

1 AN ACT concerning health.

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

4 Section 1. Short title. This Act may be cited as the  
5 Interagency Children's Behavioral Health Services Act.

6 Section 5. Children's Behavioral Health Transformation  
7 Initiative. This Act establishes a Children's Behavioral  
8 Health Transformation Officer. The Officer shall lead the  
9 State's comprehensive, interagency effort to ensure that youth  
10 with significant and complex behavioral health needs receive  
11 appropriate community and residential services and that the  
12 State-supported system is transparent and easier for youth and  
13 their families to navigate. The Officer shall serve as a  
14 policymaker and spokesperson on children's behavioral health,  
15 including coordinating the interagency effort through  
16 legislation, rules, and budgets and communicating with the  
17 General Assembly and federal and local leaders on these  
18 critical issues.

19 An Interagency Children's Behavioral Health Services Team  
20 is established to find appropriate services, residential  
21 treatment, and support for children identified by each  
22 participating agency as requiring enhanced agency  
23 collaboration to identify and obtain treatment in a

1 residential setting. Responsibilities of each participating  
2 agency shall be outlined in an interagency agreement between  
3 all the relevant State agencies.

4 Section 10. Interagency agreement. In order to establish  
5 the Interagency Children's Behavioral Health Services Team,  
6 within 90 days after the effective date of this Act, the  
7 Department of Children of Family Services, the Department of  
8 Human Services, the Department of Healthcare and Family  
9 Services, the Illinois State Board of Education, the  
10 Department of Juvenile Justice, and the Department of Public  
11 Health shall enter into an interagency agreement for the  
12 purpose of establishing the roles and responsibilities of each  
13 participating agency.

14 The interagency agreement, among other things, shall  
15 address all of the following:

16 (1) Require each participating agency to assign staff  
17 to the Interagency Children's Behavioral Health Services  
18 Team who have operational knowledge of and decision-making  
19 authority over the agency's children's behavioral health  
20 programs and services.

21 (2) Set criteria to identify children whose cases will  
22 be presented to the Interagency Children's Behavioral  
23 Health Services Team for prioritized review. Criteria  
24 shall include, but not be limited to:

25 (A) the length of time the child has been

1 clinically approved for residential services through  
2 existing funding streams but has not been admitted to  
3 an appropriate program;

4 (B) the length of time the child has been in a  
5 hospital emergency department or medical unit seeking  
6 inpatient treatment for psychiatric or behavioral  
7 health emergency;

8 (C) the length of time the child has been in a  
9 psychiatric or general acute care hospital for  
10 inpatient psychiatric treatment beyond medical  
11 necessity;

12 (D) the risk of being taken into the custody of the  
13 Department of Children and Family Services in the  
14 absence of abuse or neglect as defined by the Abused  
15 and Neglected Child Reporting Act or the Juvenile  
16 Court Act of 1987 for the sole purpose of obtaining  
17 behavioral health services or residential treatment;

18 (E) other circumstances that require enhanced  
19 interagency collaboration to find appropriate services  
20 for the child.

21 (3) Require each agency, or its designee, to present  
22 each identified child's clinical case, to the extent  
23 permitted by State and federal law, to the Interagency  
24 Children's Behavioral Health Services Team during regular  
25 team meetings to outline the child's needs and to  
26 determine if any of the participating agencies have

1 residential or other supportive services that may be  
2 available for the child to ensure that the child receives  
3 appropriate treatment, including residential treatment if  
4 necessary, as soon as possible.

5 (4) Require the Community and Residential Services  
6 Authority to notify the Interagency Children's Behavioral  
7 Health Services Team of any child that has been referred  
8 for services who meet the criteria set forth in paragraph  
9 (2) and to present the clinical cases for the child to the  
10 interagency team to determine if any agency program can  
11 assist the child.

12 (5) Require the participating agencies to develop a  
13 quarterly analysis, to be submitted to the General  
14 Assembly, the Governor's Office, and the Community and  
15 Residential Services Authority including the following  
16 information, to the extent permitted by State and federal  
17 law:

18 (A) the number of children presented to the team;

19 (B) the children's clinical presentations that  
20 required enhanced agency collaboration;

21 (C) the types of services including residential  
22 treatment that were needed to appropriately support  
23 the aggregate needs of children presented;

24 (D) the timeframe it took to find placement or  
25 appropriate services; and

26 (E) any other data or information the Interagency

1 Children's Behavioral Health Services Team deems  
2 appropriate.

3 All information collected, shared, or stored pursuant to  
4 this Section shall be handled in accordance with all State and  
5 federal privacy laws and accompanying regulations and rules,  
6 including without limitation the federal Health Insurance  
7 Portability and Accountability Act of 1996 (Public Law  
8 104-191) and the Mental Health and Developmental Disabilities  
9 Confidentiality Act.

10 Nothing in this Section shall be construed or applied in a  
11 manner that would conflict with, diminish, or infringe upon,  
12 any State agency's obligation to comply fully with  
13 requirements imposed under a court order or State or federal  
14 consent decree applicable to that agency.

15 Section 15. The Children and Family Services Act is  
16 amended by changing Sections 5 and 17 as follows:

17 (20 ILCS 505/5) (from Ch. 23, par. 5005)

18 Sec. 5. Direct child welfare services; Department of  
19 Children and Family Services. To provide direct child welfare  
20 services when not available through other public or private  
21 child care or program facilities.

22 (a) For purposes of this Section:

23 (1) "Children" means persons found within the State  
24 who are under the age of 18 years. The term also includes

1 persons under age 21 who:

2 (A) were committed to the Department pursuant to  
3 the Juvenile Court Act or the Juvenile Court Act of  
4 1987 and who continue under the jurisdiction of the  
5 court; or

6 (B) were accepted for care, service and training  
7 by the Department prior to the age of 18 and whose best  
8 interest in the discretion of the Department would be  
9 served by continuing that care, service and training  
10 because of severe emotional disturbances, physical  
11 disability, social adjustment or any combination  
12 thereof, or because of the need to complete an  
13 educational or vocational training program.

14 (2) "Homeless youth" means persons found within the  
15 State who are under the age of 19, are not in a safe and  
16 stable living situation and cannot be reunited with their  
17 families.

18 (3) "Child welfare services" means public social  
19 services which are directed toward the accomplishment of  
20 the following purposes:

21 (A) protecting and promoting the health, safety  
22 and welfare of children, including homeless,  
23 dependent, or neglected children;

24 (B) remedying, or assisting in the solution of  
25 problems which may result in, the neglect, abuse,  
26 exploitation, or delinquency of children;

1 (C) preventing the unnecessary separation of  
2 children from their families by identifying family  
3 problems, assisting families in resolving their  
4 problems, and preventing the breakup of the family  
5 where the prevention of child removal is desirable and  
6 possible when the child can be cared for at home  
7 without endangering the child's health and safety;

8 (D) restoring to their families children who have  
9 been removed, by the provision of services to the  
10 child and the families when the child can be cared for  
11 at home without endangering the child's health and  
12 safety;

13 (E) placing children in suitable adoptive homes,  
14 in cases where restoration to the biological family is  
15 not safe, possible, or appropriate;

16 (F) assuring safe and adequate care of children  
17 away from their homes, in cases where the child cannot  
18 be returned home or cannot be placed for adoption. At  
19 the time of placement, the Department shall consider  
20 concurrent planning, as described in subsection (1-1)  
21 of this Section so that permanency may occur at the  
22 earliest opportunity. Consideration should be given so  
23 that if reunification fails or is delayed, the  
24 placement made is the best available placement to  
25 provide permanency for the child;

26 (G) (blank);

1 (H) (blank); and

2 (I) placing and maintaining children in facilities  
3 that provide separate living quarters for children  
4 under the age of 18 and for children 18 years of age  
5 and older, unless a child 18 years of age is in the  
6 last year of high school education or vocational  
7 training, in an approved individual or group treatment  
8 program, in a licensed shelter facility, or secure  
9 child care facility. The Department is not required to  
10 place or maintain children:

11 (i) who are in a foster home, or

12 (ii) who are persons with a developmental  
13 disability, as defined in the Mental Health and  
14 Developmental Disabilities Code, or

15 (iii) who are female children who are  
16 pregnant, pregnant and parenting, or parenting, or

17 (iv) who are siblings, in facilities that  
18 provide separate living quarters for children 18  
19 years of age and older and for children under 18  
20 years of age.

21 (b) (Blank).

22 (b-5) The Department shall adopt rules to establish a  
23 process for all licensed residential providers in Illinois to  
24 submit data as required by the Department, if they contract or  
25 receive reimbursement for children's mental health, substance  
26 use, and developmental disability services from the Department



1 of Human Services, the Department of Juvenile Justice, or the  
2 Department of Healthcare and Family Services. The requested  
3 data must include, but is not limited to, capacity, staffing,  
4 and occupancy data for the purpose of establishing State need  
5 and placement availability.

6 All information collected, shared, or stored pursuant to  
7 this subsection shall be handled in accordance with all State  
8 and federal privacy laws and accompanying regulations and  
9 rules, including without limitation the federal Health  
10 Insurance Portability and Accountability Act of 1996 (Public  
11 Law 104-191) and the Mental Health and Developmental  
12 Disabilities Confidentiality Act.

13 (c) The Department shall establish and maintain  
14 tax-supported child welfare services and extend and seek to  
15 improve voluntary services throughout the State, to the end  
16 that services and care shall be available on an equal basis  
17 throughout the State to children requiring such services.

18 (d) The Director may authorize advance disbursements for  
19 any new program initiative to any agency contracting with the  
20 Department. As a prerequisite for an advance disbursement, the  
21 contractor must post a surety bond in the amount of the advance  
22 disbursement and have a purchase of service contract approved  
23 by the Department. The Department may pay up to 2 months  
24 operational expenses in advance. The amount of the advance  
25 disbursement shall be prorated over the life of the contract  
26 or the remaining months of the fiscal year, whichever is less,

1 and the installment amount shall then be deducted from future  
2 bills. Advance disbursement authorizations for new initiatives  
3 shall not be made to any agency after that agency has operated  
4 during 2 consecutive fiscal years. The requirements of this  
5 Section concerning advance disbursements shall not apply with  
6 respect to the following: payments to local public agencies  
7 for child day care services as authorized by Section 5a of this  
8 Act; and youth service programs receiving grant funds under  
9 Section 17a-4.

10 (e) (Blank).

11 (f) (Blank).

12 (g) The Department shall establish rules and regulations  
13 concerning its operation of programs designed to meet the  
14 goals of child safety and protection, family preservation,  
15 family reunification, and adoption, including, but not limited  
16 to:

17 (1) adoption;

18 (2) foster care;

19 (3) family counseling;

20 (4) protective services;

21 (5) (blank);

22 (6) homemaker service;

23 (7) return of runaway children;

24 (8) (blank);

25 (9) placement under Section 5-7 of the Juvenile Court  
26 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile

1 Court Act of 1987 in accordance with the federal Adoption  
2 Assistance and Child Welfare Act of 1980; and  
3 (10) interstate services.

4 Rules and regulations established by the Department shall  
5 include provisions for training Department staff and the staff  
6 of Department grantees, through contracts with other agencies  
7 or resources, in screening techniques to identify substance  
8 use disorders, as defined in the Substance Use Disorder Act,  
9 approved by the Department of Human Services, as a successor  
10 to the Department of Alcoholism and Substance Abuse, for the  
11 purpose of identifying children and adults who should be  
12 referred for an assessment at an organization appropriately  
13 licensed by the Department of Human Services for substance use  
14 disorder treatment.

15 (h) If the Department finds that there is no appropriate  
16 program or facility within or available to the Department for  
17 a youth in care and that no licensed private facility has an  
18 adequate and appropriate program or none agrees to accept the  
19 youth in care, the Department shall create an appropriate  
20 individualized, program-oriented plan for such youth in care.  
21 The plan may be developed within the Department or through  
22 purchase of services by the Department to the extent that it is  
23 within its statutory authority to do.

24 (i) Service programs shall be available throughout the  
25 State and shall include but not be limited to the following  
26 services:

- 1 (1) case management;
- 2 (2) homemakers;
- 3 (3) counseling;
- 4 (4) parent education;
- 5 (5) day care; and
- 6 (6) emergency assistance and advocacy.

7 In addition, the following services may be made available  
8 to assess and meet the needs of children and families:

- 9 (1) comprehensive family-based services;
- 10 (2) assessments;
- 11 (3) respite care; and
- 12 (4) in-home health services.

13 The Department shall provide transportation for any of the  
14 services it makes available to children or families or for  
15 which it refers children or families.

16 (j) The Department may provide categories of financial  
17 assistance and education assistance grants, and shall  
18 establish rules and regulations concerning the assistance and  
19 grants, to persons who adopt children with physical or mental  
20 disabilities, children who are older, or other hard-to-place  
21 children who (i) immediately prior to their adoption were  
22 youth in care or (ii) were determined eligible for financial  
23 assistance with respect to a prior adoption and who become  
24 available for adoption because the prior adoption has been  
25 dissolved and the parental rights of the adoptive parents have  
26 been terminated or because the child's adoptive parents have

1 died. The Department may continue to provide financial  
2 assistance and education assistance grants for a child who was  
3 determined eligible for financial assistance under this  
4 subsection (j) in the interim period beginning when the  
5 child's adoptive parents died and ending with the finalization  
6 of the new adoption of the child by another adoptive parent or  
7 parents. The Department may also provide categories of  
8 financial assistance and education assistance grants, and  
9 shall establish rules and regulations for the assistance and  
10 grants, to persons appointed guardian of the person under  
11 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,  
12 4-25, or 5-740 of the Juvenile Court Act of 1987 for children  
13 who were youth in care for 12 months immediately prior to the  
14 appointment of the guardian.

