



Sen. John G. Mulroe

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1 AMENDMENT TO SENATE BILL 2929

2 AMENDMENT NO. _____. Amend Senate Bill 2929 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 4.03 as follows:

6 (20 ILCS 105/4.03) (from Ch. 23, par. 6104.03)

7 Sec. 4.03. The Department on Aging, in cooperation with the
8 Department of Human Services and any other appropriate State,
9 local or federal agency, shall, without regard to income
10 guidelines, establish a nursing home prescreening program to
11 determine whether Alzheimer's Disease and related disorders
12 victims, and persons who are deemed as blind or as a person
13 with a disability as defined by the Social Security Act and who
14 are in need of long term care, may be satisfactorily cared for
15 in their homes through the use of home and community based
16 services. Responsibility for prescreening shall be vested with

1 case coordination units. Prescreening shall occur: (i) when
2 hospital discharge planners have advised the case coordination
3 unit of the imminent risk of nursing home placement of a
4 patient who meets the above criteria and in advance of
5 discharge of the patient; or (ii) when a case coordination unit
6 has been advised of the imminent risk of nursing home placement
7 of an individual in the community. The individual who is
8 prescreened shall be informed of all appropriate options,
9 including placement in a nursing home and the availability of
10 in-home and community-based services and shall be advised of
11 her or his right to refuse nursing home, in-home,
12 community-based, or all services. In addition, the individual
13 being prescreened shall be informed of spousal impoverishment
14 requirements, the need to submit financial information to
15 access services, and the consequences for failure to do so in a
16 form and manner developed jointly by the Department on Aging,
17 the Department of Human Services, and the Department of
18 Healthcare and Family Services. Case coordination units under
19 contract with the Department may charge a fee for the
20 prescreening provided under this Section and the fee shall be
21 no greater than the cost of such services to the case
22 coordination unit. At the time of each prescreening, case
23 coordination units shall provide information regarding the
24 Office of State Long Term Care Ombudsman's Residents Right to
25 Know database as authorized in subsection (c-5) of Section
26 4.04. The case coordination units shall inquire if the

1 individual who is being prescreened is in need of assistance
2 with the cost of nursing home care. The case coordination unit
3 shall provide assistance if the individual is unable to comply
4 in securing financial documents requested by the State to prove
5 financial eligibility and the individual's family is unable or
6 unwilling to secure the requested documents on the resident's
7 behalf. The case coordination unit providing these services
8 shall be reimbursed on a per client basis at a rate established
9 by the Department on Aging from federal Civil Monetary Funds
10 overseen by the Department on Public Health.

11 (Source: P.A. 98-255, eff. 8-9-13; 99-143, eff. 7-27-15.)

12 Section 10. The Hospital Licensing Act is amended by
13 changing Section 6.09 as follows:

14 (210 ILCS 85/6.09) (from Ch. 111 1/2, par. 147.09)

15 Sec. 6.09. (a) In order to facilitate the orderly
16 transition of aged patients and patients with disabilities from
17 hospitals to post-hospital care, whenever a patient who
18 qualifies for the federal Medicare program is hospitalized, the
19 patient shall be notified of discharge at least 24 hours prior
20 to discharge from the hospital. With regard to pending
21 discharges to a skilled nursing facility, the hospital must
22 notify the case coordination unit, as defined in 89 Ill. Adm.
23 Code 240.260, at least 24 hours prior to discharge. When the
24 assessment is completed in the hospital, the case coordination

1 unit shall provide the discharge planner with a copy of the
2 prescreening information and accompanying materials, which the
3 discharge planner shall transmit when the patient is discharged
4 to a skilled nursing facility. When a case coordination unit is
5 unable to complete an assessment in the hospital prior to the
6 discharge of a patient to a nursing home, the case coordination
7 unit shall notify the Department on Aging, which shall notify
8 the Department of Healthcare and Family Services. The
9 Department of Healthcare and Family Services and the Department
10 on Aging shall adopt rules to address these instances that
11 ensure that the patient is able to access nursing home care and
12 that the nursing home is not penalized for accepting the
13 admission. If home health services are ordered, the hospital
14 must inform its designated case coordination unit, as defined
15 in 89 Ill. Adm. Code 240.260, of the pending discharge and must
16 provide the patient with the case coordination unit's telephone
17 number and other contact information.

