

1 AN ACT concerning State government.

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 4.02 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
17 limited to, any or all of the following:

- 18 (a) (blank);
19 (b) (blank);
20 (c) home care aide services;
21 (d) personal assistant services;
22 (e) adult day services;
23 (f) home-delivered meals;

- 1 (g) education in self-care;
- 2 (h) personal care services;
- 3 (i) adult day health services;
- 4 (j) habilitation services;
- 5 (k) respite care;
- 6 (k-5) community reintegration services;
- 7 (k-6) flexible senior services;
- 8 (k-7) medication management;
- 9 (k-8) emergency home response;
- 10 (l) other nonmedical social services that may enable
- 11 the person to become self-supporting; or
- 12 (m) clearinghouse for information provided by senior
- 13 citizen home owners who want to rent rooms to or share
- 14 living space with other senior citizens.

15 The Department shall establish eligibility standards for

16 such services. In determining the amount and nature of services

17 for which a person may qualify, consideration shall not be

18 given to the value of cash, property or other assets held in

19 the name of the person's spouse pursuant to a written agreement

20 dividing marital property into equal but separate shares or

21 pursuant to a transfer of the person's interest in a home to

22 his spouse, provided that the spouse's share of the marital

23 property is not made available to the person seeking such

24 services.

25 Beginning January 1, 2008, the Department shall require as

26 a condition of eligibility that all new financially eligible

1 applicants apply for and enroll in medical assistance under
2 Article V of the Illinois Public Aid Code in accordance with
3 rules promulgated by the Department.

4 The Department shall, in conjunction with the Department of
5 Public Aid (now Department of Healthcare and Family Services),
6 seek appropriate amendments under Sections 1915 and 1924 of the
7 Social Security Act. The purpose of the amendments shall be to
8 extend eligibility for home and community based services under
9 Sections 1915 and 1924 of the Social Security Act to persons
10 who transfer to or for the benefit of a spouse those amounts of
11 income and resources allowed under Section 1924 of the Social
12 Security Act. Subject to the approval of such amendments, the
13 Department shall extend the provisions of Section 5-4 of the
14 Illinois Public Aid Code to persons who, but for the provision
15 of home or community-based services, would require the level of
16 care provided in an institution, as is provided for in federal
17 law. Those persons no longer found to be eligible for receiving
18 noninstitutional services due to changes in the eligibility
19 criteria shall be given 45 days notice prior to actual
20 termination. Those persons receiving notice of termination may
21 contact the Department and request the determination be
22 appealed at any time during the 45 day notice period. The
23 target population identified for the purposes of this Section
24 are persons age 60 and older with an identified service need.
25 Priority shall be given to those who are at imminent risk of
26 institutionalization. The services shall be provided to

1 eligible persons age 60 and older to the extent that the cost
2 of the services together with the other personal maintenance
3 expenses of the persons are reasonably related to the standards
4 established for care in a group facility appropriate to the
5 person's condition. These non-institutional services, pilot
6 projects or experimental facilities may be provided as part of
7 or in addition to those authorized by federal law or those
8 funded and administered by the Department of Human Services.
9 The Departments of Human Services, Healthcare and Family
10 Services, Public Health, Veterans' Affairs, and Commerce and
11 Economic Opportunity and other appropriate agencies of State,
12 federal and local governments shall cooperate with the
13 Department on Aging in the establishment and development of the
14 non-institutional services. The Department shall require an
15 annual audit from all personal assistant and home care aide
16 vendors contracting with the Department under this Section. The
17 annual audit shall assure that each audited vendor's procedures
18 are in compliance with Department's financial reporting
19 guidelines requiring an administrative and employee wage and
20 benefits cost split as defined in administrative rules. The
21 audit is a public record under the Freedom of Information Act.
22 The Department shall execute, relative to the nursing home
23 prescreening project, written inter-agency agreements with the
24 Department of Human Services and the Department of Healthcare
25 and Family Services, to effect the following: (1) intake
26 procedures and common eligibility criteria for those persons

1 who are receiving non-institutional services; and (2) the
2 establishment and development of non-institutional services in
3 areas of the State where they are not currently available or
4 are undeveloped. On and after July 1, 1996, all nursing home
5 prescreenings for individuals 60 years of age or older shall be
6 conducted by the Department.

7 As part of the Department on Aging's routine training of
8 case managers and case manager supervisors, the Department may
9 include information on family futures planning for persons who
10 are age 60 or older and who are caregivers of their adult
11 children with developmental disabilities. The content of the
12 training shall be at the Department's discretion.

