

1 AN ACT concerning regulation.

2 WHEREAS, The General Assembly intends to provide one
3 standard definition of "hospice" by establishing minimum
4 standards for all providers of hospice care in Illinois; and

5 WHEREAS, The General Assembly does not intend to force any
6 volunteer hospice program out of business but instead intends
7 to bring such programs into compliance with certain minimum
8 standards applicable to all providers of hospice care in
9 Illinois; therefore

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

12 Section 5. The Assisted Living and Shared Housing Act is
13 amended by changing Section 75 as follows:

14 (210 ILCS 9/75)

15 Sec. 75. Residency Requirements.

16 (a) No individual shall be accepted for residency or remain
17 in residence if the establishment cannot provide or secure
18 appropriate services, if the individual requires a level of
19 service or type of service for which the establishment is not
20 licensed or which the establishment does not provide, or if the
21 establishment does not have the staff appropriate in numbers
22 and with appropriate skill to provide such services.

23 (b) Only adults may be accepted for residency.

24 (c) A person shall not be accepted for residency if:

25 (1) the person poses a serious threat to himself or
26 herself or to others;

27 (2) the person is not able to communicate his or her
28 needs and no resident representative residing in the
29 establishment, and with a prior relationship to the person,
30 has been appointed to direct the provision of services;

31 (3) the person requires total assistance with 2 or more

1 activities of daily living;

2 (4) the person requires the assistance of more than one
3 paid caregiver at any given time with an activity of daily
4 living;

5 (5) the person requires more than minimal assistance in
6 moving to a safe area in an emergency;

7 (6) the person has a severe mental illness, which for
8 the purposes of this Section means a condition that is
9 characterized by the presence of a major mental disorder as
10 classified in the Diagnostic and Statistical Manual of
11 Mental Disorders, Fourth Edition (DSM-IV) (American
12 Psychiatric Association, 1994), where the individual is
13 substantially disabled due to mental illness in the areas
14 of self-maintenance, social functioning, activities of
15 community living and work skills, and the disability
16 specified is expected to be present for a period of not
17 less than one year, but does not mean Alzheimer's disease
18 and other forms of dementia based on organic or physical
19 disorders;

20 (7) the person requires intravenous therapy or
21 intravenous feedings unless self-administered or
22 administered by a qualified, licensed health care
23 professional;

24 (8) the person requires gastrostomy feedings unless
25 self-administered or administered by a licensed health
26 care professional;

27 (9) the person requires insertion, sterile irrigation,
28 and replacement of catheter, except for routine
29 maintenance of urinary catheters, unless the catheter care
30 is self-administered or administered by a licensed health
31 care professional;

32 (10) the person requires sterile wound care unless care
33 is self-administered or administered by a licensed health
34 care professional;

35 (11) the person requires sliding scale insulin
36 administration unless self-performed or administered by a

1 licensed health care professional;

2 (12) the person is a diabetic requiring routine insulin
3 injections unless the injections are self-administered or
4 administered by a licensed health care professional;

5 (13) the person requires treatment of stage 3 or stage
6 4 decubitus ulcers or exfoliative dermatitis;

7 (14) the person requires 5 or more skilled nursing
8 visits per week for conditions other than those listed in
9 items (13) and (15) of this subsection for a period of 3
10 consecutive weeks or more except when the course of
11 treatment is expected to extend beyond a 3 week period for
12 rehabilitative purposes and is certified as temporary by a
13 physician; or

14 (15) other reasons prescribed by the Department by
15 rule.

16 (d) A resident with a condition listed in items (1) through
17 (15) of subsection (c) shall have his or her residency
18 terminated.

19 (e) Residency shall be terminated when services available
20 to the resident in the establishment are no longer adequate to
21 meet the needs of the resident. This provision shall not be
22 interpreted as limiting the authority of the Department to
23 require the residency termination of individuals.

