



**93RD GENERAL ASSEMBLY**  
**State of Illinois**  
**2003 and 2004**

Introduced 02/09/04, by Jack McGuire

**SYNOPSIS AS INTRODUCED:**

New Act  
20 ILCS 105/4.03 from Ch. 23, par. 6104.03  
305 ILCS 5/5-5.3a new

Creates the Long-Term Care Consultation Services Act and amends the Illinois Act on the Aging and the Illinois Public Aid Code. Provides for a program of long-term care consultation services, to be provided by the Department on Aging and the departments of Public Aid and Human Services, to assist persons with long-term or chronic care needs in making decisions and selecting options in relation to care. Provides for screening of individuals before admission to a Medicaid-certified nursing home, and makes the Department on Aging's nursing home prescreening program subject to the Long-Term Care Consultation Services Act. Provides for exemptions from preadmission screening requirements, including emergency admissions. Makes preadmission screening a condition of Medicaid reimbursement unless an exemption applies.

LRB093 15225 DRJ 47297 b

FISCAL NOTE ACT  
MAY APPLY

1 AN ACT concerning long-term care.

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

4 Section 1. Short title. This Act may be cited as the  
5 Long-Term Care Consultation Services Act.

6 Section 5. Purpose and goal.

7 (a) The purpose of long-term care consultation services is  
8 to assist persons with long-term or chronic care needs in  
9 making long-term care decisions and selecting options that meet  
10 their needs and reflect their preferences. The availability of,  
11 and access to, information and other types of assistance is  
12 also intended to prevent or delay nursing facility placements  
13 and to provide transition assistance after admission to a  
14 nursing facility. The goal of these services is to contain  
15 costs associated with unnecessary nursing facility admissions.  
16 The Department on Aging, the Department of Human Services, and  
17 the Department of Public Aid shall cooperate in seeking to  
18 maximize use of available federal and State funds and establish  
19 the broadest program possible within the funding available.

20 (b) The services described in subsection (a) must be  
21 provided by the Department on Aging, the Department of Human  
22 Services, and the Department of Public Aid when applicable to  
23 the population served by each agency. The services must be  
24 coordinated with services provided by other public and private  
25 agencies in the community to offer a variety of cost-effective  
26 alternatives to persons with disabilities and elderly persons.  
27 The agency providing long-term care consultation services  
28 shall encourage the use of volunteers from families, religious  
29 organizations, social clubs, and similar civic and service  
30 organizations to provide community-based services.

31 Section 10. Definitions. In this Act:

1 "Department" means the the Department on Aging, the  
2 Department of Human Services, or the Department of Public Aid,  
3 as applicable.

4 "Long-term care consultation services" includes all of the  
5 following:

6 (1) Providing information and education to the general  
7 public regarding availability of the services authorized  
8 under this Act.

9 (2) An intake process that provides access to the  
10 services described in this Act.

11 (3) Assessing the health, psychological, and social  
12 needs of referred persons.

13 (4) Assistance in identifying services needed to  
14 maintain an person in the least restrictive environment.

15 (5) Providing recommendations on cost-effective  
16 community services that are available to the person.

17 (6) Developing a person's community support plan.

18 (7) Providing information regarding eligibility for  
19 Illinois health care programs.

20 (8) Preadmission screening to determine a person's  
21 need for a nursing facility level of care.

22 (9) Preliminary determination of a person's  
23 eligibility for Illinois health care programs for persons  
24 who need a nursing facility level of care, with appropriate  
25 referrals for final determination.

26 (10) Providing recommendations for nursing facility  
27 placement when there are no cost-effective community  
28 services available.

29 (11) Assistance to transition people back to community  
30 settings after admission to a nursing facility.

31 "Team" means a long-term care consultation team  
32 established under this Act.

33 Section 15. Long-term care consultation team.

34 (a) The Department shall establish, through the network of  
35 area agencies on aging established under the Illinois Act on

1 the Aging, a long-term care consultation team in each  
2 designated service region of the State. Each team shall consist  
3 of at least one social worker and at least one public health  
4 nurse. The area agency on aging may designate and contract with  
5 a local public health or social services agency as the lead  
6 agency for long-term care consultation services. If a region  
7 does not have a public health nurse available, it may request  
8 approval from the Department to assign a registered nurse with  
9 at least one year experience in home care to participate on the  
10 team. A joint local consultation team or teams may serve 2 or  
11 more regions.

