

1 AN ACT relating to budget implementation.

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

4 Section 1. Short title. This Act may be cited as the  
5 FY2002 Budget Implementation (Human Services) Act.

6 Section 5. Purpose. It is the purpose and subject of  
7 this Act to make the changes in State programs relating to  
8 human services that are necessary to implement the State's  
9 FY2002 budget.

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

12 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

13 Sec. 5-45. Emergency rulemaking.

14 (a) "Emergency" means the existence of any situation  
15 that any agency finds reasonably constitutes a threat to the  
16 public interest, safety, or welfare.

17 (b) If any agency finds that an emergency exists that  
18 requires adoption of a rule upon fewer days than is required  
19 by Section 5-40 and states in writing its reasons for that  
20 finding, the agency may adopt an emergency rule without prior  
21 notice or hearing upon filing a notice of emergency  
22 rulemaking with the Secretary of State under Section 5-70.  
23 The notice shall include the text of the emergency rule and  
24 shall be published in the Illinois Register. Consent orders  
25 or other court orders adopting settlements negotiated by an  
26 agency may be adopted under this Section. Subject to  
27 applicable constitutional or statutory provisions, an  
28 emergency rule becomes effective immediately upon filing  
29 under Section 5-65 or at a stated date less than 10 days

1 thereafter. The agency's finding and a statement of the  
2 specific reasons for the finding shall be filed with the  
3 rule. The agency shall take reasonable and appropriate  
4 measures to make emergency rules known to the persons who may  
5 be affected by them.

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

21 (d) In order to provide for the expeditious and timely  
22 implementation of the State's fiscal year 1999 budget,  
23 emergency rules to implement any provision of Public Act  
24 90-587 or 90-588 or any other budget initiative for fiscal  
25 year 1999 may be adopted in accordance with this Section by  
26 the agency charged with administering that provision or  
27 initiative, except that the 24-month limitation on the  
28 adoption of emergency rules and the provisions of Sections  
29 5-115 and 5-125 do not apply to rules adopted under this  
30 subsection (d). The adoption of emergency rules authorized  
31 by this subsection (d) shall be deemed to be necessary for  
32 the public interest, safety, and welfare.

33 (e) In order to provide for the expeditious and timely  
34 implementation of the State's fiscal year 2000 budget,

1 emergency rules to implement any provision of this amendatory  
2 Act of the 91st General Assembly or any other budget  
3 initiative for fiscal year 2000 may be adopted in accordance  
4 with this Section by the agency charged with administering  
5 that provision or initiative, except that the 24-month  
6 limitation on the adoption of emergency rules and the  
7 provisions of Sections 5-115 and 5-125 do not apply to rules  
8 adopted under this subsection (e). The adoption of emergency  
9 rules authorized by this subsection (e) shall be deemed to be  
10 necessary for the public interest, safety, and welfare.

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

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

1 (Source: P.A. 90-9, eff. 7-1-97; 90-587, eff. 7-1-98; 90-588,  
2 eff. 7-1-98; 91-24, eff. 7-1-99; 91-357, eff. 7-29-99;  
3 91-712, eff. 7-1-00.)

4 Section 20. The State Finance Act is amended by changing  
5 Section 6z-24 and adding Sections 5.549, 5.550, 5.551, 6z-52,  
6 and 6z-53 as follows:

7 (30 ILCS 105/5.549 new)

8 Sec. 5.549. The Independent Academic Medical Center Fund.

9 (30 ILCS 105/5.550 new)

10 Sec. 5.550. The Drug Rebate Fund.

11 (30 ILCS 105/5.551 new)

12 Sec. 5.551. The Downstate Emergency Response Fund.

13 (30 ILCS 105/6z-24) (from Ch. 127, par. 142z-24)

14 Sec. 6z-24. There is created in the State Treasury the  
15 Special Education Medicaid Matching Fund. All monies  
16 received from the federal government due to expenditures by  
17 local education agencies for ~~educationally-related~~ services  
18 authorized under Section 1903 of the Social Security Act, as  
19 amended, and for the administrative costs related thereto  
20 shall be deposited in the Special Education Medicaid Matching  
21 Fund. All monies received from the federal government due to  
22 expenditures by local education agencies for  
23 educationally-related services authorized under Section 2105  
24 of the Social Security Act, as amended, shall be deposited in  
25 the Special Education Medicaid Matching Fund.