24 (f) Subsection (d) of this Section shall not apply to
25 terminally ill residents who receive or would qualify for
26 hospice care and such care is coordinated by a hospice program
27 licensed under the Hospice Program Licensing Act or other
28 licensed health care professional employed by a licensed home
29 health agency and the establishment and all parties agree to
30 the continued residency.

31 (g) Items (3), (4), (5), and (9) of subsection (c) shall
32 not apply to a quadriplegic, paraplegic, or individual with
33 neuro-muscular diseases, such as muscular dystrophy and
34 multiple sclerosis, or other chronic diseases and conditions as
35 defined by rule if the individual is able to communicate his or
36 her needs and does not require assistance with complex medical

1 problems, and the establishment is able to accommodate the
2 individual's needs. The Department shall prescribe rules
3 pursuant to this Section that address special safety and
4 service needs of these individuals.

5 (h) For the purposes of items (7) through (11) of
6 subsection (c), a licensed health care professional may not be
7 employed by the owner or operator of the establishment, its
8 parent entity, or any other entity with ownership common to
9 either the owner or operator of the establishment or parent
10 entity, including but not limited to an affiliate of the owner
11 or operator of the establishment. Nothing in this Section is
12 meant to limit a resident's right to choose his or her health
13 care provider.

14 (Source: P.A. 93-141, eff. 7-10-03.)

15 Section 10. The Hospice Program Licensing Act is amended by
16 changing Sections 2, 3, 4, 5, 8, and 9 and by adding Sections
17 4.5, 8.5, and 8.10 as follows:

18 (210 ILCS 60/2) (from Ch. 111 1/2, par. 6102)

19 Sec. 2. Purpose. The intent of this Act is to ensure
20 quality hospice care to consumers in the State of Illinois
21 ~~legislation is to encourage the orderly development of hospice~~
22 ~~programs which provide supportive and palliative care to~~
23 ~~terminally ill persons and their families during the final~~
24 ~~stages of their illness and during dying and bereavement. It is~~
25 ~~the intent of the General Assembly that persons requiring the~~
26 ~~services of hospice programs be assured the best quality of~~
27 ~~care during their time of need and vulnerability.~~ This is to be
28 accomplished through the development, establishment and
29 enforcement of standards governing the care provided by hospice
30 programs.

31 (Source: P.A. 83-457.)

32 (210 ILCS 60/3) (from Ch. 111 1/2, par. 6103)

33 Sec. 3. Definitions. As used in this Act, unless the

1 context otherwise requires:

2 (a) "Bereavement" means the period of time during which the
3 hospice patient's family experiences and adjusts to the death
4 of the hospice patient.

5 (a-5) "Bereavement services" means counseling services
6 provided to an individual's family after the individual's
7 death.

8 (a-10) "Attending physician" means a physician who:

9 (1) is a doctor of medicine or osteopathy; and

10 (2) is identified by an individual, at the time the
11 individual elects to receive hospice care, as having the
12 most significant role in the determination and delivery of
13 the individual's medical care.

14 (b) "Department" means the Illinois Department of Public
15 Health.

16 (c) "Director" means the Director of the Illinois
17 Department of Public Health.

18 (d) "Hospice care ~~Full hospice~~" means a ~~coordinated~~ program
19 of palliative care that provides for the physical, emotional,
20 and spiritual care needs of a terminally ill patient and his or
21 her family. The goal of such care is to achieve the highest
22 quality of life as defined by the patient and his or her family
23 through the relief of suffering and control of symptoms. ~~home~~
24 ~~and inpatient care providing directly, or through agreement,~~
25 ~~palliative and supportive medical, health and other services to~~
26 ~~terminally ill patients and their families. A full hospice~~
27 ~~utilizes a medically directed interdisciplinary hospice care~~
28 ~~team of professionals and volunteers. The program provides care~~
29 ~~to meet the physical, psychological, social, spiritual and~~
30 ~~other special needs which are experienced during the final~~
31 ~~stages of illness and during dying and bereavement. Home care~~
32 ~~is to be provided on a part-time, intermittent, regularly~~
33 ~~scheduled basis, and on an on-call around-the-clock basis~~
34 ~~according to patient and family need. To the maximum extent~~
35 ~~possible, care shall be furnished in the patient's home. Should~~
36 ~~in patient care be required, services are to be provided with~~

