



Rep. Norine K. Hammond

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LRB100 15899 KTG 38436 a

1 AMENDMENT TO HOUSE BILL 4277

2 AMENDMENT NO. _____. Amend House Bill 4277 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by
5 changing Section 11-5.4 as follows:

6 (305 ILCS 5/11-5.4)

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

9 (a) The General Assembly finds that it is in the best
10 interest of the State to process on an expedited basis
11 applications for Medicaid and Medicaid long-term care benefits
12 that are submitted by or on behalf of elderly persons in need
13 of long-term care services in order to comply with federal
14 deadlines for eligibility determinations as provided in 42
15 U.S.C. 1396a(a)(8) and 42 CFR 435. It is the intent of the
16 General Assembly that the provisions of this Section be

1 liberally construed to permit the maximum number of applicants
2 to benefit, regardless of the age of the application, and for
3 the State to meet the federal eligibility processing deadlines.

4 An expedited long-term care eligibility determination and
5 enrollment system shall be established to reduce long-term care
6 determinations to 90 days or fewer by July 1, 2014 and
7 streamline the long-term care enrollment process.

8 Establishment of the system shall be a joint venture of the
9 Department of Human Services and Healthcare and Family Services

10 and the Department on Aging. The Governor shall name a lead

11 agency no later than 30 days after the effective date of this

12 amendatory Act of the 98th General Assembly to assume

13 responsibility for the full implementation of the

14 establishment and maintenance of the system. Project outcomes

15 shall include an enhanced eligibility determination tracking

16 system accessible to providers and a centralized application

17 review and eligibility determination with all applicants

18 reviewed within 90 days of receipt by the State of a complete

19 application. If the Department of Healthcare and Family

20 Services' Office of the Inspector General determines that there

21 is a likelihood that a non-allowable transfer of assets has

22 occurred, and the facility in which the applicant resides is

23 notified, an extension of up to 90 days shall be permissible.

24 On or before December 31, 2015, a streamlined application and

25 enrollment process shall be put in place based on the following

26 principles:

1 (1) Minimize the burden on applicants by collecting
2 only the data necessary to determine eligibility for
3 medical services, long-term care services, and spousal
4 impoverishment offset.

5 (2) Integrate online data sources to simplify the
6 application process by reducing the amount of information
7 needed to be entered and to expedite eligibility
8 verification.

9 (3) Provide online prompts to alert the applicant that
10 information is missing or not complete.

11 (b) The Department shall, on or before July 1, 2014, assess
12 the feasibility of incorporating all information needed to
13 determine eligibility for long-term care services, including
14 asset transfer and spousal impoverishment financials, into the
15 State's integrated eligibility system identifying all
16 resources needed and reasonable timeframes for achieving the
17 specified integration.

18 (c) The lead agency shall file interim reports with the
19 Chairs and Minority Spokespersons of the House and Senate Human
20 Services Committees no later than September 1, 2013 and on
21 February 1, 2014. The Department of Healthcare and Family
22 Services shall include in the annual Medicaid report for State
23 Fiscal Year 2014 and every fiscal year thereafter information
24 concerning implementation of the provisions of this Section.

25 (d) No later than August 1, 2014, the Auditor General shall
26 report to the General Assembly concerning the extent to which

1 the timeframes specified in this Section have been met and the
2 extent to which State staffing levels are adequate to meet the
3 requirements of this Section.

4 (e) The Department of Healthcare and Family Services, the
5 Department of Human Services, and the Department on Aging shall
6 take the following steps to achieve federally established
7 timeframes for eligibility determinations for Medicaid and
8 long-term care benefits and shall work toward the federal goal
9 of real time determinations:

10 (1) The Departments shall review, in collaboration
11 with representatives of affected providers, all forms and
12 procedures currently in use, federal guidelines either
13 suggested or mandated, and staff deployment by September
14 30, 2014 to identify additional measures that can improve
15 long-term care eligibility processing and make adjustments
16 where possible.

17 (2) No later than June 30, 2014, the Department of
18 Healthcare and Family Services shall issue vouchers for
19 advance payments not to exceed \$50,000,000 to nursing
20 facilities with significant outstanding Medicaid liability
21 associated with services provided to residents with
22 Medicaid applications pending and residents facing the
23 greatest delays. Each facility with an advance payment
24 shall state in writing whether its own recoupment schedule
25 will be in 3 or 6 equal monthly installments, as long as
26 all advances are recouped by June 30, 2015.

1 (3) The Department of Healthcare and Family Services'
2 Office of Inspector General and the Department of Human
3 Services shall immediately forgo resource review and
4 review of transfers during the relevant look-back period
5 for applications that were submitted prior to September 1,
6 2013. An applicant who applied prior to September 1, 2013,
7 who was denied for failure to cooperate in providing
8 required information, and whose application was
9 incorrectly reviewed under the wrong look-back period
10 rules may request review and correction of the denial based
11 on this subsection. If found eligible upon review, such
12 applicants shall be retroactively enrolled.

