasonably have
21 prevented, or which indicate methods and timetables for
22 correction of deficiencies described in the report. Without
23 affecting the application of subsection (a) of Section 3-303,
24 any documentation or comments of the licensee shall be provided
25 within 10 days of receipt of the copy of the report. Such
26 report shall recommend to the Director appropriate action under

1 this Act with respect to findings against a facility. The
2 Director shall then determine whether the report's findings
3 constitute a violation or violations of which the facility must
4 be given notice. Such determination shall be based upon the
5 severity of the finding, the danger posed to resident health
6 and safety, the comments and documentation provided by the
7 facility, the diligence and efforts to correct deficiencies,
8 correction of the reported deficiencies, the frequency and
9 duration of similar findings in previous reports and the
10 facility's general inspection history. Violations shall be
11 determined under this subsection no later than 60 ~~90~~ days after
12 completion of each inspection, survey and evaluation.

13 (d) The Department shall maintain all inspection, survey
14 and evaluation reports for at least 5 years in a manner
15 accessible to and understandable by the public.

16 (e) Revisit surveys. The Department shall conduct a revisit
17 to its licensure and certification surveys, consistent with
18 federal regulations and guidelines.

19 (f) Notwithstanding any other provision of this Act, the
20 Department shall, no later than 180 days after the effective
21 date of this amendatory Act of the 98th General Assembly,
22 implement a single survey process that encompasses federal
23 certification and State licensure requirements, health and
24 life safety requirements, and an enhanced complaint
25 investigation initiative.

26 (1) To meet the requirement of a single survey process,

1 the federal certification and State licensure surveys and
2 health and life safety survey must each be started within 5
3 working days.

4 (2) The enhanced complaint investigation initiative
5 shall permit the facility to challenge the time period for
6 which the fine is levied based on the excessive length of
7 the investigation which results in one or more of the
8 following conditions:

9 (A) prohibits the timely development and
10 implementation of a plan of correction;

11 (B) creates undue financial hardship impacting the
12 quality of care delivered to the resident;

13 (C) delays initiation of corrective training; and

14 (D) negatively impacts quality assurance and
15 patient improvement standards.

16 (Source: P.A. 95-823, eff. 1-1-09; 96-1372, eff. 7-29-10.)

17 (210 ILCS 45/3-301) (from Ch. 111 1/2, par. 4153-301)

18 Sec. 3-301. Determination of violation; notice; review
19 team.

20 (a) If after receiving the report specified in subsection
21 (c) of Section 3-212 the Director or his designee determines
22 that a facility is in violation of this Act or of any rule
23 promulgated thereunder, he shall serve a notice of violation
24 upon the licensee within 10 days thereafter. Each notice of
25 violation shall be prepared in writing and shall specify the

1 nature of the violation, and the statutory provision or rule
2 alleged to have been violated. The notice shall inform the
3 licensee of any action the Department may take under the Act,
4 including the requirement of a facility plan of correction
5 under Section 3-303; placement of the facility on a list
6 prepared under Section 3-304; assessment of a penalty under
7 Section 3-305; a conditional license under Sections 3-311
8 through 3-317; or license suspension or revocation under
9 Section 3-119. The Director or his designee shall also inform
10 the licensee of rights to a hearing under Section 3-703.

11 (b) The Department shall perform an audit of all Type "AA"
12 or Type "A" violations between January 1, 2014 and January 1,
13 2015. The purpose of the audit is to determine the consistency
14 of assigning Type "AA" and Type "A" violations. The audit shall
15 be completed and a report submitted to the Long Term Care
16 Advisory Committee by April 1, 2015 for comment. The report
17 shall include recommendations for increasing the consistency
18 of assignment of violations. The Committee may offer additional
19 recommendations to be incorporated into the report. The final
20 report shall be filed with the General Assembly by June 30,
21 2015.

22 (Source: P.A. 85-1378.)

23 (210 ILCS 45/3-305) (from Ch. 111 1/2, par. 4153-305)
24 Sec. 3-305. The license of a facility which is in violation
25 of this Act or any rule adopted thereunder may be subject to

1 the penalties or fines levied by the Department as specified in
2 this Section.

3 (1) A licensee who commits a Type "AA" violation as defined
4 in Section 1-128.5 is automatically issued a conditional
5 license for a period of 6 months to coincide with an acceptable
6 plan of correction and assessed a fine up to \$25,000 per
7 violation.

8 (1.5) A licensee who commits a Type "A" violation as
9 defined in Section 1-129 is automatically issued a conditional
10 license for a period of 6 months to coincide with an acceptable
11 plan of correction and assessed a fine of up to \$12,500 per
12 violation.

13 (2) A licensee who commits a Type "B" violation as defined
14 in Section 1-130 shall be assessed a fine of up to \$1,100 per
15 violation.

16 (2.5) A licensee who commits 10 or more Type "C"
17 violations, as defined in Section 1-132, in a single survey
18 shall be assessed a fine of up to \$250 per violation. A
19 licensee who commits one or more Type "C" violations with a
20 high risk designation, as defined by rule, shall be assessed a
21 fine of up to \$500 per violation.

22 (3) A licensee who commits a Type "AA" or Type "A"
23 violation as defined in Section 1-128.5 or 1-129 which
24 continues beyond the time specified in paragraph (a) of Section
25 3-303 which is cited as a repeat violation shall have its
26 license revoked and shall be assessed a fine of 3 times the

1 fine computed per resident per day under subsection (1).

