

1 AN ACT concerning health facilities.

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

4 Section 5. The Alternative Health Care Delivery Act is
5 amended by changing Section 35 as follows:

6 (210 ILCS 3/35)

7 Sec. 35. Alternative health care models authorized.
8 Notwithstanding any other law to the contrary, alternative
9 health care models described in this Section may be
10 established on a demonstration basis.

11 (1) Alternative health care model; subacute care
12 hospital. A subacute care hospital is a designated site
13 which provides medical specialty care for patients who
14 need a greater intensity or complexity of care than
15 generally provided in a skilled nursing facility but who
16 no longer require acute hospital care. The average length
17 of stay for patients treated in subacute care hospitals
18 shall not be less than 20 days, and for individual
19 patients, the expected length of stay at the time of
20 admission shall not be less than 10 days. Variations
21 from minimum lengths of stay shall be reported to the
22 Department. There shall be no more than 13 subacute care
23 hospitals authorized to operate by the Department.
24 Subacute care includes physician supervision, registered
25 nursing, and physiological monitoring on a continual
26 basis. A subacute care hospital is either a freestanding
27 building or a distinct physical and operational entity
28 within a hospital or nursing home building. A subacute
29 care hospital shall only consist of beds currently
30 existing in licensed hospitals or skilled nursing
31 facilities, except, in the City of Chicago, on a

1 designated site that was licensed as a hospital under the
2 Illinois Hospital Licensing Act within the 10 years
3 immediately before the application for an alternative
4 health care model license. During the period of operation
5 of the demonstration project, the existing licensed beds
6 shall remain licensed as hospital or skilled nursing
7 facility beds as well as being licensed under this Act.
8 In order to handle cases of complications, emergencies,
9 or exigent circumstances, a subacute care hospital shall
10 maintain a contractual relationship, including a transfer
11 agreement, with a general acute care hospital. If a
12 subacute care model is located in a general acute care
13 hospital, it shall utilize all or a portion of the bed
14 capacity of that existing hospital. In no event shall a
15 subacute care hospital use the word "hospital" in its
16 advertising or marketing activities or represent or hold
17 itself out to the public as a general acute care
18 hospital.

19 (2) Alternative health care delivery model;
20 postsurgical recovery care center. A postsurgical
21 recovery care center is a designated site which provides
22 postsurgical recovery care for generally healthy patients
23 undergoing surgical procedures that require overnight
24 nursing care, pain control, or observation that would
25 otherwise be provided in an inpatient setting. A
26 postsurgical recovery care center is either freestanding
27 or a defined unit of an ambulatory surgical treatment
28 center or hospital. No facility, or portion of a
29 facility, may participate in a demonstration program as a
30 postsurgical recovery care center unless the facility has
31 been licensed as an ambulatory surgical treatment center
32 or hospital for at least 2 years before August 20, 1993
33 (the effective date of Public Act 88-441). The maximum
34 length of stay for patients in a postsurgical recovery

1 care center is not to exceed 48 hours unless the treating
2 physician requests an extension of time from the recovery
3 center's medical director on the basis of medical or
4 clinical documentation that an additional care period is
5 required for the recovery of a patient and the medical
6 director approves the extension of time. In no case,
7 however, shall a patient's length of stay in a
8 postsurgical recovery care center be longer than 72
9 hours. If a patient requires an additional care period
10 after the expiration of the 72-hour limit, the patient
11 shall be transferred to an appropriate facility. Reports
12 on variances from the 48-hour limit shall be sent to the
13 Department for its evaluation. The reports shall, before
14 submission to the Department, have removed from them all
15 patient and physician identifiers. In order to handle
16 cases of complications, emergencies, or exigent
17 circumstances, every postsurgical recovery care center as
18 defined in this paragraph shall maintain a contractual
19 relationship, including a transfer agreement, with a
20 general acute care hospital. A postsurgical recovery
21 care center shall be no larger than 20 beds. A
22 postsurgical recovery care center shall be located within
23 15 minutes travel time from the general acute care
24 hospital with which the center maintains a contractual
25 relationship, including a transfer agreement, as required
26 under this paragraph.

27 No postsurgical recovery care center shall
28 discriminate against any patient requiring treatment
29 because of the source of payment for services, including
30 Medicare and Medicaid recipients.

31 The Department shall adopt rules to implement the
32 provisions of Public Act 88-441 concerning postsurgical
33 recovery care centers within 9 months after August 20,
34 1993.

1 (3) Alternative health care delivery model;
 2 children's community-based health care center. A
 3 children's community-based health care center model is a
 4 designated site that provides nursing care, clinical
 5 support services, and therapies for a period of one to 14
 6 days for short-term stays and 120 days to facilitate
 7 transitions to home or other appropriate settings for
 8 medically fragile children, technology dependent
 9 children, and children with special health care needs who
 10 are deemed clinically stable by a physician and are
 11 younger than 22 years of age. This care is to be
 12 provided in a home-like environment that serves no more
 13 than 12 children at a time. Children's community-based
 14 health care center services must be available through the
 15 model to all families, including those whose care is paid
 16 for through the Department of Public Aid, the Department
 17 of Children and Family Services, the Department of Human
 18 Services, and insurance companies who cover home health
 19 care services or private duty nursing care in the home.

