



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB4096

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

20 ILCS 1705/75 new
20 ILCS 1705/75.01 new
20 ILCS 1705/75.02 new
20 ILCS 1705/75.03 new
20 ILCS 1705/75.04 new
20 ILCS 1705/75.05 new
20 ILCS 1705/75.06 new
20 ILCS 1705/75.07 new
20 ILCS 1705/75.08 new
20 ILCS 1705/75.09 new
20 ILCS 1705/75.10 new
20 ILCS 1705/75.11 new
20 ILCS 1705/75.12 new
20 ILCS 1705/75.13 new
20 ILCS 1705/75.14 new

Amends the Mental Health and Developmental Disabilities Administrative Act. Defines the terms and provides procedures under which children are eligible to receive funds for an Individual Care Grant (ICG) for residential placement due to their mental illness, including alternative in-home or community services in lieu of residential placement, when clinically appropriate. Supersedes Department of Human Services rules.

LRB099 07770 RLC 27903 b

1 AN ACT concerning State government.

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

4 Section 5. The Mental Health and Developmental
5 Disabilities Administrative Act is amended by adding Sections
6 75, 75.01, 75.02, 75.03, 75.04, 75.05, 75.06, 75.07, 75.08,
7 75.09, 75.10, 75.11, 75.12, 75.13, and 75.14 as follows:

8 (20 ILCS 1705/75 new)

9 Sec. 75. Application of Sections 75.01 through 75.14;
10 purpose.

11 (a) Sections 75.01 through 75.14 (this Part) shall
12 supersede any rules of the Department regarding which children
13 are eligible to receive funds for an Individual Care Grant
14 hereinafter referred to as "ICG" for residential placement due
15 to their mental illness, including alternative in-home or
16 community services in lieu of residential placement, when
17 clinically appropriate. Comprehensive services are to be
18 funded to assist in reducing the child's severe symptoms of the
19 illness and to maintain this reduction. Funds shall be provided
20 to assist parents or guardians in obtaining these services at
21 the appropriate level of care.

22 (b) This Part shall be in addition to the other statutory
23 provisions regarding Individual Care Grants. This Part is

1 intended to supplement and provide procedures for Individual
2 Care Grants. However, if there is a conflict between anything
3 contained in the other statutory provisions, those other
4 statutory provisions shall prevail.

5 (20 ILCS 1705/75.01 new)

6 Sec. 75.01. Definitions.

7 For the purposes of this Part, unless the context otherwise
8 requires:

9 "Children" means individuals under 18 years of age.

10 "Days" means calendar days.

11 "Department" means the Department of Human Services.

12 "Division of Mental Health" or "DMH" means the Department
13 of Human Services, Division of Mental Health.

14 "Child support services" means time-limited funding to
15 cover costs that would otherwise be prohibitive to the parents
16 for the child to participate in community activities when those
17 activities are related to objectives in the child's current
18 individual services plan.

19 "ICG Coordinator" means staff employed by an Illinois
20 screening, assessment and support services program to provide
21 support, information and recommendations regarding available
22 services, case coordination, and supports to youth applying for
23 or with an Illinois ICG.

24 "Individual Services Plan" or "ISP" means the plan that
25 identifies the child's goals and selects the level of care and

1 associated services required to meet the goals.

2 "Individual Services Planning Team" means the team
3 composed of family members, significant people in the lives of
4 the child and family, representatives of the community's human
5 service agencies and the youth's school system, who provide
6 needed support to an identified child and family and which is
7 responsible for the development, implementation, and
8 monitoring of a unified Child and Family Plan that engages and
9 involves the family and closely coordinates needed services and
10 support.

11 "Licensed private facilities" means residential treatment
12 facilities licensed by the Department of Children and Family
13 Services under 89 Ill. Adm. Code 404, or, for out-of-state
14 facilities, in accordance with Section 15.1 of the Mental
15 Health and Developmental Disabilities Administrative Act,
16 which have been accredited by the Joint Commission on the
17 Accreditation of Healthcare Organizations hereinafter
18 preferred to as "JCAHO" as a psychiatric facility serving
19 children and adolescents or which have been surveyed and
20 approved by the Department as meeting standards equivalent to
21 standards for psychiatric facilities serving children and
22 adolescents found in the 1997 Standards for Behavioral Health
23 Care released by JCAHO.