15 The amount of assistance may vary, depending upon the  
16 needs of the child and the adoptive parents, as set forth in  
17 the annual assistance agreement. Special purpose grants are  
18 allowed where the child requires special service but such  
19 costs may not exceed the amounts which similar services would  
20 cost the Department if it were to provide or secure them as  
21 guardian of the child.

22 Any financial assistance provided under this subsection is  
23 inalienable by assignment, sale, execution, attachment,  
24 garnishment, or any other remedy for recovery or collection of  
25 a judgment or debt.

26 (j-5) The Department shall not deny or delay the placement

1 of a child for adoption if an approved family is available  
2 either outside of the Department region handling the case, or  
3 outside of the State of Illinois.

4 (k) The Department shall accept for care and training any  
5 child who has been adjudicated neglected or abused, or  
6 dependent committed to it pursuant to the Juvenile Court Act  
7 or the Juvenile Court Act of 1987.

8 (l) The Department shall offer family preservation  
9 services, as defined in Section 8.2 of the Abused and  
10 Neglected Child Reporting Act, to help families, including  
11 adoptive and extended families. Family preservation services  
12 shall be offered (i) to prevent the placement of children in  
13 substitute care when the children can be cared for at home or  
14 in the custody of the person responsible for the children's  
15 welfare, (ii) to reunite children with their families, or  
16 (iii) to maintain an adoptive placement. Family preservation  
17 services shall only be offered when doing so will not endanger  
18 the children's health or safety. With respect to children who  
19 are in substitute care pursuant to the Juvenile Court Act of  
20 1987, family preservation services shall not be offered if a  
21 goal other than those of subdivisions (A), (B), or (B-1) of  
22 subsection (2) of Section 2-28 of that Act has been set, except  
23 that reunification services may be offered as provided in  
24 paragraph (F) of subsection (2) of Section 2-28 of that Act.  
25 Nothing in this paragraph shall be construed to create a  
26 private right of action or claim on the part of any individual

1 or child welfare agency, except that when a child is the  
2 subject of an action under Article II of the Juvenile Court Act  
3 of 1987 and the child's service plan calls for services to  
4 facilitate achievement of the permanency goal, the court  
5 hearing the action under Article II of the Juvenile Court Act  
6 of 1987 may order the Department to provide the services set  
7 out in the plan, if those services are not provided with  
8 reasonable promptness and if those services are available.

9 The Department shall notify the child and his family of  
10 the Department's responsibility to offer and provide family  
11 preservation services as identified in the service plan. The  
12 child and his family shall be eligible for services as soon as  
13 the report is determined to be "indicated". The Department may  
14 offer services to any child or family with respect to whom a  
15 report of suspected child abuse or neglect has been filed,  
16 prior to concluding its investigation under Section 7.12 of  
17 the Abused and Neglected Child Reporting Act. However, the  
18 child's or family's willingness to accept services shall not  
19 be considered in the investigation. The Department may also  
20 provide services to any child or family who is the subject of  
21 any report of suspected child abuse or neglect or may refer  
22 such child or family to services available from other agencies  
23 in the community, even if the report is determined to be  
24 unfounded, if the conditions in the child's or family's home  
25 are reasonably likely to subject the child or family to future  
26 reports of suspected child abuse or neglect. Acceptance of

1 such services shall be voluntary. The Department may also  
2 provide services to any child or family after completion of a  
3 family assessment, as an alternative to an investigation, as  
4 provided under the "differential response program" provided  
5 for in subsection (a-5) of Section 7.4 of the Abused and  
6 Neglected Child Reporting Act.

7 The Department may, at its discretion except for those  
8 children also adjudicated neglected or dependent, accept for  
9 care and training any child who has been adjudicated addicted,  
10 as a truant minor in need of supervision or as a minor  
11 requiring authoritative intervention, under the Juvenile Court  
12 Act or the Juvenile Court Act of 1987, but no such child shall  
13 be committed to the Department by any court without the  
14 approval of the Department. On and after January 1, 2015 (the  
15 effective date of Public Act 98-803) and before January 1,  
16 2017, a minor charged with a criminal offense under the  
17 Criminal Code of 1961 or the Criminal Code of 2012 or  
18 adjudicated delinquent shall not be placed in the custody of  
19 or committed to the Department by any court, except (i) a minor  
20 less than 16 years of age committed to the Department under  
21 Section 5-710 of the Juvenile Court Act of 1987, (ii) a minor  
22 for whom an independent basis of abuse, neglect, or dependency  
23 exists, which must be defined by departmental rule, or (iii) a  
24 minor for whom the court has granted a supplemental petition  
25 to reinstate wardship pursuant to subsection (2) of Section  
26 2-33 of the Juvenile Court Act of 1987. On and after January 1,



1 2017, a minor charged with a criminal offense under the  
2 Criminal Code of 1961 or the Criminal Code of 2012 or  
3 adjudicated delinquent shall not be placed in the custody of  
4 or committed to the Department by any court, except (i) a minor  
5 less than 15 years of age committed to the Department under  
6 Section 5-710 of the Juvenile Court Act of 1987, ii) a minor  
7 for whom an independent basis of abuse, neglect, or dependency  
8 exists, which must be defined by departmental rule, or (iii) a  
9 minor for whom the court has granted a supplemental petition  
10 to reinstate wardship pursuant to subsection (2) of Section  
11 2-33 of the Juvenile Court Act of 1987. An independent basis  
12 exists when the allegations or adjudication of abuse, neglect,  
13 or dependency do not arise from the same facts, incident, or  
14 circumstances which give rise to a charge or adjudication of  
15 delinquency. The Department shall assign a caseworker to  
16 attend any hearing involving a youth in the care and custody of  
17 the Department who is placed on aftercare release, including  
18 hearings involving sanctions for violation of aftercare  
19 release conditions and aftercare release revocation hearings.

20 As soon as is possible after August 7, 2009 (the effective  
21 date of Public Act 96-134), the Department shall develop and  
22 implement a special program of family preservation services to  
23 support intact, foster, and adoptive families who are  
24 experiencing extreme hardships due to the difficulty and  
25 stress of caring for a child who has been diagnosed with a  
26 pervasive developmental disorder if the Department determines

1 that those services are necessary to ensure the health and  
2 safety of the child. The Department may offer services to any  
3 family whether or not a report has been filed under the Abused  
4 and Neglected Child Reporting Act. The Department may refer  
5 the child or family to services available from other agencies  
6 in the community if the conditions in the child's or family's  
7 home are reasonably likely to subject the child or family to  
8 future reports of suspected child abuse or neglect. Acceptance  
9 of these services shall be voluntary. The Department shall  
10 develop and implement a public information campaign to alert  
11 health and social service providers and the general public  
12 about these special family preservation services. The nature  
13 and scope of the services offered and the number of families  
14 served under the special program implemented under this  
15 paragraph shall be determined by the level of funding that the  
16 Department annually allocates for this purpose. The term  
17 "pervasive developmental disorder" under this paragraph means  
18 a neurological condition, including, but not limited to,  
19 Asperger's Syndrome and autism, as defined in the most recent  
20 edition of the Diagnostic and Statistical Manual of Mental  
21 Disorders of the American Psychiatric Association.

22 (1-1) The legislature recognizes that the best interests  
23 of the child require that the child be placed in the most  
24 permanent living arrangement as soon as is practically  
25 possible. To achieve this goal, the legislature directs the  
26 Department of Children and Family Services to conduct

1 concurrent planning so that permanency may occur at the  
2 earliest opportunity. Permanent living arrangements may  
3 include prevention of placement of a child outside the home of  
4 the family when the child can be cared for at home without  
5 endangering the child's health or safety; reunification with  
6 the family, when safe and appropriate, if temporary placement  
7 is necessary; or movement of the child toward the most  
8 permanent living arrangement and permanent legal status.

9 When determining reasonable efforts to be made with  
10 respect to a child, as described in this subsection, and in  
11 making such reasonable efforts, the child's health and safety  
12 shall be the paramount concern.

13 When a child is placed in foster care, the Department  
14 shall ensure and document that reasonable efforts were made to  
15 prevent or eliminate the need to remove the child from the  
16 child's home. The Department must make reasonable efforts to  
17 reunify the family when temporary placement of the child  
18 occurs unless otherwise required, pursuant to the Juvenile  
19 Court Act of 1987. At any time after the dispositional hearing  
20 where the Department believes that further reunification  
21 services would be ineffective, it may request a finding from  
22 the court that reasonable efforts are no longer appropriate.  
23 The Department is not required to provide further  
24 reunification services after such a finding.

25 A decision to place a child in substitute care shall be  
26 made with considerations of the child's health, safety, and

1 best interests. At the time of placement, consideration should  
2 also be given so that if reunification fails or is delayed, the  
3 placement made is the best available placement to provide  
4 permanency for the child.

5 The Department shall adopt rules addressing concurrent  
6 planning for reunification and permanency. The Department  
7 shall consider the following factors when determining  
8 appropriateness of concurrent planning:

9 (1) the likelihood of prompt reunification;

10 (2) the past history of the family;

11 (3) the barriers to reunification being addressed by  
12 the family;

13 (4) the level of cooperation of the family;

14 (5) the foster parents' willingness to work with the  
15 family to reunite;

16 (6) the willingness and ability of the foster family  
17 to provide an adoptive home or long-term placement;

18 (7) the age of the child;

19 (8) placement of siblings.

20 (m) The Department may assume temporary custody of any  
21 child if:

22 (1) it has received a written consent to such  
23 temporary custody signed by the parents of the child or by  
24 the parent having custody of the child if the parents are  
25 not living together or by the guardian or custodian of the  
26 child if the child is not in the custody of either parent,

1           or

2                   (2) the child is found in the State and neither a  
3           parent, guardian nor custodian of the child can be  
4           located.

5   If the child is found in his or her residence without a parent,  
6   guardian, custodian, or responsible caretaker, the Department  
7   may, instead of removing the child and assuming temporary  
8   custody, place an authorized representative of the Department  
9   in that residence until such time as a parent, guardian, or  
10  custodian enters the home and expresses a willingness and  
11  apparent ability to ensure the child's health and safety and  
12  resume permanent charge of the child, or until a relative  
13  enters the home and is willing and able to ensure the child's  
14  health and safety and assume charge of the child until a  
15  parent, guardian, or custodian enters the home and expresses  
16  such willingness and ability to ensure the child's safety and  
17  resume permanent charge. After a caretaker has remained in the  
18  home for a period not to exceed 12 hours, the Department must  
19  follow those procedures outlined in Section 2-9, 3-11, 4-8, or  
20  5-415 of the Juvenile Court Act of 1987.

21           The Department shall have the authority, responsibilities  
22  and duties that a legal custodian of the child would have  
23  pursuant to subsection (9) of Section 1-3 of the Juvenile  
24  Court Act of 1987. Whenever a child is taken into temporary  
25  custody pursuant to an investigation under the Abused and  
26  Neglected Child Reporting Act, or pursuant to a referral and

1 acceptance under the Juvenile Court Act of 1987 of a minor in  
2 limited custody, the Department, during the period of  
3 temporary custody and before the child is brought before a  
4 judicial officer as required by Section 2-9, 3-11, 4-8, or  
5 5-415 of the Juvenile Court Act of 1987, shall have the  
6 authority, responsibilities and duties that a legal custodian  
7 of the child would have under subsection (9) of Section 1-3 of  
8 the Juvenile Court Act of 1987.

9 The Department shall ensure that any child taken into  
10 custody is scheduled for an appointment for a medical  
11 examination.

12 A parent, guardian, or custodian of a child in the  
13 temporary custody of the Department who would have custody of  
14 the child if he were not in the temporary custody of the  
15 Department may deliver to the Department a signed request that  
16 the Department surrender the temporary custody of the child.  
17 The Department may retain temporary custody of the child for  
18 10 days after the receipt of the request, during which period  
19 the Department may cause to be filed a petition pursuant to the  
20 Juvenile Court Act of 1987. If a petition is so filed, the  
21 Department shall retain temporary custody of the child until  
22 the court orders otherwise. If a petition is not filed within  
23 the 10-day period, the child shall be surrendered to the  
24 custody of the requesting parent, guardian, or custodian not  
25 later than the expiration of the 10-day period, at which time  
26 the authority and duties of the Department with respect to the

1 temporary custody of the child shall terminate.

2 (m-1) The Department may place children under 18 years of  
3 age in a secure child care facility licensed by the Department  
4 that cares for children who are in need of secure living  
5 arrangements for their health, safety, and well-being after a  
6 determination is made by the facility director and the  
7 Director or the Director's designate prior to admission to the  
8 facility subject to Section 2-27.1 of the Juvenile Court Act  
9 of 1987. This subsection (m-1) does not apply to a child who is  
10 subject to placement in a correctional facility operated  
11 pursuant to Section 3-15-2 of the Unified Code of Corrections,  
12 unless the child is a youth in care who was placed in the care  
13 of the Department before being subject to placement in a  
14 correctional facility and a court of competent jurisdiction  
15 has ordered placement of the child in a secure care facility.

