AN ACT in relation to budget implementation.

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

Section 1. Short title. This Act may be cited as the FY2003 Budget Implementation Act.

Section 5. Purpose. It is the purpose of this Act to make certain changes in State programs that are necessary to implement the State's FY2003 budget.

Section 10. The Illinois Administrative Procedure Act is amended by changing Section 5-45 as follows:

(5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)
Sec. 5-45. Emergency rulemaking.
(a) "Emergency" means the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare.
(b) If any agency finds that an emergency exists that requires adoption of a rule upon fewer days than is required by Section 5-40 and states in writing its reasons for that finding, the agency may adopt an emergency rule without prior notice or hearing upon filing a notice of emergency rulemaking with the Secretary of State under Section 5-70. The notice shall include the text of the emergency rule and shall be published in the Illinois Register. Consent orders or other court orders adopting settlements negotiated by an agency may be adopted under this Section. Subject to applicable constitutional or statutory provisions, an emergency rule becomes effective immediately upon filing under Section 5-65 or at a stated date less than 10 days thereafter. The agency's finding and a statement of the
specific reasons for the finding shall be filed with the rule. The agency shall take reasonable and appropriate measures to make emergency rules known to the persons who may be affected by them.

(c) An emergency rule may be effective for a period of not longer than 150 days, but the agency's authority to adopt an identical rule under Section 5-40 is not precluded. No emergency rule may be adopted more than once in any 24 month period, except that this limitation on the number of emergency rules that may be adopted in a 24 month period does not apply to (i) emergency rules that make additions to and deletions from the Drug Manual under Section 5-5.16 of the Illinois Public Aid Code or the generic drug formulary under Section 3.14 of the Illinois Food, Drug and Cosmetic Act or (ii) emergency rules adopted by the Pollution Control Board before July 1, 1997 to implement portions of the Livestock Management Facilities Act. Two or more emergency rules having substantially the same purpose and effect shall be deemed to be a single rule for purposes of this Section.

(d) In order to provide for the expeditious and timely implementation of the State's fiscal year 1999 budget, emergency rules to implement any provision of Public Act 90-587 or 90-588 or any other budget initiative for fiscal year 1999 may be adopted in accordance with this Section by the agency charged with administering that provision or initiative, except that the 24-month limitation on the adoption of emergency rules and the provisions of Sections 5-115 and 5-125 do not apply to rules adopted under this subsection (d). The adoption of emergency rules authorized by this subsection (d) shall be deemed to be necessary for the public interest, safety, and welfare.

(e) In order to provide for the expeditious and timely implementation of the State's fiscal year 2000 budget, emergency rules to implement any provision of this amendatory
Act of the 91st General Assembly or any other budget
initiative for fiscal year 2000 may be adopted in accordance
with this Section by the agency charged with administering
that provision or initiative, except that the 24-month
limitation on the adoption of emergency rules and the
provisions of Sections 5-115 and 5-125 do not apply to rules
adopted under this subsection (e). The adoption of emergency
rules authorized by this subsection (e) shall be deemed to be
necessary for the public interest, safety, and welfare.

(f) In order to provide for the expeditious and timely
implementation of the State's fiscal year 2001 budget,
emergency rules to implement any provision of this amendatory
Act of the 91st General Assembly or any other budget
initiative for fiscal year 2001 may be adopted in accordance
with this Section by the agency charged with administering
that provision or initiative, except that the 24-month
limitation on the adoption of emergency rules and the
provisions of Sections 5-115 and 5-125 do not apply to rules
adopted under this subsection (f). The adoption of emergency
rules authorized by this subsection (f) shall be deemed to be
necessary for the public interest, safety, and welfare.

(g) In order to provide for the expeditious and timely
implementation of the State's fiscal year 2002 budget,
emergency rules to implement any provision of this amendatory
Act of the 92nd General Assembly or any other budget
initiative for fiscal year 2002 may be adopted in accordance
with this Section by the agency charged with administering
that provision or initiative, except that the 24-month
limitation on the adoption of emergency rules and the
provisions of Sections 5-115 and 5-125 do not apply to rules
adopted under this subsection (g). The adoption of emergency
rules authorized by this subsection (g) shall be deemed to be
necessary for the public interest, safety, and welfare.

(h) In order to provide for the expeditious and timely
implementation of the State's fiscal year 2003 budget, emergency rules to implement any provision of this amendatory Act of the 92nd General Assembly or any other budget initiative for fiscal year 2003 may be adopted in accordance with this Section by the agency charged with administering that provision or initiative, except that the 24-month limitation on the adoption of emergency rules and the provisions of Sections 5-115 and 5-125 do not apply to rules adopted under this subsection (h). The adoption of emergency rules authorized by this subsection (h) shall be deemed to be necessary for the public interest, safety, and welfare.
(Source: P.A. 91-24, eff. 7-1-99; 91-357, eff. 7-29-99; 91-712, eff. 7-1-00; 92-10, eff. 6-11-01.)

Section 15. The Illinois Act on the Aging is amended by changing Section 4.02 as follows:

(20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

Sec. 4.02. The Department shall establish a program of services to prevent unnecessary institutionalization of persons age 60 and older in need of long term care or who are established as persons who suffer from Alzheimer's disease or a related disorder under the Alzheimer's Disease Assistance Act, thereby enabling them to remain in their own homes or in other living arrangements. Such preventive services, which may be coordinated with other programs for the aged and monitored by area agencies on aging in cooperation with the Department, may include, but are not limited to, any or all of the following:

(a) home health services;
(b) home nursing services;
(c) homemaker services;
(d) chore and housekeeping services;
(e) day care services;
(f) home-delivered meals;
(g) education in self-care;
(h) personal care services;
(i) adult day health services;
(j) habilitation services;
(k) respite care;
(l) other nonmedical social services that may enable the person to become self-supporting; or
(m) clearinghouse for information provided by senior citizen home owners who want to rent rooms to or share living space with other senior citizens.

The Department shall establish eligibility standards for such services taking into consideration the unique economic and social needs of the target population for whom they are to be provided. Such eligibility standards shall be based on the recipient's ability to pay for services; provided, however, that in determining the amount and nature of services for which a person may qualify, consideration shall not be given to the value of cash, property or other assets held in the name of the person's spouse pursuant to a written agreement dividing marital property into equal but separate shares or pursuant to a transfer of the person's interest in a home to his spouse, provided that the spouse's share of the marital property is not made available to the person seeking such services.

Beginning July 1, 2002, the Department shall require as a condition of eligibility that all applicants and recipients apply for medical assistance under Article V of the Illinois Public Aid Code in accordance with rules promulgated by the Department.

The Department shall, in conjunction with the Department of Public Aid, seek appropriate amendments under Sections 1915 and 1924 of the Social Security Act. The purpose of the amendments shall be to extend eligibility for home and
community based services under Sections 1915 and 1924 of the
Social Security Act to persons who transfer to or for the
benefit of a spouse those amounts of income and resources
allowed under Section 1924 of the Social Security Act.
Subject to the approval of such amendments, the Department
shall extend the provisions of Section 5-4 of the Illinois
Public Aid Code to persons who, but for the provision of home
or community-based services, would require the level of care
provided in an institution, as is provided for in federal
law. Those persons no longer found to be eligible for
receiving noninstitutional services due to changes in the
eligibility criteria shall be given 60 days notice prior to
actual termination. Those persons receiving notice of
termination may contact the Department and request the
determination be appealed at any time during the 60 day
notice period. With the exception of the lengthened notice
and time frame for the appeal request, the appeal process
shall follow the normal procedure. In addition, each person
affected regardless of the circumstances for discontinued
eligibility shall be given notice and the opportunity to
purchase the necessary services through the Community Care
Program. If the individual does not elect to purchase
services, the Department shall advise the individual of
alternative services. The target population identified for
the purposes of this Section are persons age 60 and older
with an identified service need. Priority shall be given to
those who are at imminent risk of institutionalization. The
services shall be provided to eligible persons age 60 and
older to the extent that the cost of the services together
with the other personal maintenance expenses of the persons
are reasonably related to the standards established for care
in a group facility appropriate to the person's condition.
These non-institutional services, pilot projects or
experimental facilities may be provided as part of or in
addition to those authorized by federal law or those funded
and administered by the Department of Human Services. The
Departments of Human Services, Public Aid, Public Health,
Veterans' Affairs, and Commerce and Community Affairs and
other appropriate agencies of State, federal and local
governments shall cooperate with the Department on Aging in
the establishment and development of the non-institutional
services. The Department shall require an annual audit from
all chore/housekeeping and homemaker vendors contracting with
the Department under this Section. The annual audit shall
assure that each audited vendor's procedures are in
compliance with Department's financial reporting guidelines
requiring a 27% administrative cost split and a 73% employee
wages and benefits cost split. The audit is a public record
under the Freedom of Information Act. The Department shall
execute, relative to the nursing home prescreening project,
written inter-agency agreements with the Department of Human
Services and the Department of Public Aid, to effect the
following: (1) intake procedures and common eligibility
criteria for those persons who are receiving
non-institutional services; and (2) the establishment and
development of non-institutional services in areas of the
State where they are not currently available or are
undeveloped. On and after July 1, 1996, all nursing home
prescreenings for individuals 60 years of age or older shall
be conducted by the Department.

The Department is authorized to establish a system of
recipient copayment for services provided under this Section,
such copayment to be based upon the recipient's ability to
pay but in no case to exceed the actual cost of the services
provided. Additionally, any portion of a person's income
which is equal to or less than the federal poverty standard
shall not be considered by the Department in determining the
copayment. The level of such copayment shall be adjusted
whenever necessary to reflect any change in the officially designated federal poverty standard.

The Department, or the Department's authorized representative, shall recover the amount of moneys expended for services provided to or in behalf of a person under this Section by a claim against the person's estate or against the estate of the person's surviving spouse, but no recovery may be had until after the death of the surviving spouse, if any, and then only at such time when there is no surviving child who is under age 21, blind, or permanently and totally disabled. This paragraph, however, shall not bar recovery, at the death of the person, of moneys for services provided to the person or in behalf of the person under this Section to which the person was not entitled; provided that such recovery shall not be enforced against any real estate while it is occupied as a homestead by the surviving spouse or other dependent, if no claims by other creditors have been filed against the estate, or, if such claims have been filed, they remain dormant for failure of prosecution or failure of the claimant to compel administration of the estate for the purpose of payment. This paragraph shall not bar recovery from the estate of a spouse, under Sections 1915 and 1924 of the Social Security Act and Section 5-4 of the Illinois Public Aid Code, who precedes a person receiving services under this Section in death. All moneys for services paid to or in behalf of the person under this Section shall be claimed for recovery from the deceased spouse's estate. "Homestead", as used in this paragraph, means the dwelling house and contiguous real estate occupied by a surviving spouse or relative, as defined by the rules and regulations of the Illinois Department of Public Aid, regardless of the value of the property.

The Department shall develop procedures to enhance availability of services on evenings, weekends, and on an
emergency basis to meet the respite needs of caregivers. Procedures shall be developed to permit the utilization of services in successive blocks of 24 hours up to the monthly maximum established by the Department. Workers providing these services shall be appropriately trained.

