

1 AN ACT concerning State government.

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

4 Section 5. The Illinois Administrative Procedure Act is
5 amended by changing Section 5-45 as follows:

6 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

7 Sec. 5-45. Emergency rulemaking.

8 (a) "Emergency" means the existence of any situation that
9 any agency finds reasonably constitutes a threat to the public
10 interest, safety, or welfare.

11 (b) If any agency finds that an emergency exists that
12 requires adoption of a rule upon fewer days than is required by
13 Section 5-40 and states in writing its reasons for that
14 finding, the agency may adopt an emergency rule without prior
15 notice or hearing upon filing a notice of emergency rulemaking
16 with the Secretary of State under Section 5-70. The notice
17 shall include the text of the emergency rule and shall be
18 published in the Illinois Register. Consent orders or other
19 court orders adopting settlements negotiated by an agency may
20 be adopted under this Section. Subject to applicable
21 constitutional or statutory provisions, an emergency rule
22 becomes effective immediately upon filing under Section 5-65 or
23 at a stated date less than 10 days thereafter. The agency's

1 finding and a statement of the specific reasons for the finding
2 shall be filed with the rule. The agency shall take reasonable
3 and appropriate measures to make emergency rules known to the
4 persons who may be affected by them.

5 (c) An emergency rule may be effective for a period of not
6 longer than 150 days, but the agency's authority to adopt an
7 identical rule under Section 5-40 is not precluded. No
8 emergency rule may be adopted more than once in any 24 month
9 period, except that this limitation on the number of emergency
10 rules that may be adopted in a 24 month period does not apply
11 to (i) emergency rules that make additions to and deletions
12 from the Drug Manual under Section 5-5.16 of the Illinois
13 Public Aid Code or the generic drug formulary under Section
14 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)
15 emergency rules adopted by the Pollution Control Board before
16 July 1, 1997 to implement portions of the Livestock Management
17 Facilities Act, (iii) emergency rules adopted by the Illinois
18 Department of Public Health under subsections (a) through (i)
19 of Section 2 of the Department of Public Health Act when
20 necessary to protect the public's health, (iv) emergency rules
21 adopted pursuant to subsection (n) of this Section, (v)
22 emergency rules adopted pursuant to subsection (o) of this
23 Section, or (vi) emergency rules adopted pursuant to subsection
24 (c-5) of this Section. Two or more emergency rules having
25 substantially the same purpose and effect shall be deemed to be
26 a single rule for purposes of this Section.

1 (c-5) To facilitate the maintenance of the program of group
2 health benefits provided to annuitants, survivors, and retired
3 employees under the State Employees Group Insurance Act of
4 1971, rules to alter the contributions to be paid by the State,
5 annuitants, survivors, retired employees, or any combination
6 of those entities, for that program of group health benefits,
7 shall be adopted as emergency rules. The adoption of those
8 rules shall be considered an emergency and necessary for the
9 public interest, safety, and welfare.

10 (d) In order to provide for the expeditious and timely
11 implementation of the State's fiscal year 1999 budget,
12 emergency rules to implement any provision of Public Act 90-587
13 or 90-588 or any other budget initiative for fiscal year 1999
14 may be adopted in accordance with this Section by the agency
15 charged with administering that provision or initiative,
16 except that the 24-month limitation on the adoption of
17 emergency rules and the provisions of Sections 5-115 and 5-125
18 do not apply to rules adopted under this subsection (d). The
19 adoption of emergency rules authorized by this subsection (d)
20 shall be deemed to be necessary for the public interest,
21 safety, and welfare.

22 (e) In order to provide for the expeditious and timely
23 implementation of the State's fiscal year 2000 budget,
24 emergency rules to implement any provision of this amendatory
25 Act of the 91st General Assembly or any other budget initiative
26 for fiscal year 2000 may be adopted in accordance with this

1 Section by the agency charged with administering that provision
2 or initiative, except that the 24-month limitation on the
3 adoption of emergency rules and the provisions of Sections
4 5-115 and 5-125 do not apply to rules adopted under this
5 subsection (e). The adoption of emergency rules authorized by
6 this subsection (e) shall be deemed to be necessary for the
7 public interest, safety, and welfare.

8 (f) In order to provide for the expeditious and timely
9 implementation of the State's fiscal year 2001 budget,
10 emergency rules to implement any provision of this amendatory
11 Act of the 91st General Assembly or any other budget initiative
12 for fiscal year 2001 may be adopted in accordance with this
13 Section by the agency charged with administering that provision
14 or initiative, except that the 24-month limitation on the
15 adoption of emergency rules and the provisions of Sections
16 5-115 and 5-125 do not apply to rules adopted under this
17 subsection (f). The adoption of emergency rules authorized by
18 this subsection (f) shall be deemed to be necessary for the
19 public interest, safety, and welfare.