16 (n) The Department may place children under 18 years of  
17 age in licensed child care facilities when in the opinion of  
18 the Department, appropriate services aimed at family  
19 preservation have been unsuccessful and cannot ensure the  
20 child's health and safety or are unavailable and such  
21 placement would be for their best interest. Payment for board,  
22 clothing, care, training and supervision of any child placed  
23 in a licensed child care facility may be made by the  
24 Department, by the parents or guardians of the estates of  
25 those children, or by both the Department and the parents or  
26 guardians, except that no payments shall be made by the

1 Department for any child placed in a licensed child care  
2 facility for board, clothing, care, training and supervision  
3 of such a child that exceed the average per capita cost of  
4 maintaining and of caring for a child in institutions for  
5 dependent or neglected children operated by the Department.  
6 However, such restriction on payments does not apply in cases  
7 where children require specialized care and treatment for  
8 problems of severe emotional disturbance, physical disability,  
9 social adjustment, or any combination thereof and suitable  
10 facilities for the placement of such children are not  
11 available at payment rates within the limitations set forth in  
12 this Section. All reimbursements for services delivered shall  
13 be absolutely inalienable by assignment, sale, attachment, or  
14 garnishment or otherwise.

15 (n-1) The Department shall provide or authorize child  
16 welfare services, aimed at assisting minors to achieve  
17 sustainable self-sufficiency as independent adults, for any  
18 minor eligible for the reinstatement of wardship pursuant to  
19 subsection (2) of Section 2-33 of the Juvenile Court Act of  
20 1987, whether or not such reinstatement is sought or allowed,  
21 provided that the minor consents to such services and has not  
22 yet attained the age of 21. The Department shall have  
23 responsibility for the development and delivery of services  
24 under this Section. An eligible youth may access services  
25 under this Section through the Department of Children and  
26 Family Services or by referral from the Department of Human



1 Services. Youth participating in services under this Section  
2 shall cooperate with the assigned case manager in developing  
3 an agreement identifying the services to be provided and how  
4 the youth will increase skills to achieve self-sufficiency. A  
5 homeless shelter is not considered appropriate housing for any  
6 youth receiving child welfare services under this Section. The  
7 Department shall continue child welfare services under this  
8 Section to any eligible minor until the minor becomes 21 years  
9 of age, no longer consents to participate, or achieves  
10 self-sufficiency as identified in the minor's service plan.  
11 The Department of Children and Family Services shall create  
12 clear, readable notice of the rights of former foster youth to  
13 child welfare services under this Section and how such  
14 services may be obtained. The Department of Children and  
15 Family Services and the Department of Human Services shall  
16 disseminate this information statewide. The Department shall  
17 adopt regulations describing services intended to assist  
18 minors in achieving sustainable self-sufficiency as  
19 independent adults.

20 (o) The Department shall establish an administrative  
21 review and appeal process for children and families who  
22 request or receive child welfare services from the Department.  
23 Youth in care who are placed by private child welfare  
24 agencies, and foster families with whom those youth are  
25 placed, shall be afforded the same procedural and appeal  
26 rights as children and families in the case of placement by the

1 Department, including the right to an initial review of a  
2 private agency decision by that agency. The Department shall  
3 ensure that any private child welfare agency, which accepts  
4 youth in care for placement, affords those rights to children  
5 and foster families. The Department shall accept for  
6 administrative review and an appeal hearing a complaint made  
7 by (i) a child or foster family concerning a decision  
8 following an initial review by a private child welfare agency  
9 or (ii) a prospective adoptive parent who alleges a violation  
10 of subsection (j-5) of this Section. An appeal of a decision  
11 concerning a change in the placement of a child shall be  
12 conducted in an expedited manner. A court determination that a  
13 current foster home placement is necessary and appropriate  
14 under Section 2-28 of the Juvenile Court Act of 1987 does not  
15 constitute a judicial determination on the merits of an  
16 administrative appeal, filed by a former foster parent,  
17 involving a change of placement decision.

18 (p) (Blank).

19 (q) The Department may receive and use, in their entirety,  
20 for the benefit of children any gift, donation, or bequest of  
21 money or other property which is received on behalf of such  
22 children, or any financial benefits to which such children are  
23 or may become entitled while under the jurisdiction or care of  
24 the Department, except that the benefits described in Section  
25 5.46 must be used and conserved consistent with the provisions  
26 under Section 5.46.

1           The Department shall set up and administer no-cost,  
2 interest-bearing accounts in appropriate financial  
3 institutions for children for whom the Department is legally  
4 responsible and who have been determined eligible for  
5 Veterans' Benefits, Social Security benefits, assistance  
6 allotments from the armed forces, court ordered payments,  
7 parental voluntary payments, Supplemental Security Income,  
8 Railroad Retirement payments, Black Lung benefits, or other  
9 miscellaneous payments. Interest earned by each account shall  
10 be credited to the account, unless disbursed in accordance  
11 with this subsection.

12           In disbursing funds from children's accounts, the  
13 Department shall:

14           (1) Establish standards in accordance with State and  
15 federal laws for disbursing money from children's  
16 accounts. In all circumstances, the Department's  
17 "Guardianship Administrator" or his or her designee must  
18 approve disbursements from children's accounts. The  
19 Department shall be responsible for keeping complete  
20 records of all disbursements for each account for any  
21 purpose.

22           (2) Calculate on a monthly basis the amounts paid from  
23 State funds for the child's board and care, medical care  
24 not covered under Medicaid, and social services; and  
25 utilize funds from the child's account, as covered by  
26 regulation, to reimburse those costs. Monthly,

1 disbursements from all children's accounts, up to 1/12 of  
2 \$13,000,000, shall be deposited by the Department into the  
3 General Revenue Fund and the balance over 1/12 of  
4 \$13,000,000 into the DCFS Children's Services Fund.

5 (3) Maintain any balance remaining after reimbursing  
6 for the child's costs of care, as specified in item (2).  
7 The balance shall accumulate in accordance with relevant  
8 State and federal laws and shall be disbursed to the child  
9 or his or her guardian, or to the issuing agency.

10 (r) The Department shall promulgate regulations  
11 encouraging all adoption agencies to voluntarily forward to  
12 the Department or its agent names and addresses of all persons  
13 who have applied for and have been approved for adoption of a  
14 hard-to-place child or child with a disability and the names  
15 of such children who have not been placed for adoption. A list  
16 of such names and addresses shall be maintained by the  
17 Department or its agent, and coded lists which maintain the  
18 confidentiality of the person seeking to adopt the child and  
19 of the child shall be made available, without charge, to every  
20 adoption agency in the State to assist the agencies in placing  
21 such children for adoption. The Department may delegate to an  
22 agent its duty to maintain and make available such lists. The  
23 Department shall ensure that such agent maintains the  
24 confidentiality of the person seeking to adopt the child and  
25 of the child.

26 (s) The Department of Children and Family Services may

1 establish and implement a program to reimburse Department and  
2 private child welfare agency foster parents licensed by the  
3 Department of Children and Family Services for damages  
4 sustained by the foster parents as a result of the malicious or  
5 negligent acts of foster children, as well as providing third  
6 party coverage for such foster parents with regard to actions  
7 of foster children to other individuals. Such coverage will be  
8 secondary to the foster parent liability insurance policy, if  
9 applicable. The program shall be funded through appropriations  
10 from the General Revenue Fund, specifically designated for  
11 such purposes.

12 (t) The Department shall perform home studies and  
13 investigations and shall exercise supervision over visitation  
14 as ordered by a court pursuant to the Illinois Marriage and  
15 Dissolution of Marriage Act or the Adoption Act only if:

16 (1) an order entered by an Illinois court specifically  
17 directs the Department to perform such services; and

18 (2) the court has ordered one or both of the parties to  
19 the proceeding to reimburse the Department for its  
20 reasonable costs for providing such services in accordance  
21 with Department rules, or has determined that neither  
22 party is financially able to pay.

23 The Department shall provide written notification to the  
24 court of the specific arrangements for supervised visitation  
25 and projected monthly costs within 60 days of the court order.  
26 The Department shall send to the court information related to

1 the costs incurred except in cases where the court has  
2 determined the parties are financially unable to pay. The  
3 court may order additional periodic reports as appropriate.

4 (u) In addition to other information that must be  
5 provided, whenever the Department places a child with a  
6 prospective adoptive parent or parents, in a licensed foster  
7 home, group home, or child care institution, or in a relative  
8 home, the Department shall provide to the prospective adoptive  
9 parent or parents or other caretaker:

10 (1) available detailed information concerning the  
11 child's educational and health history, copies of  
12 immunization records (including insurance and medical card  
13 information), a history of the child's previous  
14 placements, if any, and reasons for placement changes  
15 excluding any information that identifies or reveals the  
16 location of any previous caretaker;

17 (2) a copy of the child's portion of the client  
18 service plan, including any visitation arrangement, and  
19 all amendments or revisions to it as related to the child;  
20 and

21 (3) information containing details of the child's  
22 individualized educational plan when the child is  
23 receiving special education services.

24 The caretaker shall be informed of any known social or  
25 behavioral information (including, but not limited to,  
26 criminal background, fire setting, perpetuation of sexual

1 abuse, destructive behavior, and substance abuse) necessary to  
2 care for and safeguard the children to be placed or currently  
3 in the home. The Department may prepare a written summary of  
4 the information required by this paragraph, which may be  
5 provided to the foster or prospective adoptive parent in  
6 advance of a placement. The foster or prospective adoptive  
7 parent may review the supporting documents in the child's file  
8 in the presence of casework staff. In the case of an emergency  
9 placement, casework staff shall at least provide known  
10 information verbally, if necessary, and must subsequently  
11 provide the information in writing as required by this  
12 subsection.

13 The information described in this subsection shall be  
14 provided in writing. In the case of emergency placements when  
15 time does not allow prior review, preparation, and collection  
16 of written information, the Department shall provide such  
17 information as it becomes available. Within 10 business days  
18 after placement, the Department shall obtain from the  
19 prospective adoptive parent or parents or other caretaker a  
20 signed verification of receipt of the information provided.  
21 Within 10 business days after placement, the Department shall  
22 provide to the child's guardian ad litem a copy of the  
23 information provided to the prospective adoptive parent or  
24 parents or other caretaker. The information provided to the  
25 prospective adoptive parent or parents or other caretaker  
26 shall be reviewed and approved regarding accuracy at the

1 supervisory level.

2 (u-5) Effective July 1, 1995, only foster care placements  
3 licensed as foster family homes pursuant to the Child Care Act  
4 of 1969 shall be eligible to receive foster care payments from  
5 the Department. Relative caregivers who, as of July 1, 1995,  
6 were approved pursuant to approved relative placement rules  
7 previously promulgated by the Department at 89 Ill. Adm. Code  
8 335 and had submitted an application for licensure as a foster  
9 family home may continue to receive foster care payments only  
10 until the Department determines that they may be licensed as a  
11 foster family home or that their application for licensure is  
12 denied or until September 30, 1995, whichever occurs first.

13 (v) The Department shall access criminal history record  
14 information as defined in the Illinois Uniform Conviction  
15 Information Act and information maintained in the adjudicatory  
16 and dispositional record system as defined in Section 2605-355  
17 of the Illinois State Police Law if the Department determines  
18 the information is necessary to perform its duties under the  
19 Abused and Neglected Child Reporting Act, the Child Care Act  
20 of 1969, and the Children and Family Services Act. The  
21 Department shall provide for interactive computerized  
22 communication and processing equipment that permits direct  
23 on-line communication with the Illinois State Police's central  
24 criminal history data repository. The Department shall comply  
25 with all certification requirements and provide certified  
26 operators who have been trained by personnel from the Illinois



1 State Police. In addition, one Office of the Inspector General  
2 investigator shall have training in the use of the criminal  
3 history information access system and have access to the  
4 terminal. The Department of Children and Family Services and  
5 its employees shall abide by rules and regulations established  
6 by the Illinois State Police relating to the access and  
7 dissemination of this information.

8 (v-1) Prior to final approval for placement of a child,  
9 the Department shall conduct a criminal records background  
10 check of the prospective foster or adoptive parent, including  
11 fingerprint-based checks of national crime information  
12 databases. Final approval for placement shall not be granted  
13 if the record check reveals a felony conviction for child  
14 abuse or neglect, for spousal abuse, for a crime against  
15 children, or for a crime involving violence, including rape,  
16 sexual assault, or homicide, but not including other physical  
17 assault or battery, or if there is a felony conviction for  
18 physical assault, battery, or a drug-related offense committed  
19 within the past 5 years.

20 (v-2) Prior to final approval for placement of a child,  
21 the Department shall check its child abuse and neglect  
22 registry for information concerning prospective foster and  
23 adoptive parents, and any adult living in the home. If any  
24 prospective foster or adoptive parent or other adult living in  
25 the home has resided in another state in the preceding 5 years,  
26 the Department shall request a check of that other state's

1 child abuse and neglect registry.

