



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

HB3596

Introduced 2/24/2005, by Rep. James D. Brosnahan

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-2

from Ch. 23, par. 5-2

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Amends the Illinois Public Aid Code. Provides that, subject to the approval of a federal waiver, persons who are 21 years of age or older who have received Medicaid benefits under provisions concerning persons under age 21 who would qualify as disabled shall remain eligible for continued Medicaid benefits, outside an institution, at a level of care appropriate to meet the individual needs of the person, provided that a physician annually determines that the person requires the level of care provided by a hospital, skilled nursing facility, or intermediate care facility. Requires an annual report by the Department of Human Services beginning January 1, 2007. Requires the Illinois Department of Human Services, the Illinois Department of Public Aid, and the Division of Specialized Care for Children of the University of Illinois to enter into an interagency agreement for the purpose of cooperatively establishing a program of case management for any person who receives Medicaid benefits under the provisions concerning persons under age 21 who would qualify as disabled. Sets forth the minimum requirements for case management services. Effective immediately.

LRB094 05070 DRJ 35106 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 5-2 and 5-5 as follows:

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

7 Sec. 5-2. Classes of Persons Eligible. Medical assistance
8 under this Article shall be available to any of the following
9 classes of persons in respect to whom a plan for coverage has
10 been submitted to the Governor by the Illinois Department and
11 approved by him:

12 1. Recipients of basic maintenance grants under Articles
13 III and IV.

14 2. Persons otherwise eligible for basic maintenance under
15 Articles III and IV but who fail to qualify thereunder on the
16 basis of need, and who have insufficient income and resources
17 to meet the costs of necessary medical care, including but not
18 limited to the following:

19 (a) All persons otherwise eligible for basic
20 maintenance under Article III but who fail to qualify under
21 that Article on the basis of need and who meet either of
22 the following requirements:

23 (i) their income, as determined by the Illinois
24 Department in accordance with any federal
25 requirements, is equal to or less than 70% in fiscal
26 year 2001, equal to or less than 85% in fiscal year
27 2002 and until a date to be determined by the
28 Department by rule, and equal to or less than 100%
29 beginning on the date determined by the Department by
30 rule, of the nonfarm income official poverty line, as
31 defined by the federal Office of Management and Budget
32 and revised annually in accordance with Section 673(2)

1 of the Omnibus Budget Reconciliation Act of 1981,
2 applicable to families of the same size; or

3 (ii) their income, after the deduction of costs
4 incurred for medical care and for other types of
5 remedial care, is equal to or less than 70% in fiscal
6 year 2001, equal to or less than 85% in fiscal year
7 2002 and until a date to be determined by the
8 Department by rule, and equal to or less than 100%
9 beginning on the date determined by the Department by
10 rule, of the nonfarm income official poverty line, as
11 defined in item (i) of this subparagraph (a).

12 (b) All persons who would be determined eligible for
13 such basic maintenance under Article IV by disregarding the
14 maximum earned income permitted by federal law.

15 3. Persons who would otherwise qualify for Aid to the
16 Medically Indigent under Article VII.

17 4. Persons not eligible under any of the preceding
18 paragraphs who fall sick, are injured, or die, not having
19 sufficient money, property or other resources to meet the costs
20 of necessary medical care or funeral and burial expenses.

21 5. (a) Women during pregnancy, after the fact of pregnancy
22 has been determined by medical diagnosis, and during the
23 60-day period beginning on the last day of the pregnancy,
24 together with their infants and children born after
25 September 30, 1983, whose income and resources are
26 insufficient to meet the costs of necessary medical care to
27 the maximum extent possible under Title XIX of the Federal
28 Social Security Act.

29 (b) The Illinois Department and the Governor shall
30 provide a plan for coverage of the persons eligible under
31 paragraph 5(a) by April 1, 1990. Such plan shall provide
32 ambulatory prenatal care to pregnant women during a
33 presumptive eligibility period and establish an income
34 eligibility standard that is equal to 133% of the nonfarm
35 income official poverty line, as defined by the federal
36 Office of Management and Budget and revised annually in

1 accordance with Section 673(2) of the Omnibus Budget
2 Reconciliation Act of 1981, applicable to families of the
3 same size, provided that costs incurred for medical care
4 are not taken into account in determining such income
5 eligibility.