1 ~~the intent of minimizing the length of such care and shall only~~
2 ~~be provided in a hospital licensed under the Hospital Licensing~~
3 ~~Act, or a skilled nursing facility licensed under the Nursing~~
4 ~~Home Care Act.~~

5 (e) "Hospice care team" means an interdisciplinary group or
6 groups composed of individuals who provide or supervise the
7 care and services offered by the hospice. ~~working unit composed~~
8 ~~of but not limited to a physician licensed to practice medicine~~
9 ~~in all of its branches, a nurse licensed pursuant to the~~
10 ~~Nursing and Advanced Practice Nursing Act, a social worker, a~~
11 ~~pastoral or other counselor, and trained volunteers. The~~
12 ~~patient and the patient's family are considered members of the~~
13 ~~hospice care team when development or revision of the patient's~~
14 ~~plan of care takes place.~~

15 (f) "Hospice patient" means a terminally ill person
16 receiving hospice services.

17 (g) "Hospice patient's family" means a hospice patient's
18 immediate family consisting of a spouse, sibling, child, parent
19 and those individuals designated as such by the patient for the
20 purposes of this Act.

21 (g-1) "Hospice residence" means a separately licensed
22 home, apartment building, or similar building providing living
23 quarters:

24 (1) that is owned or operated by a person licensed to
25 operate as a comprehensive full hospice; and

26 (2) at which hospice services are provided to facility
27 residents.

28 A building that is licensed under the Hospital Licensing
29 Act or the Nursing Home Care Act is not a hospice residence.

30 (h) "Hospice services" means a range of professional and
31 other supportive services provided to a hospice patient and his
32 or her family. These services may include, but are not limited
33 to, physician services, nursing services, medical social work
34 services, spiritual counseling services, bereavement services,
35 and volunteer services. ~~palliative and supportive care~~
36 ~~provided to a hospice patient and his family to meet the~~

1 ~~special need arising out of the physical, emotional, spiritual~~
2 ~~and social stresses which are experienced during the final~~
3 ~~stages of illness and during dying and bereavement. Services~~
4 ~~provided to the terminally ill patient shall be furnished, to~~
5 ~~the maximum extent possible, in the patient's home. Should~~
6 ~~inpatient care be required, services are to be provided with~~
7 ~~the intent of minimizing the length of such care.~~

8 (h-5) "Hospice program" means a licensed public agency or
9 private organization, or a subdivision of either of those, that
10 is primarily engaged in providing care to terminally ill
11 individuals through a program of home care or inpatient care,
12 or both home care and inpatient care, utilizing a medically
13 directed interdisciplinary hospice care team of professionals
14 or volunteers, or both professionals and volunteers. A hospice
15 program may be licensed as a comprehensive hospice program or a
16 volunteer hospice program.

17 (h-10) "Comprehensive hospice" means a program that
18 provides hospice services and meets the minimum standards for
19 certification under the Medicare program set forth in the
20 Conditions of Participation in 42 CFR Part 418 but is not
21 required to be Medicare-certified.

22 (i) "Palliative care" means the management of pain and
23 other distressing symptoms that incorporates medical, nursing,
24 psychosocial, and spiritual care according to the needs,
25 values, beliefs, and culture or cultures of the patient and his
26 or her family. The evaluation and treatment is
27 patient-centered, with a focus on the central role of the
28 family unit in decision-making. ~~treatment to provide for the~~
29 ~~reduction or abatement of pain and other troubling symptoms,~~
30 ~~rather than treatment aimed at investigation and intervention~~
31 ~~for the purpose of cure or inappropriate prolongation of life.~~

32 (j) "Hospice service plan" means a plan detailing the
33 specific hospice services offered by a comprehensive ~~full~~ or
34 volunteer hospice program, and the administrative and direct
35 care personnel responsible for those services. The plan shall
36 include but not be limited to:

1 (1) Identification of the person or persons
2 administratively responsible for the program.