20 (g) In order to provide for the expeditious and timely
21 implementation of the State's fiscal year 2002 budget,
22 emergency rules to implement any provision of this amendatory
23 Act of the 92nd General Assembly or any other budget initiative
24 for fiscal year 2002 may be adopted in accordance with this
25 Section by the agency charged with administering that provision
26 or initiative, except that the 24-month limitation on the

1 adoption of emergency rules and the provisions of Sections
2 5-115 and 5-125 do not apply to rules adopted under this
3 subsection (g). The adoption of emergency rules authorized by
4 this subsection (g) shall be deemed to be necessary for the
5 public interest, safety, and welfare.

6 (h) In order to provide for the expeditious and timely
7 implementation of the State's fiscal year 2003 budget,
8 emergency rules to implement any provision of this amendatory
9 Act of the 92nd General Assembly or any other budget initiative
10 for fiscal year 2003 may be adopted in accordance with this
11 Section by the agency charged with administering that provision
12 or initiative, except that the 24-month limitation on the
13 adoption of emergency rules and the provisions of Sections
14 5-115 and 5-125 do not apply to rules adopted under this
15 subsection (h). The adoption of emergency rules authorized by
16 this subsection (h) shall be deemed to be necessary for the
17 public interest, safety, and welfare.

18 (i) In order to provide for the expeditious and timely
19 implementation of the State's fiscal year 2004 budget,
20 emergency rules to implement any provision of this amendatory
21 Act of the 93rd General Assembly or any other budget initiative
22 for fiscal year 2004 may be adopted in accordance with this
23 Section by the agency charged with administering that provision
24 or initiative, except that the 24-month limitation on the
25 adoption of emergency rules and the provisions of Sections
26 5-115 and 5-125 do not apply to rules adopted under this

1 subsection (i). The adoption of emergency rules authorized by
2 this subsection (i) shall be deemed to be necessary for the
3 public interest, safety, and welfare.

4 (j) In order to provide for the expeditious and timely
5 implementation of the provisions of the State's fiscal year
6 2005 budget as provided under the Fiscal Year 2005 Budget
7 Implementation (Human Services) Act, emergency rules to
8 implement any provision of the Fiscal Year 2005 Budget
9 Implementation (Human Services) Act may be adopted in
10 accordance with this Section by the agency charged with
11 administering that provision, except that the 24-month
12 limitation on the adoption of emergency rules and the
13 provisions of Sections 5-115 and 5-125 do not apply to rules
14 adopted under this subsection (j). The Department of Public Aid
15 may also adopt rules under this subsection (j) necessary to
16 administer the Illinois Public Aid Code and the Children's
17 Health Insurance Program Act. The adoption of emergency rules
18 authorized by this subsection (j) shall be deemed to be
19 necessary for the public interest, safety, and welfare.

20 (k) In order to provide for the expeditious and timely
21 implementation of the provisions of the State's fiscal year
22 2006 budget, emergency rules to implement any provision of this
23 amendatory Act of the 94th General Assembly or any other budget
24 initiative for fiscal year 2006 may be adopted in accordance
25 with this Section by the agency charged with administering that
26 provision or initiative, except that the 24-month limitation on

1 the adoption of emergency rules and the provisions of Sections
2 5-115 and 5-125 do not apply to rules adopted under this
3 subsection (k). The Department of Healthcare and Family
4 Services may also adopt rules under this subsection (k)
5 necessary to administer the Illinois Public Aid Code, the
6 Senior Citizens and Disabled Persons Property Tax Relief Act,
7 the Senior Citizens and Disabled Persons Prescription Drug
8 Discount Program Act (now the Illinois Prescription Drug
9 Discount Program Act), and the Children's Health Insurance
10 Program Act. The adoption of emergency rules authorized by this
11 subsection (k) shall be deemed to be necessary for the public
12 interest, safety, and welfare.

13 (l) In order to provide for the expeditious and timely
14 implementation of the provisions of the State's fiscal year
15 2007 budget, the Department of Healthcare and Family Services
16 may adopt emergency rules during fiscal year 2007, including
17 rules effective July 1, 2007, in accordance with this
18 subsection to the extent necessary to administer the
19 Department's responsibilities with respect to amendments to
20 the State plans and Illinois waivers approved by the federal
21 Centers for Medicare and Medicaid Services necessitated by the
22 requirements of Title XIX and Title XXI of the federal Social
23 Security Act. The adoption of emergency rules authorized by
24 this subsection (l) shall be deemed to be necessary for the
25 public interest, safety, and welfare.

