



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB3383

by Rep. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

305 ILCS 5/11-5.4

Amends the Illinois Public Aid Code. In provisions requiring the Department of Healthcare and Family Services, the Department of Human Services, and the Department on Aging to take certain steps to achieve federally established timeframes for eligibility determinations for Medicaid and long-term care benefits, provides that notwithstanding any other provision of the Code or the Illinois Administrative Code to the contrary, for the purpose of determining Medicaid reimbursement, the Department of Healthcare and Family Services shall use the most recent income adjustments entered into the Medical Electronic Data Interchange (MEDI) System, the Recipient Eligibility Verification (REV) System, or the Electronic Data Interchange (EDI) System by a facility, which shall be presumed accurate until the Office of the Inspector General determines to the contrary. Provides that a facility shall, within 10 business days of acquiring knowledge of a change in income, enter such information into the MEDI, REV, or EDI system. Requires the facility to retain verification of the income change information it receives. Provides that in the event of an audit finding that the income adjustment entered was not accurate and that the facility benefited from the inaccuracy, a facility must be found to have entered inaccurate information with the intent to defraud in order to be subject to fines or penalties of any kind. Provides that in all instances, the facility shall be permitted the opportunity to challenge such a finding and provide documentation to the contrary.

LRB100 09905 KTG 20076 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning public aid.

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

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

6 (305 ILCS 5/11-5.4)

7 Sec. 11-5.4. Expedited long-term care eligibility
8 determination and enrollment.

9 (a) An expedited long-term care eligibility determination
10 and enrollment system shall be established to reduce long-term
11 care determinations to 90 days or fewer by July 1, 2014 and
12 streamline the long-term care enrollment process.
13 Establishment of the system shall be a joint venture of the
14 Department of Human Services and Healthcare and Family Services
15 and the Department on Aging. The Governor shall name a lead
16 agency no later than 30 days after the effective date of this
17 amendatory Act of the 98th General Assembly to assume
18 responsibility for the full implementation of the
19 establishment and maintenance of the system. Project outcomes
20 shall include an enhanced eligibility determination tracking
21 system accessible to providers and a centralized application
22 review and eligibility determination with all applicants
23 reviewed within 90 days of receipt by the State of a complete

1 application. If the Department of Healthcare and Family
2 Services' Office of the Inspector General determines that there
3 is a likelihood that a non-allowable transfer of assets has
4 occurred, and the facility in which the applicant resides is
5 notified, an extension of up to 90 days shall be permissible.
6 On or before December 31, 2015, a streamlined application and
7 enrollment process shall be put in place based on the following
8 principles:

9 (1) Minimize the burden on applicants by collecting
10 only the data necessary to determine eligibility for
11 medical services, long-term care services, and spousal
12 impoverishment offset.

13 (2) Integrate online data sources to simplify the
14 application process by reducing the amount of information
15 needed to be entered and to expedite eligibility
16 verification.

17 (3) Provide online prompts to alert the applicant that
18 information is missing or not complete.

19 (b) The Department shall, on or before July 1, 2014, assess
20 the feasibility of incorporating all information needed to
21 determine eligibility for long-term care services, including
22 asset transfer and spousal impoverishment financials, into the
23 State's integrated eligibility system identifying all
24 resources needed and reasonable timeframes for achieving the
25 specified integration.

26 (c) The lead agency shall file interim reports with the

1 Chairs and Minority Spokespersons of the House and Senate Human
2 Services Committees no later than September 1, 2013 and on
3 February 1, 2014. The Department of Healthcare and Family
4 Services shall include in the annual Medicaid report for State
5 Fiscal Year 2014 and every fiscal year thereafter information
6 concerning implementation of the provisions of this Section.

7 (d) No later than August 1, 2014, the Auditor General shall
8 report to the General Assembly concerning the extent to which
9 the timeframes specified in this Section have been met and the
10 extent to which State staffing levels are adequate to meet the
11 requirements of this Section.

12 (e) The Department of Healthcare and Family Services, the
13 Department of Human Services, and the Department on Aging shall
14 take the following steps to achieve federally established
15 timeframes for eligibility determinations for Medicaid and
16 long-term care benefits and shall work toward the federal goal
17 of real time determinations:

18 (1) The Departments shall review, in collaboration
19 with representatives of affected providers, all forms and
20 procedures currently in use, federal guidelines either
21 suggested or mandated, and staff deployment by September
22 30, 2014 to identify additional measures that can improve
23 long-term care eligibility processing and make adjustments
24 where possible.

25 (2) No later than June 30, 2014, the Department of
26 Healthcare and Family Services shall issue vouchers for

1 advance payments not to exceed \$50,000,000 to nursing
2 facilities with significant outstanding Medicaid liability
3 associated with services provided to residents with
4 Medicaid applications pending and residents facing the
5 greatest delays. Each facility with an advance payment
6 shall state in writing whether its own recoupment schedule
7 will be in 3 or 6 equal monthly installments, as long as
8 all advances are recouped by June 30, 2015.