24 "Parent or guardian" means a parent, biological, or
25 adoptive, or an individual appointed as legal guardian by the
26 court under the Probate Act of 1975. A parent or guardian does

1 not include a governmental agency or social service agency, or
2 any employee thereof, appointed by a court as guardian or
3 custodian for application purposes.

4 "Residential facility" means a facility providing 24-hour
5 supervised out-of-home therapeutic care, including, but not
6 limited to: single or multiple site program sites or apartments
7 that provide a 24-hour supervised environment.

8 "SASS" or "screening, assessment and support services"
9 means intensive community-based mental health services that
10 are provided to children who are at risk or who actually
11 experience hospitalization due to psychiatric reasons.

12 "Secretary" means the Secretary of Human Services.

13 "Serious emotional disturbance" means an emotional
14 disturbance affecting children and adolescents between the
15 ages of one and 20 years of age. In order to qualify as a
16 serious emotional disturbance, the disturbance must meet the
17 following diagnostic and functional criteria:

18 (1) Diagnostic criteria: The focus of treatment
19 provided to the child must be based on one of the following
20 diagnoses in the most current version of the Diagnostic and
21 Statistical Manual ("DSM"):

22 (A) schizophrenia spectrum and other psychotic
23 disorders;

24 (B) bipolar and related disorders;

25 (C) depressive disorders;

26 (D) anxiety disorders;

1 (E) obsessive-compulsive and related disorders;

2 (F) trauma- and stressor-related disorders;

3 (G) dissociative disorders; and

4 (H) somatic symptom disorders.

5 (2) Functional Criteria: The functional impairment
6 must be:

7 (A) the result of mental health problems for which
8 the child is or will be receiving care;

9 (B) expected to persist in the absence of
10 treatment;

11 (C) The functional impairment cannot be solely
12 attributed to an intellectual, sensory, or health
13 factor; and

14 (D) In order for the disturbance to be classified
15 as a serious emotional disturbance, the youth must also
16 meet criteria for functional impairment in at least 2
17 of the following areas:

18 (i) Functioning in self-care, or impairment in
19 developmentally appropriate self-care skills,
20 which is manifested by a person's consistent
21 inability to take care of personal grooming,
22 hygiene, clothes and meeting of nutritional needs,
23 or medication non-compliance.

24 (ii) Functioning in community, or impairment
25 in community functioning, which is manifested by a
26 consistent lack of developmentally appropriate

1 behavioral controls, decision-making, and judgment
2 and value systems which results in involvement
3 with police, juvenile justice, or the criminal
4 justice system, or repeated psychiatric
5 hospitalizations due to risk of harm to self or
6 others or because he or she is a chronic runaway.

7 (iii) Functioning in social relationships, or
8 impairment of social relationships, which is
9 manifested by the consistent inability to develop
10 and maintain satisfactory relationships with peers
11 and adults.

12 (iv) Functioning in the family, or impairment
13 in family functioning, which is manifested by a
14 pattern of: (aa) disregard for safety and welfare
15 of self or others, which includes, but is not
16 limited to, self-harm, fire setting, and serious
17 and chronic destructiveness which may lead to
18 repeated psychiatric hospitalizations; (bb)
19 significantly disruptive behavior exemplified by
20 repeated or unprovoked violence to siblings or
21 parents; or (cc) the inability to conform to
22 reasonable limitations and expectations. The
23 degree of impairment must be significant enough
24 that it requires intensive supervision, beyond
25 what is developmentally appropriate, by a parent
26 or caregiver and may result in removal from the

1 family or its equivalent.

