



Rep. Anna Moeller

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LRB100 19857 KTG 39180 a

1 AMENDMENT TO HOUSE BILL 5164

2 AMENDMENT NO. _____. Amend House Bill 5164, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Illinois Act on the Aging is amended by
6 changing Section 4.02 as follows:

7 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

8 Sec. 4.02. Community Care Program. The Department shall
9 establish a program of services to prevent unnecessary
10 institutionalization of persons age 60 and older in need of
11 long term care or who are established as persons who suffer
12 from Alzheimer's disease or a related disorder under the
13 Alzheimer's Disease Assistance Act, thereby enabling them to
14 remain in their own homes or in other living arrangements. Such
15 preventive services, which may be coordinated with other
16 programs for the aged and monitored by area agencies on aging

1 in cooperation with the Department, may include, but are not
2 limited to, any or all of the following:

3 (a) (blank);

4 (b) (blank);

5 (c) home care aide services;

6 (d) personal assistant services;

7 (e) adult day services;

8 (f) home-delivered meals;

9 (g) education in self-care;

10 (h) personal care services;

11 (i) adult day health services;

12 (j) habilitation services;

13 (k) respite care;

14 (k-5) community reintegration services;

15 (k-6) flexible senior services;

16 (k-7) medication management;

17 (k-8) emergency home response;

18 (l) other nonmedical social services that may enable
19 the person to become self-supporting; or

20 (m) clearinghouse for information provided by senior
21 citizen home owners who want to rent rooms to or share
22 living space with other senior citizens.

23 The Department shall establish eligibility standards for
24 such services. In determining the amount and nature of services
25 for which a person may qualify, consideration shall not be
26 given to the value of cash, property or other assets held in

1 the name of the person's spouse pursuant to a written agreement
2 dividing marital property into equal but separate shares or
3 pursuant to a transfer of the person's interest in a home to
4 his spouse, provided that the spouse's share of the marital
5 property is not made available to the person seeking such
6 services.

7 Beginning January 1, 2008, the Department shall require as
8 a condition of eligibility that all new financially eligible
9 applicants apply for and enroll in medical assistance under
10 Article V of the Illinois Public Aid Code in accordance with
11 rules promulgated by the Department.

12 The Department shall, in conjunction with the Department of
13 Public Aid (now Department of Healthcare and Family Services),
14 seek appropriate amendments under Sections 1915 and 1924 of the
15 Social Security Act. The purpose of the amendments shall be to
16 extend eligibility for home and community based services under
17 Sections 1915 and 1924 of the Social Security Act to persons
18 who transfer to or for the benefit of a spouse those amounts of
19 income and resources allowed under Section 1924 of the Social
20 Security Act. Subject to the approval of such amendments, the
21 Department shall extend the provisions of Section 5-4 of the
22 Illinois Public Aid Code to persons who, but for the provision
23 of home or community-based services, would require the level of
24 care provided in an institution, as is provided for in federal
25 law. Those persons no longer found to be eligible for receiving
26 noninstitutional services due to changes in the eligibility

1 criteria shall be given 45 days notice prior to actual
2 termination. Those persons receiving notice of termination may
3 contact the Department and request the determination be
4 appealed at any time during the 45 day notice period. The
5 target population identified for the purposes of this Section
6 are persons age 60 and older with an identified service need.
7 Priority shall be given to those who are at imminent risk of
8 institutionalization. The services shall be provided to
9 eligible persons age 60 and older to the extent that the cost
10 of the services together with the other personal maintenance
11 expenses of the persons are reasonably related to the standards
12 established for care in a group facility appropriate to the
13 person's condition. These non-institutional services, pilot
14 projects or experimental facilities may be provided as part of
15 or in addition to those authorized by federal law or those
16 funded and administered by the Department of Human Services.
17 The Departments of Human Services, Healthcare and Family
18 Services, Public Health, Veterans' Affairs, and Commerce and
19 Economic Opportunity and other appropriate agencies of State,
20 federal and local governments shall cooperate with the
21 Department on Aging in the establishment and development of the
22 non-institutional services. The Department shall require an
23 annual audit from all personal assistant and home care aide
24 vendors contracting with the Department under this Section. The
25 annual audit shall assure that each audited vendor's procedures
26 are in compliance with Department's financial reporting