9 (3) The Department of Healthcare and Family Services'
10 Office of Inspector General and the Department of Human
11 Services shall immediately forgo resource review and
12 review of transfers during the relevant look-back period
13 for applications that were submitted prior to September 1,
14 2013. An applicant who applied prior to September 1, 2013,
15 who was denied for failure to cooperate in providing
16 required information, and whose application was
17 incorrectly reviewed under the wrong look-back period
18 rules may request review and correction of the denial based
19 on this subsection. If found eligible upon review, such
20 applicants shall be retroactively enrolled.

21 (4) As soon as practicable, the Department of
22 Healthcare and Family Services shall implement policies
23 and promulgate rules to simplify financial eligibility
24 verification in the following instances: (A) for
25 applicants or recipients who are receiving Supplemental
26 Security Income payments or who had been receiving such

1 payments at the time they were admitted to a nursing
2 facility and (B) for applicants or recipients with verified
3 income at or below 100% of the federal poverty level when
4 the declared value of their countable resources is no
5 greater than the allowable amounts pursuant to Section 5-2
6 of this Code for classes of eligible persons for whom a
7 resource limit applies. Such simplified verification
8 policies shall apply to community cases as well as
9 long-term care cases.

10 (5) As soon as practicable, but not later than July 1,
11 2014, the Department of Healthcare and Family Services and
12 the Department of Human Services shall jointly begin a
13 special enrollment project by using simplified eligibility
14 verification policies and by redeploying caseworkers
15 trained to handle long-term care cases to prioritize those
16 cases, until the backlog is eliminated and processing time
17 is within 90 days. This project shall apply to applications
18 for long-term care received by the State on or before May
19 15, 2014.

20 (6) As soon as practicable, but not later than
21 September 1, 2014, the Department on Aging shall make
22 available to long-term care facilities and community
23 providers upon request, through an electronic method, the
24 information contained within the Interagency Certification
25 of Screening Results completed by the pre-screener, in a
26 form and manner acceptable to the Department of Human

1 Services.

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

15 (8) Notwithstanding any other provision of this Code,
16 the Department of Human Services and the Department of
17 Healthcare and Family Services' Office of the Inspector
18 General shall, upon request, allow an applicant additional
19 time to submit information and documents needed as part of
20 a review of available resources or resources transferred
21 during the look-back period. The initial extension shall
22 not exceed 30 days. A second extension of 30 days may be
23 granted upon request. Any request for information issued by
24 the State to an applicant shall include the following: an
25 explanation of the information required and the date by
26 which the information must be submitted; a statement that

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

14 (8.5) Notwithstanding any other provision of this Code
15 or the Illinois Administrative Code to the contrary, for
16 the purpose of determining Medicaid reimbursement, the
17 Department of Healthcare and Family Services shall use the
18 most recent income adjustments entered into the Medical
19 Electronic Data Interchange (MEDI) System, the Recipient
20 Eligibility Verification (REV) System, or the Electronic
21 Data Interchange (EDI) System by a facility, which shall be
22 presumed accurate until the Office of the Inspector General
23 determines to the contrary. A facility shall, within 10
24 business days of acquiring knowledge of a change in income,
25 enter such information into the MEDI, REV, or EDI system.
26 The facility shall retain verification of the income change

1 information it receives. In the event of an audit finding
2 that the income adjustment entered was not accurate and
3 that the facility benefited from the inaccuracy, a facility
4 must be found to have entered inaccurate information with
5 the intent to defraud in order to be subject to fines or
6 penalties of any kind. In all instances, the facility shall
7 be permitted the opportunity to challenge such a finding
8 and provide documentation to the contrary.

9 (9) The Department of Human Services and the Department
10 of Healthcare and Family Services must jointly compile data
11 on pending applications, denials, appeals, and
12 redeterminations into a monthly report, which shall be
13 posted on each Department's website for the purposes of
14 monitoring long-term care eligibility processing. The
15 report must specify the number of applications and
16 redeterminations pending long-term care eligibility
17 determination and admission and the number of appeals of
18 denials in the following categories:

19 (A) Length of time applications, redeterminations,
20 and appeals are pending - 0 to 90 days, 91 days to 180
21 days, 181 days to 12 months, over 12 months to 18
22 months, over 18 months to 24 months, and over 24
23 months.

24 (B) Percentage of applications and
25 redeterminations pending in the Department of Human
26 Services' Family Community Resource Centers, in the

1 Department of Human Services' long-term care hubs,
2 with the Department of Healthcare and Family Services'
3 Office of Inspector General, and those applications
4 which are being tolled due to requests for extension of
5 time for additional information.

6 (C) Status of pending applications, denials,
7 appeals, and redeterminations.

8 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14;
9 99-153, eff. 7-28-15.)