

1 AN ACT concerning public aid.

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 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) (Blank) ~~The Department of Healthcare and Family~~
9 ~~Services (formerly Illinois Department of Public Aid), in~~
10 ~~cooperation with the Illinois Department of Public Health,~~
11 ~~shall develop and implement a reimbursement methodology for all~~
12 ~~facilities participating in the demonstration program. The~~
13 ~~Department of Healthcare and Family Services shall keep a~~
14 ~~record of services provided under the demonstration program to~~
15 ~~recipients of medical assistance under the Illinois Public Aid~~
16 ~~Code and shall submit an annual report of that information to~~
17 ~~the Illinois 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 10. The Illinois Public Aid Code is amended by
2 changing Sections 5-2 and 5-5.5 and by adding Section 12-8.2 as
3 follows:

4 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

5 Sec. 5-2. Classes of Persons Eligible. Medical assistance
6 under this Article shall be available to any of the following
7 classes of persons in respect to whom a plan for coverage has
8 been submitted to the Governor by the Illinois Department and
9 approved by him:

10 1. Recipients of basic maintenance grants under
11 Articles III and IV.

12 2. Persons otherwise eligible for basic maintenance
13 under Articles III and IV, excluding any eligibility
14 requirements that are inconsistent with any federal law or
15 federal regulation, as interpreted by the U.S. Department
16 of Health and Human Services, but who fail to qualify
17 thereunder on the basis of need or who qualify but are not
18 receiving basic maintenance under Article IV, and who have
19 insufficient income and resources to meet the costs of
20 necessary medical care, including but not limited to the
21 following:

22 (a) All persons otherwise eligible for basic
23 maintenance under Article III but who fail to qualify
24 under that Article on the basis of need and who meet

1 either of the following requirements:

2 (i) their income, as determined by the
3 Illinois Department in accordance with any federal
4 requirements, is equal to or less than 70% in
5 fiscal year 2001, equal to or less than 85% in
6 fiscal year 2002 and until a date to be determined
7 by the Department by rule, and equal to or less
8 than 100% beginning on the date determined by the
9 Department by rule, of the nonfarm income official
10 poverty line, as defined by the federal Office of
11 Management and Budget and revised annually in
12 accordance with Section 673(2) of the Omnibus
13 Budget Reconciliation Act of 1981, applicable to
14 families of the same size; or

15 (ii) their income, after the deduction of
16 costs incurred for medical care and for other types
17 of remedial care, is equal to or less than 70% in
18 fiscal year 2001, equal to or less than 85% in
19 fiscal year 2002 and until a date to be determined
20 by the Department by rule, and equal to or less
21 than 100% beginning on the date determined by the
22 Department by rule, of the nonfarm income official
23 poverty line, as defined in item (i) of this
24 subparagraph (a).

25 (b) All persons who, excluding any eligibility
26 requirements that are inconsistent with any federal

1 law or federal regulation, as interpreted by the U.S.
2 Department of Health and Human Services, would be
3 determined eligible for such basic maintenance under
4 Article IV by disregarding the maximum earned income
5 permitted by federal law.

6 3. Persons who would otherwise qualify for Aid to the
7 Medically Indigent under Article VII.

8 4. Persons not eligible under any of the preceding
9 paragraphs who fall sick, are injured, or die, not having
10 sufficient money, property or other resources to meet the
11 costs of necessary medical care or funeral and burial
12 expenses.

13 5.(a) Women during pregnancy, after the fact of
14 pregnancy has been determined by medical diagnosis, and
15 during the 60-day period beginning on the last day of the
16 pregnancy, together with their infants and children born
17 after September 30, 1983, whose income and resources are
18 insufficient to meet the costs of necessary medical care to
19 the maximum extent possible under Title XIX of the Federal
20 Social Security Act.