1 guidelines requiring an administrative and employee wage and
2 benefits cost split as defined in administrative rules. The
3 audit is a public record under the Freedom of Information Act.
4 The Department shall execute, relative to the nursing home
5 prescreening project, written inter-agency agreements with the
6 Department of Human Services and the Department of Healthcare
7 and Family Services, to effect the following: (1) intake
8 procedures and common eligibility criteria for those persons
9 who are receiving non-institutional services; and (2) the
10 establishment and development of non-institutional services in
11 areas of the State where they are not currently available or
12 are undeveloped. On and after July 1, 1996, all nursing home
13 prescreenings for individuals 60 years of age or older shall be
14 conducted by the Department.

15 As part of the Department on Aging's routine training of
16 case managers and case manager supervisors, the Department may
17 include information on family futures planning for persons who
18 are age 60 or older and who are caregivers of their adult
19 children with developmental disabilities. The content of the
20 training shall be at the Department's discretion.

21 The Department is authorized to establish a system of
22 recipient copayment for services provided under this Section,
23 such copayment to be based upon the recipient's ability to pay
24 but in no case to exceed the actual cost of the services
25 provided. Additionally, any portion of a person's income which
26 is equal to or less than the federal poverty standard shall not

1 be considered by the Department in determining the copayment.
2 The level of such copayment shall be adjusted whenever
3 necessary to reflect any change in the officially designated
4 federal poverty standard.

5 The Department, or the Department's authorized
6 representative, may recover the amount of moneys expended for
7 services provided to or in behalf of a person under this
8 Section by a claim against the person's estate or against the
9 estate of the person's surviving spouse, but no recovery may be
10 had until after the death of the surviving spouse, if any, and
11 then only at such time when there is no surviving child who is
12 under age 21 or blind or who has a permanent and total
13 disability. This paragraph, however, shall not bar recovery, at
14 the death of the person, of moneys for services provided to the
15 person or in behalf of the person under this Section to which
16 the person was not entitled; provided that such recovery shall
17 not be enforced against any real estate while it is occupied as
18 a homestead by the surviving spouse or other dependent, if no
19 claims by other creditors have been filed against the estate,
20 or, if such claims have been filed, they remain dormant for
21 failure of prosecution or failure of the claimant to compel
22 administration of the estate for the purpose of payment. This
23 paragraph shall not bar recovery from the estate of a spouse,
24 under Sections 1915 and 1924 of the Social Security Act and
25 Section 5-4 of the Illinois Public Aid Code, who precedes a
26 person receiving services under this Section in death. All

1 moneys for services paid to or in behalf of the person under
2 this Section shall be claimed for recovery from the deceased
3 spouse's estate. "Homestead", as used in this paragraph, means
4 the dwelling house and contiguous real estate occupied by a
5 surviving spouse or relative, as defined by the rules and
6 regulations of the Department of Healthcare and Family
7 Services, regardless of the value of the property.

8 The Department shall increase the effectiveness of the
9 existing Community Care Program by:

10 (1) ensuring that in-home services included in the care
11 plan are available on evenings and weekends;

12 (2) ensuring that care plans contain the services that
13 eligible participants need based on the number of days in a
14 month, not limited to specific blocks of time, as
15 identified by the comprehensive assessment tool selected
16 by the Department for use statewide, not to exceed the
17 total monthly service cost maximum allowed for each
18 service; the Department shall develop administrative rules
19 to implement this item (2);

20 (3) ensuring that the participants have the right to
21 choose the services contained in their care plan and to
22 direct how those services are provided, based on
23 administrative rules established by the Department;

24 (4) ensuring that the determination of need tool is
25 accurate in determining the participants' level of need; to
26 achieve this, the Department, in conjunction with the Older

