



## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

**HB0614**

Introduced 2/5/2007, by Rep. Thomas Holbrook

#### SYNOPSIS AS INTRODUCED:

210 ILCS 3/35

Amends the Alternative Health Care Delivery Act. Requires the Department of Public Health to adopt rules for an alternative health care model to allow for the creation of no more 3 Long Term Care Hospitals (LTCH) in the State of Illinois, one of which shall be located in the area of Illinois within the St. Louis Metropolitan Statistical Area. Provides that these model long term care hospitals must be created by converting facilities previously licensed as long-term care facilities under the Nursing Home Care Act. Provides that these converted facilities shall provide services to patients whose medical condition requires long-term medical care but not at the level provided by a hospital licensed under the Hospital Licensing Act, a sub-acute care hospital licensed under this Act, or a long-term care facility licensed under the Nursing Home Care Act and certified as a Skilled Nursing Facility.

LRB095 09381 DRJ 29577 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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 established  
10 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 need  
14 a greater intensity or complexity of care than generally  
15 provided in a skilled nursing facility but who no longer  
16 require acute hospital care. The average length of stay for  
17 patients treated in subacute care hospitals shall not be  
18 less than 20 days, and for individual patients, the  
19 expected length of stay at the time of admission shall not  
20 be less than 10 days. Variations from minimum lengths of  
21 stay shall be reported to the Department. There shall be no  
22 more than 13 subacute care hospitals authorized to operate  
23 by the Department. Subacute care includes physician

1 supervision, registered nursing, and physiological  
2 monitoring on a continual basis. A subacute care hospital  
3 is either a freestanding building or a distinct physical  
4 and operational entity within a hospital or nursing home  
5 building. A subacute care hospital shall only consist of  
6 beds currently existing in licensed hospitals or skilled  
7 nursing facilities, except, in the City of Chicago, on a  
8 designated site that was licensed as a hospital under the  
9 Illinois Hospital Licensing Act within the 10 years  
10 immediately before the application for an alternative  
11 health care model license. During the period of operation  
12 of the demonstration project, the existing licensed beds  
13 shall remain licensed as hospital or skilled nursing  
14 facility beds as well as being licensed under this Act. In  
15 order to handle cases of complications, emergencies, or  
16 exigent circumstances, a subacute care hospital shall  
17 maintain a contractual relationship, including a transfer  
18 agreement, with a general acute care hospital. If a  
19 subacute care model is located in a general acute care  
20 hospital, it shall utilize all or a portion of the bed  
21 capacity of that existing hospital. In no event shall a  
22 subacute care hospital use the word "hospital" in its  
23 advertising or marketing activities or represent or hold  
24 itself out to the public as a general acute care hospital.

25 (2) Alternative health care delivery model;  
26 postsurgical recovery care center. A postsurgical recovery

1 care center is a designated site which provides  
2 postsurgical recovery care for generally healthy patients  
3 undergoing surgical procedures that require overnight  
4 nursing care, pain control, or observation that would  
5 otherwise be provided in an inpatient setting. A  
6 postsurgical recovery care center is either freestanding  
7 or a defined unit of an ambulatory surgical treatment  
8 center or hospital. No facility, or portion of a facility,  
9 may participate in a demonstration program as a  
10 postsurgical recovery care center unless the facility has  
11 been licensed as an ambulatory surgical treatment center or  
12 hospital for at least 2 years before August 20, 1993 (the  
13 effective date of Public Act 88-441). The maximum length of  
14 stay for patients in a postsurgical recovery care center is  
15 not to exceed 48 hours unless the treating physician  
16 requests an extension of time from the recovery center's  
17 medical director on the basis of medical or clinical  
18 documentation that an additional care period is required  
19 for the recovery of a patient and the medical director  
20 approves the extension of time. In no case, however, shall  
21 a patient's length of stay in a postsurgical recovery care  
22 center be longer than 72 hours. If a patient requires an  
23 additional care period after the expiration of the 72-hour  
24 limit, the patient shall be transferred to an appropriate  
25 facility. Reports on variances from the 48-hour limit shall  
26 be sent to the Department for its evaluation. The reports

1 shall, before submission to the Department, have removed  
2 from them all patient and physician identifiers. In order  
3 to handle cases of complications, emergencies, or exigent  
4 circumstances, every postsurgical recovery care center as  
5 defined in this paragraph shall maintain a contractual  
6 relationship, including a transfer agreement, with a  
7 general acute care hospital. A postsurgical recovery care  
8 center shall be no larger than 20 beds. A postsurgical  
9 recovery care center shall be located within 15 minutes  
10 travel time from the general acute care hospital with which  
11 the center maintains a contractual relationship, including  
12 a transfer agreement, as required under this paragraph.

13 No postsurgical recovery care center shall  
14 discriminate against any patient requiring treatment  
15 because of the source of payment for services, including  
16 Medicare and Medicaid recipients.