18 (b) Every hospital shall develop procedures for a physician
19 with medical staff privileges at the hospital or any
20 appropriate medical staff member to provide the discharge
21 notice prescribed in subsection (a) of this Section. The
22 procedures must include prohibitions against discharging or
23 referring a patient to any of the following if unlicensed,
24 uncertified, or unregistered: (i) a board and care facility, as
25 defined in the Board and Care Home Act; (ii) an assisted living
26 and shared housing establishment, as defined in the Assisted

1 Living and Shared Housing Act; (iii) a facility licensed under
2 the Nursing Home Care Act, the Specialized Mental Health
3 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
4 the MC/DD Act; (iv) a supportive living facility, as defined in
5 Section 5-5.01a of the Illinois Public Aid Code; or (v) a
6 free-standing hospice facility licensed under the Hospice
7 Program Licensing Act if licensure, certification, or
8 registration is required. The Department of Public Health shall
9 annually provide hospitals with a list of licensed, certified,
10 or registered board and care facilities, assisted living and
11 shared housing establishments, nursing homes, supportive
12 living facilities, facilities licensed under the ID/DD
13 Community Care Act, the MC/DD Act, or the Specialized Mental
14 Health Rehabilitation Act of 2013, and hospice facilities.
15 Reliance upon this list by a hospital shall satisfy compliance
16 with this requirement. The procedure may also include a waiver
17 for any case in which a discharge notice is not feasible due to
18 a short length of stay in the hospital by the patient, or for
19 any case in which the patient voluntarily desires to leave the
20 hospital before the expiration of the 24 hour period.

21 (c) At least 24 hours prior to discharge from the hospital,
22 the patient shall receive written information on the patient's
23 right to appeal the discharge pursuant to the federal Medicare
24 program, including the steps to follow to appeal the discharge
25 and the appropriate telephone number to call in case the
26 patient intends to appeal the discharge.

1 (d) Before transfer of a patient to a long term care
2 facility licensed under the Nursing Home Care Act where elderly
3 persons reside, a hospital shall as soon as practicable
4 initiate a name-based criminal history background check by
5 electronic submission to the Department of State Police for all
6 persons between the ages of 18 and 70 years; provided, however,
7 that a hospital shall be required to initiate such a background
8 check only with respect to patients who:

9 (1) are transferring to a long term care facility for
10 the first time;

11 (2) have been in the hospital more than 5 days;

12 (3) are reasonably expected to remain at the long term
13 care facility for more than 30 days;

14 (4) have a known history of serious mental illness or
15 substance abuse; and

16 (5) are independently ambulatory or mobile for more
17 than a temporary period of time.

18 A hospital may also request a criminal history background
19 check for a patient who does not meet any of the criteria set
20 forth in items (1) through (5).

21 A hospital shall notify a long term care facility if the
22 hospital has initiated a criminal history background check on a
23 patient being discharged to that facility. In all circumstances
24 in which the hospital is required by this subsection to
25 initiate the criminal history background check, the transfer to
26 the long term care facility may proceed regardless of the

1 availability of criminal history results. Upon receipt of the
2 results, the hospital shall promptly forward the results to the
3 appropriate long term care facility. If the results of the
4 background check are inconclusive, the hospital shall have no
5 additional duty or obligation to seek additional information
6 from, or about, the patient.

7 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14;
8 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; revised 10-14-15.)

9 Section 15. The Illinois Public Aid Code is amended by
10 changing Section 5-6 as follows:

11 (305 ILCS 5/5-6) (from Ch. 23, par. 5-6)

12 Sec. 5-6. Obligations incurred prior to death of a
13 recipient or during the pendency of an individual's application
14 for benefits. Obligations incurred but not paid for at the time
15 of the death of a recipient or during the pendency of an
16 individual's application for benefits ~~recipient's death~~ for
17 services authorized under Section 5-5, including medical and
18 other care in facilities as defined in the Nursing Home Care
19 Act, the Specialized Mental Health Rehabilitation Act of 2013,
20 the ID/DD Community Care Act, or the MC/DD Act, or in like
21 facilities not required to be licensed under that Act, may be
22 paid, subject to the rules and regulations of the Illinois
23 Department, after the death of the recipient or during the
24 pendency of the individual's application for benefits.

1 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)

2 (305 ILCS 5/5-2.1d rep.)

3 Section 20. The Illinois Public Aid Code is amended by
4 repealing Section 5-2.1d."