

AN ACT concerning State government.

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

Section 5. The Department of Human Services Act is amended by adding Section 1-37a as follows:

(20 ILCS 1305/1-37a new)

Sec. 1-37a. Management Improvement Initiative Committee.

(a) As used in this Section, unless the context indicates otherwise:

"Departments" means the Department on Aging, the Department of Children and Family Services, the Department of Healthcare and Family Services, the Department of Human Services, and the Department of Public Health.

"Management Improvement Initiative Committee" or "Committee" means the Management Improvement Initiative Committee created under this Section.

"Management Improvement Initiative Departmental Leadership Team" or "Team" means the Management Improvement Initiative Departmental Leadership Team created under this Section.

(b) The Governor, or his or her designee, shall create a Management Improvement Initiative Committee that shall include the Management Improvement Initiative Departmental Leadership Team to implement the recommendations made in the report

submitted to the General Assembly on January 1, 2011 as required under Public Act 96-1141, and to continue the work of the group formed under the auspices of Public Act 96-1141.

The Team shall be comprised of a representative from each of the Departments.

The Team members shall integrate the Committee's objectives into their respective departmental operations and continue the work of the group formed under the auspices of Public Act 96-1141 including:

(1) Implementing the recommendations of the report submitted to the General Assembly on January 1, 2011 under Public Act 96-1141.

(2) Submitting a progress report to the General Assembly by November 1, 2011 on the progress made in implementing the recommendations made in the report submitted to the General Assembly on January 1, 2011 under Public Act 96-1141.

(3) Reviewing contracts held with community health and human service providers on the regulations and work processes, including reporting, monitoring, compliance, auditing, certification, and licensing processes, required by the departments and their divisions.

(4) Eliminating obsolete, redundant, or unreasonable regulations, reporting, monitoring, compliance, auditing, certifications, licensing, and work processes.

(5) Implementing reciprocity across divisions and

departments. Reciprocity shall be used to accept other division or department regulations, reporting, monitoring, compliance, auditing, certification, and licensing processes.

(6) Implementing integrated work processes across divisions and departments that will be used for efficient and effective work processes including regulations, reporting, monitoring, compliance, auditing, licensing, and certification processes.

(7) Implementing the deemed status for accredited community health and human service providers.

(8) Reviewing work products meant to address the Committee's objectives as set forth in this Section. The review shall be done in concert with similar reviews conducted by the divisions under the Department of Human Services and other department steering committees, committees, and work groups as appropriate and necessary to eliminate redundant work processes including reporting, monitoring, compliance, auditing, licensing, and certification processes.

(9) Describing how improved regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes are measured at the community vendor, contractor, and departmental levels, and how they have reduced redundant regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work

processes.

(c) The Team shall examine the entire body of regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes that guide departmental operations and contracts to eliminate obsolete, redundant, or unreasonable regulations, reporting, monitoring, compliance, auditing, licensing, and certifications.

(d) The Team shall identify immediate, near-term, and long-term opportunities to improve accountable, non-redundant, effective, and efficient accountability, regulations, reporting, monitoring, compliance, auditing, certification, and licensing processes that are necessary, appropriate, and sufficient to determine the success and quality of contracts with community health and human service vendors and providers.

(e) The Team shall develop performance measures to assess progress towards accomplishing the Committee's objectives and shall develop procedures to provide feedback on the impact of the State's operational improvements meant to achieve management improvement initiative objectives.

(f) The Team shall report operational improvements and document efforts that address the Committee's objectives. These reports shall be submitted to the Governor and the General Assembly semi-annually and shall:

(1) Include the results made to maintain efficient accountability while eliminating obsolete, redundant, or unreasonable regulations, reporting, monitoring,

compliance, auditing, licensing, and certifications.

(2) Specify improved regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes.

(3) Describe how improved regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes are measured at the community vendor, contractor, and departmental levels, and how they have reduced redundant regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes.

(4) Include the methods used to engage health and human service providers in the management improvement initiative to improve regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes.

(5) Describe how departmental practices have been changed to improve non-redundant accountability, efficiency, effectiveness, and quality.

(g) Beginning in State Fiscal Year 2012, regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes, including each new departmental initiative, shall be linked directly to non-redundant, accountable, efficient, and effective outcome indicators which can be used to evaluate the success of the new initiative.

(h) The Management Improvement Initiative Committee.

(1) The Committee shall be comprised of Team members

from each of the Departments to manage the overall implementation process and to ensure that any new monitoring and compliance activities are developed as recommended in the report submitted to the General Assembly on January 1, 2011.

(2) Team members shall be able to access available resources within their respective departments, to set priorities, manage the overall implementation process, and ensure that any new monitoring and compliance activities are developed as recommended in the report submitted to the General Assembly on January 1, 2011.

(3) The Departments shall each designate a member to serve as a member of the Committee.

(4) The Committee shall also consist of the community organizations, community providers, associations, and private philanthropic organizations appointed under Public Act 96-1141, and shall be charged with overseeing implementation of the Committee's objectives and ensuring that provider prospective is incorporated.

(5) The Committee shall be co-chaired by department and community representatives, with leadership responsibility resting with the Governor in order to increase the priority and accountability for implementation of the Committee's objectives and recommendations.

(6) The Team shall be responsible for establishing within the Committee workgroups consisting of subject

matter experts necessary to reach the Committee's objectives, including the recommendations made in the report submitted to the General Assembly on January 1, 2011 under Public Act 96-1141. Those subject matter experts, including those with necessary technological expertise, shall include outside experts, departmental, association, and community providers.

(7) Recommendations of the Committee shall be reviewed and its efforts integrated into existing as well as ongoing initiatives as appropriate, including the implementation of Public Act 96-1501, the Illinois Frameworks planning and implementation efforts, and any other task force that may make proposals that impact community provider work processes and contract deliverables.

(8) The Department of Human Services shall be designated as the lead support agency and provide administrative staffing for the Committee. Other Departments, as defined by this Section, shall provide additional administrative staffing in conjunction with the Department of Human Services to support the Committee.

(i) This Section is repealed on December 31, 2014.

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