



**Adopted in House Comm. on Aug 01, 2007**

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LRB095 10550 CMK 38271 a

1 AMENDMENT TO SENATE BILL 591

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 591 as follows:

3 by replacing page 5, line 21 through page 7, line 20 with the  
4 following:

5 "No later than July 1, 2008, the Department's case  
6 management program shall be transitioned to a fully integrated  
7 care coordination program. The care coordination program shall  
8 be voluntary and require the written consent of the client,  
9 shall incorporate the concepts of client direction and consumer  
10 focus, and shall take into account the client's needs and  
11 preferences. Implementation of a care plan shall require the  
12 written informed consent of the client, who shall retain the  
13 right to refuse any or all portions of the care plan.  
14 Information about the program, including an explanation of its  
15 purpose, policies, and procedures, and a description of  
16 available services that may be offered shall be provided to the

1 client. Comprehensive care coordination shall include  
2 activities such as: (1) comprehensive assessment of the client;  
3 (2) development and implementation of a service plan with the  
4 client to mobilize the formal and family resources and services  
5 identified in the assessment to meet the needs of the client,  
6 including coordination of the resources and services with (A)  
7 any other plans that exist for various formal services, such as  
8 hospital discharge plans, and (B) the information and  
9 assistance services; (3) coordination and monitoring of formal  
10 and family service delivery, regardless of the funding source,  
11 including coordination and monitoring to ensure that services  
12 specified in the plan are being provided; (4) assistance with  
13 the completion of applications for services, referrals to  
14 non-government funded services, health promotion, and ensuring  
15 continuity of care across care settings; (5) periodic  
16 reassessment and revision of the status of the client with the  
17 client or, if necessary, the client's designated  
18 representative; and (6) in accordance with the wishes of the  
19 client, advocacy on behalf of the client for needed services or  
20 resources. The provisions of this paragraph are in addition to  
21 and shall not affect other eligibility requirements  
22 established under this Section.

23 A comprehensive assessment shall be performed, with the  
24 consent of the client, using a holistic tool identified by the  
25 Department and supported by an electronic intake assessment and  
26 care planning system linked to a central location. The

1 comprehensive assessment process shall include a face to face  
2 interview in the client's home or temporary overnight abode and  
3 shall determine the level of physical, functional, cognitive,  
4 psycho-social, financial, and social needs of the client.  
5 Assessment interviews shall accommodate the scheduling needs  
6 of the client and the client's representative or  
7 representatives, who shall participate at the discretion of the  
8 client. The Department shall provide, by administrative rule,  
9 guidelines for determining the conditions under which a  
10 comprehensive assessment shall be performed, including  
11 policies and procedures for obtaining the written, informed  
12 consent of the client for conducting the assessment, and the  
13 activities of care coordination offered to each care recipient.  
14 The care plan shall include the needs identified by the  
15 assessment and incorporate the goals and preferences of the  
16 client. Care plans shall also include all services needed by  
17 the client regardless of the funding source and delineate  
18 between services provided, services unavailable, and services  
19 refused by the client. The Department shall establish policies  
20 and procedures for investigating and resolving complaints that  
21 may be filed by clients or their representatives regarding  
22 assessments or care coordination. Case coordination units  
23 shall be reimbursed for care coordination in a just and  
24 equitable manner reflective of the actual cost of providing  
25 care coordination. By January 1, 2008, the Department shall  
26 develop a rate structure, in collaboration with case

1 coordination units and advocates for care recipients, that  
2 reflects the activities of coordination provided. The  
3 Department shall re-evaluate the rate structure by July 2010.  
4 The provisions of this paragraph are in addition to and shall  
5 not affect other eligibility requirements established under  
6 this Section."