



Rep. Lindsey LaPointe

Filed: 5/8/2023

10300SB0724ham004

LRB103 29722 KTG 61488 a

1 AMENDMENT TO SENATE BILL 724

2 AMENDMENT NO. _____. Amend Senate Bill 724 by replacing
3 everything after the enacting clause with the following:

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

1 General Assembly and federal and local leaders on these
2 critical issues.

3 An Interagency Children's Behavioral Health Services Team
4 is established to find appropriate services, residential
5 treatment, and support for children identified by each
6 participating agency as requiring enhanced agency
7 collaboration to identify and obtain treatment in a
8 residential setting. Responsibilities of each participating
9 agency shall be outlined in an interagency agreement between
10 all the relevant State agencies.

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

21 The interagency agreement, among other things, shall
22 address all of the following:

23 (1) Require each participating agency to assign staff
24 to the Interagency Children's Behavioral Health Services
25 Team who have operational knowledge of and decision-making

1 authority over the agency's children's behavioral health
2 programs and services.

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

7 (A) the length of time the child has been
8 clinically approved for residential services through
9 existing funding streams but has not been admitted to
10 an appropriate program;

11 (B) the length of time the child has been in a
12 hospital emergency department or medical unit seeking
13 inpatient treatment for psychiatric or behavioral
14 health emergency;

15 (C) the length of time the child has been in a
16 psychiatric or general acute care hospital for
17 inpatient psychiatric treatment beyond medical
18 necessity;

19 (D) the risk of being taken into the custody of the
20 Department of Children and Family Services in the
21 absence of abuse or neglect as defined by the Abused
22 and Neglected Child Reporting Act or the Juvenile
23 Court Act of 1987 for the sole purpose of obtaining
24 behavioral health services or residential treatment;

25 (E) other circumstances that require enhanced
26 interagency collaboration to find appropriate services

1 for the child.

2 (3) Require each agency, or its designee, to present
3 each identified child's clinical case, to the extent
4 permitted by State and federal law, to the Interagency
5 Children's Behavioral Health Services Team during regular
6 team meetings to outline the child's needs and to
7 determine if any of the participating agencies have
8 residential or other supportive services that may be
9 available for the child to ensure that the child receives
10 appropriate treatment, including residential treatment if
11 necessary, as soon as possible.

12 (4) Require the Community and Residential Services
13 Authority to notify the Interagency Children's Behavioral
14 Health Services Team of any child that has been referred
15 for services who meet the criteria set forth in paragraph
16 (2) and to present the clinical cases for the child to the
17 interagency team to determine if any agency program can
18 assist the child.

19 (5) Require the participating agencies to develop a
20 quarterly analysis, to be submitted to the General
21 Assembly, the Governor's Office, and the Community and
22 Residential Services Authority including the following
23 information, to the extent permitted by State and federal
24 law:

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

26 (B) the children's clinical presentations that

1 required enhanced agency collaboration;

2 (C) the types of services including residential
3 treatment that were needed to appropriately support
4 the aggregate needs of children presented;

5 (D) the timeframe it took to find placement or
6 appropriate services; and

7 (E) any other data or information the Interagency
8 Children's Behavioral Health Services Team deems
9 appropriate.

10 All information collected, shared, or stored pursuant to
11 this Section shall be handled in accordance with all State and
12 federal privacy laws and accompanying regulations and rules,
13 including without limitation the federal Health Insurance
14 Portability and Accountability Act of 1996 (Public Law
15 104-191) and the Mental Health and Developmental Disabilities
16 Confidentiality Act.

17 Nothing in this Section shall be construed or applied in a
18 manner that would conflict with, diminish, or infringe upon,
19 any State agency's obligation to comply fully with
20 requirements imposed under a court order or State or federal
21 consent decree applicable to that agency.

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

24 (20 ILCS 505/5) (from Ch. 23, par. 5005)

1 Sec. 5. Direct child welfare services; Department of
2 Children and Family Services. To provide direct child welfare
3 services when not available through other public or private
4 child care or program facilities.

5 (a) For purposes of this Section:

6 (1) "Children" means persons found within the State
7 who are under the age of 18 years. The term also includes
8 persons under age 21 who:

9 (A) were committed to the Department pursuant to
10 the Juvenile Court Act or the Juvenile Court Act of
11 1987 and who continue under the jurisdiction of the
12 court; or

13 (B) were accepted for care, service and training
14 by the Department prior to the age of 18 and whose best
15 interest in the discretion of the Department would be
16 served by continuing that care, service and training
17 because of severe emotional disturbances, physical
18 disability, social adjustment or any combination
19 thereof, or because of the need to complete an
20 educational or vocational training program.

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

25 (3) "Child welfare services" means public social
26 services which are directed toward the accomplishment of

1 the following purposes:

2 (A) protecting and promoting the health, safety
3 and welfare of children, including homeless,
4 dependent, or neglected children;

5 (B) remedying, or assisting in the solution of
6 problems which may result in, the neglect, abuse,
7 exploitation, or delinquency of children;

8 (C) preventing the unnecessary separation of
9 children from their families by identifying family
10 problems, assisting families in resolving their
11 problems, and preventing the breakup of the family
12 where the prevention of child removal is desirable and
13 possible when the child can be cared for at home
14 without endangering the child's health and safety;

15 (D) restoring to their families children who have
16 been removed, by the provision of services to the
17 child and the families when the child can be cared for
18 at home without endangering the child's health and
19 safety;

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

23 (F) assuring safe and adequate care of children
24 away from their homes, in cases where the child cannot
25 be returned home or cannot be placed for adoption. At
26 the time of placement, the Department shall consider

1 concurrent planning, as described in subsection (l-1)
2 of this Section so that permanency may occur at the
3 earliest opportunity. Consideration should be given so
4 that if reunification fails or is delayed, the
5 placement made is the best available placement to
6 provide permanency for the child;

7 (G) (blank);

8 (H) (blank); and

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

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

19 (ii) who are persons with a developmental
20 disability, as defined in the Mental Health and
21 Developmental Disabilities Code, or

22 (iii) who are female children who are
23 pregnant, pregnant and parenting, or parenting, or

24 (iv) who are siblings, in facilities that
25 provide separate living quarters for children 18
26 years of age and older and for children under 18

1 years of age.

2 (b) (Blank).

3 (b-5) The Department shall adopt rules to establish a
4 process for all licensed residential providers in Illinois to
5 submit data as required by the Department, if they contract or
6 receive reimbursement for children's mental health, substance
7 use, and developmental disability services from the Department
8 of Human Services, the Department of Juvenile Justice, or the
9 Department of Healthcare and Family Services. The requested
10 data must include, but is not limited to, capacity, staffing,
11 and occupancy data for the purpose of establishing State need
12 and placement availability.

13 All information collected, shared, or stored pursuant to
14 this subsection shall be handled in accordance with all State
15 and federal privacy laws and accompanying regulations and
16 rules, including without limitation the federal Health
17 Insurance Portability and Accountability Act of 1996 (Public
18 Law 104-191) and the Mental Health and Developmental
19 Disabilities Confidentiality Act.

20 (c) The Department shall establish and maintain
21 tax-supported child welfare services and extend and seek to
22 improve voluntary services throughout the State, to the end
23 that services and care shall be available on an equal basis
24 throughout the State to children requiring such services.

25 (d) The Director may authorize advance disbursements for
26 any new program initiative to any agency contracting with the

1 Department. As a prerequisite for an advance disbursement, the
2 contractor must post a surety bond in the amount of the advance
3 disbursement and have a purchase of service contract approved
4 by the Department. The Department may pay up to 2 months
5 operational expenses in advance. The amount of the advance
6 disbursement shall be prorated over the life of the contract
7 or the remaining months of the fiscal year, whichever is less,
8 and the installment amount shall then be deducted from future
9 bills. Advance disbursement authorizations for new initiatives
10 shall not be made to any agency after that agency has operated
11 during 2 consecutive fiscal years. The requirements of this
12 Section concerning advance disbursements shall not apply with
13 respect to the following: payments to local public agencies
14 for child day care services as authorized by Section 5a of this
15 Act; and youth service programs receiving grant funds under
16 Section 17a-4.

17 (e) (Blank).

18 (f) (Blank).

19 (g) The Department shall establish rules and regulations
20 concerning its operation of programs designed to meet the
21 goals of child safety and protection, family preservation,
22 family reunification, and adoption, including, but not limited
23 to:

24 (1) adoption;

25 (2) foster care;

26 (3) family counseling;

- 1 (4) protective services;
- 2 (5) (blank);
- 3 (6) homemaker service;
- 4 (7) return of runaway children;
- 5 (8) (blank);
- 6 (9) placement under Section 5-7 of the Juvenile Court
- 7 Act or Section 2-27, 3-28, 4-25, or 5-740 of the Juvenile
- 8 Court Act of 1987 in accordance with the federal Adoption
- 9 Assistance and Child Welfare Act of 1980; and
- 10 (10) interstate services.

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

22 (h) If the Department finds that there is no appropriate
23 program or facility within or available to the Department for
24 a youth in care and that no licensed private facility has an
25 adequate and appropriate program or none agrees to accept the
26 youth in care, the Department shall create an appropriate

1 individualized, program-oriented plan for such youth in care.
2 The plan may be developed within the Department or through
3 purchase of services by the Department to the extent that it is
4 within its statutory authority to do.

5 (i) Service programs shall be available throughout the
6 State and shall include but not be limited to the following
7 services:

- 8 (1) case management;
- 9 (2) homemakers;
- 10 (3) counseling;
- 11 (4) parent education;
- 12 (5) day care; and
- 13 (6) emergency assistance and advocacy.

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

- 16 (1) comprehensive family-based services;
- 17 (2) assessments;
- 18 (3) respite care; and
- 19 (4) in-home health services.

20 The Department shall provide transportation for any of the
21 services it makes available to children or families or for
22 which it refers children or families.

