



Sen. Daniel Biss

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1 AMENDMENT TO HOUSE BILL 2482

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2482 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Act on the Aging is amended by  
5 changing Section 4.02 as follows:

6 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

7 Sec. 4.02. Community Care Program. The Department shall  
8 establish a program of services to prevent unnecessary  
9 institutionalization of persons age 60 and older in need of  
10 long term care or who are established as persons who suffer  
11 from Alzheimer's disease or a related disorder under the  
12 Alzheimer's Disease Assistance Act, thereby enabling them to  
13 remain in their own homes or in other living arrangements. Such  
14 preventive services, which may be coordinated with other  
15 programs for the aged and monitored by area agencies on aging  
16 in cooperation with the Department, may include, but are not

1 limited to, any or all of the following:

2 (a) (blank);

3 (b) (blank);

4 (c) home care aide services;

5 (d) personal assistant services;

6 (e) adult day services;

7 (f) home-delivered meals;

8 (g) education in self-care;

9 (h) personal care services;

10 (i) adult day health services;

11 (j) habilitation services;

12 (k) respite care;

13 (k-5) community reintegration services;

14 (k-6) flexible senior services;

15 (k-7) medication management;

16 (k-8) emergency home response;

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

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

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

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

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

11 The Department shall, in conjunction with the Department of  
12 Public Aid (now Department of Healthcare and Family Services),  
13 seek appropriate amendments under Sections 1915 and 1924 of the  
14 Social Security Act. The purpose of the amendments shall be to  
15 extend eligibility for home and community based services under  
16 Sections 1915 and 1924 of the Social Security Act to persons  
17 who transfer to or for the benefit of a spouse those amounts of  
18 income and resources allowed under Section 1924 of the Social  
19 Security Act. Subject to the approval of such amendments, the  
20 Department shall extend the provisions of Section 5-4 of the  
21 Illinois Public Aid Code to persons who, but for the provision  
22 of home or community-based services, would require the level of  
23 care provided in an institution, as is provided for in federal  
24 law. Those persons no longer found to be eligible for receiving  
25 noninstitutional services due to changes in the eligibility  
26 criteria shall be given 45 days notice prior to actual

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

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

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

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

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

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

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

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

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

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

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

23 (4) ensuring that the determination of need tool is  
24 accurate in determining the participants' level of need; to  
25 achieve this, the Department, in conjunction with the Older  
26 Adult Services Advisory Committee, shall institute a study

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

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

- 12 (A) bathing;
- 13 (B) grooming;
- 14 (C) toileting;
- 15 (D) nail care;
- 16 (E) transferring;
- 17 (F) respiratory services;
- 18 (G) exercise; or
- 19 (H) positioning;

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

26 (7) ensuring that the State may access maximum federal



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

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

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

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

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

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

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

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

22 Individuals with a score of 29 or higher based on the  
23 determination of need (DON) assessment tool shall be eligible  
24 to receive institutional and home and community-based long term  
25 care services until such time that the State receives federal  
26 approval and implements an updated assessment tool. The

1 Department must promulgate rules regarding the updated  
2 assessment tool, but shall not promulgate emergency rules  
3 regarding the updated assessment tool. The State shall not  
4 implement an updated assessment tool that causes more than 1%  
5 of then-current recipients to lose eligibility. Anyone  
6 determined to be ineligible for services due to the updated  
7 assessment tool shall continue to be eligible for services for  
8 at least one year following that determination and must be  
9 reassessed no earlier than 11 months after that determination.

10 By January 1, 2009 or as soon after the end of the Cash and  
11 Counseling Demonstration Project as is practicable, the  
12 Department may, based on its evaluation of the demonstration  
13 project, promulgate rules concerning personal assistant  
14 services, to include, but need not be limited to,  
15 qualifications, employment screening, rights under fair labor  
16 standards, training, fiduciary agent, and supervision  
17 requirements. All applicants shall be subject to the provisions  
18 of the Health Care Worker Background Check Act.

19 The Department shall develop procedures to enhance  
20 availability of services on evenings, weekends, and on an  
21 emergency basis to meet the respite needs of caregivers.  
22 Procedures shall be developed to permit the utilization of  
23 services in successive blocks of 24 hours up to the monthly  
24 maximum established by the Department. Workers providing these  
25 services shall be appropriately trained.

26 Beginning on the effective date of this Amendatory Act of

1 1991, no person may perform chore/housekeeping and home care  
2 aide services under a program authorized by this Section unless  
3 that person has been issued a certificate of pre-service to do  
4 so by his or her employing agency. Information gathered to  
5 effect such certification shall include (i) the person's name,  
6 (ii) the date the person was hired by his or her current  
7 employer, and (iii) the training, including dates and levels.  
8 Persons engaged in the program authorized by this Section  
9 before the effective date of this amendatory Act of 1991 shall  
10 be issued a certificate of all pre- and in-service training  
11 from his or her employer upon submitting the necessary  
12 information. The employing agency shall be required to retain  
13 records of all staff pre- and in-service training, and shall  
14 provide such records to the Department upon request and upon  
15 termination of the employer's contract with the Department. In  
16 addition, the employing agency is responsible for the issuance  
17 of certifications of in-service training completed to their  
18 employees.

19 The Department is required to develop a system to ensure  
20 that persons working as home care aides and personal assistants  
21 receive increases in their wages when the federal minimum wage  
22 is increased by requiring vendors to certify that they are  
23 meeting the federal minimum wage statute for home care aides  
24 and personal assistants. An employer that cannot ensure that  
25 the minimum wage increase is being given to home care aides and  
26 personal assistants shall be denied any increase in

1 reimbursement costs.

2 The Community Care Program Advisory Committee is created in  
3 the Department on Aging. The Director shall appoint individuals  
4 to serve in the Committee, who shall serve at their own  
5 expense. Members of the Committee must abide by all applicable  
6 ethics laws. The Committee shall advise the Department on  
7 issues related to the Department's program of services to  
8 prevent unnecessary institutionalization. The Committee shall  
9 meet on a bi-monthly basis and shall serve to identify and  
10 advise the Department on present and potential issues affecting  
11 the service delivery network, the program's clients, and the  
12 Department and to recommend solution strategies. Persons  
13 appointed to the Committee shall be appointed on, but not  
14 limited to, their own and their agency's experience with the  
15 program, geographic representation, and willingness to serve.  
16 The Director shall appoint members to the Committee to  
17 represent provider, advocacy, policy research, and other  
18 constituencies committed to the delivery of high quality home  
19 and community-based services to older adults. Representatives  
20 shall be appointed to ensure representation from community care  
21 providers including, but not limited to, adult day service  
22 providers, homemaker providers, case coordination and case  
23 management units, emergency home response providers, statewide  
24 trade or labor unions that represent home care aides and direct  
25 care staff, area agencies on aging, adults over age 60,  
26 membership organizations representing older adults, and other

1 organizational entities, providers of care, or individuals  
2 with demonstrated interest and expertise in the field of home  
3 and community care as determined by the Director.