26 (m) In order to provide for the expeditious and timely

1 implementation of the provisions of the State's fiscal year
2 2008 budget, the Department of Healthcare and Family Services
3 may adopt emergency rules during fiscal year 2008, including
4 rules effective July 1, 2008, in accordance with this
5 subsection to the extent necessary to administer the
6 Department's responsibilities with respect to amendments to
7 the State plans and Illinois waivers approved by the federal
8 Centers for Medicare and Medicaid Services necessitated by the
9 requirements of Title XIX and Title XXI of the federal Social
10 Security Act. The adoption of emergency rules authorized by
11 this subsection (m) shall be deemed to be necessary for the
12 public interest, safety, and welfare.

13 (n) In order to provide for the expeditious and timely
14 implementation of the provisions of the State's fiscal year
15 2010 budget, emergency rules to implement any provision of this
16 amendatory Act of the 96th General Assembly or any other budget
17 initiative authorized by the 96th General Assembly for fiscal
18 year 2010 may be adopted in accordance with this Section by the
19 agency charged with administering that provision or
20 initiative. The adoption of emergency rules authorized by this
21 subsection (n) shall be deemed to be necessary for the public
22 interest, safety, and welfare. The rulemaking authority
23 granted in this subsection (n) shall apply only to rules
24 promulgated during Fiscal Year 2010.

25 (o) In order to provide for the expeditious and timely
26 implementation of the provisions of the State's fiscal year

1 2011 budget, emergency rules to implement any provision of this
2 amendatory Act of the 96th General Assembly or any other budget
3 initiative authorized by the 96th General Assembly for fiscal
4 year 2011 may be adopted in accordance with this Section by the
5 agency charged with administering that provision or
6 initiative. The adoption of emergency rules authorized by this
7 subsection (o) is deemed to be necessary for the public
8 interest, safety, and welfare. The rulemaking authority
9 granted in this subsection (o) applies only to rules
10 promulgated on or after the effective date of this amendatory
11 Act of the 96th General Assembly through June 30, 2011.

12 (p) In order to provide for the expeditious and timely
13 implementation of the provisions of Public Act 97-689,
14 emergency rules to implement any provision of Public Act 97-689
15 may be adopted in accordance with this subsection (p) by the
16 agency charged with administering that provision or
17 initiative. The 150-day limitation of the effective period of
18 emergency rules does not apply to rules adopted under this
19 subsection (p), and the effective period may continue through
20 June 30, 2013. The 24-month limitation on the adoption of
21 emergency rules does not apply to rules adopted under this
22 subsection (p). The adoption of emergency rules authorized by
23 this subsection (p) is deemed to be necessary for the public
24 interest, safety, and welfare.

25 (q) In order to provide for the expeditious and timely
26 implementation of the provisions of Articles 7, 8, 9, 11, and

1 12 of this amendatory Act of the 98th General Assembly,
2 emergency rules to implement any provision of Articles 7, 8, 9,
3 11, and 12 of this amendatory Act of the 98th General Assembly
4 may be adopted in accordance with this subsection (q) by the
5 agency charged with administering that provision or
6 initiative. The 24-month limitation on the adoption of
7 emergency rules does not apply to rules adopted under this
8 subsection (q). The adoption of emergency rules authorized by
9 this subsection (q) is deemed to be necessary for the public
10 interest, safety, and welfare.

11 (r) In order to provide for the expeditious and timely
12 implementation of the provisions of this amendatory Act of the
13 98th General Assembly, emergency rules to implement this
14 amendatory Act of the 98th General Assembly may be adopted in
15 accordance with this subsection (r) by the Department of
16 Healthcare and Family Services. The 24-month limitation on the
17 adoption of emergency rules does not apply to rules adopted
18 under this subsection (r). The adoption of emergency rules
19 authorized by this subsection (r) is deemed to be necessary for
20 the public interest, safety, and welfare.

21 (s) In order to provide for the expeditious and timely
22 implementation of the provisions of Sections 5-5b.1 and 5A-2 of
23 the Illinois Public Aid Code, emergency rules to implement any
24 provision of Section 5-5b.1 or Section 5A-2 of the Illinois
25 Public Aid Code may be adopted in accordance with this
26 subsection (s) by the Department of Healthcare and Family

1 Services. The rulemaking authority granted in this subsection
2 (s) shall apply only to those rules adopted prior to July 1,
3 2015. Notwithstanding any other provision of this Section, any
4 emergency rule adopted under this subsection (s) shall only
5 apply to payments made for State fiscal year 2015. The adoption
6 of emergency rules authorized by this subsection (s) is deemed
7 to be necessary for the public interest, safety, and welfare.

8 (t) In order to provide for the expeditious and timely
9 implementation of the provisions of this amendatory Act of the
10 99th General Assembly, emergency rules to implement this
11 amendatory Act of the 99th General Assembly may be adopted in
12 accordance with this subsection (t) by the Department of
13 Healthcare and Family Services. The 24-month limitation on the
14 adoption of emergency rules does not apply to rules adopted
15 under this subsection (t). The adoption of emergency rules
16 authorized by this subsection (t) is deemed to be necessary for
17 the public interest, safety, and welfare.