2 (v) Functioning at school, or impairment in
3 functioning at school, which is manifested by the
4 inability to pursue educational goals in a normal
5 time frame for example, consistently failing
6 grades, repeated truancy, expulsion, property
7 damage or violence towards others that cannot be
8 remediated by a classroom setting, either
9 traditional or specialized.

10 "Staff" means employees or persons under contract with the
11 Department.

12 "Young adults" means individuals 18 through 21 years of
13 age.

14 "Young adult support services" means time-limited funding
15 for young adults to cover costs of services and supports, not
16 included under other programs for which the person may be
17 eligible, to aid the young adult in his or her transition to
18 community living and funding that can be applied to the costs
19 of a supported living arrangement or other appropriate
20 transitional services that help to integrate the young adult
21 into his or her adult roles in the community.

22 (20 ILCS 1705/75.02 new)

23 Sec. 75.02. Eligibility criteria for an individual care
24 grant. In order to be eligible for ICG funding, the following
25 criteria must be met:

1 (1) The parent or guardian must be a resident of this
2 State, as defined in Section 2-10 of the Illinois Public Aid
3 Code.

4 (2) The child must have a severe emotional disturbance and
5 must not be older than 17 1/2 years of age at the time of
6 application. The course of the illness should indicate that the
7 symptoms do not represent an acute episode from which rapid and
8 substantial remission is likely.

9 (3) The child must not be under the guardianship of another
10 State agency that has financial and legal responsibility for
11 the youth. However, a child that becomes a ward of the State
12 solely for purposes of obtaining residential treatment for a
13 serious emotional disturbance, and when there is no evidence of
14 abuse or neglect of the child, shall be eligible for an ICG if
15 all other criteria are satisfied.

16 (4) The child must be enrolled in a public, private, or
17 parochial school that satisfies the compulsory school
18 attendance requirements set forth in Section 26-1 of the School
19 Code.

20 (20 ILCS 1705/75.03 new)

21 Sec. 75.03. Emergency Individual Care Grants.

22 (a) To be eligible for an emergency temporary individual
23 care grant;

24 (1) the child and family must meet the eligibility
25 requirements in Section 75.02.

1 (2) A child in institutional care (psychiatric
2 hospital, juvenile detention center, or similar facility)
3 who is ready for discharge and who is not able to return
4 home due to the safety of the child, family, or individual
5 may be awarded a temporary emergency grant for a period of
6 90 days.

7 (3) The attending child and adolescent psychiatrist
8 must recommend that the child is in need of on-going 24
9 hour supervision, such as residential placement.

10 (b) For purposes of this Section, paragraph (3) of Section
11 75.02 of this Act shall not apply if custody will end at
12 discharge.

13 (c) During the 90-day period a complete application must be
14 prepared and submitted in accordance with this Part.

15 (d) Section 75.08 applies to decisions under this Section.

16 (20 ILCS 1705/75.04 new)

17 Sec. 75.04. Parent or guardian responsibilities;
18 resources.

19 (a) The parent or guardian of a child receiving an ICG must
20 participate in the child's care, treatment, and discharge to
21 family and community.

22 (b) When a youth is placed in residential care, the
23 residential provider shall apply for all public sources of
24 financial support available to or for the child, including but
25 not limited to Social Security Administration ("SSA") benefits

1 and supplemental security income ("SSI") authorized under
2 Section 1381 of Title 42 of the United States Code, and these
3 funds must be applied to the costs of residential care, to the
4 extent provided by law.

5 (c) Upon placement in residential care, if the child is not
6 already receiving benefits from SSA, the parent or guardian
7 shall authorize the residential placement staff to initiate an
8 application for SSI immediately after placement or on the 90th
9 day, depending on family income levels. If the child is
10 receiving benefits from SSA upon admission into residential
11 care, the parent or guardian shall authorize the residential
12 placement staff to initiate an application on behalf of the
13 residential agency to become payee for SSA benefits.

14 (d) The parent or guardian must notify the Department of
15 any changes in the level of financial support from public
16 sources. Declaration of ineligibility, reduction of benefits,
17 or loss of benefits through the actions of another governmental
18 agency shall not affect the Department's continued funding,
19 unless these actions are the consequence of the parent or
20 guardian's failure to pursue benefits or comply with this
21 Section.