2 (w) Within 120 days of August 20, 1995 (the effective date  
3 of Public Act 89-392), the Department shall prepare and submit  
4 to the Governor and the General Assembly, a written plan for  
5 the development of in-state licensed secure child care  
6 facilities that care for children who are in need of secure  
7 living arrangements for their health, safety, and well-being.  
8 For purposes of this subsection, secure care facility shall  
9 mean a facility that is designed and operated to ensure that  
10 all entrances and exits from the facility, a building or a  
11 distinct part of the building, are under the exclusive control  
12 of the staff of the facility, whether or not the child has the  
13 freedom of movement within the perimeter of the facility,  
14 building, or distinct part of the building. The plan shall  
15 include descriptions of the types of facilities that are  
16 needed in Illinois; the cost of developing these secure care  
17 facilities; the estimated number of placements; the potential  
18 cost savings resulting from the movement of children currently  
19 out-of-state who are projected to be returned to Illinois; the  
20 necessary geographic distribution of these facilities in  
21 Illinois; and a proposed timetable for development of such  
22 facilities.

23 (x) The Department shall conduct annual credit history  
24 checks to determine the financial history of children placed  
25 under its guardianship pursuant to the Juvenile Court Act of  
26 1987. The Department shall conduct such credit checks starting

1 when a youth in care turns 12 years old and each year  
2 thereafter for the duration of the guardianship as terminated  
3 pursuant to the Juvenile Court Act of 1987. The Department  
4 shall determine if financial exploitation of the child's  
5 personal information has occurred. If financial exploitation  
6 appears to have taken place or is presently ongoing, the  
7 Department shall notify the proper law enforcement agency, the  
8 proper State's Attorney, or the Attorney General.

9 (y) Beginning on July 22, 2010 (the effective date of  
10 Public Act 96-1189), a child with a disability who receives  
11 residential and educational services from the Department shall  
12 be eligible to receive transition services in accordance with  
13 Article 14 of the School Code from the age of 14.5 through age  
14 21, inclusive, notwithstanding the child's residential  
15 services arrangement. For purposes of this subsection, "child  
16 with a disability" means a child with a disability as defined  
17 by the federal Individuals with Disabilities Education  
18 Improvement Act of 2004.

19 (z) The Department shall access criminal history record  
20 information as defined as "background information" in this  
21 subsection and criminal history record information as defined  
22 in the Illinois Uniform Conviction Information Act for each  
23 Department employee or Department applicant. Each Department  
24 employee or Department applicant shall submit his or her  
25 fingerprints to the Illinois State Police in the form and  
26 manner prescribed by the Illinois State Police. These

1 fingerprints shall be checked against the fingerprint records  
2 now and hereafter filed in the Illinois State Police and the  
3 Federal Bureau of Investigation criminal history records  
4 databases. The Illinois State Police shall charge a fee for  
5 conducting the criminal history record check, which shall be  
6 deposited into the State Police Services Fund and shall not  
7 exceed the actual cost of the record check. The Illinois State  
8 Police shall furnish, pursuant to positive identification, all  
9 Illinois conviction information to the Department of Children  
10 and Family Services.

11 For purposes of this subsection:

12 "Background information" means all of the following:

13 (i) Upon the request of the Department of Children and  
14 Family Services, conviction information obtained from the  
15 Illinois State Police as a result of a fingerprint-based  
16 criminal history records check of the Illinois criminal  
17 history records database and the Federal Bureau of  
18 Investigation criminal history records database concerning  
19 a Department employee or Department applicant.

20 (ii) Information obtained by the Department of  
21 Children and Family Services after performing a check of  
22 the Illinois State Police's Sex Offender Database, as  
23 authorized by Section 120 of the Sex Offender Community  
24 Notification Law, concerning a Department employee or  
25 Department applicant.

26 (iii) Information obtained by the Department of

1 Children and Family Services after performing a check of  
2 the Child Abuse and Neglect Tracking System (CANTS)  
3 operated and maintained by the Department.

4 "Department employee" means a full-time or temporary  
5 employee coded or certified within the State of Illinois  
6 Personnel System.

7 "Department applicant" means an individual who has  
8 conditional Department full-time or part-time work, a  
9 contractor, an individual used to replace or supplement staff,  
10 an academic intern, a volunteer in Department offices or on  
11 Department contracts, a work-study student, an individual or  
12 entity licensed by the Department, or an unlicensed service  
13 provider who works as a condition of a contract or an agreement  
14 and whose work may bring the unlicensed service provider into  
15 contact with Department clients or client records.

16 (Source: P.A. 101-13, eff. 6-12-19; 101-79, eff. 7-12-19;  
17 101-81, eff. 7-12-19; 102-538, eff. 8-20-21; 102-558, eff.  
18 8-20-21; 102-1014, eff. 5-27-22.)

19 (20 ILCS 505/17) (from Ch. 23, par. 5017)

20 Sec. 17. Youth and Community Services Program. The  
21 Department of Human Services shall develop a State program for  
22 youth and community services which will assure that youth who  
23 come into contact or may come into contact with either the  
24 child welfare system or the juvenile ~~the child welfare and the~~  
25 ~~juvenile~~ justice system ~~systems~~ will have access to needed

1 community, prevention, diversion, emergency and independent  
2 living services. The term "youth" means a person under the age  
3 of 19 years. The term "homeless youth" means a youth who cannot  
4 be reunited with his or her family and is not in a safe and  
5 stable living situation. This Section shall not be construed  
6 to require the Department of Human Services to provide  
7 services under this Section to any homeless youth who is at  
8 least 18 years of age but is younger than 19 years of age;  
9 however, the Department may, in its discretion, provide  
10 services under this Section to any such homeless youth.

11 (a) The goals of the program shall be to:

12 (1) maintain children and youths in their own  
13 community;

14 (2) eliminate unnecessary categorical funding of  
15 programs by funding more comprehensive and integrated  
16 programs;

17 (3) encourage local volunteers and voluntary  
18 associations in developing programs aimed at preventing  
19 and controlling juvenile delinquency;

20 (4) address voids in services and close service gaps;

21 (5) develop program models aimed at strengthening the  
22 relationships between youth and their families and aimed  
23 at developing healthy, independent lives for homeless  
24 youth;

25 (6) contain costs by redirecting funding to more  
26 comprehensive and integrated community-based services; and

1 (7) coordinate education, employment, training and  
2 other programs for youths with other State agencies.

3 (b) The duties of the Department under the program shall  
4 be to:

5 (1) design models for service delivery by local  
6 communities;

7 (2) test alternative systems for delivering youth  
8 services;

9 (3) develop standards necessary to achieve and  
10 maintain, on a statewide basis, more comprehensive and  
11 integrated community-based youth services;

12 (4) monitor and provide technical assistance to local  
13 boards and local service systems;

14 (5) assist local organizations in developing programs  
15 which address the problems of youths and their families  
16 through direct services, advocacy with institutions, and  
17 improvement of local conditions; ~~and~~

18 (6) (blank); and ~~develop a statewide adoption~~  
19 ~~awareness campaign aimed at pregnant teenagers.~~

20 (7) establish temporary emergency placements for youth  
21 in crisis as defined by the Children's Behavioral Health  
22 Transformation Team through comprehensive community-based  
23 youth services provider grants.

24 (A) Temporary emergency placements:

25 (i) must be licensed through the Department of  
26 Children and Family Services or, in the case of a

1 foster home or host home, by the supervising child  
2 welfare agency;

3 (ii) must be strategically situated to meet  
4 regional need and minimize geographic disruption  
5 in consultation with the Children's Behavioral  
6 Health Transformation Officer and the Children's  
7 Behavioral Health Transformation Team; and

8 (iii) shall include Comprehensive  
9 Community-Based Youth Services program host homes,  
10 foster homes, homeless youth shelters, Department  
11 of Children and Family Services youth shelters, or  
12 other licensed placements for minor youth  
13 compliant with the Child Care Act of 1969 provided  
14 under the Comprehensive Community-Based Youth  
15 Services program.

16 (B) Beginning on the effective date of this  
17 amendatory Act of the 103rd General Assembly, once  
18 sufficient capacity has been developed, temporary  
19 emergency placements must also include temporary  
20 emergency placement shelters provided under the  
21 Comprehensive Community-Based Youth Services program.  
22 Temporary emergency placement shelters shall be  
23 managed by Comprehensive Community-Based Youth  
24 Services provider organizations and shall be available  
25 to house youth receiving interim 24/7 crisis  
26 intervention services as defined by the Juvenile Court



1 Act of 1987 and the Comprehensive Community-Based  
2 Youth Services program grant and the Department, and  
3 shall provide access to clinical supports for youth  
4 while staying at the shelter.

5 (C) Comprehensive Community-Based Youth Services  
6 organizations shall retain the sole authority to place  
7 youth in host homes and temporary emergency placement  
8 shelters provided under the Comprehensive  
9 Community-Based Youth Services program.

10 (D) Crisis youth, as defined by the Children's  
11 Behavioral Health Transformation Team, shall be  
12 prioritized in temporary emergency placements.

13 (E) Additional placement options may be authorized  
14 for crisis and non-crisis program youth with the  
15 permission of the youth's parent or legal guardian.

16 (F) While in a temporary emergency placement, the  
17 organization shall work with the parent, guardian, or  
18 custodian to effectuate the youth's return home or to  
19 an alternative long-term living arrangement. As  
20 necessary, the agency or association shall also work  
21 with the youth's local school district, the  
22 Department, the Department of Human Services, the  
23 Department of Healthcare and Family Services, and the  
24 Department of Juvenile Justice to identify immediate  
25 and long-term services, treatment, or placement.

26 Nothing in this Section shall be construed or applied in a

1 manner that would conflict with, diminish, or infringe upon,  
2 any State agency's obligation to comply fully with  
3 requirements imposed under a court order or State or federal  
4 consent decree applicable to that agency.

5 (Source: P.A. 89-507, eff. 7-1-97.)

6 Section 17. The Mental Health and Developmental  
7 Disabilities Administrative Act is amended by adding Section  
8 11.4 as follows:

9 (20 ILCS 1705/11.4 new)

10 Sec. 11.4. Care portal for families with children who have  
11 complex behavioral health needs. The Department shall  
12 establish and maintain a public-facing Care Portal to serve as  
13 a centralized resource for families with children who have  
14 significant and complex behavioral health needs. The Care  
15 Portal shall streamline the process of directing families and  
16 guardians to the appropriate level and type of care for their  
17 children. In consultation with the Children's Behavioral  
18 Health Transformation Officer, the Department shall develop  
19 specifications for the Care Portal that ensure automatic  
20 service eligibility matching, transparent data sharing,  
21 regular reporting, and appropriate staffing, among other  
22 items. The Department shall, in coordination with the  
23 Departments of Children and Family Services, Healthcare and  
24 Family Services, Juvenile Justice, and Public Health as well

1 as the State Board of Education, develop training and  
2 communication for school districts, hospital social workers,  
3 and system partners to demonstrate how individuals can assist  
4 a family seeking youth behavioral health services and how to  
5 access the Care Portal. Such training must include information  
6 on the applicable federal and State law for the determination  
7 of the need for residential placements for educational  
8 purposes by individualized education program (IEP) teams.  
9 Procedures for use of the Care Portal must not prohibit or  
10 limit residential facilities from accepting students placed by  
11 school districts for educational purposes as determined by the  
12 IEP team.

13 Section 20. The School Code is amended by changing  
14 Sections 2-3.163, 14-7.02, and 14-15.01 and by adding Section  
15 2-3.196 as follows:

16 (105 ILCS 5/2-3.163)

17 Sec. 2-3.163. Prioritization of Urgency of Need for  
18 Services database.

19 (a) The General Assembly makes all of the following  
20 findings:

21 (1) The Department of Human Services maintains a  
22 statewide database known as the Prioritization of Urgency  
23 of Need for Services that records information about  
24 individuals with developmental disabilities who are

1 potentially in need of services.

2 (2) The Department of Human Services uses the data on  
3 Prioritization of Urgency of Need for Services to select  
4 individuals for services as funding becomes available, to  
5 develop proposals and materials for budgeting, and to plan  
6 for future needs.

7 (3) Prioritization of Urgency of Need for Services is  
8 available for children and adults with a developmental  
9 disability who have an unmet service need anticipated in  
10 the next 5 years.

11 (4) Prioritization of Urgency of Need for Services is  
12 the first step toward getting developmental disabilities  
13 services in this State. If individuals are not on the  
14 Prioritization of Urgency of Need for Services waiting  
15 list, they are not in queue for State developmental  
16 disabilities services.

17 (5) Prioritization of Urgency of Need for Services may  
18 be underutilized by children and their parents or  
19 guardians due to lack of awareness or lack of information.

20 (b) The State Board of Education may work with school  
21 districts to inform all students with developmental  
22 disabilities and their parents or guardians about the  
23 Prioritization of Urgency of Need for Services database.

24 (c) Subject to appropriation, the Department of Human  
25 Services and State Board of Education shall develop and  
26 implement an online, computer-based training program for at

1 least one designated employee in every public school in this  
2 State to educate him or her about the Prioritization of  
3 Urgency of Need for Services database and steps to be taken to  
4 ensure children and adolescents are enrolled. The training  
5 shall include instruction for at least one designated employee  
6 in every public school in contacting the appropriate  
7 developmental disabilities Independent Service Coordination  
8 agency to enroll children and adolescents in the database. At  
9 least one designated employee in every public school shall  
10 ensure the opportunity to enroll in the Prioritization of  
11 Urgency of Need for Services database is discussed during  
12 annual individualized education program (IEP) meetings for all  
13 children and adolescents believed to have a developmental  
14 disability.