Beginning on the effective date of this Amendatory Act of 1991, no person may perform chore/housekeeping and homemaker services under a program authorized by this Section unless that person has been issued a certificate of pre-service to do so by his or her employing agency. Information gathered to effect such certification shall include (i) the person's name, (ii) the date the person was hired by his or her current employer, and (iii) the training, including dates and levels. Persons engaged in the program authorized by this Section before the effective date of this amendatory Act of 1991 shall be issued a certificate of all pre- and in-service training from his or her employer upon submitting the necessary information. The employing agency shall be required to retain records of all staff pre- and in-service training, and shall provide such records to the Department upon request and upon termination of the employer's contract with the Department. In addition, the employing agency is responsible for the issuance of certifications of in-service training completed to their employees.

The Department is required to develop a system to ensure that persons working as homemakers and chore housekeepers receive increases in their wages when the federal minimum wage is increased by requiring vendors to certify that they are meeting the federal minimum wage statute for homemakers and chore housekeepers. An employer that cannot ensure that the minimum wage increase is being given to homemakers and chore housekeepers shall be denied any increase in reimbursement costs.

The Department on Aging and the Department of Human
Services shall cooperate in the development and submission of an annual report on programs and services provided under this Section. Such joint report shall be filed with the Governor and the General Assembly on or before September 30 each year.

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report with the Speaker, the Minority Leader and the Clerk of the House of Representatives and the President, the Minority Leader and the Secretary of the Senate and the Legislative Research Unit, as required by Section 3.1 of the General Assembly Organization Act and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

Those persons previously found eligible for receiving non-institutional services whose services were discontinued under the Emergency Budget Act of Fiscal Year 1992, and who do not meet the eligibility standards in effect on or after July 1, 1992, shall remain ineligible on and after July 1, 1992. Those persons previously not required to cost-share and who were required to cost-share effective March 1, 1992, shall continue to meet cost-share requirements on and after July 1, 1992. Beginning July 1, 1992, all clients will be required to meet eligibility, cost-share, and other requirements and will have services discontinued or altered when they fail to meet these requirements.

(Source: P.A. 91-303, eff. 1-1-00; 91-798, eff. 7-9-00.)

Section 20. The Mental Health and Developmental Disabilities Administrative Act is amended by adding Section 18.4 as follows:

(20 ILCS 1705/18.4 new)

Sec. 18.4. Community Mental Health Medicaid Trust Fund;
reimbursement.

(a) The Community Mental Health Medicaid Trust Fund is hereby created in the State Treasury.

(b) Any funds paid to the State by the federal government under Title XIX or Title XXI of the Social Security Act for services delivered by community mental health services providers, and any interest earned thereon, shall be deposited directly into the Community Mental Health Medicaid Trust Fund.

(c) The Department shall reimburse community mental health services providers for Medicaid-reimbursed mental health services provided to eligible individuals. Moneys in the Community Mental Health Medicaid Trust Fund may be used for that purpose.

(d) As used in this Section:

"Medicaid-reimbursed mental health services" means services provided by a community mental health provider under an agreement with the Department that is eligible for reimbursement under the federal Title XIX program or Title XXI program.

"Provider" means a community agency that is funded by the Department to provide a Medicaid-reimbursed service.

"Services" means mental health services provided under one of the following programs:

1. Medicaid Clinic Option;
2. Medicaid Rehabilitation Option;
3. Targeted Case Management.

Section 25. The Illinois Health Finance Reform Act is amended by changing Sections 2-1, 4-1, 4-2, and 4-4 as follows:

(20 ILCS 2215/2-1) (from Ch. 111 1/2, par. 6502-1)

Sec. 2-1. Council abolished. Authorized:---There-is
The Illinois Health Care Cost Containment Council is abolished at the close of business on June 30, 2002. Its successor agency, for purposes of the Successor Agency Act and Section 9b of the State Finance Act, is the Illinois Department of Public Health. It shall consist of 13 members appointed by the Governor with the advice and consent of the Senate as follows: -5 members to represent providers as follows: -2 members to represent Illinois hospitals at least one of which must represent a small rural hospital; -2 members to represent physicians licensed to practice medicine in all its branches; -1 member to represent ambulatory surgical treatment centers; -3 members to represent consumers; -2 members to represent insurance companies; and -3 members to represent businesses.

The members of the Council shall be appointed for 3-year terms.

No more than 7 members may be from the same political party.

Members shall be appointed within 30 days after the effective date of this Act. The additional members appointed under the amending Act of the 91st General Assembly must be appointed within 30 days after the effective date of this amending Act of the 91st General Assembly. The members of the Council shall receive reimbursement of their actual expenses incurred in connection with their service; in addition, each member shall receive compensation of $150 a day for each day served at regular or special meetings of the Council, except that such compensation shall not exceed $20,000 in any one year for any member. The Council shall elect a Chairperson from among its members and shall have the power to organize and appoint such other officers as it may deem necessary.

All appointments shall be made in writing and filed with the Secretary of State as a public record.
Sec. 4-1. Illinois Health Finance Data Collection. The General Assembly finds that public sector and private sector purchasers of health care need health care cost and utilization data to enable them to make informed choices among health care providers in the market place. The General Assembly finds it necessary to create a mandated uniform system in Illinois for the collection, analysis, and distribution of health care cost and utilization data.

The purpose of this Article is to insure that data are available to make valid comparisons among health care providers of prices and utilization of services provided and to support ongoing analysis of the health care delivery system so that the Council can fulfill its mandate.

Sec. 4-2. Powers and duties.

(a) (Blank). The Illinois Health-Care-Cost-Containment Council may enter into any agreement with any corporation, association or other entity it deems appropriate to undertake the process described in this Article for the compilation and analysis of data collected by the Council and to conduct or contract for studies on health-related questions carried out in pursuance of the purposes of this Article. The agreement may provide for the corporation, association or entity to prepare and distribute or make available data to health care providers, health care subscribers, third parties, payors, government and the general public, in accordance with the rules of confidentiality and review to be developed under this Act.

(b) (Blank). The input data collected by and furnished
to-the-Council--or--designated--corporation,--association--or
entity--pursuant-to-this-Section-shall-not-be-a-public-record
under-the-Illinois-Freedom-of-Information--Act,--It--is--the
intent-of-this-Act-and-of-the-regulations-written-pursuant-to
it--to-protect-the--confidentiality--of--individual-patient
information-and-the--proprietary--information--of--commercial
insurance-carriers-and-health-care-providers.--Data-specified
in--subsections-(e)--and--(e-5)--shall-be-released-on-a-hospital
specific-and-licensed-ambulatory--surgical--treatment-center
specific--basis-to-facilitate-comparisons-among-hospitals-and
licensed-ambulatory-surgical-treatment-centers-by-purchasers:--

(c) (Blank). The-Council-shall-require--the--Departments
of--Public-Health-and-Public-Aid-and-hospitals-located-in-the
State-to-assist-the-Council-in-gathering-and--submitting--the
following--hospital-specific--financial--information,--and-the
Council--is--authorized--to--share--this--data--with--both
Departments--to--reduce--the--burden-on-hospitals-by-avoiding
duplicate-data-collection:

OPERATING-REVENUES

{1}--Net-patient-service-revenue
{2}--Other-revenue
{3}--Total-operating-revenue

OPERATING-EXPENSES

{4}--Bad-debt-expense
{5}--Total-operating-expenses

NON-OPERATING-GAINS/LOSSES

{6}--Total-non-operating-gains
{7}--Total-non-operating-losses

PATIENT-CARE-REVENUES

{8}--Gross-inpatient-revenue
{9}--Gross-outpatient-revenue
{10}--Other-Patient-care-revenue
(11)---Total-patient-revenue
(12)---Total-gross-patient-care-revenue
(13)---Medicare-gross-revenue
(14)---Medicaid-gross-revenue
(15)---Total-other-gross-revenue

DEDUCTIONS-FROM-REVENUE
(16)---Charity-care
(17)---Medicare-allowance
(18)---Medicaid-allowance
(19)---Other-contractual-allowances
(20)---Other-allowances
(21)---Total-Deductions

ASSETS
(22)---Operating-cash-and-short-term-investments
(23)---Estimated-patient-accounts-receivable
(24)---Other-current-assets
(25)---Total-current-assets
(26)---Total-other-assets
(27)---Total-Assets

LIABILITIES-AND-FUND-BALANCES
(28)---Total-current-liabilities
(29)---Long-Term-Debt
(30)---Other-liabilities
(31)---Total-liabilities
(32)---Total-liabilities-and-fund-balances

All financial data collected by the Council from publicly available sources such as the HCFA is releasable by the Council on a hospital-specific basis when appropriate.

d) Uniform Provider Utilization and Charge Information. The Council shall require that:

(1) The Department of Public Health shall require that hospitals licensed to operate in the State of Illinois adopt a uniform system for submitting patient
charges for payment from public and private payors effective January 1, 1985. This system shall be based upon adoption of the uniform hospital billing form (UB-92) or its successor form developed by the National Uniform Billing Committee.

(2) (Blank).

(3) The Department of Insurance shall require all third-party payors, including but not limited to, licensed insurers, medical and hospital service corporations, health maintenance organizations, and self-funded employee health plans, to accept the uniform billing form, without attachment as submitted by hospitals pursuant to paragraph (1) of subsection (d) above, effective January 1, 1985; provided, however, nothing shall prevent all such third party payors from requesting additional information necessary to determine eligibility for benefits or liability for reimbursement for services provided.

