



Sen. Iris Y. Martinez

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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 targeted  
23 funding to care coordination units to help seniors complete  
24 applications for medical assistance benefits under the State's  
25 Medical Assistance program; (ii) provide a funding pool to help  
26 care coordination units make improvements to the application

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

5 The Community Care Program Medicaid Enrollment Oversight  
6 Task Force is created within the Department on Aging to make  
7 recommendations on how best to increase the number of Illinois  
8 residents who are enrolled in the Community Care Program and  
9 receive services not paid for under the State's Medical  
10 Assistance program even though they may be eligible for medical  
11 assistance benefits. The Task Force shall consist of all of the  
12 following persons who must be appointed within 30 days after  
13 the effective date of this amendatory Act of the 100th General  
14 Assembly:

15 (1) The Director of Aging, or his or her designee, who  
16 shall serve as the chairperson of the Task Force.

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

20 (3) One representative of the Department of Human  
21 Services, appointed by the Secretary of Human Services.

22 (4) Two individuals representing care coordination  
23 units from 2 geographically different planning and service  
24 areas, appointed by the Director of Aging.

25 (5) One individual from a non-governmental statewide  
26 organization that advocates for seniors, appointed by the

1 Director of Aging.

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

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

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

10 (9) Two members of trade or labor unions representing  
11 persons who provide services under the Community Care  
12 Program, appointed by the Director of Aging.

13 (10) Two members of the Senate appointed by the  
14 President of the Senate, one of whom shall serve as  
15 co-chairperson.

16 (11) Two members of the Senate appointed by the  
17 Minority Leader of the Senate, one of whom shall serve as  
18 co-chairperson.

19 (12) Two members of the House of Representatives  
20 appointed by the Speaker of the House of Representatives,  
21 one of whom shall serve as co-chairperson.

22 (13) Two members of the House of Representatives  
23 appointed by the Minority Leader of the House of  
24 Representatives, one of whom shall serve as  
25 co-chairperson.

26 The Task Force shall provide oversight to the Community

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

26 The Department on Aging, with the involvement of the Task

1 Force, shall collaborate with the Department of Human Services  
2 and the Department of Healthcare and Family Services on how  
3 best to achieve the responsibilities of the Community Care  
4 Program Medicaid Initiative.

5 The Department on Aging, the Department of Human Services,  
6 and the Department of Healthcare and Family Services shall  
7 coordinate and implement a streamlined process for seniors to  
8 access benefits under the State's Medical Assistance program.  
9 This streamlined process includes the creation of consolidated  
10 forms and the acceptance of these forms across all State  
11 agencies.

12 The Department of Human Services shall adopt a uniform  
13 application submission process no later than 60 days after the  
14 effective date of this amendatory Act of the 100th General  
15 Assembly.

16 The Community Care Program Medicaid Initiative shall  
17 provide targeted funding to care coordination units to help  
18 seniors complete their applications for medical assistance  
19 benefits. A care coordination unit shall receive a payment for  
20 each completed application for those months in which the number  
21 of medical assistance applications the care coordination unit  
22 helps seniors complete is at or above the monthly average  
23 number of medical assistance applications the care  
24 coordination unit helped seniors complete in the same service  
25 area during calendar year 2017. The rate of payment shall be no  
26 less than \$300 per completed application.

1           The Community Care Program Medicaid Initiative shall cease  
2           operation 5 years after the effective date of this amendatory  
3           Act of the 100th General Assembly, after which the Task Force  
4           shall dissolve.

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