



Filed: 5/11/2004

09300HB4502sam001

LRB093 15398 DRJ 50841 a

1 AMENDMENT TO HOUSE BILL 4502

2 AMENDMENT NO. _____. Amend House Bill 4502 on page 1, by
3 replacing lines 8 through 27 with the following:

4 "Sec. 57. ~~In order to identify the service needs of persons~~
5 ~~with autism, the Department shall study the needs of the~~
6 ~~population.~~ The Department of Human Services shall
7 periodically convene a special task force of representatives of
8 the various State agencies with related programs and services
9 together with other interested parties and stakeholders to
10 study and assess ~~submit~~ service needs of persons with autism
11 and shall submit annual reports to the Governor and the General
12 Assembly annually which shall supplement the report submitted
13 in accordance with Public Act 84-1291. The Secretary of Human
14 Services shall submit a report of the task force's findings and
15 recommendations and the Department's priorities to the
16 Governor and the General Assembly by September 1, 2005. The
17 Secretary shall provide annual progress reports to the Governor
18 and the General Assembly by January 1 of each year beginning in
19 2006. The reports shall include an analysis of progress made in
20 ~~since the submission of that report in the areas outlined in~~
21 ~~that report, with emphasis on~~ the following areas:

- 22 a. Early intervention services for children with autism and
23 their parents;
- 24 b. Enhancement of family support mechanisms to enable
25 persons with autism to remain in a home-based or community

1 ~~family home~~ environment in the most integrated setting
2 possible, including progress on the implementation of plans to
3 provide assistance to individuals and families; the plan shall
4 include, but not be limited to, (i) identification of the
5 services required, (ii) the availability of services,
6 especially those within the home community of the person with
7 autism, (iii) the number of persons requiring the services,
8 (iv) the cost of the services, (v) the capacity of the person
9 with autism and his or her family to independently provide the
10 services and the extent to which the State may support the
11 individual and the family, (vi) the extent of existing and
12 planned State support, (vii) the availability and utilization
13 of federal financial participation in the cost of services, and
14 (viii) the outcomes and impact of services being provided;

15 c. Services for adequate transition for people with autism
16 from public school programs to adult work and day programs; and

17 d. Plans, programs, and services under the Disabilities
18 Services Act of 2003 ~~Facilitation of placement of persons with~~
19 ~~autism in the least restrictive community setting.~~

20 The Department of Human Services and the Department of
21 Public Aid shall determine the availability of federal
22 financial participation in the cost of developing a family
23 support program, which would include medical assistance
24 coverage for children with autism who would otherwise qualify
25 for medical assistance under the Illinois Public Aid Code
26 except for family income. The program would include services to
27 support persons with autism in their homes and communities that
28 are not provided through local school districts, through early
29 intervention programs, or through the medical assistance
30 program under the Illinois Public Aid Code. The departments
31 shall determine the feasibility of obtaining federal financial
32 participation and may apply for any applicable waiver under
33 Section 1915(c) of the federal Social Security Act. For the
34 purpose of the ~~this~~ service needs review required under this

1 Section, autism means"; and

2 on page 2, by replacing line 8 with the following:

3 "changing Sections 5-2 and 5-5 as follows:"; and

4 by replacing lines 35 and 36 on page 6 and lines 1 through 8 on
5 page 7 with the following:

6 "13. Subject to the approval of a waiver under Section
7 1915(c) of the federal Social Security Act and consistent with
8 that waiver, persons who are 21 years of age or older who have
9 received benefits under paragraph 7 of this Section and who
10 continue to meet the requirements of subparagraphs (a), (b) and
11 (c) of paragraph 7 shall remain eligible for continued
12 benefits, outside an institution, at a level of care
13 appropriate to meet the individual needs of the person,
14 provided that a physician, licensed to practice medicine in all
15 its branches, annually determines that the person requires the
16 level of care provided by a hospital, skilled nursing facility,
17 or intermediate care facility. The Illinois Department of
18 Public Aid shall apply for an applicable waiver under Section
19 1915(c) of the federal Social Security Act. The waiver
20 application may limit the number of persons served by the
21 waiver in any State fiscal year, but that annual limit shall be
22 no fewer than 15 persons. The Department of Public Aid and the
23 Department of Human Services shall jointly adopt rules
24 governing the eligibility of persons under this paragraph 13.
25 The Department of Human"; and