(e) (Blank). The Council, in cooperation with the State Departments of Public Aid, Insurance, and Public Health, shall establish a system for the collection of the following information from hospitals utilizing the raw data available on the uniform billing forms. Such data shall include the following elements and other elements contained on the uniform billing form or its successor form determined as necessary by the Council:

{1}—Patient date of birth

{2}—Patient sex

{3}—Patient zip code

{4}—Third-party coverage

{5}—Date of admission

{6}—Source of admission

{7}—Type of admission

{8}—Discharge date
{9}--Principal-and-up-to-8-other-diagnoses
{10}--Principal-procedure-and-date
{11}--Patient-status
{12}--Other-procedures-and-dates
{13}--Total-charges-and-components-of-those-charges
{14}--Attending-and-consulting--physician--identification
numbers
{15}--Hospital-identification-number
{16}--An--alphanumeric-number-based-on-the-information-to
identify-the-payer
{17}--Principal-source-of-payment;
(e-5)--The-Council,in-cooperation-with-the-Department-of
Public-Aid, the-Department-of-Insurance, and the--Department
of-Public-Health, shall establish a system for the collection
of--the-following--information--for--each-outpatient-surgery
performed--at--hospitals--and--licensed--ambulatory--surgical
treatment-centers--using--the--raw-data-available--on--outpatient
billing--forms--submitted--by--hospitals--and--licensed--ambulatory
surgical-treatment-centers--to--payers:--The--data--must--include
the--following--elements,--if--available--on--the--billing--forms;
and--other--elements--contained--on--the--billing--forms--that--the
Council-determines--are--necessary:
{1}--patient-date-of-birth;
{2}--patient-sex;
{3}--patient-zip-code;
{4}--third-party-coverage;
{5}--date-of-admission;
{6}--source-of-admission;
{7}--type-of-admission;
{8}--discharge-date;
{9}--principal---diagnosis---and---up---to---8---other
diagnoses;
{10}--principal--procedure--and--the--date--of--the
procedure;
{i}--patient-status;

{ii}--other---procedures---and---the---dates---of---those
procedures;

{iii}--attending-----and-----consulting-----physician
identification-numbers;

{iv}--hospital--or--licensed---ambulatory---surgical
 treatment-center-identification-number;

{v}--an----alphanumeric---number----based----on----the
information-needed-to-identify-the-payer;---and

{vi}--principal-source-of-payment:

{f}--Extracts-of-the-UB-92-transactions---shall-be-prepared
by-hospitals-according-to---regulations---promulgated---by---the
Council---and-submitted-in-electronic-format-to-the-Council-or
the-corporation,-association--or--entity--designated---by---the
Council:

For---hospitals---unable---to---submit-extracts-in-electronic
format,-the-Council-shall-determine-an-alternate---method---for
submission-of-data.--Such-extract-reporting-systems-shall-be
in-operation-before-January-1st,-1987,-however,-the-Council-may
grant-time-extensions-to-individual-hospital-

{f-5}--Extracts-of-the-billing-forms-shall-be-prepared-by
licensed-ambulatory-surgical-treatment-centers---according-to
rules---adopted-by-the-Council-and-submitted-to-the-Council-or
a-corporation,-association,-or--entity--designated---by---the
Council;---Electronic-submissions-shall-be-encouraged;---For
licensed-ambulatory-surgical-treatment-centers-unable-to
submit-extracts-in-an-electronic-format-the-Council-must
determine-an-alternate-method-for-submission-of-data.

{g}--Under-no-circumstances-shall-patient-name-and-social
security-number-appear-on-the-extracts.

{h}--Hospitals-and-licensed-ambulatory-surgical-treatment
centers-shall-be-assigned-a-standard-identification-number-by
the-Council-to-be-used-in-the-submission-of-all-data.

{i}--The-Council-shall-collect-a----100%----inpatient---sample
from hospitals—annually.—The Council shall require each hospital in the State to submit the UB-92 data extracts required in subsection (e) to the Council, except that hospitals with fewer than 50 beds may be exempted by the Council from the filing requirements if they prove to the Council's satisfaction that the requirements would impose undue economic hardship and if the Council determines that the data submitted from these hospitals are not essential to its database and its concomitant health care cost comparison efforts.  

{1-5}—The Council shall collect up to a 100% outpatient sample annually from hospitals and licensed ambulatory surgical treatment centers.—The Council shall require each hospital and licensed ambulatory surgical treatment center in the State to submit the data extracts required under subsection (e-5) to the Council, except that hospitals and licensed ambulatory surgical treatment centers may be exempted by the Council from the filing requirements if the hospitals or licensed ambulatory surgical treatment centers prove to the Council's satisfaction that the requirements would impose undue economic hardship and if the Council determines that the data submitted from those hospitals and licensed ambulatory surgical treatment centers are not essential to the Council's database and its concomitant health care comparison efforts.  

{1-10}—The outpatient data shall be collected by the Council on a phase-in and trial basis for a one-year period beginning on January 1, 2001.—The Council shall implement outpatient data collection for reporting purposes beginning on January 1, 2002.  

{j}—The information submitted to the Council pursuant to subsections (e) and (e-5) shall be reported for each primary payer category, including Medicare, Medicaid, other government programs, private insurance, health maintenance
organizations, self-insured, private pay patients, and others—Preferred-provider-organization-reimbursement—shall also be reported for each primary third-party payor category.

(k)—The Council shall require and the designated corporation, association or entity, if applicable, shall prepare quarterly basic reports in the aggregate on health care cost and utilization trends in Illinois—The Council shall provide these reports to the public, if requested.

These shall include, but not be limited to, comparative information on average charges, total and ancillary charge components, length of stay on diagnosis specific and procedure specific cases, and number of discharges, compiled in aggregate by hospital and licensed ambulatory surgical treatment center, by diagnosis, and by primary payor category.

(l)—The Council shall, from information submitted pursuant to subsection (e), prepare an annual report in the aggregate by hospital containing the following:

(i)—The ratio of cesarean section deliveries to total deliveries;

(ii)—The average length of stay for patients who undergo cesarean sections;

(iii)—The average total charges for patients who have normal deliveries without any significant complications;

(iv)—The average total charges for patients who deliver by cesarean section.

The Council shall provide this report to the public, if requested.

(1—5)—(Blank);

(m)—Prior to release or dissemination of these reports, the Council or the designated corporation shall permit providers the opportunity to verify the accuracy of any information pertaining to the provider. The providers may submit to the Council any corrections or errors in the
compilation-of-the-data--with--any--supporting--evidence--and
documents---the---providers---may---submit---The---Council--or
corporation-shall-correct-data--found--to--be--in-error--and
include--additional--commentary--as--requested--by--the-provider
For-purposes-of-this--subsection--(m),---"providers"---includes
physicians--licensed--to--practice--medicine--in--all--of--its
branches--

{n}--In-addition-to--the--reports--indicated--above,--the
Council--shall--respond--to--requests--by--agencies--of--government
and--organizations--in--the--private-sector--for--data--products;
special--studies--and--analysis-of-data-collected-pursuant-to
this--Section.--Such-reports--shall--be--undertaken--only--by--the
agreement--of--a--majority--of--the--members--of--the--Council--who
shall-designate--the--form--in--which--the--information--shall--be
made--available.--The--Council--or--the--corporation,--association
or--entity--in--consultation--with--the--Council--shall--also
determine--a--fee--to--be--charged--to--the--requesting--agency--or
private--sector--organization--to--cover--the--direct--and--indirect
costs--for--producing--such--a--report,--and--shall--permit--affected
providers--the--rights--to--review--the--accuracy--of--the--report
before--it--is--released.--Such-reports--shall--not--be--subject--to

(Source: P.A. 91-756, eff. 6-2-00.)

(20 ILCS 2215/4-4) (from Ch. 111 1/2, par. 6504-4)

Sec. 4-4. (a) Hospitals shall make available to
prospective patients information on the normal charge
incurred for any procedure or operation the prospective
patient is considering.

(b) The Department of Public Health Council shall
require hospitals to post in letters no more than one inch in
height the established charges for services, where
applicable, including but not limited to the hospital's
private room charge, semi-private room charge, charge for a room with 3 or more beds, intensive care room charges, emergency room charge, operating room charge, electrocardiogram charge, anesthesia charge, chest x-ray charge, blood sugar charge, blood chemistry charge, tissue exam charge, blood typing charge and Rh factor charge. The definitions of each charge to be posted shall be determined by the Department Council.

(Source: P.A. 90-655, eff. 7-30-98.)

Section 26. The Illinois Health Finance Reform Act is amended by repealing Sections 1-2, 2-2, 2-3, 2-4, 2-5, 2-6, 4-3, 4-5, and 5-2.

Section 30. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by adding Section 2310-57 as follows:

Sec. 2310-57. Collecting information regarding hospital discharges and surgery. The Department of Public Health shall establish a system for the collection of data regarding hospital discharges and inpatient and outpatient surgery performed at hospitals and licensed ambulatory surgical treatment centers.
The Department may establish a system to provide data to hospitals required for accreditation, including data required by the Joint Commission on Accreditation of Healthcare Organizations.

The Department may adopt any rules necessary to carry out this function, including reasonable fees for providing accreditation data. The Department may contract with a vendor to collect any data required to be submitted to the Department under this Section.

Section 35. The Illinois Emergency Management Agency Act is amended by changing Section 5 as follows:

(20 ILCS 3305/5) (from Ch. 127, par. 1055)

Sec. 5. Illinois Emergency Management Agency.

(a) There is created within the executive branch of the State Government an Illinois Emergency Management Agency and a Director of the Illinois Emergency Management Agency, herein called the "Director" who shall be the head thereof. The Director shall be appointed by the Governor, with the advice and consent of the Senate, and shall serve for a term of 2 years beginning on the third Monday in January of the odd-numbered year, and until a successor is appointed and has qualified; except that the term of the first Director appointed under this Act shall expire on the third Monday in January, 1989. The Director shall not hold any other remunerative public office. The Director shall receive an annual salary as set by the Governor from time to time or the amount set by the Compensation Review Board, whichever is higher. If set by the Governor, the Director's annual salary may not exceed 85% of the Governor's annual salary.

(b) The Illinois Emergency Management Agency shall obtain, under the provisions of the Personnel Code, technical, clerical, stenographic and other administrative
personnel, and may make expenditures within the appropriation therefor as may be necessary to carry out the purpose of this Act. The agency created by this Act is intended to be a successor to the agency created under the Illinois Emergency Services and Disaster Agency Act of 1975 and the personnel, equipment, records, and appropriations of that agency are transferred to the successor agency as of the effective date of this Act.

(c) The Director, subject to the direction and control of the Governor, shall be the executive head of the Illinois Emergency Management Agency and the State Emergency Response Commission and shall be responsible under the direction of the Governor, for carrying out the program for emergency management of this State. The Director shall also maintain liaison and cooperate with the emergency management organizations of this State and other states and of the federal government.

(d) The Illinois Emergency Management Agency shall take an integral part in the development and revision of political subdivision emergency operations plans prepared under paragraph (f) of Section 10. To this end it shall employ or otherwise secure the services of professional and technical personnel capable of providing expert assistance to the emergency services and disaster agencies. These personnel shall consult with emergency services and disaster agencies on a regular basis and shall make field examinations of the areas, circumstances, and conditions that particular political subdivision emergency operations plans are intended to apply.

(e) The Illinois Emergency Management Agency and political subdivisions shall be encouraged to form an emergency management advisory committee composed of private and public personnel representing the emergency management phases of mitigation, preparedness, response, and recovery.
The Local Emergency Planning Committee, as created under the Illinois Emergency Planning and Community Right to Know Act, shall serve as an advisory committee to the emergency services and disaster agency or agencies serving within the boundaries of that Local Emergency Planning Committee planning district for:

(1) the development of emergency operations plan provisions for hazardous chemical emergencies; and

(2) the assessment of emergency response capabilities related to hazardous chemical emergencies.

(f) The Illinois Emergency Management Agency shall:

(1) Coordinate the overall emergency management program of the State.

(2) Cooperate with local governments, the federal government and any public or private agency or entity in achieving any purpose of this Act and in implementing emergency management programs for mitigation, preparedness, response, and recovery.


(3) Prepare, for issuance by the Governor, executive orders, proclamations, and regulations as necessary or appropriate in coping with disasters.

(4) Promulgate rules and requirements for political subdivision emergency operations plans that are not inconsistent with and are at least as stringent as applicable federal laws and regulations.