4 Nominations may be presented from any agency or State  
5 association with interest in the program. The Director, or his  
6 or her designee, shall serve as the permanent co-chair of the  
7 advisory committee. One other co-chair shall be nominated and  
8 approved by the members of the committee on an annual basis.  
9 Committee members' terms of appointment shall be for 4 years  
10 with one-quarter of the appointees' terms expiring each year. A  
11 member shall continue to serve until his or her replacement is  
12 named. The Department shall fill vacancies that have a  
13 remaining term of over one year, and this replacement shall  
14 occur through the annual replacement of expiring terms. The  
15 Director shall designate Department staff to provide technical  
16 assistance and staff support to the committee. Department  
17 representation shall not constitute membership of the  
18 committee. All Committee papers, issues, recommendations,  
19 reports, and meeting memoranda are advisory only. The Director,  
20 or his or her designee, shall make a written report, as  
21 requested by the Committee, regarding issues before the  
22 Committee.

23 The Department on Aging and the Department of Human  
24 Services shall cooperate in the development and submission of  
25 an annual report on programs and services provided under this  
26 Section. Such joint report shall be filed with the Governor and

1 the General Assembly on or before September 30 each year.

2 The requirement for reporting to the General Assembly shall  
3 be satisfied by filing copies of the report with the Speaker,  
4 the Minority Leader and the Clerk of the House of  
5 Representatives and the President, the Minority Leader and the  
6 Secretary of the Senate and the Legislative Research Unit, as  
7 required by Section 3.1 of the General Assembly Organization  
8 Act and filing such additional copies with the State Government  
9 Report Distribution Center for the General Assembly as is  
10 required under paragraph (t) of Section 7 of the State Library  
11 Act.

12 Those persons previously found eligible for receiving  
13 non-institutional services whose services were discontinued  
14 under the Emergency Budget Act of Fiscal Year 1992, and who do  
15 not meet the eligibility standards in effect on or after July  
16 1, 1992, shall remain ineligible on and after July 1, 1992.  
17 Those persons previously not required to cost-share and who  
18 were required to cost-share effective March 1, 1992, shall  
19 continue to meet cost-share requirements on and after July 1,  
20 1992. Beginning July 1, 1992, all clients will be required to  
21 meet eligibility, cost-share, and other requirements and will  
22 have services discontinued or altered when they fail to meet  
23 these requirements.

24 For the purposes of this Section, "flexible senior  
25 services" refers to services that require one-time or periodic  
26 expenditures including, but not limited to, respite care, home

1 modification, assistive technology, housing assistance, and  
2 transportation.

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

7 The Department shall require, as a condition of  
8 eligibility, enrollment in the medical assistance program  
9 under Article V of the Illinois Public Aid Code (i) beginning  
10 August 1, 2013, if the Auditor General has reported that the  
11 Department has failed to comply with the reporting requirements  
12 of Section 2-27 of the Illinois State Auditing Act; or (ii)  
13 beginning June 1, 2014, if the Auditor General has reported  
14 that the Department has not undertaken the required actions  
15 listed in the report required by subsection (a) of Section 2-27  
16 of the Illinois State Auditing Act.

17 The Department shall delay Community Care Program services  
18 until an applicant is determined eligible for medical  
19 assistance under Article V of the Illinois Public Aid Code (i)  
20 beginning August 1, 2013, if the Auditor General has reported  
21 that the Department has failed to comply with the reporting  
22 requirements of Section 2-27 of the Illinois State Auditing  
23 Act; or (ii) beginning June 1, 2014, if the Auditor General has  
24 reported that the Department has not undertaken the required  
25 actions listed in the report required by subsection (a) of  
26 Section 2-27 of the Illinois State Auditing Act.



1           The Department shall implement co-payments for the  
2 Community Care Program at the federally allowable maximum level  
3 (i) beginning August 1, 2013, if the Auditor General has  
4 reported that the Department has failed to comply with the  
5 reporting requirements of Section 2-27 of the Illinois State  
6 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor  
7 General has reported that the Department has not undertaken the  
8 required actions listed in the report required by subsection  
9 (a) of Section 2-27 of the Illinois State Auditing Act.

10          The Department shall provide a bi-monthly report on the  
11 progress of the Community Care Program reforms set forth in  
12 this amendatory Act of the 98th General Assembly to the  
13 Governor, the Speaker of the House of Representatives, the  
14 Minority Leader of the House of Representatives, the President  
15 of the Senate, and the Minority Leader of the Senate.

16          The Department shall conduct a quarterly review of Care  
17 Coordination Unit performance and adherence to service  
18 guidelines. The quarterly review shall be reported to the  
19 Speaker of the House of Representatives, the Minority Leader of  
20 the House of Representatives, the President of the Senate, and  
21 the Minority Leader of the Senate. The Department shall collect  
22 and report longitudinal data on the performance of each care  
23 coordination unit. Nothing in this paragraph shall be construed  
24 to require the Department to identify specific care  
25 coordination units.

26          In regard to community care providers, failure to comply

1 with Department on Aging policies shall be cause for  
2 disciplinary action, including, but not limited to,  
3 disqualification from serving Community Care Program clients.  
4 Each provider, upon submission of any bill or invoice to the  
5 Department for payment for services rendered, shall include a  
6 notarized statement, under penalty of perjury pursuant to  
7 Section 1-109 of the Code of Civil Procedure, that the provider  
8 has complied with all Department policies.

9 The Director of the Department on Aging shall make  
10 information available to the State Board of Elections as may be  
11 required by an agreement the State Board of Elections has  
12 entered into with a multi-state voter registration list  
13 maintenance system.

14 (Source: P.A. 97-333, eff. 8-12-11; 98-8, eff. 5-3-13; 98-1171,  
15 eff. 6-1-15.)

16 Section 10. The Disabled Persons Rehabilitation Act is  
17 amended by changing Section 3 as follows:

18 (20 ILCS 2405/3) (from Ch. 23, par. 3434)

19 Sec. 3. Powers and duties. The Department shall have the  
20 powers and duties enumerated herein:

21 (a) To co-operate with the federal government in the  
22 administration of the provisions of the federal Rehabilitation  
23 Act of 1973, as amended, of the Workforce Investment Act of  
24 1998, and of the federal Social Security Act to the extent and

1 in the manner provided in these Acts.