26 on page 8, after line 24, by inserting the following:

27 "(305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

28 Sec. 5-5. Medical services. The Illinois Department, by

1 rule, shall determine the quantity and quality of and the rate
2 of reimbursement for the medical assistance for which payment
3 will be authorized, and the medical services to be provided,
4 which may include all or part of the following: (1) inpatient
5 hospital services; (2) outpatient hospital services; (3) other
6 laboratory and X-ray services; (4) skilled nursing home
7 services; (5) physicians' services whether furnished in the
8 office, the patient's home, a hospital, a skilled nursing home,
9 or elsewhere; (6) medical care, or any other type of remedial
10 care furnished by licensed practitioners; (7) home health care
11 services; (8) private duty nursing service; (9) clinic
12 services; (10) dental services; (11) physical therapy and
13 related services; (12) prescribed drugs, dentures, and
14 prosthetic devices; and eyeglasses prescribed by a physician
15 skilled in the diseases of the eye, or by an optometrist,
16 whichever the person may select; (13) other diagnostic,
17 screening, preventive, and rehabilitative services; (14)
18 transportation and such other expenses as may be necessary;
19 (15) medical treatment of sexual assault survivors, as defined
20 in Section 1a of the Sexual Assault Survivors Emergency
21 Treatment Act, for injuries sustained as a result of the sexual
22 assault, including examinations and laboratory tests to
23 discover evidence which may be used in criminal proceedings
24 arising from the sexual assault; (16) the diagnosis and
25 treatment of sickle cell anemia; and (17) any other medical
26 care, and any other type of remedial care recognized under the
27 laws of this State, but not including abortions, or induced
28 miscarriages or premature births, unless, in the opinion of a
29 physician, such procedures are necessary for the preservation
30 of the life of the woman seeking such treatment, or except an
31 induced premature birth intended to produce a live viable child
32 and such procedure is necessary for the health of the mother or
33 her unborn child. The Illinois Department, by rule, shall
34 prohibit any physician from providing medical assistance to

1 anyone eligible therefor under this Code where such physician
2 has been found guilty of performing an abortion procedure in a
3 wilful and wanton manner upon a woman who was not pregnant at
4 the time such abortion procedure was performed. The term "any
5 other type of remedial care" shall include nursing care and
6 nursing home service for persons who rely on treatment by
7 spiritual means alone through prayer for healing.

8 Notwithstanding any other provision of this Section, a
9 comprehensive tobacco use cessation program that includes
10 purchasing prescription drugs or prescription medical devices
11 approved by the Food and Drug administration shall be covered
12 under the medical assistance program under this Article for
13 persons who are otherwise eligible for assistance under this
14 Article.

15 Notwithstanding any other provision of this Code, the
16 Illinois Department may not require, as a condition of payment
17 for any laboratory test authorized under this Article, that a
18 physician's handwritten signature appear on the laboratory
19 test order form. The Illinois Department may, however, impose
20 other appropriate requirements regarding laboratory test order
21 documentation.

22 The Illinois Department of Public Aid shall provide the
23 following services to persons eligible for assistance under
24 this Article who are participating in education, training or
25 employment programs operated by the Department of Human
26 Services as successor to the Department of Public Aid:

27 (1) dental services, which shall include but not be
28 limited to prosthodontics; and

29 (2) eyeglasses prescribed by a physician skilled in the
30 diseases of the eye, or by an optometrist, whichever the
31 person may select.

32 In order to ensure compliance with the Disabilities
33 Services Act of 2003 and the federal Americans with
34 Disabilities Act, the Illinois Department of Human Services,

