



Rep. Elizabeth Hernandez

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1 AMENDMENT TO SENATE BILL 2348

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2348 by replacing  
3 everything after the enacting clause with the following:

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  
13 Articles III and IV.

14 2. Persons otherwise eligible for basic maintenance  
15 under Articles III and IV but who fail to qualify

1           thereunder on the basis of need, and who have insufficient  
2           income and resources to meet the costs of necessary medical  
3           care, including but not limited to the following:

4                   (a) All persons otherwise eligible for basic  
5                   maintenance under Article III but who fail to qualify  
6                   under that Article on the basis of need and who meet  
7                   either of the following requirements:

8                           (i) their income, as determined by the  
9                           Illinois Department in accordance with any federal  
10                          requirements, is equal to or less than 70% in  
11                          fiscal year 2001, equal to or less than 85% in  
12                          fiscal year 2002 and until a date to be determined  
13                          by the Department by rule, and equal to or less  
14                          than 100% beginning on the date determined by the  
15                          Department by rule, of the nonfarm income official  
16                          poverty line, as defined by the federal Office of  
17                          Management and Budget and revised annually in  
18                          accordance with Section 673(2) of the Omnibus  
19                          Budget Reconciliation Act of 1981, applicable to  
20                          families of the same size; or

21                           (ii) their income, after the deduction of  
22                           costs incurred for medical care and for other types  
23                           of remedial care, is equal to or less than 70% in  
24                           fiscal year 2001, equal to or less than 85% in  
25                           fiscal year 2002 and until a date to be determined  
26                           by the Department by rule, and equal to or less

1           than 100% beginning on the date determined by the  
2           Department by rule, of the nonfarm income official  
3           poverty line, as defined in item (i) of this  
4           subparagraph (a).

5           (b) All persons who would be determined eligible  
6           for such basic maintenance under Article IV by  
7           disregarding the maximum earned income permitted by  
8           federal law.

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

11          4. Persons not eligible under any of the preceding  
12          paragraphs who fall sick, are injured, or die, not having  
13          sufficient money, property or other resources to meet the  
14          costs of necessary medical care or funeral and burial  
15          expenses.

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

24          (b) The Illinois Department and the Governor shall  
25          provide a plan for coverage of the persons eligible under  
26          paragraph 5(a) by April 1, 1990. Such plan shall provide

1 ambulatory prenatal care to pregnant women during a  
2 presumptive eligibility period and establish an income  
3 eligibility standard that is equal to 133% of the nonfarm  
4 income official poverty line, as defined by the federal  
5 Office of Management and Budget and revised annually in  
6 accordance with Section 673(2) of the Omnibus Budget  
7 Reconciliation Act of 1981, applicable to families of the  
8 same size, provided that costs incurred for medical care  
9 are not taken into account in determining such income  
10 eligibility.

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

23 6. Persons under the age of 18 who fail to qualify as  
24 dependent under Article IV and who have insufficient income  
25 and resources to meet the costs of necessary medical care  
26 to the maximum extent permitted under Title XIX of the

1 Federal Social Security Act.

2 7. Persons who are under 21 years of age and would  
3 qualify as disabled as defined under the Federal  
4 Supplemental Security Income Program, provided medical  
5 service for such persons would be eligible for Federal  
6 Financial Participation, and provided the Illinois  
7 Department determines that:

8 (a) the person requires a level of care provided by  
9 a hospital, skilled nursing facility, or intermediate  
10 care facility, as determined by a physician licensed to  
11 practice medicine in all its branches;

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

15 (c) the estimated amount which would be expended  
16 for care outside the institution is not greater than  
17 the estimated amount which would be expended in an  
18 institution.

19 8. Persons who become ineligible for basic maintenance  
20 assistance under Article IV of this Code in programs  
21 administered by the Illinois Department due to employment  
22 earnings and persons in assistance units comprised of  
23 adults and children who become ineligible for basic  
24 maintenance assistance under Article VI of this Code due to  
25 employment earnings. The plan for coverage for this class  
26 of persons shall:

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

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

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

10 (ii) such coverage shall include all services  
11 covered while the person was eligible for basic  
12 maintenance assistance;

13 (iii) no premium shall be charged for such  
14 coverage; and

15 (iv) such coverage shall be suspended in the  
16 event of a person's failure without good cause to  
17 file in a timely fashion reports required for this  
18 coverage under the Social Security Act and  
19 coverage shall be reinstated upon the filing of  
20 such reports if the person remains otherwise  
21 eligible.