1 Adult Services Advisory Committee, shall institute a study
2 of the relationship between the Determination of Need
3 scores, level of need, service cost maximums, and the
4 development and utilization of service plans no later than
5 May 1, 2008; findings and recommendations shall be
6 presented to the Governor and the General Assembly no later
7 than January 1, 2009; recommendations shall include all
8 needed changes to the service cost maximums schedule and
9 additional covered services;

10 (5) ensuring that homemakers can provide personal care
11 services that may or may not involve contact with clients,
12 including but not limited to:

- 13 (A) bathing;
- 14 (B) grooming;
- 15 (C) toileting;
- 16 (D) nail care;
- 17 (E) transferring;
- 18 (F) respiratory services;
- 19 (G) exercise; or
- 20 (H) positioning;

21 (6) ensuring that homemaker program vendors are not
22 restricted from hiring homemakers who are family members of
23 clients or recommended by clients; the Department may not,
24 by rule or policy, require homemakers who are family
25 members of clients or recommended by clients to accept
26 assignments in homes other than the client;

1 (7) ensuring that the State may access maximum federal
2 matching funds by seeking approval for the Centers for
3 Medicare and Medicaid Services for modifications to the
4 State's home and community based services waiver and
5 additional waiver opportunities, including applying for
6 enrollment in the Balance Incentive Payment Program by May
7 1, 2013, in order to maximize federal matching funds; this
8 shall include, but not be limited to, modification that
9 reflects all changes in the Community Care Program services
10 and all increases in the services cost maximum;

11 (8) ensuring that the determination of need tool
12 accurately reflects the service needs of individuals with
13 Alzheimer's disease and related dementia disorders;

14 (9) ensuring that services are authorized accurately
15 and consistently for the Community Care Program (CCP); the
16 Department shall implement a Service Authorization policy
17 directive; the purpose shall be to ensure that eligibility
18 and services are authorized accurately and consistently in
19 the CCP program; the policy directive shall clarify service
20 authorization guidelines to Care Coordination Units and
21 Community Care Program providers no later than May 1, 2013;

22 (10) working in conjunction with Care Coordination
23 Units, the Department of Healthcare and Family Services,
24 the Department of Human Services, Community Care Program
25 providers, and other stakeholders to make improvements to
26 the Medicaid claiming processes and the Medicaid

1 enrollment procedures or requirements as needed,
2 including, but not limited to, specific policy changes or
3 rules to improve the up-front enrollment of participants in
4 the Medicaid program and specific policy changes or rules
5 to insure more prompt submission of bills to the federal
6 government to secure maximum federal matching dollars as
7 promptly as possible; the Department on Aging shall have at
8 least 3 meetings with stakeholders by January 1, 2014 in
9 order to address these improvements;

10 (11) requiring home care service providers to comply
11 with the rounding of hours worked provisions under the
12 federal Fair Labor Standards Act (FLSA) and as set forth in
13 29 CFR 785.48(b) by May 1, 2013;

14 (12) implementing any necessary policy changes or
15 promulgating any rules, no later than January 1, 2014, to
16 assist the Department of Healthcare and Family Services in
17 moving as many participants as possible, consistent with
18 federal regulations, into coordinated care plans if a care
19 coordination plan that covers long term care is available
20 in the recipient's area; and

21 (13) maintaining fiscal year 2014 rates at the same
22 level established on January 1, 2013.

23 By January 1, 2009 or as soon after the end of the Cash and
24 Counseling Demonstration Project as is practicable, the
25 Department may, based on its evaluation of the demonstration
26 project, promulgate rules concerning personal assistant

1 services, to include, but need not be limited to,
2 qualifications, employment screening, rights under fair labor
3 standards, training, fiduciary agent, and supervision
4 requirements. All applicants shall be subject to the provisions
5 of the Health Care Worker Background Check Act.

6 The Department shall develop procedures to enhance
7 availability of services on evenings, weekends, and on an
8 emergency basis to meet the respite needs of caregivers.
9 Procedures shall be developed to permit the utilization of
10 services in successive blocks of 24 hours up to the monthly
11 maximum established by the Department. Workers providing these
12 services shall be appropriately trained.