6 (c) The Illinois Department may conduct a
7 demonstration in at least one county that will provide
8 medical assistance to pregnant women, together with their
9 infants and children up to one year of age, where the
10 income eligibility standard is set up to 185% of the
11 nonfarm income official poverty line, as defined by the
12 federal Office of Management and Budget. The Illinois
13 Department shall seek and obtain necessary authorization
14 provided under federal law to implement such a
15 demonstration. Such demonstration may establish resource
16 standards that are not more restrictive than those
17 established under Article IV of this Code.

18 6. Persons under the age of 18 who fail to qualify as
19 dependent under Article IV and who have insufficient income and
20 resources to meet the costs of necessary medical care to the
21 maximum extent permitted under Title XIX of the Federal Social
22 Security Act.

23 7. Persons who are under 21 years of age and would qualify
24 as disabled as defined under the Federal Supplemental Security
25 Income Program, provided medical service for such persons would
26 be eligible for Federal Financial Participation, and provided
27 the Illinois Department determines that:

28 (a) the person requires a level of care provided by a
29 hospital, skilled nursing facility, or intermediate care
30 facility, as determined by a physician licensed to practice
31 medicine in all its branches;

32 (b) it is appropriate to provide such care outside of
33 an institution, as determined by a physician licensed to
34 practice medicine in all its branches;

35 (c) the estimated amount which would be expended for
36 care outside the institution is not greater than the

1 estimated amount which would be expended in an institution.

2 8. Persons who become ineligible for basic maintenance
3 assistance under Article IV of this Code in programs
4 administered by the Illinois Department due to employment
5 earnings and persons in assistance units comprised of adults
6 and children who become ineligible for basic maintenance
7 assistance under Article VI of this Code due to employment
8 earnings. The plan for coverage for this class of persons
9 shall:

10 (a) extend the medical assistance coverage for up to 12
11 months following termination of basic maintenance
12 assistance; and

13 (b) offer persons who have initially received 6 months
14 of the coverage provided in paragraph (a) above, the option
15 of receiving an additional 6 months of coverage, subject to
16 the following:

17 (i) such coverage shall be pursuant to provisions
18 of the federal Social Security Act;

19 (ii) such coverage shall include all services
20 covered while the person was eligible for basic
21 maintenance assistance;

22 (iii) no premium shall be charged for such
23 coverage; and

24 (iv) such coverage shall be suspended in the event
25 of a person's failure without good cause to file in a
26 timely fashion reports required for this coverage
27 under the Social Security Act and coverage shall be
28 reinstated upon the filing of such reports if the
29 person remains otherwise eligible.

30 9. Persons with acquired immunodeficiency syndrome (AIDS)
31 or with AIDS-related conditions with respect to whom there has
32 been a determination that but for home or community-based
33 services such individuals would require the level of care
34 provided in an inpatient hospital, skilled nursing facility or
35 intermediate care facility the cost of which is reimbursed
36 under this Article. Assistance shall be provided to such

1 persons to the maximum extent permitted under Title XIX of the
2 Federal Social Security Act.

3 10. Participants in the long-term care insurance
4 partnership program established under the Partnership for
5 Long-Term Care Act who meet the qualifications for protection
6 of resources described in Section 25 of that Act.

7 11. Persons with disabilities who are employed and eligible
8 for Medicaid, pursuant to Section 1902(a)(10)(A)(ii)(xv) of
9 the Social Security Act, as provided by the Illinois Department
10 by rule.

11 12. Subject to federal approval, persons who are eligible
12 for medical assistance coverage under applicable provisions of
13 the federal Social Security Act and the federal Breast and
14 Cervical Cancer Prevention and Treatment Act of 2000. Those
15 eligible persons are defined to include, but not be limited to,
16 the following persons:

17 (1) persons who have been screened for breast or
18 cervical cancer under the U.S. Centers for Disease Control
19 and Prevention Breast and Cervical Cancer Program
20 established under Title XV of the federal Public Health
21 Services Act in accordance with the requirements of Section
22 1504 of that Act as administered by the Illinois Department
23 of Public Health; and

24 (2) persons whose screenings under the above program
25 were funded in whole or in part by funds appropriated to
26 the Illinois Department of Public Health for breast or
27 cervical cancer screening.