13 (4) As soon as practicable, the Department of
14 Healthcare and Family Services shall implement policies
15 and promulgate rules to simplify financial eligibility
16 verification in the following instances: (A) for
17 applicants or recipients who are receiving Supplemental
18 Security Income payments or who had been receiving such
19 payments at the time they were admitted to a nursing
20 facility and (B) for applicants or recipients with verified
21 income at or below 100% of the federal poverty level when
22 the declared value of their countable resources is no
23 greater than the allowable amounts pursuant to Section 5-2
24 of this Code for classes of eligible persons for whom a
25 resource limit applies. Such simplified verification
26 policies shall apply to community cases as well as

1 long-term care cases.

2 (5) As soon as practicable, but not later than July 1,
3 2014, the Department of Healthcare and Family Services and
4 the Department of Human Services shall jointly begin a
5 special enrollment project by using simplified eligibility
6 verification policies and by redeploying caseworkers
7 trained to handle long-term care cases to prioritize those
8 cases, until the backlog is eliminated and processing time
9 is within 90 days. This project shall apply to applications
10 for long-term care received by the State on or before May
11 15, 2014.

12 (6) As soon as practicable, but not later than
13 September 1, 2014, the Department on Aging shall make
14 available to long-term care facilities and community
15 providers upon request, through an electronic method, the
16 information contained within the Interagency Certification
17 of Screening Results completed by the pre-screener, in a
18 form and manner acceptable to the Department of Human
19 Services.

20 (7) Effective 30 days after the completion of 3
21 regionally based trainings, nursing facilities shall
22 submit all applications for medical assistance online via
23 the Application for Benefits Eligibility (ABE) website.
24 This requirement shall extend to scanning and uploading
25 with the online application any required additional forms
26 such as the Long Term Care Facility Notification and the

1 Additional Financial Information for Long Term Care
2 Applicants as well as scanned copies of any supporting
3 documentation. Long-term care facility admission documents
4 must be submitted as required in Section 5-5 of this Code.
5 No local Department of Human Services office shall refuse
6 to accept an electronically filed application.

7 (8) Notwithstanding any other provision of this Code,
8 the Department of Human Services and the Department of
9 Healthcare and Family Services' Office of the Inspector
10 General shall, upon request, allow an applicant additional
11 time to submit information and documents needed as part of
12 a review of available resources or resources transferred
13 during the look-back period. The initial extension shall
14 not exceed 30 days. A second extension of 30 days may be
15 granted upon request. Any request for information issued by
16 the State to an applicant shall include the following: an
17 explanation of the information required and the date by
18 which the information must be submitted; a statement that
19 failure to respond in a timely manner can result in denial
20 of the application; a statement that the applicant or the
21 facility in the name of the applicant may seek an
22 extension; and the name and contact information of a
23 caseworker in case of questions. Any such request for
24 information shall also be sent to the facility. In deciding
25 whether to grant an extension, the Department of Human
26 Services or the Department of Healthcare and Family

1 Services' Office of the Inspector General shall take into
2 account what is in the best interest of the applicant. The
3 time limits for processing an application shall be tolled
4 during the period of any extension granted under this
5 subsection.

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

16 (A) Length of time applications, redeterminations,
17 and appeals are pending - 0 to 45 days, 46 days to 90
18 days, 91 days to 180 days, 181 days to 12 months, over
19 12 months to 18 months, over 18 months to 24 months,
20 and over 24 months.

21 (B) Percentage of applications and
22 redeterminations pending in the Department of Human
23 Services' Family Community Resource Centers, in the
24 Department of Human Services' long-term care hubs,
25 with the Department of Healthcare and Family Services'
26 Office of Inspector General, and those applications

1 which are being tolled due to requests for extension of
2 time for additional information.

3 (C) Status of pending applications, denials,
4 appeals, and redeterminations.

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

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

18 (2) compliance with federal regulations on the timely
19 determination of eligibility as provided under 42 CFR
20 435.912;

21 (3) the accuracy and completeness of the report
22 required under paragraph (9) of subsection (e);

23 (4) the efficacy and efficiency of the task-based
24 process used for making eligibility determinations in the
25 centralized offices of the Department of Human Services for
26 long-term care services, including the role of the State's

1 integrated eligibility system, as opposed to the
2 traditional caseworker-specific process from which these
3 central offices have converted; and

4 (5) any issues affecting eligibility determinations
5 related to the Department of Human Services' staff
6 completing Medicaid eligibility determinations instead of
7 the designated single-state Medicaid agency in Illinois,
8 the Department of Healthcare and Family Services.

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

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

19 Section 99. Effective date. This Act takes effect upon
20 becoming law.".