26 The monies in the Special Education Medicaid Matching  
27 Fund shall be held subject to appropriation by the General  
28 Assembly to the State Board of Education or the Illinois  
29 Department of Public Aid for distribution to school

1 districts, pursuant to an interagency agreement between the  
 2 Illinois Department of Public Aid and the State Board of  
 3 Education or intergovernmental agreements between the  
 4 Illinois Department of Public Aid and individual local  
 5 education agencies, for eligible ~~special--education--children~~  
 6 claims under Titles XIX and XXI of the Social Security Act.  
 7 (Source: P.A. 91-24, eff. 7-1-99; 91-266, eff. 7-23-99.)

8 (30 ILCS 105/6z-52 new)  
 9 Sec. 6z-52. Drug Rebate Fund.

10 (a) There is created in the State Treasury a special  
 11 fund to be known as the Drug Rebate Fund.

12 (b) The Fund is created for the purpose of receiving and  
 13 disbursing moneys in accordance with this Section.  
 14 Disbursements from the Fund shall be made, subject to  
 15 appropriation, only as follows:

16 (1) For payments to pharmacies for reimbursement  
 17 for prescription drugs provided to a recipient of aid  
 18 under Article V of the Illinois Public Aid Code or the  
 19 Children's Health Insurance Program Act.

20 (2) For reimbursement of moneys collected by the  
 21 Illinois Department of Public Aid through error or  
 22 mistake.

23 (3) For payments of any amounts that are  
 24 reimbursable to the federal government resulting from a  
 25 payment into this Fund.

26 (c) The Fund shall consist of the following:

27 (1) Upon notification from the Director of Public  
 28 Aid, the Comptroller shall direct and the Treasurer shall  
 29 transfer the net State share of all moneys received by  
 30 the Illinois Department of Public Aid from drug rebate  
 31 agreements with pharmaceutical manufacturers pursuant to  
 32 Title XIX of the federal Social Security Act, including  
 33 any portion of the balance in the Public Aid Recoveries

1 Trust Fund on July 1, 2001 that is attributable to such  
2 receipts.

3 (2) All federal matching funds received by the  
4 Illinois Department as a result of expenditures made by  
5 the Department that are attributable to moneys deposited  
6 in the Fund.

7 (3) Any premium collected by the Illinois  
8 Department from participants under a waiver approved by  
9 the federal government relating to provision of  
10 pharmaceutical services.

11 (4) All other moneys received for the Fund from any  
12 other source, including interest earned thereon.

13 (30 ILCS 105/6z-53 new)  
14 Sec. 6z-53. Downstate Emergency Response Fund.

15 (a) In this Section:

16 "Downstate county" means any county with a population of  
17 less than 250,000 with a level I trauma center.

18 "Trauma center" has the same meaning as in the Emergency  
19 Medical Services (EMS) Systems Act.

20 (b) The Downstate Emergency Response Fund is created as  
21 a special fund in the State Treasury.

22 (c) The following moneys shall be deposited into the  
23 Fund:

24 (1) Moneys appropriated by the General Assembly.

25 (2) Fees or other amounts paid to the Department of  
26 Transportation for the use of an emergency helicopter for  
27 the transportation of an individual to a trauma center  
28 located in a downstate county or for any other medical  
29 emergency response. The Department may adopt rules  
30 establishing reasonable fees and other amounts to be paid  
31 for the use of such helicopters and may collect those  
32 fees and other amounts.

33 (3) Gifts, grants, other appropriations, or any

1 other moneys designated for deposit into the Fund.

2 (d) Subject to appropriation, moneys in the Fund shall  
3 be used for the following purposes:

4 (1) By the Department of Transportation to  
5 purchase, lease, maintain, and operate helicopters,  
6 including payment of any costs associated with personnel  
7 or other expenses necessary for the maintenance or  
8 operation of such helicopters, (A) for emergency response  
9 transportation of individuals to trauma centers located  
10 in downstate counties and (B) to support law enforcement,  
11 disaster response, and other medical emergency response.  
12 Moneys appropriated from the Fund for these purposes  
13 shall be in addition to any other moneys used for these  
14 purposes.