28 "Medical assistance" under this paragraph 12 shall be identical
29 to the benefits provided under the State's approved plan under
30 Title XIX of the Social Security Act. The Department must
31 request federal approval of the coverage under this paragraph
32 12 within 30 days after the effective date of this amendatory
33 Act of the 92nd General Assembly.

34 13. Subject to the approval of a waiver under Section
35 1915(c) of the federal Social Security Act and consistent with
36 that waiver, persons who are 21 years of age or older who have

1 received benefits under paragraph 7 of this Section and who
2 continue to meet the requirements of subparagraphs (a), (b) and
3 (c) of paragraph 7 shall remain eligible for continued
4 benefits, outside an institution, at a level of care
5 appropriate to meet the individual needs of the person,
6 provided that a physician, licensed to practice medicine in all
7 its branches, annually determines that the person requires the
8 level of care provided by a hospital, skilled nursing facility,
9 or intermediate care facility. The Illinois Department of
10 Public Aid shall apply for an applicable waiver under Section
11 1915(c) of the federal Social Security Act. The waiver
12 application may limit the number of persons served by the
13 waiver in any State fiscal year, but that annual limit shall be
14 no fewer than 15 persons. The Department of Public Aid and the
15 Department of Human Services shall jointly adopt rules
16 governing the eligibility of persons under this paragraph 13.
17 The Department of Human Services must make an annual report to
18 the Governor and the General Assembly with respect to the class
19 of persons eligible for medical assistance under this paragraph
20 13. The report is due on January 1 of each year and must cover
21 the State fiscal year ending on June 30 of the preceding year.
22 The first report is due on January 1, 2007. The report must
23 include the following information for the fiscal year covered
24 by the report:

25 (a) The number of persons eligible for medical
26 assistance under this paragraph 13.

27 (b) The number of persons who applied for medical
28 assistance under this paragraph 13.

29 (c) The number of persons who received medical
30 assistance under this paragraph 13.

31 (d) The number of persons who were denied medical
32 assistance under this paragraph 13, together with the
33 reasons for the denial of assistance.

34 (e) The nature, scope, and cost of services provided
35 under this paragraph 13.

36 (f) The comparative cost of providing those services in

1 a hospital, skilled nursing facility, or intermediate care
2 facility.

3 The Illinois Department and the Governor shall provide a
4 plan for coverage of the persons eligible under paragraph 7 as
5 soon as possible after July 1, 1984.

6 The eligibility of any such person for medical assistance
7 under this Article is not affected by the payment of any grant
8 under the Senior Citizens and Disabled Persons Property Tax
9 Relief and Pharmaceutical Assistance Act or any distributions
10 or items of income described under subparagraph (X) of
11 paragraph (2) of subsection (a) of Section 203 of the Illinois
12 Income Tax Act. The Department shall by rule establish the
13 amounts of assets to be disregarded in determining eligibility
14 for medical assistance, which shall at a minimum equal the
15 amounts to be disregarded under the Federal Supplemental
16 Security Income Program. The amount of assets of a single
17 person to be disregarded shall not be less than \$2,000, and the
18 amount of assets of a married couple to be disregarded shall
19 not be less than \$3,000.

20 To the extent permitted under federal law, any person found
21 guilty of a second violation of Article VIII A shall be
22 ineligible for medical assistance under this Article, as
23 provided in Section 8A-8.

24 The eligibility of any person for medical assistance under
25 this Article shall not be affected by the receipt by the person
26 of donations or benefits from fundraisers held for the person
27 in cases of serious illness, as long as neither the person nor
28 members of the person's family have actual control over the
29 donations or benefits or the disbursement of the donations or
30 benefits.

31 (Source: P.A. 92-16, eff. 6-28-01; 92-47, eff. 7-3-01; 92-597,
32 eff. 6-28-02; 93-20, eff. 6-20-03.)