13 The Department is authorized to establish a system of
14 recipient copayment for services provided under this Section,
15 such copayment to be based upon the recipient's ability to pay
16 but in no case to exceed the actual cost of the services
17 provided. Additionally, any portion of a person's income which
18 is equal to or less than the federal poverty standard shall not
19 be considered by the Department in determining the copayment.
20 The level of such copayment shall be adjusted whenever
21 necessary to reflect any change in the officially designated
22 federal poverty standard.

23 The Department, or the Department's authorized
24 representative, may recover the amount of moneys expended for
25 services provided to or in behalf of a person under this
26 Section by a claim against the person's estate or against the

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

26 The Department shall increase the effectiveness of the

1 existing Community Care Program by:

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

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

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

16 (4) ensuring that the determination of need tool is
17 accurate in determining the participants' level of need; to
18 achieve this, the Department, in conjunction with the Older
19 Adult Services Advisory Committee, shall institute a study
20 of the relationship between the Determination of Need
21 scores, level of need, service cost maximums, and the
22 development and utilization of service plans no later than
23 May 1, 2008; findings and recommendations shall be
24 presented to the Governor and the General Assembly no later
25 than January 1, 2009; recommendations shall include all
26 needed changes to the service cost maximums schedule and

1 additional covered services;

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

5 (A) bathing;

6 (B) grooming;

7 (C) toileting;

8 (D) nail care;

9 (E) transferring;

10 (F) respiratory services;

11 (G) exercise; or

12 (H) positioning;

13 (6) ensuring that homemaker program vendors are not
14 restricted from hiring homemakers who are family members of
15 clients or recommended by clients; the Department may not,
16 by rule or policy, require homemakers who are family
17 members of clients or recommended by clients to accept
18 assignments in homes other than the client;

19 (7) ensuring that the State may access maximum federal
20 matching funds by seeking approval for the Centers for
21 Medicare and Medicaid Services for modifications to the
22 State's home and community based services waiver and
23 additional waiver opportunities, including applying for
24 enrollment in the Balance Incentive Payment Program by May
25 1, 2013, in order to maximize federal matching funds; this
26 shall include, but not be limited to, modification that

1 reflects all changes in the Community Care Program services
2 and all increases in the services cost maximum;

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

6 (9) ensuring that services are authorized accurately
7 and consistently for the Community Care Program (CCP); the
8 Department shall implement a Service Authorization policy
9 directive; the purpose shall be to ensure that eligibility
10 and services are authorized accurately and consistently in
11 the CCP program; the policy directive shall clarify service
12 authorization guidelines to Care Coordination Units and
13 Community Care Program providers no later than May 1, 2013;

14 (10) working in conjunction with Care Coordination
15 Units, the Department of Healthcare and Family Services,
16 the Department of Human Services, Community Care Program
17 providers, and other stakeholders to make improvements to
18 the Medicaid claiming processes and the Medicaid
19 enrollment procedures or requirements as needed,
20 including, but not limited to, specific policy changes or
21 rules to improve the up-front enrollment of participants in
22 the Medicaid program and specific policy changes or rules
23 to insure more prompt submission of bills to the federal
24 government to secure maximum federal matching dollars as
25 promptly as possible; the Department on Aging shall have at
26 least 3 meetings with stakeholders by January 1, 2014 in

1 order to address these improvements;

2 (11) requiring home care service providers to comply
3 with the rounding of hours worked provisions under the
4 federal Fair Labor Standards Act (FLSA) and as set forth in
5 29 CFR 785.48(b) by May 1, 2013;

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

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

15 By January 1, 2009 or as soon after the end of the Cash and
16 Counseling Demonstration Project as is practicable, the
17 Department may, based on its evaluation of the demonstration
18 project, promulgate rules concerning personal assistant
19 services, to include, but need not be limited to,
20 qualifications, employment screening, rights under fair labor
21 standards, training, fiduciary agent, and supervision
22 requirements. All applicants shall be subject to the provisions
23 of the Health Care Worker Background Check Act.

24 The Department shall develop procedures to enhance
25 availability of services on evenings, weekends, and on an
26 emergency basis to meet the respite needs of caregivers.

1 Procedures shall be developed to permit the utilization of
2 services in successive blocks of 24 hours up to the monthly
3 maximum established by the Department. Workers providing these
4 services shall be appropriately trained.