15 (2) By the Department of Public Aid for medical  
16 assistance under Article V of the Illinois Public Aid  
17 Code.

18 Section 25. The Excellence in Academic Medicine Act is  
19 amended by changing Sections 15, 20, 60, and 65 and adding  
20 Section 35 as follows:

21 (30 ILCS 775/15)

22 Sec. 15. Definitions. As used in this Act:

23 "Academic medical center hospital" means a hospital  
24 located in Illinois which is either (i) under common  
25 ownership with the college of medicine of a college or  
26 university or (ii) a free-standing hospital in which the  
27 majority of the clinical chiefs of service are department  
28 chairmen in an affiliated medical school.

29 "Academic medical center children's hospital" means a  
30 children's hospital which is separately incorporated and  
31 non-integrated into the academic medical center hospital but  
32 which is the pediatric partner for an academic medical center

1 hospital and which serves as the primary teaching hospital  
2 for pediatrics for its affiliated medical school; children's  
3 hospitals which are separately incorporated but integrated  
4 into the academic medical center hospital are considered part  
5 of the academic medical center hospital.

6 "Chicago Medicare Metropolitan Statistical Area academic  
7 medical center hospital" means an academic medical center  
8 hospital located in the Chicago Medicare Metropolitan  
9 Statistical Area.

10 "Independent academic medical center hospital" means the  
11 primary teaching hospital for the University of Illinois at  
12 Urbana.

13 "Non-Chicago Medicare Metropolitan Statistical Area  
14 academic medical center hospital" means an academic medical  
15 center hospital located outside the Chicago Medicare  
16 Metropolitan Statistical Area.

17 "Qualified Chicago Medicare Metropolitan Statistical Area  
18 academic medical center hospital" means any Chicago Medicare  
19 Metropolitan Statistical Area academic medical center  
20 hospital that either directly or in connection with its  
21 affiliated medical school receives in excess of \$8,000,000 in  
22 grants or contracts from the National Institutes of Health  
23 during the calendar year preceding the beginning of the State  
24 fiscal year; except that for the purposes of Section 25, the  
25 term also includes the entity specified in subsection (e) of  
26 that Section.

27 "Qualified Non-Chicago Medicare Metropolitan Statistical  
28 Area academic medical center hospital" means the primary  
29 teaching hospital for the University of Illinois School of  
30 Medicine at Peoria and the primary teaching hospital for the  
31 University of Illinois School of Medicine at Rockford and the  
32 primary teaching hospitals for Southern Illinois University  
33 School of Medicine in Springfield.

34 "Qualified academic medical center hospital" means (i) a

1 qualified Chicago Medicare Metropolitan Statistical Area  
2 academic medical center hospital, (ii) a qualified  
3 Non-Chicago Medicare Metropolitan Statistical Area academic  
4 medical center hospital, or (iii) an academic medical center  
5 children's hospital.

6 "Qualified programs" include:

7 (i) Thoracic Transplantation: heart and lung, in  
8 particular;

9 (ii) Cancer: particularly biologic modifiers of  
10 tumor response, and mechanisms of drug resistance in  
11 cancer therapy;

12 (iii) Shock/Burn: development of biological  
13 alternatives to skin for grafting in burn injury, and  
14 research in mechanisms of shock and tissue injury in  
15 severe injury;

16 (iv) Abdominal transplantation: kidney, liver,  
17 pancreas, and development of islet cell and small bowel  
18 transplantation technologies;

19 (v) Minimally invasive surgery: particularly  
20 laparoscopic surgery;

21 (vi) High performance medical computing:  
22 telemedicine and teleradiology;

23 (vii) Transmyocardial laser revascularization: a  
24 laser creates holes in heart muscles to allow new blood  
25 flow;

26 (viii) Pet scanning: viewing how organs function  
27 (CT and MRI only allow viewing of the structure of an  
28 organ);

29 (ix) Strokes in the African-American community:  
30 particularly risk factors for cerebral vascular accident  
31 (strokes) in the African-American community at much  
32 higher risk than the general population;

33 (x) Neurosurgery: particularly focusing on  
34 interventional neuroradiology;

- 1           (xi) Comprehensive eye center: including further
- 2           development in pediatric eye trauma;
- 3           (xii) Cancers: particularly melanoma, head and
- 4           neck;
- 5           (xiii) Pediatric cancer;
- 6           (xiv) Invasive pediatric cardiology;
- 7           (xv) Pediatric organ transplantation:
- 8           transplantation of solid organs, marrow, and other stem
- 9           cells; and
- 10          (xvi) Such other programs as may be identified.
- 11          (Source: P.A. 89-506, eff. 7-3-96.)