22 (e) All financial assets of the child exceeding an exempt
23 amount established by the Department must be applied to the
24 costs of residential care. The determination that certain
25 assets may be exempt is subject to the Department's review and
26 approval.

1 (f) If the child is covered by private medical insurance,
2 it is primary coverage for community or residential services.
3 The ICG shall be considered secondary coverage.

4 (g) The parent or guardian must notify the Department of
5 any changes of address for the parent or guardian.

6 (h) The parent or guardian must notify the Department of
7 any changes of guardianship or custody.

8 (20 ILCS 1705/75.05 new)

9 Sec. 75.05. Secretary's level appeal for ICG denial.

10 (a) The parent or guardian may appeal the denial of
11 eligibility for an ICG to the Secretary in writing. The appeal
12 must be received by the Department from the parent or guardian
13 within 40 days after the date of the denial correspondence from
14 the ICG Program Office. The written appeal must provide in
15 detail each basis on which the appeal is being made,
16 specifically stating each reason that the denial of eligibility
17 is alleged to be improper. Additional information may be
18 provided and shall be considered as part of the review process.
19 This information shall be provided with the appeal letter.

20 (b) A Secretary's level review shall be performed within 30
21 days after the receipt of the parent or guardian's appeal.

22 (c) A Secretary's level review shall be made by one
23 reviewer selected by the Secretary. The reviewer shall be a
24 licensed physician who is board eligible in child psychiatry
25 from the American Board of Psychiatry and Neurology and shall

1 have had no professional or personal relationship with the
2 child and family to be reviewed. The reviewer shall not be the
3 original reviewer of the ICG.

4 (d) Following a Secretary's level review of the original
5 application package, of the original determination, and of the
6 parent or guardian's appeal, the reviewer shall make a
7 recommendation to the Secretary as to whether the child is
8 eligible for an ICG or is not eligible for an ICG.

9 (e) The Secretary shall make the final administrative
10 decision as to whether the child is eligible for an ICG or is
11 not eligible for an ICG. The final administrative decision
12 shall be sent in writing to the parent or guardian within 40
13 days after the receipt of the parent or guardian's written
14 appeal. The Secretary shall further indicate the basis for the
15 final administrative decision.

16 (f) The Secretary's decision shall constitute the
17 Department's final administrative decision and no application
18 for a re-hearing shall be accepted. The decision is then
19 reviewable in accordance with the Administrative Review Law.

20 (20 ILCS 1705/75.06 new)

21 Sec. 75.06. Individual Services Plan Development.

22 (a) When the individual has been determined eligible for an
23 ICG, the ICG Program Office shall refer the parent or guardian
24 to the appropriate SASS agency for the purpose of developing an
25 individual services plan.

1 (b) The parent or guardian shall determine whether to use
2 the ICG for community services, if available, or residential
3 placement. The ICG Coordinator/SASS Coordinator shall provide
4 support, information, and recommendations regarding available
5 services.

6 (c) The development or implementation of an individual
7 services plan may be deferred for one or more of the following
8 conditions:

9 (1) continuing hospitalization is required;

10 (2) extended absence from the family due to the child
11 running away or a court-ordered transfer of custody or
12 guardianship to a governmental agency; or

13 (3) the parent or guardian does not wish to initiate
14 any services with ICG funding or fails to participate in
15 the individual services planning.

16 (d) If the individual services plan is not developed or
17 implemented within one year after the date of approval for
18 eligibility, the parent or guardian must reapply to obtain ICG
19 funding.

20 (e) On an ongoing basis, but at least annually, the ISP
21 shall be updated. In keeping with family-driven, youth-guided
22 principles established for systems of care by the American
23 Academy of Child and Adolescent Psychiatry, the parent or
24 guardian shall form an individual services planning team to
25 make recommendations. The parent or guardian shall determine
26 whether to use the ICG for community services, if available, or

1 for residential placement. At the individual services planning
2 meeting, the parent or guardian shall receive information and
3 recommendations for appropriate services. This may include
4 data from assessment tools. The planning team must recommend
5 services that currently exist, or that can be obtained or
6 created.

