

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 Act on the Aging is amended by
5 changing Section 4.03 as follows:

6 (20 ILCS 105/4.03) (from Ch. 23, par. 6104.03)

7 Sec. 4.03. The Department on Aging, in cooperation with the
8 Department of Human Services and any other appropriate State,
9 local or federal agency, shall, without regard to income
10 guidelines, establish a nursing home prescreening program to
11 determine whether Alzheimer's Disease and related disorders
12 victims, and persons who are deemed as blind or as a person
13 with a disability as defined by the Social Security Act and who
14 are in need of long term care, may be satisfactorily cared for
15 in their homes through the use of home and community based
16 services. Responsibility for prescreening shall be vested with
17 case coordination units. Prescreening shall occur: (i) when
18 hospital discharge planners have advised the case coordination
19 unit of the imminent risk of nursing home placement of a
20 patient who meets the above criteria and in advance of
21 discharge of the patient; or (ii) when a case coordination unit
22 has been advised of the imminent risk of nursing home placement
23 of an individual in the community. The individual who is

1 prescreened shall be informed of all appropriate options,
2 including placement in a nursing home and the availability of
3 in-home and community-based services and shall be advised of
4 her or his right to refuse nursing home, in-home,
5 community-based, or all services. In addition, the individual
6 being prescreened shall be informed of spousal impoverishment
7 requirements, the need to submit financial information to
8 access services, and the consequences for failure to do so in a
9 form and manner developed jointly by the Department on Aging,
10 the Department of Human Services, and the Department of
11 Healthcare and Family Services. Case coordination units under
12 contract with the Department may charge a fee for the
13 prescreening provided under this Section and the fee shall be
14 no greater than the cost of such services to the case
15 coordination unit. At the time of each prescreening, case
16 coordination units shall provide information regarding the
17 Office of State Long Term Care Ombudsman's Residents Right to
18 Know database as authorized in subsection (c-5) of Section
19 4.04. The case coordination units shall inquire if the
20 individual who is being prescreened is in need of assistance
21 with the cost of nursing home care. The case coordination unit
22 shall provide assistance if the individual is unable to comply
23 in securing financial documents requested by the State to prove
24 financial eligibility and the individual's family is unable or
25 unwilling to secure the requested documents on the resident's
26 behalf. The case coordination unit providing these services

1 shall be reimbursed on a per client basis at a rate established
2 by the Department on Aging from federal Civil Monetary Funds
3 overseen by the Department on Public Health.

4 (Source: P.A. 98-255, eff. 8-9-13; 99-143, eff. 7-27-15.)

5 Section 10. The Hospital Licensing Act is amended by
6 changing Section 6.09 as follows:

7 (210 ILCS 85/6.09) (from Ch. 111 1/2, par. 147.09)

8 Sec. 6.09. (a) In order to facilitate the orderly
9 transition of aged patients and patients with disabilities from
10 hospitals to post-hospital care, whenever a patient who
11 qualifies for the federal Medicare program is hospitalized, the
12 patient shall be notified of discharge at least 24 hours prior
13 to discharge from the hospital. With regard to pending
14 discharges to a skilled nursing facility, the hospital must
15 notify the case coordination unit, as defined in 89 Ill. Adm.
16 Code 240.260, at least 24 hours prior to discharge. When the
17 assessment is completed in the hospital, the case coordination
18 unit shall provide the discharge planner with a copy of the
19 prescreening information and accompanying materials, which the
20 discharge planner shall transmit when the patient is discharged
21 to a skilled nursing facility. When a case coordination unit is
22 unable to complete an assessment in the hospital prior to the
23 discharge of a patient to a nursing home, the case coordination
24 unit shall notify the Department on Aging, which shall notify

1 the Department of Healthcare and Family Services. The
2 Department of Healthcare and Family Services and the Department
3 on Aging shall adopt rules to address these instances that
4 ensure that the patient is able to access nursing home care and
5 that the nursing home is not penalized for accepting the
6 admission. If home health services are ordered, the hospital
7 must inform its designated case coordination unit, as defined
8 in 89 Ill. Adm. Code 240.260, of the pending discharge and must
9 provide the patient with the case coordination unit's telephone
10 number and other contact information.