12           (30 ILCS 775/20)

13           Sec. 20. Establishment of Funds.

14           (a) The Medical Research and Development Fund is created  
15           in the State Treasury to which the General Assembly may from  
16           time to time appropriate funds and from which the Comptroller  
17           shall pay amounts as authorized by law.

18           (i) The following accounts are created in the  
19           Medical Research and Development Fund: The National  
20           Institutes of Health Account; the Philanthropic Medical  
21           Research Account; and the Market Medical Research  
22           Account.

23           (ii) Funds appropriated to the Medical Research and  
24           Development Fund shall be assigned in equal amounts to  
25           each account within the Fund, subject to transferability  
26           of funds under subsection (c) of Section 25.

27           (b) The Post-Tertiary Clinical Services Fund is created  
28           in the State Treasury to which the General Assembly may from  
29           time to time appropriate funds and from which the Comptroller  
30           shall pay amounts as authorized by law.

31           (c) The Independent Academic Medical Center Fund is  
32           created as a special fund in the State Treasury, to which the  
33           General Assembly shall from time to time appropriate funds

1 for the purposes of the Independent Academic Medical Center  
 2 Program. The amount appropriated for any fiscal year after  
 3 2002 shall not be less than the amount appropriated for  
 4 fiscal year 2002. The State Comptroller shall pay amounts  
 5 from the Fund as authorized by law.

6 (Source: P.A. 89-506, eff. 7-3-96.)

7 (30 ILCS 775/35 new)

8 Sec. 35. Independent Academic Medical Center Program.

9 There is created an Independent Academic Medical Center  
 10 Program to provide incentives to develop and enhance the  
 11 independent academic medical center hospital. In each State  
 12 fiscal year, beginning in fiscal year 2002, the independent  
 13 academic medical center hospital shall receive funding under  
 14 the Program, equal to the full amount appropriated for that  
 15 purpose for that fiscal year. In each fiscal year, one  
 16 quarter of the amount payable to the independent academic  
 17 medical center hospital shall be paid on the fifteenth  
 18 working day after July 1, October 1, January 1, and March 1.

19 (30 ILCS 775/60)

20 Sec. 60. Restriction on funds. No academic medical  
 21 center hospital shall be eligible for payments from the  
 22 Medical Research and Development Fund unless the academic  
 23 medical center hospital qualifies under Section 15 as a  
 24 qualified Chicago Medicare Metropolitan Statistical Area  
 25 academic medical center hospital which in connection with its  
 26 affiliated medical school received at least \$8,000,000 in the  
 27 preceding calendar year in grants or contracts from the  
 28 National Institutes of Health; except that this restriction  
 29 does not apply to the entity specified in subsection (e) of  
 30 Section 25.

31 If a hospital is eligible for funds from the Independent  
 32 Academic Medical Center Fund, that hospital shall not receive

1 funds from the Medical Research and Development Fund or the  
2 Post-Tertiary Clinical Services Fund. If a hospital receives  
3 funds from the Medical Research and Development Fund or the  
4 Post-Tertiary Clinical Services Fund, that hospital is  
5 ineligible to receive funds from the Independent Academic  
6 Medical Center Fund.

7 (Source: P.A. 89-506, eff. 7-3-96.)

8 (30 ILCS 775/65)

9 Sec. 65. Reporting requirements. On or before May 1 of  
10 each year, the chief executive officer of each Qualified  
11 Academic Medical Center Hospital shall submit a report to the  
12 Comptroller regarding the effects of the programs authorized  
13 by this Act. The report shall also report the total amount  
14 of grants from and contracts with the National Institutes of  
15 Health in the preceding calendar year. It shall assess  
16 whether the programs funded are likely to be successful,  
17 require further study, or no longer appear to be promising  
18 avenues of research. It shall discuss the probable use of  
19 the developmental program in mainstream medicine including  
20 both cost impact and medical effect. The report shall  
21 address the effects the programs may have on containing Title  
22 XIX and Title XXI costs in Illinois. The Comptroller shall  
23 immediately forward the report to the Director of Public Aid  
24 and the Director of Public Health who shall evaluate the  
25 contents in a letter submitted to the President of the Senate  
26 and the Speaker of the House of Representatives.