2 (4) A licensee who fails to satisfactorily comply with an
3 accepted plan of correction for a Type "B" violation or an
4 administrative warning issued pursuant to Sections 3-401
5 through 3-413 or the rules promulgated thereunder shall be
6 automatically issued a conditional license for a period of not
7 less than 6 months. A second or subsequent acceptable plan of
8 correction shall be filed. A fine shall be assessed in
9 accordance with subsection (2) when cited for the repeat
10 violation. This fine shall be computed for all days of the
11 violation, including the duration of the first plan of
12 correction compliance time.

13 (5) For the purpose of computing a penalty under
14 subsections (2) through (4), the number of residents per day
15 shall be based on the average number of residents in the
16 facility during the 30 days preceding the discovery of the
17 violation.

18 (6) When the Department finds that a provision of Article
19 II has been violated with regard to a particular resident, the
20 Department shall issue an order requiring the facility to
21 reimburse the resident for injuries incurred, or \$100,
22 whichever is greater. In the case of a violation involving any
23 action other than theft of money belonging to a resident,
24 reimbursement shall be ordered only if a provision of Article
25 II has been violated with regard to that or any other resident
26 of the facility within the 2 years immediately preceding the

1 violation in question.

2 (7) For purposes of assessing fines under this Section, a
3 repeat violation shall be a violation which has been cited
4 during one inspection of the facility for which an accepted
5 plan of correction was not complied with or a new citation of
6 the same rule if the licensee is not substantially addressing
7 the issue routinely throughout the facility.

8 (7.5) If an occurrence results in more than one type of
9 violation as defined in this Act (that is, a Type "AA", Type
10 "A", Type "B", or Type "C" violation), the Department shall
11 assess only one fine, which shall not exceed ~~maximum fine that~~
12 ~~may be assessed for that occurrence is~~ the maximum fine that
13 may be assessed for the most serious type of violation charged.
14 For purposes of the preceding sentence, a Type "AA" violation
15 is the most serious type of violation that may be charged,
16 followed by a Type "A", Type "B", or Type "C" violation, in
17 that order.

18 (8) The minimum and maximum fines that may be assessed
19 pursuant to this Section shall be twice those otherwise
20 specified for any facility that willfully makes a misstatement
21 of fact to the Department, or willfully fails to make a
22 required notification to the Department, if that misstatement
23 or failure delays the start of a surveyor or impedes a survey.

24 (9) High risk designation. If the Department finds that a
25 facility has violated a provision of the Illinois
26 Administrative Code that has a high risk designation, or that a

1 facility has violated the same provision of the Illinois
2 Administrative Code 3 or more times in the previous 12 months,
3 the Department may assess a fine of up to 2 times the maximum
4 fine otherwise allowed.

5 (10) If a licensee has paid a civil monetary penalty
6 imposed pursuant to the Medicare and Medicaid Certification
7 Program for the equivalent federal violation giving rise to a
8 fine under this Section, the Department shall offset the fine
9 by the amount of the civil monetary penalty. The offset may not
10 reduce the fine by more than 75% of the original fine, however.
11 (Source: P.A. 96-1372, eff. 7-29-10.)

12 Section 12-20. The Illinois Public Aid Code is amended by
13 changing Section 5-5 and by adding Section 11-5.4 as follows:

14 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

15 Sec. 5-5. Medical services. The Illinois Department, by
16 rule, shall determine the quantity and quality of and the rate
17 of reimbursement for the medical assistance for which payment
18 will be authorized, and the medical services to be provided,
19 which may include all or part of the following: (1) inpatient
20 hospital services; (2) outpatient hospital services; (3) other
21 laboratory and X-ray services; (4) skilled nursing home
22 services; (5) physicians' services whether furnished in the
23 office, the patient's home, a hospital, a skilled nursing home,
24 or elsewhere; (6) medical care, or any other type of remedial

1 care furnished by licensed practitioners; (7) home health care
2 services; (8) private duty nursing service; (9) clinic
3 services; (10) dental services, including prevention and
4 treatment of periodontal disease and dental caries disease for
5 pregnant women, provided by an individual licensed to practice
6 dentistry or dental surgery; for purposes of this item (10),
7 "dental services" means diagnostic, preventive, or corrective
8 procedures provided by or under the supervision of a dentist in
9 the practice of his or her profession; (11) physical therapy
10 and related services; (12) prescribed drugs, dentures, and
11 prosthetic devices; and eyeglasses prescribed by a physician
12 skilled in the diseases of the eye, or by an optometrist,
13 whichever the person may select; (13) other diagnostic,
14 screening, preventive, and rehabilitative services, including
15 to ensure that the individual's need for intervention or
16 treatment of mental disorders or substance use disorders or
17 co-occurring mental health and substance use disorders is
18 determined using a uniform screening, assessment, and
19 evaluation process inclusive of criteria, for children and
20 adults; for purposes of this item (13), a uniform screening,
21 assessment, and evaluation process refers to a process that
22 includes an appropriate evaluation and, as warranted, a
23 referral; "uniform" does not mean the use of a singular
24 instrument, tool, or process that all must utilize; (14)
25 transportation and such other expenses as may be necessary;
26 (15) medical treatment of sexual assault survivors, as defined

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

23 Notwithstanding any other provision of this Section, a
24 comprehensive tobacco use cessation program that includes
25 purchasing prescription drugs or prescription medical devices
26 approved by the Food and Drug Administration shall be covered

1 under the medical assistance program under this Article for
2 persons who are otherwise eligible for assistance under this
3 Article.

