



Sen. Jeffrey M. Schoenberg

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09600SB3762sam002

LRB096 20714 KTG 38998 a

1 AMENDMENT TO SENATE BILL 3762

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3762, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The Illinois Public Aid Code is amended by  
6 adding Section 12-4.40 as follows:

7 (305 ILCS 5/12-4.40 new)

8 Sec. 12-4.40. Medicaid Revenue Maximization.

9 (a) Purpose. The General Assembly finds that there is a  
10 need to make changes to the administration of services provided  
11 by State and local governments in order to maximize federal  
12 financial participation.

13 (b) Definitions. As used in this Section:

14 "Community Medicaid mental health services" means all  
15 mental health services outlined in Section 132 of Title 59 of  
16 the Illinois Administrative Code that are Medicaid funded and

1 provided by a community-based provider.

2 "Community-based provider" means an entity enrolled as a  
3 provider pursuant to Sections 140.11 and 140.12 of Title 89 of  
4 the Illinois Administrative Code and certified to provide  
5 community Medicaid mental health services in accordance with  
6 Section 132 of Title 59 of the Illinois Administrative Code.

7 "CTA" means the Chicago Transit Authority.

8 "DCFS" means the Department of Children and Family  
9 Services.

10 "Department" means the Illinois Department of Healthcare  
11 and Family Services.

12 "Developmentally disabled care facility" means an  
13 intermediate care facility for the mentally retarded within the  
14 meaning of Title XIX of the Social Security Act, whether public  
15 or private and whether organized for profit or not-for-profit,  
16 but shall not include any facility operated by the State.

17 "Developmentally disabled care provider" means a person  
18 conducting, operating, or maintaining a developmentally  
19 disabled care facility. For purposes of this definition,  
20 "person" means any political subdivision of the State,  
21 municipal corporation, individual, firm, partnership,  
22 corporation, company, limited liability company, association,  
23 joint stock association, or trust, or a receiver, executor,  
24 trustee, guardian, or other representative appointed by order  
25 of any court.

26 "DHS" means the Illinois Department of Human Services.

1       "Hospital" means an institution, place, building, or  
2 agency located in this State that is licensed as a general  
3 acute hospital by the Illinois Department of Public Health  
4 under the Hospital Licensing Act, whether public or private and  
5 whether organized for profit or not-for-profit.

6       "Long term care facility" means (i) a skilled nursing or  
7 intermediate long term care facility, whether public or private  
8 and whether organized for profit or not-for-profit, that is  
9 subject to licensure by the Illinois Department of Public  
10 Health under the Nursing Home Care Act, including a county  
11 nursing home directed and maintained under Section 5-1005 of  
12 the Counties Code, and (ii) a part of a hospital in which  
13 skilled or intermediate long term care services within the  
14 meaning of Title XVIII or XIX of the Social Security Act are  
15 provided; except that the term "long term care facility" does  
16 not include a facility operated solely as an intermediate care  
17 facility for the mentally retarded within the meaning of Title  
18 XIX of the Social Security Act.

19       "Long term care provider" means (i) a person licensed by  
20 the Department of Public Health to operate and maintain a  
21 skilled nursing or intermediate long term care facility or (ii)  
22 a hospital provider that provides skilled or intermediate long  
23 term care services within the meaning of Title XVIII or XIX of  
24 the Social Security Act. For purposes of this definition,  
25 "person" means any political subdivision of the State,  
26 municipal corporation, individual, firm, partnership,

1 corporation, company, limited liability company, association,  
2 joint stock association, or trust, or a receiver, executor,  
3 trustee, guardian, or other representative appointed by order  
4 of any court.

5 "State-operated developmentally disabled care facility"  
6 means an intermediate care facility for the mentally retarded  
7 within the meaning of Title XIX of the Social Security Act  
8 operated by the State.

9 (c) Administration and deposit of Revenues. The Department  
10 shall coordinate the implementation of changes required by this  
11 amendatory Act of the 96th General Assembly amongst the various  
12 State and local government bodies that administer programs  
13 referred to in this Section.

14 Revenues generated by program changes mandated by any  
15 provision in this Section, less reasonable administrative  
16 costs associated with the implementation of these program  
17 changes, shall be deposited into the Healthcare Provider Relief  
18 Fund.

19 To the extent practicable and permissible under federal  
20 law, all changes required by this Section shall be implemented  
21 no later than December 15, 2010.

22 The Department shall issue a report to the General Assembly  
23 detailing the implementation of this amendatory Act of the 96th  
24 General Assembly no later than March 31, 2011.