7 (f) The ISP team may be reconvened at any time upon request
8 of the parent or guardian or other members.

9 (g) A recommendation to move a child to a lower level of
10 care must include a minimum of 90 days of preparation for this
11 transition. Whenever possible, changes should occur at natural
12 school transitions such as the beginning of the school year, or
13 the beginning or end of a semester, in order to cause as little
14 disruption as possible for the child.

15 (20 ILCS 1705/75.07 new)

16 Sec. 75.07. Alternative In-home or Community Services.

17 (a) DMH or its representative shall review individual
18 services plans as well as discharge plans and may approve
19 funding for alternative in-home or community services as
20 described in this Section. The plan shall be reviewed and
21 revised every 6 months by the parent or guardian and
22 appropriate service providers and must:

23 (1) identify specific problems to be addressed;

24 (2) integrate all of the services to be provided;

25 (3) define specific goals and objectives and the

1 projected duration and costs of services;

2 (4) reflect the parent or guardian's approval of the
3 identified service providers; and

4 (5) identify the licensed physician, clinical
5 psychologist, clinical social worker, or clinical
6 professional counselor under whose clinical direction the
7 services will be provided and obtain, by signature, his or
8 her approval of the plan.

9 (b) In-home or community services include, but are not
10 limited to, case management, community support, crisis
11 intervention, mentoring, respite and young adult support
12 services. The complete list of ICG community services shall be
13 included in the current version of the ICG Parent Handbook and
14 the ICG Provider Handbook.

15 (c) ICG funding shall not be used to replace grant-in-aid
16 funded services or other services for which the child and
17 family may be eligible through federal, State, or local
18 funding.

19 (d) Limits of hours and costs shall be authorized on a case
20 by case basis by the Department.

21 (20 ILCS 1705/75.08 new)

22 Sec. 75.08. Residential Placement.

23 (a) At the individual services planning meeting, SASS staff
24 will discuss with the parent or guardian the potentially
25 appropriate facilities based on such factors as the child's

1 age, sex, and mental health condition, as well as locations and
2 programs of facilities, and the requirements for placement and
3 parental involvement, and shall, at the parent's or guardian's
4 direction and with appropriately executed consents, prepare
5 clinical referral packets to be sent to the facilities.

6 (b) The list of facilities appropriate for placement
7 through the ICG program is comprised of facilities which:

8 (1) meet the standards for licensed private facilities
9 as defined in administrative rules;

10 (2) have an educational program approved by the
11 Illinois State Board of Education;

12 (3) have a per diem rate that includes residential
13 services, such as room and board, but does not include
14 tuition as established for purchased care services under
15 the rules of the Illinois Purchased Care Review Board in 89
16 Ill. Adm. Code 900, the Department of Children and Family
17 Services in 89 Ill. Adm. Code 356, or the Department in
18 Section 54 of the Mental Health and Developmental
19 Disabilities Administrative Act; and

20 (4) have entered into a contract with the Department
21 for these services during the current fiscal period.

22 (c) If appropriate placement for a child cannot be obtained
23 from a contracted provider, the Department may contract with
24 other private facilities meeting the standards provided in
25 subsections (b) (1) and (2) of this Section.

26 (d) The Department may negotiate for additional services

1 from facilities to augment existing services or to develop a
2 specialized resource for a child.

3 (e) An individual service plan shall be developed within 30
4 days after placement, including expected duration and
5 outcomes, by facility staff in consultation with the parent or
6 guardian and the child. This individual service plan shall be
7 reviewed and updated quarterly, including documentation of
8 parental participation and consideration of discharge to
9 in-home or community services. These updated plans and progress
10 reports shall be provided quarterly to the Department or its
11 designee. Together with the goals as stated in the case record
12 summary, these documents shall be the basis for the
13 Department's review and approval for continuing funding for
14 placement, including alternative in-home or community service
15 which are part of the discharge plan.