12 (b) The team is responsible for providing long-term care  
13 consultation services to all persons located in the service  
14 region or regions who request the services, regardless of a  
15 person's eligibility for any Illinois health care or human  
16 services program.

17 Section 20. Assessment and support planning.

18 (a) Persons requesting assessment, services planning, or  
19 other assistance intended to support community-based living  
20 must be visited by a long-term care consultation team within 10  
21 working days after the date on which an assessment was  
22 requested or recommended. Assessments must be conducted in  
23 accordance with this Section.

24 (b) A service region may utilize a long-term care  
25 consultation team of either the social worker or the public  
26 health nurse, or both, to conduct the assessment in a  
27 face-to-face interview. The team members must confer regarding  
28 the most appropriate care for each person screened or assessed.  
29 The team must assess the health and social needs of the person,  
30 using an assessment form provided by the Department. The team  
31 must conduct the assessment in a face-to-face interview with  
32 the person being assessed and the person's legal  
33 representative, if applicable.

34 (c) The team must provide the person, or the person's legal  
35 representative, with written recommendations for

1 facility-based or community-based services. The team must  
2 document that the most cost-effective alternatives available  
3 were offered to the person. For purposes of this requirement,  
4 "cost-effective alternatives" means community services and  
5 living arrangements that cost the same as or less than nursing  
6 facility care.

7 (d) If a person chooses to use community-based services,  
8 the team must provide the person or the person's legal  
9 representative with a written community support plan,  
10 regardless of whether the person is eligible for any Illinois  
11 health care or human services program. The person may request  
12 assistance in developing a community support plan without  
13 participating in a complete assessment.

14 (e) The team must give the person receiving an assessment  
15 or support planning, or the person's legal representative,  
16 materials supplied by the Department containing the following  
17 information:

18 (1) The purpose of preadmission screening and  
19 assessment.

20 (2) Information about Illinois health care programs.

21 (3) The person's freedom to accept or reject the  
22 recommendations of the team.

23 (4) The person's right to confidentiality.

24 (5) The person's right to appeal the decision regarding  
25 the need for nursing facility level of care or the  
26 Department's final decisions regarding public programs  
27 eligibility.

28 Section 25. Transition assistance.

29 (a) A long-term care consultation team shall provide  
30 assistance to persons residing in a nursing facility, hospital,  
31 regional treatment center, or intermediate care facility for  
32 persons with mental retardation who request or are referred for  
33 assistance. Transition assistance must include assessment,  
34 community support plan development, referrals to Illinois  
35 health care programs, and referrals to programs that provide

1 assistance with housing.

2 (b) The area agency on aging shall develop transition  
3 processes with institutional social workers and discharge  
4 planners to ensure that:

5 (1) Persons admitted to facilities receive information  
6 about transition assistance that is available.

7 (2) The assessment is completed for persons within 10  
8 working days after the date of the request or  
9 recommendation for assessment.

10 (3) There is a plan for transition and follow-up for  
11 the person's return to the community. The plan must require  
12 notification of other local agencies when a person who may  
13 require transition assistance is screened in one service  
14 region for admission to a facility located in another  
15 service region.

16 (c) If a person who is eligible for an Illinois health care  
17 program is admitted to a nursing facility, the nursing facility  
18 must include a long-term care consultation team member or the  
19 case manager in the discharge planning process.

20 Section 30. Preadmission screening.

21 (a) Every applicant to a Medicaid-certified nursing  
22 facility must be screened before admission to the facility,  
23 regardless of the applicant's income, assets, or funding  
24 sources for nursing facility care, except as described in  
25 Section 35. The purpose of the screening is to determine the  
26 applicant's need for nursing facility level of care as  
27 described in subsection (e) and to complete activities required  
28 under federal law related to mental illness and mental  
29 retardation as described in subsection (b).

30 (b) A person who has a diagnosis or possible diagnosis of  
31 mental illness, mental retardation, or a related condition must  
32 receive a preadmission screening before admission to a nursing  
33 facility, regardless of the exemptions described in subsection  
34 (b) of Section 35, to identify the need for further evaluation  
35 and specialized services, unless the admission before

1 screening is authorized by the local mental health authority or  
2 the local developmental disabilities case manager, or unless  
3 authorized by the Department.