2 (b) To prescribe and supervise such courses of vocational  
3 training and provide such other services as may be necessary  
4 for the habilitation and rehabilitation of persons with one or  
5 more disabilities, including the administrative activities  
6 under subsection (e) of this Section, and to co-operate with  
7 State and local school authorities and other recognized  
8 agencies engaged in habilitation, rehabilitation and  
9 comprehensive rehabilitation services; and to cooperate with  
10 the Department of Children and Family Services regarding the  
11 care and education of children with one or more disabilities.

12 (c) (Blank).

13 (d) To report in writing, to the Governor, annually on or  
14 before the first day of December, and at such other times and  
15 in such manner and upon such subjects as the Governor may  
16 require. The annual report shall contain (1) a statement of the  
17 existing condition of comprehensive rehabilitation services,  
18 habilitation and rehabilitation in the State; (2) a statement  
19 of suggestions and recommendations with reference to the  
20 development of comprehensive rehabilitation services,  
21 habilitation and rehabilitation in the State; and (3) an  
22 itemized statement of the amounts of money received from  
23 federal, State and other sources, and of the objects and  
24 purposes to which the respective items of these several amounts  
25 have been devoted.

26 (e) (Blank).

1           (f) To establish a program of services to prevent the  
2 unnecessary institutionalization of persons in need of long  
3 term care and who meet the criteria for blindness or disability  
4 as defined by the Social Security Act, thereby enabling them to  
5 remain in their own homes. Such preventive services include any  
6 or all of the following:

- 7           (1) personal assistant services;
- 8           (2) homemaker services;
- 9           (3) home-delivered meals;
- 10          (4) adult day care services;
- 11          (5) respite care;
- 12          (6) home modification or assistive equipment;
- 13          (7) home health services;
- 14          (8) electronic home response;
- 15          (9) brain injury behavioral/cognitive services;
- 16          (10) brain injury habilitation;
- 17          (11) brain injury pre-vocational services; or
- 18          (12) brain injury supported employment.

19           The Department shall establish eligibility standards for  
20 such services taking into consideration the unique economic and  
21 social needs of the population for whom they are to be  
22 provided. Such eligibility standards may be based on the  
23 recipient's ability to pay for services; provided, however,  
24 that any portion of a person's income that is equal to or less  
25 than the "protected income" level shall not be considered by  
26 the Department in determining eligibility. The "protected

1 income" level shall be determined by the Department, shall  
2 never be less than the federal poverty standard, and shall be  
3 adjusted each year to reflect changes in the Consumer Price  
4 Index For All Urban Consumers as determined by the United  
5 States Department of Labor. The standards must provide that a  
6 person may not have more than \$10,000 in assets to be eligible  
7 for the services, and the Department may increase or decrease  
8 the asset limitation by rule. The Department may not decrease  
9 the asset level below \$10,000.

10 Individuals with a score of 29 or higher based on the  
11 determination of need (DON) assessment tool shall be eligible  
12 to receive institutional and home and community-based long term  
13 care services until such time that the State receives federal  
14 approval and implements an updated assessment tool. The  
15 Department must promulgate rules regarding the updated  
16 assessment tool, but shall not promulgate emergency rules  
17 regarding the updated assessment tool. The State shall not  
18 implement an updated assessment tool that causes more than 1%  
19 of then-current recipients to lose eligibility. Anyone  
20 determined to be ineligible for services due to the updated  
21 assessment tool shall continue to be eligible for services for  
22 at least one year following that determination and must be  
23 reassessed no earlier than 11 months after that determination.

24 The services shall be provided, as established by the  
25 Department by rule, to eligible persons to prevent unnecessary  
26 or premature institutionalization, to the extent that the cost

1 of the services, together with the other personal maintenance  
2 expenses of the persons, are reasonably related to the  
3 standards established for care in a group facility appropriate  
4 to their condition. These non-institutional services, pilot  
5 projects or experimental facilities may be provided as part of  
6 or in addition to those authorized by federal law or those  
7 funded and administered by the Illinois Department on Aging.  
8 The Department shall set rates and fees for services in a fair  
9 and equitable manner. Services identical to those offered by  
10 the Department on Aging shall be paid at the same rate.

11 Personal assistants shall be paid at a rate negotiated  
12 between the State and an exclusive representative of personal  
13 assistants under a collective bargaining agreement. In no case  
14 shall the Department pay personal assistants an hourly wage  
15 that is less than the federal minimum wage.

16 Solely for the purposes of coverage under the Illinois  
17 Public Labor Relations Act (5 ILCS 315/), personal assistants  
18 providing services under the Department's Home Services  
19 Program shall be considered to be public employees and the  
20 State of Illinois shall be considered to be their employer as  
21 of the effective date of this amendatory Act of the 93rd  
22 General Assembly, but not before. Solely for the purposes of  
23 coverage under the Illinois Public Labor Relations Act, home  
24 care and home health workers who function as personal  
25 assistants and individual maintenance home health workers and  
26 who also provide services under the Department's Home Services

1 Program shall be considered to be public employees, no matter  
2 whether the State provides such services through direct  
3 fee-for-service arrangements, with the assistance of a managed  
4 care organization or other intermediary, or otherwise, and the  
5 State of Illinois shall be considered to be the employer of  
6 those persons as of January 29, 2013 (the effective date of  
7 Public Act 97-1158), but not before except as otherwise  
8 provided under this subsection (f). The State shall engage in  
9 collective bargaining with an exclusive representative of home  
10 care and home health workers who function as personal  
11 assistants and individual maintenance home health workers  
12 working under the Home Services Program concerning their terms  
13 and conditions of employment that are within the State's  
14 control. Nothing in this paragraph shall be understood to limit  
15 the right of the persons receiving services defined in this  
16 Section to hire and fire home care and home health workers who  
17 function as personal assistants and individual maintenance  
18 home health workers working under the Home Services Program or  
19 to supervise them within the limitations set by the Home  
20 Services Program. The State shall not be considered to be the  
21 employer of home care and home health workers who function as  
22 personal assistants and individual maintenance home health  
23 workers working under the Home Services Program for any  
24 purposes not specifically provided in Public Act 93-204 or  
25 Public Act 97-1158, including but not limited to, purposes of  
26 vicarious liability in tort and purposes of statutory

1 retirement or health insurance benefits. Home care and home  
2 health workers who function as personal assistants and  
3 individual maintenance home health workers and who also provide  
4 services under the Department's Home Services Program shall not  
5 be covered by the State Employees Group Insurance Act of 1971  
6 (5 ILCS 375/).

