



Rep. Anna Moeller

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1 AMENDMENT TO SENATE BILL 1628

2 AMENDMENT NO. _____. Amend Senate Bill 1628 by replacing
3 everything after the enacting clause with the following:

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

6 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

7 Sec. 4.02. Community Care Program. The Department shall
8 establish a program of services to prevent unnecessary
9 institutionalization of persons age 60 and older in need of
10 long term care or who are established as persons who suffer
11 from Alzheimer's disease or a related disorder under the
12 Alzheimer's Disease Assistance Act, thereby enabling them to
13 remain in their own homes or in other living arrangements. Such
14 preventive services, which may be coordinated with other
15 programs for the aged and monitored by area agencies on aging
16 in cooperation with the Department, may include, but are not

1 limited to, any or all of the following:

2 (a) (blank);

3 (b) (blank);

4 (c) home care aide services;

5 (d) personal assistant services;

6 (e) adult day services;

7 (f) home-delivered meals;

8 (g) education in self-care;

9 (h) personal care services;

10 (i) adult day health services;

11 (j) habilitation services;

12 (k) respite care;

13 (k-5) community reintegration services;

14 (k-6) flexible senior services;

15 (k-7) medication management;

16 (k-8) emergency home response;

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

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

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

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

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

11 The Department shall, in conjunction with the Department of
12 Public Aid (now Department of Healthcare and Family Services),
13 seek appropriate amendments under Sections 1915 and 1924 of the
14 Social Security Act. The purpose of the amendments shall be to
15 extend eligibility for home and community based services under
16 Sections 1915 and 1924 of the Social Security Act to persons
17 who transfer to or for the benefit of a spouse those amounts of
18 income and resources allowed under Section 1924 of the Social
19 Security Act. Subject to the approval of such amendments, the
20 Department shall extend the provisions of Section 5-4 of the
21 Illinois Public Aid Code to persons who, but for the provision
22 of home or community-based services, would require the level of
23 care provided in an institution, as is provided for in federal
24 law. Those persons no longer found to be eligible for receiving
25 noninstitutional services due to changes in the eligibility
26 criteria shall be given 45 days notice prior to actual

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

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

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

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

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

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

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

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

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

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

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

23 (4) ensuring that the determination of need tool is
24 accurate in determining the participants' level of need; to
25 achieve this, the Department, in conjunction with the Older
26 Adult Services Advisory Committee, shall institute a study

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

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

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

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

26 (7) ensuring that the State may access maximum federal

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

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

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

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

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

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

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

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

22 By January 1, 2009 or as soon after the end of the Cash and
23 Counseling Demonstration Project as is practicable, the
24 Department may, based on its evaluation of the demonstration
25 project, promulgate rules concerning personal assistant
26 services, to include, but need not be limited to,

1 qualifications, employment screening, rights under fair labor
2 standards, training, fiduciary agent, and supervision
3 requirements. All applicants shall be subject to the provisions
4 of the Health Care Worker Background Check Act.

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

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

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

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

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

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

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

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

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

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

24 Those persons previously found eligible for receiving
25 non-institutional services whose services were discontinued
26 under the Emergency Budget Act of Fiscal Year 1992, and who do

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

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

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

19 The Department shall require, as a condition of
20 eligibility, enrollment in the medical assistance program
21 under Article V of the Illinois Public Aid Code (i) beginning
22 August 1, 2013, if the Auditor General has reported that the
23 Department has failed to comply with the reporting requirements
24 of Section 2-27 of the Illinois State Auditing Act; or (ii)
25 beginning June 1, 2014, if the Auditor General has reported
26 that the Department has not undertaken the required actions

1 listed in the report required by subsection (a) of Section 2-27
2 of the Illinois State Auditing Act.

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

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

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

1 of the Senate, and the Minority Leader of the Senate.

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

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

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

26 Within 30 days after the effective date of this amendatory

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

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

1 establish requirements for State agencies to make enrollment in
2 the State's Medical Assistance program easier for seniors.

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

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

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

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

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

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

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

26 (7) One individual from a statewide association

1 dedicated to Alzheimer's care, support, and research,
2 appointed by the Director of Aging.