15 (d) The State Board of Education, in consultation with the  
16 Department of Human Services, through school districts, shall  
17 provide to parents and guardians of students a copy of the  
18 Department of Human Services's guide titled "Understanding  
19 PUNS: A Guide to Prioritization for Urgency of Need for  
20 Services" each year at the annual review meeting for the  
21 student's individualized education program, including the  
22 consideration required in subsection (e) of this Section.

23 (e) The Department of Human Services shall consider the  
24 length of time spent on the Prioritization of Urgency of Need  
25 for Services waiting list, in addition to other factors  
26 considered, when selecting individuals on the list for

1 services.

2 (f) Subject to appropriation, the Department of Human  
3 Services shall expand its selection of individuals from the  
4 Prioritization of Urgency of Need for Services database to  
5 include individuals who receive services through the Children  
6 and Young Adults with Developmental Disabilities - Support  
7 Waiver.

8 (Source: P.A. 102-57, eff. 7-9-21.)

9 (105 ILCS 5/2-3.196 new)

10 Sec. 2-3.196. Mental health screenings. On or before  
11 December 15, 2023, the State Board of Education, in  
12 consultation with the Children's Behavioral Health  
13 Transformation Officer, Children's Behavioral Health  
14 Transformation Team, and the Office of the Governor, shall  
15 file a report with the Governor and the General Assembly that  
16 includes recommendations for implementation of mental health  
17 screenings in schools for students enrolled in kindergarten  
18 through grade 12. This report must include a landscape scan of  
19 current district-wide screenings, recommendations for  
20 screening tools, training for staff, and linkage and referral  
21 for identified students.

22 (105 ILCS 5/14-7.02) (from Ch. 122, par. 14-7.02)

23 Sec. 14-7.02. Children attending private schools, public  
24 out-of-state schools, public school residential facilities or

1 private special education facilities.

2 (a) The General Assembly recognizes that non-public  
3 schools or special education facilities provide an important  
4 service in the educational system in Illinois.

5 (b) If a student's individualized education program (IEP)  
6 team determines that because of his or her disability the  
7 special education program of a district is unable to meet the  
8 needs of the child and the child attends a non-public school or  
9 special education facility, a public out-of-state school or a  
10 special education facility owned and operated by a county  
11 government unit that provides special educational services  
12 required by the child and is in compliance with the  
13 appropriate rules and regulations of the State Superintendent  
14 of Education, the school district in which the child is a  
15 resident shall pay the actual cost of tuition for special  
16 education and related services provided during the regular  
17 school term and during the summer school term if the child's  
18 educational needs so require, excluding room, board and  
19 transportation costs charged the child by that non-public  
20 school or special education facility, public out-of-state  
21 school or county special education facility, or \$4,500 per  
22 year, whichever is less, and shall provide him any necessary  
23 transportation. "Nonpublic special education facility" shall  
24 include a residential facility, within or without the State of  
25 Illinois, which provides special education and related  
26 services to meet the needs of the child by utilizing private

1 schools or public schools, whether located on the site or off  
2 the site of the residential facility. Resident district  
3 financial responsibility and reimbursement applies for both  
4 nonpublic special education facilities that are approved by  
5 the State Board of Education pursuant to 23 Ill. Adm. Code 401  
6 or other applicable laws or rules and for emergency placements  
7 in nonpublic special education facilities that are not  
8 approved by the State Board of Education pursuant to 23 Ill.  
9 Adm. Code 401 or other applicable laws or rules, subject to the  
10 requirements of this Section.

11 (c) Prior to the placement of a child in an out-of-state  
12 special education residential facility, the school district  
13 must refer to the child or the child's parent or guardian the  
14 option to place the child in a special education residential  
15 facility located within this State, if any, that provides  
16 treatment and services comparable to those provided by the  
17 out-of-state special education residential facility. The  
18 school district must review annually the placement of a child  
19 in an out-of-state special education residential facility. As  
20 a part of the review, the school district must refer to the  
21 child or the child's parent or guardian the option to place the  
22 child in a comparable special education residential facility  
23 located within this State, if any.

24 (c-5) Before a provider that operates a nonpublic special  
25 education facility terminates a student's placement in that  
26 facility, the provider must request an IEP meeting from the



1 contracting school district. If the provider elects to  
2 terminate the student's placement following the IEP meeting,  
3 the provider must give written notice to this effect to the  
4 parent or guardian, the contracting public school district,  
5 and the State Board of Education no later than 20 business days  
6 before the date of termination, unless the health and safety  
7 of any student are endangered. The notice must include the  
8 detailed reasons for the termination and any actions taken to  
9 address the reason for the termination.

10 (d) Payments shall be made by the resident school district  
11 to the entity providing the educational services, whether the  
12 entity is the nonpublic special education facility or the  
13 school district wherein the facility is located, no less than  
14 once per quarter, unless otherwise agreed to in writing by the  
15 parties.

16 (e) A school district may place a student in a nonpublic  
17 special education facility providing educational services, but  
18 not approved by the State Board of Education pursuant to 23  
19 Ill. Adm. Code 401 or other applicable laws or rules, provided  
20 that the State Board of Education provides an emergency and  
21 student-specific approval for placement. The State Board of  
22 Education shall promptly, within 10 days after the request,  
23 approve a request for emergency and student-specific approval  
24 for placement if the following have been demonstrated to the  
25 State Board of Education:

26 (1) the facility demonstrates appropriate licensure of

1 teachers for the student population;

2 (2) the facility demonstrates age-appropriate  
3 curriculum;

4 (3) the facility provides enrollment and attendance  
5 data;

6 (4) the facility demonstrates the ability to implement  
7 the child's IEP; and

8 (5) the school district demonstrates that it made good  
9 faith efforts to place the student in an approved  
10 facility, but no approved facility has accepted the  
11 student or has availability for immediate placement of the  
12 student.

13 A resident school district may also submit such proof to the  
14 State Board of Education as may be required for its student.  
15 The State Board of Education may not unreasonably withhold  
16 approval once satisfactory proof is provided to the State  
17 Board.

18 (f) If an impartial due process hearing officer who is  
19 contracted by the State Board of Education pursuant to this  
20 Article orders placement of a student with a disability in a  
21 residential facility that is not approved by the State Board  
22 of Education, then, for purposes of this Section, the facility  
23 shall be deemed approved for placement and school district  
24 payments and State reimbursements shall be made accordingly.

25 (g) Emergency placement in a facility approved pursuant to  
26 subsection (e) or (f) may continue to be utilized so long as

1 (i) the student's IEP team determines annually that such  
2 placement continues to be appropriate to meet the student's  
3 needs and (ii) at least every 3 years following the student's  
4 placement, the IEP team reviews appropriate placements  
5 approved by the State Board of Education pursuant to 23 Ill.  
6 Adm. Code 401 or other applicable laws or rules to determine  
7 whether there are any approved placements that can meet the  
8 student's needs, have accepted the student, and have  
9 availability for placement of the student.

10 (h) The State Board of Education shall promulgate rules  
11 and regulations for determining when placement in a private  
12 special education facility is appropriate. Such rules and  
13 regulations shall take into account the various types of  
14 services needed by a child and the availability of such  
15 services to the particular child in the public school. In  
16 developing these rules and regulations the State Board of  
17 Education shall consult with the Advisory Council on Education  
18 of Children with Disabilities and hold public hearings to  
19 secure recommendations from parents, school personnel, and  
20 others concerned about this matter.

21 The State Board of Education shall also promulgate rules  
22 and regulations for transportation to and from a residential  
23 school. Transportation to and from home to a residential  
24 school more than once each school term shall be subject to  
25 prior approval by the State Superintendent in accordance with  
26 the rules and regulations of the State Board.

1 (i) A school district making tuition payments pursuant to  
2 this Section is eligible for reimbursement from the State for  
3 the amount of such payments actually made in excess of the  
4 district per capita tuition charge for students not receiving  
5 special education services. Such reimbursement shall be  
6 approved in accordance with Section 14-12.01 and each district  
7 shall file its claims, computed in accordance with rules  
8 prescribed by the State Board of Education, on forms  
9 prescribed by the State Superintendent of Education. Data used  
10 as a basis of reimbursement claims shall be for the preceding  
11 regular school term and summer school term. Each school  
12 district shall transmit its claims to the State Board of  
13 Education on or before August 15. The State Board of  
14 Education, before approving any such claims, shall determine  
15 their accuracy and whether they are based upon services and  
16 facilities provided under approved programs. Upon approval the  
17 State Board shall cause vouchers to be prepared showing the  
18 amount due for payment of reimbursement claims to school  
19 districts, for transmittal to the State Comptroller on the  
20 30th day of September, December, and March, respectively, and  
21 the final voucher, no later than June 20. If the money  
22 appropriated by the General Assembly for such purpose for any  
23 year is insufficient, it shall be apportioned on the basis of  
24 the claims approved.

25 (j) No child shall be placed in a special education  
26 program pursuant to this Section if the tuition cost for

1 special education and related services increases more than 10  
2 percent over the tuition cost for the previous school year or  
3 exceeds \$4,500 per year unless such costs have been approved  
4 by the Illinois Purchased Care Review Board. The Illinois  
5 Purchased Care Review Board shall consist of the following  
6 persons, or their designees: the Directors of Children and  
7 Family Services, Public Health, Public Aid, and the Governor's  
8 Office of Management and Budget; the Secretary of Human  
9 Services; the State Superintendent of Education; and such  
10 other persons as the Governor may designate. The Review Board  
11 shall also consist of one non-voting member who is an  
12 administrator of a private, nonpublic, special education  
13 school. The Review Board shall establish rules and regulations  
14 for its determination of allowable costs and payments made by  
15 local school districts for special education, room and board,  
16 and other related services provided by non-public schools or  
17 special education facilities and shall establish uniform  
18 standards and criteria which it shall follow. The Review Board  
19 shall approve the usual and customary rate or rates of a  
20 special education program that (i) is offered by an  
21 out-of-state, non-public provider of integrated autism  
22 specific educational and autism specific residential services,  
23 (ii) offers 2 or more levels of residential care, including at  
24 least one locked facility, and (iii) serves 12 or fewer  
25 Illinois students.

26 (k) In determining rates based on allowable costs, the

1 Review Board shall consider any wage increases awarded by the  
2 General Assembly to front line personnel defined as direct  
3 support persons, aides, front-line supervisors, qualified  
4 intellectual disabilities professionals, nurses, and  
5 non-administrative support staff working in service settings  
6 in community-based settings within the State and adjust  
7 customary rates or rates of a special education program to be  
8 equitable to the wage increase awarded to similar staff  
9 positions in a community residential setting. Any wage  
10 increase awarded by the General Assembly to front line  
11 personnel defined as direct support persons, aides, front-line  
12 supervisors, qualified intellectual disabilities  
13 professionals, nurses, and non-administrative support staff  
14 working in community-based settings within the State,  
15 including the \$0.75 per hour increase contained in Public Act  
16 100-23 and the \$0.50 per hour increase included in Public Act  
17 100-23, shall also be a basis for any facility covered by this  
18 Section to appeal its rate before the Review Board under the  
19 process defined in Title 89, Part 900, Section 340 of the  
20 Illinois Administrative Code. Illinois Administrative Code  
21 Title 89, Part 900, Section 342 shall be updated to recognize  
22 wage increases awarded to community-based settings to be a  
23 basis for appeal. However, any wage increase that is captured  
24 upon appeal from a previous year shall not be counted by the  
25 Review Board as revenue for the purpose of calculating a  
26 facility's future rate.

1           (1) Any definition used by the Review Board in  
2 administrative rule or policy to define "related  
3 organizations" shall include any and all exceptions contained  
4 in federal law or regulation as it pertains to the federal  
5 definition of "related organizations".

6           (m) The Review Board shall establish uniform definitions  
7 and criteria for accounting separately by special education,  
8 room and board and other related services costs. The Board  
9 shall also establish guidelines for the coordination of  
10 services and financial assistance provided by all State  
11 agencies to assure that no otherwise qualified child with a  
12 disability receiving services under Article 14 shall be  
13 excluded from participation in, be denied the benefits of or  
14 be subjected to discrimination under any program or activity  
15 provided by any State agency.

16           (n) The Review Board shall review the costs for special  
17 education and related services provided by non-public schools  
18 or special education facilities and shall approve or  
19 disapprove such facilities in accordance with the rules and  
20 regulations established by it with respect to allowable costs.

21           (o) The State Board of Education shall provide  
22 administrative and staff support for the Review Board as  
23 deemed reasonable by the State Superintendent of Education.  
24 This support shall not include travel expenses or other  
25 compensation for any Review Board member other than the State  
26 Superintendent of Education.

1           (p) The Review Board shall seek the advice of the Advisory  
2 Council on Education of Children with Disabilities on the  
3 rules and regulations to be promulgated by it relative to  
4 providing special education services.