(5) Review and approve, in accordance with Illinois
Emergency Management Agency rules, emergency operations plans for those political subdivisions required to have an emergency services and disaster agency pursuant to this Act.

(5.5) Promulgate rules and requirements for the political subdivision emergency management exercises, including, but not limited to, exercises of the emergency operations plans.

(5.10) Review, evaluate, and approve, in accordance with Illinois Emergency Management Agency rules, political subdivision emergency management exercises for those political subdivisions required to have an emergency services and disaster agency pursuant to this Act.

(6) Determine requirements of the State and its political subdivisions for food, clothing, and other necessities in event of a disaster.

(7) Establish a register of persons with types of emergency management training and skills in mitigation, preparedness, response, and recovery.

(8) Establish a register of government and private response resources available for use in a disaster.

(9) Expand the Earthquake Awareness Program and its efforts to distribute earthquake preparedness materials to schools, political subdivisions, community groups, civic organizations, and the media. Emphasis will be placed on those areas of the State most at risk from an earthquake. Maintain the list of all school districts, hospitals, airports, power plants, including nuclear power plants, lakes, dams, emergency response facilities of all types, and all other major public or private structures which are at the greatest risk of damage from earthquakes under circumstances where the damage would cause subsequent harm to the surrounding communities and
residents.

(10) Disseminate all information, completely and without delay, on water levels for rivers and streams and any other data pertaining to potential flooding supplied by the Division of Water Resources within the Department of Natural Resources to all political subdivisions to the maximum extent possible.

(11) Develop agreements, if feasible, with medical supply and equipment firms to supply resources as are necessary to respond to an earthquake or any other disaster as defined in this Act. These resources will be made available upon notifying the vendor of the disaster. Payment for the resources will be in accordance with Section 7 of this Act. The Illinois Department of Public Health shall determine which resources will be required and requested.

(12) Out of funds appropriated for these purposes, award capital and non-capital grants to Illinois hospitals or health care facilities located outside of a city with a population in excess of 1,000,000 to be used for purposes that include, but are not limited to, preparing to respond to mass casualties and disasters, maintaining and improving patient safety and quality of care, and protecting the confidentiality of patient information. No single grant for a capital expenditure shall exceed $300,000. No single grant for a non-capital expenditure shall exceed $100,000. In awarding such grants, preference shall be given to hospitals that serve a significant number of Medicaid recipients, but do not qualify for disproportionate share hospital adjustment payments under the Illinois Public Aid Code. To receive such a grant, a hospital or health care facility must provide funding of at least 50% of the cost of the project for which the grant is being requested. In
awarding such grants the Illinois Emergency Management
Agency shall consider the recommendations of the Illinois
Hospital Association.

(13) (Illinois Emergency Management
Agency shall consider the recommendations of the Illinois
Hospital Association.

 Do all other things necessary, incidental
or appropriate for the implementation of this Act.

(Source: P.A. 91-25, eff. 6-9-99; 92-73, eff. 1-1-02.)

Section 40. The State Finance Act is amended by changing
Sections 5.198, 6z-12, and 6z-43, changing and renumbering
Section 6z-51 (as added by Public Act 92-208), and adding
Sections 5.570 and 5.571 as follows:

(30 ILCS 105/5.198) (from Ch. 127, par. 141.198)
(Section scheduled to be repealed on October 15, 2002.)
Sec. 5.198. The Illinois Health Care Cost Containment
Council Special Studies Fund. This Section is repealed on
October 15, 2002.
(Source: P.A. 84-1240; 84-1438.)

(30 ILCS 105/5.570 new)
Sec. 5.570. The Illinois Student Assistance Commission
Contracts and Grants Fund.

(30 ILCS 105/5.571 new)
Sec. 5.571. The Career and Technical Education Fund.

(30 ILCS 105/6z-12) (from Ch. 127, par. 142z-12)
(Section scheduled to be repealed on October 15, 2002.)
Sec. 6z-12. Funds received by the Illinois Health Care
Cost Containment Council for special studies pursuant to the
Illinois Health Finance Reform Act shall be deposited in the
Illinois Health Care Cost Containment Council Special Studies
Fund. The General Assembly shall from time to time make
appropriations from the Illinois Health Care Cost Containment
Council Special Studies Fund for the payment of the direct and indirect costs of special studies. The Illinois Health Care Cost Containment Council shall by rule, adopted pursuant to the Illinois Administrative Procedure Act, provide for the allocation of the direct and indirect costs of producing special studies pursuant to the Illinois Health Finance Reform Act.

In addition to any other permitted use of moneys in the Fund, moneys in the Illinois Health Care Cost Containment Council Special Studies Fund may be used by the Council, subject to appropriation, to provide services to the Illinois Health Care Reform Task Force created under Section 6-4 of the Medicaid Revenue Act and to support Council operations.

The Illinois Health Care Cost Containment Council Special Studies Fund is abolished on October 15, 2002. Any balance remaining in the Fund on that date shall be transferred to the Public Health Special State Projects Fund.

This Section is repealed on October 15, 2002.

(Source: P.A. 87-838; 87-1248.)

(30 ILCS 105/6z-43)

Sec. 6z-43. Tobacco Settlement Recovery Fund.

(a) There is created in the State Treasury a special fund to be known as the Tobacco Settlement Recovery Fund, into which shall be deposited all monies paid to the State pursuant to (1) the Master Settlement Agreement entered in the case of People of the State of Illinois v. Philip Morris, et al. (Circuit Court of Cook County, No. 96-L13146) and (2) any settlement with or judgment against any tobacco product manufacturer other than one participating in the Master Settlement Agreement in satisfaction of any released claim as defined in the Master Settlement Agreement, as well as any other monies as provided by law. All earnings on Fund investments shall be deposited into the Fund. Upon the
creation of the Fund, the State Comptroller shall order the 
State Treasurer to transfer into the Fund any monies paid to 
the State as described in item (1) or (2) of this Section 
before the creation of the Fund plus any interest earned on 
the investment of those monies. The Treasurer may invest the 
moneys in the Fund in the same manner, in the same types of 
investments, and subject to the same limitations provided in 
the Illinois Pension Code for the investment of pension funds 
other than those established under Article 3 or 4 of the 
Code.

(b) As soon as may be practical after June 30, 2001, 
upon notification from and at the direction of the Governor, 
the State Comptroller shall direct and the State Treasurer 
shall transfer the unencumbered balance in the Tobacco 
Settlement Recovery Fund as of June 30, 2001, as determined 
by the Governor, into the Budget Stabilization Fund. The 
Treasurer may invest the moneys in the Budget Stabilization 
Fund in the same manner, in the same types of investments, 
and subject to the same limitations provided in the Illinois 
Pension Code for the investment of pension funds other than 
those established under Article 3 or 4 of the Code.

(c) All federal financial participation moneys received 
pursuant to expenditures from the Fund shall be deposited 
into the Fund.

(Source: P.A. 91-646, eff. 11-19-99; 91-704, eff. 7-1-00; 
91-797, eff. 6-9-00; 92-11, eff. 6-11-01; 92-16, eff. 
6-28-01.)

(30 ILCS 105/6z-55)

Sec. 6z-55. Statewide Economic Development Fund.

(a) The Statewide Economic Development Fund is created as a 
special fund in the State treasury. Moneys in the Fund shall 
be used, subject to appropriation, for the purpose of 
statewide economic development activities or by the Illinois
Section 45. The School Code is amended by changing Sections 14-7.03 and 18-3 as follows:

(105 ILCS 5/14-7.03) (from Ch. 122, par. 14-7.03)

Sec. 14-7.03. Special Education Classes for Children from Orphanages, Foster Family Homes, Children's Homes, or in State Housing Units. If a school district maintains special education classes on the site of orphanages and children's homes, or if children from the orphanages, children's homes, foster family homes, other State agencies, or State residential units for children attend classes for children with disabilities in which the school district is a participating member of a joint agreement, or if the children from the orphanages, children's homes, foster family homes, other State agencies, or State residential units attend classes for the children with disabilities maintained by the school district, then reimbursement shall be paid to eligible districts in accordance with the provisions of this Section by the Comptroller as directed by the State Superintendent of Education.

The amount of tuition for such children shall be determined by the actual cost of maintaining such classes, using the per capita cost formula set forth in Section 14-7.01, such program and cost to be pre-approved by the State Superintendent of Education.

On forms prepared by the State Superintendent of Education, the district shall certify to the regional superintendent the following:

(1) The name of the home or State residential unit
with the name of the owner or proprietor and address of
those maintaining it;

(2) That no service charges or other payments
authorized by law were collected in lieu of taxes
therefrom or on account thereof during either of the
calendar years included in the school year for which
claim is being made;

(3) The number of children qualifying under this
Act in special education classes for instruction on the
site of the orphanages and children's homes;

(4) The number of children attending special
education classes for children with disabilities in which
the district is a participating member of a special
education joint agreement;

(5) The number of children attending special
education classes for children with disabilities
maintained by the district;

(6) The computed amount of tuition payment claimed
as due, as approved by the State Superintendent of
Education, for maintaining these classes.

If a school district makes a claim for reimbursement
under Section 18-3 or 18-4 of this Act it shall not include
in any claim filed under this Section a claim for such
children. Payments authorized by law, including State or
federal grants for education of children included in this
Section, shall be deducted in determining the tuition amount.

Nothing in this Act shall be construed so as to prohibit
reimbursement for the tuition of children placed in for
profit facilities. Private facilities shall provide adequate
space at the facility for special education classes provided
by a school district or joint agreement for children with
disabilities who are residents of the facility at no cost to
the school district or joint agreement upon request of the
school district or joint agreement. If such a private
facility provides space at no cost to the district or joint
agreement for special education classes provided to children
with disabilities who are residents of the facility, the
district or joint agreement shall not include any costs for
the use of those facilities in its claim for reimbursement.

Reimbursement for tuition may include the cost of
providing summer school programs for children with severe and
profound disabilities served under this Section. Claims for
that reimbursement shall be filed by November 1 and shall be
paid on or before December 15 from appropriations made for
the purposes of this Section.

The State Board of Education shall establish such rules
and regulations as may be necessary to implement the
provisions of this Section.

Claims filed on behalf of programs operated under this
Section housed in a jail or detention center shall be on an
individual student basis only for eligible students with
disabilities. These claims shall be in accordance with
applicable rules.

Each district claiming reimbursement for a program
operated as a group program shall have an approved budget on
file with the State Board of Education prior to the
initiation of the program's operation. On September 30,
December 31, and March 31, the State Board of Education shall
voucher payments to group programs based upon the approved
budget during the year of operation. Final claims for group
payments shall be filed on or before July 15. Final claims
for group programs received at the State Board of Education
on or before June 15 shall be vouchered by June 30. Final
claims received at the State Board of Education between June
16 and July 15 shall be vouchered by August 30. Claims for
group programs received after July 15 shall not be honored.

Each district claiming reimbursement for individual
students shall have the eligibility of those students
verified by the State Board of Education. On September 30, December 31, and March 31, the State Board of Education shall voucher payments for individual students based upon an estimated cost calculated from the prior year's claim. Final claims for individual students for the regular school term must be received at the State Board of Education by July 15. Claims for individual students received after July 15 shall not be honored. Final claims for individual students shall be vouchered by August 30.

