

1 AN ACT concerning public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Sections 11-5.4 and 11-6 and by adding Section 5-5g as  
6 follows:

7 (305 ILCS 5/5-5g new)

8 Sec. 5-5g. Long-term care patient; resident status.  
9 Long-term care providers shall submit all changes in resident  
10 status, including, but not limited to, death, discharge,  
11 changes in patient credit, third party liability, and Medicare  
12 coverage, to the Department through the Medical Electronic Data  
13 Interchange System, the Recipient Eligibility Verification  
14 System, or the Electronic Data Interchange System established  
15 under 89 Ill. Adm. Code 140.55(b) in compliance with the  
16 schedule below:

17 (1) 15 calendar days after a resident's death;

18 (2) 15 calendar days after a resident's discharge;

19 (3) 45 calendar days after being informed of a change  
20 in the resident's income;

21 (4) 45 calendar days after being informed of a change  
22 in a resident's third party liability;

23 (5) 45 calendar days after a resident's move to

1 exceptional care services; and

2 (6) 45 calendar days after a resident's need for  
3 services requiring reimbursement under the ventilator or  
4 traumatic brain injury enhanced rate.

5 (305 ILCS 5/11-5.4)

6 Sec. 11-5.4. Expedited long-term care eligibility  
7 determination and enrollment.

8 (a) Establishment of the expedited long-term care  
9 eligibility determination and enrollment system shall be a  
10 joint venture of the Departments of Human Services and  
11 Healthcare and Family Services and the Department on Aging. An  
12 ~~expedited long-term care eligibility determination and~~  
13 ~~enrollment system shall be established to reduce long-term care~~  
14 ~~determinations to 90 days or fewer by July 1, 2014 and~~  
15 ~~streamline the long-term care enrollment process.~~  
16 ~~Establishment of the system shall be a joint venture of the~~  
17 ~~Department of Human Services and Healthcare and Family Services~~  
18 ~~and the Department on Aging. The Governor shall name a lead~~  
19 ~~agency no later than 30 days after the effective date of this~~  
20 ~~amendatory Act of the 98th General Assembly to assume~~  
21 ~~responsibility for the full implementation of the~~  
22 ~~establishment and maintenance of the system. Project outcomes~~  
23 ~~shall include an enhanced eligibility determination tracking~~  
24 ~~system accessible to providers and a centralized application~~  
25 ~~review and eligibility determination with all applicants~~

1 ~~reviewed within 90 days of receipt by the State of a complete~~  
2 ~~application. If the Department of Healthcare and Family~~  
3 ~~Services' Office of the Inspector General determines that there~~  
4 ~~is a likelihood that a non-allowable transfer of assets has~~  
5 ~~occurred, and the facility in which the applicant resides is~~  
6 ~~notified, an extension of up to 90 days shall be permissible.~~

7 (b) Streamlined application enrollment process; expedited  
8 eligibility process. The streamlined application and  
9 enrollment process must include, but need not be limited to,  
10 the following:

11 (1) On or before July 1, 2019, December 31, 2015, a  
12 streamlined application and enrollment process shall be  
13 put in place which must include, but need not be limited  
14 to, the following: ~~based on the following principles:~~

15 (A) ~~(1)~~ Minimize the burden on applicants by  
16 collecting only the data necessary to determine  
17 eligibility for medical services, long-term care  
18 services, and spousal impoverishment offset.

19 (B) ~~(2)~~ Integrate online data sources to simplify  
20 the application process by reducing the amount of  
21 information needed to be entered and to expedite  
22 eligibility verification.

23 (C) ~~(3)~~ Provide online prompts to alert the  
24 applicant that information is missing or not complete.

25 (D) Provide training and step-by-step written  
26 instructions for caseworkers, applicants, and

1           providers.

2           (2) The State must expedite the eligibility process for  
3 applicants meeting specified guidelines, regardless of the  
4 age of the application. The guidelines, subject to federal  
5 approval, must include, but need not be limited to, the  
6 following individually or collectively:

7                   (A) Full Medicaid benefits in the community for a  
8 specified period of time.

9                   (B) No transfer of assets or resources during the  
10 federally prescribed look-back period, as specified in  
11 federal law.

12                   (C) Receives Supplemental Security Income payments  
13 or was receiving such payments at the time of admission  
14 to a nursing facility.

15                   (D) For applicants or recipients with verified  
16 income at or below 100% of the federal poverty level  
17 when the declared value of their countable resources is  
18 no greater than the allowable amounts pursuant to  
19 Section 5-2 of this Code for classes of eligible  
20 persons for whom a resource limit applies. Such  
21 simplified verification policies shall apply to  
22 community cases as well as long-term care cases.