21 (b) The Illinois Department and the Governor shall
22 provide a plan for coverage of the persons eligible under
23 paragraph 5(a) by April 1, 1990. Such plan shall provide
24 ambulatory prenatal care to pregnant women during a
25 presumptive eligibility period and establish an income
26 eligibility standard that is equal to 133% of the nonfarm

1 income official poverty line, as defined by the federal
2 Office of Management and Budget and revised annually in
3 accordance with Section 673(2) of the Omnibus Budget
4 Reconciliation Act of 1981, applicable to families of the
5 same size, provided that costs incurred for medical care
6 are not taken into account in determining such income
7 eligibility.

8 (c) The Illinois Department may conduct a
9 demonstration in at least one county that will provide
10 medical assistance to pregnant women, together with their
11 infants and children up to one year of age, where the
12 income eligibility standard is set up to 185% of the
13 nonfarm income official poverty line, as defined by the
14 federal Office of Management and Budget. The Illinois
15 Department shall seek and obtain necessary authorization
16 provided under federal law to implement such a
17 demonstration. Such demonstration may establish resource
18 standards that are not more restrictive than those
19 established under Article IV of this Code.

20 6. Persons under the age of 18 who fail to qualify as
21 dependent under Article IV and who have insufficient income
22 and resources to meet the costs of necessary medical care
23 to the maximum extent permitted under Title XIX of the
24 Federal Social Security Act.

25 7. Persons who are under 21 years of age and would
26 qualify as disabled as defined under the Federal

1 Supplemental Security Income Program, provided medical
2 service for such persons would be eligible for Federal
3 Financial Participation, and provided the Illinois
4 Department determines that:

5 (a) the person requires a level of care provided by
6 a hospital, skilled nursing facility, or intermediate
7 care facility, as determined by a physician licensed to
8 practice medicine in all its branches;

9 (b) it is appropriate to provide such care outside
10 of an institution, as determined by a physician
11 licensed to practice medicine in all its branches;

12 (c) the estimated amount which would be expended
13 for care outside the institution is not greater than
14 the estimated amount which would be expended in an
15 institution.

16 8. Persons who become ineligible for basic maintenance
17 assistance under Article IV of this Code in programs
18 administered by the Illinois Department due to employment
19 earnings and persons in assistance units comprised of
20 adults and children who become ineligible for basic
21 maintenance assistance under Article VI of this Code due to
22 employment earnings. The plan for coverage for this class
23 of persons shall:

24 (a) extend the medical assistance coverage for up
25 to 12 months following termination of basic
26 maintenance assistance; and

1 (b) offer persons who have initially received 6
2 months of the coverage provided in paragraph (a) above,
3 the option of receiving an additional 6 months of
4 coverage, subject to the following:

5 (i) such coverage shall be pursuant to
6 provisions of the federal Social Security Act;

7 (ii) such coverage shall include all services
8 covered while the person was eligible for basic
9 maintenance assistance;

10 (iii) no premium shall be charged for such
11 coverage; and

12 (iv) such coverage shall be suspended in the
13 event of a person's failure without good cause to
14 file in a timely fashion reports required for this
15 coverage under the Social Security Act and
16 coverage shall be reinstated upon the filing of
17 such reports if the person remains otherwise
18 eligible.

19 9. Persons with acquired immunodeficiency syndrome
20 (AIDS) or with AIDS-related conditions with respect to whom
21 there has been a determination that but for home or
22 community-based services such individuals would require
23 the level of care provided in an inpatient hospital,
24 skilled nursing facility or intermediate care facility the
25 cost of which is reimbursed under this Article. Assistance
26 shall be provided to such persons to the maximum extent

1 permitted under Title XIX of the Federal Social Security
2 Act.

3 10. Participants in the long-term care insurance
4 partnership program established under the Illinois
5 Long-Term Care Partnership Program Act who meet the
6 qualifications for protection of resources described in
7 Section 15 of that Act.