7 The Department shall execute, relative to nursing home  
8 prescreening, as authorized by Section 4.03 of the Illinois Act  
9 on the Aging, written inter-agency agreements with the  
10 Department on Aging and the Department of Healthcare and Family  
11 Services, to effect the intake procedures and eligibility  
12 criteria for those persons who may need long term care. On and  
13 after July 1, 1996, all nursing home prescreenings for  
14 individuals 18 through 59 years of age shall be conducted by  
15 the Department, or a designee of the Department.

16 The Department is authorized to establish a system of  
17 recipient cost-sharing for services provided under this  
18 Section. The cost-sharing shall be based upon the recipient's  
19 ability to pay for services, but in no case shall the  
20 recipient's share exceed the actual cost of the services  
21 provided. Protected income shall not be considered by the  
22 Department in its determination of the recipient's ability to  
23 pay a share of the cost of services. The level of cost-sharing  
24 shall be adjusted each year to reflect changes in the  
25 "protected income" level. The Department shall deduct from the  
26 recipient's share of the cost of services any money expended by



1 the recipient for disability-related expenses.

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

1 "Homestead", as used in this paragraph, means the dwelling  
2 house and contiguous real estate occupied by a surviving spouse  
3 or relative, as defined by the rules and regulations of the  
4 Department of Healthcare and Family Services, regardless of the  
5 value of the property.

6 The Department shall submit an annual report on programs  
7 and services provided under this Section. The report shall be  
8 filed with the Governor and the General Assembly on or before  
9 March 30 each year.

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

19 (g) To establish such subdivisions of the Department as  
20 shall be desirable and assign to the various subdivisions the  
21 responsibilities and duties placed upon the Department by law.

22 (h) To cooperate and enter into any necessary agreements  
23 with the Department of Employment Security for the provision of  
24 job placement and job referral services to clients of the  
25 Department, including job service registration of such clients  
26 with Illinois Employment Security offices and making job

1 listings maintained by the Department of Employment Security  
2 available to such clients.

3 (i) To possess all powers reasonable and necessary for the  
4 exercise and administration of the powers, duties and  
5 responsibilities of the Department which are provided for by  
6 law.

7 (j) (Blank).

8 (k) (Blank).

9 (l) To establish, operate and maintain a Statewide Housing  
10 Clearinghouse of information on available, government  
11 subsidized housing accessible to disabled persons and  
12 available privately owned housing accessible to disabled  
13 persons. The information shall include but not be limited to  
14 the location, rental requirements, access features and  
15 proximity to public transportation of available housing. The  
16 Clearinghouse shall consist of at least a computerized database  
17 for the storage and retrieval of information and a separate or  
18 shared toll free telephone number for use by those seeking  
19 information from the Clearinghouse. Department offices and  
20 personnel throughout the State shall also assist in the  
21 operation of the Statewide Housing Clearinghouse. Cooperation  
22 with local, State and federal housing managers shall be sought  
23 and extended in order to frequently and promptly update the  
24 Clearinghouse's information.

25 (m) To assure that the names and case records of persons  
26 who received or are receiving services from the Department,

1 including persons receiving vocational rehabilitation, home  
2 services, or other services, and those attending one of the  
3 Department's schools or other supervised facility shall be  
4 confidential and not be open to the general public. Those case  
5 records and reports or the information contained in those  
6 records and reports shall be disclosed by the Director only to  
7 proper law enforcement officials, individuals authorized by a  
8 court, the General Assembly or any committee or commission of  
9 the General Assembly, and other persons and for reasons as the  
10 Director designates by rule. Disclosure by the Director may be  
11 only in accordance with other applicable law.

12 (Source: P.A. 97-732, eff. 6-30-12; 97-1019, eff. 8-17-12;  
13 97-1158, eff. 1-29-13; 98-1004, eff. 8-18-14.)

14 Section 13. The Nursing Home Care Act is amended by  
15 changing Section 3-402 as follows:

16 (210 ILCS 45/3-402) (from Ch. 111 1/2, par. 4153-402)

17 Sec. 3-402. Involuntary transfer or discharge.

18 Involuntary transfer or discharge of a resident from a  
19 facility shall be preceded by the discussion required under  
20 Section 3-408 and by a minimum written notice of 21 days,  
21 except in one of the following instances:

22 (a) When an emergency transfer or discharge is ordered  
23 by the resident's attending physician because of the  
24 resident's health care needs.

1 (b) When the transfer or discharge is mandated by the  
2 physical safety of other residents, the facility staff, or  
3 facility visitors, as documented in the clinical record.  
4 The Department shall be notified prior to any such  
5 involuntary transfer or discharge. The Department shall  
6 immediately offer transfer, or discharge and relocation  
7 assistance to residents transferred or discharged under  
8 this subparagraph (b), and the Department may place  
9 relocation teams as provided in Section 3-419 of this Act.

10 (c) When an identified offender is within the  
11 provisional admission period defined in Section 1-120.3.  
12 If the Identified Offender Report and Recommendation  
13 prepared under Section 2-201.6 shows that the identified  
14 offender poses a serious threat or danger to the physical  
15 safety of other residents, the facility staff, or facility  
16 visitors in the admitting facility and the facility  
17 determines that it is unable to provide a safe environment  
18 for the other residents, the facility staff, or facility  
19 visitors, the facility shall transfer or discharge the  
20 identified offender within 3 days after its receipt of the  
21 Identified Offender Report and Recommendation.

22 No individual receiving care in an institutional setting  
23 shall be involuntarily discharged as the result of the updated  
24 determination of need (DON) assessment tool as provided in  
25 Section 5-5 of the Illinois Public Aid Code until a transition  
26 plan has been developed by the Department on Aging or its

1 designee and all care identified in the transition plan is  
2 available to the resident immediately upon discharge.