23           (3) Subject to federal approval, the Department of  
24 Healthcare and Family Services must implement an ex parte  
25 renewal process for Medicaid-eligible individuals residing  
26 in long-term care facilities. "Renewal" has the same

1 meaning as "redetermination" in State policies,  
2 administrative rule, and federal Medicaid law. The ex parte  
3 renewal process must be fully operational on or before  
4 January 1, 2019.

5 (4) The Department of Human Services must use the  
6 standards and distribution requirements described in this  
7 subsection and in Section 11-6 for notification of missing  
8 supporting documents and information during all phases of  
9 the application process: initial, renewal, and appeal.

10 (c) The Department of Human Services must adopt policies  
11 and procedures to improve communication between long-term care  
12 benefits central office personnel, applicants and their  
13 representatives, and facilities in which the applicants  
14 reside. Such policies and procedures must at a minimum permit  
15 applicants and their representatives and the facility in which  
16 the applicants reside to speak directly to an individual  
17 trained to take telephone inquiries and provide appropriate  
18 responses.

19 ~~(b) The Department shall, on or before July 1, 2014, assess~~  
20 ~~the feasibility of incorporating all information needed to~~  
21 ~~determine eligibility for long term care services, including~~  
22 ~~asset transfer and spousal impoverishment financials, into the~~  
23 ~~State's integrated eligibility system identifying all~~  
24 ~~resources needed and reasonable timeframes for achieving the~~  
25 ~~specified integration.~~

26 ~~(c) The lead agency shall file interim reports with the~~

1 ~~Chairs and Minority Spokespersons of the House and Senate Human~~  
2 ~~Services Committees no later than September 1, 2013 and on~~  
3 ~~February 1, 2014. The Department of Healthcare and Family~~  
4 ~~Services shall include in the annual Medicaid report for State~~  
5 ~~Fiscal Year 2014 and every fiscal year thereafter information~~  
6 ~~concerning implementation of the provisions of this Section.~~

7 ~~(d) No later than August 1, 2014, the Auditor General shall~~  
8 ~~report to the General Assembly concerning the extent to which~~  
9 ~~the timeframes specified in this Section have been met and the~~  
10 ~~extent to which State staffing levels are adequate to meet the~~  
11 ~~requirements of this Section.~~

12 ~~(e) The Department of Healthcare and Family Services, the~~  
13 ~~Department of Human Services, and the Department on Aging shall~~  
14 ~~take the following steps to achieve federally established~~  
15 ~~timeframes for eligibility determinations for Medicaid and~~  
16 ~~long term care benefits and shall work toward the federal goal~~  
17 ~~of real time determinations:~~

18 ~~(1) The Departments shall review, in collaboration~~  
19 ~~with representatives of affected providers, all forms and~~  
20 ~~procedures currently in use, federal guidelines either~~  
21 ~~suggested or mandated, and staff deployment by September~~  
22 ~~30, 2014 to identify additional measures that can improve~~  
23 ~~long term care eligibility processing and make adjustments~~  
24 ~~where possible.~~

25 ~~(2) No later than June 30, 2014, the Department of~~  
26 ~~Healthcare and Family Services shall issue vouchers for~~

1       ~~advance payments not to exceed \$50,000,000 to nursing~~  
2       ~~facilities with significant outstanding Medicaid liability~~  
3       ~~associated with services provided to residents with~~  
4       ~~Medicaid applications pending and residents facing the~~  
5       ~~greatest delays. Each facility with an advance payment~~  
6       ~~shall state in writing whether its own recoupment schedule~~  
7       ~~will be in 3 or 6 equal monthly installments, as long as~~  
8       ~~all advances are recouped by June 30, 2015.~~

9           ~~(3) The Department of Healthcare and Family Services'~~  
10       ~~Office of Inspector General and the Department of Human~~  
11       ~~Services shall immediately forgo resource review and~~  
12       ~~review of transfers during the relevant look back period~~  
13       ~~for applications that were submitted prior to September 1,~~  
14       ~~2013. An applicant who applied prior to September 1, 2013,~~  
15       ~~who was denied for failure to cooperate in providing~~  
16       ~~required information, and whose application was~~  
17       ~~incorrectly reviewed under the wrong look back period~~  
18       ~~rules may request review and correction of the denial based~~  
19       ~~on this subsection. If found eligible upon review, such~~  
20       ~~applicants shall be retroactively enrolled.~~