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

11 On and after July 1, 2012, the Department of Healthcare and
12 Family Services may provide the following services to persons
13 eligible for assistance under this Article who are
14 participating in education, training or employment programs
15 operated by the Department of Human Services as successor to
16 the Department of Public Aid:

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

19 (2) eyeglasses prescribed by a physician skilled in the
20 diseases of the eye, or by an optometrist, whichever the
21 person may select.

22 Notwithstanding any other provision of this Code and
23 subject to federal approval, the Department may adopt rules to
24 allow a dentist who is volunteering his or her service at no
25 cost to render dental services through an enrolled
26 not-for-profit health clinic without the dentist personally

1 enrolling as a participating provider in the medical assistance
2 program. A not-for-profit health clinic shall include a public
3 health clinic or Federally Qualified Health Center or other
4 enrolled provider, as determined by the Department, through
5 which dental services covered under this Section are performed.
6 The Department shall establish a process for payment of claims
7 for reimbursement for covered dental services rendered under
8 this provision.

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

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

19 The Illinois Department shall authorize the provision of,
20 and shall authorize payment for, screening by low-dose
21 mammography for the presence of occult breast cancer for women
22 35 years of age or older who are eligible for medical
23 assistance under this Article, as follows:

24 (A) A baseline mammogram for women 35 to 39 years of
25 age.

26 (B) An annual mammogram for women 40 years of age or

1 older.

2 (C) A mammogram at the age and intervals considered
3 medically necessary by the woman's health care provider for
4 women under 40 years of age and having a family history of
5 breast cancer, prior personal history of breast cancer,
6 positive genetic testing, or other risk factors.

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

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

22 On and after January 1, 2012, providers participating in a
23 quality improvement program approved by the Department shall be
24 reimbursed for screening and diagnostic mammography at the same
25 rate as the Medicare program's rates, including the increased
26 reimbursement for digital mammography.

1 The Department shall convene an expert panel including
2 representatives of hospitals, free-standing mammography
3 facilities, and doctors, including radiologists, to establish
4 quality standards.

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

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

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

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

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

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

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

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

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

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

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

19 The Illinois Department may develop and contract with
20 Partnerships of medical providers to arrange medical services
21 for persons eligible under Section 5-2 of this Code.
22 Implementation of this Section may be by demonstration projects
23 in certain geographic areas. The Partnership shall be
24 represented by a sponsor organization. The Department, by rule,
25 shall develop qualifications for sponsors of Partnerships.
26 Nothing in this Section shall be construed to require that the

1 sponsor organization be a medical organization.

2 The sponsor must negotiate formal written contracts with
3 medical providers for physician services, inpatient and
4 outpatient hospital care, home health services, treatment for
5 alcoholism and substance abuse, and other services determined
6 necessary by the Illinois Department by rule for delivery by
7 Partnerships. Physician services must include prenatal and
8 obstetrical care. The Illinois Department shall reimburse
9 medical services delivered by Partnership providers to clients
10 in target areas according to provisions of this Article and the
11 Illinois Health Finance Reform Act, except that:

12 (1) Physicians participating in a Partnership and
13 providing certain services, which shall be determined by
14 the Illinois Department, to persons in areas covered by the
15 Partnership may receive an additional surcharge for such
16 services.

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

20 (3) Persons receiving medical services through
21 Partnerships may receive medical and case management
22 services above the level usually offered through the
23 medical assistance program.

24 Medical providers shall be required to meet certain
25 qualifications to participate in Partnerships to ensure the
26 delivery of high quality medical services. These

1 qualifications shall be determined by rule of the Illinois
2 Department and may be higher than qualifications for
3 participation in the medical assistance program. Partnership
4 sponsors may prescribe reasonable additional qualifications
5 for participation by medical providers, only with the prior
6 written approval of the Illinois Department.

7 Nothing in this Section shall limit the free choice of
8 practitioners, hospitals, and other providers of medical
9 services by clients. In order to ensure patient freedom of
10 choice, the Illinois Department shall immediately promulgate
11 all rules and take all other necessary actions so that provided
12 services may be accessed from therapeutically certified
13 optometrists to the full extent of the Illinois Optometric
14 Practice Act of 1987 without discriminating between service
15 providers.

16 The Department shall apply for a waiver from the United
17 States Health Care Financing Administration to allow for the
18 implementation of Partnerships under this Section.

