



## 98TH GENERAL ASSEMBLY

### State of Illinois

#### 2013 and 2014

#### SB2815

Introduced 1/30/2014, by Sen. Dave Syverson

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f  
305 ILCS 5/12-4.39

Amends the Medical Assistance Article of the Illinois Public Aid Code. Removes language requiring the Department of Healthcare and Family Services to (i) limit adult dental services to emergencies; and (ii) beginning July 1, 2013, ensure certain conditions are recognized as emergencies. Provides that (i) the Department shall limit the ALL KIDS school-based dental program; (ii) school-based dental providers must provide children receiving an oral health score of 2 or 3 (indicating the need for restorative or urgent follow-up care) with the diagnosed follow-up care by providing the care themselves at the school or at the provider's local clinic, or the children must be referred by the provider's case manager to a dental provider who is willing to accept each child into the provider's practice to perform required follow-up care and provide a dental home; (iii) the Department may limit dental coverage for children to 2 cleanings and 2 fluoride treatments per year regardless of where the services are performed and shall require prior approval for any requests exceeding this limit; and (iv) beginning July 1, 2014, the Department shall require all adults to pay a \$20 encounter fee to the provider at the time of services. In a provision concerning a dental clinic grant program administered by the Department, adds dental school clinics to the list of dental entities that may apply for grant money. Provides that grant money must be used to support projects that develop dental services or training (rather than only dental services) to meet the dental health care needs of the Department's dental program clients. In addition to other specified expenses, provides that grant moneys must be used for those services provided as part of the educational process at State dental schools. Effective immediately.

LRB098 17253 KTG 52347 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 Illinois Public Aid Code is amended by  
5 changing Sections 5-5f and 12-4.39 as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical  
8 assistance services. Notwithstanding any other provision of  
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following services shall no longer be a covered  
11 service available under this Code: group psychotherapy for  
12 residents of any facility licensed under the Nursing Home Care  
13 Act or the Specialized Mental Health Rehabilitation Act of  
14 2013; and adult chiropractic services.

15 (b) The Department shall place the following limitations on  
16 services: (i) the Department shall limit adult eyeglasses to  
17 one pair every 2 years; (ii) the Department shall set an annual  
18 limit of a maximum of 20 visits for each of the following  
19 services: adult speech, hearing, and language therapy  
20 services, adult occupational therapy services, and physical  
21 therapy services; (iii) the Department shall limit adult  
22 podiatry services to individuals with diabetes; (iv) the  
23 Department shall pay for caesarean sections at the normal

1 vaginal delivery rate unless a caesarean section was medically  
2 necessary; (v) the Department shall limit the ALL KIDS  
3 school-based dental program; school-based dental providers  
4 must provide children receiving an oral health score of 2 or 3  
5 (indicating the need for restorative or urgent follow-up care)  
6 with the diagnosed follow-up care by providing the care  
7 themselves at the school or at the provider's local clinic, or  
8 the children must be referred by the provider's case manager to  
9 a dental provider who is willing to accept each child into the  
10 provider's practice to perform required follow-up care and  
11 provide a dental home; in addition, the Department may limit  
12 dental coverage for children to 2 cleanings and 2 fluoride  
13 treatments per year regardless of where the services are  
14 performed and shall require prior approval for any requests  
15 exceeding this limit; beginning July 1, 2014, the Department  
16 shall require all adults covered for dental services under this  
17 Code to pay a \$20 encounter fee to the provider at the time of  
18 services ~~the Department shall limit adult dental services to~~  
19 ~~emergencies; beginning July 1, 2013, the Department shall~~  
20 ~~ensure that the following conditions are recognized as~~  
21 ~~emergencies: (A) dental services necessary for an individual in~~  
22 ~~order for the individual to be cleared for a medical procedure,~~  
23 ~~such as a transplant; (B) extractions and dentures necessary~~  
24 ~~for a diabetic to receive proper nutrition; (C) extractions and~~  
25 ~~dentures necessary as a result of cancer treatment; and (D)~~  
26 ~~dental services necessary for the health of a pregnant woman~~

1 ~~prior to delivery of her baby~~; and (vi) effective July 1, 2012,  
2 the Department shall place limitations and require concurrent  
3 review on every inpatient detoxification stay to prevent repeat  
4 admissions to any hospital for detoxification within 60 days of  
5 a previous inpatient detoxification stay. The Department shall  
6 convene a workgroup of hospitals, substance abuse providers,  
7 care coordination entities, managed care plans, and other  
8 stakeholders to develop recommendations for quality standards,  
9 diversion to other settings, and admission criteria for  
10 patients who need inpatient detoxification, which shall be  
11 published on the Department's website no later than September  
12 1, 2013.

13 (c) The Department shall require prior approval of the  
14 following services: wheelchair repairs costing more than \$400,  
15 coronary artery bypass graft, and bariatric surgery consistent  
16 with Medicare standards concerning patient responsibility.  
17 Wheelchair repair prior approval requests shall be adjudicated  
18 within one business day of receipt of complete supporting  
19 documentation. Providers may not break wheelchair repairs into  
20 separate claims for purposes of staying under the \$400  
21 threshold for requiring prior approval. The wholesale price of  
22 manual and power wheelchairs, durable medical equipment and  
23 supplies, and complex rehabilitation technology products and  
24 services shall be defined as actual acquisition cost including  
25 all discounts.