8 11. Persons with disabilities who are employed and
9 eligible for Medicaid, pursuant to Section
10 1902(a)(10)(A)(ii)(xv) of the Social Security Act, and,
11 subject to federal approval, persons with a medically
12 improved disability who are employed and eligible for
13 Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi) of
14 the Social Security Act, as provided by the Illinois
15 Department by rule. In establishing eligibility standards
16 under this paragraph 11, the Department shall, subject to
17 federal approval:

18 (a) set the income eligibility standard at not
19 lower than 350% of the federal poverty level;

20 (b) exempt retirement accounts that the person
21 cannot access without penalty before the age of 59 1/2,
22 and medical savings accounts established pursuant to
23 26 U.S.C. 220;

24 (c) allow non-exempt assets up to \$25,000 as to
25 those assets accumulated during periods of eligibility
26 under this paragraph 11; and

1 (d) continue to apply subparagraphs (b) and (c) in
2 determining the eligibility of the person under this
3 Article even if the person loses eligibility under this
4 paragraph 11.

5 12. Subject to federal approval, persons who are
6 eligible for medical assistance coverage under applicable
7 provisions of the federal Social Security Act and the
8 federal Breast and Cervical Cancer Prevention and
9 Treatment Act of 2000. Those eligible persons are defined
10 to include, but not be limited to, the following persons:

11 (1) persons who have been screened for breast or
12 cervical cancer under the U.S. Centers for Disease
13 Control and Prevention Breast and Cervical Cancer
14 Program established under Title XV of the federal
15 Public Health Services Act in accordance with the
16 requirements of Section 1504 of that Act as
17 administered by the Illinois Department of Public
18 Health; and

19 (2) persons whose screenings under the above
20 program were funded in whole or in part by funds
21 appropriated to the Illinois Department of Public
22 Health for breast or cervical cancer screening.

23 "Medical assistance" under this paragraph 12 shall be
24 identical to the benefits provided under the State's
25 approved plan under Title XIX of the Social Security Act.
26 The Department must request federal approval of the

1 coverage under this paragraph 12 within 30 days after the
2 effective date of this amendatory Act of the 92nd General
3 Assembly.

4 13. Subject to appropriation and to federal approval,
5 persons living with HIV/AIDS who are not otherwise eligible
6 under this Article and who qualify for services covered
7 under Section 5-5.04 as provided by the Illinois Department
8 by rule.

9 14. Subject to the availability of funds for this
10 purpose, the Department may provide coverage under this
11 Article to persons who reside in Illinois who are not
12 eligible under any of the preceding paragraphs and who meet
13 the income guidelines of paragraph 2(a) of this Section and
14 (i) have an application for asylum pending before the
15 federal Department of Homeland Security or on appeal before
16 a court of competent jurisdiction and are represented
17 either by counsel or by an advocate accredited by the
18 federal Department of Homeland Security and employed by a
19 not-for-profit organization in regard to that application
20 or appeal, or (ii) are receiving services through a
21 federally funded torture treatment center. Medical
22 coverage under this paragraph 14 may be provided for up to
23 24 continuous months from the initial eligibility date so
24 long as an individual continues to satisfy the criteria of
25 this paragraph 14. If an individual has an appeal pending
26 regarding an application for asylum before the Department

1 of Homeland Security, eligibility under this paragraph 14
2 may be extended until a final decision is rendered on the
3 appeal. The Department may adopt rules governing the
4 implementation of this paragraph 14.

5 15. Family Care Eligibility.

6 (a) A caretaker relative who is 19 years of age or
7 older when countable income is at or below 185% of the
8 Federal Poverty Level Guidelines, as published
9 annually in the Federal Register, for the appropriate
10 family size. A person may not spend down to become
11 eligible under this paragraph 15.

12 (b) Eligibility shall be reviewed annually.

13 (c) Caretaker relatives enrolled under this
14 paragraph 15 in families with countable income above
15 150% and at or below 185% of the Federal Poverty Level
16 Guidelines shall be counted as family members and pay
17 premiums as established under the Children's Health
18 Insurance Program Act.

19 (d) Premiums shall be billed by and payable to the
20 Department or its authorized agent, on a monthly basis.

21 (e) The premium due date is the last day of the
22 month preceding the month of coverage.

23 (f) Individuals shall have a grace period through
24 30 days ~~the month~~ of coverage to pay the premium.

25 (g) Failure to pay the full monthly premium by the
26 last day of the grace period shall result in

1 termination of coverage.

2 (h) Partial premium payments shall not be
3 refunded.