22 9. Persons with acquired immunodeficiency syndrome  
23 (AIDS) or with AIDS-related conditions with respect to whom  
24 there has been a determination that but for home or  
25 community-based services such individuals would require  
26 the level of care provided in an inpatient hospital,

1 skilled nursing facility or intermediate care facility the  
2 cost of which is reimbursed under this Article. Assistance  
3 shall be provided to such persons to the maximum extent  
4 permitted under Title XIX of the Federal Social Security  
5 Act.

6 10. Participants in the long-term care insurance  
7 partnership program established under the Illinois  
8 Long-Term Care Partnership Program Act ~~Partnership for~~  
9 ~~Long-Term Care Act~~ who meet the qualifications for  
10 protection of resources described in Section 15 ~~25~~ of that  
11 Act.

12 11. Persons with disabilities who are employed and  
13 eligible for Medicaid, pursuant to Section  
14 1902(a)(10)(A)(ii)(xv) of the Social Security Act, as  
15 provided by the Illinois Department by rule. In  
16 establishing eligibility standards under this paragraph  
17 11, the Department shall, subject to federal approval:

18 (a) set the income eligibility standard at not  
19 lower than 350% of the federal poverty level;

20 (b) exempt retirement accounts that the person  
21 cannot access without penalty before the age of 59 1/2,  
22 and medical savings accounts established pursuant to  
23 26 U.S.C. 220;

24 (c) allow non-exempt assets up to \$25,000 as to  
25 those assets accumulated during periods of eligibility  
26 under this paragraph 11; and

1 (d) continue to apply subparagraphs (b) and (c) in  
2 determining the eligibility of the person under this  
3 Article even if the person loses eligibility under this  
4 paragraph 11.

5 12. Subject to federal approval, persons who are  
6 eligible for medical assistance coverage under applicable  
7 provisions of the federal Social Security Act and the  
8 federal Breast and Cervical Cancer Prevention and  
9 Treatment Act of 2000. Those eligible persons are defined  
10 to include, but not be limited to, the following persons:

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

19 (2) persons whose screenings under the above  
20 program were funded in whole or in part by funds  
21 appropriated to the Illinois Department of Public  
22 Health for breast or cervical cancer screening.

23 "Medical assistance" under this paragraph 12 shall be  
24 identical to the benefits provided under the State's  
25 approved plan under Title XIX of the Social Security Act.  
26 The Department must request federal approval of the



1 coverage under this paragraph 12 within 30 days after the  
2 effective date of this amendatory Act of the 92nd General  
3 Assembly.

4 13. Subject to appropriation and to federal approval,  
5 persons living with HIV/AIDS who are not otherwise eligible  
6 under this Article and who qualify for services covered  
7 under Section 5-5.04 as provided by the Illinois Department  
8 by rule.

9 14. Subject to the availability of funds for this  
10 purpose, the Department may provide coverage under this  
11 Article to persons who reside in Illinois who are not  
12 eligible under any of the preceding paragraphs and who meet  
13 the income guidelines of paragraph 2(a) of this Section and  
14 (i) have an application for asylum pending before the  
15 federal Department of Homeland Security or on appeal before  
16 a court of competent jurisdiction and are represented  
17 either by counsel or by an advocate accredited by the  
18 federal Department of Homeland Security and employed by a  
19 not-for-profit organization in regard to that application  
20 or appeal, or (ii) are receiving services through a  
21 federally funded torture treatment center. Medical  
22 coverage under this paragraph 14 may be provided for up to  
23 24 continuous months from the initial eligibility date so  
24 long as an individual continues to satisfy the criteria of  
25 this paragraph 14. If an individual has an appeal pending  
26 regarding an application for asylum before the Department

1 of Homeland Security, eligibility under this paragraph 14  
2 may be extended until a final decision is rendered on the  
3 appeal. The Department may adopt rules governing the  
4 implementation of this paragraph 14.

5 15. Subject to federal approval, persons with  
6 medically improved disability who are employed or eligible  
7 for Medicaid pursuant to Section 1902(a)(10)(A)(ii)(xvi)  
8 of the Social Security Act that meet applicable eligibility  
9 standards established in paragraph 11. The Department may  
10 not otherwise adopt any rule to implement this paragraph.

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

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

1 not be less than \$3,000.