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

4 Section 15. The Illinois Public Aid Code is amended by  
5 changing Sections 5-5 and 5-5.01a as follows:

6 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

7 Sec. 5-5. Medical services. The Illinois Department, by  
8 rule, shall determine the quantity and quality of and the rate  
9 of reimbursement for the medical assistance for which payment  
10 will be authorized, and the medical services to be provided,  
11 which may include all or part of the following: (1) inpatient  
12 hospital services; (2) outpatient hospital services; (3) other  
13 laboratory and X-ray services; (4) skilled nursing home  
14 services; (5) physicians' services whether furnished in the  
15 office, the patient's home, a hospital, a skilled nursing home,  
16 or elsewhere; (6) medical care, or any other type of remedial  
17 care furnished by licensed practitioners; (7) home health care  
18 services; (8) private duty nursing service; (9) clinic  
19 services; (10) dental services, including prevention and  
20 treatment of periodontal disease and dental caries disease for  
21 pregnant women, provided by an individual licensed to practice  
22 dentistry or dental surgery; for purposes of this item (10),  
23 "dental services" means diagnostic, preventive, or corrective  
24 procedures provided by or under the supervision of a dentist in

1 the practice of his or her profession; (11) physical therapy  
2 and related services; (12) prescribed drugs, dentures, and  
3 prosthetic devices; and eyeglasses prescribed by a physician  
4 skilled in the diseases of the eye, or by an optometrist,  
5 whichever the person may select; (13) other diagnostic,  
6 screening, preventive, and rehabilitative services, including  
7 to ensure that the individual's need for intervention or  
8 treatment of mental disorders or substance use disorders or  
9 co-occurring mental health and substance use disorders is  
10 determined using a uniform screening, assessment, and  
11 evaluation process inclusive of criteria, for children and  
12 adults; for purposes of this item (13), a uniform screening,  
13 assessment, and evaluation process refers to a process that  
14 includes an appropriate evaluation and, as warranted, a  
15 referral; "uniform" does not mean the use of a singular  
16 instrument, tool, or process that all must utilize; (14)  
17 transportation and such other expenses as may be necessary;  
18 (15) medical treatment of sexual assault survivors, as defined  
19 in Section 1a of the Sexual Assault Survivors Emergency  
20 Treatment Act, for injuries sustained as a result of the sexual  
21 assault, including examinations and laboratory tests to  
22 discover evidence which may be used in criminal proceedings  
23 arising from the sexual assault; (16) the diagnosis and  
24 treatment of sickle cell anemia; and (17) any other medical  
25 care, and any other type of remedial care recognized under the  
26 laws of this State, but not including abortions, or induced

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

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

22 Notwithstanding any other provision of this Code, the  
23 Illinois Department may not require, as a condition of payment  
24 for any laboratory test authorized under this Article, that a  
25 physician's handwritten signature appear on the laboratory  
26 test order form. The Illinois Department may, however, impose



1 other appropriate requirements regarding laboratory test order  
2 documentation.

3       Upon receipt of federal approval of an amendment to the  
4 Illinois Title XIX State Plan for this purpose, the Department  
5 shall authorize the Chicago Public Schools (CPS) to procure a  
6 vendor or vendors to manufacture eyeglasses for individuals  
7 enrolled in a school within the CPS system. CPS shall ensure  
8 that its vendor or vendors are enrolled as providers in the  
9 medical assistance program and in any capitated Medicaid  
10 managed care entity (MCE) serving individuals enrolled in a  
11 school within the CPS system. Under any contract procured under  
12 this provision, the vendor or vendors must serve only  
13 individuals enrolled in a school within the CPS system. Claims  
14 for services provided by CPS's vendor or vendors to recipients  
15 of benefits in the medical assistance program under this Code,  
16 the Children's Health Insurance Program, or the Covering ALL  
17 KIDS Health Insurance Program shall be submitted to the  
18 Department or the MCE in which the individual is enrolled for  
19 payment and shall be reimbursed at the Department's or the  
20 MCE's established rates or rate methodologies for eyeglasses.

21       On and after July 1, 2012, the Department of Healthcare and  
22 Family Services may provide the following services to persons  
23 eligible for assistance under this Article who are  
24 participating in education, training or employment programs  
25 operated by the Department of Human Services as successor to  
26 the Department of Public Aid:

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

3           (2) eyeglasses prescribed by a physician skilled in the  
4 diseases of the eye, or by an optometrist, whichever the  
5 person may select.

6           Notwithstanding any other provision of this Code and  
7 subject to federal approval, the Department may adopt rules to  
8 allow a dentist who is volunteering his or her service at no  
9 cost to render dental services through an enrolled  
10 not-for-profit health clinic without the dentist personally  
11 enrolling as a participating provider in the medical assistance  
12 program. A not-for-profit health clinic shall include a public  
13 health clinic or Federally Qualified Health Center or other  
14 enrolled provider, as determined by the Department, through  
15 which dental services covered under this Section are performed.  
16 The Department shall establish a process for payment of claims  
17 for reimbursement for covered dental services rendered under  
18 this provision.

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

22           The Department of Healthcare and Family Services must  
23 provide coverage and reimbursement for amino acid-based  
24 elemental formulas, regardless of delivery method, for the  
25 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
26 short bowel syndrome when the prescribing physician has issued

1 a written order stating that the amino acid-based elemental  
2 formula is medically necessary.

3 The Illinois Department shall authorize the provision of,  
4 and shall authorize payment for, screening by low-dose  
5 mammography for the presence of occult breast cancer for women  
6 35 years of age or older who are eligible for medical  
7 assistance under this Article, as follows:

8 (A) A baseline mammogram for women 35 to 39 years of  
9 age.

10 (B) An annual mammogram for women 40 years of age or  
11 older.

12 (C) A mammogram at the age and intervals considered  
13 medically necessary by the woman's health care provider for  
14 women under 40 years of age and having a family history of  
15 breast cancer, prior personal history of breast cancer,  
16 positive genetic testing, or other risk factors.

17 (D) A comprehensive ultrasound screening of an entire  
18 breast or breasts if a mammogram demonstrates  
19 heterogeneous or dense breast tissue, when medically  
20 necessary as determined by a physician licensed to practice  
21 medicine in all of its branches.

22 All screenings shall include a physical breast exam,  
23 instruction on self-examination and information regarding the  
24 frequency of self-examination and its value as a preventative  
25 tool. For purposes of this Section, "low-dose mammography"  
26 means the x-ray examination of the breast using equipment

1 dedicated specifically for mammography, including the x-ray  
2 tube, filter, compression device, and image receptor, with an  
3 average radiation exposure delivery of less than one rad per  
4 breast for 2 views of an average size breast. The term also  
5 includes digital mammography.

6 On and after January 1, 2012, providers participating in a  
7 quality improvement program approved by the Department shall be  
8 reimbursed for screening and diagnostic mammography at the same  
9 rate as the Medicare program's rates, including the increased  
10 reimbursement for digital mammography.

11 The Department shall convene an expert panel including  
12 representatives of hospitals, free-standing mammography  
13 facilities, and doctors, including radiologists, to establish  
14 quality standards.