25 (d) Acceleration of administrative vouchers. The  
26 Department shall create all vouchers for long term care

1 facilities and developmentally disabled care facilities for  
2 dates of service in November and December 2010 and shall, no  
3 later than December 15, 2010, submit these vouchers to the  
4 Comptroller for payment.

5 The Department of Human Services shall create the necessary  
6 documentation for State-operated developmentally disabled care  
7 facilities so that the necessary data for dates of service  
8 before January 1, 2011 can be adjudicated by the Department no  
9 later than December 15, 2010.

10 (e) Conversion of DHS grant programs to fee-for-service.  
11 After the effective date of this amendatory Act of the 96th  
12 General Assembly, community Medicaid mental health services  
13 provided by community-based providers shall no longer be  
14 included in contracts with DHS. Instead, community Medicaid  
15 mental health services provided by a community-based provider  
16 must be billed directly to the Department and must be separate  
17 from contracts between the Department of Human Services and  
18 community-based providers for all other mental health  
19 services.

20 Rates of reimbursement for community Medicaid mental  
21 health services shall be consistent with rates outlined in  
22 Section 132 of Title 59 of the Illinois Administrative Code.

23 (f) DCFS Medicaid services. The Department shall work with  
24 DCFS to identify existing programs, pending qualifying  
25 services, that can be converted in an economically feasible  
26 manner to Medicaid in order to secure federal financial

1 revenue.

2 (g) Third Party Liability recoveries. The Department shall  
3 contract with a vendor to support the Department in  
4 coordinating benefits for Medicaid enrollees. The scope of work  
5 shall include, at a minimum, the identification of other  
6 insurance for Medicaid enrollees and the recovery of funds paid  
7 by the Department when another payer was liable. The vendor  
8 shall be paid a percentage of actual cash recovered when  
9 practical and subject to federal law.

10 (h) CTA transportation to Medical providers for service.  
11 The Department, working with the CTA, shall create a process to  
12 identify transportation services provided to Medicaid  
13 enrollees.

14 The Department shall assist the CTA in determining total  
15 costs associated with the provision of transportation services  
16 to Medicaid enrollees.

17 The Department shall determine and draw the maximum  
18 allowable federal matching dollars associated with the cost of  
19 CTA services provided to Medicaid enrollees.

20 (i) Public health departments. The Department shall  
21 identify unreimbursed costs for persons covered by Medicaid who  
22 are served by the Chicago Department of Public Health.

23 The Department shall assist the Chicago Department of  
24 Public Health in determining total unreimbursed costs  
25 associated with the provision of healthcare services to  
26 Medicaid enrollees.

1       The Department shall determine and draw the maximum  
2 allowable federal matching dollars associated with the cost of  
3 Chicago Department of Public Health services provided to  
4 Medicaid enrollees.

5       (j) Acceleration of hospital-based payments. The  
6 Department shall, by December 10, 2010, create vouchers for all  
7 State fiscal year 2011 hospital payments exempt from the prompt  
8 payment requirements of the American Recovery and Reinvestment  
9 Act of 2009. The Department shall, no later than December 15,  
10 2010, submit these vouchers to the Comptroller for payment.

11       Section 10. The Community Services Act is amended by adding  
12 Section 4.8 as follows:

13       (405 ILCS 30/4.8 new)

14       Sec. 4.8. Payments for community Medicaid mental health  
15 services.

16       (a) After the effective date of this amendatory Act of the  
17 96th General Assembly, community Medicaid mental health  
18 services provided by community-based providers shall no longer  
19 be included in contracts with the Department of Human Services.  
20 Instead, community Medicaid mental health services provided by  
21 a community-based provider must be billed directly to the  
22 Department of Healthcare and Family Services and must be  
23 separate from contracts between the Department of Human  
24 Services and community-based providers for all other mental

1 health services. Rates of reimbursement for community Medicaid  
2 mental health services shall be consistent with rates outlined  
3 in Section 132 of Title 59 of the Illinois Administrative Code.

4 (b) For purposes of this Section:

5 "Community Medicaid mental health services" means all  
6 mental health services outlined in Section 132 of Title 59 of  
7 the Illinois Administrative Code that are Medicaid funded and  
8 provided by a community-based provider.

9 "Community-based provider" means an entity enrolled as a  
10 provider pursuant to Sections 140.11 and 140.12 of Title 89 of  
11 the Illinois Administrative Code and certified to provide  
12 community Medicaid mental health services in accordance with  
13 Section 132 of Title 59 of the Illinois Administrative Code.

14 Section 99. Effective date. This Act takes effect upon  
15 becoming law."