11 (b) Every hospital shall develop procedures for a physician
12 with medical staff privileges at the hospital or any
13 appropriate medical staff member to provide the discharge
14 notice prescribed in subsection (a) of this Section. The
15 procedures must include prohibitions against discharging or
16 referring a patient to any of the following if unlicensed,
17 uncertified, or unregistered: (i) a board and care facility, as
18 defined in the Board and Care Home Act; (ii) an assisted living
19 and shared housing establishment, as defined in the Assisted
20 Living and Shared Housing Act; (iii) a facility licensed under
21 the Nursing Home Care Act, the Specialized Mental Health
22 Rehabilitation Act of 2013, the ID/DD Community Care Act, or
23 the MC/DD Act; (iv) a supportive living facility, as defined in
24 Section 5-5.01a of the Illinois Public Aid Code; or (v) a
25 free-standing hospice facility licensed under the Hospice
26 Program Licensing Act if licensure, certification, or

1 registration is required. The Department of Public Health shall
2 annually provide hospitals with a list of licensed, certified,
3 or registered board and care facilities, assisted living and
4 shared housing establishments, nursing homes, supportive
5 living facilities, facilities licensed under the ID/DD
6 Community Care Act, the MC/DD Act, or the Specialized Mental
7 Health Rehabilitation Act of 2013, and hospice facilities.
8 Reliance upon this list by a hospital shall satisfy compliance
9 with this requirement. The procedure may also include a waiver
10 for any case in which a discharge notice is not feasible due to
11 a short length of stay in the hospital by the patient, or for
12 any case in which the patient voluntarily desires to leave the
13 hospital before the expiration of the 24 hour period.

14 (c) At least 24 hours prior to discharge from the hospital,
15 the patient shall receive written information on the patient's
16 right to appeal the discharge pursuant to the federal Medicare
17 program, including the steps to follow to appeal the discharge
18 and the appropriate telephone number to call in case the
19 patient intends to appeal the discharge.

20 (d) Before transfer of a patient to a long term care
21 facility licensed under the Nursing Home Care Act where elderly
22 persons reside, a hospital shall as soon as practicable
23 initiate a name-based criminal history background check by
24 electronic submission to the Department of State Police for all
25 persons between the ages of 18 and 70 years; provided, however,
26 that a hospital shall be required to initiate such a background

1 check only with respect to patients who:

2 (1) are transferring to a long term care facility for
3 the first time;

4 (2) have been in the hospital more than 5 days;

5 (3) are reasonably expected to remain at the long term
6 care facility for more than 30 days;

7 (4) have a known history of serious mental illness or
8 substance abuse; and

9 (5) are independently ambulatory or mobile for more
10 than a temporary period of time.

11 A hospital may also request a criminal history background
12 check for a patient who does not meet any of the criteria set
13 forth in items (1) through (5).

14 A hospital shall notify a long term care facility if the
15 hospital has initiated a criminal history background check on a
16 patient being discharged to that facility. In all circumstances
17 in which the hospital is required by this subsection to
18 initiate the criminal history background check, the transfer to
19 the long term care facility may proceed regardless of the
20 availability of criminal history results. Upon receipt of the
21 results, the hospital shall promptly forward the results to the
22 appropriate long term care facility. If the results of the
23 background check are inconclusive, the hospital shall have no
24 additional duty or obligation to seek additional information
25 from, or about, the patient.

26 (Source: P.A. 98-104, eff. 7-22-13; 98-651, eff. 6-16-14;

1 99-143, eff. 7-27-15; 99-180, eff. 7-29-15; revised 10-14-15.)

2 Section 15. The Illinois Public Aid Code is amended by
3 changing Section 5-6 as follows:

4 (305 ILCS 5/5-6) (from Ch. 23, par. 5-6)

5 Sec. 5-6. Obligations incurred prior to death of a
6 recipient or during the pendency of an individual's application
7 for benefits. Obligations incurred but not paid for at the time
8 of the death of a recipient or during the pendency of an
9 individual's application for benefits ~~recipient's death~~ for
10 services authorized under Section 5-5, including medical and
11 other care in facilities as defined in the Nursing Home Care
12 Act, the Specialized Mental Health Rehabilitation Act of 2013,
13 the ID/DD Community Care Act, or the MC/DD Act, or in like
14 facilities not required to be licensed under that Act, may be
15 paid, subject to the rules and regulations of the Illinois
16 Department, after the death of the recipient or during the
17 pendency of the individual's application for benefits.

18 (Source: P.A. 98-104, eff. 7-22-13; 99-180, eff. 7-29-15.)