18 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;
19 98-651, eff. 6-16-14; 99-2, eff. 3-26-15.)

20 Section 10. The Mental Health and Developmental
21 Disabilities Administrative Act is amended by changing Section
22 7.1 and by adding Sections 75, 75.01, 75.02, 75.03, 75.04,
23 75.05, 75.06, 75.07, 75.08, 75.09, 75.10, 75.11, 75.12, 75.13,
24 75.14, 75.15, 75.16, and 75.17 as follows:

1 (20 ILCS 1705/7.1) (from Ch. 91 1/2, par. 100-7.1)

2 Sec. 7.1. To assist families to place children with mental
3 illness, for whom no appropriate care is available in
4 Department facilities, in licensed private facilities, the
5 Department shall supplement the amount a family is able to pay,
6 as determined by the Department and the amount available from
7 other sources, provided the Department's share shall not exceed
8 a uniform maximum rate to be determined from time to time by
9 the Department. The Department of Healthcare and Family
10 Services may exercise such authority under this Section as is
11 necessary to implement the provisions of Section 5.23 of the
12 Illinois Public Aid Code and to administer Individual Care
13 Grants.

14 (Source: P.A. 88-380.)

15 (20 ILCS 1705/75 new)

16 Sec. 75. Purpose; transfer of certain rights, powers,
17 duties, and functions; application of Sections 75.01 through
18 75.17.

19 (a) It is the purpose of this Part to transfer to the
20 Department of Healthcare and Family Services certain rights,
21 powers, and duties currently exercised by the Department of
22 Human Services related to Individual Care Grants for children
23 with complex behavioral health needs. This transfer is intended
24 to make possible the more effective and efficient operation of
25 Individual Care Grant services.

1 (b) Certain rights, powers, and duties currently exercised
2 by the Department of Human Services related to Individual Care
3 Grants for children with complex behavioral health needs are
4 transferred to the Department of Healthcare and Family Services
5 with the transfer and transition of the Individual Care Grant
6 program to the Department of Healthcare and Family Services to
7 be completed and implemented within 6 months after the
8 effective date of this amendatory Act of the 99th General
9 Assembly, as provided in Section 7.1 of this Act and Section 15
10 of this amendatory Act of the 99th General Assembly. For the
11 purposes of the Successor Agency Act, the Department of
12 Healthcare and Family Services is declared to be the successor
13 agency of the Department of Human Services, but only with
14 respect to the functions of the Department of Human Services
15 that are transferred to the Department of Healthcare and Family
16 Services under this amendatory Act of the 99th General
17 Assembly.

18 (c) Sections 75.01 through 75.17 (this Part) shall
19 supersede any rules of the Department of Human Services
20 regarding which children are eligible to receive funds for an
21 Individual Care Grant hereinafter referred to as "ICG" due to
22 their mental illness, including intensive community services
23 or residential placement, when clinically appropriate.
24 Comprehensive services are to be funded to assist in reducing
25 the child's severity of symptoms and illness to maintain the
26 individual in the least restrictive setting that is clinically

1 appropriate. With the goal of keeping families unified, funds
2 shall be provided to assist parents or guardians in obtaining
3 necessary services and support for children with complex
4 behavioral health needs, not just children with psychosis.

5 (d) In addition to the other statutory provisions regarding
6 Individual Care Grants, this Part is intended to supplement and
7 provide procedures for Individual Care Grants. However, if
8 there is a conflict between anything contained in the other
9 statutory provisions, those other statutory provisions shall
10 prevail.

11 (e) This Part establishes the Children's Behavioral Health
12 Cabinet. The Office of the Governor shall establish and chair a
13 Children's Behavioral Health Cabinet that shall include the
14 Directors of Healthcare and Family Services, Children and
15 Family Services, and Juvenile Justice or their designees, the
16 Secretary of Human Services or his or her designee, the State
17 Superintendent of Education or his or her designee, family
18 representatives, provider representatives, and other necessary
19 stakeholders, as determined by the Office of the Governor, to
20 inform the design and management of children's behavioral
21 health services. The Children's Behavioral Health Cabinet
22 shall meet at least quarterly. The Children's Behavioral Health
23 Cabinet shall prepare an annual report to the General Assembly
24 on or before January 30th of each year related to the
25 implementation of any remedies in response to litigation
26 against the Department of Healthcare and Family Services

1 related to children's behavioral health and the general status
2 of children's behavioral health in this State.

3 (20 ILCS 1705/75.01 new)

4 Sec. 75.01. Definitions.

5 For the purposes of this Part, unless the context otherwise
6 requires:

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

8 "Days" means calendar days.

9 "Department" means the Department of Healthcare and Family
10 Services.

