



Sen. Napoleon Harris, III

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10200HB5186sam003

LRB102 24774 DTM 38531 a

1 AMENDMENT TO HOUSE BILL 5186

2 AMENDMENT NO. _____. Amend House Bill 5186, AS AMENDED,
3 with reference to page and line numbers of Senate Amendment
4 No. 2, on page 197, immediately below line 11, by inserting the
5 following:

6 "ARTICLE 35. COMMUNITY CARE PROGRAM

7 Section 35-5. The Illinois Act on the Aging is amended by
8 changing Section 4.02 as follows:

9 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

10 Sec. 4.02. Community Care Program. The Department shall
11 establish a program of services to prevent unnecessary
12 institutionalization of persons age 60 and older in need of
13 long term care or who are established as persons who suffer
14 from Alzheimer's disease or a related disorder under the
15 Alzheimer's Disease Assistance Act, thereby enabling them to

1 remain in their own homes or in other living arrangements.
2 Such preventive services, which may be coordinated with other
3 programs for the aged and monitored by area agencies on aging
4 in cooperation with the Department, may include, but are not
5 limited to, any or all of the following:

6 (a) (blank);

7 (b) (blank);

8 (c) home care aide services;

9 (d) personal assistant services;

10 (e) adult day services;

11 (f) home-delivered meals;

12 (g) education in self-care;

13 (h) personal care services;

14 (i) adult day health services;

15 (j) habilitation services;

16 (k) respite care;

17 (k-5) community reintegration services;

18 (k-6) flexible senior services;

19 (k-7) medication management;

20 (k-8) emergency home response;

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

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

26 The Department shall establish eligibility standards for

1 such services. In determining the amount and nature of
2 services for which a person may qualify, consideration shall
3 not be given to the value of cash, property or other assets
4 held in the name of the person's spouse pursuant to a written
5 agreement dividing marital property into equal but separate
6 shares or pursuant to a transfer of the person's interest in a
7 home to his spouse, provided that the spouse's share of the
8 marital property is not made available to the person seeking
9 such services.

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

15 The Department shall, in conjunction with the Department
16 of Public Aid (now Department of Healthcare and Family
17 Services), seek appropriate amendments under Sections 1915 and
18 1924 of the Social Security Act. The purpose of the amendments
19 shall be to extend eligibility for home and community based
20 services under Sections 1915 and 1924 of the Social Security
21 Act to persons who transfer to or for the benefit of a spouse
22 those amounts of income and resources allowed under Section
23 1924 of the Social Security Act. Subject to the approval of
24 such amendments, the Department shall extend the provisions of
25 Section 5-4 of the Illinois Public Aid Code to persons who, but
26 for the provision of home or community-based services, would

1 require the level of care provided in an institution, as is
2 provided for in federal law. Those persons no longer found to
3 be eligible for receiving noninstitutional services due to
4 changes in the eligibility criteria shall be given 45 days
5 notice prior to actual termination. Those persons receiving
6 notice of termination may contact the Department and request
7 the determination be appealed at any time during the 45 day
8 notice period. The target population identified for the
9 purposes of this Section are persons age 60 and older with an
10 identified service need. Priority shall be given to those who
11 are at imminent risk of institutionalization. The services
12 shall be provided to eligible persons age 60 and older to the
13 extent that the cost of the services together with the other
14 personal maintenance expenses of the persons are reasonably
15 related to the standards established for care in a group
16 facility appropriate to the person's condition. These
17 non-institutional services, pilot projects or experimental
18 facilities may be provided as part of or in addition to those
19 authorized by federal law or those funded and administered by
20 the Department of Human Services. The Departments of Human
21 Services, Healthcare and Family Services, Public Health,
22 Veterans' Affairs, and Commerce and Economic Opportunity and
23 other appropriate agencies of State, federal and local
24 governments shall cooperate with the Department on Aging in
25 the establishment and development of the non-institutional
26 services. The Department shall require an annual audit from

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

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

25 The Department is authorized to establish a system of
26 recipient copayment for services provided under this Section,

1 such copayment to be based upon the recipient's ability to pay
2 but in no case to exceed the actual cost of the services
3 provided. Additionally, any portion of a person's income which
4 is equal to or less than the federal poverty standard shall not
5 be considered by the Department in determining the copayment.
6 The level of such copayment shall be adjusted whenever
7 necessary to reflect any change in the officially designated
8 federal poverty standard.

