



Rep. Sara Feigenholtz

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LRB099 07770 RLC 34365 a

1 AMENDMENT TO HOUSE BILL 4096

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4096 by replacing  
3 everything after the enacting clause with the following:

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

6 (5 ILCS 100/5-45) (from Ch. 127, par. 1005-45)

7 Sec. 5-45. Emergency rulemaking.

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

11 (b) If any agency finds that an emergency exists that  
12 requires adoption of a rule upon fewer days than is required by  
13 Section 5-40 and states in writing its reasons for that  
14 finding, the agency may adopt an emergency rule without prior  
15 notice or hearing upon filing a notice of emergency rulemaking  
16 with the Secretary of State under Section 5-70. The notice

1 shall include the text of the emergency rule and shall be  
2 published in the Illinois Register. Consent orders or other  
3 court orders adopting settlements negotiated by an agency may  
4 be adopted under this Section. Subject to applicable  
5 constitutional or statutory provisions, an emergency rule  
6 becomes effective immediately upon filing under Section 5-65 or  
7 at a stated date less than 10 days thereafter. The agency's  
8 finding and a statement of the specific reasons for the finding  
9 shall be filed with the rule. The agency shall take reasonable  
10 and appropriate measures to make emergency rules known to the  
11 persons who may be affected by them.

12 (c) An emergency rule may be effective for a period of not  
13 longer than 150 days, but the agency's authority to adopt an  
14 identical rule under Section 5-40 is not precluded. No  
15 emergency rule may be adopted more than once in any 24 month  
16 period, except that this limitation on the number of emergency  
17 rules that may be adopted in a 24 month period does not apply  
18 to (i) emergency rules that make additions to and deletions  
19 from the Drug Manual under Section 5-5.16 of the Illinois  
20 Public Aid Code or the generic drug formulary under Section  
21 3.14 of the Illinois Food, Drug and Cosmetic Act, (ii)  
22 emergency rules adopted by the Pollution Control Board before  
23 July 1, 1997 to implement portions of the Livestock Management  
24 Facilities Act, (iii) emergency rules adopted by the Illinois  
25 Department of Public Health under subsections (a) through (i)  
26 of Section 2 of the Department of Public Health Act when

1 necessary to protect the public's health, (iv) emergency rules  
2 adopted pursuant to subsection (n) of this Section, (v)  
3 emergency rules adopted pursuant to subsection (o) of this  
4 Section, or (vi) emergency rules adopted pursuant to subsection  
5 (c-5) of this Section. Two or more emergency rules having  
6 substantially the same purpose and effect shall be deemed to be  
7 a single rule for purposes of this Section.

8 (c-5) To facilitate the maintenance of the program of group  
9 health benefits provided to annuitants, survivors, and retired  
10 employees under the State Employees Group Insurance Act of  
11 1971, rules to alter the contributions to be paid by the State,  
12 annuitants, survivors, retired employees, or any combination  
13 of those entities, for that program of group health benefits,  
14 shall be adopted as emergency rules. The adoption of those  
15 rules shall be considered an emergency and necessary for the  
16 public interest, safety, and welfare.

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

1 shall be deemed to be necessary for the public interest,  
2 safety, and welfare.

3 (e) In order to provide for the expeditious and timely  
4 implementation of the State's fiscal year 2000 budget,  
5 emergency rules to implement any provision of this amendatory  
6 Act of the 91st General Assembly or any other budget initiative  
7 for fiscal year 2000 may be adopted in accordance with this  
8 Section by the agency charged with administering that provision  
9 or initiative, except that the 24-month limitation on the  
10 adoption of emergency rules and the provisions of Sections  
11 5-115 and 5-125 do not apply to rules adopted under this  
12 subsection (e). The adoption of emergency rules authorized by  
13 this subsection (e) shall be deemed to be necessary for the  
14 public interest, safety, and welfare.

15 (f) In order to provide for the expeditious and timely  
16 implementation of the State's fiscal year 2001 budget,  
17 emergency rules to implement any provision of this amendatory  
18 Act of the 91st General Assembly or any other budget initiative  
19 for fiscal year 2001 may be adopted in accordance with this  
20 Section by the agency charged with administering that provision  
21 or initiative, except that the 24-month limitation on the  
22 adoption of emergency rules and the provisions of Sections  
23 5-115 and 5-125 do not apply to rules adopted under this  
24 subsection (f). The adoption of emergency rules authorized by  
25 this subsection (f) shall be deemed to be necessary for the  
26 public interest, safety, and welfare.

1           (g) In order to provide for the expeditious and timely  
2 implementation of the State's fiscal year 2002 budget,  
3 emergency rules to implement any provision of this amendatory  
4 Act of the 92nd General Assembly or any other budget initiative  
5 for fiscal year 2002 may be adopted in accordance with this  
6 Section by the agency charged with administering that provision  
7 or initiative, except that the 24-month limitation on the  
8 adoption of emergency rules and the provisions of Sections  
9 5-115 and 5-125 do not apply to rules adopted under this  
10 subsection (g). The adoption of emergency rules authorized by  
11 this subsection (g) shall be deemed to be necessary for the  
12 public interest, safety, and welfare.

