

1 AN ACT concerning regulation.

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

4 Section 5. The Long Term Acute Care Hospital Quality
5 Improvement Transfer Program Act is amended by changing
6 Sections 10, 15, 20, and 50 as follows:

7 (210 ILCS 155/10)

8 Sec. 10. Definitions. As used in this Act:

9 (a) "CARE tool" means the Continuity and Record Evaluation
10 (CARE) tool. It is a patient assessment instrument that has
11 been developed to document the medical, cognitive, functional,
12 and discharge status of persons receiving health care services
13 in acute and post-acute care settings. The data collected is
14 able to document provider-level quality of care (patient
15 outcomes) and characterize the clinical complexity of
16 patients. For the purposes of this Act, the CARE tool must be
17 identical to the most current version required by the federal
18 Centers for Medicare and Medicaid Services.

19 (b) "Department" means the Illinois Department of
20 Healthcare and Family Services.

21 (c) "Discharge" means the release of a patient from
22 hospital care for any discharge disposition other than a leave
23 of absence, even if for Medicare payment purposes the discharge

1 fits the definition of an interrupted stay.

2 (d) "FTE" means "full-time equivalent" or a person or
3 persons employed in one full-time position.

4 (e) "Hospital" means an institution, place, building, or
5 agency located in this State that is licensed as a general
6 acute hospital by the Illinois Department of Public Health
7 under the Hospital Licensing Act, whether public or private and
8 whether organized for profit or not-for-profit.

9 (f) "ICU" means intensive care unit.

10 (g) "LTAC hospital" means an Illinois hospital that is
11 designated by Medicare as a long term acute care hospital as
12 described in Section 1886(d)(1)(B)(iv)(I) of the Social
13 Security Act and has an average length of Medicaid inpatient
14 stay greater than 25 days as reported on the hospital's 2008
15 Medicaid cost report on file as of February 15, 2010, or a
16 hospital that begins operations after January 1, 2009 and is
17 designated by Medicare as a long term acute care hospital.

18 (h) "LTAC hospital criteria" means nationally recognized
19 evidence-based evaluation criteria that have been publicly
20 tested and includes criteria specific to an LTAC hospital for
21 admission, continuing stay, and discharge. The criteria cannot
22 include criteria derived or developed by or for a specific
23 hospital or group of hospitals. Criteria and tools developed by
24 hospitals or hospital associations or hospital-owned
25 organizations are not acceptable and do not meet the
26 requirements of this subsection.

1 (i) "Patient" means an individual who is admitted to a
2 hospital for an inpatient stay.

3 (j) "Program" means the Long Term Acute Care Hospital
4 Quality Improvement Transfer Program established by this Act.

5 (k) "STAC hospital" means a hospital that is not an LTAC
6 hospital as defined in this Act or a psychiatric hospital or a
7 rehabilitation hospital.

8 (Source: P.A. 96-1130, eff. 7-20-10; 97-662, eff. 1-13-12;
9 97-667, eff. 1-13-12.)

10 (210 ILCS 155/15)

11 Sec. 15. Qualifying Hospitals.

12 (a) Beginning October 1, 2010, the Department shall
13 establish the Long Term Acute Care Hospital Quality Improvement
14 Transfer Program. Any hospital may participate in the program
15 if it meets the requirements of this Section as determined by
16 the Department.

17 (b) To participate in the program a hospital must do the
18 following:

19 (1) Operate as an LTAC hospital.

20 (2) Employ one-half of an FTE (designated for case
21 management) for every 15 patients admitted to the hospital.

22 (3) Maintain on-site physician coverage 24 hours a day,
23 7 days a week.

24 (4) Maintain on-site respiratory therapy coverage 24
25 hours a day, 7 days a week.

1 (c) A hospital must also execute a program participation
2 agreement with the Department. The agreement must include:

3 (1) An attestation that the hospital complies with the
4 criteria in subsection (b) of this Section.