3 (2) The estimated average monthly patient census.

4 (3) The proposed geographic area the hospice will
5 serve.

6 (4) A listing of those hospice services provided
7 directly by the hospice, and those hospice services
8 provided indirectly through a contractual agreement.

9 (5) The name and qualifications of those persons or
10 entities under contract to provide indirect hospice
11 services.

12 (6) The name and qualifications of those persons
13 providing direct hospice services, with the exception of
14 volunteers.

15 (7) A description of how the hospice plans to utilize
16 volunteers in the provision of hospice services.

17 (8) A description of the program's record keeping
18 system.

19 (k) "Terminally ill" means a medical prognosis by a
20 physician licensed to practice medicine in all of its branches
21 that a patient has an anticipated life expectancy of one year
22 or less.

23 (l) "Volunteer" means a person who offers his or her
24 services to a hospice without compensation. Reimbursement for a
25 volunteer's expenses in providing hospice service shall not be
26 considered compensation.

27 (l-5) "Employee" means a paid or unpaid member of the staff
28 of a hospice program, or, if the hospice program is a
29 subdivision of an agency or organization, of the agency or
30 organization, who is appropriately trained and assigned to the
31 hospice program. "Employee" also means a volunteer whose duties
32 are prescribed by the hospice program and whose performance of
33 those duties is supervised by the hospice program.

34 (l-10) "Representative" means an individual who has been
35 authorized under State law to terminate an individual's medical
36 care or to elect or revoke the election of hospice care on

1 behalf of a terminally ill individual who is mentally or
2 physically incapacitated.

3 (m) "Volunteer hospice" means a program which provides
4 hospice services to patients regardless of their ability to
5 pay, with emphasis on the utilization of volunteers to provide
6 services, under the administration of a not-for-profit agency.
7 This definition does not prohibit the employment of staff.

8 (Source: P.A. 93-319, eff. 7-23-03.)

9 (210 ILCS 60/4) (from Ch. 111 1/2, par. 6104)

10 Sec. 4. License.

11 (a) No person shall establish, conduct or maintain a
12 comprehensive ~~full~~ or volunteer hospice program without first
13 obtaining a license from the Department. A hospice residence
14 may be operated only at the locations listed on the license. A
15 comprehensive ~~full~~ hospice program owning or operating a
16 hospice residence is not subject to the provisions of the
17 Nursing Home Care Act in owning or operating a hospice
18 residence.

19 (b) No public or private agency shall advertise or present
20 itself to the public as a comprehensive ~~full~~ or volunteer
21 hospice program which provides hospice services without
22 meeting the provisions of subsection (a).

23 (c) The license shall be valid only in the possession of
24 the hospice to which it was originally issued and shall not be
25 transferred or assigned to any other person, agency, or
26 corporation.

27 (d) The license shall be renewed annually.

28 (e) The license shall be displayed in a conspicuous place
29 inside the hospice program office.

30 (Source: P.A. 93-319, eff. 7-23-03.)

31 (210 ILCS 60/4.5 new)

32 Sec. 4.5. Provisional license. Every licensed hospice
33 program in operation on the effective date of this Act that
34 does not meet all of the requirements for a comprehensive

1 hospice program or a volunteer hospice program as set forth in
2 this Act shall be deemed to hold a provisional license to
3 continue that operation on and after that date. The provisional
4 license shall remain in effect for one year after the effective
5 date of this Act or until the Department issues a regular
6 license under Section 4, whichever is earlier. The Department
7 may coordinate the issuance of a regular hospice program
8 license under Section 4 with the renewal date of the license
9 that is in effect on the effective date of this Act.