13           (h) In order to provide for the expeditious and timely  
14 implementation of the State's fiscal year 2003 budget,  
15 emergency rules to implement any provision of this amendatory  
16 Act of the 92nd General Assembly or any other budget initiative  
17 for fiscal year 2003 may be adopted in accordance with this  
18 Section by the agency charged with administering that provision  
19 or initiative, except that the 24-month limitation on the  
20 adoption of emergency rules and the provisions of Sections  
21 5-115 and 5-125 do not apply to rules adopted under this  
22 subsection (h). The adoption of emergency rules authorized by  
23 this subsection (h) shall be deemed to be necessary for the  
24 public interest, safety, and welfare.

25           (i) In order to provide for the expeditious and timely  
26 implementation of the State's fiscal year 2004 budget,

1 emergency rules to implement any provision of this amendatory  
2 Act of the 93rd General Assembly or any other budget initiative  
3 for fiscal year 2004 may be adopted in accordance with this  
4 Section by the agency charged with administering that provision  
5 or initiative, except that the 24-month limitation on the  
6 adoption of emergency rules and the provisions of Sections  
7 5-115 and 5-125 do not apply to rules adopted under this  
8 subsection (i). The adoption of emergency rules authorized by  
9 this subsection (i) shall be deemed to be necessary for the  
10 public interest, safety, and welfare.

11 (j) In order to provide for the expeditious and timely  
12 implementation of the provisions of the State's fiscal year  
13 2005 budget as provided under the Fiscal Year 2005 Budget  
14 Implementation (Human Services) Act, emergency rules to  
15 implement any provision of the Fiscal Year 2005 Budget  
16 Implementation (Human Services) Act may be adopted in  
17 accordance with this Section by the agency charged with  
18 administering that provision, except that the 24-month  
19 limitation on the adoption of emergency rules and the  
20 provisions of Sections 5-115 and 5-125 do not apply to rules  
21 adopted under this subsection (j). The Department of Public Aid  
22 may also adopt rules under this subsection (j) necessary to  
23 administer the Illinois Public Aid Code and the Children's  
24 Health Insurance Program Act. The adoption of emergency rules  
25 authorized by this subsection (j) shall be deemed to be  
26 necessary for the public interest, safety, and welfare.

1           (k) In order to provide for the expeditious and timely  
2 implementation of the provisions of the State's fiscal year  
3 2006 budget, emergency rules to implement any provision of this  
4 amendatory Act of the 94th General Assembly or any other budget  
5 initiative for fiscal year 2006 may be adopted in accordance  
6 with this Section by the agency charged with administering that  
7 provision or initiative, except that the 24-month limitation on  
8 the adoption of emergency rules and the provisions of Sections  
9 5-115 and 5-125 do not apply to rules adopted under this  
10 subsection (k). The Department of Healthcare and Family  
11 Services may also adopt rules under this subsection (k)  
12 necessary to administer the Illinois Public Aid Code, the  
13 Senior Citizens and Disabled Persons Property Tax Relief Act,  
14 the Senior Citizens and Disabled Persons Prescription Drug  
15 Discount Program Act (now the Illinois Prescription Drug  
16 Discount Program Act), and the Children's Health Insurance  
17 Program Act. The adoption of emergency rules authorized by this  
18 subsection (k) shall be deemed to be necessary for the public  
19 interest, safety, and welfare.

20           (l) In order to provide for the expeditious and timely  
21 implementation of the provisions of the State's fiscal year  
22 2007 budget, the Department of Healthcare and Family Services  
23 may adopt emergency rules during fiscal year 2007, including  
24 rules effective July 1, 2007, in accordance with this  
25 subsection to the extent necessary to administer the  
26 Department's responsibilities with respect to amendments to

1 the State plans and Illinois waivers approved by the federal  
2 Centers for Medicare and Medicaid Services necessitated by the  
3 requirements of Title XIX and Title XXI of the federal Social  
4 Security Act. The adoption of emergency rules authorized by  
5 this subsection (l) shall be deemed to be necessary for the  
6 public interest, safety, and welfare.

7 (m) In order to provide for the expeditious and timely  
8 implementation of the provisions of the State's fiscal year  
9 2008 budget, the Department of Healthcare and Family Services  
10 may adopt emergency rules during fiscal year 2008, including  
11 rules effective July 1, 2008, in accordance with this  
12 subsection to the extent necessary to administer the  
13 Department's responsibilities with respect to amendments to  
14 the State plans and Illinois waivers approved by the federal  
15 Centers for Medicare and Medicaid Services necessitated by the  
16 requirements of Title XIX and Title XXI of the federal Social  
17 Security Act. The adoption of emergency rules authorized by  
18 this subsection (m) shall be deemed to be necessary for the  
19 public interest, safety, and welfare.

20 (n) In order to provide for the expeditious and timely  
21 implementation of the provisions of the State's fiscal year  
22 2010 budget, emergency rules to implement any provision of this  
23 amendatory Act of the 96th General Assembly or any other budget  
24 initiative authorized by the 96th General Assembly for fiscal  
25 year 2010 may be adopted in accordance with this Section by the  
26 agency charged with administering that provision or



1 initiative. The adoption of emergency rules authorized by this  
2 subsection (n) shall be deemed to be necessary for the public  
3 interest, safety, and welfare. The rulemaking authority  
4 granted in this subsection (n) shall apply only to rules  
5 promulgated during Fiscal Year 2010.