33 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

34 Sec. 5-5. Medical services. The Illinois Department, by
35 rule, shall determine the quantity and quality of and the rate

1 of reimbursement for the medical assistance for which payment
2 will be authorized, and the medical services to be provided,
3 which may include all or part of the following: (1) inpatient
4 hospital services; (2) outpatient hospital services; (3) other
5 laboratory and X-ray services; (4) skilled nursing home
6 services; (5) physicians' services whether furnished in the
7 office, the patient's home, a hospital, a skilled nursing home,
8 or elsewhere; (6) medical care, or any other type of remedial
9 care furnished by licensed practitioners; (7) home health care
10 services; (8) private duty nursing service; (9) clinic
11 services; (10) dental services, including prevention and
12 treatment of periodontal disease and dental caries disease for
13 pregnant women; (11) physical therapy and related services;
14 (12) prescribed drugs, dentures, and prosthetic devices; and
15 eyeglasses prescribed by a physician skilled in the diseases of
16 the eye, or by an optometrist, whichever the person may select;
17 (13) other diagnostic, screening, preventive, and
18 rehabilitative services; (14) transportation and such other
19 expenses as may be necessary; (15) medical treatment of sexual
20 assault survivors, as defined in Section 1a of the Sexual
21 Assault Survivors Emergency Treatment Act, for injuries
22 sustained as a result of the sexual assault, including
23 examinations and laboratory tests to discover evidence which
24 may be used in criminal proceedings arising from the sexual
25 assault; (16) the diagnosis and treatment of sickle cell
26 anemia; and (17) any other medical care, and any other type of
27 remedial care recognized under the laws of this State, but not
28 including abortions, or induced miscarriages or premature
29 births, unless, in the opinion of a physician, such procedures
30 are necessary for the preservation of the life of the woman
31 seeking such treatment, or except an induced premature birth
32 intended to produce a live viable child and such procedure is
33 necessary for the health of the mother or her unborn child. The
34 Illinois Department, by rule, shall prohibit any physician from
35 providing medical assistance to anyone eligible therefor under
36 this Code where such physician has been found guilty of

1 performing an abortion procedure in a wilful and wanton manner
2 upon a woman who was not pregnant at the time such abortion
3 procedure was performed. The term "any other type of remedial
4 care" shall include nursing care and nursing home service for
5 persons who rely on treatment by spiritual means alone through
6 prayer for healing.

7 Notwithstanding any other provision of this Section, a
8 comprehensive tobacco use cessation program that includes
9 purchasing prescription drugs or prescription medical devices
10 approved by the Food and Drug administration shall be covered
11 under the medical assistance program under this Article for
12 persons who are otherwise eligible for assistance under this
13 Article.

14 Notwithstanding any other provision of this Code, the
15 Illinois Department may not require, as a condition of payment
16 for any laboratory test authorized under this Article, that a
17 physician's handwritten signature appear on the laboratory
18 test order form. The Illinois Department may, however, impose
19 other appropriate requirements regarding laboratory test order
20 documentation.

21 The Illinois Department of Public Aid shall provide the
22 following services to persons eligible for assistance under
23 this Article who are participating in education, training or
24 employment programs operated by the Department of Human
25 Services as successor to the Department of Public Aid:

26 (1) dental services, which shall include but not be
27 limited to prosthodontics; and

28 (2) eyeglasses prescribed by a physician skilled in the
29 diseases of the eye, or by an optometrist, whichever the
30 person may select.

31 In order to ensure compliance with the Disabilities
32 Services Act of 2003 and the federal Americans with
33 Disabilities Act, the Illinois Department of Human Services,
34 the Illinois Department of Public Aid, and the Division of
35 Specialized Care for Children of the University of Illinois
36 shall enter into an interagency agreement within 90 days after