20 Each children's community-based health care center
 21 model location shall be physically separate and apart
 22 from any other facility licensed by the Department of
 23 Public Health under this or any other Act and shall
 24 provide the following services: respite care, registered
 25 nursing or licensed practical nursing care, transitional
 26 care to facilitate home placement or other appropriate
 27 settings and reunite families, medical day care, weekend
 28 camps, and diagnostic studies typically done in the home
 29 setting. Alternative---health---care---delivery---model;
 30 children's---respite---care---center.---A-children's-respite
 31 care-center-model-is---a---designated---site---that---provides
 32 respite---for---medically-frail, technologically-dependent,
 33 clinically-stable-children, up-to-age-18, for-a-period-of
 34 one-to-14-days.---This---care---is---to---be---provided---in---a

1 home-like---environment--that--serves--no--more--than--10
 2 children--at--a--time.---Children's--respite--care--center
 3 services--must--be--available--through--the---model--to--all
 4 families,--including--those--whose--care--is--paid--for--through
 5 the--Illinois--Department--of--Public--Aid--or--the--Illinois
 6 Department--of--Children--and--Family--Services,--Each--respite
 7 care--model--location--shall--be--a--facility--physically
 8 separate--and--apart--from--any--other--facility--licensed--by
 9 the--Department--of--Public--Health--under--this--or--any--other
 10 Act--and--shall--provide,--at--a--minimum,--the--following
 11 services:--out--of--home--respite--care;--hospital--to--home
 12 training---for---families---and--caregivers;--short--term
 13 transitional--care--to--facilitate--placement--and--training
 14 for--foster--care--parents;--parent--and--family--support
 15 groups.

16 Coverage for the services provided by the Illinois
 17 Department of Public Aid under this paragraph (3) is
 18 contingent upon federal waiver approval and is provided
 19 only to Medicaid eligible clients participating in the
 20 home and community based services waiver designated in
 21 Section 1915(c) of the Social Security Act for medically
 22 frail and technologically dependent children or children
 23 in Department of Children and Family Services foster care
 24 who receive home health benefits.

25 (4) Alternative health care delivery model;
 26 community based residential rehabilitation center. A
 27 community-based residential rehabilitation center model
 28 is a designated site that provides rehabilitation or
 29 support, or both, for persons who have experienced severe
 30 brain injury, who are medically stable, and who no longer
 31 require acute rehabilitative care or intense medical or
 32 nursing services. The average length of stay in a
 33 community-based residential rehabilitation center shall
 34 not exceed 4 months. As an integral part of the services

1 provided, individuals are housed in a supervised living
2 setting while having immediate access to the community.
3 The residential rehabilitation center authorized by the
4 Department may have more than one residence included
5 under the license. A residence may be no larger than 12
6 beds and shall be located as an integral part of the
7 community. Day treatment or individualized outpatient
8 services shall be provided for persons who reside in
9 their own home. Functional outcome goals shall be
10 established for each individual. Services shall include,
11 but are not limited to, case management, training and
12 assistance with activities of daily living, nursing
13 consultation, traditional therapies (physical,
14 occupational, speech), functional interventions in the
15 residence and community (job placement, shopping,
16 banking, recreation), counseling, self-management
17 strategies, productive activities, and multiple
18 opportunities for skill acquisition and practice
19 throughout the day. The design of individualized program
20 plans shall be consistent with the outcome goals that are
21 established for each resident. The programs provided in
22 this setting shall be accredited by the Commission on
23 Accreditation of Rehabilitation Facilities (CARF). The
24 program shall have been accredited by CARF as a Brain
25 Injury Community-Integrative Program for at least 3
26 years.

27 (5) Alternative health care delivery model;
28 Alzheimer's disease management center. An Alzheimer's
29 disease management center model is a designated site that
30 provides a safe and secure setting for care of persons
31 diagnosed with Alzheimer's disease. An Alzheimer's
32 disease management center model shall be a facility
33 separate from any other facility licensed by the
34 Department of Public Health under this or any other Act.

1 An Alzheimer's disease management center shall conduct
2 and document an assessment of each resident every 6
3 months. The assessment shall include an evaluation of
4 daily functioning, cognitive status, other medical
5 conditions, and behavioral problems. An Alzheimer's
6 disease management center shall develop and implement an
7 ongoing treatment plan for each resident. The treatment
8 plan shall have defined goals. The Alzheimer's disease
9 management center shall treat behavioral problems and
10 mood disorders using nonpharmacologic approaches such as
11 environmental modification, task simplification, and
12 other appropriate activities. All staff must have
13 necessary training to care for all stages of Alzheimer's
14 Disease. An Alzheimer's disease management center shall
15 provide education and support for residents and
16 caregivers. The education and support shall include
17 referrals to support organizations for educational
18 materials on community resources, support groups, legal
19 and financial issues, respite care, and future care needs
20 and options. The education and support shall also
21 include a discussion of the resident's need to make
22 advance directives and to identify surrogates for medical
23 and legal decision-making. The provisions of this
24 paragraph establish the minimum level of services that
25 must be provided by an Alzheimer's disease management
26 center. An Alzheimer's disease management center model
27 shall have no more than 100 residents. Nothing in this
28 paragraph (5) shall be construed as prohibiting a person
29 or facility from providing services and care to persons
30 with Alzheimer's disease as otherwise authorized under
31 State law.

32 (Source: P.A. 91-65, eff. 7-9-99; 91-357, eff. 7-29-99;
33 91-838, eff. 6-16-00.)