6 (o) In order to provide for the expeditious and timely  
7 implementation of the provisions of the State's fiscal year  
8 2011 budget, emergency rules to implement any provision of this  
9 amendatory Act of the 96th General Assembly or any other budget  
10 initiative authorized by the 96th General Assembly for fiscal  
11 year 2011 may be adopted in accordance with this Section by the  
12 agency charged with administering that provision or  
13 initiative. The adoption of emergency rules authorized by this  
14 subsection (o) is deemed to be necessary for the public  
15 interest, safety, and welfare. The rulemaking authority  
16 granted in this subsection (o) applies only to rules  
17 promulgated on or after the effective date of this amendatory  
18 Act of the 96th General Assembly through June 30, 2011.

19 (p) In order to provide for the expeditious and timely  
20 implementation of the provisions of Public Act 97-689,  
21 emergency rules to implement any provision of Public Act 97-689  
22 may be adopted in accordance with this subsection (p) by the  
23 agency charged with administering that provision or  
24 initiative. The 150-day limitation of the effective period of  
25 emergency rules does not apply to rules adopted under this  
26 subsection (p), and the effective period may continue through

1 June 30, 2013. The 24-month limitation on the adoption of  
2 emergency rules does not apply to rules adopted under this  
3 subsection (p). The adoption of emergency rules authorized by  
4 this subsection (p) is deemed to be necessary for the public  
5 interest, safety, and welfare.

6 (q) In order to provide for the expeditious and timely  
7 implementation of the provisions of Articles 7, 8, 9, 11, and  
8 12 of this amendatory Act of the 98th General Assembly,  
9 emergency rules to implement any provision of Articles 7, 8, 9,  
10 11, and 12 of this amendatory Act of the 98th General Assembly  
11 may be adopted in accordance with this subsection (q) by the  
12 agency charged with administering that provision or  
13 initiative. The 24-month limitation on the adoption of  
14 emergency rules does not apply to rules adopted under this  
15 subsection (q). The adoption of emergency rules authorized by  
16 this subsection (q) is deemed to be necessary for the public  
17 interest, safety, and welfare.

18 (r) In order to provide for the expeditious and timely  
19 implementation of the provisions of this amendatory Act of the  
20 98th General Assembly, emergency rules to implement this  
21 amendatory Act of the 98th General Assembly may be adopted in  
22 accordance with this subsection (r) by the Department of  
23 Healthcare and Family Services. The 24-month limitation on the  
24 adoption of emergency rules does not apply to rules adopted  
25 under this subsection (r). The adoption of emergency rules  
26 authorized by this subsection (r) is deemed to be necessary for

1 the public interest, safety, and welfare.

2 (s) In order to provide for the expeditious and timely  
3 implementation of the provisions of Sections 5-5b.1 and 5A-2 of  
4 the Illinois Public Aid Code, emergency rules to implement any  
5 provision of Section 5-5b.1 or Section 5A-2 of the Illinois  
6 Public Aid Code may be adopted in accordance with this  
7 subsection (s) by the Department of Healthcare and Family  
8 Services. The rulemaking authority granted in this subsection  
9 (s) shall apply only to those rules adopted prior to July 1,  
10 2015. Notwithstanding any other provision of this Section, any  
11 emergency rule adopted under this subsection (s) shall only  
12 apply to payments made for State fiscal year 2015. The adoption  
13 of emergency rules authorized by this subsection (s) is deemed  
14 to be necessary for the public interest, safety, and welfare.

15 (t) In order to provide for the expeditious and timely  
16 implementation of the provisions of this amendatory Act of the  
17 99th General Assembly, emergency rules to implement this  
18 amendatory Act of the 99th General Assembly may be adopted in  
19 accordance with this subsection (t) by the Department of  
20 Healthcare and Family Services. The 24-month limitation on the  
21 adoption of emergency rules does not apply to rules adopted  
22 under this subsection (t). The adoption of emergency rules  
23 authorized by this subsection (t) is deemed to be necessary for  
24 the public interest, safety, and welfare.

25 (Source: P.A. 98-104, eff. 7-22-13; 98-463, eff. 8-16-13;  
26 98-651, eff. 6-16-14; 99-2, eff. 3-26-15.)

1           Section 10. The Mental Health and Developmental  
2 Disabilities Administrative Act is amended by changing Section  
3 7.1 and by adding Sections 75, 75.01, 75.02, 75.03, 75.04,  
4 75.05, 75.06, 75.07, 75.08, 75.09, 75.10, 75.11, 75.12, 75.13,  
5 75.14, 75.15, 75.16, and 75.17 as follows:

6           (20 ILCS 1705/7.1) (from Ch. 91 1/2, par. 100-7.1)

7           Sec. 7.1. To assist families to place children with mental  
8 illness, for whom no appropriate care is available in  
9 Department facilities, in licensed private facilities, the  
10 Department shall supplement the amount a family is able to pay,  
11 as determined by the Department and the amount available from  
12 other sources, provided the Department's share shall not exceed  
13 a uniform maximum rate to be determined from time to time by  
14 the Department. The Department of Healthcare and Family  
15 Services may exercise such authority under this Section as is  
16 necessary to implement the provisions of Section 5.23 of the  
17 Illinois Public Aid Code and to administer Individual Care  
18 Grants.