27 (Source: P.A. 89-506, eff. 7-3-96.)

28 Section 30. The Illinois Public Aid Code is amended by  
29 changing Sections 5-5.4, 12-4.34, and 12-9 and adding Section  
30 5-5.12a as follows:

31 (305 ILCS 5/5-5.4) (from Ch. 23, par. 5-5.4)

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

5           (1) Provides for the determination of a facility's  
6 payment for skilled nursing and intermediate care services on  
7 a prospective basis. The amount of the payment rate for all  
8 nursing facilities certified under the medical assistance  
9 program shall be prospectively established annually on the  
10 basis of historical, financial, and statistical data  
11 reflecting actual costs from prior years, which shall be  
12 applied to the current rate year and updated for inflation,  
13 except that the capital cost element for newly constructed  
14 facilities shall be based upon projected budgets. The  
15 annually established payment rate shall take effect on July 1  
16 in 1984 and subsequent years. Rate increases shall be  
17 provided annually thereafter on July 1 in 1984 and on each  
18 subsequent July 1 in the following years, except that no rate  
19 increase and no update for inflation shall be provided on or  
20 after July 1, 1994 and before July 1, 2001, unless  
21 specifically provided for in this Section.

22           For facilities licensed by the Department of Public  
23 Health under the Nursing Home Care Act as Intermediate Care  
24 for the Developmentally Disabled facilities or Long Term Care  
25 for Under Age 22 facilities, the rates taking effect on July  
26 1, 1998 shall include an increase of 3%. For facilities  
27 licensed by the Department of Public Health under the Nursing  
28 Home Care Act as Skilled Nursing facilities or Intermediate  
29 Care facilities, the rates taking effect on July 1, 1998  
30 shall include an increase of 3% plus \$1.10 per resident-day,  
31 as defined by the Department.

32           For facilities licensed by the Department of Public  
33 Health under the Nursing Home Care Act as Intermediate Care  
34 for the Developmentally Disabled facilities or Long Term Care

1 for Under Age 22 facilities, the rates taking effect on July  
 2 1, 1999 shall include an increase of 1.6% plus \$3.00 per  
 3 resident-day, as defined by the Department. For facilities  
 4 licensed by the Department of Public Health under the Nursing  
 5 Home Care Act as Skilled Nursing facilities or Intermediate  
 6 Care facilities, the rates taking effect on July 1, 1999  
 7 shall include an increase of 1.6% and, for services provided  
 8 on or after October 1, 1999, shall be increased by \$4.00 per  
 9 resident-day, as defined by the Department.

10 For facilities licensed by the Department of Public  
 11 Health under the Nursing Home Care Act as Intermediate Care  
 12 for the Developmentally Disabled facilities or Long Term Care  
 13 for Under Age 22 facilities, the rates taking effect on July  
 14 1, 2000 shall include an increase of 2.5% per resident-day,  
 15 as defined by the Department. For facilities licensed by the  
 16 Department of Public Health under the Nursing Home Care Act  
 17 as Skilled Nursing facilities or Intermediate Care  
 18 facilities, the rates taking effect on July 1, 2000 shall  
 19 include an increase of 2.5% per resident-day, as defined by  
 20 the Department.

21 For facilities licensed by the Department of Public  
 22 Health under the Nursing Home Care Act as Intermediate Care  
 23 for the Developmentally Disabled facilities or Long Term Care  
 24 for Under Age 22 facilities, the rates taking effect on March  
 25 1, 2001 shall include a statewide increase of 7.85%, as  
 26 defined by the Department.

27 For facilities licensed by the Department of Public  
 28 Health under the Nursing Home Care Act as Intermediate Care  
 29 for the Developmentally Disabled facilities or Long Term Care  
 30 for Under Age 22 facilities, the rates taking effect on April  
 31 1, 2002 shall include a statewide increase of 2.0%, as  
 32 defined by the Department.