1 the Illinois Department of Public Aid, and the Division of
2 Specialized Care for Children of the University of Illinois
3 shall enter into an interagency agreement within 90 days after
4 the effective date of this amendatory Act of the 93rd General
5 Assembly for the purpose of cooperatively establishing a
6 program of case management for any person who receives benefits
7 under paragraph 7 of Section 5-2 of this Code. The program of
8 case management shall include a review of each person's needs
9 at least annually starting at age 16 in order to prepare the
10 person and his or her family for the transition to services
11 that are available to the person and his or her family starting
12 at age 21, including services provided under paragraph 13 of
13 Section 5-2 of this Code. The person or his or her authorized
14 representative shall participate in the case management
15 program. These case management services shall include: (1) an
16 assessment of the person's medical needs, including
17 consultation with a physician licensed to practice medicine in
18 all its branches and the person's treating physician; (2)
19 counseling the person and his or her family about the services
20 available to the person when he or she reaches age 21; (3)
21 providing the opportunity to receive service options between
22 the ages of 16 and 21 that will permit the person to gradually
23 make a successful transition to services available starting at
24 the age of 21; (4) assisting the person and his or her family
25 to adjust to changes, if any, that may occur in the provision
26 of services starting at the age of 21; (5) assessing the needs
27 of the person for educational and vocational planning and
28 services; (6) evaluating the need of the person for assistive
29 technology services and devices; (7) establishing linkages for
30 the person and his or her family to support services,
31 independent living services, employment and vocational skills
32 training, educational resources, and other transition
33 services; and (8) developing a transition plan for the person
34 with the participation of the person and his or her family. The

1 Department of Human Services, the Division of Specialized Care
2 for Children, and the Department of Public Aid shall jointly
3 adopt rules governing the criteria, standards, and procedures
4 concerning the case management program and procedures required
5 by this paragraph.

6 The Illinois Department, by rule, may distinguish and
7 classify the medical services to be provided only in accordance
8 with the classes of persons designated in Section 5-2.

9 The Illinois Department shall authorize the provision of,
10 and shall authorize payment for, screening by low-dose
11 mammography for the presence of occult breast cancer for women
12 35 years of age or older who are eligible for medical
13 assistance under this Article, as follows: a baseline mammogram
14 for women 35 to 39 years of age and an annual mammogram for
15 women 40 years of age or older. All screenings shall include a
16 physical breast exam, instruction on self-examination and
17 information regarding the frequency of self-examination and
18 its value as a preventative tool. As used in this Section,
19 "low-dose mammography" means the x-ray examination of the
20 breast using equipment dedicated specifically for mammography,
21 including the x-ray tube, filter, compression device, image
22 receptor, and cassettes, with an average radiation exposure
23 delivery of less than one rad mid-breast, with 2 views for each
24 breast.

25 Any medical or health care provider shall immediately
26 recommend, to any pregnant woman who is being provided prenatal
27 services and is suspected of drug abuse or is addicted as
28 defined in the Alcoholism and Other Drug Abuse and Dependency
29 Act, referral to a local substance abuse treatment provider
30 licensed by the Department of Human Services or to a licensed
31 hospital which provides substance abuse treatment services.
32 The Department of Public Aid shall assure coverage for the cost
33 of treatment of the drug abuse or addiction for pregnant
34 recipients in accordance with the Illinois Medicaid Program in

1 conjunction with the Department of Human Services.

2 All medical providers providing medical assistance to
3 pregnant women under this Code shall receive information from
4 the Department on the availability of services under the Drug
5 Free Families with a Future or any comparable program providing
6 case management services for addicted women, including
7 information on appropriate referrals for other social services
8 that may be needed by addicted women in addition to treatment
9 for addiction.

10 The Illinois Department, in cooperation with the
11 Departments of Human Services (as successor to the Department
12 of Alcoholism and Substance Abuse) and Public Health, through a
13 public awareness campaign, may provide information concerning
14 treatment for alcoholism and drug abuse and addiction, prenatal
15 health care, and other pertinent programs directed at reducing
16 the number of drug-affected infants born to recipients of
17 medical assistance.

18 Neither the Illinois Department of Public Aid nor the
19 Department of Human Services shall sanction the recipient
20 solely on the basis of her substance abuse.

21 The Illinois Department shall establish such regulations
22 governing the dispensing of health services under this Article
23 as it shall deem appropriate. The Department should seek the
24 advice of formal professional advisory committees appointed by
25 the Director of the Illinois Department for the purpose of
26 providing regular advice on policy and administrative matters,
27 information dissemination and educational activities for
28 medical and health care providers, and consistency in
29 procedures to the Illinois Department.