15 Subject to federal approval, the Department shall  
16 establish a rate methodology for mammography at federally  
17 qualified health centers and other encounter-rate clinics.  
18 These clinics or centers may also collaborate with other  
19 hospital-based mammography facilities.

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

24 The Department shall establish a performance goal for  
25 primary care providers with respect to their female patients  
26 over age 40 receiving an annual mammogram. This performance

1 goal shall be used to provide additional reimbursement in the  
2 form of a quality performance bonus to primary care providers  
3 who meet that goal.

4 The Department shall devise a means of case-managing or  
5 patient navigation for beneficiaries diagnosed with breast  
6 cancer. This program shall initially operate as a pilot program  
7 in areas of the State with the highest incidence of mortality  
8 related to breast cancer. At least one pilot program site shall  
9 be in the metropolitan Chicago area and at least one site shall  
10 be outside the metropolitan Chicago area. An evaluation of the  
11 pilot program shall be carried out measuring health outcomes  
12 and cost of care for those served by the pilot program compared  
13 to similarly situated patients who are not served by the pilot  
14 program.

15 Any medical or health care provider shall immediately  
16 recommend, to any pregnant woman who is being provided prenatal  
17 services and is suspected of drug abuse or is addicted as  
18 defined in the Alcoholism and Other Drug Abuse and Dependency  
19 Act, referral to a local substance abuse treatment provider  
20 licensed by the Department of Human Services or to a licensed  
21 hospital which provides substance abuse treatment services.  
22 The Department of Healthcare and Family Services shall assure  
23 coverage for the cost of treatment of the drug abuse or  
24 addiction for pregnant recipients in accordance with the  
25 Illinois Medicaid Program in conjunction with the Department of  
26 Human Services.

1 All medical providers providing medical assistance to  
2 pregnant women under this Code shall receive information from  
3 the Department on the availability of services under the Drug  
4 Free Families with a Future or any comparable program providing  
5 case management services for addicted women, including  
6 information on appropriate referrals for other social services  
7 that may be needed by addicted women in addition to treatment  
8 for addiction.

9 The Illinois Department, in cooperation with the  
10 Departments of Human Services (as successor to the Department  
11 of Alcoholism and Substance Abuse) and Public Health, through a  
12 public awareness campaign, may provide information concerning  
13 treatment for alcoholism and drug abuse and addiction, prenatal  
14 health care, and other pertinent programs directed at reducing  
15 the number of drug-affected infants born to recipients of  
16 medical assistance.

17 Neither the Department of Healthcare and Family Services  
18 nor the Department of Human Services shall sanction the  
19 recipient solely on the basis of her substance abuse.

20 The Illinois Department shall establish such regulations  
21 governing the dispensing of health services under this Article  
22 as it shall deem appropriate. The Department should seek the  
23 advice of formal professional advisory committees appointed by  
24 the Director of the Illinois Department for the purpose of  
25 providing regular advice on policy and administrative matters,  
26 information dissemination and educational activities for

1 medical and health care providers, and consistency in  
2 procedures to the Illinois Department.

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

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

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

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

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

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

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

26           The Department shall apply for a waiver from the United



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

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

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

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

22 Notwithstanding any other law to the contrary, the Illinois  
23 Department shall, within 365 days after July 22, 2013~~7~~ (the  
24 effective date of Public Act 98-104), establish procedures to  
25 permit skilled care facilities licensed under the Nursing Home  
26 Care Act to submit monthly billing claims for reimbursement

1 purposes. Following development of these procedures, the  
2 Department shall have an additional 365 days to test the  
3 viability of the new system and to ensure that any necessary  
4 operational or structural changes to its information  
5 technology platforms are implemented.

6 Notwithstanding any other law to the contrary, the Illinois  
7 Department shall, within 365 days after August 15, 2014 (the  
8 effective date of Public Act 98-963) ~~this amendatory Act of the~~  
9 ~~98th General Assembly~~, establish procedures to permit ID/DD  
10 facilities licensed under the ID/DD Community Care Act to  
11 submit monthly billing claims for reimbursement purposes.  
12 Following development of these procedures, the Department  
13 shall have an additional 365 days to test the viability of the  
14 new system and to ensure that any necessary operational or  
15 structural changes to its information technology platforms are  
16 implemented.

17 The Illinois Department shall require all dispensers of  
18 medical services, other than an individual practitioner or  
19 group of practitioners, desiring to participate in the Medical  
20 Assistance program established under this Article to disclose  
21 all financial, beneficial, ownership, equity, surety or other  
22 interests in any and all firms, corporations, partnerships,  
23 associations, business enterprises, joint ventures, agencies,  
24 institutions or other legal entities providing any form of  
25 health care services in this State under this Article.

26 The Illinois Department may require that all dispensers of

1 medical services desiring to participate in the medical  
2 assistance program established under this Article disclose,  
3 under such terms and conditions as the Illinois Department may  
4 by rule establish, all inquiries from clients and attorneys  
5 regarding medical bills paid by the Illinois Department, which  
6 inquiries could indicate potential existence of claims or liens  
7 for the Illinois Department.

8 Enrollment of a vendor shall be subject to a provisional  
9 period and shall be conditional for one year. During the period  
10 of conditional enrollment, the Department may terminate the  
11 vendor's eligibility to participate in, or may disenroll the  
12 vendor from, the medical assistance program without cause.  
13 Unless otherwise specified, such termination of eligibility or  
14 disenrollment is not subject to the Department's hearing  
15 process. However, a disenrolled vendor may reapply without  
16 penalty.

17 The Department has the discretion to limit the conditional  
18 enrollment period for vendors based upon category of risk of  
19 the vendor.

20 Prior to enrollment and during the conditional enrollment  
21 period in the medical assistance program, all vendors shall be  
22 subject to enhanced oversight, screening, and review based on  
23 the risk of fraud, waste, and abuse that is posed by the  
24 category of risk of the vendor. The Illinois Department shall  
25 establish the procedures for oversight, screening, and review,  
26 which may include, but need not be limited to: criminal and

1 financial background checks; fingerprinting; license,  
2 certification, and authorization verifications; unscheduled or  
3 unannounced site visits; database checks; prepayment audit  
4 reviews; audits; payment caps; payment suspensions; and other  
5 screening as required by federal or State law.

6 The Department shall define or specify the following: (i)  
7 by provider notice, the "category of risk of the vendor" for  
8 each type of vendor, which shall take into account the level of  
9 screening applicable to a particular category of vendor under  
10 federal law and regulations; (ii) by rule or provider notice,  
11 the maximum length of the conditional enrollment period for  
12 each category of risk of the vendor; and (iii) by rule, the  
13 hearing rights, if any, afforded to a vendor in each category  
14 of risk of the vendor that is terminated or disenrolled during  
15 the conditional enrollment period.