10 (210 ILCS 60/5) (from Ch. 111 1/2, par. 6105)

11 Sec. 5. Application for License. An application for license
12 or renewal thereof to operate as a comprehensive ~~full~~ or
13 volunteer hospice program shall be made to the Department upon
14 forms provided by it, and shall contain information reasonably
15 required by the Department, taking into consideration the
16 different categories of hospice programs. The application
17 shall be accompanied by:

18 (1) The hospice service plan;

19 (2) A financial statement containing information
20 deemed appropriate by the Department for the category of
21 the applicant; and

22 (3) A uniform license fee determined by the Department
23 based on the hospice program's category.

24 A licensed comprehensive hospice or volunteer hospice that
25 is in operation on the effective date of this Act may be issued
26 a comprehensive hospice program license under Section 4 if the
27 hospice program meets the requirements for a comprehensive
28 hospice program set forth in this Act.

29 (Source: P.A. 84-427.)

30 (210 ILCS 60/8) (from Ch. 111 1/2, par. 6108)

31 Sec. 8. General Requirements for hospice programs ~~Full~~
32 ~~Hospices~~. Every hospice program ~~Full hospices~~ shall comply with
33 the following requirements:—

34 (a) The hospice program's services shall include ~~physician~~

1 ~~services,~~ nursing services, medical social work services,
2 bereavement services ~~counseling,~~ and volunteer services. These
3 services shall be coordinated with those of the hospice
4 patient's ~~primary or~~ attending physician and shall be
5 substantially provided by hospice program employees. The
6 hospice program must make nursing services, medical social work
7 services, volunteer services, and bereavement services
8 available on a 24-hour basis to the extent necessary to meet
9 the needs of individuals for care that is reasonable and
10 necessary for the palliation and management of terminal illness
11 and related conditions. The hospice program must provide these
12 services in a manner consistent with the standards for
13 certification under the Medicare program set forth in the
14 Conditions of Participation in 42 CFR Part 418. Hospice
15 services, as defined in Section 3, may be furnished in a home
16 or inpatient setting, with the intent of minimizing the length
17 of inpatient care. The home care component shall be the primary
18 form of care and shall be available on a part-time,
19 intermittent, regularly-scheduled basis.

20 (a-5) The hospice program must have a governing body that
21 designates an individual responsible for the day-to-day
22 management of the hospice service plan. The governing body must
23 also ensure that all services are provided in accordance with
24 accepted standards of practice and shall assume full legal
25 responsibility for determining, implementing, and maintaining
26 the hospice program's total operation.

27 (a-10) The hospice program must fully disclose in writing
28 to any hospice patient, or to any hospice patient's family or
29 representative, prior to the patient's admission, the hospice
30 services available from the hospice program and the hospice
31 services for which the hospice patient may be eligible under
32 the patient's third-party payer plan (that is, Medicare,
33 Medicaid, the Veterans Administration, private insurance, or
34 other plans).

35 (b) The hospice program shall coordinate its services with
36 professional and nonprofessional services already in the

1 community. The program may contract out for elements of its
2 services; however, direct patient contact and overall
3 coordination of hospice services shall be maintained by the
4 hospice care team. Any contract entered into between a hospice
5 and a health care facility or service provider shall specify
6 that the hospice retain the responsibility for planning and
7 coordinating hospice services and care on behalf of a hospice
8 patient and his family. All contracts shall be in compliance
9 with this Act. No hospice which contracts for any hospice
10 service shall charge fees for services provided directly by the
11 hospice care team which duplicate contractual services
12 provided to the individual patient or his family.