33 Rates established effective each July 1 shall govern  
 34 payment for services rendered throughout that fiscal year,

1     except that rates established on July 1, 1996 shall be  
2     increased by 6.8% for services provided on or after January  
3     1, 1997. Such rates will be based upon the rates calculated  
4     for the year beginning July 1, 1990, and for subsequent years  
5     thereafter shall be based on the facility cost reports for  
6     the facility fiscal year ending at any point in time during  
7     the previous calendar year, updated to the midpoint of the  
8     rate year. The cost report shall be on file with the  
9     Department no later than April 1 of the current rate year.  
10    Should the cost report not be on file by April 1, the  
11    Department shall base the rate on the latest cost report  
12    filed by each skilled care facility and intermediate care  
13    facility, updated to the midpoint of the current rate year.  
14    In determining rates for services rendered on and after July  
15    1, 1985, fixed time shall not be computed at less than zero.  
16    The Department shall not make any alterations of regulations  
17    which would reduce any component of the Medicaid rate to a  
18    level below what that component would have been utilizing in  
19    the rate effective on July 1, 1984.

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

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

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

32       The Department of Public Aid shall develop precise  
33    standards for payments to reimburse nursing facilities for  
34    any utilization of appropriate rehabilitative personnel for

1 the provision of rehabilitative services which is authorized  
2 by federal regulations, including reimbursement for services  
3 provided by qualified therapists or qualified assistants, and  
4 which is in accordance with accepted professional practices.  
5 Reimbursement also may be made for utilization of other  
6 supportive personnel under appropriate supervision.  
7 (Source: P.A. 90-9, eff. 7-1-97; 90-588, eff. 7-1-98; 91-24,  
8 eff. 7-1-99; 91-712, eff. 7-1-00.)

9 (305 ILCS 5/5-5.12a new)

10 Sec. 5-5.12a. Title XIX waiver; pharmacy assistance  
11 program. The Illinois Department may seek a waiver of  
12 otherwise applicable requirements of Title XIX of the federal  
13 Social Security Act in order to claim federal financial  
14 participation for a pharmacy assistance program for persons  
15 aged 65 and over with income levels at or less than 250% of  
16 the federal poverty level. The Illinois Department may  
17 provide by rule for all other requirements of the program,  
18 including cost sharing, as permitted by an approved waiver  
19 and without regard to any provision of this Code to the  
20 contrary. The benefits may be no more restrictive than the  
21 Pharmacy Assistance Program in effect on May 31, 2001.  
22 Benefits provided under the waiver are subject to  
23 appropriation.

24 The Illinois Department may not implement the waiver  
25 until cost neutrality is demonstrated for the State relative  
26 to the final Pharmacy Assistance Program appropriation for  
27 the fiscal year beginning July 1, 2001. Implementation of  
28 the waiver shall terminate on June 30, 2007.

29 (305 ILCS 5/12-4.34)

30 (Section scheduled to be repealed on August 31, 2001)

31 Sec. 12-4.34. Services to noncitizens.

32 (a) Subject to specific appropriation for this purpose

1 and notwithstanding Sections 1-11 and 3-1 of this Code, the  
 2 Department of Human Services is authorized to provide  
 3 services to legal immigrants, including but not limited to  
 4 naturalization and nutrition services and financial  
 5 assistance. The nature of these services, payment levels,  
 6 and eligibility conditions shall be determined by rule.

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

16 (c) This Section is repealed on August 31, 2002 2001.

17 (Source: P.A. 90-564, eff. 12-22-97; 90-588, eff. 7-1-98;  
 18 91-24, eff. 7-1-99; 91-712, eff. 7-1-00.)

19 (305 ILCS 5/12-9) (from Ch. 23, par. 12-9)

20 Sec. 12-9. Public Aid Recoveries Trust Fund; uses. The  
 21 Public Aid Recoveries Trust Fund shall consist of (1)  
 22 recoveries by the Illinois Department of Public Aid  
 23 authorized by this Code in respect to applicants or  
 24 recipients under Articles III, IV, V, and VI, including  
 25 recoveries made by the Illinois Department of Public Aid from  
 26 the estates of deceased recipients, (2) recoveries made by  
 27 the Illinois Department of Public Aid in respect to  
 28 applicants and recipients under the Children's Health  
 29 Insurance Program, and (3) federal funds received on behalf  
 30 of and earned by local governmental entities for services  
 31 provided to applicants or recipients covered under this Code.  
 32 ~~to--the--State--Disbursement--Unit--established--under--Section~~  
 33 ~~10-26--of--this--Code--or~~ The Fund shall be held as a special

1 fund in the State Treasury.