4 (i) Following termination of an individual's
5 coverage under this paragraph 15, the following action
6 is required before the individual can be re-enrolled:

7 (1) A new application must be completed and the
8 individual must be determined otherwise eligible.

9 (2) There must be full payment of premiums due
10 under this Code, the Children's Health Insurance
11 Program Act, the Covering ALL KIDS Health
12 Insurance Act, or any other healthcare program
13 administered by the Department for periods in
14 which a premium was owed and not paid for the
15 individual.

16 (3) The first month's premium must be paid if
17 there was an unpaid premium on the date the
18 individual's previous coverage was canceled.

19 The Department is authorized to implement the
20 provisions of this amendatory Act of the 95th General
21 Assembly by adopting the medical assistance rules in effect
22 as of October 1, 2007, at 89 Ill. Admin. Code 125, and at
23 89 Ill. Admin. Code 120.32 along with only those changes
24 necessary to conform to federal Medicaid requirements,
25 federal laws, and federal regulations, including but not
26 limited to Section 1931 of the Social Security Act (42

1 U.S.C. Sec. 1396u-1), as interpreted by the U.S. Department
2 of Health and Human Services, and the countable income
3 eligibility standard authorized by this paragraph 15. The
4 Department may not otherwise adopt any rule to implement
5 this increase except as authorized by law, to meet the
6 eligibility standards authorized by the federal government
7 in the Medicaid State Plan or the Title XXI Plan, or to
8 meet an order from the federal government or any court.

9 16. ~~15.~~ Subject to appropriation, uninsured persons
10 who are not otherwise eligible under this Section who have
11 been certified and referred by the Department of Public
12 Health as having been screened and found to need diagnostic
13 evaluation or treatment, or both diagnostic evaluation and
14 treatment, for prostate or testicular cancer. For the
15 purposes of this paragraph 16 ~~15~~, uninsured persons are
16 those who do not have creditable coverage, as defined under
17 the Health Insurance Portability and Accountability Act,
18 or have otherwise exhausted any insurance benefits they may
19 have had, for prostate or testicular cancer diagnostic
20 evaluation or treatment, or both diagnostic evaluation and
21 treatment. To be eligible, a person must furnish a Social
22 Security number. A person's assets are exempt from
23 consideration in determining eligibility under this
24 paragraph 16 ~~15~~. Such persons shall be eligible for medical
25 assistance under this paragraph 16 ~~15~~ for so long as they
26 need treatment for the cancer. A person shall be considered

1 to need treatment if, in the opinion of the person's
2 treating physician, the person requires therapy directed
3 toward cure or palliation of prostate or testicular cancer,
4 including recurrent metastatic cancer that is a known or
5 presumed complication of prostate or testicular cancer and
6 complications resulting from the treatment modalities
7 themselves. Persons who require only routine monitoring
8 services are not considered to need treatment. "Medical
9 assistance" under this paragraph 16 ~~15~~ shall be identical
10 to the benefits provided under the State's approved plan
11 under Title XIX of the Social Security Act. Notwithstanding
12 any other provision of law, the Department (i) does not
13 have a claim against the estate of a deceased recipient of
14 services under this paragraph 16 ~~15~~ and (ii) does not have
15 a lien against any homestead property or other legal or
16 equitable real property interest owned by a recipient of
17 services under this paragraph 16 ~~15~~.

18 In implementing the provisions of Public Act 96-20 ~~this~~
19 ~~amendatory Act of the 96th General Assembly~~, the Department is
20 authorized to adopt only those rules necessary, including
21 emergency rules. Nothing in Public Act 96-20 ~~this amendatory~~
22 ~~Act of the 96th General Assembly~~ permits the Department to
23 adopt rules or issue a decision that expands eligibility for
24 the FamilyCare Program to a person whose income exceeds 185% of
25 the Federal Poverty Level as determined from time to time by
26 the U.S. Department of Health and Human Services, unless the

1 Department is provided with express statutory authority.

2 The Illinois Department and the Governor shall provide a
3 plan for coverage of the persons eligible under paragraph 7 as
4 soon as possible after July 1, 1984.