23 (j) The Department may provide categories of financial
24 assistance and education assistance grants, and shall
25 establish rules and regulations concerning the assistance and
26 grants, to persons who adopt children with physical or mental

1 disabilities, children who are older, or other hard-to-place
2 children who (i) immediately prior to their adoption were
3 youth in care or (ii) were determined eligible for financial
4 assistance with respect to a prior adoption and who become
5 available for adoption because the prior adoption has been
6 dissolved and the parental rights of the adoptive parents have
7 been terminated or because the child's adoptive parents have
8 died. The Department may continue to provide financial
9 assistance and education assistance grants for a child who was
10 determined eligible for financial assistance under this
11 subsection (j) in the interim period beginning when the
12 child's adoptive parents died and ending with the finalization
13 of the new adoption of the child by another adoptive parent or
14 parents. The Department may also provide categories of
15 financial assistance and education assistance grants, and
16 shall establish rules and regulations for the assistance and
17 grants, to persons appointed guardian of the person under
18 Section 5-7 of the Juvenile Court Act or Section 2-27, 3-28,
19 4-25, or 5-740 of the Juvenile Court Act of 1987 for children
20 who were youth in care for 12 months immediately prior to the
21 appointment of the guardian.

22 The amount of assistance may vary, depending upon the
23 needs of the child and the adoptive parents, as set forth in
24 the annual assistance agreement. Special purpose grants are
25 allowed where the child requires special service but such
26 costs may not exceed the amounts which similar services would

1 cost the Department if it were to provide or secure them as
2 guardian of the child.

3 Any financial assistance provided under this subsection is
4 inalienable by assignment, sale, execution, attachment,
5 garnishment, or any other remedy for recovery or collection of
6 a judgment or debt.

7 (j-5) The Department shall not deny or delay the placement
8 of a child for adoption if an approved family is available
9 either outside of the Department region handling the case, or
10 outside of the State of Illinois.

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

15 (l) The Department shall offer family preservation
16 services, as defined in Section 8.2 of the Abused and
17 Neglected Child Reporting Act, to help families, including
18 adoptive and extended families. Family preservation services
19 shall be offered (i) to prevent the placement of children in
20 substitute care when the children can be cared for at home or
21 in the custody of the person responsible for the children's
22 welfare, (ii) to reunite children with their families, or
23 (iii) to maintain an adoptive placement. Family preservation
24 services shall only be offered when doing so will not endanger
25 the children's health or safety. With respect to children who
26 are in substitute care pursuant to the Juvenile Court Act of

1 1987, family preservation services shall not be offered if a
2 goal other than those of subdivisions (A), (B), or (B-1) of
3 subsection (2) of Section 2-28 of that Act has been set, except
4 that reunification services may be offered as provided in
5 paragraph (F) of subsection (2) of Section 2-28 of that Act.
6 Nothing in this paragraph shall be construed to create a
7 private right of action or claim on the part of any individual
8 or child welfare agency, except that when a child is the
9 subject of an action under Article II of the Juvenile Court Act
10 of 1987 and the child's service plan calls for services to
11 facilitate achievement of the permanency goal, the court
12 hearing the action under Article II of the Juvenile Court Act
13 of 1987 may order the Department to provide the services set
14 out in the plan, if those services are not provided with
15 reasonable promptness and if those services are available.

16 The Department shall notify the child and his family of
17 the Department's responsibility to offer and provide family
18 preservation services as identified in the service plan. The
19 child and his family shall be eligible for services as soon as
20 the report is determined to be "indicated". The Department may
21 offer services to any child or family with respect to whom a
22 report of suspected child abuse or neglect has been filed,
23 prior to concluding its investigation under Section 7.12 of
24 the Abused and Neglected Child Reporting Act. However, the
25 child's or family's willingness to accept services shall not
26 be considered in the investigation. The Department may also

1 provide services to any child or family who is the subject of
2 any report of suspected child abuse or neglect or may refer
3 such child or family to services available from other agencies
4 in the community, even if the report is determined to be
5 unfounded, if the conditions in the child's or family's home
6 are reasonably likely to subject the child or family to future
7 reports of suspected child abuse or neglect. Acceptance of
8 such services shall be voluntary. The Department may also
9 provide services to any child or family after completion of a
10 family assessment, as an alternative to an investigation, as
11 provided under the "differential response program" provided
12 for in subsection (a-5) of Section 7.4 of the Abused and
13 Neglected Child Reporting Act.

14 The Department may, at its discretion except for those
15 children also adjudicated neglected or dependent, accept for
16 care and training any child who has been adjudicated addicted,
17 as a truant minor in need of supervision or as a minor
18 requiring authoritative intervention, under the Juvenile Court
19 Act or the Juvenile Court Act of 1987, but no such child shall
20 be committed to the Department by any court without the
21 approval of the Department. On and after January 1, 2015 (the
22 effective date of Public Act 98-803) and before January 1,
23 2017, a minor charged with a criminal offense under the
24 Criminal Code of 1961 or the Criminal Code of 2012 or
25 adjudicated delinquent shall not be placed in the custody of
26 or committed to the Department by any court, except (i) a minor

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

1 As soon as is possible after August 7, 2009 (the effective
2 date of Public Act 96-134), the Department shall develop and
3 implement a special program of family preservation services to
4 support intact, foster, and adoptive families who are
5 experiencing extreme hardships due to the difficulty and
6 stress of caring for a child who has been diagnosed with a
7 pervasive developmental disorder if the Department determines
8 that those services are necessary to ensure the health and
9 safety of the child. The Department may offer services to any
10 family whether or not a report has been filed under the Abused
11 and Neglected Child Reporting Act. The Department may refer
12 the child or family to services available from other agencies
13 in the community if the conditions in the child's or family's
14 home are reasonably likely to subject the child or family to
15 future reports of suspected child abuse or neglect. Acceptance
16 of these services shall be voluntary. The Department shall
17 develop and implement a public information campaign to alert
18 health and social service providers and the general public
19 about these special family preservation services. The nature
20 and scope of the services offered and the number of families
21 served under the special program implemented under this
22 paragraph shall be determined by the level of funding that the
23 Department annually allocates for this purpose. The term
24 "pervasive developmental disorder" under this paragraph means
25 a neurological condition, including, but not limited to,
26 Asperger's Syndrome and autism, as defined in the most recent

1 edition of the Diagnostic and Statistical Manual of Mental
2 Disorders of the American Psychiatric Association.

3 (1-1) The legislature recognizes that the best interests
4 of the child require that the child be placed in the most
5 permanent living arrangement as soon as is practically
6 possible. To achieve this goal, the legislature directs the
7 Department of Children and Family Services to conduct
8 concurrent planning so that permanency may occur at the
9 earliest opportunity. Permanent living arrangements may
10 include prevention of placement of a child outside the home of
11 the family when the child can be cared for at home without
12 endangering the child's health or safety; reunification with
13 the family, when safe and appropriate, if temporary placement
14 is necessary; or movement of the child toward the most
15 permanent living arrangement and permanent legal status.

16 When determining reasonable efforts to be made with
17 respect to a child, as described in this subsection, and in
18 making such reasonable efforts, the child's health and safety
19 shall be the paramount concern.

20 When a child is placed in foster care, the Department
21 shall ensure and document that reasonable efforts were made to
22 prevent or eliminate the need to remove the child from the
23 child's home. The Department must make reasonable efforts to
24 reunify the family when temporary placement of the child
25 occurs unless otherwise required, pursuant to the Juvenile
26 Court Act of 1987. At any time after the dispositional hearing

1 where the Department believes that further reunification
2 services would be ineffective, it may request a finding from
3 the court that reasonable efforts are no longer appropriate.
4 The Department is not required to provide further
5 reunification services after such a finding.

6 A decision to place a child in substitute care shall be
7 made with considerations of the child's health, safety, and
8 best interests. At the time of placement, consideration should
9 also be given so that if reunification fails or is delayed, the
10 placement made is the best available placement to provide
11 permanency for the child.

12 The Department shall adopt rules addressing concurrent
13 planning for reunification and permanency. The Department
14 shall consider the following factors when determining
15 appropriateness of concurrent planning:

- 16 (1) the likelihood of prompt reunification;
- 17 (2) the past history of the family;
- 18 (3) the barriers to reunification being addressed by
19 the family;
- 20 (4) the level of cooperation of the family;
- 21 (5) the foster parents' willingness to work with the
22 family to reunite;
- 23 (6) the willingness and ability of the foster family
24 to provide an adoptive home or long-term placement;
- 25 (7) the age of the child;
- 26 (8) placement of siblings.

1 (m) The Department may assume temporary custody of any
2 child if:

3 (1) it has received a written consent to such
4 temporary custody signed by the parents of the child or by
5 the parent having custody of the child if the parents are
6 not living together or by the guardian or custodian of the
7 child if the child is not in the custody of either parent,
8 or

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

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

1 5-415 of the Juvenile Court Act of 1987.

2 The Department shall have the authority, responsibilities
3 and duties that a legal custodian of the child would have
4 pursuant to subsection (9) of Section 1-3 of the Juvenile
5 Court Act of 1987. Whenever a child is taken into temporary
6 custody pursuant to an investigation under the Abused and
7 Neglected Child Reporting Act, or pursuant to a referral and
8 acceptance under the Juvenile Court Act of 1987 of a minor in
9 limited custody, the Department, during the period of
10 temporary custody and before the child is brought before a
11 judicial officer as required by Section 2-9, 3-11, 4-8, or
12 5-415 of the Juvenile Court Act of 1987, shall have the
13 authority, responsibilities and duties that a legal custodian
14 of the child would have under subsection (9) of Section 1-3 of
15 the Juvenile Court Act of 1987.

16 The Department shall ensure that any child taken into
17 custody is scheduled for an appointment for a medical
18 examination.