Reimbursement shall be made based upon approved group programs or individual students. The State Superintendent of Education shall direct the Comptroller to pay a specified amount to the district by the 30th day of September, December, March, June, or August, respectively. However, notwithstanding any other provisions of this Section or the School Code, beginning with fiscal year 1994 and each fiscal year thereafter through fiscal year 2002, if the amount appropriated for any fiscal year is less than the amount required for purposes of this Section, the amount required to eliminate any insufficient reimbursement for each district claim under this Section shall be reimbursed on August 30 of the next fiscal year, and the payments required to eliminate any insufficiency for prior fiscal year claims shall be made before any claims are paid for the current fiscal year. Notwithstanding any other provision of this Section or this Code, beginning with fiscal year 2003, total reimbursement under this Section in any fiscal year is limited to the amount appropriated for that purpose for that fiscal year, and if the amount appropriated for any fiscal year is less than the amount required for purposes of this Section, the insufficiency shall be apportioned pro rata among the school districts seeking reimbursement.

The claim of a school district otherwise eligible to be reimbursed in accordance with Section 14-12.01 for the
1976-77 school year but for this amendatory Act of 1977 shall not be paid unless the district ceases to maintain such classes for one entire school year.

If a school district's current reimbursement payment for the 1977-78 school year only is less than the prior year's reimbursement payment owed, the district shall be paid the amount of the difference between the payments in addition to the current reimbursement payment, and the amount so paid shall be subtracted from the amount of prior year's reimbursement payment owed to the district.

Regional superintendents may operate special education classes for children from orphanages, foster family homes, children's homes or State housing units located within the educational services region upon consent of the school board otherwise so obligated. In electing to assume the powers and duties of a school district in providing and maintaining such a special education program, the regional superintendent may enter into joint agreements with other districts and may contract with public or private schools or the orphanage, foster family home, children's home or State housing unit for provision of the special education program. The regional superintendent exercising the powers granted under this Section shall claim the reimbursement authorized by this Section directly from the State Board of Education.

Any child who is not a resident of Illinois who is placed in a child welfare institution, private facility, foster family home, State operated program, orphanage or children's home shall have the payment for his educational tuition and any related services assured by the placing agent.

Commencing July 1, 1992, for each disabled student who is placed residually by a State agency or the courts for care or custody or both care and custody, welfare, medical or mental health treatment or both medical and mental health treatment, rehabilitation, and protection, whether placed
there on, before, or after July 1, 1992, the costs for educating the student are eligible for reimbursement under this Section providing the placing agency or court has notified the appropriate school district authorities of the status of student residency where applicable prior to or upon placement.

The district of residence of the parent, guardian, or disabled student as defined in Sections 14-1.11 and 14-1.11a is responsible for the actual costs of the student's special education program and is eligible for reimbursement under this Section when placement is made by a State agency or the courts. Payments shall be made by the resident district to the district wherein the facility is located no less than once per quarter unless otherwise agreed to in writing by the parties.

When a dispute arises over the determination of the district of residence, the district or districts may appeal the decision in writing to the State Superintendent of Education. The decision of the State Superintendent of Education shall be final.

In the event a district does not make a tuition payment to another district that is providing the special education program and services, the State Board of Education shall immediately withhold 125% of the then remaining annual tuition cost from the State aid or categorical aid payment due to the school district that is determined to be the resident school district. All funds withheld by the State Board of Education shall immediately be forwarded to the school district where the student is being served.

When a child eligible for services under this Section 14-7.03 must be placed in a nonpublic facility, that facility shall meet the programmatic requirements of Section 14-7.02 and its regulations, and the educational services shall be funded only in accordance with this Section 14-7.03.
Sec. 18-3. Tuition of children from orphanages and children's homes.

When the children from any home for orphans, dependent, abandoned or maladjusted children maintained by any organization or association admitting to such home children from the State in general or when children residing in a school district wherein the State of Illinois maintains and operates any welfare or penal institution on property owned by the State of Illinois, which contains houses, housing units or housing accommodations within a school district, attend grades kindergarten through 12 of the public schools maintained by that school district, the State Superintendent of Education shall direct the State Comptroller to pay a specified amount sufficient to pay the annual tuition cost of such children who attended such public schools during the regular school year ending on June 30 or the summer term for that school year, and the Comptroller shall pay the amount after receipt of a voucher submitted by the State Superintendent of Education.

The amount of the tuition for such children attending the public schools of the district shall be determined by the State Superintendent of Education by multiplying the number of such children in average daily attendance in such schools by 1.2 times the total annual per capita cost of administering the schools of the district. Such total annual per capita cost shall be determined by totaling all expenses of the school district in the educational, operations and maintenance, bond and interest, transportation, Illinois municipal retirement, and rent funds for the school year.
preceding the filing of such tuition claims less expenditures not applicable to the regular K-12 program, less offsetting revenues from State sources except those from the common school fund, less offsetting revenues from federal sources except those from federal impaction aid, less student and community service revenues, plus a depreciation allowance; and dividing such total by the average daily attendance for the year.

Annually on or before June 30 the superintendent of the district upon forms prepared by the State Superintendent of Education shall certify to the regional superintendent the following:

1. The name of the home and of the organization or association maintaining it; or the legal description of the real estate upon which the house, housing units, or housing accommodations are located and that no taxes or service charges or other payments authorized by law to be made in lieu of taxes were collected therefrom or on account thereof during either of the calendar years included in the school year for which claim is being made;

2. The number of children from the home or living in such houses, housing units or housing accommodations and attending the schools of the district;

3. The total number of children attending the schools of the district;

4. The per capita tuition charge of the district;

and

5. The computed amount of the tuition payment claimed as due.

Whenever the persons in charge of such home for orphans, dependent, abandoned or maladjusted children have received from the parent or guardian of any such child or by virtue of an order of court a specific allowance for educating such
child, such persons shall pay to the school board in the
district where the child attends school such amount of the
allowance as is necessary to pay the tuition required by such
district for the education of the child. If the allowance is
insufficient to pay the tuition in full the State
Superintendent of Education shall direct the Comptroller to
pay to the district the difference between the total tuition
charged and the amount of the allowance.

Whenever the facilities of a school district in which
such house, housing units or housing accommodations are
located, are limited, pupils may be assigned by that district
to the schools of any adjacent district to the limit of the
facilities of the adjacent district to properly educate such
pupils as shall be determined by the school board of the
adjacent district, and the State Superintendent of Education
shall direct the Comptroller to pay a specified amount
sufficient to pay the annual tuition of the children so
assigned to and attending public schools in the adjacent
districts and the Comptroller shall draw his warrant upon the
State Treasurer for the payment of such amount for the
benefit of the adjacent school districts in the same manner
as for districts in which the houses, housing units or
housing accommodations are located.

The school district shall certify to the State
Superintendent of Education the report of claims due for such
tuition payments on or before July 31. Failure on the part of
the school board to certify its claim on July 31 shall
constitute a forfeiture by the district of its right to the
payment of any such tuition claim for the school year. The
State Superintendent of Education shall direct the
Comptroller to pay to the district, on or before August 15,
the amount due the district for the school year in accordance
with the calculation of the claim as set forth in this
Section.
Claims for tuition for children from any home for orphans
or dependent, abandoned, or maladjusted children beginning
with the 1993-1994 school year shall be paid on a current
year basis. On September 30, December 31, and March 31, the
State Board of Education shall voucher payments for districts
with those students based on an estimated cost calculated
from the prior year's claim. Final claims for those students
for the regular school term and summer term must be received
at the State Board of Education by July 31 following the end
of the regular school year. Final claims for those students
shall be vouchered by August 15. During fiscal year 1994
both the 1992-1993 school year and the 1993-1994 school year
shall be paid in order to change the cycle of payment from a
reimbursement basis to a current year funding basis of
payment. However, notwithstanding any other provisions of
this Section or the School Code, beginning with fiscal year
1994 and each fiscal year thereafter through fiscal year
2002, if the amount appropriated for any fiscal year is less
than the amount required for purposes of this Section, the
amount required to eliminate any insufficient reimbursement
for each district claim under this Section shall be
reimbursed on August 30 of the next fiscal year, and the
payments required to eliminate any insufficiency for prior
fiscal year claims shall be made before any claims are paid
for the current fiscal year. Notwithstanding any other
provision of this Section or this Code, beginning with fiscal
year 2003, total reimbursement under this Section in any
fiscal year is limited to the amount appropriated for that
purpose for that fiscal year, and if the amount appropriated
for any fiscal year is less than the amount required for
purposes of this Section, the insufficiency shall be
apportioned pro rata among the school districts seeking
reimbursement.

If a school district makes a claim for reimbursement
under Section 18-4 or 14-7.03 it shall not include in any
claim filed under this Section children residing on the
property of State institutions included in its claim under
Section 18-4 or 14-7.03.

Any child who is not a resident of Illinois who is placed
in a child welfare institution, private facility, State
operated program, orphanage or children's home shall have the
payment for his educational tuition and any related services
assured by the placing agent.

In order to provide services appropriate to allow a
student under the legal guardianship or custodianship of the
State to participate in local school district educational
programs, costs may be incurred in appropriate cases by the
district that are in excess of 1.2 times the district per
capita tuition charge allowed under the provisions of this
Section. In the event such excess costs are incurred, they
must be documented in accordance with cost rules established
under the authority of this Section and may then be claimed
for reimbursement under this Section.

Planned services for students eligible for this funding
must be a collaborative effort between the appropriate State
agency or the student's group home or institution and the
local school district.

(Source: P.A. 91-764, eff. 6-9-00; 92-94, eff. 1-1-02.)

Section 50. The State Aid Continuing Appropriation Law
is amended by changing Sections 15-10, 15-15, and 15-25 as
follows:

(105 ILCS 235/15-10)

(Section scheduled to be repealed on June 30, 2002)

Sec. 15-10. Annual budget; recommendation. The Governor
shall include a Common School Fund recommendation to the
State Board of Education in the fiscal year 1999 through 2003
2002 annual Budgets sufficient to fund (i) the General State Aid Formula set forth in subsection (E) (Computation of General State Aid) and subsection (H) (Supplemental General State Aid) of Section 18-8.05 of the School Code and (ii) the supplementary payments for school districts set forth in subsection (J) (Supplementary Grants in Aid) of Section 18-8.05 of the School Code.
(Source: P.A. 92-7, eff. 6-29-01.)

(105 ILCS 235/15-15)
(Section scheduled to be repealed on June 30, 2002)
Sec. 15-15. State Aid Formula; Funding. The General Assembly shall annually make Common School Fund appropriations to the State Board of Education in fiscal years 1999 through 2002 sufficient to fund (i) the General State Aid Formula set forth in subsection (E) (Computation of General State Aid) and subsection (H) (Supplemental General State Aid) of Section 18-8.05 of the School Code and (ii) the supplementary payments for school districts set forth in subsection (J) (Supplementary Grants in Aid) of Section 18-8.05 of the School Code.
(Source: P.A. 92-7, eff. 6-29-01.)