11 "Director" means the Director of the Department of
12 Healthcare and Family Services.

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

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

20 "Individual Services Plan" or "ISP" means the plan that
21 identifies the child's goals and selects the level of care and
22 associated services required to meet the goals.

23 "Licensed private facilities" means residential treatment
24 facilities licensed by the Department of Children and Family
25 Services under 89 Ill. Adm. Code 404, or, for out-of-state

1 facilities, in accordance with Section 15.1 of the Mental
2 Health and Developmental Disabilities Administrative Act,
3 which have been accredited by the Joint Commission on the
4 Accreditation of Healthcare Organizations hereinafter referred
5 to as "JCAHO" as a psychiatric facility serving children and
6 adolescents or which have been surveyed and approved by the
7 Department as meeting standards equivalent to standards for
8 psychiatric facilities serving children and adolescents found
9 in the 1997 Standards for Behavioral Health Care released by
10 JCAHO.

11 "Parent or guardian" means a parent, biological, or
12 adoptive, or an individual appointed as legal guardian by the
13 court under the Probate Act of 1975. A parent or guardian does
14 not include a governmental agency or social service agency, or
15 any employee thereof, appointed by a court as guardian or
16 custodian.

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

21 "SASS" or "Screening, Assessment and Support Services"
22 means short-term, crisis intervention mental health services
23 that are provided to children who are at risk or who actually
24 experience hospitalization due to psychiatric reasons.

25 "Staff" means employees or persons under contract with the
26 Department.

1 "Young adults" means individuals 18 through 21 years of
2 age.

3 "Young adult support services" means time-limited funding
4 for young adults to cover costs of services and supports, not
5 included under other programs for which the person may be
6 eligible, to aid the young adult in his or her transition to
7 community living and funding that can be applied to the costs
8 of a supported living arrangement or other appropriate
9 transitional services that help to integrate the young adult
10 into his or her adult roles in the community.

11 (20 ILCS 1705/75.02 new)

12 Sec. 75.02. Stakeholder Committee.

13 (a) The Department of Healthcare and Family Services shall
14 establish an ICG Stakeholder Committee comprised of parents,
15 youth, provider representatives, representation from the
16 Department of Children and Family Services, representation
17 from the Department of Human Services, representation from the
18 Department of Juvenile Justice, representation from the CCBYS
19 program and other stakeholders as determined by the Department.

20 (b) The ICG Stakeholder Committee shall meet on a quarterly
21 basis.

22 (c) All potential program changes shall be presented to the
23 ICG Stakeholder Committee for discussion and input prior to
24 implementation.

1 (20 ILCS 1705/75.03 new)

2 Sec. 75.03. Eligibility criteria for an individual care
3 grant. In order to be eligible for ICG funding, the following
4 criteria must be met:

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

8 (2) The child must:

9 (A) have a diagnosis, which the current symptoms do not
10 represent a single acute episode from which rapid and
11 substantial remission is likely, of: schizophrenia
12 spectrum and other psychotic disorders; bipolar and
13 related disorders; depressive disorders; anxiety
14 disorders; obsessive-compulsive and related disorders;
15 trauma-related and stressor-related disorders;
16 dissociative disorders; or somatic symptom disorders;

17 (B) must not be older than 17 1/2 years of age at the
18 time of prior authorization;

19 (C) must meet medical necessity standards as
20 established in Section 75.04 by the Department; and

21 (3) The child must not be under the guardianship of another
22 State agency that has financial and legal responsibility for
23 the youth.

24 (20 ILCS 1705/75.04 new)

25 Sec. 75.04. Medical necessity.

1 (a) The Department of Healthcare and Family Services shall,
2 in collaboration with the Department of Human Services and the
3 Department of Children and Family Services, establish the
4 appropriate clinical standards for Community ICG Services and
5 Residential ICG Services, using the Child and Adolescent Needs
6 and Strengths (CANS) Assessment, within 6 months of the
7 effective date of this Part. The Department of Healthcare and
8 Family Services shall review the clinical threshold with the
9 Department of Human Services and the Department of Children and
10 Family Services, annually.

11 (b) Through the use of the CANS Assessment, a child's needs
12 shall be stratified across tiers of service intensity. ICG
13 community services shall have a different clinical threshold
14 than ICG residential services.

15 (c) Families shall be notified of the intensity of services
16 for which their child qualifies: ICG community or ICG
17 residential. A family may always select to substitute lower
18 intensity services for higher intensity services.

19 (d) The Department of Healthcare and Family Services shall
20 continue to use the existing methods of determining clinical
21 appropriateness until it transitions to the utilization of the
22 CANS Assessment, as detailed in this Section.

23 (e) Children placed in a residential setting shall undergo
24 a continued stay review, as established by the Department of
25 Healthcare and Family Services. A child placed in ICG community
26 services shall undergo a clinical review every 6 months.