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

6 The eligibility of any person for medical assistance under  
7 this Article shall not be affected by the receipt by the person  
8 of donations or benefits from fundraisers held for the person  
9 in cases of serious illness, as long as neither the person nor  
10 members of the person's family have actual control over the  
11 donations or benefits or the disbursement of the donations or  
12 benefits.

13 (Source: P.A. 94-629, eff. 1-1-06; 94-1043, eff. 7-24-06;  
14 95-546, eff. 8-29-07; revised 1-22-08.)

15 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

16 Sec. 5-5. Medical services. The Illinois Department, by  
17 rule, shall determine the quantity and quality of and the rate  
18 of reimbursement for the medical assistance for which payment  
19 will be authorized, and the medical services to be provided,  
20 which may include all or part of the following: (1) inpatient  
21 hospital services; (2) outpatient hospital services; (3) other  
22 laboratory and X-ray services; (4) skilled nursing home  
23 services; (5) physicians' services whether furnished in the  
24 office, the patient's home, a hospital, a skilled nursing home,  
25 or elsewhere; (6) medical care, or any other type of remedial

1 care furnished by licensed practitioners; (7) home health care  
2 services; (8) private duty nursing service; (9) clinic  
3 services; (10) dental services, including prevention and  
4 treatment of periodontal disease and dental caries disease for  
5 pregnant women; (11) physical therapy and related services;  
6 (12) prescribed drugs, dentures, and prosthetic devices; and  
7 eyeglasses prescribed by a physician skilled in the diseases of  
8 the eye, or by an optometrist, whichever the person may select;  
9 (13) other diagnostic, screening, preventive, and  
10 rehabilitative services; (14) transportation and such other  
11 expenses as may be necessary; (15) medical treatment of sexual  
12 assault survivors, as defined in Section 1a of the Sexual  
13 Assault Survivors Emergency Treatment Act, for injuries  
14 sustained as a result of the sexual assault, including  
15 examinations and laboratory tests to discover evidence which  
16 may be used in criminal proceedings arising from the sexual  
17 assault; (16) the diagnosis and treatment of sickle cell  
18 anemia; and (17) any other medical care, and any other type of  
19 remedial care recognized under the laws of this State, but not  
20 including abortions, or induced miscarriages or premature  
21 births, unless, in the opinion of a physician, such procedures  
22 are necessary for the preservation of the life of the woman  
23 seeking such treatment, or except an induced premature birth  
24 intended to produce a live viable child and such procedure is  
25 necessary for the health of the mother or her unborn child. The  
26 Illinois Department, by rule, shall prohibit any physician from

1 providing medical assistance to anyone eligible therefor under  
2 this Code where such physician has been found guilty of  
3 performing an abortion procedure in a wilful and wanton manner  
4 upon a woman who was not pregnant at the time such abortion  
5 procedure was performed. The term "any other type of remedial  
6 care" shall include nursing care and nursing home service for  
7 persons who rely on treatment by spiritual means alone through  
8 prayer for healing.

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

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

23 The Department of Healthcare and Family Services shall  
24 provide the following services to persons eligible for  
25 assistance under this Article who are participating in  
26 education, training or employment programs operated by the

1 Department of Human Services as successor to the Department of  
2 Public Aid:

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

5 (2) eyeglasses prescribed by a physician skilled in the  
6 diseases of the eye, or by an optometrist, whichever the  
7 person may select.

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

11 The Department of Healthcare and Family Services must  
12 provide coverage and reimbursement for amino acid-based  
13 elemental formulas, regardless of delivery method, for the  
14 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
15 short bowel syndrome when the prescribing physician has issued  
16 a written order stating that the amino acid-based elemental  
17 formula is medically necessary.

18 The Illinois Department shall authorize the provision of,  
19 and shall authorize payment for, screening by low-dose  
20 mammography for the presence of occult breast cancer for women  
21 35 years of age or older who are eligible for medical  
22 assistance under this Article, as follows: a baseline mammogram  
23 for women 35 to 39 years of age and an annual mammogram for  
24 women 40 years of age or older. All screenings shall include a  
25 physical breast exam, instruction on self-examination and  
26 information regarding the frequency of self-examination and

1 its value as a preventative tool. As used in this Section,  
2 "low-dose mammography" means the x-ray examination of the  
3 breast using equipment dedicated specifically for mammography,  
4 including the x-ray tube, filter, compression device, image  
5 receptor, and cassettes, with an average radiation exposure  
6 delivery of less than one rad mid-breast, with 2 views for each  
7 breast.