(105 ILCS 235/15-25)
(Section scheduled to be repealed on June 30, 2002)
Sec. 15-25. Repeal. This Article is repealed June 30, 2003. Section 15-20 of this Article is repealed June 30, 2002.
(Source: P.A. 92-7, eff. 6-29-01.)

Section 55. The Public Community College Act is amended by adding Section 2-16.07 as follows:

(110 ILCS 805/2-16.07 new)
Sec. 2-16.07. Career and Technical Education Fund. The Career and Technical Education Fund is created as a special fund in the State treasury. The Comptroller shall order transferred and the State Treasurer shall transfer from the Federal Department of Education Fund into the Career and Technical Education Fund such amounts as may be directed in writing by the State Board of Education. All moneys so deposited into the Career and Technical Education Fund may be used, subject to appropriation, by the State Board for operational expenses associated with the administration of Career and Technical Education, for payment of Career and Technical Education grants to colleges, and for payment of costs relating to State leadership activities, as provided by the United States Department of Education.

Section 60. The Higher Education Student Assistance Act is amended by adding Sections 65.56 and 77 as follows:

(110 ILCS 947/65.56 new)

Sec. 65.56. Illinois Teachers and Child Care Providers Loan Repayment Program.

(a) In order to encourage academically talented Illinois students to enter and continue teaching in Illinois schools in low-income areas and to encourage students to enter the early child care profession and serve low-income areas, the Commission shall, each year, receive and consider applications for loan repayment assistance under this Section. This program shall be known as the Illinois Teachers and Child Care Providers Loan Repayment Program. The Commission shall administer the program and shall make all necessary and proper rules not inconsistent with this Section for the program's effective implementation. The Commission may use up to 5% of the appropriation for this program for
administration and promotion of teacher incentive programs.

(b) Beginning January 1, 2003, subject to a separate
appropriation made for such purposes, the Commission shall
award a grant to each qualified applicant in an amount equal
to the amount of educational loans forgiven on behalf of the
qualified applicant pursuant to Sections 424 and 425 of Title
1078-10 and 1078-11), up to a maximum of $5,000. The
Commission shall encourage the recipient of a grant under
this Section to use the grant amount awarded to pay off his
or her educational loans.

(c) A person is a qualified applicant under this Section
if he or she meets all of the following qualifications:

(1) The person is a United States citizen or
eligible noncitizen.

(2) The person is a resident of this State.

(3) The person is a borrower who has had an amount
of his or her educational loans forgiven pursuant to
Sections 424 and 425 of Title IV of the Higher Education

(4) The person has fulfilled the obligations set
forth by Sections 424 and 425 of Title IV of the Higher
Education Amendments of 1998 in this State.

(d) All applications for grant assistance under this
Section shall be made to the Commission. The form of
application and the information required to be set forth in
the application shall be determined by the Commission, and
the Commission shall require applicants to submit with their
applications such supporting documents as the Commission
deems necessary.

(e) A qualified applicant must apply for a grant under
this Section within 6 months after receiving notification of
loan forgiveness pursuant to Sections 424 and 425 of Title IV
Sec. 77. Illinois Student Assistance Commission Contracts and Grants Fund.

(a) The Illinois Student Assistance Commission Contracts and Grants Fund is created as a special fund in the State treasury. All gifts, grants, or donations of money received by the Commission must be deposited into this Fund.

(b) Moneys in the Fund may be used by the Commission, subject to appropriation, for support of the Commission's student assistance outreach activities.

Section 65. The Higher Education Student Assistance Act is amended by repealing Section 65.57.

Section 70. The Comprehensive Health Insurance Plan Act is amended by changing Section 3 as follows:

a. There is hereby created an Illinois Comprehensive Health Insurance Plan.

b. The Plan shall operate subject to the supervision and control of the board. The board is created as a political subdivision and body politic and corporate and, as such, is not a State agency. The board shall consist of 10 public members, appointed by the Governor with the advice and consent of the Senate.

Initial members shall be appointed to the Board by the Governor as follows: 2 members to serve until July 1, 1988, and until their successors are appointed and qualified; 2 members to serve until July 1, 1989, and until their successors are appointed and qualified; 3 members to serve until July 1, 1990, and until their successors are appointed
and qualified; and 3 members to serve until July 1, 1991, and
until their successors are appointed and qualified. As terms
of initial members expire, their successors shall be
appointed for terms to expire the first day in July 3 years
thereafter, and until their successors are appointed and
qualified.

Any vacancy in the Board occurring for any reason other
than the expiration of a term shall be filled for the
unexpired term in the same manner as the original
appointment.

Any member of the Board may be removed by the Governor
for neglect of duty, misfeasance, malfeasance, or nonfeasance
in office.

In addition, a representative of the Bureau of the Budget
Illinois---Health---Care---Cost---Containment---Council, a
representative of the Office of the Attorney General and the
Director or the Director's designated representative shall be
members of the board. Four members of the General Assembly,
one each appointed by the President and Minority Leader of
the Senate and by the Speaker and Minority Leader of the
House of Representatives, shall serve as nonvoting members of
the board. At least 2 of the public members shall be
individuals reasonably expected to qualify for coverage under
the Plan, the parent or spouse of such an individual, or a
surviving family member of an individual who could have
qualified for the plan during his lifetime. The Director or
Director's representative shall be the chairperson of the
board. Members of the board shall receive no compensation,
but shall be reimbursed for reasonable expenses incurred in
the necessary performance of their duties.

c. The board shall make an annual report in September
and shall file the report with the Secretary of the Senate
and the Clerk of the House of Representatives. The report
shall summarize the activities of the Plan in the preceding
calendar year, including net written and earned premiums, the
expense of administration, the paid and incurred losses for
the year and other information as may be requested by the
General Assembly. The report shall also include analysis and
recommendations regarding utilization review, quality
assurance and access to cost effective quality health care.

d. In its plan of operation the board shall:

(1) Establish procedures for selecting a plan
administrator in accordance with Section 5 of this Act.

(2) Establish procedures for the operation of the
board.

(3) Create a Plan fund, under management of the
board, to fund administrative, claim, and other expenses
of the Plan.

(4) Establish procedures for the handling and
accounting of assets and monies of the Plan.

(5) Develop and implement a program to publicize
the existence of the Plan, the eligibility requirements
and procedures for enrollment and to maintain public
awareness of the Plan.

(6) Establish procedures under which applicants and
participants may have grievances reviewed by a grievance
committee appointed by the board. The grievances shall
be reported to the board immediately after completion of
the review. The Department and the board shall retain
all written complaints regarding the Plan for at least 3
years. Oral complaints shall be reduced to written form
and maintained for at least 3 years.

(7) Provide for other matters as may be necessary
and proper for the execution of its powers, duties and
obligations under the Plan.

e. No later than 5 years after the Plan is operative the
board and the Department shall conduct cooperatively a study
of the Plan and the persons insured by the Plan to determine:
(1) claims experience including a breakdown of medical conditions for which claims were paid; (2) whether availability of the Plan affected employment opportunities for participants; (3) whether availability of the Plan affected the receipt of medical assistance benefits by Plan participants; (4) whether a change occurred in the number of personal bankruptcies due to medical or other health related costs; (5) data regarding all complaints received about the Plan including its operation and services; (6) and any other significant observations regarding utilization of the Plan. The study shall culminate in a written report to be presented to the Governor, the President of the Senate, the Speaker of the House and the chairpersons of the House and Senate Insurance Committees. The report shall be filed with the Secretary of the Senate and the Clerk of the House of Representatives. The report shall also be available to members of the general public upon request.

f. The board may:

(1) Prepare and distribute certificate of eligibility forms and enrollment instruction forms to insurance producers and to the general public in this State.

(2) Provide for reinsurance of risks incurred by the Plan and enter into reinsurance agreements with insurers to establish a reinsurance plan for risks of coverage described in the Plan, or obtain commercial reinsurance to reduce the risk of loss through the Plan.

(3) Issue additional types of health insurance policies to provide optional coverages as are otherwise permitted by this Act including a Medicare supplement policy designed to supplement Medicare.

(4) Provide for and employ cost containment measures and requirements including, but not limited to, preadmission certification, second surgical opinion,
concurrent utilization review programs, and individual
case management for the purpose of making the pool more
cost effective.

(5) Design, utilize, contract, or otherwise arrange
for the delivery of cost effective health care services,
including establishing or contracting with preferred
provider organizations, health maintenance organizations,
and other limited network provider arrangements.

(6) Adopt bylaws, rules, regulations, policies and
procedures as may be necessary or convenient for the
implementation of the Act and the operation of the Plan.

(7) Administer separate pools, separate accounts,
or other plans or arrangements as required by this Act to
separate federally eligible individuals or groups of
federally eligible individuals who qualify for plan
coverage under Section 15 of this Act from eligible
persons or groups of eligible persons who qualify for
plan coverage under Section 7 of this Act and apportion
the costs of the administration among such separate
pools, separate accounts, or other plans or arrangements.

g. The Director may, by rule, establish additional
powers and duties of the board and may adopt rules for any
other purposes, including the operation of the Plan, as are
necessary or proper to implement this Act.

h. The board is not liable for any obligation of the
Plan. There is no liability on the part of any member or
employee of the board or the Department, and no cause of
action of any nature may arise against them, for any action
taken or omission made by them in the performance of their
powers and duties under this Act, unless the action or
omission constitutes willful or wanton misconduct. The board
may provide in its bylaws or rules for indemnification of,
and legal representation for, its members and employees.

i. There is no liability on the part of any insurance
producer for the failure of any applicant to be accepted by the Plan unless the failure of the applicant to be accepted by the Plan is due to an act or omission by the insurance producer which constitutes willful or wanton misconduct.
(Source: P.A. 90-30, eff. 7-1-97.)

Section 75. The Children's Health Insurance Program Act is amended by changing Sections 20, 40, and 97 as follows:

(215 ILCS 106/20)

(Section scheduled to be repealed on July 1, 2002)

Sec. 20. Eligibility.
(a) To be eligible for this Program, a person must be a person who has a child eligible under this Act and who is eligible under a waiver of federal requirements pursuant to an application made pursuant to subdivision (a)(1) of Section 40 of this Act or who is a child who:
   (1) is a child who is not eligible for medical assistance;
   (2) is a child whose annual household income, as determined by the Department, is above 133% of the federal poverty level and at or below 185% of the federal poverty level;
   (3) is a resident of the State of Illinois; and
   (4) is a child who is either a United States citizen or included in one of the following categories of non-citizens:
      (A) unmarried dependent children of either a United States Veteran honorably discharged or a person on active military duty;
      (B) refugees under Section 207 of the Immigration and Nationality Act;
      (C) asylees under Section 208 of the Immigration and Nationality Act;
(D) persons for whom deportation has been withheld under Section 243(h) of the Immigration and Nationality Act;

(E) persons granted conditional entry under Section 203(a)(7) of the Immigration and Nationality Act as in effect prior to April 1, 1980;

(F) persons lawfully admitted for permanent residence under the Immigration and Nationality Act; and

(G) parolees, for at least one year, under Section 212(d)(5) of the Immigration and Nationality Act.