16 (f) Parent or guardian responsibilities during placement
17 include the following:

18 (1) participation in and cooperation with the
19 facility's requirements for the child's care, treatment,
20 and discharge to the family and community;

21 (2) completion and submission of any forms and
22 documents as may be required by the Department;

23 (3) the usual and customary costs of parenthood or
24 guardianship, including:

25 (A) clothing;

26 (B) medical and dental costs;

1 (C) personal allowance and incidentals; and

2 (D) transportation costs, to and from the
3 facility; and

4 (4) notifying the local education agency that the child
5 has been placed in a residential facility and requesting
6 their participation in educational planning. The local
7 education agency is responsible for the tuition costs of
8 residential placement under State law.

9 (g) Prior to residential placement, if the youth has not
10 yet been identified as eligible for special education services,
11 the parent or guardian should initiate a case study evaluation
12 through their local school district.

13 (20 ILCS 1705/75.09 new)

14 Sec. 75.09. Discharge from residential services.

15 (a) When discharge from residential services is
16 anticipated, a discharge plan must be developed by the child's
17 ISP team. This Individual Service Plan must follow the
18 discharge protocol established by DMH in order to ensure that
19 community services are in place before discharge. The parent or
20 guardian with support from an ICG Coordinator shall identify
21 and procure appropriate community services.

22 (b) If the child is leaving the ICG program upon discharge,
23 appropriate child and adolescent or adult services must be
24 engaged.

1 (20 ILCS 1705/75.10 new)

2 Sec. 75.10. Service appeals.

3 (a) Service decisions may be appealed. Service decisions
4 include the level of care, for example (residential versus
5 community and other levels established in this Section) and
6 denial of individual services within the levels. The following
7 persons may appeal:

8 (1) the parent of a youth with an ICG;

9 (2) the legal guardian of a youth with an ICG; or

10 (3) an 18 to 21 year old with an ICG who are their own
11 legal guardian.

12 (b) The reviewer of the appeal must be a licensed physician
13 who is board certified or board eligible in child and
14 adolescent psychiatry from the American Board of Psychiatry and
15 Neurology and has been instructed by Section 7.1 of the Mental
16 Health and Developmental Disabilities Administrative Act and
17 shall have had no professional or personal relationship, or
18 financial interest with the child and family to be reviewed.
19 The reviewer must conduct an in-person assessment of the child,
20 using a validated assessment tool. The reviewer must state the
21 clinical basis for his or her decision. If the reviewer
22 disagrees with the service recommendations of the treating
23 clinician, school district, or parent or guardian, the reviewer
24 must state:

25 (1) why he or she disagrees;

26 (2) specify an alternative plan based on available

1 services;

2 (3) and state why the alternative plan is clinically
3 preferable and appropriate for the child.

4 The alternative plan shall be reviewed after the Level of
5 Care ("LOC") group makes recommendations.

6 (c) The following is the process for the Appeal Review:

7 (1) the documentation for the level of care appeal
8 shall be mailed by the Child and Adolescent Office via
9 United States Postal Service mail with tracking and
10 delivery confirmation to the psychiatrist selected by the
11 Secretary of Human Services to review change in level of
12 care appeals;

13 (2) the appeal must be reviewed and a decision returned
14 within 5 business weeks; and

15 (3) The reviewer must use the quarterly reports, the
16 identified tool, and a statement of need from the ISP team
17 in making the review and additional documents may be
18 reviewed to determine whether to uphold or deny the appeal;
19 and

20 (d) The following shall be the service status during
21 appeal:

22 (1) When a reduction in service level is being appealed
23 the higher level service shall remain in place during the
24 appeal.

25 (2) When an increase in service level is being
26 appealed, the higher level may be put in place if the

1 attending psychiatrist certifies that child or family
2 safety is at risk at the existing level of service.