1 the effective date of this amendatory Act of the 94th General
2 Assembly for the purpose of cooperatively establishing a
3 program of case management for any person who receives benefits
4 under paragraph 7 of Section 5-2 of this Code. The program of
5 case management shall include a review of each person's needs
6 at least annually starting at age 16 in order to prepare the
7 person and his or her family for the transition to services
8 that are available to the person and his or her family starting
9 at age 21, including services provided under paragraph 13 of
10 Section 5-2 of this Code. The person or his or her authorized
11 representative shall participate in the case management
12 program. These case management services shall include: (1) an
13 assessment of the person's medical needs, including
14 consultation with a physician licensed to practice medicine in
15 all its branches and the person's treating physician; (2)
16 counseling the person and his or her family about the services
17 available to the person when he or she reaches age 21; (3)
18 providing the opportunity to receive service options between
19 the ages of 16 and 21 that will permit the person to gradually
20 make a successful transition to services available starting at
21 the age of 21; (4) assisting the person and his or her family
22 to adjust to changes, if any, that may occur in the provision
23 of services starting at the age of 21; (5) assessing the needs
24 of the person for educational and vocational planning and
25 services; (6) evaluating the need of the person for assistive
26 technology services and devices; (7) establishing linkages for
27 the person and his or her family to support services,
28 independent living services, employment and vocational skills
29 training, educational resources, and other transition
30 services; and (8) developing a transition plan for the person
31 with the participation of the person and his or her family. The
32 Department of Human Services, the Division of Specialized Care
33 for Children, and the Department of Public Aid shall jointly
34 adopt rules governing the criteria, standards, and procedures
35 concerning the case management program and procedures required
36 by this paragraph.

1 The Illinois Department, by rule, may distinguish and
2 classify the medical services to be provided only in accordance
3 with the classes of persons designated in Section 5-2.

4 The Illinois Department shall authorize the provision of,
5 and shall authorize payment for, screening by low-dose
6 mammography for the presence of occult breast cancer for women
7 35 years of age or older who are eligible for medical
8 assistance under this Article, as follows: a baseline mammogram
9 for women 35 to 39 years of age and an annual mammogram for
10 women 40 years of age or older. All screenings shall include a
11 physical breast exam, instruction on self-examination and
12 information regarding the frequency of self-examination and
13 its value as a preventative tool. As used in this Section,
14 "low-dose mammography" means the x-ray examination of the
15 breast using equipment dedicated specifically for mammography,
16 including the x-ray tube, filter, compression device, image
17 receptor, and cassettes, with an average radiation exposure
18 delivery of less than one rad mid-breast, with 2 views for each
19 breast.

20 Any medical or health care provider shall immediately
21 recommend, to any pregnant woman who is being provided prenatal
22 services and is suspected of drug abuse or is addicted as
23 defined in the Alcoholism and Other Drug Abuse and Dependency
24 Act, referral to a local substance abuse treatment provider
25 licensed by the Department of Human Services or to a licensed
26 hospital which provides substance abuse treatment services.
27 The Department of Public Aid shall assure coverage for the cost
28 of treatment of the drug abuse or addiction for pregnant
29 recipients in accordance with the Illinois Medicaid Program in
30 conjunction with the Department of Human Services.

31 All medical providers providing medical assistance to
32 pregnant women under this Code shall receive information from
33 the Department on the availability of services under the Drug
34 Free Families with a Future or any comparable program providing
35 case management services for addicted women, including
36 information on appropriate referrals for other social services

1 that may be needed by addicted women in addition to treatment
2 for addiction.

3 The Illinois Department, in cooperation with the
4 Departments of Human Services (as successor to the Department
5 of Alcoholism and Substance Abuse) and Public Health, through a
6 public awareness campaign, may provide information concerning
7 treatment for alcoholism and drug abuse and addiction, prenatal
8 health care, and other pertinent programs directed at reducing
9 the number of drug-affected infants born to recipients of
10 medical assistance.

11 Neither the Illinois Department of Public Aid nor the
12 Department of Human Services shall sanction the recipient
13 solely on the basis of her substance abuse.

14 The Illinois Department shall establish such regulations
15 governing the dispensing of health services under this Article
16 as it shall deem appropriate. The Department should seek the
17 advice of formal professional advisory committees appointed by
18 the Director of the Illinois Department for the purpose of
19 providing regular advice on policy and administrative matters,
20 information dissemination and educational activities for
21 medical and health care providers, and consistency in
22 procedures to the Illinois Department.