13 Beginning on the effective date of this amendatory Act of
14 1991, no person may perform chore/housekeeping and home care
15 aide services under a program authorized by this Section unless
16 that person has been issued a certificate of pre-service to do
17 so by his or her employing agency. Information gathered to
18 effect such certification shall include (i) the person's name,
19 (ii) the date the person was hired by his or her current
20 employer, and (iii) the training, including dates and levels.
21 Persons engaged in the program authorized by this Section
22 before the effective date of this amendatory Act of 1991 shall
23 be issued a certificate of all pre- and in-service training
24 from his or her employer upon submitting the necessary
25 information. The employing agency shall be required to retain
26 records of all staff pre- and in-service training, and shall

1 provide such records to the Department upon request and upon
2 termination of the employer's contract with the Department. In
3 addition, the employing agency is responsible for the issuance
4 of certifications of in-service training completed to their
5 employees.

6 The Department is required to develop a system to ensure
7 that persons working as home care aides and personal assistants
8 receive increases in their wages when the federal minimum wage
9 is increased by requiring vendors to certify that they are
10 meeting the federal minimum wage statute for home care aides
11 and personal assistants. An employer that cannot ensure that
12 the minimum wage increase is being given to home care aides and
13 personal assistants shall be denied any increase in
14 reimbursement costs.

15 The Community Care Program Advisory Committee is created in
16 the Department on Aging. The Director shall appoint individuals
17 to serve in the Committee, who shall serve at their own
18 expense. Members of the Committee must abide by all applicable
19 ethics laws. The Committee shall advise the Department on
20 issues related to the Department's program of services to
21 prevent unnecessary institutionalization. The Committee shall
22 meet on a bi-monthly basis and shall serve to identify and
23 advise the Department on present and potential issues affecting
24 the service delivery network, the program's clients, and the
25 Department and to recommend solution strategies. Persons
26 appointed to the Committee shall be appointed on, but not

1 limited to, their own and their agency's experience with the
2 program, geographic representation, and willingness to serve.
3 The Director shall appoint members to the Committee to
4 represent provider, advocacy, policy research, and other
5 constituencies committed to the delivery of high quality home
6 and community-based services to older adults. Representatives
7 shall be appointed to ensure representation from community care
8 providers including, but not limited to, adult day service
9 providers, homemaker providers, case coordination and case
10 management units, emergency home response providers, statewide
11 trade or labor unions that represent home care aides and direct
12 care staff, area agencies on aging, adults over age 60,
13 membership organizations representing older adults, and other
14 organizational entities, providers of care, or individuals
15 with demonstrated interest and expertise in the field of home
16 and community care as determined by the Director.

17 Nominations may be presented from any agency or State
18 association with interest in the program. The Director, or his
19 or her designee, shall serve as the permanent co-chair of the
20 advisory committee. One other co-chair shall be nominated and
21 approved by the members of the committee on an annual basis.
22 Committee members' terms of appointment shall be for 4 years
23 with one-quarter of the appointees' terms expiring each year. A
24 member shall continue to serve until his or her replacement is
25 named. The Department shall fill vacancies that have a
26 remaining term of over one year, and this replacement shall

1 occur through the annual replacement of expiring terms. The
2 Director shall designate Department staff to provide technical
3 assistance and staff support to the committee. Department
4 representation shall not constitute membership of the
5 committee. All Committee papers, issues, recommendations,
6 reports, and meeting memoranda are advisory only. The Director,
7 or his or her designee, shall make a written report, as
8 requested by the Committee, regarding issues before the
9 Committee.

10 The Department on Aging and the Department of Human
11 Services shall cooperate in the development and submission of
12 an annual report on programs and services provided under this
13 Section. Such joint report shall be filed with the Governor and
14 the General Assembly on or before September 30 each year.