4 (c) The following criteria apply to the preadmission  
5 screening:

6 (1) the screening must use forms and criteria developed  
7 by the Department to identify persons who require referral  
8 for further evaluation and determination of the need for  
9 specialized services.

10 (2) The evaluation and determination of the need for  
11 specialized services must be done by:

12 (A) a qualified independent mental health  
13 professional, for persons with a primary or secondary  
14 diagnosis of a serious mental illness; or

15 (B) a qualified mental retardation professional,  
16 for persons with a primary or secondary diagnosis of  
17 mental retardation or related conditions. For purposes  
18 of this requirement, a qualified mental retardation  
19 professional must meet the standards for a qualified  
20 mental retardation professional under 42 CFR 483.430.

21 (d) The local mental health authority or State mental  
22 retardation authority under Public Law 100-203 and Public Law  
23 101-508 may prohibit admission to a nursing facility if the  
24 person seeking admission does not meet the nursing facility  
25 level of care criteria or needs specialized services as defined  
26 in Public Law 100-203 and Public Law 101-508. For purposes of  
27 this subsection, "specialized services" for a person with  
28 mental retardation or a related condition means active  
29 treatment as that term is defined in 42 CFR 483.440.

30 (e) The determination of a person's need for nursing  
31 facility level of care must be made according to criteria  
32 developed by the Department. In assessing a person's needs,  
33 team members must have a physician available for consultation  
34 and must consider the assessment of the person's attending  
35 physician, if any. The person's physician must be included if  
36 the physician chooses to participate. Other personnel may be

1 included on the team as deemed appropriate by the Department.

2 Section 35. Persons exempt from prescreening requirements.

3 (a) Persons exempt from the federal screening requirements  
4 described in subsections (b), (c), and (d) of Section 30 are  
5 limited to the following:

6 (1) A person who, having entered an acute care facility  
7 from a Medicaid-certified nursing facility, is returning  
8 to a Medicaid-certified nursing facility.

9 (2) A person transferring from one Medicaid-certified  
10 nursing facility in Illinois to another Medicaid-certified  
11 nursing facility in Illinois.

12 (3) A person, 21 years of age or older, who satisfies  
13 the following criteria, as specified in 42 CFR 106(b)(2):

14 (A) the person is admitted to a nursing facility  
15 directly from a hospital after receiving acute  
16 inpatient care at the hospital;

17 (B) the person requires nursing facility services  
18 for the same condition for which care was provided in  
19 the hospital; and

20 (C) the attending physician has certified before  
21 the person's admission to the nursing facility that the  
22 person is likely to receive less than 30 days of  
23 nursing facility services.

24 A nursing facility must provide a written notice to a  
25 person who satisfies the criteria in paragraph (3) regarding  
26 the person's right to request and receive long-term care  
27 consultation services as defined in this Act. The notice must  
28 be provided before the person's discharge from the facility and  
29 in a format specified by the Department.

30 (b) Persons who are exempt from preadmission screening for  
31 purposes of level-of-care determination include the following:

32 (1) Persons described in subsection (a).

33 (2) A person who has a contractual right to have  
34 nursing facility care paid for indefinitely by the  
35 Veterans' Administration.



1           (3) A person currently being served under the  
2 alternative care program or under a home and  
3 community-based services waiver authorized under Section  
4 1915(c) of the Social Security Act.

5           (4) Persons admitted to a Medicaid-certified nursing  
6 facility for a short-term stay, which is expected to be 14  
7 days or less in duration based on a physician's  
8 certification, and who have been assessed and approved for  
9 nursing facility admission within the previous 6 months.  
10 This exemption applies only if the long-term care  
11 consultation team member determines at the time of the  
12 initial assessment of the 6-month period that it is  
13 appropriate to use the nursing facility for short-term  
14 stays and that there is an adequate plan of care for return  
15 to the home or community-based setting. If a stay exceeds  
16 14 days, the person must be referred no later than the  
17 first working day following the 14th resident day for a  
18 screening, which must be completed within 5 working days  
19 after the referral.