5 The eligibility of any such person for medical assistance
6 under this Article is not affected by the payment of any grant
7 under the Senior Citizens and Disabled Persons Property Tax
8 Relief and Pharmaceutical Assistance Act or any distributions
9 or items of income described under subparagraph (X) of
10 paragraph (2) of subsection (a) of Section 203 of the Illinois
11 Income Tax Act. The Department shall by rule establish the
12 amounts of assets to be disregarded in determining eligibility
13 for medical assistance, which shall at a minimum equal the
14 amounts to be disregarded under the Federal Supplemental
15 Security Income Program. The amount of assets of a single
16 person to be disregarded shall not be less than \$2,000, and the
17 amount of assets of a married couple to be disregarded shall
18 not be less than \$3,000.

19 To the extent permitted under federal law, any person found
20 guilty of a second violation of Article VIIIA shall be
21 ineligible for medical assistance under this Article, as
22 provided in Section 8A-8.

23 The eligibility of any person for medical assistance under
24 this Article shall not be affected by the receipt by the person
25 of donations or benefits from fundraisers held for the person
26 in cases of serious illness, as long as neither the person nor

1 members of the person's family have actual control over the
2 donations or benefits or the disbursement of the donations or
3 benefits.

4 (Source: P.A. 95-546, eff. 8-29-07; 95-1055, eff. 4-10-09;
5 96-20, eff. 6-30-09; 96-181, eff. 8-10-09; 96-328, eff.
6 8-11-09; 96-567, eff. 1-1-10; revised 9-25-09.)

7 (305 ILCS 5/5-5.5) (from Ch. 23, par. 5-5.5)

8 Sec. 5-5.5. Elements of Payment Rate.

9 (a) The Department of Healthcare and Family Services shall
10 develop a prospective method for determining payment rates for
11 skilled nursing and intermediate care services in nursing
12 facilities composed of the following cost elements:

13 (1) Standard Services, with the cost of this component
14 being determined by taking into account the actual costs to
15 the facilities of these services subject to cost ceilings
16 to be defined in the Department's rules.

17 (2) Resident Services, with the cost of this component
18 being determined by taking into account the actual costs,
19 needs and utilization of these services, as derived from an
20 assessment of the resident needs in the nursing facilities.
21 ~~The Department shall adopt rules governing reimbursement~~
22 ~~for resident services as listed in Section 5-1.1. Surveys~~
23 ~~or assessments of resident needs under this Section shall~~
24 ~~include a review by the facility of the results of such~~
25 ~~assessments and a discussion of issues in dispute with~~

1 ~~authorized survey staff, unless the facility elects not to~~
2 ~~participate in such a review process. Surveys or~~
3 ~~assessments of resident needs under this Section may be~~
4 ~~conducted semi-annually and payment rates relating to~~
5 ~~resident services may be changed on a semi annual basis.~~
6 ~~The Illinois Department shall initiate a project, either on~~
7 ~~a pilot basis or Statewide, to reimburse the cost of~~
8 ~~resident services based on a methodology which utilizes an~~
9 ~~assessment of resident needs to determine the level of~~
10 ~~reimbursement. This methodology shall be different from~~
11 ~~the payment criteria for resident services utilized by the~~
12 ~~Illinois Department on July 1, 1981. On March 1, 1982, and~~
13 ~~each year thereafter, until such time when the Illinois~~
14 ~~Department adopts the methodology used in such project for~~
15 ~~use statewide, the Illinois Department shall report to the~~
16 ~~General Assembly on the implementation and progress of such~~
17 ~~project. The report shall include:~~

18 ~~(A) A statement of the Illinois Department's goals~~
19 ~~and objectives for such project;~~

20 ~~(B) A description of such project, including the~~
21 ~~number and type of nursing facilities involved in the~~
22 ~~project;~~

23 ~~(C) A description of the methodology used in such~~
24 ~~project;~~

25 ~~(D) A description of the Illinois Department's~~
26 ~~application of the methodology;~~

1 ~~(E) A statement on the methodology's effect on the~~
2 ~~quality of care given to residents in the sample~~
3 ~~nursing facilities; and~~

4 ~~(F) A statement on the cost of the methodology used~~
5 ~~in such project and a comparison of this cost with the~~
6 ~~cost of the current payment criteria.~~

7 (3) Ancillary Services, with the payment rate being
8 developed for each individual type of service. Payment
9 shall be made only when authorized under procedures
10 developed by the Department of Healthcare and Family
11 Services.