26 (d) The Department shall establish benchmarks for

1 hospitals to measure and align payments to reduce potentially  
2 preventable hospital readmissions, inpatient complications,  
3 and unnecessary emergency room visits. In doing so, the  
4 Department shall consider items, including, but not limited to,  
5 historic and current acuity of care and historic and current  
6 trends in readmission. The Department shall publish  
7 provider-specific historical readmission data and anticipated  
8 potentially preventable targets 60 days prior to the start of  
9 the program. In the instance of readmissions, the Department  
10 shall adopt policies and rates of reimbursement for services  
11 and other payments provided under this Code to ensure that, by  
12 June 30, 2013, expenditures to hospitals are reduced by, at a  
13 minimum, \$40,000,000.

14 (e) The Department shall establish utilization controls  
15 for the hospice program such that it shall not pay for other  
16 care services when an individual is in hospice.

17 (f) For home health services, the Department shall require  
18 Medicare certification of providers participating in the  
19 program and implement the Medicare face-to-face encounter  
20 rule. The Department shall require providers to implement  
21 auditable electronic service verification based on global  
22 positioning systems or other cost-effective technology.

23 (g) For the Home Services Program operated by the  
24 Department of Human Services and the Community Care Program  
25 operated by the Department on Aging, the Department of Human  
26 Services, in cooperation with the Department on Aging, shall

1 implement an electronic service verification based on global  
2 positioning systems or other cost-effective technology.

3 (h) Effective with inpatient hospital admissions on or  
4 after July 1, 2012, the Department shall reduce the payment for  
5 a claim that indicates the occurrence of a provider-preventable  
6 condition during the admission as specified by the Department  
7 in rules. The Department shall not pay for services related to  
8 an other provider-preventable condition.

9 As used in this subsection (h):

10 "Provider-preventable condition" means a health care  
11 acquired condition as defined under the federal Medicaid  
12 regulation found at 42 CFR 447.26 or an other  
13 provider-preventable condition.

14 "Other provider-preventable condition" means a wrong  
15 surgical or other invasive procedure performed on a patient, a  
16 surgical or other invasive procedure performed on the wrong  
17 body part, or a surgical procedure or other invasive procedure  
18 performed on the wrong patient.

19 (i) The Department shall implement cost savings  
20 initiatives for advanced imaging services, cardiac imaging  
21 services, pain management services, and back surgery. Such  
22 initiatives shall be designed to achieve annual costs savings.

23 (j) The Department shall ensure that beneficiaries with a  
24 diagnosis of epilepsy or seizure disorder in Department records  
25 will not require prior approval for anticonvulsants.

26 (Source: P.A. 97-689, eff. 6-14-12; 98-104, Article 6, Section

1 6-240, eff. 7-22-13; 98-104, Article 9, Section 9-5, eff.  
2 7-22-13; revised 9-19-13.)

3 (305 ILCS 5/12-4.39)

4 Sec. 12-4.39. Dental clinic grant program.

5 (a) Grant program. On and after July 1, 2012, and subject  
6 to funding availability, the Department of Healthcare and  
7 Family Services may administer a grant program. The purpose of  
8 this grant program shall be to build the public infrastructure  
9 for dental care and to make grants to local health departments,  
10 federally qualified health clinics (FQHCs), ~~and~~ rural health  
11 clinics (RHCs), and dental schools for development of  
12 comprehensive dental clinics for dental care services. The  
13 primary purpose of these ~~new~~ dental clinics will be to increase  
14 dental access for low-income and Department of Healthcare and  
15 Family Services clients who have no dental arrangements with a  
16 dental provider in a project's service area. The dental clinic  
17 must be willing to accept out-of-area clients who need dental  
18 services, including emergency services for adults and Early and  
19 Periodic Screening, Diagnosis and Treatment (EPSDT)-referral  
20 children. Medically Underserved Areas (MUAs) and Health  
21 Professional Shortage Areas (HPSAs) shall receive special  
22 priority for grants under this program.

23 (b) Eligible applicants. The following entities are  
24 eligible to apply for grants:

25 (1) Local health departments.

1 (2) Federally Qualified Health Centers (FQHCs).

2 (3) Rural health clinics (RHCs).

3 (4) Dental school clinics.

4 (c) Use of grant moneys. Grant moneys must be used to  
5 support projects that develop dental services or training to  
6 meet the dental health care needs of Department of Healthcare  
7 and Family Services Dental Program clients. Grant moneys must  
8 be used for operating expenses, including, but not limited to:  
9 insurance; dental supplies and equipment; dental support  
10 services, including those services provided as part of the  
11 educational process at State dental schools; and renovation  
12 expenses. Grant moneys may not be used to offset existing  
13 indebtedness, supplant existing funds, purchase real property,  
14 or pay for personnel service salaries for dental employees.

15 (d) Application process. The Department shall establish  
16 procedures for applying for dental clinic grants.

17 (Source: P.A. 96-67, eff. 7-23-09; 96-1000, eff. 7-2-10;  
18 97-689, eff. 6-14-12.)

19 Section 99. Effective date. This Act takes effect upon  
20 becoming law.