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

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

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

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

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

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

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

23 The Subcommittee shall provide oversight to the Community
24 Care Program Medicaid Initiative and shall meet quarterly. At
25 each Subcommittee meeting the Department on Aging shall provide
26 the following data sets to the Subcommittee: (A) the number of

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

23 The Department on Aging, with the involvement of the
24 Subcommittee, shall collaborate with the Department of Human
25 Services and the Department of Healthcare and Family Services
26 on how best to achieve the responsibilities of the Community

1 Care Program Medicaid Initiative.

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

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

14 The Community Care Program Medicaid Initiative shall
15 provide targeted funding to care coordination units to help
16 seniors complete their applications for medical assistance
17 benefits. Care coordination units shall receive payment for
18 each completed application. The rate of payment shall be no
19 less than \$200 per completed application.

20 The Community Care Program Medicaid Initiative shall cease
21 operation 5 years after the effective date of this amendatory
22 Act of the 100th General Assembly, after which the Subcommittee
23 shall dissolve.

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

25 Section 10. The Older Adult Services Act is amended by

1 changing Section 35 as follows:

2 (320 ILCS 42/35)

3 Sec. 35. Older Adult Services Advisory Committee.

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

8 (b) The Advisory Committee shall be comprised of the
9 following:

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

13 (2) The Director of Healthcare and Family Services and
14 the Director of Public Health or their designees, who shall
15 serve as vice-chairs and shall be ex officio and nonvoting
16 members.

17 (3) One representative each of the Governor's Office,
18 the Department of Healthcare and Family Services, the
19 Department of Public Health, the Department of Veterans'
20 Affairs, the Department of Human Services, the Department
21 of Insurance, the Department of Commerce and Economic
22 Opportunity, the Department on Aging, the Department on
23 Aging's State Long Term Care Ombudsman, the Illinois
24 Housing Finance Authority, and the Illinois Housing
25 Development Authority, each of whom shall be selected by

1 his or her respective director and shall be an ex officio
2 and nonvoting member.

3 (4) Thirty members appointed by the Director of Aging
4 in collaboration with the directors of Public Health and
5 Healthcare and Family Services, and selected from the
6 recommendations of statewide associations and
7 organizations, as follows:

8 (A) One member representing the Area Agencies on
9 Aging;

10 (B) Four members representing nursing homes or
11 licensed assisted living establishments;

12 (C) One member representing home health agencies;

13 (D) One member representing case management
14 services;

15 (E) One member representing statewide senior
16 center associations;

17 (F) One member representing Community Care Program
18 homemaker services;

19 (G) One member representing Community Care Program
20 adult day services;

21 (H) One member representing nutrition project
22 directors;

23 (I) One member representing hospice programs;

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

26 (K) Two members representing statewide trade or

1 labor unions;

2 (L) One advanced practice registered nurse with
3 experience in gerontological nursing;

4 (M) One physician specializing in gerontology;

5 (N) One member representing regional long-term
6 care ombudsmen;

7 (O) One member representing municipal, township,
8 or county officials;

9 (P) (Blank);

10 (Q) (Blank);

11 (R) One member representing the parish nurse
12 movement;

13 (S) One member representing pharmacists;

14 (T) Two members representing statewide
15 organizations engaging in advocacy or legal
16 representation on behalf of the senior population;

17 (U) Two family caregivers;

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

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

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

23 (Y) One representative of primary care service
24 providers.

25 The Director of Aging, in collaboration with the Directors
26 of Public Health and Healthcare and Family Services, may

1 appoint additional citizen members to the Older Adult Services
2 Advisory Committee. Each such additional member must be either
3 an individual age 60 or older or an uncompensated caregiver for
4 a family member or friend who is age 60 or older.

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

20 (d) The Advisory Committee shall have an Executive
21 Committee comprised of the Chair, the Vice Chairs, and up to 15
22 members of the Advisory Committee appointed by the Chair who
23 have demonstrated expertise in developing, implementing, or
24 coordinating the system restructuring initiatives defined in
25 Section 25. The Executive Committee shall have responsibility
26 to oversee and structure the operations of the Advisory

1 Committee and to create and appoint necessary subcommittees and
2 subcommittee members. The Advisory Committee's Community Care
3 Program Medicaid Enrollment Oversight Subcommittee shall have
4 the membership and powers and duties set forth in Section 4.02
5 of the Illinois Act on the Aging.

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

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