16 To be eligible for payment consideration, a vendor's  
17 payment claim or bill, either as an initial claim or as a  
18 resubmitted claim following prior rejection, must be received  
19 by the Illinois Department, or its fiscal intermediary, no  
20 later than 180 days after the latest date on the claim on which  
21 medical goods or services were provided, with the following  
22 exceptions:

23 (1) In the case of a provider whose enrollment is in  
24 process by the Illinois Department, the 180-day period  
25 shall not begin until the date on the written notice from  
26 the Illinois Department that the provider enrollment is

1 complete.

2 (2) In the case of errors attributable to the Illinois  
3 Department or any of its claims processing intermediaries  
4 which result in an inability to receive, process, or  
5 adjudicate a claim, the 180-day period shall not begin  
6 until the provider has been notified of the error.

7 (3) In the case of a provider for whom the Illinois  
8 Department initiates the monthly billing process.

9 (4) In the case of a provider operated by a unit of  
10 local government with a population exceeding 3,000,000  
11 when local government funds finance federal participation  
12 for claims payments.

13 For claims for services rendered during a period for which  
14 a recipient received retroactive eligibility, claims must be  
15 filed within 180 days after the Department determines the  
16 applicant is eligible. For claims for which the Illinois  
17 Department is not the primary payer, claims must be submitted  
18 to the Illinois Department within 180 days after the final  
19 adjudication by the primary payer.

20 In the case of long term care facilities, within 5 days of  
21 receipt by the facility of required prescreening information,  
22 data for new admissions shall be entered into the Medical  
23 Electronic Data Interchange (MEDI) or the Recipient  
24 Eligibility Verification (REV) System or successor system, and  
25 within 15 days of receipt by the facility of required  
26 prescreening information, admission documents shall be

1 submitted through MEDI or REV or shall be submitted directly to  
2 the Department of Human Services using required admission  
3 forms. Effective September 1, 2014, admission documents,  
4 including all prescreening information, must be submitted  
5 through MEDI or REV. Confirmation numbers assigned to an  
6 accepted transaction shall be retained by a facility to verify  
7 timely submittal. Once an admission transaction has been  
8 completed, all resubmitted claims following prior rejection  
9 are subject to receipt no later than 180 days after the  
10 admission transaction has been completed.

11 Claims that are not submitted and received in compliance  
12 with the foregoing requirements shall not be eligible for  
13 payment under the medical assistance program, and the State  
14 shall have no liability for payment of those claims.

15 To the extent consistent with applicable information and  
16 privacy, security, and disclosure laws, State and federal  
17 agencies and departments shall provide the Illinois Department  
18 access to confidential and other information and data necessary  
19 to perform eligibility and payment verifications and other  
20 Illinois Department functions. This includes, but is not  
21 limited to: information pertaining to licensure;  
22 certification; earnings; immigration status; citizenship; wage  
23 reporting; unearned and earned income; pension income;  
24 employment; supplemental security income; social security  
25 numbers; National Provider Identifier (NPI) numbers; the  
26 National Practitioner Data Bank (NPDB); program and agency

1 exclusions; taxpayer identification numbers; tax delinquency;  
2 corporate information; and death records.

3 The Illinois Department shall enter into agreements with  
4 State agencies and departments, and is authorized to enter into  
5 agreements with federal agencies and departments, under which  
6 such agencies and departments shall share data necessary for  
7 medical assistance program integrity functions and oversight.

8 The Illinois Department shall develop, in cooperation with  
9 other State departments and agencies, and in compliance with  
10 applicable federal laws and regulations, appropriate and  
11 effective methods to share such data. At a minimum, and to the  
12 extent necessary to provide data sharing, the Illinois  
13 Department shall enter into agreements with State agencies and  
14 departments, and is authorized to enter into agreements with  
15 federal agencies and departments, including but not limited to:  
16 the Secretary of State; the Department of Revenue; the  
17 Department of Public Health; the Department of Human Services;  
18 and the Department of Financial and Professional Regulation.

19 Beginning in fiscal year 2013, the Illinois Department  
20 shall set forth a request for information to identify the  
21 benefits of a pre-payment, post-adjudication, and post-edit  
22 claims system with the goals of streamlining claims processing  
23 and provider reimbursement, reducing the number of pending or  
24 rejected claims, and helping to ensure a more transparent  
25 adjudication process through the utilization of: (i) provider  
26 data verification and provider screening technology; and (ii)



1 clinical code editing; and (iii) pre-pay, pre- or  
2 post-adjudicated predictive modeling with an integrated case  
3 management system with link analysis. Such a request for  
4 information shall not be considered as a request for proposal  
5 or as an obligation on the part of the Illinois Department to  
6 take any action or acquire any products or services.

7 The Illinois Department shall establish policies,  
8 procedures, standards and criteria by rule for the acquisition,  
9 repair and replacement of orthotic and prosthetic devices and  
10 durable medical equipment. Such rules shall provide, but not be  
11 limited to, the following services: (1) immediate repair or  
12 replacement of such devices by recipients; and (2) rental,  
13 lease, purchase or lease-purchase of durable medical equipment  
14 in a cost-effective manner, taking into consideration the  
15 recipient's medical prognosis, the extent of the recipient's  
16 needs, and the requirements and costs for maintaining such  
17 equipment. Subject to prior approval, such rules shall enable a  
18 recipient to temporarily acquire and use alternative or  
19 substitute devices or equipment pending repairs or  
20 replacements of any device or equipment previously authorized  
21 for such recipient by the Department.