15 The requirement for reporting to the General Assembly shall
16 be satisfied by filing copies of the report with the Speaker,
17 the Minority Leader and the Clerk of the House of
18 Representatives and the President, the Minority Leader and the
19 Secretary of the Senate and the Legislative Research Unit, as
20 required by Section 3.1 of the General Assembly Organization
21 Act and filing such additional copies with the State Government
22 Report Distribution Center for the General Assembly as is
23 required under paragraph (t) of Section 7 of the State Library
24 Act.

25 Those persons previously found eligible for receiving
26 non-institutional services whose services were discontinued

1 under the Emergency Budget Act of Fiscal Year 1992, and who do
2 not meet the eligibility standards in effect on or after July
3 1, 1992, shall remain ineligible on and after July 1, 1992.
4 Those persons previously not required to cost-share and who
5 were required to cost-share effective March 1, 1992, shall
6 continue to meet cost-share requirements on and after July 1,
7 1992. Beginning July 1, 1992, all clients will be required to
8 meet eligibility, cost-share, and other requirements and will
9 have services discontinued or altered when they fail to meet
10 these requirements.

11 For the purposes of this Section, "flexible senior
12 services" refers to services that require one-time or periodic
13 expenditures including, but not limited to, respite care, home
14 modification, assistive technology, housing assistance, and
15 transportation.

16 The Department shall implement an electronic service
17 verification based on global positioning systems or other
18 cost-effective technology for the Community Care Program no
19 later than January 1, 2014.

20 The Department shall require, as a condition of
21 eligibility, enrollment in the medical assistance program
22 under Article V of the Illinois Public Aid Code (i) beginning
23 August 1, 2013, if the Auditor General has reported that the
24 Department has failed to comply with the reporting requirements
25 of Section 2-27 of the Illinois State Auditing Act; or (ii)
26 beginning June 1, 2014, if the Auditor General has reported

1 that the Department has not undertaken the required actions
2 listed in the report required by subsection (a) of Section 2-27
3 of the Illinois State Auditing Act.

4 The Department shall delay Community Care Program services
5 until an applicant is determined eligible for medical
6 assistance under Article V of the Illinois Public Aid Code (i)
7 beginning August 1, 2013, if the Auditor General has reported
8 that the Department has failed to comply with the reporting
9 requirements of Section 2-27 of the Illinois State Auditing
10 Act; or (ii) beginning June 1, 2014, if the Auditor General has
11 reported that the Department has not undertaken the required
12 actions listed in the report required by subsection (a) of
13 Section 2-27 of the Illinois State Auditing Act.

14 The Department shall implement co-payments for the
15 Community Care Program at the federally allowable maximum level
16 (i) beginning August 1, 2013, if the Auditor General has
17 reported that the Department has failed to comply with the
18 reporting requirements of Section 2-27 of the Illinois State
19 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor
20 General has reported that the Department has not undertaken the
21 required actions listed in the report required by subsection
22 (a) of Section 2-27 of the Illinois State Auditing Act.

23 The Department shall provide a bi-monthly report on the
24 progress of the Community Care Program reforms set forth in
25 this amendatory Act of the 98th General Assembly to the
26 Governor, the Speaker of the House of Representatives, the

1 Minority Leader of the House of Representatives, the President
2 of the Senate, and the Minority Leader of the Senate.

3 The Department shall conduct a quarterly review of Care
4 Coordination Unit performance and adherence to service
5 guidelines. The quarterly review shall be reported to the
6 Speaker of the House of Representatives, the Minority Leader of
7 the House of Representatives, the President of the Senate, and
8 the Minority Leader of the Senate. The Department shall collect
9 and report longitudinal data on the performance of each care
10 coordination unit. Nothing in this paragraph shall be construed
11 to require the Department to identify specific care
12 coordination units.

13 In regard to community care providers, failure to comply
14 with Department on Aging policies shall be cause for
15 disciplinary action, including, but not limited to,
16 disqualification from serving Community Care Program clients.
17 Each provider, upon submission of any bill or invoice to the
18 Department for payment for services rendered, shall include a
19 notarized statement, under penalty of perjury pursuant to
20 Section 1-109 of the Code of Civil Procedure, that the provider
21 has complied with all Department policies.

