



Rep. Jay Hoffman

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1 AMENDMENT TO HOUSE BILL 175

2 AMENDMENT NO. _____. Amend House Bill 175 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 11-5.4 and by adding Section 5-5g as follows:

6 (305 ILCS 5/5-5g new)

7 Sec. 5-5g. Long-term care patient; resident status.
8 Long-term care providers shall submit all changes in resident
9 status, including, but not limited to, death, discharge,
10 changes in patient credit, third party liability, and Medicare
11 coverage, to the Department through the Medical Electronic Data
12 Interchange System, the Recipient Eligibility Verification
13 System, or the Electronic Data Interchange System established
14 under 89 Ill. Adm. Code 140.55(b) in compliance with the
15 schedule below:

16 (1) 15 calendar days after a resident's death;

1 (2) 15 calendar days after a resident's discharge;

2 (3) 45 calendar days after being informed of a change
3 in the resident's income;

4 (4) 45 calendar days after being informed of a change
5 in a resident's third party liability;

6 (5) 45 calendar days after a resident's move to
7 exceptional care services; and

8 (6) 45 calendar days after a resident's need for
9 services requiring reimbursement under the ventilator or
10 traumatic brain injury enhanced rate.

11 (305 ILCS 5/11-5.4)

12 Sec. 11-5.4. Expedited long-term care eligibility
13 determination, renewal, and enrollment, and payment.

14 (a) The General Assembly finds that it is in the best
15 interest of the State to process on an expedited basis
16 applications and renewal applications for Medicaid and
17 Medicaid long-term care benefits that are submitted by or on
18 behalf of elderly persons in need of long-term care services.

19 It is the intent of the General Assembly that the provisions of
20 this Section be liberally construed to permit the maximum
21 number of applicants to benefit, regardless of the age of the
22 application, and for the State to complete all processing as
23 required under 42 U.S.C. 1396a(a)(8) and 42 CFR 435. ~~An~~
24 expedited long term care eligibility determination and
25 enrollment system shall be established to reduce long term care

1 ~~determinations to 90 days or fewer by July 1, 2014 and~~
2 ~~streamline the long term care enrollment process.~~
3 ~~Establishment of the system shall be a joint venture of the~~
4 ~~Department of Human Services and Healthcare and Family Services~~
5 ~~and the Department on Aging. The Governor shall name a lead~~
6 ~~agency no later than 30 days after the effective date of this~~
7 ~~amendatory Act of the 98th General Assembly to assume~~
8 ~~responsibility for the full implementation of the~~
9 ~~establishment and maintenance of the system. Project outcomes~~
10 ~~shall include an enhanced eligibility determination tracking~~
11 ~~system accessible to providers and a centralized application~~
12 ~~review and eligibility determination with all applicants~~
13 ~~reviewed within 90 days of receipt by the State of a complete~~
14 ~~application. If the Department of Healthcare and Family~~
15 ~~Services' Office of the Inspector General determines that there~~
16 ~~is a likelihood that a non allowable transfer of assets has~~
17 ~~occurred, and the facility in which the applicant resides is~~
18 ~~notified, an extension of up to 90 days shall be permissible.~~
19 ~~On or before December 31, 2015, a streamlined application and~~
20 ~~enrollment process shall be put in place based on the following~~
21 ~~principles:~~

22 ~~(1) Minimize the burden on applicants by collecting~~
23 ~~only the data necessary to determine eligibility for~~
24 ~~medical services, long term care services, and spousal~~
25 ~~impoverishment offset.~~

26 ~~(2) Integrate online data sources to simplify the~~

1 ~~application process by reducing the amount of information~~
2 ~~needed to be entered and to expedite eligibility~~
3 ~~verification.~~

4 ~~(3) Provide online prompts to alert the applicant that~~
5 ~~information is missing or not complete.~~

6 (a-5) As used in this Section:

7 "Department" means the Department of Healthcare and Family
8 Services.

9 "Managed care organization" has the meaning ascribed to
10 that term in Section 5-30.1 of this Code.