8 Any medical or health care provider shall immediately  
9 recommend, to any pregnant woman who is being provided prenatal  
10 services and is suspected of drug abuse or is addicted as  
11 defined in the Alcoholism and Other Drug Abuse and Dependency  
12 Act, referral to a local substance abuse treatment provider  
13 licensed by the Department of Human Services or to a licensed  
14 hospital which provides substance abuse treatment services.  
15 The Department of Healthcare and Family Services shall assure  
16 coverage for the cost of treatment of the drug abuse or  
17 addiction for pregnant recipients in accordance with the  
18 Illinois Medicaid Program in conjunction with the Department of  
19 Human Services.

20 All medical providers providing medical assistance to  
21 pregnant women under this Code shall receive information from  
22 the Department on the availability of services under the Drug  
23 Free Families with a Future or any comparable program providing  
24 case management services for addicted women, including  
25 information on appropriate referrals for other social services  
26 that may be needed by addicted women in addition to treatment

1 for addiction.

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

10 Neither the Department of Healthcare and Family Services  
11 nor the Department of Human Services shall sanction the  
12 recipient solely on the basis of her substance abuse.

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

22 Notwithstanding any other provision of law, a medical or  
23 health care provider under the medical assistance program may  
24 elect, in lieu of receiving direct payment for goods or  
25 services provided under that program, to participate in the  
26 Illinois State Employees Deferred Compensation Plan adopted



1 under Article 24 of the Illinois Pension Code. A medical or  
2 health care provider who elects to participate in that Plan  
3 shall, for purposes of that participation, be deemed an  
4 "employee" as defined in Section 24-102 of the Illinois Pension  
5 Code. A medical or health care provider who elects to  
6 participate in the Plan does not have a cause of action against  
7 the State for any damages allegedly suffered by the provider as  
8 a result of any delay by the State in crediting the amount of  
9 any contribution to the provider's Plan account.

10 The Illinois Department may develop and contract with  
11 Partnerships of medical providers to arrange medical services  
12 for persons eligible under Section 5-2 of this Code.  
13 Implementation of this Section may be by demonstration projects  
14 in certain geographic areas. The Partnership shall be  
15 represented by a sponsor organization. The Department, by rule,  
16 shall develop qualifications for sponsors of Partnerships.  
17 Nothing in this Section shall be construed to require that the  
18 sponsor organization be a medical organization.

19 The sponsor must negotiate formal written contracts with  
20 medical providers for physician services, inpatient and  
21 outpatient hospital care, home health services, treatment for  
22 alcoholism and substance abuse, and other services determined  
23 necessary by the Illinois Department by rule for delivery by  
24 Partnerships. Physician services must include prenatal and  
25 obstetrical care. The Illinois Department shall reimburse  
26 medical services delivered by Partnership providers to clients

1 in target areas according to provisions of this Article and the  
2 Illinois Health Finance Reform Act, except that:

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

8 (2) The Department may elect to consider and negotiate  
9 financial incentives to encourage the development of  
10 Partnerships and the efficient delivery of medical care.

11 (3) Persons receiving medical services through  
12 Partnerships may receive medical and case management  
13 services above the level usually offered through the  
14 medical assistance program.

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

24 Nothing in this Section shall limit the free choice of  
25 practitioners, hospitals, and other providers of medical  
26 services by clients. In order to ensure patient freedom of

1 choice, the Illinois Department shall immediately promulgate  
2 all rules and take all other necessary actions so that provided  
3 services may be accessed from therapeutically certified  
4 optometrists to the full extent of the Illinois Optometric  
5 Practice Act of 1987 without discriminating between service  
6 providers.

7 The Department shall apply for a waiver from the United  
8 States Health Care Financing Administration to allow for the  
9 implementation of Partnerships under this Section.