22 The Director of the Department on Aging shall make
23 information available to the State Board of Elections as may be
24 required by an agreement the State Board of Elections has
25 entered into with a multi-state voter registration list
26 maintenance system.

1 Within 30 days after the effective date of this amendatory
2 Act of the 100th General Assembly, rates shall be increased to
3 \$18.29 per hour, for the purpose of increasing, by at least
4 \$.72 per hour, the wages paid by those vendors to their
5 employees who provide homemaker services. The Department shall
6 pay an enhanced rate under the Community Care Program to those
7 in-home service provider agencies that offer health insurance
8 coverage as a benefit to their direct service worker employees
9 consistent with the mandates of Public Act 95-713. For State
10 fiscal year 2018, the enhanced rate shall be \$1.77 per hour.
11 The rate shall be adjusted using actuarial analysis based on
12 the cost of care, but shall not be set below \$1.77 per hour.
13 The Department shall adopt rules, including emergency rules
14 under subsection (y) of Section 5-45 of the Illinois
15 Administrative Procedure Act, to implement the provisions of
16 this paragraph.

17 The General Assembly finds it necessary to authorize an
18 aggressive Medicaid enrollment initiative designed to maximize
19 federal Medicaid funding for the Community Care Program which
20 produces significant savings for the State of Illinois. The
21 Department on Aging shall establish and implement a Community
22 Care Program Medicaid Initiative. Under the Initiative, the
23 Department on Aging shall, at a minimum: (i) provide an
24 enhanced rate to adequately compensate care coordination units
25 to enroll eligible Community Care Program clients into
26 Medicaid; (ii) use recommendations from a stakeholder

1 committee on how best to implement the Initiative; and (iii)
2 establish requirements for State agencies to make enrollment in
3 the State's Medical Assistance program easier for seniors.

4 The Community Care Program Medicaid Enrollment Oversight
5 Subcommittee is created as a subcommittee of the Older Adult
6 Services Advisory Committee established in Section 35 of the
7 Older Adult Services Act to make recommendations on how best to
8 increase the number of medical assistance recipients who are
9 enrolled in the Community Care Program. The Subcommittee shall
10 consist of all of the following persons who must be appointed
11 within 30 days after the effective date of this amendatory Act
12 of the 100th General Assembly:

13 (1) The Director of Aging, or his or her designee, who
14 shall serve as the chairperson of the Subcommittee.

15 (2) One representative of the Department of Healthcare
16 and Family Services, appointed by the Director of
17 Healthcare and Family Services.

18 (3) One representative of the Department of Human
19 Services, appointed by the Secretary of Human Services.

20 (4) One individual representing a care coordination
21 unit, appointed by the Director of Aging.

22 (5) One individual from a non-governmental statewide
23 organization that advocates for seniors, appointed by the
24 Director of Aging.

25 (6) One individual representing Area Agencies on
26 Aging, appointed by the Director of Aging.

1 (7) One individual from a statewide association
2 dedicated to Alzheimer's care, support, and research,
3 appointed by the Director of Aging.

4 (8) One individual from an organization that employs
5 persons who provide services under the Community Care
6 Program, appointed by the Director of Aging.

7 (9) One member of a trade or labor union representing
8 persons who provide services under the Community Care
9 Program, appointed by the Director of Aging.

10 (10) One member of the Senate, who shall serve as
11 co-chairperson, appointed by the President of the Senate.

12 (11) One member of the Senate, who shall serve as
13 co-chairperson, appointed by the Minority Leader of the
14 Senate.

15 (12) One member of the House of Representatives, who
16 shall serve as co-chairperson, appointed by the Speaker of
17 the House of Representatives.

18 (13) One member of the House of Representatives, who
19 shall serve as co-chairperson, appointed by the Minority
20 Leader of the House of Representatives.

21 (14) One individual appointed by a labor organization
22 representing front line employees at the Department of
23 Human Services.