5           (q) If a child has been placed in a program in which the  
6 actual per pupil costs of tuition for special education and  
7 related services based on program enrollment, excluding room,  
8 board and transportation costs, exceed \$4,500 and such costs  
9 have been approved by the Review Board, the district shall pay  
10 such total costs which exceed \$4,500. A district making such  
11 tuition payments in excess of \$4,500 pursuant to this Section  
12 shall be responsible for an amount in excess of \$4,500 equal to  
13 the district per capita tuition charge and shall be eligible  
14 for reimbursement from the State for the amount of such  
15 payments actually made in excess of the districts per capita  
16 tuition charge for students not receiving special education  
17 services.

18           (r) If a child has been placed in an approved individual  
19 program and the tuition costs including room and board costs  
20 have been approved by the Review Board, then such room and  
21 board costs shall be paid by the appropriate State agency  
22 subject to the provisions of Section 14-8.01 of this Act. Room  
23 and board costs not provided by a State agency other than the  
24 State Board of Education shall be provided by the State Board  
25 of Education on a current basis. In no event, however, shall  
26 the State's liability for funding of these tuition costs begin



1 until after the legal obligations of third party payors have  
2 been subtracted from such costs. If the money appropriated by  
3 the General Assembly for such purpose for any year is  
4 insufficient, it shall be apportioned on the basis of the  
5 claims approved. Each district shall submit estimated claims  
6 to the State Superintendent of Education. Upon approval of  
7 such claims, the State Superintendent of Education shall  
8 direct the State Comptroller to make payments on a monthly  
9 basis. The frequency for submitting estimated claims and the  
10 method of determining payment shall be prescribed in rules and  
11 regulations adopted by the State Board of Education. Such  
12 current state reimbursement shall be reduced by an amount  
13 equal to the proceeds which the child or child's parents are  
14 eligible to receive under any public or private insurance or  
15 assistance program. Nothing in this Section shall be construed  
16 as relieving an insurer or similar third party from an  
17 otherwise valid obligation to provide or to pay for services  
18 provided to a child with a disability.

19 (s) If it otherwise qualifies, a school district is  
20 eligible for the transportation reimbursement under Section  
21 14-13.01 and for the reimbursement of tuition payments under  
22 this Section whether the non-public school or special  
23 education facility, public out-of-state school or county  
24 special education facility, attended by a child who resides in  
25 that district and requires special educational services, is  
26 within or outside of the State of Illinois. However, a

1 district is not eligible to claim transportation reimbursement  
2 under this Section unless the district certifies to the State  
3 Superintendent of Education that the district is unable to  
4 provide special educational services required by the child for  
5 the current school year.

6 (t) Nothing in this Section authorizes the reimbursement  
7 of a school district for the amount paid for tuition of a child  
8 attending a non-public school or special education facility,  
9 public out-of-state school or county special education  
10 facility unless the school district certifies to the State  
11 Superintendent of Education that the special education program  
12 of that district is unable to meet the needs of that child  
13 because of his disability and the State Superintendent of  
14 Education finds that the school district is in substantial  
15 compliance with Section 14-4.01. However, if a child is  
16 unilaterally placed by a State agency or any court in a  
17 non-public school or special education facility, public  
18 out-of-state school, or county special education facility, a  
19 school district shall not be required to certify to the State  
20 Superintendent of Education, for the purpose of tuition  
21 reimbursement, that the special education program of that  
22 district is unable to meet the needs of a child because of his  
23 or her disability.

24 (u) Any educational or related services provided, pursuant  
25 to this Section in a non-public school or special education  
26 facility or a special education facility owned and operated by

1 a county government unit shall be at no cost to the parent or  
2 guardian of the child. However, current law and practices  
3 relative to contributions by parents or guardians for costs  
4 other than educational or related services are not affected by  
5 this amendatory Act of 1978.

6 (v) Reimbursement for children attending public school  
7 residential facilities shall be made in accordance with the  
8 provisions of this Section.

9 (w) Notwithstanding any other provision of law, any school  
10 district receiving a payment under this Section or under  
11 Section 14-7.02b, 14-13.01, or 29-5 of this Code may classify  
12 all or a portion of the funds that it receives in a particular  
13 fiscal year or from general State aid pursuant to Section  
14 18-8.05 of this Code as funds received in connection with any  
15 funding program for which it is entitled to receive funds from  
16 the State in that fiscal year (including, without limitation,  
17 any funding program referenced in this Section), regardless of  
18 the source or timing of the receipt. The district may not  
19 classify more funds as funds received in connection with the  
20 funding program than the district is entitled to receive in  
21 that fiscal year for that program. Any classification by a  
22 district must be made by a resolution of its board of  
23 education. The resolution must identify the amount of any  
24 payments or general State aid to be classified under this  
25 paragraph and must specify the funding program to which the  
26 funds are to be treated as received in connection therewith.

1 This resolution is controlling as to the classification of  
2 funds referenced therein. A certified copy of the resolution  
3 must be sent to the State Superintendent of Education. The  
4 resolution shall still take effect even though a copy of the  
5 resolution has not been sent to the State Superintendent of  
6 Education in a timely manner. No classification under this  
7 paragraph by a district shall affect the total amount or  
8 timing of money the district is entitled to receive under this  
9 Code. No classification under this paragraph by a district  
10 shall in any way relieve the district from or affect any  
11 requirements that otherwise would apply with respect to that  
12 funding program, including any accounting of funds by source,  
13 reporting expenditures by original source and purpose,  
14 reporting requirements, or requirements of providing services.  
15 (Source: P.A. 101-10, eff. 6-5-19; 102-254, eff. 8-6-21;  
16 102-703, eff. 4-22-22.)

17 (105 ILCS 5/14-15.01) (from Ch. 122, par. 14-15.01)

18 Sec. 14-15.01. Community and Residential Services  
19 Authority.

20 (a) (1) The Community and Residential Services Authority  
21 is hereby created and shall consist of the following members:

22 A representative of the State Board of Education;

23 Four representatives of the Department of Human Services  
24 appointed by the Secretary of Human Services, with one member  
25 from the Division of Community Health and Prevention, one

1 member from the Division of Developmental Disabilities, one  
2 member from the Division of Mental Health, and one member from  
3 the Division of Rehabilitation Services;

4 A representative of the Department of Children and Family  
5 Services;

6 A representative of the Department of Juvenile Justice;

7 A representative of the Department of Healthcare and  
8 Family Services;

9 A representative of the Attorney General's Disability  
10 Rights Advocacy Division;

11 The Chairperson and Minority Spokesperson of the House and  
12 Senate Committees on Elementary and Secondary Education or  
13 their designees; and

14 Six persons appointed by the Governor. Five of such  
15 appointees shall be experienced or knowledgeable relative to  
16 provision of services for individuals with a behavior disorder  
17 or a severe emotional disturbance and shall include  
18 representatives of both the private and public sectors, except  
19 that no more than 2 of those 5 appointees may be from the  
20 public sector and at least 2 must be or have been directly  
21 involved in provision of services to such individuals. The  
22 remaining member appointed by the Governor shall be or shall  
23 have been a parent of an individual with a behavior disorder or  
24 a severe emotional disturbance, and that appointee may be from  
25 either the private or the public sector.

26 (2) Members appointed by the Governor shall be appointed

1 for terms of 4 years and shall continue to serve until their  
2 respective successors are appointed; provided that the terms  
3 of the original appointees shall expire on August 1, 1990. Any  
4 vacancy in the office of a member appointed by the Governor  
5 shall be filled by appointment of the Governor for the  
6 remainder of the term.

7 A vacancy in the office of a member appointed by the  
8 Governor exists when one or more of the following events  
9 occur:

10 (i) An appointee dies;

11 (ii) An appointee files a written resignation with the  
12 Governor;

13 (iii) An appointee ceases to be a legal resident of  
14 the State of Illinois; or

15 (iv) An appointee fails to attend a majority of  
16 regularly scheduled Authority meetings in a fiscal year.

17 Members who are representatives of an agency shall serve  
18 at the will of the agency head. Membership on the Authority  
19 shall cease immediately upon cessation of their affiliation  
20 with the agency. If such a vacancy occurs, the appropriate  
21 agency head shall appoint another person to represent the  
22 agency.

23 If a legislative member of the Authority ceases to be  
24 Chairperson or Minority Spokesperson of the designated  
25 Committees, they shall automatically be replaced on the  
26 Authority by the person who assumes the position of

1 Chairperson or Minority Spokesperson.

2 (b) The Community and Residential Services Authority shall  
3 have the following powers and duties:

4 (1) Serve as a Parent/Guardian Navigator Assistance  
5 Program, to work directly with parents/guardians of youth  
6 with behavioral health concerns to provide assistance  
7 coordinating efforts with public agencies, including but  
8 not limited to local school district, State Board of  
9 Education, the Department of Human Services, Department of  
10 Children and Family Services, the Department of Healthcare  
11 and Family Services, Department of Public Health, and  
12 Department of Juvenile Justice. ~~To conduct surveys to~~  
13 ~~determine the extent of need, the degree to which~~  
14 ~~documented need is currently being met and feasible~~  
15 ~~alternatives for matching need with resources.~~

16 (2) Work in conjunction with the new Care Portal and  
17 Care Portal Team to utilize the centralized IT platform  
18 for communication and case management, including  
19 collaboration on the development of Portal training,  
20 communications to the public, business processes for case  
21 triage, assignment, and referral. ~~To develop policy~~  
22 ~~statements for interagency cooperation to cover all~~  
23 ~~aspects of service delivery, including laws, regulations~~  
24 ~~and procedures, and clear guidelines for determining~~  
25 ~~responsibility at all times.~~

26 (3) To develop and submit to the Governor, the General

1 Assembly, the Directors of the agencies represented on the  
2 Authority, and State Board of Education a master plan for  
3 operating the Parent/Guardian Navigator Assistance  
4 Program, including how referrals are made, plan for  
5 dispute relative to plans of service or funding for plans  
6 of service, plans to include parents with lived experience  
7 as peer supports. ~~To recommend policy statements and~~  
8 ~~provide information regarding effective programs for~~  
9 ~~delivery of services to all individuals under 22 years of~~  
10 ~~age with a behavior disorder or a severe emotional~~  
11 ~~disturbance in public or private situations.~~

12 (4) (Blank). ~~To review the criteria for service~~  
13 ~~eligibility, provision and availability established by the~~  
14 ~~governmental agencies represented on this Authority, and~~  
15 ~~to recommend changes, additions or deletions to such~~  
16 ~~criteria.~~

17 (5) (Blank). ~~To develop and submit to the Governor,~~  
18 ~~the General Assembly, the Directors of the agencies~~  
19 ~~represented on the Authority, and the State Board of~~  
20 ~~Education a master plan for individuals under 22 years of~~  
21 ~~age with a behavior disorder or a severe emotional~~  
22 ~~disturbance, including detailed plans of service ranging~~  
23 ~~from the least to the most restrictive options; and to~~  
24 ~~assist local communities, upon request, in developing or~~  
25 ~~strengthening collaborative interagency networks.~~

26 (6) (Blank). ~~To develop a process for making~~



1 ~~determinations in situations where there is a dispute~~  
2 ~~relative to a plan of service for individuals or funding~~  
3 ~~for a plan of service.~~

4 (7) (Blank). ~~To provide technical assistance to~~  
5 ~~parents, service consumers, providers, and member agency~~  
6 ~~personnel regarding statutory responsibilities of human~~  
7 ~~service and educational agencies, and to provide such~~  
8 ~~assistance as deemed necessary to appropriately access~~  
9 ~~needed services.~~

10 (8) (Blank). ~~To establish a pilot program to act as a~~  
11 ~~residential research hub to research and identify~~  
12 ~~appropriate residential settings for youth who are being~~  
13 ~~housed in an emergency room for more than 72 hours or who~~  
14 ~~are deemed beyond medical necessity in a psychiatric~~  
15 ~~hospital. If a child is deemed beyond medical necessity in~~  
16 ~~a psychiatric hospital and is in need of residential~~  
17 ~~placement, the goal of the program is to prevent a~~  
18 ~~lock out pursuant to the goals of the Custody~~  
19 ~~Relinquishment Prevention Act.~~

20 (c) (1) The members of the Authority shall receive no  
21 compensation for their services but shall be entitled to  
22 reimbursement of reasonable expenses incurred while performing  
23 their duties.

24 (2) The Authority may appoint special study groups to  
25 operate under the direction of the Authority and persons  
26 appointed to such groups shall receive only reimbursement of

1 reasonable expenses incurred in the performance of their  
2 duties.

3 (3) The Authority shall elect from its membership a  
4 chairperson, vice-chairperson and secretary.

5 (4) The Authority may employ and fix the compensation of  
6 such employees and technical assistants as it deems necessary  
7 to carry out its powers and duties under this Act. Staff  
8 assistance for the Authority shall be provided by the State  
9 Board of Education.

10 (5) Funds for the ordinary and contingent expenses of the  
11 Authority shall be appropriated to the State Board of  
12 Education in a separate line item.

13 (d) (1) The Authority shall have power to promulgate rules  
14 and regulations to carry out its powers and duties under this  
15 Act.