19 A parent, guardian, or custodian of a child in the
20 temporary custody of the Department who would have custody of
21 the child if he were not in the temporary custody of the
22 Department may deliver to the Department a signed request that
23 the Department surrender the temporary custody of the child.
24 The Department may retain temporary custody of the child for
25 10 days after the receipt of the request, during which period
26 the Department may cause to be filed a petition pursuant to the

1 Juvenile Court Act of 1987. If a petition is so filed, the
2 Department shall retain temporary custody of the child until
3 the court orders otherwise. If a petition is not filed within
4 the 10-day period, the child shall be surrendered to the
5 custody of the requesting parent, guardian, or custodian not
6 later than the expiration of the 10-day period, at which time
7 the authority and duties of the Department with respect to the
8 temporary custody of the child shall terminate.

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

23 (n) The Department may place children under 18 years of
24 age in licensed child care facilities when in the opinion of
25 the Department, appropriate services aimed at family
26 preservation have been unsuccessful and cannot ensure the

1 child's health and safety or are unavailable and such
2 placement would be for their best interest. Payment for board,
3 clothing, care, training and supervision of any child placed
4 in a licensed child care facility may be made by the
5 Department, by the parents or guardians of the estates of
6 those children, or by both the Department and the parents or
7 guardians, except that no payments shall be made by the
8 Department for any child placed in a licensed child care
9 facility for board, clothing, care, training and supervision
10 of such a child that exceed the average per capita cost of
11 maintaining and of caring for a child in institutions for
12 dependent or neglected children operated by the Department.
13 However, such restriction on payments does not apply in cases
14 where children require specialized care and treatment for
15 problems of severe emotional disturbance, physical disability,
16 social adjustment, or any combination thereof and suitable
17 facilities for the placement of such children are not
18 available at payment rates within the limitations set forth in
19 this Section. All reimbursements for services delivered shall
20 be absolutely inalienable by assignment, sale, attachment, or
21 garnishment or otherwise.

22 (n-1) The Department shall provide or authorize child
23 welfare services, aimed at assisting minors to achieve
24 sustainable self-sufficiency as independent adults, for any
25 minor eligible for the reinstatement of wardship pursuant to
26 subsection (2) of Section 2-33 of the Juvenile Court Act of

1 1987, whether or not such reinstatement is sought or allowed,
2 provided that the minor consents to such services and has not
3 yet attained the age of 21. The Department shall have
4 responsibility for the development and delivery of services
5 under this Section. An eligible youth may access services
6 under this Section through the Department of Children and
7 Family Services or by referral from the Department of Human
8 Services. Youth participating in services under this Section
9 shall cooperate with the assigned case manager in developing
10 an agreement identifying the services to be provided and how
11 the youth will increase skills to achieve self-sufficiency. A
12 homeless shelter is not considered appropriate housing for any
13 youth receiving child welfare services under this Section. The
14 Department shall continue child welfare services under this
15 Section to any eligible minor until the minor becomes 21 years
16 of age, no longer consents to participate, or achieves
17 self-sufficiency as identified in the minor's service plan.
18 The Department of Children and Family Services shall create
19 clear, readable notice of the rights of former foster youth to
20 child welfare services under this Section and how such
21 services may be obtained. The Department of Children and
22 Family Services and the Department of Human Services shall
23 disseminate this information statewide. The Department shall
24 adopt regulations describing services intended to assist
25 minors in achieving sustainable self-sufficiency as
26 independent adults.

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

25 (p) (Blank).

26 (q) The Department may receive and use, in their entirety,

1 for the benefit of children any gift, donation, or bequest of
2 money or other property which is received on behalf of such
3 children, or any financial benefits to which such children are
4 or may become entitled while under the jurisdiction or care of
5 the Department, except that the benefits described in Section
6 5.46 must be used and conserved consistent with the provisions
7 under Section 5.46.

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

19 In disbursing funds from children's accounts, the
20 Department shall:

- 21 (1) Establish standards in accordance with State and
22 federal laws for disbursing money from children's
23 accounts. In all circumstances, the Department's
24 "Guardianship Administrator" or his or her designee must
25 approve disbursements from children's accounts. The
26 Department shall be responsible for keeping complete

1 records of all disbursements for each account for any
2 purpose.

3 (2) Calculate on a monthly basis the amounts paid from
4 State funds for the child's board and care, medical care
5 not covered under Medicaid, and social services; and
6 utilize funds from the child's account, as covered by
7 regulation, to reimburse those costs. Monthly,
8 disbursements from all children's accounts, up to 1/12 of
9 \$13,000,000, shall be deposited by the Department into the
10 General Revenue Fund and the balance over 1/12 of
11 \$13,000,000 into the DCFS Children's Services Fund.

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

17 (r) The Department shall promulgate regulations
18 encouraging all adoption agencies to voluntarily forward to
19 the Department or its agent names and addresses of all persons
20 who have applied for and have been approved for adoption of a
21 hard-to-place child or child with a disability and the names
22 of such children who have not been placed for adoption. A list
23 of such names and addresses shall be maintained by the
24 Department or its agent, and coded lists which maintain the
25 confidentiality of the person seeking to adopt the child and
26 of the child shall be made available, without charge, to every

1 adoption agency in the State to assist the agencies in placing
2 such children for adoption. The Department may delegate to an
3 agent its duty to maintain and make available such lists. The
4 Department shall ensure that such agent maintains the
5 confidentiality of the person seeking to adopt the child and
6 of the child.

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

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

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

25 (2) the court has ordered one or both of the parties to
26 the proceeding to reimburse the Department for its

1 reasonable costs for providing such services in accordance
2 with Department rules, or has determined that neither
3 party is financially able to pay.

4 The Department shall provide written notification to the
5 court of the specific arrangements for supervised visitation
6 and projected monthly costs within 60 days of the court order.
7 The Department shall send to the court information related to
8 the costs incurred except in cases where the court has
9 determined the parties are financially unable to pay. The
10 court may order additional periodic reports as appropriate.

11 (u) In addition to other information that must be
12 provided, whenever the Department places a child with a
13 prospective adoptive parent or parents, in a licensed foster
14 home, group home, or child care institution, or in a relative
15 home, the Department shall provide to the prospective adoptive
16 parent or parents or other caretaker:

17 (1) available detailed information concerning the
18 child's educational and health history, copies of
19 immunization records (including insurance and medical card
20 information), a history of the child's previous
21 placements, if any, and reasons for placement changes
22 excluding any information that identifies or reveals the
23 location of any previous caretaker;

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

1 and

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

5 The caretaker shall be informed of any known social or
6 behavioral information (including, but not limited to,
7 criminal background, fire setting, perpetuation of sexual
8 abuse, destructive behavior, and substance abuse) necessary to
9 care for and safeguard the children to be placed or currently
10 in the home. The Department may prepare a written summary of
11 the information required by this paragraph, which may be
12 provided to the foster or prospective adoptive parent in
13 advance of a placement. The foster or prospective adoptive
14 parent may review the supporting documents in the child's file
15 in the presence of casework staff. In the case of an emergency
16 placement, casework staff shall at least provide known
17 information verbally, if necessary, and must subsequently
18 provide the information in writing as required by this
19 subsection.

20 The information described in this subsection shall be
21 provided in writing. In the case of emergency placements when
22 time does not allow prior review, preparation, and collection
23 of written information, the Department shall provide such
24 information as it becomes available. Within 10 business days
25 after placement, the Department shall obtain from the
26 prospective adoptive parent or parents or other caretaker a

1 signed verification of receipt of the information provided.
2 Within 10 business days after placement, the Department shall
3 provide to the child's guardian ad litem a copy of the
4 information provided to the prospective adoptive parent or
5 parents or other caretaker. The information provided to the
6 prospective adoptive parent or parents or other caretaker
7 shall be reviewed and approved regarding accuracy at the
8 supervisory level.

9 (u-5) Effective July 1, 1995, only foster care placements
10 licensed as foster family homes pursuant to the Child Care Act
11 of 1969 shall be eligible to receive foster care payments from
12 the Department. Relative caregivers who, as of July 1, 1995,
13 were approved pursuant to approved relative placement rules
14 previously promulgated by the Department at 89 Ill. Adm. Code
15 335 and had submitted an application for licensure as a foster
16 family home may continue to receive foster care payments only
17 until the Department determines that they may be licensed as a
18 foster family home or that their application for licensure is
19 denied or until September 30, 1995, whichever occurs first.

20 (v) The Department shall access criminal history record
21 information as defined in the Illinois Uniform Conviction
22 Information Act and information maintained in the adjudicatory
23 and dispositional record system as defined in Section 2605-355
24 of the Illinois State Police Law if the Department determines
25 the information is necessary to perform its duties under the
26 Abused and Neglected Child Reporting Act, the Child Care Act

1 of 1969, and the Children and Family Services Act. The
2 Department shall provide for interactive computerized
3 communication and processing equipment that permits direct
4 on-line communication with the Illinois State Police's central
5 criminal history data repository. The Department shall comply
6 with all certification requirements and provide certified
7 operators who have been trained by personnel from the Illinois
8 State Police. In addition, one Office of the Inspector General
9 investigator shall have training in the use of the criminal
10 history information access system and have access to the
11 terminal. The Department of Children and Family Services and
12 its employees shall abide by rules and regulations established
13 by the Illinois State Police relating to the access and
14 dissemination of this information.

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

1 (v-2) Prior to final approval for placement of a child,
2 the Department shall check its child abuse and neglect
3 registry for information concerning prospective foster and
4 adoptive parents, and any adult living in the home. If any
5 prospective foster or adoptive parent or other adult living in
6 the home has resided in another state in the preceding 5 years,
7 the Department shall request a check of that other state's
8 child abuse and neglect registry.

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

1 necessary geographic distribution of these facilities in
2 Illinois; and a proposed timetable for development of such
3 facilities.

4 (x) The Department shall conduct annual credit history
5 checks to determine the financial history of children placed
6 under its guardianship pursuant to the Juvenile Court Act of
7 1987. The Department shall conduct such credit checks starting
8 when a youth in care turns 12 years old and each year
9 thereafter for the duration of the guardianship as terminated
10 pursuant to the Juvenile Court Act of 1987. The Department
11 shall determine if financial exploitation of the child's
12 personal information has occurred. If financial exploitation
13 appears to have taken place or is presently ongoing, the
14 Department shall notify the proper law enforcement agency, the
15 proper State's Attorney, or the Attorney General.