19           (Source: P.A. 88-380.)

20           (20 ILCS 1705/75 new)

21           Sec. 75. Purpose; transfer of certain rights, powers,  
22 duties, and functions; application of Sections 75.01 through  
23 75.17.

1       (a) It is the purpose of this Part to transfer to the  
2 Department of Healthcare and Family Services certain rights,  
3 powers, and duties currently exercised by the Department of  
4 Human Services related to Individual Care Grants for children  
5 with complex behavioral health needs. This transfer is intended  
6 to make possible the more effective and efficient operation of  
7 Individual Care Grant services.

8       (b) Certain rights, powers, and duties currently exercised  
9 by the Department of Human Services related to Individual Care  
10 Grants for children with complex behavioral health needs are  
11 transferred to the Department of Healthcare and Family Services  
12 with the transfer and transition of the Individual Care Grant  
13 program to the Department of Healthcare and Family Services to  
14 be completed and implemented within 6 months after the  
15 effective date of this amendatory Act of the 99th General  
16 Assembly, as provided in Section 7.1 of this Act and Section 15  
17 of this amendatory Act of the 99th General Assembly. For the  
18 purposes of the Successor Agency Act, the Department of  
19 Healthcare and Family Services is declared to be the successor  
20 agency of the Department of Human Services, but only with  
21 respect to the functions of the Department of Human Services  
22 that are transferred to the Department of Healthcare and Family  
23 Services under this amendatory Act of the 99th General  
24 Assembly.

25       (c) Sections 75.01 through 75.17 (this Part) shall  
26 supersede any rules of the Department of Human Services

1 regarding which children are eligible to receive funds for an  
2 Individual Care Grant hereinafter referred to as "ICG" due to  
3 their mental illness, including intensive community services  
4 or residential placement, when clinically appropriate.  
5 Comprehensive services are to be funded to assist in reducing  
6 the child's severity of symptoms and illness to maintain the  
7 individual in the least restrictive setting that is clinically  
8 appropriate. With the goal of keeping families unified, funds  
9 shall be provided to assist parents or guardians in obtaining  
10 necessary services and support for children with complex  
11 behavioral health needs, not just children with psychosis.

12 (d) In addition to the other statutory provisions regarding  
13 Individual Care Grants, this Part is intended to supplement and  
14 provide procedures for Individual Care Grants. However, if  
15 there is a conflict between anything contained in the other  
16 statutory provisions, those other statutory provisions shall  
17 prevail.

18 (e) This Part establishes the Children's Behavioral Health  
19 Cabinet. The Office of the Governor shall establish and chair a  
20 Children's Behavioral Health Cabinet that shall include the  
21 Directors of Healthcare and Family Services, Children and  
22 Family Services, and Juvenile Justice or their designees, the  
23 Secretary of Human Services or his or her designee, the State  
24 Superintendent of Education or his or her designee, family  
25 representatives, provider representatives, and other necessary  
26 stakeholders, as determined by the Office of the Governor, to

1 inform the design and management of children's behavioral  
2 health services. The Children's Behavioral Health Cabinet  
3 shall meet at least quarterly. The Children's Behavioral Health  
4 Cabinet shall prepare an annual report to the General Assembly  
5 on or before January 30th of each year related to the  
6 implementation of any remedies in response to litigation  
7 against the Department of Healthcare and Family Services  
8 related to children's behavioral health and the general status  
9 of children's behavioral health in this State.

10 (20 ILCS 1705/75.01 new)

11 Sec. 75.01. Definitions.

12 For the purposes of this Part, unless the context otherwise  
13 requires:

14 "Children" means individuals under 18 years of age.

15 "Days" means calendar days.

16 "Department" means the Department of Healthcare and Family  
17 Services.

18 "Director" means the Director of the Department of  
19 Healthcare and Family Services.

20 "Division of Mental Health" or "DMH" means the Department  
21 of Human Services, Division of Mental Health.

22 "ICG Coordinator" means staff employed by an Illinois  
23 screening, assessment and support services program to provide  
24 support, information and recommendations regarding available  
25 services, case coordination, and supports to youth applying for

1 or with an Illinois ICG.

2 "Individual Services Plan" or "ISP" means the plan that  
3 identifies the child's goals and selects the level of care and  
4 associated services required to meet the goals.

5 "Licensed private facilities" means residential treatment  
6 facilities licensed by the Department of Children and Family  
7 Services under 89 Ill. Adm. Code 404, or, for out-of-state  
8 facilities, in accordance with Section 15.1 of the Mental  
9 Health and Developmental Disabilities Administrative Act,  
10 which have been accredited by the Joint Commission on the  
11 Accreditation of Healthcare Organizations hereinafter  
12 preferred to as "JCAHO" as a psychiatric facility serving  
13 children and adolescents or which have been surveyed and  
14 approved by the Department as meeting standards equivalent to  
15 standards for psychiatric facilities serving children and  
16 adolescents found in the 1997 Standards for Behavioral Health  
17 Care released by JCAHO.