5 (2) A process for the hospital to report its continuing
6 compliance with subsection (b) of this Section. The
7 hospital must submit a compliance report at least annually.

8 (3) A requirement that the hospital complete and
9 electronically submit to the Department ~~the CARE tool (the~~
10 ~~most currently available version or an equivalent tool~~
11 ~~designated and approved for use by the Department)~~ for each
12 patient no later than 13 ~~7~~ calendar days after discharge:—

13 (A) the CARE tool in the format required by the
14 federal Centers for Medicare and Medicaid Services;
15 and

16 (B) in an electronic format developed by the
17 Department, (i) whether the patient was successfully
18 weaned off invasive mechanical ventilation, (ii)
19 whether the patient, if the patient was a ventilator
20 patient, acquired pneumonia, and (iii) whether the
21 patient fell and required an ancillary or surgical
22 procedure (e.g., x-ray, MRI, sutures, or surgery).

23 (4) A requirement that the hospital use a patient
24 satisfaction survey specifically designed for LTAC
25 hospital settings. The hospital must submit survey results
26 data to the Department at least annually.

1 (5) A requirement that the hospital accept all
2 clinically approved patients for admission or transfer
3 from a STAC hospital with the exception of STAC hospitals
4 identified in paragraphs (1) and (2) under subsection (a)
5 of Section 25 of this Act. The patient must be evaluated
6 using LTAC hospital criteria approved by the Department for
7 use in this program and meet the appropriate criteria.

8 (6) A requirement that the hospital report quality and
9 outcome measurement data, as described in Section 20 of
10 this Act, to the Department at least annually.

11 (7) A requirement that the hospital provide the
12 Department full access to patient data and other data
13 maintained by the hospital. Access must be in compliance
14 with State and federal law.

15 (8) A requirement that the hospital use LTAC hospital
16 criteria to evaluate patients that are admitted to the
17 hospital to determine that the patient is in the most
18 appropriate setting.

19 (Source: P.A. 96-1130, eff. 7-20-10.)

20 (210 ILCS 155/20)

21 Sec. 20. Quality and outcome measurement data.

22 (a) For proper evaluation and monitoring of the program,
23 each LTAC hospital must provide quality and outcome measurement
24 data ("measures") identical to Medicare as specified in
25 Medicare's LTCH Quality Reporting Program Manual (version 2.0)

1 ~~and any subsequent revisions subsections (c) through (h) of~~
2 ~~this Section to the Department for patients treated under this~~
3 ~~program. The Department may develop measures in addition to the~~
4 ~~minimum measures required under this Section.~~

5 (b) Two sets of measures must be calculated. The first set
6 should only use data for medical assistance patients, and the
7 second set should include all patients of the LTAC hospital
8 regardless of payer.

9 (c) (Blank). ~~Average LTAC hospital length of stay for~~
10 ~~patients discharged during the reporting period.~~

11 (d) (Blank). ~~Adverse outcomes rates: Percent of patients~~
12 ~~who expired or whose condition worsens and requires treatment~~
13 ~~in a STAC hospital.~~

14 (e) (Blank). ~~Ventilator weaning rate: Percent of patients~~
15 ~~discharged during the reporting period who have been~~
16 ~~successfully weaned off invasive mechanical ventilation.~~

17 (f) (Blank). ~~Central Line Infection Rate per 1000 central~~
18 ~~line days: Number of patients discharged from an LTAC hospital~~
19 ~~during the reporting period that had a central line in place~~
20 ~~and developed a bloodstream infection 48 hours or more after~~
21 ~~admission to the LTAC hospital.~~

22 (g) (Blank). ~~Acquired pressure ulcers per 1000 patient~~
23 ~~days.~~

24 (h) (Blank). ~~Falls with injury per 1000 patient days:~~
25 ~~Number of falls among discharged LTAC hospital patients~~
26 ~~discharged during the reporting period, who fell during the~~

1 ~~LTAC hospital stay, regardless of distance fallen, that~~
2 ~~required an ancillary or surgical procedure (i.e. x-ray, MRI,~~
3 ~~sutures, surgery, etc.)~~

4 (Source: P.A. 96-1130, eff. 7-20-10.)