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

21 (3) Alternative health care delivery model; children's  
22 community-based health care center. A children's  
23 community-based health care center model is a designated  
24 site that provides nursing care, clinical support  
25 services, and therapies for a period of one to 14 days for  
26 short-term stays and 120 days to facilitate transitions to

1 home or other appropriate settings for medically fragile  
2 children, technology dependent children, and children with  
3 special health care needs who are deemed clinically stable  
4 by a physician and are younger than 22 years of age. This  
5 care is to be provided in a home-like environment that  
6 serves no more than 12 children at a time. Children's  
7 community-based health care center services must be  
8 available through the model to all families, including  
9 those whose care is paid for through the Department of  
10 Healthcare and Family Services ~~Public Aid~~, the Department  
11 of Children and Family Services, the Department of Human  
12 Services, and insurance companies who cover home health  
13 care services or private duty nursing care in the home.

14 Each children's community-based health care center  
15 model location shall be physically separate and apart from  
16 any other facility licensed by the Department of Public  
17 Health under this or any other Act and shall provide the  
18 following services: respite care, registered nursing or  
19 licensed practical nursing care, transitional care to  
20 facilitate home placement or other appropriate settings  
21 and reunite families, medical day care, weekend camps, and  
22 diagnostic studies typically done in the home setting.

23 Coverage for the services provided by the ~~Illinois~~  
24 Department of Healthcare and Family Services ~~Public Aid~~  
25 under this paragraph (3) is contingent upon federal waiver  
26 approval and is provided only to Medicaid eligible clients

1 participating in the home and community based services  
2 waiver designated in Section 1915(c) of the Social Security  
3 Act for medically frail and technologically dependent  
4 children or children in Department of Children and Family  
5 Services foster care who receive home health benefits.

6 (4) Alternative health care delivery model; community  
7 based residential rehabilitation center. A community-based  
8 residential rehabilitation center model is a designated  
9 site that provides rehabilitation or support, or both, for  
10 persons who have experienced severe brain injury, who are  
11 medically stable, and who no longer require acute  
12 rehabilitative care or intense medical or nursing  
13 services. The average length of stay in a community-based  
14 residential rehabilitation center shall not exceed 4  
15 months. As an integral part of the services provided,  
16 individuals are housed in a supervised living setting while  
17 having immediate access to the community. The residential  
18 rehabilitation center authorized by the Department may  
19 have more than one residence included under the license. A  
20 residence may be no larger than 12 beds and shall be  
21 located as an integral part of the community. Day treatment  
22 or individualized outpatient services shall be provided  
23 for persons who reside in their own home. Functional  
24 outcome goals shall be established for each individual.  
25 Services shall include, but are not limited to, case  
26 management, training and assistance with activities of

1 daily living, nursing consultation, traditional therapies  
2 (physical, occupational, speech), functional interventions  
3 in the residence and community (job placement, shopping,  
4 banking, recreation), counseling, self-management  
5 strategies, productive activities, and multiple  
6 opportunities for skill acquisition and practice  
7 throughout the day. The design of individualized program  
8 plans shall be consistent with the outcome goals that are  
9 established for each resident. The programs provided in  
10 this setting shall be accredited by the Commission on  
11 Accreditation of Rehabilitation Facilities (CARF). The  
12 program shall have been accredited by CARF as a Brain  
13 Injury Community-Integrative Program for at least 3 years.

14 (5) Alternative health care delivery model;  
15 Alzheimer's disease management center. An Alzheimer's  
16 disease management center model is a designated site that  
17 provides a safe and secure setting for care of persons  
18 diagnosed with Alzheimer's disease. An Alzheimer's disease  
19 management center model shall be a facility separate from  
20 any other facility licensed by the Department of Public  
21 Health under this or any other Act. An Alzheimer's disease  
22 management center shall conduct and document an assessment  
23 of each resident every 6 months. The assessment shall  
24 include an evaluation of daily functioning, cognitive  
25 status, other medical conditions, and behavioral problems.  
26 An Alzheimer's disease management center shall develop and

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

25           (6) Alternative health care model; long term care  
26      hospital. The Department of Public Health shall adopt rules

1 for an alternative health care model to allow for the  
2 creation of no more 3 Long Term Care Hospitals (LTCH) in  
3 the State of Illinois, one of which shall be located in the  
4 area of Illinois within the St. Louis Metropolitan  
5 Statistical Area. These model long term care hospitals must  
6 be created by converting facilities previously licensed as  
7 long-term care facilities under the Nursing Home Care Act.  
8 These converted facilities shall provide services to  
9 patients whose medical condition requires long-term  
10 medical care but not at the level provided by a hospital  
11 licensed under the Hospital Licensing Act, a sub-acute care  
12 hospital licensed under this Act, or a long-term care  
13 facility licensed under the Nursing Home Care Act and  
14 certified as a Skilled Nursing Facility. Within 6 months  
15 after the effective date of this amendatory Act of the 95th  
16 General Assembly, the Department of Public Health shall  
17 adopt criteria, standards, and procedures for the  
18 establishment, licensure, and operation of LTCHs as  
19 authorized under this Act. The criteria, standards, and  
20 procedures shall be separate and distinct from those  
21 applicable to other facilities subject to regulation by the  
22 Department and shall include adjustment for the fact that  
23 the facility to be licensed under this Act is converted  
24 from a long-term care facility to a specialized LTCH  
25 facility. These facilities shall be established as long  
26 term care hospitals as defined by the federal Social

1           Security Act and related regulations.

2           (Source: P.A. 93-402, eff. 1-1-04; revised 12-15-05.)