11 (b) The Department of Healthcare and Family Services must
12 serve as the lead agency assuming primary responsibility for
13 the full implementation of this Section, including the
14 establishment and operation of the system. The Department
15 ~~shall, on or before July 1, 2014, assess the feasibility of~~
16 ~~incorporating all information needed to determine eligibility~~
17 ~~for long term care services, including asset transfer and~~
18 ~~spousal impoverishment financials, into the State's integrated~~
19 ~~eligibility system identifying all resources needed and~~
20 ~~reasonable timeframes for achieving the specified integration.~~

21 (c) Beginning on June 29, 2018, provisional eligibility, in
22 the form of a recipient identification number and any other
23 necessary credentials to permit an applicant to receive
24 benefits, must be issued to any applicant who has not received
25 a final eligibility determination on his or her application for
26 Medicaid or Medicaid long-term care benefits or a notice of an

1 opportunity for a hearing within the federally prescribed
2 deadlines for the processing of such applications. The
3 Department must maintain the applicant's provisional Medicaid
4 enrollment status until a final eligibility determination is
5 approved or the applicant's appeal has been adjudicated and
6 eligibility is denied. The Department or the managed care
7 organization, if applicable, must reimburse providers for all
8 services rendered during an applicant's provisional
9 eligibility period.

10 (1) The Department must immediately notify the managed
11 care organization, if applicable, in which the applicant is
12 an enrollee of the enrollee's change in status.

13 (2) The Department or the managed care organization,
14 when applicable, must begin processing claims for services
15 rendered by the end of the month in which the applicant is
16 given provisional eligibility status. Claims for services
17 rendered must be submitted and processed by the Department
18 and managed care organizations in the same manner as those
19 submitted on behalf of beneficiaries determined to qualify
20 for benefits.

21 (3) An applicant with provisional enrollment status,
22 who is not enrolled in a managed care organization at the
23 time the applicant's provisional status is issued, must
24 continue to have his or her benefits paid for under the
25 State's fee-for-service system until such time as the State
26 makes a final determination on the applicant's Medicaid or

1 Medicaid long-term care application .

2 (4) The Department, within 10 business days of issuing
3 provisional eligibility to an applicant not covered by a
4 managed care organization, must submit to the Office of the
5 Comptroller for payment a voucher for all retroactive
6 reimbursement due and the State Comptroller must place such
7 vouchers on expedited payment status. However, if the
8 provisional beneficiary is enrolled with a managed care
9 organization, the Department must submit the same to the
10 managed care organization and the managed care
11 organization must pay the provider on an expedited basis.

12 ~~The lead agency shall file interim reports with the Chairs~~
13 ~~and Minority Spokespersons of the House and Senate Human~~
14 ~~Services Committees no later than September 1, 2013 and on~~
15 ~~February 1, 2014. The Department of Healthcare and Family~~
16 ~~Services shall include in the annual Medicaid report for~~
17 ~~State Fiscal Year 2014 and every fiscal year thereafter~~
18 ~~information concerning implementation of the provisions of~~
19 ~~this Section.~~

20 (d) The Department must establish, by rule, policies and
21 procedures to ensure prospective compliance with the federal
22 deadlines for Medicaid and Medicaid long-term care benefits
23 eligibility determinations required under 42 U.S.C.
24 1396a(a)(8) and 42 CFR 435.912, which must include, but need
25 not be limited to, the following:

26 (1) The Department, assisted by the Department of Human

1 Services and the Department on Aging, must establish, no
2 later than January 1, 2019, a streamlined application and
3 enrollment process that includes, but is not limited to,
4 the following:

5 (A) collect only the data necessary to determine
6 eligibility for medical services, long-term care
7 services, and spousal impoverishment offset;

8 (B) integrate online data and other third party
9 data sources to simplify the application process by
10 reducing the amount of information needed to be entered
11 and to expedite eligibility verification;

12 (C) provide online prompts to alert the applicant
13 that information is missing or incomplete; and

14 (D) provide training and step-by-step written
15 instructions for caseworkers, applicants, and
16 providers.

17 (2) The Department must expedite the eligibility
18 processing system for applicants meeting certain
19 guidelines, regardless of the age of the application. The
20 guidelines must be established by rule and must include,
21 but not be limited to, the following individually or
22 collectively:

23 (A) Full Medicaid benefits in the community for a
24 specified period of time.

25 (B) No transfer of assets or resources during the
26 federally prescribed look-back time period, as

1 specified by federal law.

2 (C) Receives Supplemental Security Income payments
3 or was receiving such payments at the time the
4 applicant was admitted to a nursing facility.

5 (D) Verified income at or below 100% of the federal
6 poverty level when the declared value of the
7 applicant's countable resources is no greater than the
8 allowable amounts pursuant to Section 5-2 of this Code
9 for classes of eligible persons for whom a resource
10 limit applies.

