

SB2527



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB2527

Introduced 1/12/2010, by Sen. Dan Kotowski

SYNOPSIS AS INTRODUCED:

210 ILCS 3/30

Amends the Alternative Health Care Delivery Act. Increases the number of authorized community-based residential rehabilitation center alternative health care models from 2 to 5. Effective immediately.

LRB096 15435 KTG 30638 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Alternative Health Care Delivery Act is
5 amended by changing Section 30 as follows:

6 (210 ILCS 3/30)

7 Sec. 30. Demonstration program requirements. The
8 requirements set forth in this Section shall apply to
9 demonstration programs.

10 (a) There shall be no more than:

11 (i) 3 subacute care hospital alternative health care
12 models in the City of Chicago (one of which shall be
13 located on a designated site and shall have been licensed
14 as a hospital under the Illinois Hospital Licensing Act
15 within the 10 years immediately before the application for
16 a license);

17 (ii) 2 subacute care hospital alternative health care
18 models in the demonstration program for each of the
19 following areas:

20 (1) Cook County outside the City of Chicago.

21 (2) DuPage, Kane, Lake, McHenry, and Will
22 Counties.

23 (3) Municipalities with a population greater than

1 50,000 not located in the areas described in item (i)
2 of subsection (a) and paragraphs (1) and (2) of item
3 (ii) of subsection (a); and
4 (iii) 4 subacute care hospital alternative health care
5 models in the demonstration program for rural areas.

6 In selecting among applicants for these licenses in rural
7 areas, the Health Facilities and Services Review Board and the
8 Department shall give preference to hospitals that may be
9 unable for economic reasons to provide continued service to the
10 community in which they are located unless the hospital were to
11 receive an alternative health care model license.

12 (a-5) There shall be no more than the total number of
13 postsurgical recovery care centers with a certificate of need
14 for beds as of January 1, 2008.

15 (a-10) There shall be no more than a total of 9 children's
16 respite care center alternative health care models in the
17 demonstration program, which shall be located as follows:

18 (1) Two in the City of Chicago.

19 (2) One in Cook County outside the City of Chicago.

20 (3) A total of 2 in the area comprised of DuPage, Kane,
21 Lake, McHenry, and Will counties.

22 (4) A total of 2 in municipalities with a population of
23 50,000 or more and not located in the areas described in
24 paragraphs (1), (2), or (3).

25 (5) A total of 2 in rural areas, as defined by the
26 Health Facilities and Services Review Board.

1 No more than one children's respite care model owned and
2 operated by a licensed skilled pediatric facility shall be
3 located in each of the areas designated in this subsection
4 (a-10).

5 (a-15) There shall be 5 ~~2~~ authorized community-based
6 residential rehabilitation center alternative health care
7 models in the demonstration program.

8 (a-20) There shall be an authorized Alzheimer's disease
9 management center alternative health care model in the
10 demonstration program. The Alzheimer's disease management
11 center shall be located in Will County, owned by a
12 not-for-profit entity, and endorsed by a resolution approved by
13 the county board before the effective date of this amendatory
14 Act of the 91st General Assembly.

15 (a-25) There shall be no more than 10 birth center
16 alternative health care models in the demonstration program,
17 located as follows:

18 (1) Four in the area comprising Cook, DuPage, Kane,
19 Lake, McHenry, and Will counties, one of which shall be
20 owned or operated by a hospital and one of which shall be
21 owned or operated by a federally qualified health center.

22 (2) Three in municipalities with a population of 50,000
23 or more not located in the area described in paragraph (1)
24 of this subsection, one of which shall be owned or operated
25 by a hospital and one of which shall be owned or operated
26 by a federally qualified health center.

1 (3) Three in rural areas, one of which shall be owned
2 or operated by a hospital and one of which shall be owned
3 or operated by a federally qualified health center.

4 The first 3 birth centers authorized to operate by the
5 Department shall be located in or predominantly serve the
6 residents of a health professional shortage area as determined
7 by the United States Department of Health and Human Services.
8 There shall be no more than 2 birth centers authorized to
9 operate in any single health planning area for obstetric
10 services as determined under the Illinois Health Facilities
11 Planning Act. If a birth center is located outside of a health
12 professional shortage area, (i) the birth center shall be
13 located in a health planning area with a demonstrated need for
14 obstetrical service beds, as determined by the Health
15 Facilities and Services Review Board or (ii) there must be a
16 reduction in the existing number of obstetrical service beds in
17 the planning area so that the establishment of the birth center
18 does not result in an increase in the total number of
19 obstetrical service beds in the health planning area.