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

26 (z) The Department shall access criminal history record

1 information as defined as "background information" in this
2 subsection and criminal history record information as defined
3 in the Illinois Uniform Conviction Information Act for each
4 Department employee or Department applicant. Each Department
5 employee or Department applicant shall submit his or her
6 fingerprints to the Illinois State Police in the form and
7 manner prescribed by the Illinois State Police. These
8 fingerprints shall be checked against the fingerprint records
9 now and hereafter filed in the Illinois State Police and the
10 Federal Bureau of Investigation criminal history records
11 databases. The Illinois State Police shall charge a fee for
12 conducting the criminal history record check, which shall be
13 deposited into the State Police Services Fund and shall not
14 exceed the actual cost of the record check. The Illinois State
15 Police shall furnish, pursuant to positive identification, all
16 Illinois conviction information to the Department of Children
17 and Family Services.

18 For purposes of this subsection:

19 "Background information" means all of the following:

20 (i) Upon the request of the Department of Children and
21 Family Services, conviction information obtained from the
22 Illinois State Police as a result of a fingerprint-based
23 criminal history records check of the Illinois criminal
24 history records database and the Federal Bureau of
25 Investigation criminal history records database concerning
26 a Department employee or Department applicant.

1 (ii) Information obtained by the Department of
2 Children and Family Services after performing a check of
3 the Illinois State Police's Sex Offender Database, as
4 authorized by Section 120 of the Sex Offender Community
5 Notification Law, concerning a Department employee or
6 Department applicant.

7 (iii) Information obtained by the Department of
8 Children and Family Services after performing a check of
9 the Child Abuse and Neglect Tracking System (CANTS)
10 operated and maintained by the Department.

11 "Department employee" means a full-time or temporary
12 employee coded or certified within the State of Illinois
13 Personnel System.

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

23 (Source: P.A. 101-13, eff. 6-12-19; 101-79, eff. 7-12-19;
24 101-81, eff. 7-12-19; 102-538, eff. 8-20-21; 102-558, eff.
25 8-20-21; 102-1014, eff. 5-27-22.)

1 (20 ILCS 505/17) (from Ch. 23, par. 5017)

2 Sec. 17. Youth and Community Services Program. The
3 Department of Human Services shall develop a State program for
4 youth and community services which will assure that youth who
5 come into contact or may come into contact with either the
6 child welfare system or the juvenile ~~the child welfare and the~~
7 ~~juvenile~~ justice system ~~systems~~ will have access to needed
8 community, prevention, diversion, emergency and independent
9 living services. The term "youth" means a person under the age
10 of 19 years. The term "homeless youth" means a youth who cannot
11 be reunited with his or her family and is not in a safe and
12 stable living situation. This Section shall not be construed
13 to require the Department of Human Services to provide
14 services under this Section to any homeless youth who is at
15 least 18 years of age but is younger than 19 years of age;
16 however, the Department may, in its discretion, provide
17 services under this Section to any such homeless youth.

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

19 (1) maintain children and youths in their own
20 community;

21 (2) eliminate unnecessary categorical funding of
22 programs by funding more comprehensive and integrated
23 programs;

24 (3) encourage local volunteers and voluntary
25 associations in developing programs aimed at preventing
26 and controlling juvenile delinquency;

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

2 (5) develop program models aimed at strengthening the
3 relationships between youth and their families and aimed
4 at developing healthy, independent lives for homeless
5 youth;

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

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

10 (b) The duties of the Department under the program shall
11 be to:

12 (1) design models for service delivery by local
13 communities;

14 (2) test alternative systems for delivering youth
15 services;

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

19 (4) monitor and provide technical assistance to local
20 boards and local service systems;

21 (5) assist local organizations in developing programs
22 which address the problems of youths and their families
23 through direct services, advocacy with institutions, and
24 improvement of local conditions; ~~and~~

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

1 (7) establish temporary emergency placements for youth
2 in crisis as defined by the Children's Behavioral Health
3 Transformation Team through comprehensive community-based
4 youth services provider grants.

5 (A) Temporary emergency placements:

6 (i) must be licensed through the Department of
7 Children and Family Services or, in the case of a
8 foster home, by the supervising child welfare
9 agency;

10 (ii) must be strategically situated to meet
11 regional need and minimize geographic disruption
12 in consultation with the Children's Behavioral
13 Health Transformation Officer and the Children's
14 Behavioral Health Transformation Team; and

15 (iii) shall include Comprehensive
16 Community-Based Youth Services program host homes,
17 foster homes, homeless youth shelters, Department
18 of Children and Family Services youth shelters, or
19 other licensed placements for minor youth
20 compliant with the Child Care Act of 1969 provided
21 under the Comprehensive Community-Based Youth
22 Services program.

23 (B) Beginning on the effective date of this
24 amendatory Act of the 103rd General Assembly, once
25 sufficient capacity has been developed, temporary
26 emergency placements must also include temporary

1 emergency placement shelters provided under the
2 Comprehensive Community-Based Youth Services program.
3 Temporary emergency placement shelters shall be
4 managed by Comprehensive Community-Based Youth
5 Services provider organizations and shall be available
6 to house youth receiving interim 24/7 crisis
7 intervention services as defined by the Juvenile Court
8 Act of 1987 and the Comprehensive Community-Based
9 Youth Services program grant and the Department, and
10 shall provide access to clinical supports for youth
11 while staying at the shelter.

12 (C) Comprehensive Community-Based Youth Services
13 organizations shall retain the sole authority to place
14 youth in host homes and temporary emergency placement
15 shelters provided under the Comprehensive
16 Community-Based Youth Services program.

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

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

23 (F) While in a temporary emergency placement, the
24 organization shall work with the parent, guardian, or
25 custodian to effectuate the youth's return home or to
26 an alternative long-term living arrangement. As

1 necessary, the agency or association shall also work
2 with the youth's local school district, the
3 Department, the Department of Human Services, the
4 Department of Healthcare and Family Services, and the
5 Department of Juvenile Justice to identify immediate
6 and long-term services, treatment, or placement.

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

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

13 Section 17. The Mental Health and Developmental
14 Disabilities Administrative Act is amended by adding Section
15 11.4 as follows:

16 (20 ILCS 1705/11.4 new)

17 Sec. 11.4. Care portal for families with children who have
18 complex behavioral health needs. The Department shall
19 establish and maintain a public-facing Care Portal to serve as
20 a centralized resource for families with children who have
21 significant and complex behavioral health needs. The Care
22 Portal shall streamline the process of directing families and
23 guardians to the appropriate level and type of care for their
24 children. In consultation with the Children's Behavioral

1 Health Transformation Officer, the Department shall develop
2 specifications for the Care Portal that ensure automatic
3 service eligibility matching, transparent data sharing,
4 regular reporting, and appropriate staffing, among other
5 items. The Department shall, in coordination with the
6 Departments of Children and Family Services, Healthcare and
7 Family Services, Juvenile Justice, and Public Health as well
8 as the State Board of Education, develop training and
9 communication for school districts, hospital social workers,
10 and system partners to demonstrate how individuals can assist
11 a family seeking youth behavioral health services and how to
12 access the Care Portal. Such training must include information
13 on the applicable federal and State law for the determination
14 of the need for residential placements for educational
15 purposes by individualized education program (IEP) teams.
16 Procedures for use of the Care Portal must not prohibit or
17 limit residential facilities from accepting students placed by
18 school districts for educational purposes as determined by the
19 IEP team.

20 Section 20. The School Code is amended by changing
21 Sections 2-3.163, 14-7.02, and 14-15.01 and by adding Section
22 2-3.196 as follows:

23 (105 ILCS 5/2-3.163)

24 Sec. 2-3.163. Prioritization of Urgency of Need for

1 Services database.

2 (a) The General Assembly makes all of the following
3 findings:

4 (1) The Department of Human Services maintains a
5 statewide database known as the Prioritization of Urgency
6 of Need for Services that records information about
7 individuals with developmental disabilities who are
8 potentially in need of services.

9 (2) The Department of Human Services uses the data on
10 Prioritization of Urgency of Need for Services to select
11 individuals for services as funding becomes available, to
12 develop proposals and materials for budgeting, and to plan
13 for future needs.

14 (3) Prioritization of Urgency of Need for Services is
15 available for children and adults with a developmental
16 disability who have an unmet service need anticipated in
17 the next 5 years.

18 (4) Prioritization of Urgency of Need for Services is
19 the first step toward getting developmental disabilities
20 services in this State. If individuals are not on the
21 Prioritization of Urgency of Need for Services waiting
22 list, they are not in queue for State developmental
23 disabilities services.

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

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

5 (c) Subject to appropriation, the Department of Human
6 Services and State Board of Education shall develop and
7 implement an online, computer-based training program for at
8 least one designated employee in every public school in this
9 State to educate him or her about the Prioritization of
10 Urgency of Need for Services database and steps to be taken to
11 ensure children and adolescents are enrolled. The training
12 shall include instruction for at least one designated employee
13 in every public school in contacting the appropriate
14 developmental disabilities Independent Service Coordination
15 agency to enroll children and adolescents in the database. At
16 least one designated employee in every public school shall
17 ensure the opportunity to enroll in the Prioritization of
18 Urgency of Need for Services database is discussed during
19 annual individualized education program (IEP) meetings for all
20 children and adolescents believed to have a developmental
21 disability.

22 (d) The State Board of Education, in consultation with the
23 Department of Human Services, through school districts, shall
24 provide to parents and guardians of students a copy of the
25 Department of Human Services's guide titled "Understanding
26 PUNS: A Guide to Prioritization for Urgency of Need for

1 Services" each year at the annual review meeting for the
2 student's individualized education program, including the
3 consideration required in subsection (e) of this Section.