11 (3) The Department must establish, by rule, renewal
12 policies and procedures to reduce the likelihood of
13 unnecessary interruptions in services as a result of
14 improper denials of applicants who would otherwise be
15 approved.

16 (A) Effective January 1, 2019, the Department must
17 implement a paperless passive renewal protocol that
18 provides for the electronic verification of all
19 necessary information including bank accounts.

20 (B) A beneficiary who is a resident of a facility
21 and whose previous renewal application showed an
22 income of no greater than the federal poverty level and
23 who has no discernible means of generating income
24 greater than the federal poverty level must be deemed
25 to qualify for renewal. The beneficiary and the
26 facility must not receive an application for renewal

1 and must instead receive notification of the
2 beneficiary's renewal.

3 (C) A beneficiary for whom the processing of a
4 renewal application exceeds federally prescribed
5 timeframes must be deemed to meet renewal guidelines
6 and the Department must notify the beneficiary and the
7 facility in which the beneficiary resides. The
8 Department must also immediately notify the managed
9 care organization in which the beneficiary is
10 enrolled, if applicable. Both the Department and the
11 managed care organization must accept claims for
12 services rendered to the beneficiary without an
13 interruption in benefits to the enrollee and payment
14 for all services rendered to providers.

15 (4) The Department of Human Services must not penalize
16 an applicant for having an attorney complete a Medicaid
17 application on the applicant's behalf or for seeking to
18 understand the applicant's rights under federal and State
19 Medicaid laws and regulations. This must not include
20 targeting applications and applicants so described for
21 additional scrutiny by the Department of Healthcare and
22 Family Services' Office of the Inspector General.

23 (5) The Department of Healthcare and Family Services'
24 Office of the Inspector General must review applications
25 for long-term care benefits when the Office obtains
26 credible evidence that an applicant has transferred assets

1 with the intent of defrauding the State. If proof of the
2 allegations does not exist, the application must be
3 released by the Office and must be assigned to the
4 appropriate caseworker for an expedited review.

5 (6) The Department of Human Services must implement a
6 process to notify an applicant, the applicant's legally
7 authorized representative, and the facility where the
8 applicant resides of the receipt of an initial or renewal
9 application and supporting documentation within 5 business
10 days of the date the application or supporting documents
11 are submitted. The notices should indicate any
12 documentation required, but not received, and provide
13 instructions for submission.

14 (7) The Department must make available one release form
15 that permits the applicant to grant permission to a third
16 party to pursue approval of Medicaid and Medicaid long-term
17 care benefits, track the status of applications, and pursue
18 a post-denial appeal on behalf of the applicant, which must
19 remain in force after the applicant's death.

20 (8) The Department must develop one eligibility system
21 for both Modified Adjusted Gross Income (MAGI) and non-MAGI
22 applicants by incorporating Affordable Care Act upgrades
23 with the goal of establishing real time approval of
24 applications for Medicaid services and Medicaid long-term
25 care benefits, as permissible.

26 (9) The Department must have operational a fully

1 electronic application process that encompasses initial
2 applications, admission packet, renewals, and appeals no
3 later than 12 months after the effective date of this
4 amendatory Act of the 100th General Assembly. The
5 Department must not require submission of any application
6 or supporting documentation in hard copy. No later than
7 August 1, 2014, the Auditor General shall report to the
8 General Assembly concerning the extent to which the
9 timeframes specified in this Section have been met and the
10 extent to which State staffing levels are adequate to meet
11 the requirements of this Section.

12 (e) The Department must improve communication between
13 long-term care benefits central office personnel, applicants,
14 or the applicants' representatives, and facilities in which the
15 applicants reside. The Department must establish, by rule, such
16 policies and procedures that are necessary to meet the
17 requirements of this Section, which must include, but need not
18 be limited to, the following:

19 (1) The establishment of a centralized,
20 caseworker-based processing system with contact numbers
21 for caseworkers and supervisors that are made readily
22 available to all affected providers and are prominently
23 displayed on all communications with applicants,
24 beneficiaries, and providers.