16 (2) The Authority may accept monetary gifts or grants from  
17 the federal government or any agency thereof, from any  
18 charitable foundation or professional association or from any  
19 other reputable source for implementation of any program  
20 necessary or desirable to the carrying out of the general  
21 purposes of the Authority. Such gifts and grants may be held in  
22 trust by the Authority and expended in the exercise of its  
23 powers and performance of its duties as prescribed by law.

24 (3) The Authority shall submit an annual report of its  
25 activities and expenditures to the Governor, the General  
26 Assembly, the directors of agencies represented on the

1 Authority, and the State Superintendent of Education, due  
2 January 1 of each year.

3 (e) The Executive Director of the Authority or his or her  
4 designee shall be added as a participant on the Interagency  
5 Clinical Team established in the intergovernmental agreement  
6 among the Department of Healthcare and Family Services, the  
7 Department of Children and Family Services, the Department of  
8 Human Services, the State Board of Education, the Department  
9 of Juvenile Justice, and the Department of Public Health, with  
10 consent of the youth or the youth's guardian or family  
11 pursuant to the Custody Relinquishment Prevention Act.

12 (Source: P.A. 102-43, eff. 7-6-21.)

13 Section 25. The Illinois Public Aid Code is amended by  
14 changing Section 5-30.1 as follows:

15 (305 ILCS 5/5-30.1)

16 Sec. 5-30.1. Managed care protections.

17 (a) As used in this Section:

18 "Managed care organization" or "MCO" means any entity  
19 which contracts with the Department to provide services where  
20 payment for medical services is made on a capitated basis.

21 "Emergency services" include:

22 (1) emergency services, as defined by Section 10 of  
23 the Managed Care Reform and Patient Rights Act;

24 (2) emergency medical screening examinations, as

1 defined by Section 10 of the Managed Care Reform and  
2 Patient Rights Act;

3 (3) post-stabilization medical services, as defined by  
4 Section 10 of the Managed Care Reform and Patient Rights  
5 Act; and

6 (4) emergency medical conditions, as defined by  
7 Section 10 of the Managed Care Reform and Patient Rights  
8 Act.

9 (b) As provided by Section 5-16.12, managed care  
10 organizations are subject to the provisions of the Managed  
11 Care Reform and Patient Rights Act.

12 (c) An MCO shall pay any provider of emergency services  
13 that does not have in effect a contract with the contracted  
14 Medicaid MCO. The default rate of reimbursement shall be the  
15 rate paid under Illinois Medicaid fee-for-service program  
16 methodology, including all policy adjusters, including but not  
17 limited to Medicaid High Volume Adjustments, Medicaid  
18 Percentage Adjustments, Outpatient High Volume Adjustments,  
19 and all outlier add-on adjustments to the extent such  
20 adjustments are incorporated in the development of the  
21 applicable MCO capitated rates.

22 (d) An MCO shall pay for all post-stabilization services  
23 as a covered service in any of the following situations:

24 (1) the MCO authorized such services;

25 (2) such services were administered to maintain the  
26 enrollee's stabilized condition within one hour after a

1 request to the MCO for authorization of further  
2 post-stabilization services;

3 (3) the MCO did not respond to a request to authorize  
4 such services within one hour;

5 (4) the MCO could not be contacted; or

6 (5) the MCO and the treating provider, if the treating  
7 provider is a non-affiliated provider, could not reach an  
8 agreement concerning the enrollee's care and an affiliated  
9 provider was unavailable for a consultation, in which case  
10 the MCO must pay for such services rendered by the  
11 treating non-affiliated provider until an affiliated  
12 provider was reached and either concurred with the  
13 treating non-affiliated provider's plan of care or assumed  
14 responsibility for the enrollee's care. Such payment shall  
15 be made at the default rate of reimbursement paid under  
16 Illinois Medicaid fee-for-service program methodology,  
17 including all policy adjusters, including but not limited  
18 to Medicaid High Volume Adjustments, Medicaid Percentage  
19 Adjustments, Outpatient High Volume Adjustments and all  
20 outlier add-on adjustments to the extent that such  
21 adjustments are incorporated in the development of the  
22 applicable MCO capitated rates.

23 (e) The following requirements apply to MCOs in  
24 determining payment for all emergency services:

25 (1) MCOs shall not impose any requirements for prior  
26 approval of emergency services.

1           (2) The MCO shall cover emergency services provided to  
2           enrollees who are temporarily away from their residence  
3           and outside the contracting area to the extent that the  
4           enrollees would be entitled to the emergency services if  
5           they still were within the contracting area.

6           (3) The MCO shall have no obligation to cover medical  
7           services provided on an emergency basis that are not  
8           covered services under the contract.

9           (4) The MCO shall not condition coverage for emergency  
10          services on the treating provider notifying the MCO of the  
11          enrollee's screening and treatment within 10 days after  
12          presentation for emergency services.

13          (5) The determination of the attending emergency  
14          physician, or the provider actually treating the enrollee,  
15          of whether an enrollee is sufficiently stabilized for  
16          discharge or transfer to another facility, shall be  
17          binding on the MCO. The MCO shall cover emergency services  
18          for all enrollees whether the emergency services are  
19          provided by an affiliated or non-affiliated provider.

20          (6) The MCO's financial responsibility for  
21          post-stabilization care services it has not pre-approved  
22          ends when:

23                (A) a plan physician with privileges at the  
24                treating hospital assumes responsibility for the  
25                enrollee's care;

26                (B) a plan physician assumes responsibility for

1 the enrollee's care through transfer;

2 (C) a contracting entity representative and the  
3 treating physician reach an agreement concerning the  
4 enrollee's care; or

5 (D) the enrollee is discharged.

6 (f) Network adequacy and transparency.

7 (1) The Department shall:

8 (A) ensure that an adequate provider network is in  
9 place, taking into consideration health professional  
10 shortage areas and medically underserved areas;

11 (B) publicly release an explanation of its process  
12 for analyzing network adequacy;

13 (C) periodically ensure that an MCO continues to  
14 have an adequate network in place;

15 (D) require MCOs, including Medicaid Managed Care  
16 Entities as defined in Section 5-30.2, to meet  
17 provider directory requirements under Section 5-30.3;

18 (E) require MCOs to ensure that any  
19 Medicaid-certified provider under contract with an MCO  
20 and previously submitted on a roster on the date of  
21 service is paid for any medically necessary,  
22 Medicaid-covered, and authorized service rendered to  
23 any of the MCO's enrollees, regardless of inclusion on  
24 the MCO's published and publicly available directory  
25 of available providers; and

26 (F) require MCOs, including Medicaid Managed Care

1           Entities as defined in Section 5-30.2, to meet each of  
2           the requirements under subsection (d-5) of Section 10  
3           of the Network Adequacy and Transparency Act; with  
4           necessary exceptions to the MCO's network to ensure  
5           that admission and treatment with a provider or at a  
6           treatment facility in accordance with the network  
7           adequacy standards in paragraph (3) of subsection  
8           (d-5) of Section 10 of the Network Adequacy and  
9           Transparency Act is limited to providers or facilities  
10          that are Medicaid certified.

11          (2) Each MCO shall confirm its receipt of information  
12          submitted specific to physician or dentist additions or  
13          physician or dentist deletions from the MCO's provider  
14          network within 3 days after receiving all required  
15          information from contracted physicians or dentists, and  
16          electronic physician and dental directories must be  
17          updated consistent with current rules as published by the  
18          Centers for Medicare and Medicaid Services or its  
19          successor agency.

20          (g) Timely payment of claims.

21          (1) The MCO shall pay a claim within 30 days of  
22          receiving a claim that contains all the essential  
23          information needed to adjudicate the claim.

24          (2) The MCO shall notify the billing party of its  
25          inability to adjudicate a claim within 30 days of  
26          receiving that claim.



1           (3) The MCO shall pay a penalty that is at least equal  
2 to the timely payment interest penalty imposed under  
3 Section 368a of the Illinois Insurance Code for any claims  
4 not timely paid.

5           (A) When an MCO is required to pay a timely payment  
6 interest penalty to a provider, the MCO must calculate  
7 and pay the timely payment interest penalty that is  
8 due to the provider within 30 days after the payment of  
9 the claim. In no event shall a provider be required to  
10 request or apply for payment of any owed timely  
11 payment interest penalties.

12           (B) Such payments shall be reported separately  
13 from the claim payment for services rendered to the  
14 MCO's enrollee and clearly identified as interest  
15 payments.

16           (4) (A) The Department shall require MCOs to expedite  
17 payments to providers identified on the Department's  
18 expedited provider list, determined in accordance with 89  
19 Ill. Adm. Code 140.71(b), on a schedule at least as  
20 frequently as the providers are paid under the  
21 Department's fee-for-service expedited provider schedule.

22           (B) Compliance with the expedited provider requirement  
23 may be satisfied by an MCO through the use of a Periodic  
24 Interim Payment (PIP) program that has been mutually  
25 agreed to and documented between the MCO and the provider,  
26 if the PIP program ensures that any expedited provider

1 receives regular and periodic payments based on prior  
2 period payment experience from that MCO. Total payments  
3 under the PIP program may be reconciled against future PIP  
4 payments on a schedule mutually agreed to between the MCO  
5 and the provider.

6 (C) The Department shall share at least monthly its  
7 expedited provider list and the frequency with which it  
8 pays providers on the expedited list.

9 (g-5) Recognizing that the rapid transformation of the  
10 Illinois Medicaid program may have unintended operational  
11 challenges for both payers and providers:

12 (1) in no instance shall a medically necessary covered  
13 service rendered in good faith, based upon eligibility  
14 information documented by the provider, be denied coverage  
15 or diminished in payment amount if the eligibility or  
16 coverage information available at the time the service was  
17 rendered is later found to be inaccurate in the assignment  
18 of coverage responsibility between MCOs or the  
19 fee-for-service system, except for instances when an  
20 individual is deemed to have not been eligible for  
21 coverage under the Illinois Medicaid program; and

22 (2) the Department shall, by December 31, 2016, adopt  
23 rules establishing policies that shall be included in the  
24 Medicaid managed care policy and procedures manual  
25 addressing payment resolutions in situations in which a  
26 provider renders services based upon information obtained

1 after verifying a patient's eligibility and coverage plan  
2 through either the Department's current enrollment system  
3 or a system operated by the coverage plan identified by  
4 the patient presenting for services:

5 (A) such medically necessary covered services  
6 shall be considered rendered in good faith;

7 (B) such policies and procedures shall be  
8 developed in consultation with industry  
9 representatives of the Medicaid managed care health  
10 plans and representatives of provider associations  
11 representing the majority of providers within the  
12 identified provider industry; and

13 (C) such rules shall be published for a review and  
14 comment period of no less than 30 days on the  
15 Department's website with final rules remaining  
16 available on the Department's website.

17 The rules on payment resolutions shall include, but  
18 not be limited to:

19 (A) the extension of the timely filing period;

20 (B) retroactive prior authorizations; and

21 (C) guaranteed minimum payment rate of no less  
22 than the current, as of the date of service,  
23 fee-for-service rate, plus all applicable add-ons,  
24 when the resulting service relationship is out of  
25 network.

26 The rules shall be applicable for both MCO coverage

1 and fee-for-service coverage.

2 If the fee-for-service system is ultimately determined to  
3 have been responsible for coverage on the date of service, the  
4 Department shall provide for an extended period for claims  
5 submission outside the standard timely filing requirements.

6 (g-6) MCO Performance Metrics Report.

7 (1) The Department shall publish, on at least a  
8 quarterly basis, each MCO's operational performance,  
9 including, but not limited to, the following categories of  
10 metrics:

11 (A) claims payment, including timeliness and  
12 accuracy;

13 (B) prior authorizations;

14 (C) grievance and appeals;

15 (D) utilization statistics;

16 (E) provider disputes;

17 (F) provider credentialing; and

18 (G) member and provider customer service.

19 (2) The Department shall ensure that the metrics  
20 report is accessible to providers online by January 1,  
21 2017.

22 (3) The metrics shall be developed in consultation  
23 with industry representatives of the Medicaid managed care  
24 health plans and representatives of associations  
25 representing the majority of providers within the  
26 identified industry.

1           (4) Metrics shall be defined and incorporated into the  
2           applicable Managed Care Policy Manual issued by the  
3           Department.

4           (g-7) MCO claims processing and performance analysis. In  
5           order to monitor MCO payments to hospital providers, pursuant  
6           to Public Act 100-580, the Department shall post an analysis  
7           of MCO claims processing and payment performance on its  
8           website every 6 months. Such analysis shall include a review  
9           and evaluation of a representative sample of hospital claims  
10          that are rejected and denied for clean and unclean claims and  
11          the top 5 reasons for such actions and timeliness of claims  
12          adjudication, which identifies the percentage of claims  
13          adjudicated within 30, 60, 90, and over 90 days, and the dollar  
14          amounts associated with those claims.