18 "Parent or guardian" means a parent, biological, or  
19 adoptive, or an individual appointed as legal guardian by the  
20 court under the Probate Act of 1975. A parent or guardian does  
21 not include a governmental agency or social service agency, or  
22 any employee thereof, appointed by a court as guardian or  
23 custodian.

24 "Residential facility" means a facility providing 24-hour  
25 supervised out-of-home therapeutic care, including, but not  
26 limited to: single or multiple site program sites or apartments



1 that provide a 24-hour supervised environment.

2 "SASS" or "Screening, Assessment and Support Services"  
3 means short-term, crisis intervention mental health services  
4 that are provided to children who are at risk or who actually  
5 experience hospitalization due to psychiatric reasons.

6 "Staff" means employees or persons under contract with the  
7 Department.

8 "Young adults" means individuals 18 through 21 years of  
9 age.

10 "Young adult support services" means time-limited funding  
11 for young adults to cover costs of services and supports, not  
12 included under other programs for which the person may be  
13 eligible, to aid the young adult in his or her transition to  
14 community living and funding that can be applied to the costs  
15 of a supported living arrangement or other appropriate  
16 transitional services that help to integrate the young adult  
17 into his or her adult roles in the community.

18 (20 ILCS 1705/75.02 new)

19 Sec. 75.02. Stakeholder Committee.

20 (a) The Department of Healthcare and Family Services shall  
21 establish an ICG Stakeholder Committee comprised of parents,  
22 youth, provider representatives, representation from the  
23 Department of Children and Family Services, representation  
24 from the Department of Human Services, representation from the  
25 Department of Juvenile Justice, representation from the CCBYS

1 program and other stakeholders as determined by the Department.

2 (b) The ICG Stakeholder Committee shall meet on a quarterly  
3 basis.

4 (c) All potential program changes shall be presented to the  
5 ICG Stakeholder Committee for discussion and input prior to  
6 implementation.

7 (20 ILCS 1705/75.03 new)

8 Sec. 75.03. Eligibility criteria for an individual care  
9 grant. In order to be eligible for ICG funding, the following  
10 criteria must be met:

11 (1) The parent or guardian must be a resident of this  
12 State, as defined in Section 2-10 of the Illinois Public Aid  
13 Code.

14 (2) The child must:

15 (A) have a diagnosis, which the current symptoms do not  
16 represent a single acute episode from which rapid and  
17 substantial remission is likely, of: schizophrenia  
18 spectrum and other psychotic disorders; bipolar and  
19 related disorders; depressive disorders; anxiety  
20 disorders; obsessive-compulsive and related disorders;  
21 trauma-related and stressor-related disorders;  
22 dissociative disorders; or somatic symptom disorders;

23 (B) must not be older than 17 1/2 years of age at the  
24 time of prior authorization;

25 (C) must meet medical necessity standards as

1 established in Section 75.04 by the Department; and

2 (3) The child must not be under the guardianship of another  
3 State agency that has financial and legal responsibility for  
4 the youth.

5 (20 ILCS 1705/75.04 new)

6 Sec. 75.04. Medical necessity.

7 (a) The Department of Healthcare and Family Services shall,  
8 in collaboration with the Department of Human Services and the  
9 Department of Children and Family Services, establish the  
10 appropriate clinical standards for Community ICG Services and  
11 Residential ICG Services, using the Child and Adolescent Needs  
12 and Strengths (CANS) Assessment, within 6 months of the  
13 effective date of this Part. The Department of Healthcare and  
14 Family Services shall review the clinical threshold with the  
15 Department of Human Services and the Department of Children and  
16 Family Services, annually.

17 (b) Through the use of the CANS Assessment, a child's needs  
18 shall be stratified across tiers of service intensity. ICG  
19 community services shall have a different clinical threshold  
20 than ICG residential services.

21 (c) Families shall be notified of the intensity of services  
22 for which their child qualifies: ICG community or ICG  
23 residential. A family may always select to substitute lower  
24 intensity services for higher intensity services.

25 (d) The Department of Healthcare and Family Services shall

1 continue to use the existing methods of determining clinical  
2 appropriateness until it transitions to the utilization of the  
3 CANS Assessment, as detailed in this Section.

4 (e) Children placed in a residential setting shall undergo  
5 a continued stay review, as established by the Department of  
6 Healthcare and Family Services. A child placed in ICG community  
7 services shall undergo a clinical review every 6 months.

8 (20 ILCS 1705/75.05 new)

9 Sec. 75.05. Emergency individual care grants.

10 (a) To be eligible for an emergency temporary individual  
11 care grant:

12 (1) the child and family must meet the eligibility  
13 requirements in Section 75.03;

14 (2) a child receiving inpatient psychiatric care (for  
15 example at a psychiatric hospital or similar facility) who  
16 is ready for discharge and who is not able to return home  
17 due to the safety of the child, family, or individual may  
18 be awarded a temporary emergency grant for a period of 90  
19 days; and

20 (3) the attending child and adolescent psychiatrist  
21 must recommend that the child is in need of on-going 24  
22 hour supervision, such as residential placement.