5 Beginning on the effective date of this amendatory Act of
6 1991, no person may perform chore/housekeeping and home care
7 aide services under a program authorized by this Section unless
8 that person has been issued a certificate of pre-service to do
9 so by his or her employing agency. Information gathered to
10 effect such certification shall include (i) the person's name,
11 (ii) the date the person was hired by his or her current
12 employer, and (iii) the training, including dates and levels.
13 Persons engaged in the program authorized by this Section
14 before the effective date of this amendatory Act of 1991 shall
15 be issued a certificate of all pre- and in-service training
16 from his or her employer upon submitting the necessary
17 information. The employing agency shall be required to retain
18 records of all staff pre- and in-service training, and shall
19 provide such records to the Department upon request and upon
20 termination of the employer's contract with the Department. In
21 addition, the employing agency is responsible for the issuance
22 of certifications of in-service training completed to their
23 employees.

24 The Department is required to develop a system to ensure
25 that persons working as home care aides and personal assistants
26 receive increases in their wages when the federal minimum wage

1 is increased by requiring vendors to certify that they are
2 meeting the federal minimum wage statute for home care aides
3 and personal assistants. An employer that cannot ensure that
4 the minimum wage increase is being given to home care aides and
5 personal assistants shall be denied any increase in
6 reimbursement costs.

7 The Community Care Program Advisory Committee is created in
8 the Department on Aging. The Director shall appoint individuals
9 to serve in the Committee, who shall serve at their own
10 expense. Members of the Committee must abide by all applicable
11 ethics laws. The Committee shall advise the Department on
12 issues related to the Department's program of services to
13 prevent unnecessary institutionalization. The Committee shall
14 meet on a bi-monthly basis and shall serve to identify and
15 advise the Department on present and potential issues affecting
16 the service delivery network, the program's clients, and the
17 Department and to recommend solution strategies. Persons
18 appointed to the Committee shall be appointed on, but not
19 limited to, their own and their agency's experience with the
20 program, geographic representation, and willingness to serve.
21 The Director shall appoint members to the Committee to
22 represent provider, advocacy, policy research, and other
23 constituencies committed to the delivery of high quality home
24 and community-based services to older adults. Representatives
25 shall be appointed to ensure representation from community care
26 providers including, but not limited to, adult day service

1 providers, homemaker providers, case coordination and case
2 management units, emergency home response providers, statewide
3 trade or labor unions that represent home care aides and direct
4 care staff, area agencies on aging, adults over age 60,
5 membership organizations representing older adults, and other
6 organizational entities, providers of care, or individuals
7 with demonstrated interest and expertise in the field of home
8 and community care as determined by the Director.

9 Nominations may be presented from any agency or State
10 association with interest in the program. The Director, or his
11 or her designee, shall serve as the permanent co-chair of the
12 advisory committee. One other co-chair shall be nominated and
13 approved by the members of the committee on an annual basis.
14 Committee members' terms of appointment shall be for 4 years
15 with one-quarter of the appointees' terms expiring each year. A
16 member shall continue to serve until his or her replacement is
17 named. The Department shall fill vacancies that have a
18 remaining term of over one year, and this replacement shall
19 occur through the annual replacement of expiring terms. The
20 Director shall designate Department staff to provide technical
21 assistance and staff support to the committee. Department
22 representation shall not constitute membership of the
23 committee. All Committee papers, issues, recommendations,
24 reports, and meeting memoranda are advisory only. The Director,
25 or his or her designee, shall make a written report, as
26 requested by the Committee, regarding issues before the

1 Committee.

2 The Department on Aging and the Department of Human
3 Services shall cooperate in the development and submission of
4 an annual report on programs and services provided under this
5 Section. Such joint report shall be filed with the Governor and
6 the General Assembly on or before September 30 each year.

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

17 Those persons previously found eligible for receiving
18 non-institutional services whose services were discontinued
19 under the Emergency Budget Act of Fiscal Year 1992, and who do
20 not meet the eligibility standards in effect on or after July
21 1, 1992, shall remain ineligible on and after July 1, 1992.
22 Those persons previously not required to cost-share and who
23 were required to cost-share effective March 1, 1992, shall
24 continue to meet cost-share requirements on and after July 1,
25 1992. Beginning July 1, 1992, all clients will be required to
26 meet eligibility, cost-share, and other requirements and will

1 have services discontinued or altered when they fail to meet
2 these requirements.