15          (g-8) Dispute resolution process. The Department shall  
16          maintain a provider complaint portal through which a provider  
17          can submit to the Department unresolved disputes with an MCO.  
18          An unresolved dispute means an MCO's decision that denies in  
19          whole or in part a claim for reimbursement to a provider for  
20          health care services rendered by the provider to an enrollee  
21          of the MCO with which the provider disagrees. Disputes shall  
22          not be submitted to the portal until the provider has availed  
23          itself of the MCO's internal dispute resolution process.  
24          Disputes that are submitted to the MCO internal dispute  
25          resolution process may be submitted to the Department of  
26          Healthcare and Family Services' complaint portal no sooner

1 than 30 days after submitting to the MCO's internal process  
2 and not later than 30 days after the unsatisfactory resolution  
3 of the internal MCO process or 60 days after submitting the  
4 dispute to the MCO internal process. Multiple claim disputes  
5 involving the same MCO may be submitted in one complaint,  
6 regardless of whether the claims are for different enrollees,  
7 when the specific reason for non-payment of the claims  
8 involves a common question of fact or policy. Within 10  
9 business days of receipt of a complaint, the Department shall  
10 present such disputes to the appropriate MCO, which shall then  
11 have 30 days to issue its written proposal to resolve the  
12 dispute. The Department may grant one 30-day extension of this  
13 time frame to one of the parties to resolve the dispute. If the  
14 dispute remains unresolved at the end of this time frame or the  
15 provider is not satisfied with the MCO's written proposal to  
16 resolve the dispute, the provider may, within 30 days, request  
17 the Department to review the dispute and make a final  
18 determination. Within 30 days of the request for Department  
19 review of the dispute, both the provider and the MCO shall  
20 present all relevant information to the Department for  
21 resolution and make individuals with knowledge of the issues  
22 available to the Department for further inquiry if needed.  
23 Within 30 days of receiving the relevant information on the  
24 dispute, or the lapse of the period for submitting such  
25 information, the Department shall issue a written decision on  
26 the dispute based on contractual terms between the provider

1 and the MCO, contractual terms between the MCO and the  
2 Department of Healthcare and Family Services and applicable  
3 Medicaid policy. The decision of the Department shall be  
4 final. By January 1, 2020, the Department shall establish by  
5 rule further details of this dispute resolution process.  
6 Disputes between MCOs and providers presented to the  
7 Department for resolution are not contested cases, as defined  
8 in Section 1-30 of the Illinois Administrative Procedure Act,  
9 conferring any right to an administrative hearing.

10 (g-9) (1) The Department shall publish annually on its  
11 website a report on the calculation of each managed care  
12 organization's medical loss ratio showing the following:

13 (A) Premium revenue, with appropriate adjustments.

14 (B) Benefit expense, setting forth the aggregate  
15 amount spent for the following:

16 (i) Direct paid claims.

17 (ii) Subcapitation payments.

18 (iii) Other claim payments.

19 (iv) Direct reserves.

20 (v) Gross recoveries.

21 (vi) Expenses for activities that improve health  
22 care quality as allowed by the Department.

23 (2) The medical loss ratio shall be calculated consistent  
24 with federal law and regulation following a claims runout  
25 period determined by the Department.

26 (g-10) (1) "Liability effective date" means the date on

1 which an MCO becomes responsible for payment for medically  
2 necessary and covered services rendered by a provider to one  
3 of its enrollees in accordance with the contract terms between  
4 the MCO and the provider. The liability effective date shall  
5 be the later of:

6 (A) The execution date of a network participation  
7 contract agreement.

8 (B) The date the provider or its representative  
9 submits to the MCO the complete and accurate standardized  
10 roster form for the provider in the format approved by the  
11 Department.

12 (C) The provider effective date contained within the  
13 Department's provider enrollment subsystem within the  
14 Illinois Medicaid Program Advanced Cloud Technology  
15 (IMPACT) System.

16 (2) The standardized roster form may be submitted to the  
17 MCO at the same time that the provider submits an enrollment  
18 application to the Department through IMPACT.

19 (3) By October 1, 2019, the Department shall require all  
20 MCOs to update their provider directory with information for  
21 new practitioners of existing contracted providers within 30  
22 days of receipt of a complete and accurate standardized roster  
23 template in the format approved by the Department provided  
24 that the provider is effective in the Department's provider  
25 enrollment subsystem within the IMPACT system. Such provider  
26 directory shall be readily accessible for purposes of



1 selecting an approved health care provider and comply with all  
2 other federal and State requirements.

3 (g-11) The Department shall work with relevant  
4 stakeholders on the development of operational guidelines to  
5 enhance and improve operational performance of Illinois'  
6 Medicaid managed care program, including, but not limited to,  
7 improving provider billing practices, reducing claim  
8 rejections and inappropriate payment denials, and  
9 standardizing processes, procedures, definitions, and response  
10 timelines, with the goal of reducing provider and MCO  
11 administrative burdens and conflict. The Department shall  
12 include a report on the progress of these program improvements  
13 and other topics in its Fiscal Year 2020 annual report to the  
14 General Assembly.

15 (g-12) Notwithstanding any other provision of law, if the  
16 Department or an MCO requires submission of a claim for  
17 payment in a non-electronic format, a provider shall always be  
18 afforded a period of no less than 90 business days, as a  
19 correction period, following any notification of rejection by  
20 either the Department or the MCO to correct errors or  
21 omissions in the original submission.

22 Under no circumstances, either by an MCO or under the  
23 State's fee-for-service system, shall a provider be denied  
24 payment for failure to comply with any timely submission  
25 requirements under this Code or under any existing contract,  
26 unless the non-electronic format claim submission occurs after

1 the initial 180 days following the latest date of service on  
2 the claim, or after the 90 business days correction period  
3 following notification to the provider of rejection or denial  
4 of payment.

5 (h) The Department shall not expand mandatory MCO  
6 enrollment into new counties beyond those counties already  
7 designated by the Department as of June 1, 2014 for the  
8 individuals whose eligibility for medical assistance is not  
9 the seniors or people with disabilities population until the  
10 Department provides an opportunity for accountable care  
11 entities and MCOs to participate in such newly designated  
12 counties.

13 (h-5) Leading indicator data sharing. By January 1, 2024,  
14 the Department shall obtain input from the Department of Human  
15 Services, the Department of Juvenile Justice, the Department  
16 of Children and Family Services, the State Board of Education,  
17 managed care organizations, providers, and clinical experts to  
18 identify and analyze key indicators from assessments and data  
19 sets available to the Department that can be shared with  
20 managed care organizations and similar care coordination  
21 entities contracted with the Department as leading indicators  
22 for elevated behavioral health crisis risk for children. To  
23 the extent permitted by State and federal law, the identified  
24 leading indicators shall be shared with managed care  
25 organizations and similar care coordination entities  
26 contracted with the Department within 6 months of

1 identification for the purpose of improving care coordination  
2 with the early detection of elevated risk. Leading indicators  
3 shall be reassessed annually with stakeholder input.

4 (i) The requirements of this Section apply to contracts  
5 with accountable care entities and MCOs entered into, amended,  
6 or renewed after June 16, 2014 (the effective date of Public  
7 Act 98-651).

8 (j) Health care information released to managed care  
9 organizations. A health care provider shall release to a  
10 Medicaid managed care organization, upon request, and subject  
11 to the Health Insurance Portability and Accountability Act of  
12 1996 and any other law applicable to the release of health  
13 information, the health care information of the MCO's  
14 enrollee, if the enrollee has completed and signed a general  
15 release form that grants to the health care provider  
16 permission to release the recipient's health care information  
17 to the recipient's insurance carrier.

18 (k) The Department of Healthcare and Family Services,  
19 managed care organizations, a statewide organization  
20 representing hospitals, and a statewide organization  
21 representing safety-net hospitals shall explore ways to  
22 support billing departments in safety-net hospitals.

23 (l) The requirements of this Section added by Public Act  
24 102-4 shall apply to services provided on or after the first  
25 day of the month that begins 60 days after April 27, 2021 (the  
26 effective date of Public Act 102-4).

1 (Source: P.A. 101-209, eff. 8-5-19; 102-4, eff. 4-27-21;  
2 102-43, eff. 7-6-21; 102-144, eff. 1-1-22; 102-454, eff.  
3 8-20-21; 102-813, eff. 5-13-22.)

4 Section 30. The Juvenile Court Act of 1987 is amended by  
5 changing Section 3-5 as follows:

6 (705 ILCS 405/3-5) (from Ch. 37, par. 803-5)

7 Sec. 3-5. Interim crisis intervention services.

8 (a) Any minor who is taken into limited custody, or who  
9 independently requests or is referred for assistance, may be  
10 provided crisis intervention services by an agency or  
11 association, as defined in this Act, provided the association  
12 or agency staff (i) immediately investigate the circumstances  
13 of the minor and the facts surrounding the minor being taken  
14 into custody and promptly explain these facts and  
15 circumstances to the minor, and (ii) make a reasonable effort  
16 to inform the minor's parent, guardian or custodian of the  
17 fact that the minor has been taken into limited custody and  
18 where the minor is being kept, and (iii) if the minor consents,  
19 make a reasonable effort to transport, arrange for the  
20 transportation of, or otherwise release the minor to the  
21 parent, guardian or custodian. Upon release of the child who  
22 is believed to need or benefit from medical, psychological,  
23 psychiatric or social services, the association or agency may  
24 inform the minor and the person to whom the minor is released

1 of the nature and location of appropriate services and shall,  
2 if requested, assist in establishing contact between the  
3 family and other associations or agencies providing such  
4 services. If the agency or association is unable by all  
5 reasonable efforts to contact a parent, guardian or custodian,  
6 or if the person contacted lives an unreasonable distance  
7 away, or if the minor refuses to be taken to his or her home or  
8 other appropriate residence, or if the agency or association  
9 is otherwise unable despite all reasonable efforts to make  
10 arrangements for the safe return of the minor, the minor may be  
11 taken to a temporary living arrangement which is in compliance  
12 with the Child Care Act of 1969 or which is with persons agreed  
13 to by the parents and the agency or association.

14 (b) An agency or association is authorized to permit a  
15 minor to be sheltered in a temporary living arrangement  
16 provided the agency seeks to effect the minor's return home or  
17 alternative living arrangements agreeable to the minor and the  
18 parent, guardian, or custodian as soon as practicable. No  
19 minor shall be sheltered in a temporary living arrangement for  
20 more than 21 business days. Throughout such limited custody,  
21 the agency or association shall work with the parent,  
22 guardian, or custodian and the minor's local school district,  
23 the Department of Human Services, the Department of Healthcare  
24 and Family Services, the Department of Juvenile Justice, and  
25 the Department of Children and Family Services to identify  
26 immediate and long-term treatment or placement. 48 hours,

1 ~~excluding Saturdays, Sundays, and court designated holidays,~~  
2 ~~when the agency has reported the minor as neglected or abused~~  
3 ~~because the parent, guardian, or custodian refuses to permit~~  
4 ~~the child to return home, provided that in all other instances~~  
5 ~~the minor may be sheltered when the agency obtains the consent~~  
6 ~~of the parent, guardian, or custodian or documents its~~  
7 ~~unsuccessful efforts to obtain the consent or authority of the~~  
8 ~~parent, guardian, or custodian, including recording the date~~  
9 ~~and the staff involved in all telephone calls, telegrams,~~  
10 ~~letters, and personal contacts to obtain the consent or~~  
11 ~~authority, in which instances the minor may be so sheltered~~  
12 ~~for not more than 21 days. If at any time during the crisis~~  
13 ~~intervention there is a concern that the minor has experienced~~  
14 ~~abuse or neglect, the Comprehensive Community Based-Youth~~  
15 ~~Services provider shall contact the parent, guardian or~~  
16 ~~eustodian refuses to permit the minor to return home, and no~~  
17 ~~other living arrangement agreeable to the parent, guardian, or~~  
18 ~~eustodian can be made, and the parent, guardian, or custodian~~  
19 ~~has not made any other appropriate living arrangement for the~~  
20 ~~child, the agency may deem the minor to be neglected and report~~  
21 ~~the neglect to the Department of Children and Family Services~~  
22 ~~as provided in the Abused and Neglected Child Reporting Act.~~  
23 ~~The Child Protective Service Unit of the Department of~~  
24 ~~Children and Family Services shall begin an investigation of~~  
25 ~~the report within 24 hours after receiving the report and~~  
26 ~~shall determine whether to file a petition alleging that the~~

1 ~~minor is neglected or abused as described in Section 2-3 of~~  
2 ~~this Act. Subject to appropriation, the Department may take~~  
3 ~~the minor into temporary protective custody at any time after~~  
4 ~~receiving the report, provided that the Department shall take~~  
5 ~~temporary protective custody within 48 hours of receiving the~~  
6 ~~report if its investigation is not completed. If the~~  
7 ~~Department of Children and Family Services determines that the~~  
8 ~~minor is not a neglected minor because the minor is an~~  
9 ~~immediate physical danger to himself, herself, or others~~  
10 ~~living in the home, then the Department shall take immediate~~  
11 ~~steps to either secure the minor's immediate admission to a~~  
12 ~~mental health facility, arrange for law enforcement~~  
13 ~~authorities to take temporary custody of the minor as a~~  
14 ~~delinquent minor, or take other appropriate action to assume~~  
15 ~~protective custody in order to safeguard the minor or others~~  
16 ~~living in the home from immediate physical danger.~~

17 (c) Any agency or association or employee thereof acting  
18 reasonably and in good faith in the care of a minor being  
19 provided interim crisis intervention services and shelter care  
20 shall be immune from any civil or criminal liability resulting  
21 from such care.

22 (Source: P.A. 95-443, eff. 1-1-08.)

23 Section 99. Effective date. This Act takes effect upon  
24 becoming law.