10 The Illinois Department shall require health care  
11 providers to maintain records that document the medical care  
12 and services provided to recipients of Medical Assistance under  
13 this Article. The Illinois Department shall require health care  
14 providers to make available, when authorized by the patient, in  
15 writing, the medical records in a timely fashion to other  
16 health care providers who are treating or serving persons  
17 eligible for Medical Assistance under this Article. All  
18 dispensers of medical services shall be required to maintain  
19 and retain business and professional records sufficient to  
20 fully and accurately document the nature, scope, details and  
21 receipt of the health care provided to persons eligible for  
22 medical assistance under this Code, in accordance with  
23 regulations promulgated by the Illinois Department. The rules  
24 and regulations shall require that proof of the receipt of  
25 prescription drugs, dentures, prosthetic devices and  
26 eyeglasses by eligible persons under this Section accompany

1 each claim for reimbursement submitted by the dispenser of such  
2 medical services. No such claims for reimbursement shall be  
3 approved for payment by the Illinois Department without such  
4 proof of receipt, unless the Illinois Department shall have put  
5 into effect and shall be operating a system of post-payment  
6 audit and review which shall, on a sampling basis, be deemed  
7 adequate by the Illinois Department to assure that such drugs,  
8 dentures, prosthetic devices and eyeglasses for which payment  
9 is being made are actually being received by eligible  
10 recipients. Within 90 days after the effective date of this  
11 amendatory Act of 1984, the Illinois Department shall establish  
12 a current list of acquisition costs for all prosthetic devices  
13 and any other items recognized as medical equipment and  
14 supplies reimbursable under this Article and shall update such  
15 list on a quarterly basis, except that the acquisition costs of  
16 all prescription drugs shall be updated no less frequently than  
17 every 30 days as required by Section 5-5.12.

18 The rules and regulations of the Illinois Department shall  
19 require that a written statement including the required opinion  
20 of a physician shall accompany any claim for reimbursement for  
21 abortions, or induced miscarriages or premature births. This  
22 statement shall indicate what procedures were used in providing  
23 such medical services.

24 The Illinois Department shall require all dispensers of  
25 medical services, other than an individual practitioner or  
26 group of practitioners, desiring to participate in the Medical

1 Assistance program established under this Article to disclose  
2 all financial, beneficial, ownership, equity, surety or other  
3 interests in any and all firms, corporations, partnerships,  
4 associations, business enterprises, joint ventures, agencies,  
5 institutions or other legal entities providing any form of  
6 health care services in this State under this Article.

7 The Illinois Department may require that all dispensers of  
8 medical services desiring to participate in the medical  
9 assistance program established under this Article disclose,  
10 under such terms and conditions as the Illinois Department may  
11 by rule establish, all inquiries from clients and attorneys  
12 regarding medical bills paid by the Illinois Department, which  
13 inquiries could indicate potential existence of claims or liens  
14 for the Illinois Department.

15 Enrollment of a vendor that provides non-emergency medical  
16 transportation, defined by the Department by rule, shall be  
17 conditional for 180 days. During that time, the Department of  
18 Healthcare and Family Services may terminate the vendor's  
19 eligibility to participate in the medical assistance program  
20 without cause. That termination of eligibility is not subject  
21 to the Department's hearing process.

22 The Illinois Department shall establish policies,  
23 procedures, standards and criteria by rule for the acquisition,  
24 repair and replacement of orthotic and prosthetic devices and  
25 durable medical equipment. Such rules shall provide, but not be  
26 limited to, the following services: (1) immediate repair or

1 replacement of such devices by recipients without medical  
2 authorization; and (2) rental, lease, purchase or  
3 lease-purchase of durable medical equipment in a  
4 cost-effective manner, taking into consideration the  
5 recipient's medical prognosis, the extent of the recipient's  
6 needs, and the requirements and costs for maintaining such  
7 equipment. Such rules shall enable a recipient to temporarily  
8 acquire and use alternative or substitute devices or equipment  
9 pending repairs or replacements of any device or equipment  
10 previously authorized for such recipient by the Department.

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

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

26 The Illinois Department shall report annually to the

1 General Assembly, no later than the second Friday in April of  
2 1979 and each year thereafter, in regard to:

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

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

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

9 (d) efforts at utilization review and control by the  
10 Illinois Department.

11 The period covered by each report shall be the 3 years  
12 ending on the June 30 prior to the report. The report shall  
13 include suggested legislation for consideration by the General  
14 Assembly. The filing of one copy of the report with the  
15 Speaker, one copy with the Minority Leader and one copy with  
16 the Clerk of the House of Representatives, one copy with the  
17 President, one copy with the Minority Leader and one copy with  
18 the Secretary of the Senate, one copy with the Legislative  
19 Research Unit, and such additional copies with the State  
20 Government Report Distribution Center for the General Assembly  
21 as is required under paragraph (t) of Section 7 of the State  
22 Library Act shall be deemed sufficient to comply with this  
23 Section.

24 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)".