4 (e) The Department of Human Services shall consider the
5 length of time spent on the Prioritization of Urgency of Need
6 for Services waiting list, in addition to other factors
7 considered, when selecting individuals on the list for
8 services.

9 (f) Subject to appropriation, the Department of Human
10 Services shall expand its selection of individuals from the
11 Prioritization of Urgency of Need for Services database to
12 include individuals who receive services through the Children
13 and Young Adults with Developmental Disabilities - Support
14 Waiver.

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

16 (105 ILCS 5/2-3.196 new)

17 Sec. 2-3.196. Mental health screenings. On or before
18 December 15, 2023, the State Board of Education, in
19 consultation with the Children's Behavioral Health
20 Transformation Officer, Children's Behavioral Health
21 Transformation Team, and the Office of the Governor, shall
22 file a report with the Governor and the General Assembly that
23 includes recommendations for implementation of mental health
24 screenings in schools for students enrolled in kindergarten
25 through grade 12. This report must include a landscape scan of

1 current district-wide screenings, recommendations for
2 screening tools, training for staff, and linkage and referral
3 for identified students.

4 (105 ILCS 5/14-7.02) (from Ch. 122, par. 14-7.02)

5 Sec. 14-7.02. Children attending private schools, public
6 out-of-state schools, public school residential facilities or
7 private special education facilities.

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

11 (b) If a student's individualized education program (IEP)
12 team determines that because of his or her disability the
13 special education program of a district is unable to meet the
14 needs of the child and the child attends a non-public school or
15 special education facility, a public out-of-state school or a
16 special education facility owned and operated by a county
17 government unit that provides special educational services
18 required by the child and is in compliance with the
19 appropriate rules and regulations of the State Superintendent
20 of Education, the school district in which the child is a
21 resident shall pay the actual cost of tuition for special
22 education and related services provided during the regular
23 school term and during the summer school term if the child's
24 educational needs so require, excluding room, board and
25 transportation costs charged the child by that non-public

1 school or special education facility, public out-of-state
2 school or county special education facility, or \$4,500 per
3 year, whichever is less, and shall provide him any necessary
4 transportation. "Nonpublic special education facility" shall
5 include a residential facility, within or without the State of
6 Illinois, which provides special education and related
7 services to meet the needs of the child by utilizing private
8 schools or public schools, whether located on the site or off
9 the site of the residential facility. Resident district
10 financial responsibility and reimbursement applies for both
11 nonpublic special education facilities that are approved by
12 the State Board of Education pursuant to 23 Ill. Adm. Code 401
13 or other applicable laws or rules and for emergency placements
14 in nonpublic special education facilities that are not
15 approved by the State Board of Education pursuant to 23 Ill.
16 Adm. Code 401 or other applicable laws or rules, subject to the
17 requirements of this Section.

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

1 a part of the review, the school district must refer to the
2 child or the child's parent or guardian the option to place the
3 child in a comparable special education residential facility
4 located within this State, if any.

5 (c-5) Before a provider that operates a nonpublic special
6 education facility terminates a student's placement in that
7 facility, the provider must request an IEP meeting from the
8 contracting school district. If the provider elects to
9 terminate the student's placement following the IEP meeting,
10 the provider must give written notice to this effect to the
11 parent or guardian, the contracting public school district,
12 and the State Board of Education no later than 20 business days
13 before the date of termination, unless the health and safety
14 of any student are endangered. The notice must include the
15 detailed reasons for the termination and any actions taken to
16 address the reason for the termination.

17 (d) Payments shall be made by the resident school district
18 to the entity providing the educational services, whether the
19 entity is the nonpublic special education facility or the
20 school district wherein the facility is located, no less than
21 once per quarter, unless otherwise agreed to in writing by the
22 parties.

23 (e) A school district may place a student in a nonpublic
24 special education facility providing educational services, but
25 not approved by the State Board of Education pursuant to 23
26 Ill. Adm. Code 401 or other applicable laws or rules, provided

1 that the State Board of Education provides an emergency and
2 student-specific approval for placement. The State Board of
3 Education shall promptly, within 10 days after the request,
4 approve a request for emergency and student-specific approval
5 for placement if the following have been demonstrated to the
6 State Board of Education:

7 (1) the facility demonstrates appropriate licensure of
8 teachers for the student population;

9 (2) the facility demonstrates age-appropriate
10 curriculum;

11 (3) the facility provides enrollment and attendance
12 data;

13 (4) the facility demonstrates the ability to implement
14 the child's IEP; and

15 (5) the school district demonstrates that it made good
16 faith efforts to place the student in an approved
17 facility, but no approved facility has accepted the
18 student or has availability for immediate placement of the
19 student.

20 A resident school district may also submit such proof to the
21 State Board of Education as may be required for its student.
22 The State Board of Education may not unreasonably withhold
23 approval once satisfactory proof is provided to the State
24 Board.

25 (f) If an impartial due process hearing officer who is
26 contracted by the State Board of Education pursuant to this

1 Article orders placement of a student with a disability in a
2 residential facility that is not approved by the State Board
3 of Education, then, for purposes of this Section, the facility
4 shall be deemed approved for placement and school district
5 payments and State reimbursements shall be made accordingly.

6 (g) Emergency placement in a facility approved pursuant to
7 subsection (e) or (f) may continue to be utilized so long as
8 (i) the student's IEP team determines annually that such
9 placement continues to be appropriate to meet the student's
10 needs and (ii) at least every 3 years following the student's
11 placement, the IEP team reviews appropriate placements
12 approved by the State Board of Education pursuant to 23 Ill.
13 Adm. Code 401 or other applicable laws or rules to determine
14 whether there are any approved placements that can meet the
15 student's needs, have accepted the student, and have
16 availability for placement of the student.

17 (h) The State Board of Education shall promulgate rules
18 and regulations for determining when placement in a private
19 special education facility is appropriate. Such rules and
20 regulations shall take into account the various types of
21 services needed by a child and the availability of such
22 services to the particular child in the public school. In
23 developing these rules and regulations the State Board of
24 Education shall consult with the Advisory Council on Education
25 of Children with Disabilities and hold public hearings to
26 secure recommendations from parents, school personnel, and

1 others concerned about this matter.

2 The State Board of Education shall also promulgate rules
3 and regulations for transportation to and from a residential
4 school. Transportation to and from home to a residential
5 school more than once each school term shall be subject to
6 prior approval by the State Superintendent in accordance with
7 the rules and regulations of the State Board.

8 (i) A school district making tuition payments pursuant to
9 this Section is eligible for reimbursement from the State for
10 the amount of such payments actually made in excess of the
11 district per capita tuition charge for students not receiving
12 special education services. Such reimbursement shall be
13 approved in accordance with Section 14-12.01 and each district
14 shall file its claims, computed in accordance with rules
15 prescribed by the State Board of Education, on forms
16 prescribed by the State Superintendent of Education. Data used
17 as a basis of reimbursement claims shall be for the preceding
18 regular school term and summer school term. Each school
19 district shall transmit its claims to the State Board of
20 Education on or before August 15. The State Board of
21 Education, before approving any such claims, shall determine
22 their accuracy and whether they are based upon services and
23 facilities provided under approved programs. Upon approval the
24 State Board shall cause vouchers to be prepared showing the
25 amount due for payment of reimbursement claims to school
26 districts, for transmittal to the State Comptroller on the

1 30th day of September, December, and March, respectively, and
2 the final voucher, no later than June 20. If the money
3 appropriated by the General Assembly for such purpose for any
4 year is insufficient, it shall be apportioned on the basis of
5 the claims approved.

6 (j) No child shall be placed in a special education
7 program pursuant to this Section if the tuition cost for
8 special education and related services increases more than 10
9 percent over the tuition cost for the previous school year or
10 exceeds \$4,500 per year unless such costs have been approved
11 by the Illinois Purchased Care Review Board. The Illinois
12 Purchased Care Review Board shall consist of the following
13 persons, or their designees: the Directors of Children and
14 Family Services, Public Health, Public Aid, and the Governor's
15 Office of Management and Budget; the Secretary of Human
16 Services; the State Superintendent of Education; and such
17 other persons as the Governor may designate. The Review Board
18 shall also consist of one non-voting member who is an
19 administrator of a private, nonpublic, special education
20 school. The Review Board shall establish rules and regulations
21 for its determination of allowable costs and payments made by
22 local school districts for special education, room and board,
23 and other related services provided by non-public schools or
24 special education facilities and shall establish uniform
25 standards and criteria which it shall follow. The Review Board
26 shall approve the usual and customary rate or rates of a

1 special education program that (i) is offered by an
2 out-of-state, non-public provider of integrated autism
3 specific educational and autism specific residential services,
4 (ii) offers 2 or more levels of residential care, including at
5 least one locked facility, and (iii) serves 12 or fewer
6 Illinois students.

7 (k) In determining rates based on allowable costs, the
8 Review Board shall consider any wage increases awarded by the
9 General Assembly to front line personnel defined as direct
10 support persons, aides, front-line supervisors, qualified
11 intellectual disabilities professionals, nurses, and
12 non-administrative support staff working in service settings
13 in community-based settings within the State and adjust
14 customary rates or rates of a special education program to be
15 equitable to the wage increase awarded to similar staff
16 positions in a community residential setting. Any wage
17 increase awarded by the General Assembly to front line
18 personnel defined as direct support persons, aides, front-line
19 supervisors, qualified intellectual disabilities
20 professionals, nurses, and non-administrative support staff
21 working in community-based settings within the State,
22 including the \$0.75 per hour increase contained in Public Act
23 100-23 and the \$0.50 per hour increase included in Public Act
24 100-23, shall also be a basis for any facility covered by this
25 Section to appeal its rate before the Review Board under the
26 process defined in Title 89, Part 900, Section 340 of the

1 Illinois Administrative Code. Illinois Administrative Code
2 Title 89, Part 900, Section 342 shall be updated to recognize
3 wage increases awarded to community-based settings to be a
4 basis for appeal. However, any wage increase that is captured
5 upon appeal from a previous year shall not be counted by the
6 Review Board as revenue for the purpose of calculating a
7 facility's future rate.