21           ~~(4) As soon as practicable, the Department of~~  
22       ~~Healthcare and Family Services shall implement policies~~  
23       ~~and promulgate rules to simplify financial eligibility~~  
24       ~~verification in the following instances: (A) for~~  
25       ~~applicants or recipients who are receiving Supplemental~~  
26       ~~Security Income payments or who had been receiving such~~

1 ~~payments at the time they were admitted to a nursing~~  
2 ~~facility and (B) for applicants or recipients with verified~~  
3 ~~income at or below 100% of the federal poverty level when~~  
4 ~~the declared value of their countable resources is no~~  
5 ~~greater than the allowable amounts pursuant to Section 5-2~~  
6 ~~of this Code for classes of eligible persons for whom a~~  
7 ~~resource limit applies. Such simplified verification~~  
8 ~~policies shall apply to community cases as well as~~  
9 ~~long term care cases.~~

10 ~~(5) As soon as practicable, but not later than July 1,~~  
11 ~~2014, the Department of Healthcare and Family Services and~~  
12 ~~the Department of Human Services shall jointly begin a~~  
13 ~~special enrollment project by using simplified eligibility~~  
14 ~~verification policies and by redeploying caseworkers~~  
15 ~~trained to handle long term care cases to prioritize those~~  
16 ~~cases, until the backlog is eliminated and processing time~~  
17 ~~is within 90 days. This project shall apply to applications~~  
18 ~~for long term care received by the State on or before May~~  
19 ~~15, 2014.~~

20 ~~(6) As soon as practicable, but not later than~~  
21 ~~September 1, 2014, the Department on Aging shall make~~  
22 ~~available to long term care facilities and community~~  
23 ~~providers upon request, through an electronic method, the~~  
24 ~~information contained within the Interagency Certification~~  
25 ~~of Screening Results completed by the pre-screener, in a~~  
26 ~~form and manner acceptable to the Department of Human~~



1       ~~Services.~~

2       (d) ~~(7)~~ Effective 30 days after the completion of 3  
3 regionally based trainings, nursing facilities shall submit  
4 all applications for medical assistance online via the  
5 Application for Benefits Eligibility (ABE) website. This  
6 requirement shall extend to scanning and uploading with the  
7 online application any required additional forms such as the  
8 Long Term Care Facility Notification and the Additional  
9 Financial Information for Long Term Care Applicants as well as  
10 scanned copies of any supporting documentation. Long-term care  
11 facility admission documents must be submitted as required in  
12 Section 5-5 of this Code. No local Department of Human Services  
13 office shall refuse to accept an electronically filed  
14 application. No Department of Human Services office shall  
15 request submission of any document in hard copy.

16       (e) ~~(8)~~ Notwithstanding any other provision of this Code,  
17 the Department of Human Services and the Department of  
18 Healthcare and Family Services' Office of the Inspector General  
19 shall, upon request, allow an applicant additional time to  
20 submit information and documents needed as part of a review of  
21 available resources or resources transferred during the  
22 look-back period. The initial extension shall not exceed 30  
23 days. A second extension of 30 days may be granted upon  
24 request. Any request for information issued by the State to an  
25 applicant shall include the following: an explanation of the  
26 information required and the date by which the information must

1 be submitted; a statement that failure to respond in a timely  
2 manner can result in denial of the application; a statement  
3 that the applicant or the facility in the name of the applicant  
4 may seek an extension; and the name and contact information of  
5 a caseworker in case of questions. Any such request for  
6 information shall also be sent to the facility. In deciding  
7 whether to grant an extension, the Department of Human Services  
8 or the Department of Healthcare and Family Services' Office of  
9 the Inspector General shall take into account what is in the  
10 best interest of the applicant. The time limits for processing  
11 an application shall be tolled during the period of any  
12 extension granted under this subsection.

13 (f) ~~(9)~~ The Department of Human Services and the Department  
14 of Healthcare and Family Services must jointly compile data on  
15 pending applications, denials, appeals, and redeterminations  
16 into a monthly report, which shall be posted on each  
17 Department's website for the purposes of monitoring long-term  
18 care eligibility processing. The report must specify the number  
19 of applications and redeterminations pending long-term care  
20 eligibility determination and admission and the number of  
21 appeals of denials in the following categories:

22 (A) Length of time applications, redeterminations, and  
23 appeals are pending - 0 to 45 days, 46 days to 90 days, 91  
24 days to 180 days, 181 days to 12 months, over 12 months to  
25 18 months, over 18 months to 24 months, and over 24 months.