23 The Illinois Department may develop and contract with
24 Partnerships of medical providers to arrange medical services
25 for persons eligible under Section 5-2 of this Code.
26 Implementation of this Section may be by demonstration projects
27 in certain geographic areas. The Partnership shall be
28 represented by a sponsor organization. The Department, by rule,
29 shall develop qualifications for sponsors of Partnerships.
30 Nothing in this Section shall be construed to require that the
31 sponsor organization be a medical organization.

32 The sponsor must negotiate formal written contracts with
33 medical providers for physician services, inpatient and
34 outpatient hospital care, home health services, treatment for
35 alcoholism and substance abuse, and other services determined
36 necessary by the Illinois Department by rule for delivery by

1 Partnerships. Physician services must include prenatal and
2 obstetrical care. The Illinois Department shall reimburse
3 medical services delivered by Partnership providers to clients
4 in target areas according to provisions of this Article and the
5 Illinois Health Finance Reform Act, except that:

6 (1) Physicians participating in a Partnership and
7 providing certain services, which shall be determined by
8 the Illinois Department, to persons in areas covered by the
9 Partnership may receive an additional surcharge for such
10 services.

11 (2) The Department may elect to consider and negotiate
12 financial incentives to encourage the development of
13 Partnerships and the efficient delivery of medical care.

14 (3) Persons receiving medical services through
15 Partnerships may receive medical and case management
16 services above the level usually offered through the
17 medical assistance program.

18 Medical providers shall be required to meet certain
19 qualifications to participate in Partnerships to ensure the
20 delivery of high quality medical services. These
21 qualifications shall be determined by rule of the Illinois
22 Department and may be higher than qualifications for
23 participation in the medical assistance program. Partnership
24 sponsors may prescribe reasonable additional qualifications
25 for participation by medical providers, only with the prior
26 written approval of the Illinois Department.

27 Nothing in this Section shall limit the free choice of
28 practitioners, hospitals, and other providers of medical
29 services by clients. In order to ensure patient freedom of
30 choice, the Illinois Department shall immediately promulgate
31 all rules and take all other necessary actions so that provided
32 services may be accessed from therapeutically certified
33 optometrists to the full extent of the Illinois Optometric
34 Practice Act of 1987 without discriminating between service
35 providers.

36 The Department shall apply for a waiver from the United

1 States Health Care Financing Administration to allow for the
2 implementation of Partnerships under this Section.

3 The Illinois Department shall require health care
4 providers to maintain records that document the medical care
5 and services provided to recipients of Medical Assistance under
6 this Article. The Illinois Department shall require health care
7 providers to make available, when authorized by the patient, in
8 writing, the medical records in a timely fashion to other
9 health care providers who are treating or serving persons
10 eligible for Medical Assistance under this Article. All
11 dispensers of medical services shall be required to maintain
12 and retain business and professional records sufficient to
13 fully and accurately document the nature, scope, details and
14 receipt of the health care provided to persons eligible for
15 medical assistance under this Code, in accordance with
16 regulations promulgated by the Illinois Department. The rules
17 and regulations shall require that proof of the receipt of
18 prescription drugs, dentures, prosthetic devices and
19 eyeglasses by eligible persons under this Section accompany
20 each claim for reimbursement submitted by the dispenser of such
21 medical services. No such claims for reimbursement shall be
22 approved for payment by the Illinois Department without such
23 proof of receipt, unless the Illinois Department shall have put
24 into effect and shall be operating a system of post-payment
25 audit and review which shall, on a sampling basis, be deemed
26 adequate by the Illinois Department to assure that such drugs,
27 dentures, prosthetic devices and eyeglasses for which payment
28 is being made are actually being received by eligible
29 recipients. Within 90 days after the effective date of this
30 amendatory Act of 1984, the Illinois Department shall establish
31 a current list of acquisition costs for all prosthetic devices
32 and any other items recognized as medical equipment and
33 supplies reimbursable under this Article and shall update such
34 list on a quarterly basis, except that the acquisition costs of
35 all prescription drugs shall be updated no less frequently than
36 every 30 days as required by Section 5-5.12.