8 (l) Any definition used by the Review Board in
9 administrative rule or policy to define "related
10 organizations" shall include any and all exceptions contained
11 in federal law or regulation as it pertains to the federal
12 definition of "related organizations".

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

23 (n) The Review Board shall review the costs for special
24 education and related services provided by non-public schools
25 or special education facilities and shall approve or
26 disapprove such facilities in accordance with the rules and

1 regulations established by it with respect to allowable costs.

2 (o) The State Board of Education shall provide
3 administrative and staff support for the Review Board as
4 deemed reasonable by the State Superintendent of Education.
5 This support shall not include travel expenses or other
6 compensation for any Review Board member other than the State
7 Superintendent of Education.

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

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

25 (r) If a child has been placed in an approved individual
26 program and the tuition costs including room and board costs

1 have been approved by the Review Board, then such room and
2 board costs shall be paid by the appropriate State agency
3 subject to the provisions of Section 14-8.01 of this Act. Room
4 and board costs not provided by a State agency other than the
5 State Board of Education shall be provided by the State Board
6 of Education on a current basis. In no event, however, shall
7 the State's liability for funding of these tuition costs begin
8 until after the legal obligations of third party payors have
9 been subtracted from such costs. If the money appropriated by
10 the General Assembly for such purpose for any year is
11 insufficient, it shall be apportioned on the basis of the
12 claims approved. Each district shall submit estimated claims
13 to the State Superintendent of Education. Upon approval of
14 such claims, the State Superintendent of Education shall
15 direct the State Comptroller to make payments on a monthly
16 basis. The frequency for submitting estimated claims and the
17 method of determining payment shall be prescribed in rules and
18 regulations adopted by the State Board of Education. Such
19 current state reimbursement shall be reduced by an amount
20 equal to the proceeds which the child or child's parents are
21 eligible to receive under any public or private insurance or
22 assistance program. Nothing in this Section shall be construed
23 as relieving an insurer or similar third party from an
24 otherwise valid obligation to provide or to pay for services
25 provided to a child with a disability.

26 (s) If it otherwise qualifies, a school district is

1 eligible for the transportation reimbursement under Section
2 14-13.01 and for the reimbursement of tuition payments under
3 this Section whether the non-public school or special
4 education facility, public out-of-state school or county
5 special education facility, attended by a child who resides in
6 that district and requires special educational services, is
7 within or outside of the State of Illinois. However, a
8 district is not eligible to claim transportation reimbursement
9 under this Section unless the district certifies to the State
10 Superintendent of Education that the district is unable to
11 provide special educational services required by the child for
12 the current school year.

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

1 Superintendent of Education, for the purpose of tuition
2 reimbursement, that the special education program of that
3 district is unable to meet the needs of a child because of his
4 or her disability.

5 (u) Any educational or related services provided, pursuant
6 to this Section in a non-public school or special education
7 facility or a special education facility owned and operated by
8 a county government unit shall be at no cost to the parent or
9 guardian of the child. However, current law and practices
10 relative to contributions by parents or guardians for costs
11 other than educational or related services are not affected by
12 this amendatory Act of 1978.

13 (v) Reimbursement for children attending public school
14 residential facilities shall be made in accordance with the
15 provisions of this Section.

16 (w) Notwithstanding any other provision of law, any school
17 district receiving a payment under this Section or under
18 Section 14-7.02b, 14-13.01, or 29-5 of this Code may classify
19 all or a portion of the funds that it receives in a particular
20 fiscal year or from general State aid pursuant to Section
21 18-8.05 of this Code as funds received in connection with any
22 funding program for which it is entitled to receive funds from
23 the State in that fiscal year (including, without limitation,
24 any funding program referenced in this Section), regardless of
25 the source or timing of the receipt. The district may not
26 classify more funds as funds received in connection with the

1 funding program than the district is entitled to receive in
2 that fiscal year for that program. Any classification by a
3 district must be made by a resolution of its board of
4 education. The resolution must identify the amount of any
5 payments or general State aid to be classified under this
6 paragraph and must specify the funding program to which the
7 funds are to be treated as received in connection therewith.
8 This resolution is controlling as to the classification of
9 funds referenced therein. A certified copy of the resolution
10 must be sent to the State Superintendent of Education. The
11 resolution shall still take effect even though a copy of the
12 resolution has not been sent to the State Superintendent of
13 Education in a timely manner. No classification under this
14 paragraph by a district shall affect the total amount or
15 timing of money the district is entitled to receive under this
16 Code. No classification under this paragraph by a district
17 shall in any way relieve the district from or affect any
18 requirements that otherwise would apply with respect to that
19 funding program, including any accounting of funds by source,
20 reporting expenditures by original source and purpose,
21 reporting requirements, or requirements of providing services.
22 (Source: P.A. 101-10, eff. 6-5-19; 102-254, eff. 8-6-21;
23 102-703, eff. 4-22-22.)

24 (105 ILCS 5/14-15.01) (from Ch. 122, par. 14-15.01)

25 Sec. 14-15.01. Community and Residential Services

1 Authority.

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

4 A representative of the State Board of Education;

5 Four representatives of the Department of Human Services
6 appointed by the Secretary of Human Services, with one member
7 from the Division of Community Health and Prevention, one
8 member from the Division of Developmental Disabilities, one
9 member from the Division of Mental Health, and one member from
10 the Division of Rehabilitation Services;

11 A representative of the Department of Children and Family
12 Services;

13 A representative of the Department of Juvenile Justice;

14 A representative of the Department of Healthcare and
15 Family Services;

16 A representative of the Attorney General's Disability
17 Rights Advocacy Division;

18 The Chairperson and Minority Spokesperson of the House and
19 Senate Committees on Elementary and Secondary Education or
20 their designees; and

21 Six persons appointed by the Governor. Five of such
22 appointees shall be experienced or knowledgeable relative to
23 provision of services for individuals with a behavior disorder
24 or a severe emotional disturbance and shall include
25 representatives of both the private and public sectors, except
26 that no more than 2 of those 5 appointees may be from the

1 public sector and at least 2 must be or have been directly
2 involved in provision of services to such individuals. The
3 remaining member appointed by the Governor shall be or shall
4 have been a parent of an individual with a behavior disorder or
5 a severe emotional disturbance, and that appointee may be from
6 either the private or the public sector.

7 (2) Members appointed by the Governor shall be appointed
8 for terms of 4 years and shall continue to serve until their
9 respective successors are appointed; provided that the terms
10 of the original appointees shall expire on August 1, 1990. Any
11 vacancy in the office of a member appointed by the Governor
12 shall be filled by appointment of the Governor for the
13 remainder of the term.

14 A vacancy in the office of a member appointed by the
15 Governor exists when one or more of the following events
16 occur:

17 (i) An appointee dies;

18 (ii) An appointee files a written resignation with the
19 Governor;

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

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

24 Members who are representatives of an agency shall serve
25 at the will of the agency head. Membership on the Authority
26 shall cease immediately upon cessation of their affiliation

1 with the agency. If such a vacancy occurs, the appropriate
2 agency head shall appoint another person to represent the
3 agency.

4 If a legislative member of the Authority ceases to be
5 Chairperson or Minority Spokesperson of the designated
6 Committees, they shall automatically be replaced on the
7 Authority by the person who assumes the position of
8 Chairperson or Minority Spokesperson.

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

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

23 (2) Work in conjunction with the new Care Portal and
24 Care Portal Team to utilize the centralized IT platform
25 for communication and case management, including
26 collaboration on the development of Portal training,

1 communications to the public, business processes for case
2 triage, assignment, and referral. ~~To develop policy~~
3 ~~statements for interagency cooperation to cover all~~
4 ~~aspects of service delivery, including laws, regulations~~
5 ~~and procedures, and clear guidelines for determining~~
6 ~~responsibility at all times.~~

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

19 (4) (Blank). ~~To review the criteria for service~~
20 ~~eligibility, provision and availability established by the~~
21 ~~governmental agencies represented on this Authority, and~~
22 ~~to recommend changes, additions or deletions to such~~
23 ~~criteria.~~

24 (5) (Blank). ~~To develop and submit to the Governor,~~
25 ~~the General Assembly, the Directors of the agencies~~
26 ~~represented on the Authority, and the State Board of~~

1 ~~Education a master plan for individuals under 22 years of~~
2 ~~age with a behavior disorder or a severe emotional~~
3 ~~disturbance, including detailed plans of service ranging~~
4 ~~from the least to the most restrictive options; and to~~
5 ~~assist local communities, upon request, in developing or~~
6 ~~strengthening collaborative interagency networks.~~

7 (6) (Blank). ~~To develop a process for making~~
8 ~~determinations in situations where there is a dispute~~
9 ~~relative to a plan of service for individuals or funding~~
10 ~~for a plan of service.~~

11 (7) (Blank). ~~To provide technical assistance to~~
12 ~~parents, service consumers, providers, and member agency~~
13 ~~personnel regarding statutory responsibilities of human~~
14 ~~service and educational agencies, and to provide such~~
15 ~~assistance as deemed necessary to appropriately access~~
16 ~~needed services.~~

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

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

5 (2) The Authority may appoint special study groups to
6 operate under the direction of the Authority and persons
7 appointed to such groups shall receive only reimbursement of
8 reasonable expenses incurred in the performance of their
9 duties.

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

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

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

20 (d) (1) The Authority shall have power to promulgate rules
21 and regulations to carry out its powers and duties under this
22 Act.

23 (2) The Authority may accept monetary gifts or grants from
24 the federal government or any agency thereof, from any
25 charitable foundation or professional association or from any
26 other reputable source for implementation of any program

1 necessary or desirable to the carrying out of the general
2 purposes of the Authority. Such gifts and grants may be held in
3 trust by the Authority and expended in the exercise of its
4 powers and performance of its duties as prescribed by law.