2 Disbursements from this Fund shall be only (1) for the  
3 reimbursement of claims collected by the Illinois Department  
4 of Public Aid through error or mistake, (2) for payment to  
5 persons or agencies designated as payees or co-payees on any  
6 instrument, whether or not negotiable, delivered to the  
7 Illinois Department of Public Aid as a recovery under this  
8 Section, such payment to be in proportion to the respective  
9 interests of the payees in the amount so collected, (3) for  
10 payments to the Department of Human Services for collections  
11 made by the Illinois Department of Public Aid on behalf of  
12 the Department of Human Services under this Code, (4) ~~from~~  
13 ~~the-State-Disbursement--Unit--Revolving--Fund--under--Section~~  
14 ~~12-8-1-of-this-Code-or~~ for payment of administrative expenses  
15 incurred in performing the activities authorized under this  
16 Code, (5) for payment of fees to persons or agencies in the  
17 performance of activities pursuant to the collection of  
18 monies owed the State that are collected under this Code, (6)  
19 for payments of any amounts which are reimbursable to the  
20 federal government which are required to be paid by State  
21 warrant by either the State or federal government, and (7)  
22 for payments to local governmental entities of federal funds  
23 for services provided to applicants or recipients covered  
24 under this Code. Disbursements from this Fund for purposes  
25 of items (4) and (5) of this paragraph shall be subject to  
26 appropriations from the Fund to the Illinois Department of  
27 Public Aid.

28 The balance in this Fund on the first day of each  
29 calendar quarter, after payment therefrom of any amounts  
30 reimbursable to the federal government, and minus the amount  
31 reasonably anticipated to be needed to make the disbursements  
32 during that quarter authorized by this Section, shall be  
33 certified by the Director of the Illinois Department of  
34 Public Aid and transferred by the State Comptroller to the

1     Drug Rebate Fund or the General Revenue Fund in the State  
2     Treasury, as appropriate, within 30 days of the first day of  
3     each calendar quarter.

4             On July 1, 1999, the State Comptroller shall transfer the  
5     sum of \$5,000,000 from the Public Aid Recoveries Trust Fund  
6     (formerly the Public Assistance Recoveries Trust Fund) into  
7     the DHS Recoveries Trust Fund.

8     (Source: P.A. 90-255, eff. 1-1-98; 91-24, eff. 7-1-99;  
9     91-212, eff. 7-20-99; revised 9-28-99.)

10            Section 35. The Senior Citizens and Disabled Persons  
11     Property Tax Relief and Pharmaceutical Assistance Act is  
12     amended by changing Section 3.15 as follows:

13            (320 ILCS 25/3.15) (from Ch. 67 1/2, par. 403.15)

14            Sec. 3.15. "Covered prescription drug" means (1) any  
15     cardiovascular agent or drug; (2) any insulin or other  
16     prescription drug used in the treatment of diabetes,  
17     including syringe and needles used to administer the insulin;  
18     (3) any prescription drug used in the treatment of arthritis,  
19     (4) beginning on January 1, 2001, any prescription drug used  
20     in the treatment of cancer, (5) beginning on January 1, 2001,  
21     any prescription drug used in the treatment of Alzheimer's  
22     disease, (6) beginning on January 1, 2001, any prescription  
23     drug used in the treatment of Parkinson's disease, (7)  
24     beginning on January 1, 2001, any prescription drug used in  
25     the treatment of glaucoma, and (8) beginning on January 1,  
26     2001, any prescription drug used in the treatment of lung  
27     disease and smoking related illnesses, and (9) beginning on  
28     July 1, 2001, any prescription drug used in the treatment of  
29     osteoporosis. The specific agents or products to be included  
30     under such categories shall be listed in a handbook to be  
31     prepared and distributed by the Department. The general  
32     types of covered prescription drugs shall be indicated by

1 rule. The Department of Public Health shall promulgate a  
2 list of covered prescription drugs under this program that  
3 meet the definition of a narrow therapeutic index drug as  
4 described in subsection (f) of Section 4.