12 (4) Nurse's Aide Training, with the cost of this
13 component being determined by taking into account the
14 actual cost to the facilities of such training.

15 (5) Real Estate Taxes, with the cost of this component
16 being determined by taking into account the figures
17 contained in the most currently available cost reports
18 (with no imposition of maximums) updated to the midpoint of
19 the current rate year for long term care services rendered
20 between July 1, 1984 and June 30, 1985, and with the cost
21 of this component being determined by taking into account
22 the actual 1983 taxes for which the nursing homes were
23 assessed (with no imposition of maximums) updated to the
24 midpoint of the current rate year for long term care
25 services rendered between July 1, 1985 and June 30, 1986.

26 (b) In developing a prospective method for determining

1 payment rates for skilled nursing and intermediate care
2 services in nursing facilities, the Department of Healthcare
3 and Family Services shall consider the following cost elements:

4 (1) Reasonable capital cost determined by utilizing
5 incurred interest rate and the current value of the
6 investment, including land, utilizing composite rates, or
7 by utilizing such other reasonable cost related methods
8 determined by the Department. However, beginning with the
9 rate reimbursement period effective July 1, 1987, the
10 Department shall be prohibited from establishing,
11 including, and implementing any depreciation factor in
12 calculating the capital cost element.

13 (2) Profit, with the actual amount being produced and
14 accruing to the providers in the form of a return on their
15 total investment, on the basis of their ability to
16 economically and efficiently deliver a type of service. The
17 method of payment may assure the opportunity for a profit,
18 but shall not guarantee or establish a specific amount as a
19 cost.

20 (c) The Illinois Department may implement the amendatory
21 changes to this Section made by this amendatory Act of 1991
22 through the use of emergency rules in accordance with the
23 provisions of Section 5.02 of the Illinois Administrative
24 Procedure Act. For purposes of the Illinois Administrative
25 Procedure Act, the adoption of rules to implement the
26 amendatory changes to this Section made by this amendatory Act

1 of 1991 shall be deemed an emergency and necessary for the
2 public interest, safety and welfare.

3 (d) No later than January 1, 2001, the Department of Public
4 Aid shall file with the Joint Committee on Administrative
5 Rules, pursuant to the Illinois Administrative Procedure Act, a
6 proposed rule, or a proposed amendment to an existing rule,
7 regarding payment for appropriate services, including
8 assessment, care planning, discharge planning, and treatment
9 provided by nursing facilities to residents who have a serious
10 mental illness.

11 (Source: P.A. 95-331, eff. 8-21-07.)

12 (305 ILCS 5/12-8.2 new)

13 Sec. 12-8.2. Medical Assistance Dental Reimbursement
14 Revolving Fund. There is created a revolving fund to be known
15 as the Medical Assistance Dental Reimbursement Revolving Fund,
16 to be held by the Director of the Department of Healthcare and
17 Family Services, outside of the State treasury, for the
18 following purposes:

19 (1) The deposit of all funds to pay for dental services
20 provided by enrolled dental service providers for services
21 to participants in the medical programs administered by the
22 Department.

23 (2) The deposit of any interest accrued by the
24 revolving fund, which interest shall be available to pay
25 for dental services provided by enrolled dental service

1 providers for services to participants in the medical
2 programs administered by the Department.

3 (3) The payment of amounts to enrolled dental service
4 providers for dental services provided to participants in
5 the medical programs administered by the Department.

6 (305 ILCS 5/5-5.8a rep.)

7 (305 ILCS 5/5-22 rep.)

8 Section 15. The Illinois Public Aid Code is amended by
9 repealing Sections 5-5.8a and 5-22.