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1 SENATE JOINT RESOLUTION

2 WHEREAS, Approximately 141,587 new brain injuries are
3 sustained by children and adult Illinois residents each year;
4 and

5 WHEREAS, It is estimated that more than 4,000 residents
6 ages 19 or younger from central Illinois alone have
7 sports-related brain injuries; and

8 WHEREAS, Illinois is the sixth most populous state in the
9 United States with diverse demographics and ever-changing
10 health care needs; and

11 WHEREAS, Illinois has created a multifaceted system to
12 support individuals with brain injury, overseen primarily by
13 the Illinois Department of Healthcare and Family Services; and

14 WHEREAS, Brain injury services and efforts by other
15 states, including the planning and implementation process for
16 any new or modified programs, may serve as models for the large
17 and growing needs of services offered in this State; and

18 WHEREAS, Individuals and their families should have a
19 choice of options, including the choice to reasonably decline
20 services and place of service they do not believe to be

1 appropriate to meet specialized supports required for
2 individuals in need; therefore, be it

3 RESOLVED, BY THE SENATE OF THE ONE HUNDRED FOURTH GENERAL
4 ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF
5 REPRESENTATIVES CONCURRING HEREIN, that the Illinois
6 Department of Healthcare and Family Services is urged to
7 conduct a study on the State's current needs and system
8 capacity for providing a broad spectrum of care options
9 reflective of the needs of individuals with brain injury in
10 Illinois; and be it further

11 RESOLVED, That the study should focus on the following:

12 (1) Whether the services provided in the State
13 relating to the care and treatment of individuals with
14 brain injury are adequate, including a review of the
15 State's existing programs to identify potential pathways
16 and treatment options for individuals with brain injury, a
17 review of any service gaps and programmatic
18 recommendations identifying potential strategies to
19 address the identified gaps, a review of current contracts
20 and how they can be better utilized to improve care,
21 potential federal and state funding sources for services,
22 other known best practices and other state models, a
23 method to evaluate the efficacy of new programs, and a
24 comprehensive rate analysis of brain injury services;

1 (2) The impact of the State's current delivery system
2 available to individuals with brain injury;

3 (3) The fiscal impact to the State's Medicaid program
4 of current policies directing patients over the age of 21
5 to be sent out-of-state for care instead of remaining
6 in-state;

7 (4) Whether current Illinois Department of Healthcare
8 and Family Services policies for brain injury patients
9 over the age of 21 violate any consent decrees the State
10 has entered into requiring services for these patients to
11 be provided in the most integrated setting appropriate to
12 the needs of qualified individuals with disabilities;

13 (5) How current federal and State laws and regulations
14 impact and limit supports and services;

15 (6) An examination of the collaborations between the
16 Illinois Department of Healthcare and Family Services,
17 managed care organizations, and providers, including
18 reimbursement rates, direct support professionals, other
19 funding sources, and how these collaborations can be
20 strengthened to better serve individuals with brain
21 injury;

22 (7) Illinois' current treatment needs, including
23 network capacity to treat and care for individuals with
24 high acuity support needs, individuals with complex
25 medical needs in addition to brain injury, and individuals
26 who need specialized care and assistance with intensive

1 behavioral health support needs, including, when
2 appropriate, provider referral and admission and discharge
3 practices;

4 (8) All available living settings, including long-term
5 care settings, residential facilities, intermediate care
6 facilities, community homes, services within family homes,
7 state centers, lifesharing, independent living with
8 assistance, farmhouse settings, campus settings, and any
9 other innovative residential services available to
10 individuals living with brain injury;

11 (9) Barriers and obstacles in transportation for
12 individuals living in the home or receiving
13 community-based services for jobs, medical appointments,
14 telehealth services, and peer-to-peer groups;

15 (10) Workforce issues related to providing brain
16 injury services, including recruitment, retention and
17 turnover for direct support professionals, licensing
18 requirements, background check delays, support
19 coordinators, prospective international workers, and other
20 behavioral health or mental health specialists or health
21 care practitioners who assist with the provision of
22 services; and

23 (11) Providers who have ceased operations, closed all
24 or parts of brain injury programs, or halted new
25 admissions to these programs since the beginning of the
26 COVID-19 pandemic; and be it further

1 RESOLVED, That the Illinois Department of Healthcare and
2 Family Services is urged to solicit input from representatives
3 and advocates from all aspects of the sector and continuum of
4 care to assist the Illinois Department of Healthcare and
5 Family Services with its findings and recommendations in the
6 report; and be it further

7 RESOLVED, That the Illinois Department of Healthcare and
8 Family Services is urged to develop recommendations for
9 individual and family access, service system enhancements,
10 rate setting and reimbursement, provider contract revisions,
11 prevention, and education and awareness; and be it further

12 RESOLVED, That the Illinois Department of Healthcare and
13 Family Services is urged to issue a report with its findings
14 and recommendations no later than 12 months after the adoption
15 of this resolution and submit it to the Illinois General
16 Assembly and Governor's Office.