22 The Department shall execute, relative to the nursing home  
23 prescreening project, written inter-agency agreements with the  
24 Department of Human Services and the Department on Aging, to  
25 effect the following: (i) intake procedures and common  
26 eligibility criteria for those persons who are receiving

1 non-institutional services; and (ii) the establishment and  
2 development of non-institutional services in areas of the State  
3 where they are not currently available or are undeveloped; and  
4 (iii) ~~(iii) notwithstanding any other provision of law, subject~~  
5 ~~to federal approval, on and after July 1, 2012, an increase in~~  
6 ~~the determination of need (DON) scores from 29 to 37 for~~  
7 ~~applicants for institutional and home and community based long~~  
8 ~~term care; if and only if federal approval is not granted, the~~  
9 ~~Department may, in conjunction with other affected agencies,~~  
10 ~~implement utilization controls or changes in benefit packages~~  
11 ~~to effectuate a similar savings amount for this population; and~~  
12 ~~(iv)~~ no later than July 1, 2013, minimum level of care  
13 eligibility criteria for institutional and home and  
14 community-based long term care; and (iv) ~~(v)~~ no later than  
15 October 1, 2013, establish procedures to permit long term care  
16 providers access to eligibility scores for individuals with an  
17 admission date who are seeking or receiving services from the  
18 long term care provider. In order to select the minimum level  
19 of care eligibility criteria, the Governor shall establish a  
20 workgroup that includes affected agency representatives and  
21 stakeholders representing the institutional and home and  
22 community-based long term care interests. This Section shall  
23 not restrict the Department from implementing lower level of  
24 care eligibility criteria for community-based services in  
25 circumstances where federal approval has been granted.  
26 Individuals with a score of 29 or higher based on the

1 determination of need (DON) assessment tool shall be eligible  
2 to receive institutional and home and community-based long term  
3 care services until such time that the State receives federal  
4 approval and implements an updated assessment tool. The  
5 Department must promulgate rules regarding the updated  
6 assessment tool, but shall not promulgate emergency rules  
7 regarding the updated assessment tool. The State shall not  
8 implement an updated assessment tool that causes more than 1%  
9 of then-current recipients to lose eligibility. Anyone  
10 determined to be ineligible for services due to the updated  
11 assessment tool shall continue to be eligible for services for  
12 at least one year following that determination and must be  
13 reassessed no earlier than 11 months after that determination.  
14 No individual receiving care in an institutional setting shall  
15 be involuntarily discharged as the result of the updated  
16 assessment tool until a transition plan has been developed by  
17 the Department on Aging or its designee and all care identified  
18 in the transition plan is available to the resident immediately  
19 upon discharge.

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

1           The Illinois Department shall report annually to the  
2 General Assembly, no later than the second Friday in April of  
3 1979 and each year thereafter, in regard to:

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

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

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

10           (d) efforts at utilization review and control by the  
11 Illinois Department.

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

25           Rulemaking authority to implement Public Act 95-1045, if  
26 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

5 On and after July 1, 2012, the Department shall reduce any  
6 rate of reimbursement for services or other payments or alter  
7 any methodologies authorized by this Code to reduce any rate of  
8 reimbursement for services or other payments in accordance with  
9 Section 5-5e.

10 Because kidney transplantation can be an appropriate, cost  
11 effective alternative to renal dialysis when medically  
12 necessary and notwithstanding the provisions of Section 1-11 of  
13 this Code, beginning October 1, 2014, the Department shall  
14 cover kidney transplantation for noncitizens with end-stage  
15 renal disease who are not eligible for comprehensive medical  
16 benefits, who meet the residency requirements of Section 5-3 of  
17 this Code, and who would otherwise meet the financial  
18 requirements of the appropriate class of eligible persons under  
19 Section 5-2 of this Code. To qualify for coverage of kidney  
20 transplantation, such person must be receiving emergency renal  
21 dialysis services covered by the Department. Providers under  
22 this Section shall be prior approved and certified by the  
23 Department to perform kidney transplantation and the services  
24 under this Section shall be limited to services associated with  
25 kidney transplantation.

26 (Source: P.A. 97-48, eff. 6-28-11; 97-638, eff. 1-1-12; 97-689,

1 eff. 6-14-12; 97-1061, eff. 8-24-12; 98-104, Article 9, Section  
2 9-5, eff. 7-22-13; 98-104, Article 12, Section 12-20, eff.  
3 7-22-13; 98-303, eff. 8-9-13; 98-463, eff. 8-16-13; 98-651,  
4 eff. 6-16-14; 98-756, eff. 7-16-14; 98-963, eff. 8-15-14;  
5 revised 10-2-14.)

6 (305 ILCS 5/5-5.01a)

7 Sec. 5-5.01a. Supportive living facilities program. The  
8 Department shall establish and provide oversight for a program  
9 of supportive living facilities that seek to promote resident  
10 independence, dignity, respect, and well-being in the most  
11 cost-effective manner.

12 A supportive living facility is either a free-standing  
13 facility or a distinct physical and operational entity within a  
14 nursing facility. A supportive living facility integrates  
15 housing with health, personal care, and supportive services and  
16 is a designated setting that offers residents their own  
17 separate, private, and distinct living units.

18 Sites for the operation of the program shall be selected by  
19 the Department based upon criteria that may include the need  
20 for services in a geographic area, the availability of funding,  
21 and the site's ability to meet the standards.

22 Beginning July 1, 2014, subject to federal approval, the  
23 Medicaid rates for supportive living facilities shall be equal  
24 to the supportive living facility Medicaid rate effective on  
25 June 30, 2014 increased by 8.85%. Once the assessment imposed

1 at Article V-G of this Code is determined to be a permissible  
2 tax under Title XIX of the Social Security Act, the Department  
3 shall increase the Medicaid rates for supportive living  
4 facilities effective on July 1, 2014 by 9.09%. The Department  
5 shall apply this increase retroactively to coincide with the  
6 imposition of the assessment in Article V-G of this Code in  
7 accordance with the approval for federal financial  
8 participation by the Centers for Medicare and Medicaid  
9 Services.

10 The Department may adopt rules to implement this Section.  
11 Rules that establish or modify the services, standards, and  
12 conditions for participation in the program shall be adopted by  
13 the Department in consultation with the Department on Aging,  
14 the Department of Rehabilitation Services, and the Department  
15 of Mental Health and Developmental Disabilities (or their  
16 successor agencies).

17 Facilities or distinct parts of facilities which are  
18 selected as supportive living facilities and are in good  
19 standing with the Department's rules are exempt from the  
20 provisions of the Nursing Home Care Act and the Illinois Health  
21 Facilities Planning Act.

22 Individuals with a score of 29 or higher based on the  
23 determination of need (DON) assessment tool shall be eligible  
24 to receive institutional and home and community-based long term  
25 care services until such time that the State receives federal  
26 approval and implements an updated assessment tool. The

1 Department must promulgate rules regarding the updated  
2 assessment tool, but shall not promulgate emergency rules  
3 regarding the updated assessment tool. The State shall not  
4 implement an updated assessment tool that causes more than 1%  
5 of then-current recipients to lose eligibility. Anyone  
6 determined to be ineligible for services due to the updated  
7 assessment tool shall continue to be eligible for services for  
8 at least one year following that determination and must be  
9 reassessed no earlier than 11 months after that determination.

10 (Source: P.A. 98-651, eff. 6-16-14.)

11 Section 99. Effective date. This Act takes effect upon  
12 becoming law."