5 (Source: P.A. 91-699, eff. 1-1-01.)

6 Section 40. The Early Intervention Services System Act  
7 is amended by changing Sections 11 and 13 as follows:

8 (325 ILCS 20/11) (from Ch. 23, par. 4161)

9 Sec. 11. Individualized Family Service Plans. Each  
10 eligible infant or toddler and that infant's or toddler's  
11 family shall receive:

12 (a) timely, comprehensive, multidisciplinary  
13 assessment of the unique needs of each eligible infant  
14 and toddler, and assessment of the concerns and  
15 priorities of the families to appropriately assist them  
16 in meeting their needs and identify services to meet  
17 those needs; and

18 (b) a written Individualized Family Service Plan  
19 developed by a multidisciplinary team which includes the  
20 parent or guardian.

21 The Individualized Family Service Plan shall be evaluated  
22 once a year and the family shall be provided a review of the  
23 Plan at 6 month intervals or more often where appropriate  
24 based on infant or toddler and family needs. The lead agency  
25 shall create a quality review process regarding  
26 Individualized Family Service Plan development and changes  
27 thereto, to monitor and help assure that resources are being  
28 used to provide appropriate early intervention services.

29 The evaluation and initial assessment and initial Plan  
30 meeting must be held within 45 days after the initial contact  
31 with the early intervention services system. With parental  
32 consent, early intervention services may commence before the

1 completion of the comprehensive assessment and development of  
2 the Plan.

3 Parents must be informed that, at their discretion, early  
4 intervention services shall be provided to each eligible  
5 infant and toddler in the natural environment, which may  
6 include the home or other community settings. Parents shall  
7 make the final decision to accept or decline early  
8 intervention services. A decision to decline such services  
9 shall not be a basis for administrative determination of  
10 parental fitness, or other findings or sanctions against the  
11 parents. Parameters of the Plan shall be set forth in rules.  
12 (Source: P.A. 91-538, eff. 8-13-99.)

13 (325 ILCS 20/13) (from Ch. 23, par. 4163)

14 Sec. 13. Funding and Fiscal Responsibility. The lead  
15 agency and every other participating State agency may receive  
16 and expend funds appropriated by the General Assembly to  
17 implement the early intervention services system as required  
18 by this Act.

19 The lead agency and each participating State agency shall  
20 identify and report on an annual basis to the Council the  
21 State agency funds utilized for the provision of early  
22 intervention services to eligible infants and toddlers.

23 Funds provided under Section 633 of the Individuals with  
24 Disabilities Education Act (20 United States Code 1433) may  
25 not be used to satisfy a financial commitment for services  
26 which would have been paid for from another public or private  
27 source but for the enactment of this Act, except whenever  
28 considered necessary to prevent delay in receiving  
29 appropriate early intervention services by the eligible  
30 infant or toddler or family in a timely manner. "Public or  
31 private source" includes public and private insurance  
32 coverage.

33 Funds provided under Section 633 of the Individuals with

1 Disabilities Education Act may be used by the lead agency to  
2 pay the provider of services pending reimbursement from the  
3 appropriate state agency.

4 Nothing in this Act shall be construed to permit the  
5 State to reduce medical or other assistance available or to  
6 alter eligibility under Title V and Title XIX of the Social  
7 Security Act relating to the Maternal Child Health Program  
8 and Medicaid for eligible infants and toddlers in this State.

9 The lead agency shall create a central billing office to  
10 receive and dispense all relevant State and federal  
11 resources, as well as local government or independent  
12 resources available, for early intervention services. This  
13 office shall assure that maximum federal resources are  
14 utilized and that providers receive funds with minimal  
15 duplications or interagency reporting and with consolidated  
16 audit procedures.

17 The lead agency shall may also create a system of  
18 payments by families, including a schedule of fees. No fees,  
19 however, may be charged for: implementing child find,  
20 evaluation and assessment, service coordination,  
21 administrative and coordination activities related to the  
22 development, review, and evaluation of Individualized Family  
23 Service Plans, or the implementation of procedural safeguards  
24 and other administrative components of the statewide early  
25 intervention system.

26 (Source: P.A. 91-538, eff. 8-13-99.)

27 Section 99. Effective date. This Act takes effect upon  
28 becoming law.