13 (c) The hospice program must have functioning hospice care
14 teams that develop the hospice patient plans of care in
15 accordance with the standards for certification under the
16 Medicare program set forth in the Conditions of Participation
17 in 42 CFR Part 418. ~~The hospice care team shall be responsible~~
18 ~~for the coordination of home and inpatient care.~~

19 (c-5) A hospice patient's plan of care must be established
20 and maintained for each individual admitted to a hospice
21 program, and the services provided to an individual must be in
22 accordance with the individual's plan of care. The plans of
23 care must be established and maintained in accordance with the
24 standards for certification under the Medicare program set
25 forth in the Conditions of Participation in 42 CFR Part 418.

26 (d) The hospice program shall have a medical director who
27 shall be a doctor of medicine or osteopathy and ~~physician~~
28 licensed to practice medicine in all of its branches. The
29 medical director shall have overall responsibility for medical
30 direction of the patient care component of the hospice program
31 ~~and treatment of patients and their families rendered by the~~
32 ~~hospice care team,~~ and shall consult and cooperate with the
33 patient's attending physician.

34 (e) The hospice program shall have a bereavement program
35 which shall provide a continuum of supportive services for the
36 family after the patient's death. The bereavement services must

1 be provided in accordance with the standards for certification
2 under the Medicare program set forth in the Conditions of
3 Participation in 42 CFR Part 418.

4 (f) The hospice program shall foster independence of the
5 patient and his family by providing training, encouragement and
6 support so that the patient and family can care for themselves
7 as much as possible.

8 (g) The hospice program shall not impose the dictates of
9 any value or belief system on its patients and their families.

10 (h) The hospice program shall clearly define its admission
11 criteria. Decisions on admissions shall be made by a hospice
12 care team and shall be dependent upon the expressed request and
13 informed consent of the patient or the patient's legal
14 guardian. For purposes of this Act, "informed consent" means
15 that a hospice program must demonstrate respect for an
16 individual's rights by ensuring that an informed consent form
17 that specifies the type of care and services that may be
18 provided as hospice care during the course of the patient's
19 illness has been obtained for every hospice patient, either
20 from the patient or from the patient's representative.

21 (i) The hospice program shall keep accurate, current, and
22 confidential records on all hospice patients and their families
23 in accordance with the standards for certification under the
24 Medicare program set forth in the Conditions of Participation
25 in 42 CFR Part 418, except that standards or conditions in
26 connection with Medicare or Medicaid election forms do not
27 apply to patients receiving hospice care at no charge.

28 (j) The hospice program shall utilize the services of
29 trained volunteers in accordance with the standards for
30 certification under the Medicare program set forth in the
31 Conditions of Participation in 42 CFR Part 418.

32 (k) (Blank). ~~The hospice program shall consist of both home~~
33 ~~care and inpatient care which incorporates the following~~
34 ~~characteristics:~~

35 ~~(1) The home care component shall be the primary form~~
36 ~~of care, and shall be available on a part time,~~

~~intermittent, regularly scheduled basis and on an on-call
around the clock basis, according to patient and family
need.~~

~~(2) The inpatient component shall primarily be used
only for short term stays.~~

~~If possible, inpatient care should closely approximate a
home like environment, and provide overnight family visitation
within the facility.~~

(l) The hospice program must maintain professional
management responsibility for hospice care and ensure that
services are furnished in a safe and effective manner by
persons meeting the qualifications as defined in this Act and
in accordance with the patient's plan of care.

(m) The hospice program must conduct a quality assurance
program in accordance with the standards for certification
under the Medicare program set forth in the Conditions of
Participation in 42 CFR Part 418.

(n) Where applicable, every hospice program employee must
be licensed, certified, or registered in accordance with
federal, State, and local laws and regulations.

(o) The hospice program shall provide an ongoing program
for the training and education of its employees appropriate to
their responsibilities.

(Source: P.A. 83-457.)

(210 ILCS 60/8.5 new)

Sec. 8.5. Additional requirements; comprehensive hospice
program. In addition to complying with the standards prescribed
by the Department under Section 9 and complying with all other
applicable requirements under this Act, a comprehensive
hospice program must meet the minimum standards for
certification under the Medicare program set forth in the
Conditions of Participation in 42 CFR Part 418.