3 For the purposes of this Section, "flexible senior
4 services" refers to services that require one-time or periodic
5 expenditures including, but not limited to, respite care, home
6 modification, assistive technology, housing assistance, and
7 transportation.

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

12 The Department shall require, as a condition of
13 eligibility, enrollment in the medical assistance program
14 under Article V of the Illinois Public Aid Code (i) beginning
15 August 1, 2013, if the Auditor General has reported that the
16 Department has failed to comply with the reporting requirements
17 of Section 2-27 of the Illinois State Auditing Act; or (ii)
18 beginning June 1, 2014, if the Auditor General has reported
19 that the Department has not undertaken the required actions
20 listed in the report required by subsection (a) of Section 2-27
21 of the Illinois State Auditing Act.

22 The Department shall delay Community Care Program services
23 until an applicant is determined eligible for medical
24 assistance under Article V of the Illinois Public Aid Code (i)
25 beginning August 1, 2013, if the Auditor General has reported
26 that the Department has failed to comply with the reporting

1 requirements of Section 2-27 of the Illinois State Auditing
2 Act; or (ii) beginning June 1, 2014, if the Auditor General has
3 reported that the Department has not undertaken the required
4 actions listed in the report required by subsection (a) of
5 Section 2-27 of the Illinois State Auditing Act.

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

15 The Department shall provide a bi-monthly report on the
16 progress of the Community Care Program reforms set forth in
17 this amendatory Act of the 98th General Assembly to the
18 Governor, the Speaker of the House of Representatives, the
19 Minority Leader of the House of Representatives, the President
20 of the Senate, and the Minority Leader of the Senate.

21 The Department shall conduct a quarterly review of Care
22 Coordination Unit performance and adherence to service
23 guidelines. The quarterly review shall be reported to the
24 Speaker of the House of Representatives, the Minority Leader of
25 the House of Representatives, the President of the Senate, and
26 the Minority Leader of the Senate. The Department shall collect

1 and report longitudinal data on the performance of each care
2 coordination unit. Nothing in this paragraph shall be construed
3 to require the Department to identify specific care
4 coordination units.

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

14 The Director of the Department on Aging shall make
15 information available to the State Board of Elections as may be
16 required by an agreement the State Board of Elections has
17 entered into with a multi-state voter registration list
18 maintenance system.

19 Within 30 days after the effective date of this amendatory
20 Act of the 100th General Assembly, rates shall be increased to
21 \$18.29 per hour, for the purpose of increasing, by at least
22 \$.72 per hour, the wages paid by those vendors to their
23 employees who provide homemaker services. The Department shall
24 pay an enhanced rate under the Community Care Program to those
25 in-home service provider agencies that offer health insurance
26 coverage as a benefit to their direct service worker employees

1 consistent with the mandates of Public Act 95-713. For State
2 fiscal year 2018, the enhanced rate shall be \$1.77 per hour.
3 The rate shall be adjusted using actuarial analysis based on
4 the cost of care, but shall not be set below \$1.77 per hour.
5 The Department shall adopt rules, including emergency rules
6 under subsection (y) of Section 5-45 of the Illinois
7 Administrative Procedure Act, to implement the provisions of
8 this paragraph.

9 The General Assembly finds it necessary to authorize an
10 aggressive Medicaid enrollment initiative designed to maximize
11 federal Medicaid funding for the Community Care Program which
12 produces significant savings for the State of Illinois. The
13 Department on Aging shall establish and implement a Community
14 Care Program Medicaid Initiative. Under the Initiative, the
15 Department on Aging shall, at a minimum: (i) provide an
16 enhanced rate to adequately compensate care coordination units
17 to enroll eligible Community Care Program clients into
18 Medicaid; (ii) use recommendations from a stakeholder
19 committee on how best to implement the Initiative; and (iii)
20 establish requirements for State agencies to make enrollment in
21 the State's Medical Assistance program easier for seniors.

22 The Community Care Program Medicaid Enrollment Oversight
23 Subcommittee is created as a subcommittee of the Older Adult
24 Services Advisory Committee established in Section 35 of the
25 Older Adult Services Act to make recommendations on how best to
26 increase the number of medical assistance recipients who are

1 enrolled in the Community Care Program. The Subcommittee shall
2 consist of all of the following persons who must be appointed
3 within 30 days after the effective date of this amendatory Act
4 of the 100th General Assembly:

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

7 (2) One representative of the Department of Healthcare
8 and Family Services, appointed by the Director of
9 Healthcare and Family Services.