5 (3) The Authority shall submit an annual report of its
6 activities and expenditures to the Governor, the General
7 Assembly, the directors of agencies represented on the
8 Authority, and the State Superintendent of Education, due
9 January 1 of each year.

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

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

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

22 (305 ILCS 5/5-30.1)

23 Sec. 5-30.1. Managed care protections.

24 (a) As used in this Section:

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

4 "Emergency services" include:

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

7 (2) emergency medical screening examinations, as
8 defined by Section 10 of the Managed Care Reform and
9 Patient Rights Act;

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

13 (4) emergency medical conditions, as defined by
14 Section 10 of the Managed Care Reform and Patient Rights
15 Act.

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

19 (c) An MCO shall pay any provider of emergency services
20 that does not have in effect a contract with the contracted
21 Medicaid MCO. The default rate of reimbursement shall be the
22 rate paid under Illinois Medicaid fee-for-service program
23 methodology, including all policy adjusters, including but not
24 limited to Medicaid High Volume Adjustments, Medicaid
25 Percentage Adjustments, Outpatient High Volume Adjustments,
26 and all outlier add-on adjustments to the extent such

1 adjustments are incorporated in the development of the
2 applicable MCO capitated rates.

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

5 (1) the MCO authorized such services;

6 (2) such services were administered to maintain the
7 enrollee's stabilized condition within one hour after a
8 request to the MCO for authorization of further
9 post-stabilization services;

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

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

13 (5) the MCO and the treating provider, if the treating
14 provider is a non-affiliated provider, could not reach an
15 agreement concerning the enrollee's care and an affiliated
16 provider was unavailable for a consultation, in which case
17 the MCO must pay for such services rendered by the
18 treating non-affiliated provider until an affiliated
19 provider was reached and either concurred with the
20 treating non-affiliated provider's plan of care or assumed
21 responsibility for the enrollee's care. Such payment shall
22 be made at the default rate of reimbursement paid under
23 Illinois Medicaid fee-for-service program methodology,
24 including all policy adjusters, including but not limited
25 to Medicaid High Volume Adjustments, Medicaid Percentage
26 Adjustments, Outpatient High Volume Adjustments and all

1 outlier add-on adjustments to the extent that such
2 adjustments are incorporated in the development of the
3 applicable MCO capitated rates.

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

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

8 (2) The MCO shall cover emergency services provided to
9 enrollees who are temporarily away from their residence
10 and outside the contracting area to the extent that the
11 enrollees would be entitled to the emergency services if
12 they still were within the contracting area.

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

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

20 (5) The determination of the attending emergency
21 physician, or the provider actually treating the enrollee,
22 of whether an enrollee is sufficiently stabilized for
23 discharge or transfer to another facility, shall be
24 binding on the MCO. The MCO shall cover emergency services
25 for all enrollees whether the emergency services are
26 provided by an affiliated or non-affiliated provider.

1 (6) The MCO's financial responsibility for
2 post-stabilization care services it has not pre-approved
3 ends when:

4 (A) a plan physician with privileges at the
5 treating hospital assumes responsibility for the
6 enrollee's care;

7 (B) a plan physician assumes responsibility for
8 the enrollee's care through transfer;

9 (C) a contracting entity representative and the
10 treating physician reach an agreement concerning the
11 enrollee's care; or

12 (D) the enrollee is discharged.

13 (f) Network adequacy and transparency.

14 (1) The Department shall:

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

18 (B) publicly release an explanation of its process
19 for analyzing network adequacy;

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

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

25 (E) require MCOs to ensure that any
26 Medicaid-certified provider under contract with an MCO

1 and previously submitted on a roster on the date of
2 service is paid for any medically necessary,
3 Medicaid-covered, and authorized service rendered to
4 any of the MCO's enrollees, regardless of inclusion on
5 the MCO's published and publicly available directory
6 of available providers; and

7 (F) require MCOs, including Medicaid Managed Care
8 Entities as defined in Section 5-30.2, to meet each of
9 the requirements under subsection (d-5) of Section 10
10 of the Network Adequacy and Transparency Act; with
11 necessary exceptions to the MCO's network to ensure
12 that admission and treatment with a provider or at a
13 treatment facility in accordance with the network
14 adequacy standards in paragraph (3) of subsection
15 (d-5) of Section 10 of the Network Adequacy and
16 Transparency Act is limited to providers or facilities
17 that are Medicaid certified.

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

1 (g) Timely payment of claims.

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

5 (2) The MCO shall notify the billing party of its
6 inability to adjudicate a claim within 30 days of
7 receiving that claim.

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

12 (A) When an MCO is required to pay a timely payment
13 interest penalty to a provider, the MCO must calculate
14 and pay the timely payment interest penalty that is
15 due to the provider within 30 days after the payment of
16 the claim. In no event shall a provider be required to
17 request or apply for payment of any owed timely
18 payment interest penalties.

19 (B) Such payments shall be reported separately
20 from the claim payment for services rendered to the
21 MCO's enrollee and clearly identified as interest
22 payments.

23 (4) (A) The Department shall require MCOs to expedite
24 payments to providers identified on the Department's
25 expedited provider list, determined in accordance with 89
26 Ill. Adm. Code 140.71(b), on a schedule at least as

1 frequently as the providers are paid under the
2 Department's fee-for-service expedited provider schedule.

3 (B) Compliance with the expedited provider requirement
4 may be satisfied by an MCO through the use of a Periodic
5 Interim Payment (PIP) program that has been mutually
6 agreed to and documented between the MCO and the provider,
7 if the PIP program ensures that any expedited provider
8 receives regular and periodic payments based on prior
9 period payment experience from that MCO. Total payments
10 under the PIP program may be reconciled against future PIP
11 payments on a schedule mutually agreed to between the MCO
12 and the provider.

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

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

19 (1) in no instance shall a medically necessary covered
20 service rendered in good faith, based upon eligibility
21 information documented by the provider, be denied coverage
22 or diminished in payment amount if the eligibility or
23 coverage information available at the time the service was
24 rendered is later found to be inaccurate in the assignment
25 of coverage responsibility between MCOs or the
26 fee-for-service system, except for instances when an

1 individual is deemed to have not been eligible for
2 coverage under the Illinois Medicaid program; and

3 (2) the Department shall, by December 31, 2016, adopt
4 rules establishing policies that shall be included in the
5 Medicaid managed care policy and procedures manual
6 addressing payment resolutions in situations in which a
7 provider renders services based upon information obtained
8 after verifying a patient's eligibility and coverage plan
9 through either the Department's current enrollment system
10 or a system operated by the coverage plan identified by
11 the patient presenting for services:

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

14 (B) such policies and procedures shall be
15 developed in consultation with industry
16 representatives of the Medicaid managed care health
17 plans and representatives of provider associations
18 representing the majority of providers within the
19 identified provider industry; and

20 (C) such rules shall be published for a review and
21 comment period of no less than 30 days on the
22 Department's website with final rules remaining
23 available on the Department's website.

24 The rules on payment resolutions shall include, but
25 not be limited to:

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

1 (B) retroactive prior authorizations; and

2 (C) guaranteed minimum payment rate of no less
3 than the current, as of the date of service,
4 fee-for-service rate, plus all applicable add-ons,
5 when the resulting service relationship is out of
6 network.

7 The rules shall be applicable for both MCO coverage
8 and fee-for-service coverage.

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

13 (g-6) MCO Performance Metrics Report.

14 (1) The Department shall publish, on at least a
15 quarterly basis, each MCO's operational performance,
16 including, but not limited to, the following categories of
17 metrics:

18 (A) claims payment, including timeliness and
19 accuracy;

20 (B) prior authorizations;

21 (C) grievance and appeals;

22 (D) utilization statistics;

23 (E) provider disputes;

24 (F) provider credentialing; and

25 (G) member and provider customer service.

26 (2) The Department shall ensure that the metrics

1 report is accessible to providers online by January 1,
2 2017.

3 (3) The metrics shall be developed in consultation
4 with industry representatives of the Medicaid managed care
5 health plans and representatives of associations
6 representing the majority of providers within the
7 identified industry.

8 (4) Metrics shall be defined and incorporated into the
9 applicable Managed Care Policy Manual issued by the
10 Department.

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

22 (g-8) Dispute resolution process. The Department shall
23 maintain a provider complaint portal through which a provider
24 can submit to the Department unresolved disputes with an MCO.
25 An unresolved dispute means an MCO's decision that denies in
26 whole or in part a claim for reimbursement to a provider for

1 health care services rendered by the provider to an enrollee
2 of the MCO with which the provider disagrees. Disputes shall
3 not be submitted to the portal until the provider has availed
4 itself of the MCO's internal dispute resolution process.
5 Disputes that are submitted to the MCO internal dispute
6 resolution process may be submitted to the Department of
7 Healthcare and Family Services' complaint portal no sooner
8 than 30 days after submitting to the MCO's internal process
9 and not later than 30 days after the unsatisfactory resolution
10 of the internal MCO process or 60 days after submitting the
11 dispute to the MCO internal process. Multiple claim disputes
12 involving the same MCO may be submitted in one complaint,
13 regardless of whether the claims are for different enrollees,
14 when the specific reason for non-payment of the claims
15 involves a common question of fact or policy. Within 10
16 business days of receipt of a complaint, the Department shall
17 present such disputes to the appropriate MCO, which shall then
18 have 30 days to issue its written proposal to resolve the
19 dispute. The Department may grant one 30-day extension of this
20 time frame to one of the parties to resolve the dispute. If the
21 dispute remains unresolved at the end of this time frame or the
22 provider is not satisfied with the MCO's written proposal to
23 resolve the dispute, the provider may, within 30 days, request
24 the Department to review the dispute and make a final
25 determination. Within 30 days of the request for Department
26 review of the dispute, both the provider and the MCO shall

1 present all relevant information to the Department for
2 resolution and make individuals with knowledge of the issues
3 available to the Department for further inquiry if needed.
4 Within 30 days of receiving the relevant information on the
5 dispute, or the lapse of the period for submitting such
6 information, the Department shall issue a written decision on
7 the dispute based on contractual terms between the provider
8 and the MCO, contractual terms between the MCO and the
9 Department of Healthcare and Family Services and applicable
10 Medicaid policy. The decision of the Department shall be
11 final. By January 1, 2020, the Department shall establish by
12 rule further details of this dispute resolution process.
13 Disputes between MCOs and providers presented to the
14 Department for resolution are not contested cases, as defined
15 in Section 1-30 of the Illinois Administrative Procedure Act,
16 conferring any right to an administrative hearing.