30 The Illinois Department may develop and contract with
31 Partnerships of medical providers to arrange medical services
32 for persons eligible under Section 5-2 of this Code.
33 Implementation of this Section may be by demonstration projects
34 in certain geographic areas. The Partnership shall be

1 represented by a sponsor organization. The Department, by rule,
2 shall develop qualifications for sponsors of Partnerships.
3 Nothing in this Section shall be construed to require that the
4 sponsor organization be a medical organization.

5 The sponsor must negotiate formal written contracts with
6 medical providers for physician services, inpatient and
7 outpatient hospital care, home health services, treatment for
8 alcoholism and substance abuse, and other services determined
9 necessary by the Illinois Department by rule for delivery by
10 Partnerships. Physician services must include prenatal and
11 obstetrical care. The Illinois Department shall reimburse
12 medical services delivered by Partnership providers to clients
13 in target areas according to provisions of this Article and the
14 Illinois Health Finance Reform Act, except that:

15 (1) Physicians participating in a Partnership and
16 providing certain services, which shall be determined by
17 the Illinois Department, to persons in areas covered by the
18 Partnership may receive an additional surcharge for such
19 services.

20 (2) The Department may elect to consider and negotiate
21 financial incentives to encourage the development of
22 Partnerships and the efficient delivery of medical care.

23 (3) Persons receiving medical services through
24 Partnerships may receive medical and case management
25 services above the level usually offered through the
26 medical assistance program.

27 Medical providers shall be required to meet certain
28 qualifications to participate in Partnerships to ensure the
29 delivery of high quality medical services. These
30 qualifications shall be determined by rule of the Illinois
31 Department and may be higher than qualifications for
32 participation in the medical assistance program. Partnership
33 sponsors may prescribe reasonable additional qualifications
34 for participation by medical providers, only with the prior

1 written approval of the Illinois Department.

2 Nothing in this Section shall limit the free choice of
3 practitioners, hospitals, and other providers of medical
4 services by clients. In order to ensure patient freedom of
5 choice, the Illinois Department shall immediately promulgate
6 all rules and take all other necessary actions so that provided
7 services may be accessed from therapeutically certified
8 optometrists to the full extent of the Illinois Optometric
9 Practice Act of 1987 without discriminating between service
10 providers.

11 The Department shall apply for a waiver from the United
12 States Health Care Financing Administration to allow for the
13 implementation of Partnerships under this Section.

14 The Illinois Department shall require health care
15 providers to maintain records that document the medical care
16 and services provided to recipients of Medical Assistance under
17 this Article. The Illinois Department shall require health care
18 providers to make available, when authorized by the patient, in
19 writing, the medical records in a timely fashion to other
20 health care providers who are treating or serving persons
21 eligible for Medical Assistance under this Article. All
22 dispensers of medical services shall be required to maintain
23 and retain business and professional records sufficient to
24 fully and accurately document the nature, scope, details and
25 receipt of the health care provided to persons eligible for
26 medical assistance under this Code, in accordance with
27 regulations promulgated by the Illinois Department. The rules
28 and regulations shall require that proof of the receipt of
29 prescription drugs, dentures, prosthetic devices and
30 eyeglasses by eligible persons under this Section accompany
31 each claim for reimbursement submitted by the dispenser of such
32 medical services. No such claims for reimbursement shall be
33 approved for payment by the Illinois Department without such
34 proof of receipt, unless the Illinois Department shall have put

1 into effect and shall be operating a system of post-payment
2 audit and review which shall, on a sampling basis, be deemed
3 adequate by the Illinois Department to assure that such drugs,
4 dentures, prosthetic devices and eyeglasses for which payment
5 is being made are actually being received by eligible
6 recipients. Within 90 days after the effective date of this
7 amendatory Act of 1984, the Illinois Department shall establish
8 a current list of acquisition costs for all prosthetic devices
9 and any other items recognized as medical equipment and
10 supplies reimbursable under this Article and shall update such
11 list on a quarterly basis, except that the acquisition costs of
12 all prescription drugs shall be updated no less frequently than
13 every 30 days as required by Section 5-5.12.