24 The Subcommittee shall provide oversight to the Community
25 Care Program Medicaid Initiative and shall meet quarterly. At
26 each Subcommittee meeting the Department on Aging shall provide

1 the following data sets to the Subcommittee: (A) the number of
2 Illinois residents, categorized by planning and service area,
3 who are receiving services under the Community Care Program and
4 are enrolled in the State's Medical Assistance Program; (B) the
5 number of Illinois residents, categorized by planning and
6 service area, who are receiving services under the Community
7 Care Program, but are not enrolled in the State's Medical
8 Assistance Program; and (C) the number of Illinois residents,
9 categorized by planning and service area, who are receiving
10 services under the Community Care Program and are eligible for
11 benefits under the State's Medical Assistance Program, but are
12 not enrolled in the State's Medical Assistance Program. In
13 addition to this data, the Department on Aging shall provide
14 the Subcommittee with plans on how the Department on Aging will
15 reduce the number of Illinois residents who are not enrolled in
16 the State's Medical Assistance Program but who are eligible for
17 medical assistance benefits. The Department on Aging shall
18 enroll in the State's Medical Assistance Program those Illinois
19 residents who receive services under the Community Care Program
20 and are eligible for medical assistance benefits but are not
21 enrolled in the State's Medicaid Assistance Program. The data
22 provided to the Subcommittee shall be made available to the
23 public via the Department on Aging's website.

24 The Department on Aging, with the involvement of the
25 Subcommittee, shall collaborate with the Department of Human
26 Services and the Department of Healthcare and Family Services

1 on how best to achieve the responsibilities of the Community
2 Care Program Medicaid Initiative.

3 The Department on Aging, the Department of Human Services,
4 and the Department of Healthcare and Family Services shall
5 coordinate and implement a streamlined process for seniors to
6 access benefits under the State's Medical Assistance Program.

7 The Subcommittee shall collaborate with the Department of
8 Human Services on the adoption of a uniform application
9 submission process. The Department of Human Services and any
10 other State agency involved with processing the medical
11 assistance application of any person enrolled in the Community
12 Care Program shall include the appropriate care coordination
13 unit in all communications related to the determination or
14 status of the application.

15 The Community Care Program Medicaid Initiative shall
16 provide targeted funding to care coordination units to help
17 seniors complete their applications for medical assistance
18 benefits. Care coordination units shall receive payment for
19 each completed application for those months in which the total
20 statewide number of medical assistance applications all care
21 coordination units helped seniors complete is at or above the
22 total statewide number of medical assistance applications
23 completed during the same month during calendar year 2017. The
24 rate of payment shall be no less than \$240 per completed
25 application.

26 The Community Care Program Medicaid Initiative shall cease

1 operation 5 years after the effective date of this amendatory
2 Act of the 100th General Assembly, after which the Subcommittee
3 shall dissolve.

4 (Source: P.A. 99-143, eff. 7-27-15; 100-23, eff. 7-6-17.)

5 Section 10. The Older Adult Services Act is amended by
6 changing Section 35 as follows:

7 (320 ILCS 42/35)

8 Sec. 35. Older Adult Services Advisory Committee.

9 (a) The Older Adult Services Advisory Committee is created
10 to advise the directors of Aging, Healthcare and Family
11 Services, and Public Health on all matters related to this Act
12 and the delivery of services to older adults in general.

13 (b) The Advisory Committee shall be comprised of the
14 following:

15 (1) The Director of Aging or his or her designee, who
16 shall serve as chair and shall be an ex officio and
17 nonvoting member.

18 (2) The Director of Healthcare and Family Services and
19 the Director of Public Health or their designees, who shall
20 serve as vice-chairs and shall be ex officio and nonvoting
21 members.

22 (3) One representative each of the Governor's Office,
23 the Department of Healthcare and Family Services, the
24 Department of Public Health, the Department of Veterans'

1 Affairs, the Department of Human Services, the Department
2 of Insurance, the Department of Commerce and Economic
3 Opportunity, the Department on Aging, the Department on
4 Aging's State Long Term Care Ombudsman, the Illinois
5 Housing Finance Authority, and the Illinois Housing
6 Development Authority, each of whom shall be selected by
7 his or her respective director and shall be an ex officio
8 and nonvoting member.