25 (2) Allowing facilities access to the State's
26 integrated eligibility system for tracking the status of

1 applications for applicants who have signed appropriate
2 releases, and the development and distribution of
3 applicable instructional materials and release forms. ~~The~~
4 ~~Department of Healthcare and Family Services, the~~
5 ~~Department of Human Services, and the Department on Aging~~
6 ~~shall take the following steps to achieve federally~~
7 ~~established timeframes for eligibility determinations for~~
8 ~~Medicaid and long term care benefits and shall work toward~~
9 ~~the federal goal of real time determinations:~~

10 ~~(1) The Departments shall review, in collaboration~~
11 ~~with representatives of affected providers, all forms and~~
12 ~~procedures currently in use, federal guidelines either~~
13 ~~suggested or mandated, and staff deployment by September~~
14 ~~30, 2014 to identify additional measures that can improve~~
15 ~~long term care eligibility processing and make adjustments~~
16 ~~where possible.~~

17 ~~(2) No later than June 30, 2014, the Department of~~
18 ~~Healthcare and Family Services shall issue vouchers for~~
19 ~~advance payments not to exceed \$50,000,000 to nursing~~
20 ~~facilities with significant outstanding Medicaid liability~~
21 ~~associated with services provided to residents with~~
22 ~~Medicaid applications pending and residents facing the~~
23 ~~greatest delays. Each facility with an advance payment~~
24 ~~shall state in writing whether its own recoupment schedule~~
25 ~~will be in 3 or 6 equal monthly installments, as long as~~
26 ~~all advances are recouped by June 30, 2015.~~

1 ~~(3) The Department of Healthcare and Family Services'~~
2 ~~Office of Inspector General and the Department of Human~~
3 ~~Services shall immediately forgo resource review and~~
4 ~~review of transfers during the relevant look-back period~~
5 ~~for applications that were submitted prior to September 1,~~
6 ~~2013. An applicant who applied prior to September 1, 2013,~~
7 ~~who was denied for failure to cooperate in providing~~
8 ~~required information, and whose application was~~
9 ~~incorrectly reviewed under the wrong look-back period~~
10 ~~rules may request review and correction of the denial based~~
11 ~~on this subsection. If found eligible upon review, such~~
12 ~~applicants shall be retroactively enrolled.~~

13 ~~(4) As soon as practicable, the Department of~~
14 ~~Healthcare and Family Services shall implement policies~~
15 ~~and promulgate rules to simplify financial eligibility~~
16 ~~verification in the following instances: (A) for~~
17 ~~applicants or recipients who are receiving Supplemental~~
18 ~~Security Income payments or who had been receiving such~~
19 ~~payments at the time they were admitted to a nursing~~
20 ~~facility and (B) for applicants or recipients with verified~~
21 ~~income at or below 100% of the federal poverty level when~~
22 ~~the declared value of their countable resources is no~~
23 ~~greater than the allowable amounts pursuant to Section 5-2~~
24 ~~of this Code for classes of eligible persons for whom a~~
25 ~~resource limit applies. Such simplified verification~~
26 ~~policies shall apply to community cases as well as~~

1 ~~long term care cases.~~

2 ~~(5) As soon as practicable, but not later than July 1,~~
3 ~~2014, the Department of Healthcare and Family Services and~~
4 ~~the Department of Human Services shall jointly begin a~~
5 ~~special enrollment project by using simplified eligibility~~
6 ~~verification policies and by redeploying caseworkers~~
7 ~~trained to handle long term care cases to prioritize those~~
8 ~~cases, until the backlog is eliminated and processing time~~
9 ~~is within 90 days. This project shall apply to applications~~
10 ~~for long term care received by the State on or before May~~
11 ~~15, 2014.~~

12 ~~(6) As soon as practicable, but not later than~~
13 ~~September 1, 2014, the Department on Aging shall make~~
14 ~~available to long term care facilities and community~~
15 ~~providers upon request, through an electronic method, the~~
16 ~~information contained within the Interagency Certification~~
17 ~~of Screening Results completed by the pre screener, in a~~
18 ~~form and manner acceptable to the Department of Human~~
19 ~~Services.~~

20 (f) The Department must establish, by rule, policies and
21 procedures to improve accountability and provide for the
22 expedited payment of services rendered, which must include, but
23 need not be limited to, the following:

24 (1) The Department must apply the most current resident
25 income data entered into the Department's Medical
26 Electronic Data Interchange (MEDI) system to the payment of

1 a claim even if a caseworker has not completed a review.

2 (2) The Department and the Department of Human Services
3 must notify the applicant, or the applicant's legal
4 representative, and the facility submitting the initial,
5 renewal, or appeal application of all missing supporting
6 documentation or information and the date of the request
7 when an application, renewal, or appeal is denied for
8 failure to submit such documentation and information.