23 (b) During the 90-day period complete the ICG prior  
24 authorization process in accordance with this Part.

25 (c) Section 75.11 applies to decisions under this Section.

1 (20 ILCS 1705/75.06 new)

2 Sec. 75.06. ICG application reform, prior authorization  
3 process, re-authorization process.

4 (a) The Department of Healthcare and Family Services shall  
5 replace the existing ICG application process with a simplified  
6 service prior authorization process on or before 6 months after  
7 the effective date of this amendatory Act of the 99th General  
8 Assembly.

9 (b) The Department's simplified service prior  
10 authorization process shall include the following:

11 (1) demographic details regarding the child;

12 (2) clinical diagnosis verified by an LPHA within the  
13 last 6 months;

14 (3) completed CANS scores;

15 (4) history of inpatient and residential care;

16 (5) history of SASS services;

17 (6) history of behavioral health services;

18 (7) signed authorization detailing need for  
19 residential care by a LPHA;

20 (8) family details, including a signed statement of  
21 engagement indicating that the family will participate in  
22 treatment and that the child will have a place of residency  
23 upon discharge from treatment.

24 (c) The Department of Healthcare and Family Services shall  
25 establish a process for reviewing and authorizing prior

1 authorization requests within 5 days of submission.

2 (d) The Department of Healthcare and Family Services shall  
3 re-authorize grants every 6 months, so long as the child is  
4 under the age of 21.

5 (e) The parent or guardian, child (if appropriate), and  
6 provider shall be notified in writing, 6 weeks prior to the  
7 anniversary date of the Department of Healthcare and Family  
8 Services decision to re-authorize or terminate funding.

9 (20 ILCS 1705/75.07 new)

10 Sec. 75.07. Parent or guardian responsibilities;  
11 resources.

12 (a) The parent or guardian of a child receiving an ICG must  
13 participate in the child's care, treatment, and is willing to  
14 accept the child home upon discharge to the community.

15 (b) When a youth is placed in residential care, the  
16 residential provider shall apply for all public sources of  
17 financial support available to or for the child, including but  
18 not limited to Social Security Administration ("SSA") benefits  
19 and supplemental security income ("SSI") authorized under 42  
20 U.S.C. 1381, and these funds must be applied to the costs of  
21 residential care, to the extent provided by law.

22 (c) Upon placement in residential care, if the child is not  
23 already receiving benefits from SSA, the parent or guardian  
24 shall authorize the residential placement staff to initiate an  
25 application for SSI immediately after placement or on the 90th

1 day, depending on family income levels. If the child is  
2 receiving benefits from SSA upon admission into residential  
3 care, the parent or guardian shall authorize the residential  
4 placement staff to initiate an application on behalf of the  
5 residential agency to become payee for SSA benefits.

6 (d) The parent or guardian must notify the Department of  
7 Healthcare and Family Services of any changes in the level of  
8 financial support from public sources. Declaration of  
9 ineligibility, reduction of benefits, or loss of benefits  
10 through the actions of another governmental agency shall not  
11 affect the Department's continued funding, unless these  
12 actions are the consequence of the parent or guardian's failure  
13 to pursue benefits or comply with this Section.

14 (e) All financial assets of the child exceeding an exempt  
15 amount established by the Department of Healthcare and Family  
16 Services must be applied to the costs of residential care. The  
17 determination that certain assets may be exempt is subject to  
18 the Department's review and approval.

19 (f) If the child is covered by private medical insurance,  
20 it is primary coverage for community or residential services.  
21 The ICG shall be considered secondary coverage.

22 (g) The parent or guardian must notify the Department of  
23 Healthcare and Family Services of any changes of address for  
24 the parent or guardian.

25 (h) The parent or guardian must notify the Department of  
26 Healthcare and Family Services of any changes of guardianship

1 or custody.

2 (20 ILCS 1705/75.08 new)

3 Sec. 75.08. ICG service appeals, denials, and complaints.

4 The Department of Healthcare and Family Services shall adopt  
5 rules for addressing service appeals, grant denials (including  
6 re-authorization determinations) and complaints related to the  
7 ICG program. The appeals and denial process shall include a  
8 Director's Level Review process and funding of a child's ICG  
9 shall continue through all appeals processes.

10 (20 ILCS 1705/75.09 new)

11 Sec. 75.09. Individual Services Plan Development.

12 (a) When the individual has been determined eligible for  
13 community or residential ICG, the ICG Program Office shall  
14 refer the parent or guardian to the appropriate SASS agency for  
15 the purpose of developing an individual services plan.

16 (b) The ICG Coordinator/SASS Coordinator shall provide  
17 support, information, and recommendations regarding available  
18 services and help the family determine the right services to  
19 meet the needs of the child and stabilize the family.

20 (c) The individual service plan shall be developed with the  
21 parent or guardian and appropriate service providers and must  
22 be reviewed and re-authorized every 6 months. The individual  
23 service plan shall include:

24 (1) identifying specific problems to be addressed;



1           (2) integrating all of the services to be provided;

2           (3) defining specific goals and objectives and the  
3 projected duration and costs of services;

4           (4) the parent or guardian's approval of the identified  
5 service providers; and

6           (5) identifying the licensed physician, clinical  
7 psychologist, clinical social worker, or clinical  
8 professional counselor under whose clinical direction the  
9 services will be provided and obtain, by signature, his or  
10 approval of the plan.