(210 ILCS 60/8.10 new)

Sec. 8.10. Additional requirements; volunteer hospice

1 program. In addition to complying with the standards prescribed
2 by the Department under Section 9 and complying with all other
3 applicable requirements under this Act, a volunteer hospice
4 program must do the following:

5 (1) Provide hospice care to patients regardless of
6 their ability to pay, with emphasis on the utilization of
7 volunteers to provide services. Nothing in this paragraph
8 prohibits a volunteer hospice program from employing paid
9 staff, however.

10 (2) Provide services not required under subsection (a)
11 of Section 8 in accordance with generally accepted
12 standards of practice and in accordance with applicable
13 local, State, and federal laws.

14 (3) Include the word "Volunteer" in its corporate name
15 and in all verbal and written communications to patients,
16 patients' families and representatives, and the community
17 and public at large.

18 (4) Provide information regarding other hospice care
19 providers available in the hospice program's service area.

20 (210 ILCS 60/9) (from Ch. 111 1/2, par. 6109)

21 Sec. 9. Standards. The Department shall prescribe, by
22 regulation, minimum standards for licensed hospice programs.

23 (a) The standards for all hospice programs ~~full hospices~~
24 shall include, but not be limited to, the following:

25 (1) (Blank). ~~Compliance with the requirements in~~
26 ~~Section 8.~~

27 (2) The number and qualifications of persons providing
28 direct hospice services.

29 (3) The qualifications of those persons contracted
30 with to provide indirect hospice services.

31 (4) The palliative and supportive care and bereavement
32 counseling provided to a hospice patient and his family.

33 (5) Hospice services provided on an inpatient basis.

34 (6) Utilization review of patient care.

35 (7) The quality of care provided to patients.

1 (8) Procedures for the accurate and centralized
2 maintenance of records on hospice services provided to
3 patients and their families.

4 (9) The use of volunteers in the hospice program, and
5 the training of those volunteers.

6 (10) The rights of the patient and the patient's
7 family.

8 (b) (Blank). ~~The standards for volunteer hospice programs~~
9 ~~shall include but not be limited to:~~

10 ~~(1) The direct and indirect services provided by the~~
11 ~~hospice, including the qualifications of personnel~~
12 ~~providing medical care.~~

13 ~~(2) Quality review of the services provided by the~~
14 ~~hospice program.~~

15 ~~(3) Procedures for the accurate and centralized~~
16 ~~maintenance of records on hospice services provided to~~
17 ~~patients and their families.~~

18 ~~(4) The rights of the patient and the patient's family.~~

19 ~~(5) The use of volunteers in the hospice program.~~

20 ~~(6) The disclosure to the patients of the range of~~
21 ~~hospice services provided and not provided by the hospice~~
22 ~~program.~~

23 (c) The standards for hospices owning or operating hospice
24 residences shall address the following:

25 (1) The safety, cleanliness, and general adequacy of
26 the premises, including provision for maintenance of fire
27 and health standards that conform to State laws and
28 municipal codes, to provide for the physical comfort,
29 well-being, care, and protection of the residents.

30 (2) Provisions and criteria for admission, discharge,
31 and transfer of residents.

32 (3) Fee and other contractual agreements with
33 residents.

34 (4) Medical and supportive services for residents.

35 (5) Maintenance of records and residents' right of
36 access of those records.

1 (6) Procedures for reporting abuse or neglect of
2 residents.

3 (7) The number of persons who may be served in a
4 residence, which shall not exceed 16 persons per location.

5 (8) The ownership, operation, and maintenance of
6 buildings containing a hospice residence.