9 (4) Thirty members appointed by the Director of Aging
10 in collaboration with the directors of Public Health and
11 Healthcare and Family Services, and selected from the
12 recommendations of statewide associations and
13 organizations, as follows:

14 (A) One member representing the Area Agencies on
15 Aging;

16 (B) Four members representing nursing homes or
17 licensed assisted living establishments;

18 (C) One member representing home health agencies;

19 (D) One member representing case management
20 services;

21 (E) One member representing statewide senior
22 center associations;

23 (F) One member representing Community Care Program
24 homemaker services;

25 (G) One member representing Community Care Program
26 adult day services;

1 (H) One member representing nutrition project
2 directors;

3 (I) One member representing hospice programs;

4 (J) One member representing individuals with
5 Alzheimer's disease and related dementias;

6 (K) Two members representing statewide trade or
7 labor unions;

8 (L) One advanced practice registered nurse with
9 experience in gerontological nursing;

10 (M) One physician specializing in gerontology;

11 (N) One member representing regional long-term
12 care ombudsmen;

13 (O) One member representing municipal, township,
14 or county officials;

15 (P) (Blank);

16 (Q) (Blank);

17 (R) One member representing the parish nurse
18 movement;

19 (S) One member representing pharmacists;

20 (T) Two members representing statewide
21 organizations engaging in advocacy or legal
22 representation on behalf of the senior population;

23 (U) Two family caregivers;

24 (V) Two citizen members over the age of 60;

25 (W) One citizen with knowledge in the area of
26 gerontology research or health care law;

1 (X) One representative of health care facilities
2 licensed under the Hospital Licensing Act; and

3 (Y) One representative of primary care service
4 providers.

5 The Director of Aging, in collaboration with the Directors
6 of Public Health and Healthcare and Family Services, may
7 appoint additional citizen members to the Older Adult Services
8 Advisory Committee. Each such additional member must be either
9 an individual age 60 or older or an uncompensated caregiver for
10 a family member or friend who is age 60 or older.

11 (c) Voting members of the Advisory Committee shall serve
12 for a term of 3 years or until a replacement is named. All
13 members shall be appointed no later than January 1, 2005. Of
14 the initial appointees, as determined by lot, 10 members shall
15 serve a term of one year; 10 shall serve for a term of 2 years;
16 and 12 shall serve for a term of 3 years. Any member appointed
17 to fill a vacancy occurring prior to the expiration of the term
18 for which his or her predecessor was appointed shall be
19 appointed for the remainder of that term. The Advisory
20 Committee shall meet at least quarterly and may meet more
21 frequently at the call of the Chair. A simple majority of those
22 appointed shall constitute a quorum. The affirmative vote of a
23 majority of those present and voting shall be necessary for
24 Advisory Committee action. Members of the Advisory Committee
25 shall receive no compensation for their services.

26 (d) The Advisory Committee shall have an Executive

1 Committee comprised of the Chair, the Vice Chairs, and up to 15
2 members of the Advisory Committee appointed by the Chair who
3 have demonstrated expertise in developing, implementing, or
4 coordinating the system restructuring initiatives defined in
5 Section 25. The Executive Committee shall have responsibility
6 to oversee and structure the operations of the Advisory
7 Committee and to create and appoint necessary subcommittees and
8 subcommittee members. The Advisory Committee's Community Care
9 Program Medicaid Enrollment Oversight Subcommittee shall have
10 the membership and powers and duties set forth in Section 4.02
11 of the Illinois Act on the Aging.

12 (e) The Advisory Committee shall study and make
13 recommendations related to the implementation of this Act,
14 including but not limited to system restructuring initiatives
15 as defined in Section 25 or otherwise related to this Act.

16 (Source: P.A. 100-513, eff. 1-1-18.)".