5 (210 ILCS 155/50)

6 Sec. 50. Duties of the Department.

7 (a) The Department is responsible for implementing,
8 monitoring, and evaluating the program. This includes but is
9 not limited to:

10 (1) Collecting data required under Section 15 and data
11 necessary to calculate the measures under Section 20 of
12 this Act. The Department must make every effort to collect
13 this data with the minimal amount of administrative burden
14 to participating LTAC hospitals.

15 (2) Setting annual benchmarks or targets for the
16 measures in Section 20 of this Act ~~or other measures beyond~~
17 ~~the minimum required under Section 20.~~ The Department must
18 consult participating LTAC hospitals when setting these
19 benchmarks and targets.

20 (3) Monitoring compliance with all requirements of
21 this Act.

22 (b) The Department shall include specific information on
23 the Program in its annual medical programs report.

24 (c) The Department must establish monitoring procedures
25 that ensure the LTAC supplemental payment is only paid for

1 patients who upon admission meet the LTAC hospital criteria.
2 The Department must notify qualified LTAC hospitals of the
3 procedures and establish an appeals process as part of those
4 procedures. The Department must recoup any LTAC supplemental
5 payments that are identified as being paid for patients who do
6 not meet the LTAC hospital criteria.

7 (d) The Department must implement the program by October 1,
8 2010.

9 (e) The Department must create and distribute to LTAC
10 hospitals the agreement required under subsection (c) of
11 Section 15 no later than September 1, 2010.

12 (f) The Department must notify Illinois hospitals which
13 LTAC hospital criteria are approved for use under the program.
14 The Department may limit LTAC hospital criteria to the most
15 strict criteria that meet the definitions of this Act.

16 (g) (Blank). ~~The Department must identify discharge tools~~
17 ~~that are considered equivalent to the CARE tool and approved~~
18 ~~for use under the program. The Department must notify LTAC~~
19 ~~hospitals which tools are approved for use under the program.~~

20 (h) The Department must notify Illinois LTAC hospitals of
21 the program and inform them how to apply for qualification and
22 what the qualification requirements are as described under
23 Section 15 of this Act.

24 (i) The Department must notify Illinois STAC hospitals
25 about the operation and implementation of the program
26 established by this Act. The Department must also notify LTAC

1 hospitals that accepting transfers from the STAC hospitals
2 identified in paragraphs (1) and (2) under subsection (a) of
3 Section 25 of this Act are not required under paragraph (5) of
4 subsection (c) of Section 15 of this Act. The Department must
5 notify LTAC hospitals that accepting transfers from the STAC
6 hospitals identified in paragraphs (1) and (2) under subsection
7 (a) of Section 25 of this Act shall negatively impact the
8 savings calculations under the Program evaluation required by
9 Section 40 of this Act and shall in turn require the Department
10 to initiate the penalty described in subsection (d) of Section
11 40 of this Act.

12 (j) The Department shall deem LTAC hospitals qualified
13 under Section 15 of this Act as qualifying for expedited
14 payments.

15 (k) The Department may use up to \$500,000 of funds
16 contained in the Public Aid Recoveries Trust Fund per State
17 fiscal year to operate the program under this Act. The
18 Department may expand existing contracts, issue new contracts,
19 issue personal service contracts, or purchase other services,
20 supplies, or equipment.

21 (l) The Department may promulgate rules as allowed by the
22 Illinois Administrative Procedure Act to implement this Act;
23 however, the requirements under this Act shall be implemented
24 by the Department even if the Department's proposed rules are
25 not yet adopted by the implementation date of October 1, 2010.

26 (Source: P.A. 96-1130, eff. 7-20-10.)

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