10 (3) One representative of the Department of Human
11 Services, appointed by the Secretary of Human Services.

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

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

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

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

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

25 (9) One member of a trade or labor union representing
26 persons who provide services under the Community Care

1 Program, appointed by the Director of Aging.

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

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

7 (12) One member of the House of Representatives, who
8 shall serve as co-chairperson, appointed by the Speaker of
9 the House of Representatives.

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

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

16 The Subcommittee shall provide oversight to the Community
17 Care Program Medicaid Initiative and shall meet quarterly. At
18 each Subcommittee meeting the Department on Aging shall provide
19 the following data sets to the Subcommittee: (A) the number of
20 Illinois residents, categorized by planning and service area,
21 who are receiving services under the Community Care Program and
22 are enrolled in the State's Medical Assistance Program; (B) the
23 number of Illinois residents, categorized by planning and
24 service area, who are receiving services under the Community
25 Care Program, but are not enrolled in the State's Medical
26 Assistance Program; and (C) the number of Illinois residents,

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

16 The Department on Aging, with the involvement of the
17 Subcommittee, shall collaborate with the Department of Human
18 Services and the Department of Healthcare and Family Services
19 on how best to achieve the responsibilities of the Community
20 Care Program Medicaid Initiative.

21 The Department on Aging, the Department of Human Services,
22 and the Department of Healthcare and Family Services shall
23 coordinate and implement a streamlined process for seniors to
24 access benefits under the State's Medical Assistance Program.

25 The Subcommittee shall collaborate with the Department of
26 Human Services on the adoption of a uniform application

1 submission process. The Department of Human Services and any
2 other State agency involved with processing the medical
3 assistance application of any person enrolled in the Community
4 Care Program shall include the appropriate care coordination
5 unit in all communications related to the determination or
6 status of the application.

7 The Community Care Program Medicaid Initiative shall
8 provide targeted funding to care coordination units to help
9 seniors complete their applications for medical assistance
10 benefits. Care coordination units shall receive payment for
11 each completed application for those months in which the total
12 statewide number of medical assistance applications all care
13 coordination units helped seniors complete is at or above the
14 total statewide number of medical assistance applications
15 completed during the same month during calendar year 2017. The
16 rate of payment shall be no less than \$240 per completed
17 application.

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

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

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

1 (320 ILCS 42/35)

2 Sec. 35. Older Adult Services Advisory Committee.

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

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

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

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

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

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

6 (A) One member representing the Area Agencies on
7 Aging;

8 (B) Four members representing nursing homes or
9 licensed assisted living establishments;

10 (C) One member representing home health agencies;

11 (D) One member representing case management
12 services;

13 (E) One member representing statewide senior
14 center associations;

15 (F) One member representing Community Care Program
16 homemaker services;

17 (G) One member representing Community Care Program
18 adult day services;

19 (H) One member representing nutrition project
20 directors;

21 (I) One member representing hospice programs;

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

24 (K) Two members representing statewide trade or
25 labor unions;

26 (L) One advanced practice registered nurse with

- 1 experience in gerontological nursing;
- 2 (M) One physician specializing in gerontology;
- 3 (N) One member representing regional long-term
4 care ombudsmen;
- 5 (O) One member representing municipal, township,
6 or county officials;
- 7 (P) (Blank);
- 8 (Q) (Blank);
- 9 (R) One member representing the parish nurse
10 movement;
- 11 (S) One member representing pharmacists;
- 12 (T) Two members representing statewide
13 organizations engaging in advocacy or legal
14 representation on behalf of the senior population;
- 15 (U) Two family caregivers;
- 16 (V) Two citizen members over the age of 60;
- 17 (W) One citizen with knowledge in the area of
18 gerontology research or health care law;
- 19 (X) One representative of health care facilities
20 licensed under the Hospital Licensing Act; and
- 21 (Y) One representative of primary care service
22 providers.

23 The Director of Aging, in collaboration with the Directors
24 of Public Health and Healthcare and Family Services, may
25 appoint additional citizen members to the Older Adult Services
26 Advisory Committee. Each such additional member must be either

1 an individual age 60 or older or an uncompensated caregiver for
2 a family member or friend who is age 60 or older.

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

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

1 Program Medicaid Enrollment Oversight Subcommittee shall have
2 the membership and powers and duties set forth in Section 4.02
3 of the Illinois Act on the Aging.

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

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