



Disability Services Committee

Adopted in House Comm. on Mar 14, 2007

09500HB0982ham001

LRB095 09864 DRJ 33392 a

1 AMENDMENT TO HOUSE BILL 982

2 AMENDMENT NO. _____. Amend House Bill 982 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Sections 5-2.05 and 12-4.36 as follows:

6 (305 ILCS 5/5-2.05)

7 Sec. 5-2.05. Children with disabilities ~~Disabled children.~~

8 (a) The Department of Healthcare and Family Services, in
9 conjunction with the Department of Human Services, ~~Public Aid~~
10 may offer, to children with developmental disabilities or
11 children with severe mental illness or severe emotional
12 disorders ~~and severely mentally ill or emotionally disturbed~~
13 ~~children~~ who otherwise would not qualify for medical assistance
14 under this Article due to family income, home-based and
15 community-based services instead of institutional placement,
16 as allowed under paragraph 7 of Section 5-2.

1 (b) The Department of Healthcare and Family Services ~~Public~~
2 ~~Aid~~, in conjunction with the Department of Human Services and
3 the Division of Specialized Care for Children, University of
4 Illinois-Chicago, shall submit a bi-annual ~~also~~ report to the
5 Governor and the General Assembly no later than January 1 of
6 every even-numbered year beginning in 2008, ~~2004~~ regarding the
7 status of existing services offered under paragraph 7 of
8 Section 5-2. This report shall include, but not be limited to,
9 the following information:

10 ~~(1) The number of persons eligible for these services.~~

11 ~~(2) The number of persons who applied for these~~
12 ~~services.~~

13 (1) ~~(3)~~ The number of persons who currently receive
14 these services.

15 (2) ~~(4)~~ The nature, scope, and cost of services
16 ~~provided under paragraph 7 of Section 5-2.~~

17 (3) ~~(5)~~ The comparative cost of providing those
18 services in a hospital, skilled nursing facility, or
19 intermediate care facility.

20 (4) ~~(6)~~ The funding sources for the provision of
21 services, including federal financial participation.

22 (5) ~~(7)~~ The qualifications, skills, and availability
23 of caregivers for children receiving services.

24 (6) The number of children who have aged out of the
25 services offered under paragraph 7 of Section 5-2 during
26 the 2 years immediately preceding the report.

1 The report shall also include information regarding the
2 extent to which the existing programs could provide coverage
3 for children with developmental disabilities or children with
4 severe mental illness or severe emotional disorders ~~mentally~~
5 ~~disabled children~~ who are currently being provided services in
6 an institution who could otherwise be served in a
7 less-restrictive, community-based setting for the same or a
8 lower cost. The report may be submitted as part of the report
9 required by subsection (e) of Section 12-4.36 of this Code
10 during the existence of the pilot program authorized by that
11 Section.

12 (Source: P.A. 93-599, eff. 8-26-03; revised 12-15-05.)

13 (305 ILCS 5/12-4.36)

14 Sec. 12-4.36. Pilot program for persons who are medically
15 fragile and technology-dependent.

16 (a) Subject to appropriations for the first fiscal year of
17 the pilot program beginning July 1, 2006, the Department of
18 Human Services, in cooperation with the Department of
19 Healthcare and Family Services, shall adopt rules to initiate a
20 3-year pilot program to (i) test a standardized assessment tool
21 for persons who are medically fragile and technology-dependent
22 who may be provided home and community-based services to meet
23 their medical needs rather than be provided care in an
24 institution not solely because of a severe mental or
25 developmental impairment and (ii) provide appropriate home and

1 community-based medical services for such persons as provided
2 in subsection (c) of this Section. The Department of Human
3 Services may administer the pilot program until June 30, 2010
4 ~~2009~~ if the General Assembly annually appropriates funds for
5 this purpose.

6 (b) Notwithstanding any other provisions of this Code, the
7 rules implementing the pilot program shall provide for
8 criteria, standards, procedures, and reimbursement for
9 services that are not otherwise being provided in scope,
10 duration, or amount through any other program administered by
11 any Department of Human Services or any other agency of the
12 State for these medically fragile, technology-dependent
13 persons. At a minimum, the rules shall include the following:

14 (1) A requirement that a pilot program participant be
15 eligible for medical assistance under this Code, a citizen
16 of the United States, or an individual who is lawfully
17 residing permanently in the United States, and a resident
18 of Illinois.