11           (d) The development or implementation of an individual  
12 services plan may be deferred for one or more of the following  
13 conditions:

14           (1) continuing hospitalization is required;

15           (2) extended absence from the family due to the child  
16 running away or a court-ordered transfer of custody or  
17 guardianship to a governmental agency; or

18           (3) the parent or guardian does not wish to initiate  
19 any services with ICG funding or fails to participate in  
20 the individual services planning.

21           (e) If the individual services plan is not developed or  
22 implemented within 6 months of the ICG award, the parent or  
23 guardian must re-authorize the awarded ICG grant.

24           (f) A recommendation to move a child to a lower level of  
25 care must include a minimum of 30 days of preparation for this  
26 transition.

1 (20 ILCS 1705/75.10 new)

2 Sec. 75.10. Alternative In-home services.

3 (a) The Department of Healthcare and Family Services or its  
4 representative shall review individual services plans as well  
5 as discharge plans and may approve funding for alternative  
6 in-home services as described in this Section.

7 (b) Alternative in-home services include, but are not  
8 limited to, care coordination, community support, crisis  
9 stabilization services, mentoring, respite support services,  
10 and young adult support services.

11 (c) ICG funding shall not be used to replace services  
12 authorized under 59 Ill. Adm. Code, Part 132 or other services  
13 for which the child and family may be eligible through federal,  
14 State, or local funding.

15 (d) Limits of hours and costs shall be authorized on a case  
16 by case basis by the Department.

17 (20 ILCS 1705/75.11 new)

18 Sec. 75.11. Residential placement.

19 (a) SASS staff shall discuss with the parent or guardian  
20 the potentially appropriate facilities based on factors such as  
21 the child's age, sex, and mental health condition, as well as  
22 locations and programs of facilities, and the requirements for  
23 placement and parental involvement, and shall, at the parent's  
24 or guardian's direction and with appropriately executed

1 consents, prepare clinical referral packets to be sent to the  
2 facilities.

3 (b) The list of facilities appropriate for placement  
4 through the ICG program is comprised of facilities which:

5 (1) meet the standards for licensed private facilities  
6 as defined in administrative rules;

7 (2) have an educational program approved by the  
8 Illinois State Board of Education;

9 (3) have a per diem rate that includes residential  
10 services, such as room and board, but does not include  
11 tuition as established for purchased care services under  
12 the rules of the Illinois Purchased Care Review Board in 89  
13 Ill. Adm. Code 900, the Department of Children and Family  
14 Services in 89 Ill. Adm. Code 356, or the Department in  
15 Section 54 of the Mental Health and Developmental  
16 Disabilities Administrative Act; and

17 (4) have entered into a contract with the Department  
18 for these services during the current fiscal period.

19 (c) If appropriate placement for a child cannot be obtained  
20 from a contracted provider, the Department may contract with  
21 other private facilities meeting the standards provided in  
22 paragraphs (1) and (2) of subsection (b) of this Section.

23 (d) The Department may negotiate for additional services  
24 from facilities to augment existing services or to develop a  
25 specialized resource for a child.

26 (e) An individual service plan shall be developed within 30

1 days after placement, including expected duration and  
2 outcomes, by facility staff in consultation with the parent or  
3 guardian and the child. This individual service plan shall be  
4 reviewed and updated quarterly, including documentation of  
5 parental participation and consideration of discharge to  
6 in-home or community services. These updated plans and progress  
7 reports shall be provided quarterly to the Department or its  
8 designee. Together with the goals as stated in the case record  
9 summary, these documents shall be the basis for the  
10 Department's review and approval for continuing funding for  
11 placement, including alternative in-home or community service  
12 which are part of the discharge plan.

13 (f) Parent or guardian responsibilities during placement  
14 include the following:

15 (1) participation in and cooperation with the  
16 facility's requirements for the child's care, treatment,  
17 and discharge to the family and community;

18 (2) completion and submission of any forms and  
19 documents as may be required by the Department;

20 (3) the usual and customary costs of parenthood or  
21 guardianship, including:

22 (A) clothing;

23 (B) medical and dental costs;

24 (C) personal allowance and incidentals; and

25 (D) transportation costs, to and from the  
26 facility; and

1           (4) notifying the local education agency that the child  
2           has been placed in a residential facility and requesting  
3           their participation in educational planning. The local  
4           education agency is responsible for the tuition costs of  
5           residential placement under State law.

6           (g) Prior to residential placement, if the youth has not  
7           yet been identified as eligible for special education services,  
8           the parent or guardian should initiate a case study evaluation  
9           through their local school district.

10           (20 ILCS 1705/75.12 new)

11           Sec. 75.12. Discharge from residential services.

12           (a) An Individual Service Plan must follow the discharge  
13           protocol established by the Division of Mental Health in order  
14           to ensure that community services are in place before  
15           discharge. The parent or guardian with support from an ICG  
16           Coordinator shall identify and procure appropriate community  
17           services.