1 (20 ILCS 1705/75.05 new)

2 Sec. 75.05. Emergency individual care grants.

3 (a) To be eligible for an emergency temporary individual
4 care grant:

5 (1) the child and family must meet the eligibility
6 requirements in Section 75.03;

7 (2) a child receiving inpatient psychiatric care (for
8 example at a psychiatric hospital or similar facility) who
9 is ready for discharge and who is not able to return home
10 due to the safety of the child, family, or individual may
11 be awarded a temporary emergency grant for a period of 90
12 days; and

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

16 (b) During the 90-day period complete the ICG prior
17 authorization process in accordance with this Part.

18 (c) Section 75.11 applies to decisions under this Section.

19 (20 ILCS 1705/75.06 new)

20 Sec. 75.06. ICG application reform, prior authorization
21 process, re-authorization process.

22 (a) The Department of Healthcare and Family Services shall
23 replace the existing ICG application process with a simplified
24 service prior authorization process on or before 6 months after

1 the effective date of this amendatory Act of the 99th General
2 Assembly.

3 (b) The Department's simplified service prior
4 authorization process shall include the following:

5 (1) demographic details regarding the child;

6 (2) clinical diagnosis verified by an LPHA within the
7 last 6 months;

8 (3) completed CANS scores;

9 (4) history of inpatient and residential care;

10 (5) history of SASS services;

11 (6) history of behavioral health services;

12 (7) signed authorization detailing need for
13 residential care by a LPHA;

14 (8) family details, including a signed statement of
15 engagement indicating that the family will participate in
16 treatment and that the child will have a place of residency
17 upon discharge from treatment.

18 (c) The Department of Healthcare and Family Services shall
19 establish a process for reviewing and authorizing prior
20 authorization requests within 5 days of submission.

21 (d) The Department of Healthcare and Family Services shall
22 re-authorize grants every 6 months, so long as the child is
23 under the age of 21.

24 (e) The parent or guardian, child (if appropriate), and
25 provider shall be notified in writing, 6 weeks prior to the
26 anniversary date of the Department of Healthcare and Family

1 Services decision to re-authorize or terminate funding.

2 (20 ILCS 1705/75.07 new)

3 Sec. 75.07. Parent or guardian responsibilities;
4 resources.

5 (a) The parent or guardian of a child receiving an ICG must
6 participate in the child's care, treatment, and is willing to
7 accept the child home upon discharge to the community.

8 (b) When a youth is placed in residential care, the
9 residential provider shall apply for all public sources of
10 financial support available to or for the child, including but
11 not limited to Social Security Administration ("SSA") benefits
12 and supplemental security income ("SSI") authorized under 42
13 U.S.C. 1381, and these funds must be applied to the costs of
14 residential care, to the extent provided by law.

15 (c) Upon placement in residential care, if the child is not
16 already receiving benefits from SSA, the parent or guardian
17 shall authorize the residential placement staff to initiate an
18 application for SSI immediately after placement or on the 90th
19 day, depending on family income levels. If the child is
20 receiving benefits from SSA upon admission into residential
21 care, the parent or guardian shall authorize the residential
22 placement staff to initiate an application on behalf of the
23 residential agency to become payee for SSA benefits.

24 (d) The parent or guardian must notify the Department of
25 Healthcare and Family Services of any changes in the level of

1 financial support from public sources. Declaration of
2 ineligibility, reduction of benefits, or loss of benefits
3 through the actions of another governmental agency shall not
4 affect the Department's continued funding, unless these
5 actions are the consequence of the parent or guardian's failure
6 to pursue benefits or comply with this Section.

7 (e) All financial assets of the child exceeding an exempt
8 amount established by the Department of Healthcare and Family
9 Services must be applied to the costs of residential care. The
10 determination that certain assets may be exempt is subject to
11 the Department's review and approval.

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

15 (g) The parent or guardian must notify the Department of
16 Healthcare and Family Services of any changes of address for
17 the parent or guardian.

18 (h) The parent or guardian must notify the Department of
19 Healthcare and Family Services of any changes of guardianship
20 or custody.

21 (20 ILCS 1705/75.08 new)

22 Sec. 75.08. ICG service appeals, denials, and complaints.
23 The Department of Healthcare and Family Services shall adopt
24 rules for addressing service appeals, grant denials (including
25 re-authorization determinations) and complaints related to the

1 ICG program. The appeals and denial process shall include a
2 Director's Level Review process and funding of a child's ICG
3 shall continue through all appeals processes.

4 (20 ILCS 1705/75.09 new)

5 Sec. 75.09. Individual Services Plan Development.

6 (a) When the individual has been determined eligible for
7 community or residential ICG, the ICG Program Office shall
8 refer the parent or guardian to the appropriate SASS agency for
9 the purpose of developing an individual services plan.