20 (b) Alternative health care models, other than a model
21 authorized under subsection (a-10) or ~~subsections (a-10) and~~
22 (a-20), shall obtain a certificate of need from the Health
23 Facilities and Services Review Board under the Illinois Health
24 Facilities Planning Act before receiving a license by the
25 Department. If, after obtaining its initial certificate of
26 need, an alternative health care delivery model that is a

1 community based residential rehabilitation center seeks to
2 increase the bed capacity of that center, it must obtain a
3 certificate of need from the Health Facilities and Services
4 Review Board before increasing the bed capacity. Alternative
5 health care models in medically underserved areas shall receive
6 priority in obtaining a certificate of need.

7 (c) An alternative health care model license shall be
8 issued for a period of one year and shall be annually renewed
9 if the facility or program is in substantial compliance with
10 the Department's rules adopted under this Act. A licensed
11 alternative health care model that continues to be in
12 substantial compliance after the conclusion of the
13 demonstration program shall be eligible for annual renewals
14 unless and until a different licensure program for that type of
15 health care model is established by legislation, except that a
16 postsurgical recovery care center meeting the following
17 requirements may apply within 3 years after August 25, 2009
18 (the effective date of Public Act 96-669) ~~this amendatory Act~~
19 ~~of the 96th General Assembly~~ for a Certificate of Need permit
20 to operate as a hospital:

21 (1) The postsurgical recovery care center shall apply
22 to the Illinois Health Facilities Planning Board for a
23 Certificate of Need permit to discontinue the postsurgical
24 recovery care center and to establish a hospital.

25 (2) If the postsurgical recovery care center obtains a
26 Certificate of Need permit to operate as a hospital, it

1 shall apply for licensure as a hospital under the Hospital
2 Licensing Act and shall meet all statutory and regulatory
3 requirements of a hospital.

4 (3) After obtaining licensure as a hospital, any
5 license as an ambulatory surgical treatment center and any
6 license as a post-surgical recovery care center shall be
7 null and void.

8 (4) The former postsurgical recovery care center that
9 receives a hospital license must seek and use its best
10 efforts to maintain certification under Titles XVIII and
11 XIX of the federal Social Security Act.

12 The Department may issue a provisional license to any
13 alternative health care model that does not substantially
14 comply with the provisions of this Act and the rules adopted
15 under this Act if (i) the Department finds that the alternative
16 health care model has undertaken changes and corrections which
17 upon completion will render the alternative health care model
18 in substantial compliance with this Act and rules and (ii) the
19 health and safety of the patients of the alternative health
20 care model will be protected during the period for which the
21 provisional license is issued. The Department shall advise the
22 licensee of the conditions under which the provisional license
23 is issued, including the manner in which the alternative health
24 care model fails to comply with the provisions of this Act and
25 rules, and the time within which the changes and corrections
26 necessary for the alternative health care model to

1 substantially comply with this Act and rules shall be
2 completed.

3 (d) Alternative health care models shall seek
4 certification under Titles XVIII and XIX of the federal Social
5 Security Act. In addition, alternative health care models shall
6 provide charitable care consistent with that provided by
7 comparable health care providers in the geographic area.

8 (d-5) The Department of Healthcare and Family Services
9 (formerly Illinois Department of Public Aid), in cooperation
10 with the Illinois Department of Public Health, shall develop
11 and implement a reimbursement methodology for all facilities
12 participating in the demonstration program. The Department of
13 Healthcare and Family Services shall keep a record of services
14 provided under the demonstration program to recipients of
15 medical assistance under the Illinois Public Aid Code and shall
16 submit an annual report of that information to the Illinois
17 Department of Public Health.

18 (e) Alternative health care models shall, to the extent
19 possible, link and integrate their services with nearby health
20 care facilities.

21 (f) Each alternative health care model shall implement a
22 quality assurance program with measurable benefits and at
23 reasonable cost.

24 (Source: P.A. 95-331, eff. 8-21-07; 95-445, eff. 1-1-08; 96-31,
25 eff. 6-30-09; 96-129, eff. 8-4-09; 96-669, eff. 8-25-09;
26 96-812, eff. 1-1-10; revised 11-4-09.)

1 Section 99. Effective date. This Act takes effect upon
2 becoming law.