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

20 (A) Premium revenue, with appropriate adjustments.

21 (B) Benefit expense, setting forth the aggregate
22 amount spent for the following:

23 (i) Direct paid claims.

24 (ii) Subcapitation payments.

25 (iii) Other claim payments.

26 (iv) Direct reserves.

1 (v) Gross recoveries.

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

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

7 (g-10)(1) "Liability effective date" means the date on
8 which an MCO becomes responsible for payment for medically
9 necessary and covered services rendered by a provider to one
10 of its enrollees in accordance with the contract terms between
11 the MCO and the provider. The liability effective date shall
12 be the later of:

13 (A) The execution date of a network participation
14 contract agreement.

15 (B) The date the provider or its representative
16 submits to the MCO the complete and accurate standardized
17 roster form for the provider in the format approved by the
18 Department.

19 (C) The provider effective date contained within the
20 Department's provider enrollment subsystem within the
21 Illinois Medicaid Program Advanced Cloud Technology
22 (IMPACT) System.

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

26 (3) By October 1, 2019, the Department shall require all

1 MCOs to update their provider directory with information for
2 new practitioners of existing contracted providers within 30
3 days of receipt of a complete and accurate standardized roster
4 template in the format approved by the Department provided
5 that the provider is effective in the Department's provider
6 enrollment subsystem within the IMPACT system. Such provider
7 directory shall be readily accessible for purposes of
8 selecting an approved health care provider and comply with all
9 other federal and State requirements.

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

22 (g-12) Notwithstanding any other provision of law, if the
23 Department or an MCO requires submission of a claim for
24 payment in a non-electronic format, a provider shall always be
25 afforded a period of no less than 90 business days, as a
26 correction period, following any notification of rejection by

1 either the Department or the MCO to correct errors or
2 omissions in the original submission.

3 Under no circumstances, either by an MCO or under the
4 State's fee-for-service system, shall a provider be denied
5 payment for failure to comply with any timely submission
6 requirements under this Code or under any existing contract,
7 unless the non-electronic format claim submission occurs after
8 the initial 180 days following the latest date of service on
9 the claim, or after the 90 business days correction period
10 following notification to the provider of rejection or denial
11 of payment.

12 (h) The Department shall not expand mandatory MCO
13 enrollment into new counties beyond those counties already
14 designated by the Department as of June 1, 2014 for the
15 individuals whose eligibility for medical assistance is not
16 the seniors or people with disabilities population until the
17 Department provides an opportunity for accountable care
18 entities and MCOs to participate in such newly designated
19 counties.

20 (h-5) Leading indicator data sharing. By January 1, 2024,
21 the Department shall obtain input from the Department of Human
22 Services, the Department of Juvenile Justice, the Department
23 of Children and Family Services, the State Board of Education,
24 managed care organizations, providers, and clinical experts to
25 identify and analyze key indicators from assessments and data
26 sets available to the Department that can be shared with

1 managed care organizations and similar care coordination
2 entities contracted with the Department as leading indicators
3 for elevated behavioral health crisis risk for children. To
4 the extent permitted by State and federal law, the identified
5 leading indicators shall be shared with managed care
6 organizations and similar care coordination entities
7 contracted with the Department within 6 months of
8 identification for the purpose of improving care coordination
9 with the early detection of elevated risk. Leading indicators
10 shall be reassessed annually with stakeholder input.

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

15 (j) Health care information released to managed care
16 organizations. A health care provider shall release to a
17 Medicaid managed care organization, upon request, and subject
18 to the Health Insurance Portability and Accountability Act of
19 1996 and any other law applicable to the release of health
20 information, the health care information of the MCO's
21 enrollee, if the enrollee has completed and signed a general
22 release form that grants to the health care provider
23 permission to release the recipient's health care information
24 to the recipient's insurance carrier.

25 (k) The Department of Healthcare and Family Services,
26 managed care organizations, a statewide organization

1 representing hospitals, and a statewide organization
2 representing safety-net hospitals shall explore ways to
3 support billing departments in safety-net hospitals.

4 (1) The requirements of this Section added by Public Act
5 102-4 shall apply to services provided on or after the first
6 day of the month that begins 60 days after April 27, 2021 (the
7 effective date of Public Act 102-4).

8 (Source: P.A. 101-209, eff. 8-5-19; 102-4, eff. 4-27-21;
9 102-43, eff. 7-6-21; 102-144, eff. 1-1-22; 102-454, eff.
10 8-20-21; 102-813, eff. 5-13-22.)

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

13 (705 ILCS 405/3-5) (from Ch. 37, par. 803-5)

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

15 (a) Any minor who is taken into limited custody, or who
16 independently requests or is referred for assistance, may be
17 provided crisis intervention services by an agency or
18 association, as defined in this Act, provided the association
19 or agency staff (i) immediately investigate the circumstances
20 of the minor and the facts surrounding the minor being taken
21 into custody and promptly explain these facts and
22 circumstances to the minor, and (ii) make a reasonable effort
23 to inform the minor's parent, guardian or custodian of the
24 fact that the minor has been taken into limited custody and

1 where the minor is being kept, and (iii) if the minor consents,
2 make a reasonable effort to transport, arrange for the
3 transportation of, or otherwise release the minor to the
4 parent, guardian or custodian. Upon release of the child who
5 is believed to need or benefit from medical, psychological,
6 psychiatric or social services, the association or agency may
7 inform the minor and the person to whom the minor is released
8 of the nature and location of appropriate services and shall,
9 if requested, assist in establishing contact between the
10 family and other associations or agencies providing such
11 services. If the agency or association is unable by all
12 reasonable efforts to contact a parent, guardian or custodian,
13 or if the person contacted lives an unreasonable distance
14 away, or if the minor refuses to be taken to his or her home or
15 other appropriate residence, or if the agency or association
16 is otherwise unable despite all reasonable efforts to make
17 arrangements for the safe return of the minor, the minor may be
18 taken to a temporary living arrangement which is in compliance
19 with the Child Care Act of 1969 or which is with persons agreed
20 to by the parents and the agency or association.

21 (b) An agency or association is authorized to permit a
22 minor to be sheltered in a temporary living arrangement
23 provided the agency seeks to effect the minor's return home or
24 alternative living arrangements agreeable to the minor and the
25 parent, guardian, or custodian as soon as practicable. No
26 minor shall be sheltered in a temporary living arrangement for

1 more than 21 business days. Throughout such limited custody,
2 the agency or association shall work with the parent,
3 guardian, or custodian and the minor's local school district,
4 the Department of Human Services, the Department of Healthcare
5 and Family Services, the Department of Juvenile Justice, and
6 the Department of Children and Family Services to identify
7 immediate and long-term treatment or placement. ~~48 hours,~~
8 ~~excluding Saturdays, Sundays, and court designated holidays,~~
9 ~~when the agency has reported the minor as neglected or abused~~
10 ~~because the parent, guardian, or custodian refuses to permit~~
11 ~~the child to return home, provided that in all other instances~~
12 ~~the minor may be sheltered when the agency obtains the consent~~
13 ~~of the parent, guardian, or custodian or documents its~~
14 ~~unsuccessful efforts to obtain the consent or authority of the~~
15 ~~parent, guardian, or custodian, including recording the date~~
16 ~~and the staff involved in all telephone calls, telegrams,~~
17 ~~letters, and personal contacts to obtain the consent or~~
18 ~~authority, in which instances the minor may be so sheltered~~
19 ~~for not more than 21 days. If at any time during the crisis~~
20 intervention there is a concern that the minor has experienced
21 abuse or neglect, the Comprehensive Community Based-Youth
22 Services provider shall contact the parent, guardian or
23 ~~eustodian refuses to permit the minor to return home, and no~~
24 ~~other living arrangement agreeable to the parent, guardian, or~~
25 ~~eustodian can be made, and the parent, guardian, or custodian~~
26 ~~has not made any other appropriate living arrangement for the~~

1 ~~child, the agency may deem the minor to be neglected and report~~
2 ~~the neglect to~~ the Department of Children and Family Services
3 as provided in the Abused and Neglected Child Reporting Act.
4 ~~The Child Protective Service Unit of the Department of~~
5 ~~Children and Family Services shall begin an investigation of~~
6 ~~the report within 24 hours after receiving the report and~~
7 ~~shall determine whether to file a petition alleging that the~~
8 ~~minor is neglected or abused as described in Section 2-3 of~~
9 ~~this Act. Subject to appropriation, the Department may take~~
10 ~~the minor into temporary protective custody at any time after~~
11 ~~receiving the report, provided that the Department shall take~~
12 ~~temporary protective custody within 48 hours of receiving the~~
13 ~~report if its investigation is not completed. If the~~
14 ~~Department of Children and Family Services determines that the~~
15 ~~minor is not a neglected minor because the minor is an~~
16 ~~immediate physical danger to himself, herself, or others~~
17 ~~living in the home, then the Department shall take immediate~~
18 ~~steps to either secure the minor's immediate admission to a~~
19 ~~mental health facility, arrange for law enforcement~~
20 ~~authorities to take temporary custody of the minor as a~~
21 ~~delinquent minor, or take other appropriate action to assume~~
22 ~~protective custody in order to safeguard the minor or others~~
23 ~~living in the home from immediate physical danger.~~

24 (c) Any agency or association or employee thereof acting
25 reasonably and in good faith in the care of a minor being
26 provided interim crisis intervention services and shelter care

1 shall be immune from any civil or criminal liability resulting
2 from such care.

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

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.".