9 (g) No later than January 1, 2019, the Department of
10 Healthcare and Family Services must investigate the
11 public-private partnerships in use in Ohio, Michigan, and
12 Minnesota aimed at redeploying caseworkers to targeted
13 high-Medicaid facilities for the purpose of expediting initial
14 Medicaid and Medicaid long-term care benefits applications,
15 renewals, asset discovery, and all other things related to
16 enrollment, reimbursement, and application processing. No
17 later than March 1, 2019, the Department of Healthcare and
18 Family Services must post on the long-term care pages of the
19 Department's website the agencies' joint recommendations and
20 must assist provider groups in educating their members on such
21 partnerships.

22 (h) The Director of Healthcare and Family Services, in
23 coordination with the Secretary of Human Services and the
24 Director of Aging, must host a provider association meeting
25 every 6 weeks, beginning no later than 30 days after the
26 effective date of this amendatory Act of the 100th General

1 Assembly, until all applications that are 45 days or older have
2 been adjudicated and the application process has been reduced
3 to 45 or fewer days, at which time the meetings shall be held
4 quarterly, for those associations representing facilities
5 licensed under the Nursing Home Care Act and certified as a
6 supportive living program. Each agency must be represented by
7 senior staff with hands-on knowledge of the processing of
8 applications for Medicaid and Medicaid long-term care
9 benefits, renewals, and such ancillary issues as income and
10 address adjustments, release forms, and screening reports.
11 Agenda items must be solicited from the associations.

12 (i) The Department must not delay the implementation of the
13 presumptive eligibility, as ordered by Koss v. Norwood, Case
14 No. 17 C 2762 (N.D. Ill. Mar. 29, 2018), in anticipation of
15 this amendatory Act of the 100th General Assembly.

16 (j) As mandated by federal regulations under 42 CFR
17 435.912, the Department and the Department of Human Services
18 must not deny applications for Medicaid or Medicaid long-term
19 care benefits to comply with the federal timeliness standards
20 or avoid authorizing provisional eligibility under this
21 Section. To ensure compliance, the percentage of denials in a
22 given month must not increase by more than 1% of the denial
23 rate that occurred in the same month of the preceding year.

24 (k) The Department of Human Services must prioritize
25 processing applications on a last-in, first-out basis. The
26 Department is expressly prohibited from prioritizing the

1 processing of applications from applicants who have been issued
2 provisional eligibility status over other applicants.

3 (l) Unless otherwise specified, all provisions of this
4 amendatory Act of the 100th General Assembly must be fully
5 operational by January 1, 2019.

6 (m) Nothing in this Section shall defeat the provisions
7 contained in the State Prompt Payment Act or the timely pay
8 provisions contained in Section 368a of the Illinois Insurance
9 Code.

10 (n) The Department must offer regionally based training
11 covering all aspects of this Section and must include long-term
12 care provider associations in the design and presentation of
13 the training. The training shall be recorded and posted on the
14 Department's website to allow new employees to be trained and
15 older employers to complete refresher courses.

16 (o) The Department and the Department of Human Services
17 must not require an applicant for Medicaid or Medicaid
18 long-term care benefits to submit a new application solely
19 because there is a change in the applicant's legal
20 representative.

21 (p) The Department and the Department of Human Services
22 must implement the requirements under this Section even if the
23 required rules are not yet adopted by the dates specified in
24 this Section. If the Department is required to adopt rules
25 under this Section or if the Department determines that rules
26 are necessary to achieve full implementation, the Department

1 must adopt policies and procedures to allow for full
2 implementation by the date specified in this Section and must
3 publish all policies and procedures on the Department's
4 website. The Department must submit proposed permanent rules
5 for public comment no later than January 1, 2019.

6 (g) ~~(7)~~ Effective 30 days after the completion of 3
7 regionally based trainings, nursing facilities shall submit
8 all applications for medical assistance online via the
9 Application for Benefits Eligibility (ABE) website. This
10 requirement shall extend to scanning and uploading with the
11 online application any required additional forms such as the
12 Long Term Care Facility Notification and the Additional
13 Financial Information for Long Term Care Applicants as well as
14 scanned copies of any supporting documentation. Long-term care
15 facility admission documents must be submitted as required in
16 Section 5-5 of this Code. No local Department of Human Services
17 office shall refuse to accept an electronically filed
18 application.