1 The rules and regulations of the Illinois Department shall
2 require that a written statement including the required opinion
3 of a physician shall accompany any claim for reimbursement for
4 abortions, or induced miscarriages or premature births. This
5 statement shall indicate what procedures were used in providing
6 such medical services.

7 The Illinois Department shall require all dispensers of
8 medical services, other than an individual practitioner or
9 group of practitioners, desiring to participate in the Medical
10 Assistance program established under this Article to disclose
11 all financial, beneficial, ownership, equity, surety or other
12 interests in any and all firms, corporations, partnerships,
13 associations, business enterprises, joint ventures, agencies,
14 institutions or other legal entities providing any form of
15 health care services in this State under this Article.

16 The Illinois Department may require that all dispensers of
17 medical services desiring to participate in the medical
18 assistance program established under this Article disclose,
19 under such terms and conditions as the Illinois Department may
20 by rule establish, all inquiries from clients and attorneys
21 regarding medical bills paid by the Illinois Department, which
22 inquiries could indicate potential existence of claims or liens
23 for the Illinois Department.

24 Enrollment of a vendor that provides non-emergency medical
25 transportation, defined by the Department by rule, shall be
26 conditional for 180 days. During that time, the Department of
27 Public Aid may terminate the vendor's eligibility to
28 participate in the medical assistance program without cause.
29 That termination of eligibility is not subject to the
30 Department's hearing process.

31 The Illinois Department shall establish policies,
32 procedures, standards and criteria by rule for the acquisition,
33 repair and replacement of orthotic and prosthetic devices and
34 durable medical equipment. Such rules shall provide, but not be
35 limited to, the following services: (1) immediate repair or
36 replacement of such devices by recipients without medical

1 authorization; and (2) rental, lease, purchase or
2 lease-purchase of durable medical equipment in a
3 cost-effective manner, taking into consideration the
4 recipient's medical prognosis, the extent of the recipient's
5 needs, and the requirements and costs for maintaining such
6 equipment. Such rules shall enable a recipient to temporarily
7 acquire and use alternative or substitute devices or equipment
8 pending repairs or replacements of any device or equipment
9 previously authorized for such recipient by the Department.

10 The Department shall execute, relative to the nursing home
11 prescreening project, written inter-agency agreements with the
12 Department of Human Services and the Department on Aging, to
13 effect the following: (i) intake procedures and common
14 eligibility criteria for those persons who are receiving
15 non-institutional services; and (ii) the establishment and
16 development of non-institutional services in areas of the State
17 where they are not currently available or are undeveloped.

18 The Illinois Department shall develop and operate, in
19 cooperation with other State Departments and agencies and in
20 compliance with applicable federal laws and regulations,
21 appropriate and effective systems of health care evaluation and
22 programs for monitoring of utilization of health care services
23 and facilities, as it affects persons eligible for medical
24 assistance under this Code.

25 The Illinois Department shall report annually to the
26 General Assembly, no later than the second Friday in April of
27 1979 and each year thereafter, in regard to:

28 (a) actual statistics and trends in utilization of
29 medical services by public aid recipients;

30 (b) actual statistics and trends in the provision of
31 the various medical services by medical vendors;

32 (c) current rate structures and proposed changes in
33 those rate structures for the various medical vendors; and

34 (d) efforts at utilization review and control by the
35 Illinois Department.

36 The period covered by each report shall be the 3 years

1 ending on the June 30 prior to the report. The report shall
2 include suggested legislation for consideration by the General
3 Assembly. The filing of one copy of the report with the
4 Speaker, one copy with the Minority Leader and one copy with
5 the Clerk of the House of Representatives, one copy with the
6 President, one copy with the Minority Leader and one copy with
7 the Secretary of the Senate, one copy with the Legislative
8 Research Unit, and such additional copies with the State
9 Government Report Distribution Center for the General Assembly
10 as is required under paragraph (t) of Section 7 of the State
11 Library Act shall be deemed sufficient to comply with this
12 Section.

13 (Source: P.A. 92-16, eff. 6-28-01; 92-651, eff. 7-11-02;
14 92-789, eff. 8-6-02; 93-632, eff. 2-1-04; 93-841, eff. 7-30-04;
15 93-981, eff. 8-23-04; revised 10-22-04.)

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