10 (b) The ICG Coordinator/SASS Coordinator shall provide
11 support, information, and recommendations regarding available
12 services and help the family determine the right services to
13 meet the needs of the child and stabilize the family.

14 (c) The individual service plan shall be developed with the
15 parent or guardian and appropriate service providers and must
16 be reviewed and re-authorized every 6 months. The individual
17 service plan shall include:

18 (1) identifying specific problems to be addressed;

19 (2) integrating all of the services to be provided;

20 (3) defining specific goals and objectives and the
21 projected duration and costs of services;

22 (4) the parent or guardian's approval of the identified
23 service providers; and

24 (5) identifying the licensed physician, clinical
25 psychologist, clinical social worker, or clinical

1 professional counselor under whose clinical direction the
2 services will be provided and obtain, by signature, his or
3 approval of the plan.

4 (d) The development or implementation of an individual
5 services plan may be deferred for one or more of the following
6 conditions:

7 (1) continuing hospitalization is required;

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

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

14 (e) If the individual services plan is not developed or
15 implemented within 6 months of the ICG award, the parent or
16 guardian must re-authorize the awarded ICG grant.

17 (f) A recommendation to move a child to a lower level of
18 care must include a minimum of 30 days of preparation for this
19 transition.

20 (20 ILCS 1705/75.10 new)

21 Sec. 75.10. Alternative In-home services.

22 (a) The Department of Healthcare and Family Services or its
23 representative shall review individual services plans as well
24 as discharge plans and may approve funding for alternative
25 in-home services as described in this Section.

1 (b) Alternative in-home services include, but are not
2 limited to, care coordination, community support, crisis
3 stabilization services, mentoring, respite support services,
4 and young adult support services.

5 (c) ICG funding shall not be used to replace services
6 authorized under 59 Ill. Adm. Code, Part 132 or other services
7 for which the child and family may be eligible through federal,
8 State, or local funding.

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

11 (20 ILCS 1705/75.11 new)

12 Sec. 75.11. Residential placement.

13 (a) SASS staff shall discuss with the parent or guardian
14 the potentially appropriate facilities based on factors such as
15 the child's age, sex, and mental health condition, as well as
16 locations and programs of facilities, and the requirements for
17 placement and parental involvement, and shall, at the parent's
18 or guardian's direction and with appropriately executed
19 consents, prepare clinical referral packets to be sent to the
20 facilities.

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

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

25 (2) have an educational program approved by the

1 Illinois State Board of Education;

2 (3) have a per diem rate that includes residential
3 services, such as room and board, but does not include
4 tuition as established for purchased care services under
5 the rules of the Illinois Purchased Care Review Board in 89
6 Ill. Adm. Code 900, the Department of Children and Family
7 Services in 89 Ill. Adm. Code 356, or the Department in
8 Section 54 of the Mental Health and Developmental
9 Disabilities Administrative Act; and

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

12 (c) If appropriate placement for a child cannot be obtained
13 from a contracted provider, the Department may contract with
14 other private facilities meeting the standards provided in
15 paragraphs (1) and (2) of subsection (b) of this Section.

16 (d) The Department may negotiate for additional services
17 from facilities to augment existing services or to develop a
18 specialized resource for a child.

19 (e) An individual service plan shall be developed within 30
20 days after placement, including expected duration and
21 outcomes, by facility staff in consultation with the parent or
22 guardian and the child. This individual service plan shall be
23 reviewed and updated quarterly, including documentation of
24 parental participation and consideration of discharge to
25 in-home or community services. These updated plans and progress
26 reports shall be provided quarterly to the Department or its

1 designee. Together with the goals as stated in the case record
2 summary, these documents shall be the basis for the
3 Department's review and approval for continuing funding for
4 placement, including alternative in-home or community service
5 which are part of the discharge plan.

6 (f) Parent or guardian responsibilities during placement
7 include the following:

8 (1) participation in and cooperation with the
9 facility's requirements for the child's care, treatment,
10 and discharge to the family and community;

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

13 (3) the usual and customary costs of parenthood or
14 guardianship, including:

15 (A) clothing;

16 (B) medical and dental costs;

17 (C) personal allowance and incidentals; and

18 (D) transportation costs, to and from the
19 facility; and

20 (4) notifying the local education agency that the child
21 has been placed in a residential facility and requesting
22 their participation in educational planning. The local
23 education agency is responsible for the tuition costs of
24 residential placement under State law.

25 (g) Prior to residential placement, if the youth has not
26 yet been identified as eligible for special education services,

1 the parent or guardian should initiate a case study evaluation
2 through their local school district.