19 (r) ~~(8)~~ Notwithstanding any other provision of this Code,
20 the Department of Human Services and the Department of
21 Healthcare and Family Services' Office of the Inspector General
22 shall, upon request, allow an applicant additional time to
23 submit information and documents needed as part of a review of
24 available resources or resources transferred during the
25 look-back period. The initial extension shall not exceed 30
26 days. A second extension of 30 days may be granted upon

1 request. Any request for information issued by the State to an
2 applicant shall include the following: an explanation of the
3 information required and the date by which the information must
4 be submitted; a statement that failure to respond in a timely
5 manner can result in denial of the application; a statement
6 that the applicant or the facility in the name of the applicant
7 may seek an extension; and the name and contact information of
8 a caseworker in case of questions. Any such request for
9 information shall also be sent to the facility. In deciding
10 whether to grant an extension, the Department of Human Services
11 or the Department of Healthcare and Family Services' Office of
12 the Inspector General shall take into account what is in the
13 best interest of the applicant. The time limits for processing
14 an application shall be tolled during the period of any
15 extension granted under this subsection.

16 (s) ~~(9)~~ The Department of Human Services and the Department
17 of Healthcare and Family Services must jointly compile data on
18 pending applications, denials, appeals, and renewals
19 ~~redeterminations~~ into a monthly report, which shall be posted
20 on each Department's website for the purposes of monitoring
21 long-term care eligibility processing. The report must specify
22 the number of applications and renewals ~~redeterminations~~
23 pending long-term care eligibility determination and admission
24 and the number of appeals of denials in the following
25 categories:

26 (1) ~~(A)~~ Length of time applications, renewals

1 ~~redeterminations~~, and appeals are pending - 0 to 45 days,
2 46 days to 90 days, 91 days to 180 days, 181 days to 12
3 months, over 12 months to 18 months, over 18 months to 24
4 months, and over 24 months.

5 (2) ~~(B)~~ Percentage of applications and renewals
6 ~~redeterminations~~ pending in the Department of Human
7 Services' Family Community Resource Centers, in the
8 Department of Human Services' long-term care hubs, with the
9 Department of Healthcare and Family Services' Office of
10 Inspector General, and those applications which are being
11 tolled due to requests for extension of time for additional
12 information.

13 (3) ~~(C)~~ Status of pending applications, denials,
14 appeals, and renewals ~~redeterminations~~.

15 (4) For applications, renewals, and appeals pending
16 more than 45 days, the reason for the delay as required by
17 federal regulations under 42 CFR 435.912.

18 (t) ~~(f)~~ Beginning on July 1, 2017, the Auditor General
19 shall report every 3 years to the General Assembly on the
20 performance and compliance of the Department of Healthcare and
21 Family Services, the Department of Human Services, and the
22 Department on Aging in meeting the requirements of this Section
23 and the federal requirements concerning eligibility
24 determinations for Medicaid long-term care services and
25 supports, and shall report any issues or deficiencies and make
26 recommendations. The Auditor General shall, at a minimum,

1 review, consider, and evaluate the following:

2 (1) compliance with federal regulations on furnishing
3 services as related to Medicaid long-term care services and
4 supports as provided under 42 CFR 435.930;

5 (2) compliance with federal regulations on the timely
6 determination of eligibility as provided under 42 CFR
7 435.912;

8 (3) the accuracy and completeness of the report
9 required under paragraph (9) of subsection (e);

10 (4) the efficacy and efficiency of the task-based
11 process used for making eligibility determinations in the
12 centralized offices of the Department of Human Services for
13 long-term care services, including the role of the State's
14 integrated eligibility system, as opposed to the
15 traditional caseworker-specific process from which these
16 central offices have converted; and

17 (5) any issues affecting eligibility determinations
18 related to the Department of Human Services' staff
19 completing Medicaid eligibility determinations instead of
20 the designated single-state Medicaid agency in Illinois,
21 the Department of Healthcare and Family Services.

22 The Auditor General's report shall include any and all
23 other areas or issues which are identified through an annual
24 review. Paragraphs (1) through (5) of this subsection shall not
25 be construed to limit the scope of the annual review and the
26 Auditor General's authority to thoroughly and completely

1 evaluate any and all processes, policies, and procedures
2 concerning compliance with federal and State law requirements
3 on eligibility determinations for Medicaid long-term care
4 services and supports.

5 (Source: P.A. 99-153, eff. 7-28-15; 100-380, eff. 8-25-17.)

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