20           Section 40. Emergency admission to a nursing facility.

21           (a) Persons admitted to a Medicaid-certified nursing  
22 facility from the community on an emergency basis as described  
23 in subsection (b) or from an acute care facility on a day other  
24 than a working day must be screened on the first working day  
25 after admission.

26           (b) Emergency admission to a nursing facility before  
27 screening is permitted when all of the following conditions are  
28 met:

29           (1) The person is admitted from the community to a  
30 certified nursing facility during county nonworking hours.

31           (2) A physician has determined that delaying admission  
32 until preadmission screening is completed would adversely  
33 affect the person's health and safety.

34           (3) There is a recent precipitating event that  
35 precludes the person from living safely in the community,

1 such as the person sustaining an injury, the sudden onset  
2 of an acute illness, or a caregiver's inability to continue  
3 to provide care.

4 (4) The person's attending physician has authorized  
5 the emergency placement and has documented the reason that  
6 the emergency placement is recommended.

7 (5) The Department is contacted on the first working  
8 day following the emergency admission.

9 (c) Transfer of a patient from an acute care hospital to a  
10 nursing facility is not considered an emergency except for a  
11 person who has received hospital services in the following  
12 situations: hospital admission for observation, care in an  
13 emergency room without hospital admission, or following  
14 hospital 24-hour bed care.

15 Section 45. Screening procedure.

16 (a) A person may be screened for nursing facility admission  
17 by telephone or in a face-to-face screening interview.  
18 Long-term care consultation team members must identify each  
19 person's needs using one of the following categories:

20 (1) The person does not need a face-to-face screening  
21 interview to determine the need for nursing facility level  
22 of care based on information obtained from other health  
23 care professionals.

24 (2) The person needs an immediate face-to-face  
25 screening interview to determine the need for nursing  
26 facility level of care and to complete activities required  
27 under Section 30.

28 (3) The person may be exempt from screening  
29 requirements as described in Section 35 or 40 but will need  
30 transitional assistance after admission or in-person  
31 follow-along after a return home.

32 (b) Persons admitted on a nonemergency basis to a  
33 Medicaid-certified nursing facility must be screened before  
34 admission.

35 (c) The long-term care consultation team shall recommend a

1 case mix classification for persons admitted to a certified  
2 nursing facility when sufficient information is received to  
3 make that classification. The nursing facility may conduct all  
4 case mix assessments for persons who have been screened before  
5 admission for whom the team did not recommend a case mix  
6 classification. The nursing facility may conduct all case mix  
7 assessments for persons admitted to the facility before a  
8 preadmission screening.

9 (d) The team's screening or intake activity must include  
10 processes to identify persons who may require transition  
11 assistance as described in Section 25.

12 Section 50. Preadmission screening of persons under age 65.

13 (a) It is the policy of the State of Illinois to ensure  
14 that persons with disabilities or chronic illness are served in  
15 the most integrated setting appropriate to their needs and have  
16 the necessary information to make informed choices about home  
17 and community-based service options. The Department of Public  
18 Aid and the Department of Human Services shall administer this  
19 Section.

20 (b) A person under 65 years of age who is admitted to a  
21 nursing facility from a hospital must be screened before  
22 admission as described in Sections 30, 35, 40, and 45.

23 (c) A person under 65 years of age who is admitted to a  
24 nursing facility with only a telephone preadmission screening  
25 must receive a face-to-face assessment from the long-term care  
26 consultation team member from the service region in which the  
27 facility is located or from the person's case manager within 40  
28 calendar days after admission.

29 (d) A person under 65 years of age who is admitted to a  
30 nursing facility without a preadmission screening in  
31 accordance with subdivision (a)(3) of Section 35 and who  
32 remains in the facility longer than 30 days must receive a  
33 face-to-face assessment within 40 days after admission.

34 (e) At the face-to-face assessment, the long-term care  
35 consultation team member or case manager must perform the

1 activities required under Section 25.

2 (f) For a person under 21 years of age, a screening  
3 interview that recommends nursing facility admission must be  
4 conducted face-to-face and must be approved by the Department  
5 before the person is admitted to the nursing facility.

6 (g) If a person under 65 years of age is admitted to a  
7 nursing facility on an emergency basis, the Department must be  
8 notified of the admission on the next working day, and a  
9 face-to-face assessment as described in subsection (c) must be  
10 conducted within 40 calendar days after admission.