19 The Illinois Department shall require health care
20 providers to maintain records that document the medical care
21 and services provided to recipients of Medical Assistance under
22 this Article. Such records must be retained for a period of not
23 less than 6 years from the date of service or as provided by
24 applicable State law, whichever period is longer, except that
25 if an audit is initiated within the required retention period
26 then the records must be retained until the audit is completed

1 and every exception is resolved. The Illinois Department shall
2 require health care providers to make available, when
3 authorized by the patient, in writing, the medical records in a
4 timely fashion to other health care providers who are treating
5 or serving persons eligible for Medical Assistance under this
6 Article. All dispensers of medical services shall be required
7 to maintain and retain business and professional records
8 sufficient to fully and accurately document the nature, scope,
9 details and receipt of the health care provided to persons
10 eligible for medical assistance under this Code, in accordance
11 with regulations promulgated by the Illinois Department. The
12 rules and regulations shall require that proof of the receipt
13 of prescription drugs, dentures, prosthetic devices and
14 eyeglasses by eligible persons under this Section accompany
15 each claim for reimbursement submitted by the dispenser of such
16 medical services. No such claims for reimbursement shall be
17 approved for payment by the Illinois Department without such
18 proof of receipt, unless the Illinois Department shall have put
19 into effect and shall be operating a system of post-payment
20 audit and review which shall, on a sampling basis, be deemed
21 adequate by the Illinois Department to assure that such drugs,
22 dentures, prosthetic devices and eyeglasses for which payment
23 is being made are actually being received by eligible
24 recipients. Within 90 days after the effective date of this
25 amendatory Act of 1984, the Illinois Department shall establish
26 a current list of acquisition costs for all prosthetic devices

1 and any other items recognized as medical equipment and
2 supplies reimbursable under this Article and shall update such
3 list on a quarterly basis, except that the acquisition costs of
4 all prescription drugs shall be updated no less frequently than
5 every 30 days as required by Section 5-5.12.

6 The rules and regulations of the Illinois Department shall
7 require that a written statement including the required opinion
8 of a physician shall accompany any claim for reimbursement for
9 abortions, or induced miscarriages or premature births. This
10 statement shall indicate what procedures were used in providing
11 such medical services.

12 Notwithstanding any other law to the contrary, the Illinois
13 Department shall, within 365 days after the effective date of
14 this amendatory Act of the 98th General Assembly, establish
15 procedures to permit skilled care facilities licensed under the
16 Nursing Home Care Act to submit monthly billing claims for
17 reimbursement purposes. Following development of these
18 procedures, the Department shall have an additional 365 days to
19 test the viability of the new system and to ensure that any
20 necessary operational or structural changes to its information
21 technology platforms are implemented.

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

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

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

13 Enrollment of a vendor shall be subject to a provisional
14 period and shall be conditional for one year. During the period
15 of conditional enrollment, the Department may terminate the
16 vendor's eligibility to participate in, or may disenroll the
17 vendor from, the medical assistance program without cause.
18 Unless otherwise specified, such termination of eligibility or
19 disenrollment is not subject to the Department's hearing
20 process. However, a disenrolled vendor may reapply without
21 penalty.

22 The Department has the discretion to limit the conditional
23 enrollment period for vendors based upon category of risk of
24 the vendor.

25 Prior to enrollment and during the conditional enrollment
26 period in the medical assistance program, all vendors shall be

1 subject to enhanced oversight, screening, and review based on
2 the risk of fraud, waste, and abuse that is posed by the
3 category of risk of the vendor. The Illinois Department shall
4 establish the procedures for oversight, screening, and review,
5 which may include, but need not be limited to: criminal and
6 financial background checks; fingerprinting; license,
7 certification, and authorization verifications; unscheduled or
8 unannounced site visits; database checks; prepayment audit
9 reviews; audits; payment caps; payment suspensions; and other
10 screening as required by federal or State law.

11 The Department shall define or specify the following: (i)
12 by provider notice, the "category of risk of the vendor" for
13 each type of vendor, which shall take into account the level of
14 screening applicable to a particular category of vendor under
15 federal law and regulations; (ii) by rule or provider notice,
16 the maximum length of the conditional enrollment period for
17 each category of risk of the vendor; and (iii) by rule, the
18 hearing rights, if any, afforded to a vendor in each category
19 of risk of the vendor that is terminated or disenrolled during
20 the conditional enrollment period.

21 To be eligible for payment consideration, a vendor's
22 payment claim or bill, either as an initial claim or as a
23 resubmitted claim following prior rejection, must be received
24 by the Illinois Department, or its fiscal intermediary, no
25 later than 180 days after the latest date on the claim on which
26 medical goods or services were provided, with the following

1 exceptions:

2 (1) In the case of a provider whose enrollment is in
3 process by the Illinois Department, the 180-day period
4 shall not begin until the date on the written notice from
5 the Illinois Department that the provider enrollment is
6 complete.

7 (2) In the case of errors attributable to the Illinois
8 Department or any of its claims processing intermediaries
9 which result in an inability to receive, process, or
10 adjudicate a claim, the 180-day period shall not begin
11 until the provider has been notified of the error.

12 (3) In the case of a provider for whom the Illinois
13 Department initiates the monthly billing process.

14 For claims for services rendered during a period for which
15 a recipient received retroactive eligibility, claims must be
16 filed within 180 days after the Department determines the
17 applicant is eligible. For claims for which the Illinois
18 Department is not the primary payer, claims must be submitted
19 to the Illinois Department within 180 days after the final
20 adjudication by the primary payer.

21 In the case of long term care facilities, admission
22 documents shall be submitted within 30 days of an admission to
23 the facility through the Medical Electronic Data Interchange
24 (MEDI) or the Recipient Eligibility Verification (REV) System,
25 or shall be submitted directly to the Department of Human
26 Services using required admission forms. Confirmation numbers

1 assigned to an accepted transaction shall be retained by a
2 facility to verify timely submittal. Once an admission
3 transaction has been completed, all resubmitted claims
4 following prior rejection are subject to receipt no later than
5 180 days after the admission transaction has been completed.