Those children who are in the categories set forth in subdivisions (4)(F) and (4)(G) of this subsection, who enter the United States on or after August 22, 1996, shall not be eligible for 5 years beginning on the date the child entered the United States.

(b) A child who is determined to be eligible for assistance may remain eligible for 12 months, provided the child maintains his or her residence in the State, has not yet attained 19 years of age, and is not excluded pursuant to subsection (c). A child who has been determined to be eligible for assistance must reapply or otherwise establish eligibility Eligibility shall be re-determined by the Department at least annually. An eligible child shall be required, as determined by the Department by rule, to report promptly those changes in income and other circumstances that affect eligibility. The eligibility of a child may be re-determined based on the information reported or may be terminated based on the failure to report or failure to report accurately. A child's responsible relative or caretaker may also be held liable to the Department for any payments made by the Department on such child's behalf that were inappropriate. An applicant shall be provided with
notice of these obligations.

(c) A child shall not be eligible for coverage under this Program if:

(1) the premium required pursuant to Section 30 of this Act has not been paid. If the required premiums are not paid the liability of the Program shall be limited to benefits incurred under the Program for the time period for which premiums had been paid. If the required monthly premium is not paid, the child shall be ineligible for re-enrollment for a minimum period of 3 months. Re-enrollment shall be completed prior to the next covered medical visit and the first month's required premium shall be paid in advance of the next covered medical visit. The Department shall promulgate rules regarding grace periods, notice requirements, and hearing procedures pursuant to this subsection;

(2) the child is an inmate of a public institution or a patient in an institution for mental diseases; or

(3) the child is a member of a family that is eligible for health benefits covered under the State of Illinois health benefits plan on the basis of a member's employment with a public agency.

(Source: P.A. 90-736, eff. 8-12-98.)

(215 ILCS 106/40)

(Section scheduled to be repealed on July 1, 2002)

Sec. 40. Waivers.

(a) The Department shall request any necessary waivers of federal requirements in order to allow receipt of federal funding for:

(1) the coverage of families with eligible children under this Act; and

(2) for the coverage of children who would otherwise be eligible under this Act, but who have health
(b) The failure of the responsible federal agency to approve a waiver for children who would otherwise be eligible under this Act but who have health insurance shall not prevent the implementation of any Section of this Act provided that there are sufficient appropriated funds.

(c) Eligibility of a person under an approved waiver due to the relationship with a child pursuant to Article V of the Illinois Public Aid Code or this Act shall be limited to such a person whose countable income is determined by the Department to be at or below 65% of the federal poverty level. Such persons who are determined to be eligible must reapply, or otherwise establish eligibility, at least annually. An eligible person shall be required, as determined by the Department by rule, to report promptly those changes in income and other circumstances that affect eligibility. The eligibility of a person may be redetermined based on the information reported or may be terminated based on the failure to report or failure to report accurately. A person may also be held liable to the Department for any payments made by the Department on such person's behalf that were inappropriate. An applicant shall be provided with notice of these obligations.

(Source: P.A. 90-736, eff. 8-12-98.)

(215 ILCS 106/97)

(Section scheduled to be repealed on July 1, 2002)

Sec. 97. Repealer. This Act is repealed on July 1, 2003.

(Source: P.A. 90-736, eff. 8-12-98; 91-712, eff. 7-1-00.)

Section 80. The Illinois Public Aid Code is amended by changing Sections 5-2, 5-4.1, 5-5.4, 5-5.12, 11-16, 12-3, 12-4.34, 12-10.5, and 12-13.05 as follows:
Sec. 5-2. Classes of Persons Eligible. Medical assistance under this Article shall be available to any of the following classes of persons in respect to whom a plan for coverage has been submitted to the Governor by the Illinois Department and approved by him:

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

2. Persons otherwise eligible for basic maintenance under Articles III and IV but who fail to qualify thereunder on the basis of need, and who have insufficient income and resources to meet the costs of necessary medical care, including but not limited to the following:

   (a) All persons otherwise eligible for basic maintenance under Article III but who fail to qualify under that Article on the basis of need and who meet either of the following requirements:

      (i) their income, as determined by the Illinois Department in accordance with any federal requirements, is equal to or less than 70% in fiscal year 2001, equal to or less than 85% in fiscal year 2002 and until a date to be determined by the Department by rule, and equal to or less than 100% beginning on the date determined by the Department by rule, in fiscal year 2003 and thereafter of the nonfarm income official poverty line, as defined by the federal Office of Management and Budget and revised annually in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981, applicable to families of the same size; or

      (ii) their income, after the deduction of costs incurred for medical care and for other types of remedial care, is equal to or less than 70% in fiscal year 2001, equal to or less than 85% in
fiscal year 2002 and until a date to be determined by the Department by rule, and equal to or less than 100% beginning on the date determined by the Department by rule, in fiscal year--2003--and thereafter of the nonfarm income official poverty line, as defined in item (i) of this subparagraph (a).

(b) All persons who would be determined eligible for such basic maintenance under Article IV by disregarding the maximum earned income permitted by federal law.

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

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

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

(b) The Illinois Department and the Governor shall provide a plan for coverage of the persons eligible under paragraph 5(a) by April 1, 1990. Such plan shall provide ambulatory prenatal care to pregnant women during a presumptive eligibility period and establish an income eligibility standard that is equal to 133% of the nonfarm income official poverty line, as defined by the federal Office of Management and Budget and revised annually in
accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981, applicable to families of the same size, provided that costs incurred for medical care are not taken into account in determining such income eligibility.

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

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

7. Persons who are 18 years of age or younger and would qualify as disabled as defined under the Federal Supplemental Security Income Program, provided medical service for such persons would be eligible for Federal Financial Participation, and provided the Illinois Department determines that:

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

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

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

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

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

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

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

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

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

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

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

10. Participants in the long-term care insurance partnership program established under the Partnership for Long-Term Care Act who meet the qualifications for protection of resources described in Section 25 of that Act.

11. Persons with disabilities who are employed and eligible for Medicaid, pursuant to Section 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as provided by the Illinois Department by rule.

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

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

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

"Medical assistance" under this paragraph 12 shall be
identical to the benefits provided under the State's approved
plan under Title XIX of the Social Security Act. The
Department must request federal approval of the coverage
under this paragraph 12 within 30 days after the effective
date of this amendatory Act of the 92nd General Assembly.

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

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

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

The eligibility of any person for medical assistance
under this Article shall not be affected by the receipt by
the person of donations or benefits from fundraisers held for
the person in cases of serious illness, as long as neither
the person nor members of the person's family have actual
control over the donations or benefits or the disbursement of
the donations or benefits.

(Source: P.A. 91-676, eff. 12-23-99; 91-699, eff. 7-1-00;
Sec. 5-4.1. Co-payments. The Department may by rule provide that recipients under any Article of this Code (other than group care recipients) shall pay a fee as a co-payment for services. Co-payments may not exceed $3 for brand name drugs, $1 one-dollar for other pharmacy services, and $2 for physicians services, dental services, optical services and supplies, chiropractic services, podiatry services, and encounter rate clinic services. Co-payments may not exceed $3 three-dollars for hospital outpatient and clinic services. Provided, however, that any such rule must provide that no co-payment requirement can exist for renal dialysis, radiation therapy, cancer chemotherapy, or insulin, and other products necessary on a recurring basis, the absence of which would be life threatening, or where co-payment expenditures for required services and/or medications for chronic diseases that the Illinois Department shall by rule designate shall cause an extensive financial burden on the recipient, and provided no co-payment shall exist for emergency room encounters which are for medical emergencies. (Source: P.A. 82-664.)

Sec. 5-5.4. Standards of Payment - Department of Public Aid. The Department of Public Aid shall develop standards of payment of skilled nursing and intermediate care services in facilities providing such services under this Article which:

(1) Provide Provides for the determination of a facility's payment for skilled nursing and intermediate care services on a prospective basis. The amount of the payment rate for all nursing facilities certified under the medical
assistance program shall be prospectively established annually on the basis of historical, financial, and statistical data reflecting actual costs from prior years, which shall be applied to the current rate year and updated for inflation, except that the capital cost element for newly constructed facilities shall be based upon projected budgets. The annually established payment rate shall take effect on July 1 in 1984 and subsequent years. Rate increases shall be provided annually thereafter on July 1 in 1984 and on each subsequent July 1 in the following years, except that no rate increase and no update for inflation shall be provided on or after July 1, 1994 and before July 1, 2003, unless specifically provided for in this Section.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1998 shall include an increase of 3%. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1998 shall include an increase of 3% plus $1.10 per resident-day, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% plus $3.00 per resident-day, as defined by the Department. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 1999 shall include an increase of 1.6% and, for services provided on or after October 1, 1999, shall be increased by $4.00 per
resident-day, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on July
1, 2000 shall include an increase of 2.5% per resident-day, as defined by the Department. For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Skilled Nursing facilities or Intermediate Care facilities, the rates taking effect on July 1, 2000 shall include an increase of 2.5% per resident-day, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on March
1, 2001 shall include a statewide increase of 7.85%, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as Intermediate Care for the Developmentally Disabled facilities or Long Term Care for Under Age 22 facilities, the rates taking effect on April
1, 2002 shall include a statewide increase of 2.0%, as defined by the Department. This increase terminates on July
1, 2002; beginning July 1, 2002 these rates are reduced to the level of the rates in effect on March 31, 2002, as defined by the Department.

For facilities licensed by the Department of Public Health under the Nursing Home Care Act as skilled nursing facilities or intermediate care facilities, the rates taking effect on July 1, 2001, and each subsequent year thereafter, shall be computed using the most recent cost reports on file with the Department of Public Aid no later than April 1, 2000, updated for inflation to January 1, 2001. For rates
effective July 1, 2001 only, rates shall be the greater of
the rate computed for July 1, 2001 or the rate effective on

Notwithstanding any other provision of this Section, for
facilities licensed by the Department of Public Health under
the Nursing Home Care Act as skilled nursing facilities or
intermediate care facilities, the Illinois Department shall
determine by rule the rates taking effect on July 1, 2002,
which shall be 5.9% less than the rates in effect on June 30,
2002.

Rates established effective each July 1 shall govern
payment for services rendered throughout that fiscal year,
except that rates established on July 1, 1996 shall be
increased by 6.8% for services provided on or after January
1, 1997. Such rates will be based upon the rates calculated
for the year beginning July 1, 1990, and for subsequent years
thereafter until June 30, 2001 shall be based on the facility
cost reports for the facility fiscal year ending at any point
in time during the previous calendar year, updated to the
midpoint of the rate year. The cost report shall be on file
with the Department no later than April 1 of the current rate
year. Should the cost report not be on file by April 1, the
Department shall base the rate on the latest cost report
filed by each skilled care facility and intermediate care
facility, updated to the midpoint of the current rate year.