3 (20 ILCS 1705/75.12 new)

4 Sec. 75.12. Discharge from residential services.

5 (a) An Individual Service Plan must follow the discharge
6 protocol established by the Division of Mental Health in order
7 to ensure that community services are in place before
8 discharge. The parent or guardian with support from an ICG
9 Coordinator shall identify and procure appropriate community
10 services.

11 (b) If the child is leaving the ICG program upon discharge,
12 appropriate child and adolescent or adult services must be
13 engaged.

14 (20 ILCS 1705/75.13 new)

15 Sec. 75.13. Termination of funding or services.

16 ICG funding shall be terminated in any of the following
17 circumstances:

18 (1) failure of the parent or guardian to meet prior
19 authorization, re-authorization, or eligibility requirements;

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

23 (3) completion of residential treatment or alternative
24 in-home or community services;

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

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

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

8 (7) any 12-month period without receiving residential,
9 community, or alternative in-home; or

10 (8) Upon the completion of the annual ICG renewal process,
11 it is determined that the child no longer would clinically
12 benefit from the services being provided.

13 (20 ILCS 1705/75.14 new)

14 Sec. 75.14. Monitoring. The Department shall establish
15 policies and procedures related to the monitoring of
16 residential, community, and alternative in-home services
17 providers.

18 (20 ILCS 1705/75.15 new)

19 Sec. 75.15. Bed holds.

20 (a) The Department shall adopt rules regarding bed holds
21 and may not reimburse a provider for more than 40 bed nights
22 per State fiscal year per individual.

23 (b) An agency shall not be reimbursed for an individual's
24 absence after the date of discharge or when his or her

1 treatment plan includes removal from the agency program or
2 after the date of the agency's knowledge of the individual's
3 pending termination.

4 (20 ILCS 1705/75.16 new)

5 Sec. 75.16. Children's Behavioral Health Reform.

6 (a) The Department of Healthcare and Family Services shall
7 seek to maximize federal financial participation for all
8 services covered under this Part and to fully integrate the ICG
9 program into the Children's Behavioral Health Reform efforts
10 established by the Department. To the extent that full
11 integration of the ICG program into the Department of
12 Healthcare and Family Services behavioral health care
13 coordination entity creates a conflict with any Part of this
14 Act, the Department shall establish provisional policies that
15 shall be in effect for the term of the agreement between the
16 Department of Healthcare and Family Services and any such care
17 coordination entity.

18 (b) The Department shall establish an updated ICG Program
19 design. The Department shall work collaboratively with the
20 Division of Mental Health and the Department of Children and
21 Family Services as it establishes an implementation plan for
22 Children's Behavioral Health Reform and adopt new rules
23 detailing the operation of an updated ICG Program that
24 coordinates service delivery and design before December 31,
25 2016.

1 (20 ILCS 1705/75.17 new)

2 Sec. 75.17. Repeal. Sections 75 through 75.17 are repealed
3 on January 1, 2018.

4 Section 15. The Illinois Public Aid Code is amended by
5 changing Section 5-5.23 as follows:

6 (305 ILCS 5/5-5.23)

7 Sec. 5-5.23. Children's mental health services.

8 (a) The Department of Healthcare and Family Services, by
9 rule, shall require the screening and assessment of a child
10 prior to any Medicaid-funded admission to an inpatient hospital
11 for psychiatric services to be funded by Medicaid. The
12 screening and assessment shall include a determination of the
13 appropriateness and availability of out-patient support
14 services for necessary treatment. The Department, by rule,
15 shall establish methods and standards of payment for the
16 screening, assessment, and necessary alternative support
17 services.

18 (b) The Department of Healthcare and Family Services, to
19 the extent allowable under federal law, shall secure federal
20 financial participation for Individual Care Grant expenditures
21 made by the Department of Healthcare and Family Services ~~of~~
22 ~~Human Services~~ for the Medicaid optional service authorized
23 under Section 1905(h) of the federal Social Security Act,

1 pursuant to the provisions of Section 7.1 of the Mental Health
2 and Developmental Disabilities Administrative Act. The
3 Department of Healthcare and Family Services may exercise such
4 authority under this Section as is necessary to administer
5 Individual Care Grants as authorized under Section 7.1 of the
6 Mental Health and Developmental Disabilities Administrative
7 Act.

8 (c) The Department of Healthcare and Family Services shall
9 work collaboratively with the Department of Children and Family
10 Services and the Division of Mental Health of ~~jointly with~~ the
11 Department of Human Services to implement subsections (a) and
12 (b).

13 (d) On and after July 1, 2012, the Department shall reduce
14 any rate of reimbursement for services or other payments or
15 alter any methodologies authorized by this Code to reduce any
16 rate of reimbursement for services or other payments in
17 accordance with Section 5-5e.

18 (Source: P.A. 97-689, eff. 6-14-12.)

19 Section 99. Effective date. This Act takes effect upon
20 becoming law.