SB2424 Enrolled

1 AN ACT concerning regulation.

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

Section 5. The Developmental Disability and Mental
Disability Services Act is amended by adding Article VII-A as
follows:

7 (405 ILCS 80/Art. VII-A heading new)

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8 VII-A. DIVERSION FROM FACILITY-BASED CARE PROGRAM
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9 (405 ILCS 80/7A-1 new)

10 <u>Sec. 7A-1. Diversion from Facility-based Care Pilot</u>
11 <u>Program.</u>

12	(a) The purposes of this Article are to:
13	(1) decrease the number of admissions to
14	State-operated facilities;
15	(2) address the needs of individuals receiving Home and
16	Community Based Services (HCBS) with intellectual
17	disabilities or developmental disabilities who are at risk
18	of facility-based care due to significant behavioral
19	challenges, some with a dual diagnosis of mental illness,
20	by providing a community-based residential alternative to
21	facility-based care consistent with their individual
22	plans, and to transition these individuals back to a

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1 traditional community-integrated living arrangement or 2 other HCBS community setting program; 3 (3) create greater capacity within the short-term stabilization homes by allowing individuals who need an 4 5 extended period of treatment to transfer to a long-term 6 stabilization home; 7 (4) stabilize the existing community-integrated living 8 arrangement homes where the presence of individuals with 9 complex behavioral challenges is disruptive to their 10 housemates; and 11 (5) add support services to enhance community service 12 providers who serve individuals with significant 13 behavioral challenges. 14 (b) Subject to appropriation or the availability of other 15 funds for these purposes at the discretion of the Department, 16 the Department shall establish the Diversion from Facility-based Care Pilot Program consisting of at least 6 17 homes in various locations in this State in accordance with 18 this Article and the following model: 19 20 (1) the Diversion from Facility-based Care Model shall 21 serve individuals with intellectual disabilities or 22 developmental disabilities who are currently receiving 23 HCBS services and are at risk of facility-based care due to 24 significant behavioral challenges, some with a dual 25 diagnosis of mental illness, for a period ranging from one

26 to 2 years, or longer if appropriate for the individual;

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1	(2) the Program shall be regulated in accordance with
2	the community-integrated living arrangement guidelines;
3	(3) each home shall support no more than 4 residents,
4	each having his or her own bedroom;
5	(4) if, at any point, an individual, his or her
6	guardian, or family caregivers, in conjunction with the
7	provider and clinical staff, believe the individual is
8	capable of participating in a HCBS service, those
9	opportunities shall be offered as they become available;
10	and
11	(5) providers shall have adequate resources,
12	experience, and qualifications to serve the population
13	target by the Program, as determined by the Department;
14	(6) participating Program providers and the Department
15	shall participate in an ongoing collaborative whereby best
16	practices and treatment experiences would be shared and
17	<u>utilized;</u>
18	(7) home locations shall be proposed by the provider in
19	collaboration with other community stakeholders;
20	(8) The Department, in collaboration with
21	participating providers, by rule shall develop data
22	collection and reporting requirements for participating
23	community service providers. Beginning December 31, 2020
24	the Department shall submit an annual report
25	electronically to the General Assembly and Governor that
26	outlines the progress and effectiveness of the pilot

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1	program. The report to the General Assembly shall be filed
2	with the Clerk of the House of Representatives and the
3	Secretary of the Senate in electronic form only, in the
4	manner that the Clerk and the Secretary shall direct;
5	(9) the staffing model shall allow for a high level of
6	community integration and engagement and family
7	involvement; and
8	(10) appropriate day services, staff training
8 9	(10) appropriate day services, staff training priorities, and home modifications shall be incorporated
9	priorities, and home modifications shall be incorporated
9 10	priorities, and home modifications shall be incorporated into the Program model, as allowed by HCBS authorization.
9 10	priorities, and home modifications shall be incorporated into the Program model, as allowed by HCBS authorization.