7 (9) The number of licensed hospice residences shall not
8 exceed 6 before December 31, 1996 and shall not exceed 12
9 before December 31, 1997. The Department shall conduct a
10 study of the benefits of hospice residences and make a
11 recommendation to the General Assembly as to the need to
12 limit the number of hospice residences after June 30, 1997.

13 (d) In developing the standards for hospices, the
14 Department shall take into consideration the category of the
15 hospice programs.

16 (Source: P.A. 89-278, eff. 8-10-95.)

17 Section 15. The Health Care Worker Background Check Act is
18 amended by changing Section 15 as follows:

19 (225 ILCS 46/15)

20 Sec. 15. Definitions. For the purposes of this Act, the
21 following definitions apply:

22 "Applicant" means an individual seeking employment with a
23 health care employer who has received a bona fide conditional
24 offer of employment.

25 "Conditional offer of employment" means a bona fide offer
26 of employment by a health care employer to an applicant, which
27 is contingent upon the receipt of a report from the Department
28 of State Police indicating that the applicant does not have a
29 record of conviction of any of the criminal offenses enumerated
30 in Section 25.

31 "Direct care" means the provision of nursing care or
32 assistance with feeding, dressing, movement, bathing,
33 toileting, or other personal needs. The entity responsible for
34 inspecting and licensing, certifying, or registering the

1 health care employer may, by administrative rule, prescribe
2 guidelines for interpreting this definition with regard to the
3 health care employers that it licenses.

4 "Health care employer" means:

5 (1) the owner or licensee of any of the following:

6 (i) a community living facility, as defined in the
7 Community Living Facilities Act;

8 (ii) a life care facility, as defined in the Life
9 Care Facilities Act;

10 (iii) a long-term care facility, as defined in the
11 Nursing Home Care Act;

12 (iv) a home health agency, as defined in the Home
13 Health Agency Licensing Act;

14 (v) a comprehensive ~~full~~ hospice program or
15 volunteer hospice program, as defined in the Hospice
16 Program Licensing Act;

17 (vi) a hospital, as defined in the Hospital
18 Licensing Act;

19 (vii) a community residential alternative, as
20 defined in the Community Residential Alternatives
21 Licensing Act;

22 (viii) a nurse agency, as defined in the Nurse
23 Agency Licensing Act;

24 (ix) a respite care provider, as defined in the
25 Respite Program Act;

26 (ix-a) an establishment licensed under the
27 Assisted Living and Shared Housing Act;

28 (x) a supportive living program, as defined in the
29 Illinois Public Aid Code;

30 (xi) early childhood intervention programs as
31 described in 59 Ill. Adm. Code 121;

32 (xii) the University of Illinois Hospital,
33 Chicago;

34 (xiii) programs funded by the Department on Aging
35 through the Community Care Program;

36 (xiv) programs certified to participate in the

1 Supportive Living Program authorized pursuant to
2 Section 5-5.01a of the Illinois Public Aid Code;

3 (xv) programs listed by the Emergency Medical
4 Services (EMS) Systems Act as Freestanding Emergency
5 Centers;

6 (xvi) locations licensed under the Alternative
7 Health Care Delivery Act;

8 (2) a day training program certified by the Department
9 of Human Services;

10 (3) a community integrated living arrangement operated
11 by a community mental health and developmental service
12 agency, as defined in the Community-Integrated Living
13 Arrangements Licensing and Certification Act; or

14 (4) the State Long Term Care Ombudsman Program,
15 including any regional long term care ombudsman programs
16 under Section 4.04 of the Illinois Act on the Aging, only
17 for the purpose of securing background checks.

18 "Initiate" means the obtaining of the authorization for a
19 record check from a student, applicant, or employee. The
20 educational entity or health care employer or its designee
21 shall transmit all necessary information and fees to the
22 Illinois State Police within 10 working days after receipt of
23 the authorization.

24 (Source: P.A. 92-16, eff. 6-28-01; 93-878, eff. 1-1-05.)

25 Section 99. Effective date. This Act takes effect July 1,
26 2005.