6 Claims that are not submitted and received in compliance
7 with the foregoing requirements shall not be eligible for
8 payment under the medical assistance program, and the State
9 shall have no liability for payment of those claims.

10 To the extent consistent with applicable information and
11 privacy, security, and disclosure laws, State and federal
12 agencies and departments shall provide the Illinois Department
13 access to confidential and other information and data necessary
14 to perform eligibility and payment verifications and other
15 Illinois Department functions. This includes, but is not
16 limited to: information pertaining to licensure;
17 certification; earnings; immigration status; citizenship; wage
18 reporting; unearned and earned income; pension income;
19 employment; supplemental security income; social security
20 numbers; National Provider Identifier (NPI) numbers; the
21 National Practitioner Data Bank (NPDB); program and agency
22 exclusions; taxpayer identification numbers; tax delinquency;
23 corporate information; and death records.

24 The Illinois Department shall enter into agreements with
25 State agencies and departments, and is authorized to enter into
26 agreements with federal agencies and departments, under which

1 such agencies and departments shall share data necessary for
2 medical assistance program integrity functions and oversight.
3 The Illinois Department shall develop, in cooperation with
4 other State departments and agencies, and in compliance with
5 applicable federal laws and regulations, appropriate and
6 effective methods to share such data. At a minimum, and to the
7 extent necessary to provide data sharing, the Illinois
8 Department shall enter into agreements with State agencies and
9 departments, and is authorized to enter into agreements with
10 federal agencies and departments, including but not limited to:
11 the Secretary of State; the Department of Revenue; the
12 Department of Public Health; the Department of Human Services;
13 and the Department of Financial and Professional Regulation.

14 Beginning in fiscal year 2013, the Illinois Department
15 shall set forth a request for information to identify the
16 benefits of a pre-payment, post-adjudication, and post-edit
17 claims system with the goals of streamlining claims processing
18 and provider reimbursement, reducing the number of pending or
19 rejected claims, and helping to ensure a more transparent
20 adjudication process through the utilization of: (i) provider
21 data verification and provider screening technology; and (ii)
22 clinical code editing; and (iii) pre-pay, pre- or
23 post-adjudicated predictive modeling with an integrated case
24 management system with link analysis. Such a request for
25 information shall not be considered as a request for proposal
26 or as an obligation on the part of the Illinois Department to

1 take any action or acquire any products or services.

2 The Illinois Department shall establish policies,
3 procedures, standards and criteria by rule for the acquisition,
4 repair and replacement of orthotic and prosthetic devices and
5 durable medical equipment. Such rules shall provide, but not be
6 limited to, the following services: (1) immediate repair or
7 replacement of such devices by recipients; and (2) rental,
8 lease, purchase or lease-purchase of durable medical equipment
9 in a cost-effective manner, taking into consideration the
10 recipient's medical prognosis, the extent of the recipient's
11 needs, and the requirements and costs for maintaining such
12 equipment. Subject to prior approval, such rules shall enable a
13 recipient to temporarily acquire and use alternative or
14 substitute devices or equipment pending repairs or
15 replacements of any device or equipment previously authorized
16 for such recipient by the Department.

17 The Department shall execute, relative to the nursing home
18 prescreening project, written inter-agency agreements with the
19 Department of Human Services and the Department on Aging, to
20 effect the following: (i) intake procedures and common
21 eligibility criteria for those persons who are receiving
22 non-institutional services; and (ii) the establishment and
23 development of non-institutional services in areas of the State
24 where they are not currently available or are undeveloped; and
25 (iii) notwithstanding any other provision of law, subject to
26 federal approval, on and after July 1, 2012, an increase in the

1 determination of need (DON) scores from 29 to 37 for applicants
2 for institutional and home and community-based long term care;
3 if and only if federal approval is not granted, the Department
4 may, in conjunction with other affected agencies, implement
5 utilization controls or changes in benefit packages to
6 effectuate a similar savings amount for this population; and
7 (iv) no later than July 1, 2013, minimum level of care
8 eligibility criteria for institutional and home and
9 community-based long term care. In order to select the minimum
10 level of care eligibility criteria, the Governor shall
11 establish a workgroup that includes affected agency
12 representatives and stakeholders representing the
13 institutional and home and community-based long term care
14 interests. This Section shall not restrict the Department from
15 implementing lower level of care eligibility criteria for
16 community-based services in circumstances where federal
17 approval has been granted.

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

25 The Illinois Department shall report annually to the
26 General Assembly, no later than the second Friday in April of

1 1979 and each year thereafter, in regard to:

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

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

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

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

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

23 Rulemaking authority to implement Public Act 95-1045, if
24 any, is conditioned on the rules being adopted in accordance
25 with all provisions of the Illinois Administrative Procedure
26 Act and all rules and procedures of the Joint Committee on

1 Administrative Rules; any purported rule not so adopted, for
2 whatever reason, is unauthorized.

3 On and after July 1, 2012, the Department shall reduce any
4 rate of reimbursement for services or other payments or alter
5 any methodologies authorized by this Code to reduce any rate of
6 reimbursement for services or other payments in accordance with
7 Section 5-5e.

8 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,
9 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,
10 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;
11 revised 9-20-12.)

