

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

24 (A) Length of time applications, redeterminations,  
25 and appeals are pending - 0 to 45 days, 46 days to 90  
26 days ~~0 to 90 days~~, 91 days to 180 days, 181 days to 12

1 months, over 12 months to 18 months, over 18 months to  
2 24 months, and over 24 months.

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

11 (C) Status of pending applications, denials,  
12 appeals, and redeterminations.

13 (f) Beginning on July 1, 2017, the Auditor General shall  
14 report every 3 years to the General Assembly on the performance  
15 and compliance of the Department of Healthcare and Family  
16 Services, the Department of Human Services, and the Department  
17 on Aging in meeting the requirements of this Section and the  
18 federal requirements concerning eligibility determinations for  
19 Medicaid long-term care services and supports, and shall report  
20 any issues or deficiencies and make recommendations. The  
21 Auditor General shall, at a minimum, review, consider, and  
22 evaluate the following:

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

26 (2) compliance with federal regulations on the timely



1 determination of eligibility as provided under 42 CFR  
2 435.912;

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

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

12 (5) any issues affecting eligibility determinations  
13 related to the Department of Human Services' staff  
14 completing Medicaid eligibility determinations instead of  
15 the designated single-state Medicaid agency in Illinois,  
16 the Department of Healthcare and Family Services.

17 The Auditor General's report shall include any and all  
18 other areas or issues which are identified through an annual  
19 review. Paragraphs (1) through (5) of this subsection shall not  
20 be construed to limit the scope of the annual review and the  
21 Auditor General's authority to thoroughly and completely  
22 evaluate any and all processes, policies, and procedures  
23 concerning compliance with federal and State law requirements  
24 on eligibility determinations for Medicaid long-term care  
25 services and supports.

26 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14;

1 99-153, eff. 7-28-15.)

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