In determining rates for services rendered on and after July
1, 1985, fixed time shall not be computed at less than zero.
The Department shall not make any alterations of regulations
which would reduce any component of the Medicaid rate to a
level below what that component would have been utilizing in
the rate effective on July 1, 1984.

(2) Shall take into account the actual costs incurred by
facilities in providing services for recipients of skilled
nursing and intermediate care services under the medical
assistance program.

(3) Shall take into account the medical and
psycho-social characteristics and needs of the patients.

(4) Shall take into account the actual costs incurred by
facilities in meeting licensing and certification standards
imposed and prescribed by the State of Illinois, any of its
political subdivisions or municipalities and by the U.S.
Department of Health and Human Services pursuant to Title XIX
of the Social Security Act.

The Department of Public Aid shall develop precise
standards for payments to reimburse nursing facilities for
any utilization of appropriate rehabilitative personnel for
the provision of rehabilitative services which is authorized
by federal regulations, including reimbursement for services
provided by qualified therapists or qualified assistants, and
which is in accordance with accepted professional practices.
Reimbursement also may be made for utilization of other
supportive personnel under appropriate supervision.

(Source: P.A. 91-24, eff. 7-1-99; 91-712, eff. 7-1-00; 92-10,
eff. 6-11-01; 92-31, eff. 6-28-01; revised 12-13-01.)

(305 ILCS 5/5-5.12) (from Ch. 23, par. 5-5.12)

Sec. 5-5.12. Pharmacy payments.

(a) Every request submitted by a pharmacy for
reimbursement under this Article for prescription drugs
provided to a recipient of aid under this Article shall
include the name of the prescriber or an acceptable
identification number as established by the Department.

(b) Pharmacies providing prescription drugs under this
Article shall be reimbursed at a rate which shall include a
professional dispensing fee as determined by the Illinois
Department, plus the current acquisition cost of the
prescription drug dispensed. The Illinois Department shall
update its information on the acquisition costs of all
prescription drugs no less frequently than every 30 days.
However, the Illinois Department may set the rate of
reimbursement for the acquisition cost, by rule, at a
percentage of the current average wholesale acquisition cost.

(c) Reimbursement under this Article for prescription
drugs shall be limited to reimbursement for 4 brand-name
prescription drugs per patient per month. This subsection
applies only if (i) the brand-name drug was not prescribed
for an acute or urgent condition, (ii) the brand-name drug
was not prescribed for Alzheimer's disease, arthritis,
diabetes, HIV/AIDS, a mental health condition, or respiratory
disease, and (iii) a therapeutically equivalent generic
medication has been approved by the federal Food and Drug
Administration.
(Source: P.A. 88-554, eff. 7-26-94; 89-673, eff. 8-14-96.)

(305 ILCS 5/11-16) (from Ch. 23, par. 11-16)
Sec. 11-16. Changes in grants; cancellations, revocations, suspensions.

(a) All grants of financial aid under this Code shall be
considered as frequently as may be required by the rules of
the Illinois Department. The Department of Public Aid shall
consider grants of financial aid to children who are eligible
under Article V of this Code at least annually and shall take
into account those reports filed, or required to be filed,
pursuant to Sections 11-18 and 11-19. After such
investigation as may be necessary, the amount and manner of
giving aid may be changed or the aid may be entirely
withdrawn if the County Department, local governmental unit,
or Illinois Department finds that the recipient's circumstances have altered sufficiently to warrant such
action. Financial aid may at any time be canceled or revoked
for cause or suspended for such period as may be proper.

(b) Whenever any such grant of financial aid is
cancelled, revoked, reduced, or terminated because of the
failure of the recipient to cooperate with the Department,
including but not limited to the failure to keep an
appointment, attend a meeting, or produce proof or
verification of eligibility or need, the grant shall be
reinstated in full, retroactive to the date of the change in
or termination of the grant, provided that within 10 working
days after the first day the financial aid would have been
available, the recipient cooperates with the Department and
is not otherwise ineligible for benefits for the period in
question. This subsection (b) does not apply to sanctions
imposed for the failure of any recipient to participate as
required in the child support enforcement program or in any
educational, training, or employment program under this Code
or any other sanction under Section 4-21, nor does this
subsection (b) apply to any cancellation, revocation,
reduction, termination, or sanction imposed for the failure
of any recipient to cooperate in the monthly reporting
process or the quarterly reporting process.
(Source: P.A. 90-17, eff. 7-1-97; 91-357, eff. 7-29-99.)

(305 ILCS 5/12-3) (from Ch. 23, par. 12-3)

Sec. 12-3. Local governmental units. As provided in
Article VI, local governmental units shall provide funds for
and administer the programs provided in that Article subject,
where so provided, to the supervision of the Illinois
Department. Local governmental units shall also provide the
social services and utilize the rehabilitative facilities
authorized in Article IX for persons served through Article
VI, and shall discharge such other duties as may be required
by this Code or other laws of this State.

In counties not under township organization, the county
shall provide funds for and administer such programs.

In counties under township organization (including any
such counties in which the governing authority is a board of
commissioners) the various towns other than those towns lying
totally within the corporate limits of any city, village or
incorporated town having a population of more than 500,000
inhabitants shall provide funds for and administer such
programs.

Cities, villages, and incorporated towns having a
population of more than 500,000 inhabitants shall provide
funds for public aid purposes under Article VI but the
Department of Human Services shall administer the program for
such municipality. For the fiscal year beginning July 1,
2003, however, the municipality shall decrease by $5,000,000
the amount of funds it provides for public aid purposes under
Article VI. For each fiscal year thereafter, the
municipality shall decrease the amount of funds it provides
for public aid purposes under Article VI in that fiscal year
by an additional amount equal to (i) $5,000,000 or (ii) the
amount provided by the municipality in the preceding fiscal
year, whichever is less, until the municipality does not
provide any funds for public aid purposes under Article VI.

Incorporated towns which have superseded civil townships
shall provide funds for and administer the public aid program
provided by Article VI.

In counties of less than 3 million population having a
County Veterans Assistance Commission in which there has been
levied a tax as authorized by Section 5-2006 of the Counties
Code for the purpose of providing assistance to military
veterans and their families, the County Veterans Assistance
Commission shall administer the programs provided by Article
VI for such military veterans and their families as seek aid
through the County Veterans Assistance Commission.

(Source: P.A. 92-111, eff. 1-1-02.)

(305 ILCS 5/12-4.34)
Sec. 12-4.34. Services to noncitizens.

(a) Subject to specific appropriation for this purpose and notwithstanding Sections 1-11 and 3-1 of this Code, the Department of Human Services is authorized to provide services to legal immigrants, including but not limited to naturalization and nutrition services and financial assistance. The nature of these services, payment levels, and eligibility conditions shall be determined by rule.

(b) The Illinois Department is authorized to lower the payment levels established under this subsection or take such other actions during the fiscal year as are necessary to ensure that payments under this subsection do not exceed the amounts appropriated for this purpose. These changes may be accomplished by emergency rule under Section 5-45 of the Illinois Administrative Procedure Act, except that the limitation on the number of emergency rules that may be adopted in a 24-month period shall not apply.

(c)--This-Section-is-repealed-on-August-31,-2002.

(Source: P.A. 91-24, eff. 7-1-99; 91-712, eff. 7-1-00; 92-10, eff. 6-11-01.)

(305 ILCS 5/12-10.5)

Sec. 12-10.5. Medical Special Purposes Trust Fund.

(a) The Medical Special Purposes Trust Fund ("the Fund") is created. Any grant, gift, donation, or legacy of money or securities that the Department of Public Aid is authorized to receive under Section 12-4.18 or Section 12-4.19, and that is dedicated for functions connected with the administration of any medical program administered by the Department, shall be deposited into the Fund. All federal moneys received by the Department as reimbursement for disbursements authorized to be made from the Fund shall also be deposited into the Fund. In addition, federal moneys received on account of State...
expenditures made in connection with obtaining compliance
with the federal Health Insurance Portability and
Accountability Act (HIPAA) shall be deposited into the Fund.
(b) No moneys received from a service provider or a
governmental or private entity that is enrolled with the
Department as a provider of medical services shall be
deposited into the Fund.
(c) Disbursements may be made from the Fund for the
purposes connected with the grants, gifts, donations, or
legacies deposited into the Fund, including, but not limited
to, medical quality assessment projects, eligibility
population studies, medical information systems evaluations,
and other administrative functions that assist the Department
in fulfilling its health care mission under the Illinois
Public Aid Code and the Children's Health Insurance Program
Act.
(Source: P.A. 92-37, eff. 7-1-01.)

(305 ILCS 5/12-13.05)
Sec. 12-13.05. Rules for Temporary Assistance for Needy Families. All rules regulating the Temporary Assistance for
Needy Families program and all other rules regulating the
amendatory changes to this Code made by this amendatory Act
of 1997 shall be promulgated pursuant to this Section. All
rules regulating the Temporary Assistance for Needy Families
program and all other rules regulating the amendatory changes
to this Code made by this amendatory Act of 1997 are repealed
on July 1, 2006. On and after July 1, 2006
January--,--2003, the Illinois Department may not promulgate
any rules regulating the Temporary Assistance for Needy
Families program or regulating the amendatory changes to this
(Source: P.A. 91-5, eff. 5-27-99; 92-111, eff. 1-1-02.)
Section 85. The Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act is amended by changing Section 3.16 as follows:

(320 ILCS 25/3.16) (from Ch. 67 1/2, par. 403.16)

Sec. 3.16. "Reasonable cost" means Average Wholesale Price (AWP) minus 10% for products provided by authorized pharmacies plus a professional dispensing fee determined by the Department in accordance with its findings in a survey of professional pharmacy dispensing fees conducted at least every 12 months. For the purpose of this Act, AWP shall be determined from the latest publication of the Blue Book, a universally subscribed pharmacist reference guide annually published by the Hearst Corporation. AWP may also be derived electronically from the drug pricing database synonymous with the latest publication of the Blue Book and furnished in the National Drug Data File (NDDF) by First Data Bank (FDB), a service of the Hearst Corporation. The elements of such fees and methodology of such survey shall be promulgated as an administrative rule. Effective July 1, 1986, the professional dispensing fee shall be $3.60 per prescription and such amount shall be adjusted on July 1st of each year thereafter in accordance with a survey of professional pharmacy dispensing fees. The Department may establish maximum acquisition costs from time to time based upon information as to the cost at which covered products may be readily acquired by authorized pharmacies. In no case shall the reasonable cost of any given pharmacy exceed the price normally charged to the general public by that pharmacy. In the event that generic equivalents for covered prescription drugs are available at lower cost, the Department shall establish the maximum acquisition costs for such covered prescription drugs at the lower generic cost unless, pursuant to the conditions described in subsection (f) of Section 4, a
non-generic drug may be substituted.

Effective July 1, 2002, the rates paid for products provided by authorized pharmacies and a professional dispensing fee shall be determined by the Department by rule.
(Source: P.A. 91-699, eff. 1-1-01.)

Section 99. Effective date. This Act takes effect upon becoming law, except that Sections 25, 26, 45, 60, and 65 take effect on July 1, 2002.