12 (305 ILCS 5/11-5.4 new)

13 Sec. 11-5.4. Expedited long-term care eligibility
14 determination and enrollment.

15 (a) An expedited long-term care eligibility determination
16 and enrollment system shall be established to reduce long-term
17 care determinations to 90 days or fewer by July 1, 2014 and
18 streamline the long-term care enrollment process.
19 Establishment of the system shall be a joint venture of the
20 Department of Human Services and Healthcare and Family Services
21 and the Department on Aging. The Governor shall name a lead
22 agency no later than 30 days after the effective date of this
23 amendatory Act of the 98th General assembly to assume
24 responsibility for the full implementation of the
25 establishment and maintenance of the system. Project outcomes

1 shall include an enhanced eligibility determination tracking
2 system accessible to providers and a centralized application
3 review and eligibility determination with all applicants
4 reviewed within 90 days of receipt by the State of a complete
5 application. If the Department of Healthcare and Family
6 Services' Office of the Inspector General determines that there
7 is a likelihood that a non-allowable transfer of assets has
8 occurred, an extension of up to 90 days shall be permissible.
9 On or before December 31, 2015, a streamlined application and
10 enrollment process shall be put in place based on the following
11 principles:

12 (1) Minimize the burden on applicants by collecting
13 only the data necessary to determine eligibility for
14 medical services, long-term care services, and spousal
15 impoverishment offset.

16 (2) Integrate online data sources to simplify the
17 application process by reducing the amount of information
18 needed to be entered and to expedite eligibility
19 verification.

20 (3) Provide online prompts to alert the applicant that
21 information is missing or not complete.

22 (b) The Department shall, on or before July 1, 2014, assess
23 the feasibility of incorporating all information needed to
24 determine eligibility for long-term care services, including
25 asset transfer and spousal impoverishment financials, into the
26 State's integrated eligibility system identifying all

1 resources needed and reasonable timeframes for achieving the
2 specified integration.

3 (c) The lead agency shall file interim reports with the
4 Chairs and Minority Spokespersons of the House and Senate Human
5 Services Committees no later than September 1, 2014 and on
6 February 1, 2015. The Department of Healthcare and Family
7 Services shall include in the annual Medicaid report for State
8 Fiscal Year 2014 and every fiscal year thereafter information
9 concerning implementation of the provisions of this Section.

10 (d) No later than August 1, 2014, the Auditor General shall
11 report to the General Assembly concerning the extent to which
12 the timeframes specified in this Section have been met and the
13 extent to which State staffing levels are adequate to meet the
14 requirements of this Section.

15 ARTICLE 99.

16 Section 99-5. The Illinois Administrative Procedure Act is
17 amended by changing Section 5-45 as follows:

18 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

19 Sec. 5-45. Emergency rulemaking.

20 (a) "Emergency" means the existence of any situation that
21 any agency finds reasonably constitutes a threat to the public
22 interest, safety, or welfare.

23 (b) If any agency finds that an emergency exists that

1 requires adoption of a rule upon fewer days than is required by
2 Section 5-40 and states in writing its reasons for that
3 finding, the agency may adopt an emergency rule without prior
4 notice or hearing upon filing a notice of emergency rulemaking
5 with the Secretary of State under Section 5-70. The notice
6 shall include the text of the emergency rule and shall be
7 published in the Illinois Register. Consent orders or other
8 court orders adopting settlements negotiated by an agency may
9 be adopted under this Section. Subject to applicable
10 constitutional or statutory provisions, an emergency rule
11 becomes effective immediately upon filing under Section 5-65 or
12 at a stated date less than 10 days thereafter. The agency's
13 finding and a statement of the specific reasons for the finding
14 shall be filed with the rule. The agency shall take reasonable
15 and appropriate measures to make emergency rules known to the
16 persons who may be affected by them.

17 (c) An emergency rule may be effective for a period of not
18 longer than 150 days, but the agency's authority to adopt an
19 identical rule under Section 5-40 is not precluded. No
20 emergency rule may be adopted more than once in any 24 month
21 period, except that this limitation on the number of emergency
22 rules that may be adopted in a 24 month period does not apply
23 to (i) emergency rules that make additions to and deletions
24 from the Drug Manual under Section 5-5.16 of the Illinois
25 Public Aid Code or the generic drug formulary under Section
26 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)

1 emergency rules adopted by the Pollution Control Board before
2 July 1, 1997 to implement portions of the Livestock Management
3 Facilities Act, (iii) emergency rules adopted by the Illinois
4 Department of Public Health under subsections (a) through (i)
5 of Section 2 of the Department of Public Health Act when
6 necessary to protect the public's health, (iv) emergency rules
7 adopted pursuant to subsection (n) of this Section, (v)
8 emergency rules adopted pursuant to subsection (o) of this
9 Section, or (vi) emergency rules adopted pursuant to subsection
10 (c-5) of this Section. Two or more emergency rules having
11 substantially the same purpose and effect shall be deemed to be
12 a single rule for purposes of this Section.

13 (c-5) To facilitate the maintenance of the program of group
14 health benefits provided to annuitants, survivors, and retired
15 employees under the State Employees Group Insurance Act of
16 1971, rules to alter the contributions to be paid by the State,
17 annuitants, survivors, retired employees, or any combination
18 of those entities, for that program of group health benefits,
19 shall be adopted as emergency rules. The adoption of those
20 rules shall be considered an emergency and necessary for the
21 public interest, safety, and welfare.