26 (B) Percentage of applications and redeterminations

1 pending in the Department of Human Services' Family  
2 Community Resource Centers, in the Department of Human  
3 Services' long-term care hubs, with the Department of  
4 Healthcare and Family Services' Office of Inspector  
5 General, and those applications which are being tolled due  
6 to requests for extension of time for additional  
7 information.

8 (C) Status of pending applications, denials, appeals,  
9 and redeterminations.

10 (g) ~~(f)~~ Beginning on July 1, 2017, the Auditor General  
11 shall report every 3 years to the General Assembly on the  
12 performance and compliance of the Department of Healthcare and  
13 Family Services, the Department of Human Services, and the  
14 Department on Aging in meeting the requirements of this Section  
15 and the federal requirements concerning eligibility  
16 determinations for Medicaid long-term care services and  
17 supports, and shall report any issues or deficiencies and make  
18 recommendations. The Auditor General shall, at a minimum,  
19 review, consider, and evaluate the following:

20 (1) compliance with federal regulations on furnishing  
21 services as related to Medicaid long-term care services and  
22 supports as provided under 42 CFR 435.930;

23 (2) compliance with federal regulations on the timely  
24 determination of eligibility as provided under 42 CFR  
25 435.912;

26 (3) the accuracy and completeness of the report

1 required under paragraph (9) of subsection (e);

2 (4) the efficacy and efficiency of the task-based  
3 process used for making eligibility determinations in the  
4 centralized offices of the Department of Human Services for  
5 long-term care services, including the role of the State's  
6 integrated eligibility system, as opposed to the  
7 traditional caseworker-specific process from which these  
8 central offices have converted; and

9 (5) any issues affecting eligibility determinations  
10 related to the Department of Human Services' staff  
11 completing Medicaid eligibility determinations instead of  
12 the designated single-state Medicaid agency in Illinois,  
13 the Department of Healthcare and Family Services.

14 The Auditor General's report shall include any and all  
15 other areas or issues which are identified through an annual  
16 review. Paragraphs (1) through (5) of this subsection shall not  
17 be construed to limit the scope of the annual review and the  
18 Auditor General's authority to thoroughly and completely  
19 evaluate any and all processes, policies, and procedures  
20 concerning compliance with federal and State law requirements  
21 on eligibility determinations for Medicaid long-term care  
22 services and supports.

23 (h) The Department of Healthcare and Family Services shall  
24 adopt any rules necessary to administer and enforce any  
25 provision of this Section. Rulemaking shall not delay the full  
26 implementation of this Section.

1 (Source: P.A. 99-153, eff. 7-28-15; 100-380, eff. 8-25-17.)

2 (305 ILCS 5/11-6) (from Ch. 23, par. 11-6)

3 Sec. 11-6. Decisions on applications. Within 10 days after  
4 a decision is reached on an application, the applicant shall be  
5 notified in writing of the decision. If the applicant resides  
6 in a facility licensed under the Nursing Home Care Act or a  
7 supportive living facility authorized under Section 5-5.01a,  
8 the facility shall also receive written notice of the decision,  
9 provided that the notification is related to a Department  
10 payment for services received by the applicant in the facility.  
11 Only facilities enrolled in and subject to a provider agreement  
12 under the medical assistance program under Article V may  
13 receive such notices of decisions. The Department shall  
14 consider eligibility for, and the notice shall contain a  
15 decision on, each of the following assistance programs for  
16 which the client may be eligible based on the information  
17 contained in the application: Temporary Assistance for ~~to~~ Needy  
18 Families, Medical Assistance, Aid to the Aged, Blind and  
19 Disabled, General Assistance (in the City of Chicago), and food  
20 stamps. No decision shall be required for any assistance  
21 program for which the applicant has expressly declined in  
22 writing to apply. If the applicant is determined to be  
23 eligible, the notice shall include a statement of the amount of  
24 financial aid to be provided and a statement of the reasons for  
25 any partial grant amounts. If the applicant is determined

1 ineligible for any public assistance the notice shall include  
2 the reason why the applicant is ineligible. If the application  
3 for any public assistance is denied, the notice shall include a  
4 statement defining the applicant's right to appeal the  
5 decision. The Illinois Department, by rule, shall determine the  
6 date on which assistance shall begin for applicants determined  
7 eligible. That date may be no later than 30 days after the date  
8 of the application.

9 Under no circumstances may any application be denied solely  
10 to meet an application-processing deadline. As used in this  
11 Section, "application" also refers to requests for admission  
12 approval to facilities licensed under the Nursing Home Care Act  
13 or to supportive living facilities authorized under Section  
14 5-5.01a.

15 (Source: P.A. 96-206, eff. 1-1-10; revised 10-4-17.)

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.