3 (20 ILCS 1705/75.11 new)

4 Sec. 75.11. Termination of funding or services.

5 (a) ICG funding shall be terminated in any of the following
6 circumstances:

7 (1) failure of the parent or guardian to meet annual
8 reporting and eligibility requirements;

9 (2) the child is no longer enrolled in an approved
10 educational program at the elementary or high school level,
11 or attainment of age 21, whichever occurs first;

12 (3) completion of residential treatment or alternative
13 in-home or community services;

14 (4) the parent or guardian is no longer an Illinois
15 resident; however, funding and placement for the child may
16 continue until completion of the school year;

17 (5) guardianship of the child is ordered by the court
18 to a State agency;

19 (6) the child's resources, private or public, are
20 sufficient to pay the costs of care; or

21 (7) any 12-month period without receiving residential
22 or alternative in-home or community services.

23 (b) The parent or guardian's objection to termination may
24 be addressed under the Secretary's level appeal process in
25 accordance with this Part. ICG funding shall continue during

1 the appeal process.

2 (20 ILCS 1705/75.12 new)

3 Sec. 75.12. Monitoring.

4 (a) Pursuant to the ICG program, the Department retains the
5 right for on-site inspection to monitor the care, treatment,
6 and progress of children funded through the ICG program.

7 (b) Subsequent to any of these monitoring activities, the
8 Department may require termination of placement and the
9 development and implementation of a discharge plan, including
10 alternative residential or in-home or community services.

11 (c) If the Department terminates placement, the parent or
12 guardian may appeal that determination under Section 75.08 of
13 this Part. ICG funding shall continue during the appeal
14 process.

15 (20 ILCS 1705/75.13 new)

16 Sec. 75.13. Grant renewal process.

17 (a) The ICG is a grant that shall be reviewed annually up
18 to age 21 of the child and may be renewed with documentation of
19 continuing clinical need at the appropriate level of care as
20 well as proof of enrollment in an approved education program at
21 the elementary or high school level, and documentation of the
22 parent or guardian's participation in the child's care,
23 treatment, and discharge to family and community. For purposes
24 of this Section, clinical need is defined as continued severe

1 symptoms, maintenance of reduced symptoms, and development of
2 appropriate life skills.

3 (b) The ICG Program Office staff shall commence a review of
4 the child's care, his or her current educational status and
5 parent or guardian's participation 3 months prior to the
6 anniversary date of the child's entry to the ICG program. The
7 ICG Program Office shall rely on the current individual
8 services plan of the provider serving the child, the provider's
9 quarterly reports, proof of enrollment in an approved
10 educational program at the elementary or high school level, and
11 the parent or guardian's report.

12 (c) The parent or guardian shall be notified by the ICG
13 Program Office of the review and shall be invited to provide
14 information as to the child's needs, level of care, and parent
15 or guardian participation.

16 (d) The parent or guardian, child (if appropriate), and
17 provider shall be notified 6 weeks prior to the anniversary
18 date of the Department's decision to renew or terminate
19 funding.

20 (e) If ICG funding is terminated under the grant renewal
21 process, the parent or guardian may appeal that determination
22 under Section 75.08 of this Part. ICG funding will continue
23 during the appeal process.

24 (20 ILCS 1705/75.14 new)

25 Sec. 75.14. Bed holds.

1 (a) The Department may reimburse a community agency for up
2 to 120 consecutive or non-consecutive nights per State fiscal
3 year for an individual on a programmatically approved absence
4 from the residential facility.

5 (b) An agency shall not be reimbursed for an individual's
6 absence after the date of discharge or when his or her
7 treatment plan includes removal from the agency program or
8 after the date of the agency's knowledge of the individual's
9 pending termination.

10 (c) A bed hold billing request by an agency that falls
11 within a 60 day cumulative limit per State fiscal year shall be
12 authorized if it is consistent with the Department's policies
13 and procedures.

14 (d) Any absence that would exceed 60 cumulative days per
15 State fiscal year must be communicated to and approved by the
16 Individual Care Grant Program staff.