11 (h) At the face-to-face assessment, the team member or the  
12 case manager must present information about home and  
13 community-based options so that the person can make informed  
14 choices. If the person chooses home and community-based  
15 services, the team member or case manager must complete a  
16 written relocation plan within 20 working days after the  
17 assessment. The plan must describe the services needed to  
18 enable the person to move out of the facility and must include  
19 a time line for the move that is designed to ensure a smooth  
20 transition to the person's home and community.

21 (i) A person under 65 years of age residing in a nursing  
22 facility is entitled to a face-to-face assessment at least  
23 every 12 months to review the person's service choices and  
24 available alternatives unless the person indicates, in  
25 writing, that he or she does not desire annual assessments. In  
26 this case, the person must receive a face-to-face assessment at  
27 least every 36 months for the same purposes.

28 Section 55. Administration. The Department shall minimize  
29 the number of forms required in the provision of long-term care  
30 consultation services and shall limit the screening document to  
31 items necessary for community support plan approval,  
32 reimbursement, program planning, evaluation, and policy  
33 development.

34 Section 60. Medicaid reimbursement.

1 (a) Reimbursement for a nursing facility under Article V of  
2 the Illinois Public Aid Code shall be authorized for a  
3 recipient of medical assistance under that Article V only if a  
4 preadmission screening has been conducted before the  
5 recipient's admission to the facility or the Department has  
6 authorized an exemption from the preadmission screening  
7 requirement as provided in this Act. Reimbursement under  
8 Article V of the Illinois Public Aid Code shall not be provided  
9 for any medical assistance recipient who, as determined by the  
10 local screener, does not meet the level of care criteria for  
11 nursing facility placement or, if indicated, has not had a  
12 level II OBRA evaluation as required under the federal Omnibus  
13 Budget Reconciliation Act of 1987 completed, unless an  
14 admission for a recipient with mental illness is approved by  
15 the local mental health authority or an admission for a  
16 recipient with mental retardation or a related condition is  
17 approved by the State mental retardation authority.

18 (b) A nursing facility must not bill a person who is not a  
19 medical assistance recipient for resident days that preceded  
20 the date of completion of screening activities as required  
21 under Sections 30, 35, 40, and 45. The nursing facility must  
22 include unreimbursed resident days in the nursing facility  
23 resident day totals reported to the Department.

24 (c) The Department shall make a request to the Centers for  
25 Medicare and Medicaid Services for a waiver allowing team  
26 approval of Medicaid payments for certified nursing facility  
27 care. A person has a choice and makes the final decision  
28 between nursing facility placement and community placement  
29 after the screening team's recommendation, except as provided  
30 in subsection (d) of Section 30.

31 Section 90. The Illinois Act on the Aging is amended by  
32 changing Section 4.03 as follows:

33 (20 ILCS 105/4.03) (from Ch. 23, par. 6104.03)

34 Sec. 4.03. Nursing home prescreening program.

1 (a) The Department on Aging, in cooperation with the Department  
2 of Human Services and any other appropriate State, local or  
3 federal agency, shall, without regard to income guidelines,  
4 establish a nursing home prescreening program to determine  
5 whether Alzheimer's Disease and related disorders victims, and  
6 persons who are deemed as blind or disabled as defined by the  
7 Social Security Act and who are in need of long term care, may  
8 be satisfactorily cared for in their homes through the use of  
9 home and community based services. Case coordination units  
10 under contract with the Department may charge a fee for the  
11 prescreening provided under this Section and the fee shall be  
12 no greater than the cost of such services to the case  
13 coordination unit.

14 (b) The program established under this Section must comply  
15 with the Long-Term Care Consultation Services Act.

16 (Source: P.A. 89-21, eff. 7-1-95; 89-507, eff. 7-1-97.)

17 Section 95. The Illinois Public Aid Code is amended by  
18 adding Section 5-5.3a as follows:

19 (305 ILCS 5/5-5.3a new)

20 Sec. 5-5.3a. Long-Term Care Consultation Services Act.  
21 Payments to a nursing facility under this Article are subject  
22 to preadmission screening requirements as provided in Section  
23 60 of the Long-Term Care Consultation Services Act.