18           (b) If the child is leaving the ICG program upon discharge,  
19           appropriate child and adolescent or adult services must be  
20           engaged.

21           (20 ILCS 1705/75.13 new)

22           Sec. 75.13. Termination of funding or services.

23           ICG funding shall be terminated in any of the following  
24           circumstances:

1       (1) failure of the parent or guardian to meet prior  
2 authorization, re-authorization, or eligibility requirements;

3       (2) the child is no longer enrolled in an approved  
4 educational program at the elementary or high school level, or  
5 attainment of age 21, whichever occurs first;

6       (3) completion of residential treatment or alternative  
7 in-home or community services;

8       (4) the parent or guardian is no longer an Illinois  
9 resident; however, funding and placement for the child may  
10 continue until completion of the school year;

11       (5) guardianship of the child is ordered by the court to a  
12 State agency;

13       (6) the child's resources, private or public, are  
14 sufficient to pay the costs of care;

15       (7) any 12-month period without receiving residential,  
16 community, or alternative in-home; or

17       (8) Upon the completion of the annual ICG renewal process,  
18 it is determined that the child no longer would clinically  
19 benefit from the services being provided.

20       (20 ILCS 1705/75.14 new)

21       Sec. 75.14. Monitoring. The Department shall establish  
22 policies and procedures related to the monitoring of  
23 residential, community, and alternative in-home services  
24 providers.

1 (20 ILCS 1705/75.15 new)

2 Sec. 75.15. Bed holds.

3 (a) The Department shall adopt rules regarding bed holds  
4 and may not reimburse a provider for more than 40 bed nights  
5 per State fiscal year per individual.

6 (b) An agency shall not be reimbursed for an individual's  
7 absence after the date of discharge or when his or her  
8 treatment plan includes removal from the agency program or  
9 after the date of the agency's knowledge of the individual's  
10 pending termination.

11 (20 ILCS 1705/75.16 new)

12 Sec. 75.16. Children's Behavioral Health Reform.

13 (a) The Department of Healthcare and Family Services shall  
14 seek to maximize federal financial participation for all  
15 services covered under this Part and to fully integrate the ICG  
16 program into the Children's Behavioral Health Reform efforts  
17 established by the Department. To the extent that full  
18 integration of the ICG program into the Department of  
19 Healthcare and Family Services behavioral health care  
20 coordination entity creates a conflict with any Part of this  
21 Act, the Department shall establish provisional policies that  
22 shall be in effect for the term of the agreement between the  
23 Department of Healthcare and Family Services and any such care  
24 coordination entity.

25 (b) The Department shall establish an updated ICG Program

1 design. The Department shall work collaboratively with the  
2 Division of Mental Health and the Department of Children and  
3 Family Services as it establishes an implementation plan for  
4 Children's Behavioral Health Reform and adopt new rules  
5 detailing the operation of an updated ICG Program that  
6 coordinates service delivery and design before December 31,  
7 2016.

8 (20 ILCS 1705/75.17 new)

9 Sec. 75.17. Repeal. Sections 75 through 75.17 are repealed  
10 on January 1, 2018.

11 Section 15. The Illinois Public Aid Code is amended by  
12 changing Section 5-5.23 as follows:

13 (305 ILCS 5/5-5.23)

14 Sec. 5-5.23. Children's mental health services.

15 (a) The Department of Healthcare and Family Services, by  
16 rule, shall require the screening and assessment of a child  
17 prior to any Medicaid-funded admission to an inpatient hospital  
18 for psychiatric services to be funded by Medicaid. The  
19 screening and assessment shall include a determination of the  
20 appropriateness and availability of out-patient support  
21 services for necessary treatment. The Department, by rule,  
22 shall establish methods and standards of payment for the  
23 screening, assessment, and necessary alternative support



1 services.

2 (b) The Department of Healthcare and Family Services, to  
3 the extent allowable under federal law, shall secure federal  
4 financial participation for Individual Care Grant expenditures  
5 made by the Department of Healthcare and Family Services ~~of~~  
6 ~~Human Services~~ for the Medicaid optional service authorized  
7 under Section 1905(h) of the federal Social Security Act,  
8 pursuant to the provisions of Section 7.1 of the Mental Health  
9 and Developmental Disabilities Administrative Act. The  
10 Department of Healthcare and Family Services may exercise such  
11 authority under this Section as is necessary to administer  
12 Individual Care Grants as authorized under Section 7.1 of the  
13 Mental Health and Developmental Disabilities Administrative  
14 Act.

15 (c) The Department of Healthcare and Family Services shall  
16 work collaboratively with the Department of Children and Family  
17 Services and the Division of Mental Health of ~~jointly with~~ the  
18 Department of Human Services to implement subsections (a) and  
19 (b).

20 (d) On and after July 1, 2012, the Department shall reduce  
21 any rate of reimbursement for services or other payments or  
22 alter any methodologies authorized by this Code to reduce any  
23 rate of reimbursement for services or other payments in  
24 accordance with Section 5-5e.

25 (Source: P.A. 97-689, eff. 6-14-12.)

1           Section 99. Effective date. This Act takes effect upon  
2    becoming law.".