14 The rules and regulations of the Illinois Department shall
15 require that a written statement including the required opinion
16 of a physician shall accompany any claim for reimbursement for
17 abortions, or induced miscarriages or premature births. This
18 statement shall indicate what procedures were used in providing
19 such medical services.

20 The Illinois Department shall require all dispensers of
21 medical services, other than an individual practitioner or
22 group of practitioners, desiring to participate in the Medical
23 Assistance program established under this Article to disclose
24 all financial, beneficial, ownership, equity, surety or other
25 interests in any and all firms, corporations, partnerships,
26 associations, business enterprises, joint ventures, agencies,
27 institutions or other legal entities providing any form of
28 health care services in this State under this Article.

29 The Illinois Department may require that all dispensers of
30 medical services desiring to participate in the medical
31 assistance program established under this Article disclose,
32 under such terms and conditions as the Illinois Department may
33 by rule establish, all inquiries from clients and attorneys
34 regarding medical bills paid by the Illinois Department, which

1 inquiries could indicate potential existence of claims or liens
2 for the Illinois Department.

3 Enrollment of a vendor that provides non-emergency medical
4 transportation, defined by the Department by rule, shall be
5 conditional for 180 days. During that time, the Department of
6 Public Aid may terminate the vendor's eligibility to
7 participate in the medical assistance program without cause.
8 That termination of eligibility is not subject to the
9 Department's hearing process.

10 The Illinois Department shall establish policies,
11 procedures, standards and criteria by rule for the acquisition,
12 repair and replacement of orthotic and prosthetic devices and
13 durable medical equipment. Such rules shall provide, but not be
14 limited to, the following services: (1) immediate repair or
15 replacement of such devices by recipients without medical
16 authorization; and (2) rental, lease, purchase or
17 lease-purchase of durable medical equipment in a
18 cost-effective manner, taking into consideration the
19 recipient's medical prognosis, the extent of the recipient's
20 needs, and the requirements and costs for maintaining such
21 equipment. Such rules shall enable a recipient to temporarily
22 acquire and use alternative or substitute devices or equipment
23 pending repairs or replacements of any device or equipment
24 previously authorized for such recipient by the Department.
25 Rules under clause (2) above shall not provide for purchase or
26 lease-purchase of durable medical equipment or supplies used
27 for the purpose of oxygen delivery and respiratory care.

28 The Department shall execute, relative to the nursing home
29 prescreening project, written inter-agency agreements with the
30 Department of Human Services and the Department on Aging, to
31 effect the following: (i) intake procedures and common
32 eligibility criteria for those persons who are receiving
33 non-institutional services; and (ii) the establishment and
34 development of non-institutional services in areas of the State

1 where they are not currently available or are undeveloped.

2 The Illinois Department shall develop and operate, in
3 cooperation with other State Departments and agencies and in
4 compliance with applicable federal laws and regulations,
5 appropriate and effective systems of health care evaluation and
6 programs for monitoring of utilization of health care services
7 and facilities, as it affects persons eligible for medical
8 assistance under this Code.

9 The Illinois Department shall report annually to the
10 General Assembly, no later than the second Friday in April of
11 1979 and each year thereafter, in regard to:

12 (a) actual statistics and trends in utilization of
13 medical services by public aid recipients;

14 (b) actual statistics and trends in the provision of
15 the various medical services by medical vendors;

16 (c) current rate structures and proposed changes in
17 those rate structures for the various medical vendors; and

18 (d) efforts at utilization review and control by the
19 Illinois Department.

20 The period covered by each report shall be the 3 years
21 ending on the June 30 prior to the report. The report shall
22 include suggested legislation for consideration by the General
23 Assembly. The filing of one copy of the report with the
24 Speaker, one copy with the Minority Leader and one copy with
25 the Clerk of the House of Representatives, one copy with the
26 President, one copy with the Minority Leader and one copy with
27 the Secretary of the Senate, one copy with the Legislative
28 Research Unit, and such additional copies with the State
29 Government Report Distribution Center for the General Assembly
30 as is required under paragraph (t) of Section 7 of the State
31 Library Act shall be deemed sufficient to comply with this
32 Section.

33 (Source: P.A. 92-16, eff. 6-28-01; 92-651, eff. 7-11-02;
34 92-789, eff. 8-6-02; 93-632, eff. 2-1-04.)".