22 (d) In order to provide for the expeditious and timely
23 implementation of the State's fiscal year 1999 budget,
24 emergency rules to implement any provision of Public Act 90-587
25 or 90-588 or any other budget initiative for fiscal year 1999
26 may be adopted in accordance with this Section by the agency

1 charged with administering that provision or initiative,
2 except that the 24-month limitation on the adoption of
3 emergency rules and the provisions of Sections 5-115 and 5-125
4 do not apply to rules adopted under this subsection (d). The
5 adoption of emergency rules authorized by this subsection (d)
6 shall be deemed to be necessary for the public interest,
7 safety, and welfare.

8 (e) In order to provide for the expeditious and timely
9 implementation of the State's fiscal year 2000 budget,
10 emergency rules to implement any provision of this amendatory
11 Act of the 91st General Assembly or any other budget initiative
12 for fiscal year 2000 may be adopted in accordance with this
13 Section by the agency charged with administering that provision
14 or initiative, except that the 24-month limitation on the
15 adoption of emergency rules and the provisions of Sections
16 5-115 and 5-125 do not apply to rules adopted under this
17 subsection (e). The adoption of emergency rules authorized by
18 this subsection (e) shall be deemed to be necessary for the
19 public interest, safety, and welfare.

20 (f) In order to provide for the expeditious and timely
21 implementation of the State's fiscal year 2001 budget,
22 emergency rules to implement any provision of this amendatory
23 Act of the 91st General Assembly or any other budget initiative
24 for fiscal year 2001 may be adopted in accordance with this
25 Section by the agency charged with administering that provision
26 or initiative, except that the 24-month limitation on the

1 adoption of emergency rules and the provisions of Sections
2 5-115 and 5-125 do not apply to rules adopted under this
3 subsection (f). The adoption of emergency rules authorized by
4 this subsection (f) shall be deemed to be necessary for the
5 public interest, safety, and welfare.

6 (g) In order to provide for the expeditious and timely
7 implementation of the State's fiscal year 2002 budget,
8 emergency rules to implement any provision of this amendatory
9 Act of the 92nd General Assembly or any other budget initiative
10 for fiscal year 2002 may be adopted in accordance with this
11 Section by the agency charged with administering that provision
12 or initiative, except that the 24-month limitation on the
13 adoption of emergency rules and the provisions of Sections
14 5-115 and 5-125 do not apply to rules adopted under this
15 subsection (g). The adoption of emergency rules authorized by
16 this subsection (g) shall be deemed to be necessary for the
17 public interest, safety, and welfare.

18 (h) In order to provide for the expeditious and timely
19 implementation of the State's fiscal year 2003 budget,
20 emergency rules to implement any provision of this amendatory
21 Act of the 92nd General Assembly or any other budget initiative
22 for fiscal year 2003 may be adopted in accordance with this
23 Section by the agency charged with administering that provision
24 or initiative, except that the 24-month limitation on the
25 adoption of emergency rules and the provisions of Sections
26 5-115 and 5-125 do not apply to rules adopted under this

1 subsection (h). The adoption of emergency rules authorized by
2 this subsection (h) shall be deemed to be necessary for the
3 public interest, safety, and welfare.

4 (i) In order to provide for the expeditious and timely
5 implementation of the State's fiscal year 2004 budget,
6 emergency rules to implement any provision of this amendatory
7 Act of the 93rd General Assembly or any other budget initiative
8 for fiscal year 2004 may be adopted in accordance with this
9 Section by the agency charged with administering that provision
10 or initiative, except that the 24-month limitation on the
11 adoption of emergency rules and the provisions of Sections
12 5-115 and 5-125 do not apply to rules adopted under this
13 subsection (i). The adoption of emergency rules authorized by
14 this subsection (i) shall be deemed to be necessary for the
15 public interest, safety, and welfare.

16 (j) In order to provide for the expeditious and timely
17 implementation of the provisions of the State's fiscal year
18 2005 budget as provided under the Fiscal Year 2005 Budget
19 Implementation (Human Services) Act, emergency rules to
20 implement any provision of the Fiscal Year 2005 Budget
21 Implementation (Human Services) Act may be adopted in
22 accordance with this Section by the agency charged with
23 administering that provision, except that the 24-month
24 limitation on the adoption of emergency rules and the
25 provisions of Sections 5-115 and 5-125 do not apply to rules
26 adopted under this subsection (j). The Department of Public Aid

1 may also adopt rules under this subsection (j) necessary to
2 administer the Illinois Public Aid Code and the Children's
3 Health Insurance Program Act. The adoption of emergency rules
4 authorized by this subsection (j) shall be deemed to be
5 necessary for the public interest, safety, and welfare.

6 (k) In order to provide for the expeditious and timely
7 implementation of the provisions of the State's fiscal year
8 2006 budget, emergency rules to implement any provision of this
9 amendatory Act of the 94th General Assembly or any other budget
10 initiative for fiscal year 2006 may be adopted in accordance
11 with this Section by the agency charged with administering that
12 provision or initiative, except that the 24-month limitation on
13 the adoption of emergency rules and the provisions of Sections
14 5-115 and 5-125 do not apply to rules adopted under this
15 subsection (k). The Department of Healthcare and Family
16 Services may also adopt rules under this subsection (k)
17 necessary to administer the Illinois Public Aid Code, the
18 Senior Citizens and Disabled Persons Property Tax Relief Act,
19 the Senior Citizens and Disabled Persons Prescription Drug
20 Discount Program Act (now the Illinois Prescription Drug
21 Discount Program Act), and the Children's Health Insurance
22 Program Act. The adoption of emergency rules authorized by this
23 subsection (k) shall be deemed to be necessary for the public
24 interest, safety, and welfare.