19 (2) A requirement that a standardized assessment for
20 medically fragile, technology-dependent persons will
21 establish the level of care and the service-cost maximums.

22 (3) A requirement for a determination by a physician
23 licensed to practice medicine in all its branches (i) that,
24 except for the provision of home and community-based care,
25 these individuals would require the level of care provided
26 in an institutional setting and (ii) that the necessary

1 level of care can be provided safely in the home and
2 community through the provision of medical support
3 services.

4 (4) A requirement that the services provided be
5 medically necessary and appropriate for the level of
6 functioning of the persons who are participating in the
7 pilot program.

8 (5) Provisions for care coordination and family
9 support services that will enable the person to receive
10 services in the most integrated setting possible
11 appropriate to his or her medical condition and level of
12 functioning.

13 (6) The frequency of assessment and plan-of-care
14 reviews.

15 (7) The family or guardian's active participation as
16 care givers in meeting the individual's medical needs.

17 (8) The estimated cost to the State for in-home care,
18 as compared to the institutional level of care appropriate
19 to the individual's medical needs, may not exceed 100% of
20 the institutional care as indicated by the standardized
21 assessment tool.

22 (9) When determining the hours of medically necessary
23 support services needed to maintain the individual at home,
24 consideration shall be given to the availability of other
25 services, including direct care provided by the
26 individual's family or guardian that can reasonably be

1 expected to meet the medical needs of the individual.

2 (c) During the pilot program, an individual who has
3 received services pursuant to paragraph 7 of Section 5-2 of
4 this Code, but who no longer receives ~~receive~~ such services
5 because he or she has reached the age of 21, may be provided
6 additional services pursuant to rule if the Department of Human
7 Services, Division of Rehabilitation Services, determines from
8 completion of the assessment tool for that individual that the
9 exceptional care rate established by the Department of
10 Healthcare and Family Services under Section 5-5.8a of this
11 Code is not sufficient to cover the medical needs of the
12 individual under the home and community-based services (HCBS)
13 waivers for persons with disabilities.

14 (d) The Department of Human Services is authorized to lower
15 the payment levels established under this Section or take such
16 other actions, including, without limitation, cessation of
17 enrollment, reduction of available medical services, and
18 changing standards for eligibility, that are deemed necessary
19 by the Department during a State fiscal year to ensure that
20 payments under this Section do not exceed available funds.
21 These changes may be accomplished by emergency rulemaking under
22 Section 5-45 of the Illinois Administrative Procedure Act,
23 except that the limitation on the number of emergency rules
24 that may be adopted in a 24-month period shall not apply.

25 (e) The Department of Human Services must make an annual
26 report to the Governor and the General Assembly with respect to

1 the persons eligible for medical assistance under this pilot
2 program. The report must cover the State fiscal year ending on
3 June 30 of the preceding year. The first report is due by
4 January 1, 2008. The report must include the following
5 information for the fiscal year covered by the report:

6 (1) The number of persons who were evaluated through
7 the assessment tool under this pilot program.

8 (2) The number of persons who received services not
9 available under the home and community-based services
10 (HCBS) waivers for persons with disabilities under this
11 pilot program.

12 (3) The number of persons whose services were reduced
13 under this pilot program.

14 (4) The nature, scope, and cost of services provided
15 under this pilot program.

16 (5) The comparative costs of providing those services
17 in other institutions.

18 (6) The Department's progress in establishing an
19 objective, standardized assessment tool for the HCBS
20 waiver that assesses the medical needs of medically
21 fragile, technology-dependent adults.

22 (7) Recommendations for the funding needed to expand
23 this pilot program to all medically fragile,
24 technology-dependent individuals in HCBS waivers.

25 (8) Participant experience survey information for
26 persons with disabilities who are participating in this

1 pilot program and for persons with disabilities who are not
2 participating in this pilot program but who are currently
3 receiving services under the home and community-based
4 services (HCBS) waiver and who have received services under
5 paragraph 7 of Section 5-2 of this Code.

6 (Source: P.A. 94-838, eff. 6-6-06.)

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.".