25 (l) In order to provide for the expeditious and timely
26 implementation of the provisions of the State's fiscal year

1 2007 budget, the Department of Healthcare and Family Services
2 may adopt emergency rules during fiscal year 2007, including
3 rules effective July 1, 2007, in accordance with this
4 subsection to the extent necessary to administer the
5 Department's responsibilities with respect to amendments to
6 the State plans and Illinois waivers approved by the federal
7 Centers for Medicare and Medicaid Services necessitated by the
8 requirements of Title XIX and Title XXI of the federal Social
9 Security Act. The adoption of emergency rules authorized by
10 this subsection (l) shall be deemed to be necessary for the
11 public interest, safety, and welfare.

12 (m) In order to provide for the expeditious and timely
13 implementation of the provisions of the State's fiscal year
14 2008 budget, the Department of Healthcare and Family Services
15 may adopt emergency rules during fiscal year 2008, including
16 rules effective July 1, 2008, in accordance with this
17 subsection to the extent necessary to administer the
18 Department's responsibilities with respect to amendments to
19 the State plans and Illinois waivers approved by the federal
20 Centers for Medicare and Medicaid Services necessitated by the
21 requirements of Title XIX and Title XXI of the federal Social
22 Security Act. The adoption of emergency rules authorized by
23 this subsection (m) shall be deemed to be necessary for the
24 public interest, safety, and welfare.

25 (n) In order to provide for the expeditious and timely
26 implementation of the provisions of the State's fiscal year

1 2010 budget, emergency rules to implement any provision of this
2 amendatory Act of the 96th General Assembly or any other budget
3 initiative authorized by the 96th General Assembly for fiscal
4 year 2010 may be adopted in accordance with this Section by the
5 agency charged with administering that provision or
6 initiative. The adoption of emergency rules authorized by this
7 subsection (n) shall be deemed to be necessary for the public
8 interest, safety, and welfare. The rulemaking authority
9 granted in this subsection (n) shall apply only to rules
10 promulgated during Fiscal Year 2010.

11 (o) In order to provide for the expeditious and timely
12 implementation of the provisions of the State's fiscal year
13 2011 budget, emergency rules to implement any provision of this
14 amendatory Act of the 96th General Assembly or any other budget
15 initiative authorized by the 96th General Assembly for fiscal
16 year 2011 may be adopted in accordance with this Section by the
17 agency charged with administering that provision or
18 initiative. The adoption of emergency rules authorized by this
19 subsection (o) is deemed to be necessary for the public
20 interest, safety, and welfare. The rulemaking authority
21 granted in this subsection (o) applies only to rules
22 promulgated on or after the effective date of this amendatory
23 Act of the 96th General Assembly through June 30, 2011.

24 (p) In order to provide for the expeditious and timely
25 implementation of the provisions of Public Act 97-689 ~~this~~
26 ~~amendatory Act of the 97th General Assembly~~, emergency rules to

1 implement any provision of Public Act 97-689 ~~this amendatory~~
2 ~~Act of the 97th General Assembly~~ may be adopted in accordance
3 with this subsection (p) by the agency charged with
4 administering that provision or initiative. The 150-day
5 limitation of the effective period of emergency rules does not
6 apply to rules adopted under this subsection (p), and the
7 effective period may continue through June 30, 2013. The
8 24-month limitation on the adoption of emergency rules does not
9 apply to rules adopted under this subsection (p). The adoption
10 of emergency rules authorized by this subsection (p) is deemed
11 to be necessary for the public interest, safety, and welfare.

12 (q) In order to provide for the expeditious and timely
13 implementation of the provisions of Articles 7, 8, 9, 11, and
14 12 of this amendatory Act of the 98th General Assembly,
15 emergency rules to implement any provision of Articles 7, 8, 9,
16 11, and 12 of this amendatory Act of the 98th General Assembly
17 may be adopted in accordance with this subsection (q) by the
18 agency charged with administering that provision or
19 initiative. The 24-month limitation on the adoption of
20 emergency rules does not apply to rules adopted under this
21 subsection (q). The adoption of emergency rules authorized by
22 this subsection (q) is deemed to be necessary for the public
23 interest, safety, and welfare.

24 (Source: P.A. 96-45, eff. 7-15-09; 96-958, eff. 7-1-10;
25 96-1500, eff. 1-18-11; 97-689, eff. 6-14-12; 97-695, eff.
26 7-1-12; revised 7-10-12.)

1 Section 99-10. Severability. If any provision of this Act
2 or application thereof to any person or circumstance is held
3 invalid, such invalidity does not affect other provisions or
4 applications of this Act which can be given effect without the
5 invalid application or provision, and to this end the
6 provisions of this Act are declared to be severable.

7 Section 99-95. No acceleration or delay. Where this Act
8 makes changes in a statute that is represented in this Act by
9 text that is not yet or no longer in effect (for example, a
10 Section represented by multiple versions), the use of that text
11 does not accelerate or delay the taking effect of (i) the
12 changes made by this Act or (ii) provisions derived from any
13 other Public Act.

14 Section 99-99. Effective date. This Act takes effect upon
15 becoming law."