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

1 purpose of payment. This paragraph shall not bar recovery from
2 the estate of a spouse, under Sections 1915 and 1924 of the
3 Social Security Act and Section 5-4 of the Illinois Public Aid
4 Code, who precedes a person receiving services under this
5 Section in death. All moneys for services paid to or in behalf
6 of the person under this Section shall be claimed for recovery
7 from the deceased spouse's estate. "Homestead", as used in
8 this paragraph, means the dwelling house and contiguous real
9 estate occupied by a surviving spouse or relative, as defined
10 by the rules and regulations of the Department of Healthcare
11 and Family Services, regardless of the value of the property.

12 The Department shall increase the effectiveness of the
13 existing Community Care Program by:

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

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

24 (3) ensuring that the participants have the right to
25 choose the services contained in their care plan and to
26 direct how those services are provided, based on

1 administrative rules established by the Department;

2 (4) ensuring that the determination of need tool is
3 accurate in determining the participants' level of need;
4 to achieve this, the Department, in conjunction with the
5 Older Adult Services Advisory Committee, shall institute a
6 study of the relationship between the Determination of
7 Need scores, level of need, service cost maximums, and the
8 development and utilization of service plans no later than
9 May 1, 2008; findings and recommendations shall be
10 presented to the Governor and the General Assembly no
11 later than January 1, 2009; recommendations shall include
12 all needed changes to the service cost maximums schedule
13 and additional covered services;

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

17 (A) bathing;

18 (B) grooming;

19 (C) toileting;

20 (D) nail care;

21 (E) transferring;

22 (F) respiratory services;

23 (G) exercise; or

24 (H) positioning;

25 (6) ensuring that homemaker program vendors are not
26 restricted from hiring homemakers who are family members

1 of clients or recommended by clients; the Department may
2 not, by rule or policy, require homemakers who are family
3 members of clients or recommended by clients to accept
4 assignments in homes other than the client;

5 (7) ensuring that the State may access maximum federal
6 matching funds by seeking approval for the Centers for
7 Medicare and Medicaid Services for modifications to the
8 State's home and community based services waiver and
9 additional waiver opportunities, including applying for
10 enrollment in the Balance Incentive Payment Program by May
11 1, 2013, in order to maximize federal matching funds; this
12 shall include, but not be limited to, modification that
13 reflects all changes in the Community Care Program
14 services and all increases in the services cost maximum;

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

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

1 (10) working in conjunction with Care Coordination
2 Units, the Department of Healthcare and Family Services,
3 the Department of Human Services, Community Care Program
4 providers, and other stakeholders to make improvements to
5 the Medicaid claiming processes and the Medicaid
6 enrollment procedures or requirements as needed,
7 including, but not limited to, specific policy changes or
8 rules to improve the up-front enrollment of participants
9 in the Medicaid program and specific policy changes or
10 rules to insure more prompt submission of bills to the
11 federal government to secure maximum federal matching
12 dollars as promptly as possible; the Department on Aging
13 shall have at least 3 meetings with stakeholders by
14 January 1, 2014 in order to address these improvements;

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

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

26 (13) maintaining fiscal year 2014 rates at the same

1 level established on January 1, 2013.

2 By January 1, 2009 or as soon after the end of the Cash and
3 Counseling Demonstration Project as is practicable, the
4 Department may, based on its evaluation of the demonstration
5 project, promulgate rules concerning personal assistant
6 services, to include, but need not be limited to,
7 qualifications, employment screening, rights under fair labor
8 standards, training, fiduciary agent, and supervision
9 requirements. All applicants shall be subject to the
10 provisions of the Health Care Worker Background Check Act.

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

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

1 authorized by this Section before the effective date of this
2 amendatory Act of 1991 shall be issued a certificate of all
3 pre- and in-service training from his or her employer upon
4 submitting the necessary information. The employing agency
5 shall be required to retain records of all staff pre- and
6 in-service training, and shall provide such records to the
7 Department upon request and upon termination of the employer's
8 contract with the Department. In addition, the employing
9 agency is responsible for the issuance of certifications of
10 in-service training completed to their employees.

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

20 The Community Care Program Advisory Committee is created
21 in the Department on Aging. The Director shall appoint
22 individuals to serve in the Committee, who shall serve at
23 their own expense. Members of the Committee must abide by all
24 applicable ethics laws. The Committee shall advise the
25 Department on issues related to the Department's program of
26 services to prevent unnecessary institutionalization. The

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

23 Nominations may be presented from any agency or State
24 association with interest in the program. The Director, or his
25 or her designee, shall serve as the permanent co-chair of the
26 advisory committee. One other co-chair shall be nominated and

1 approved by the members of the committee on an annual basis.
2 Committee members' terms of appointment shall be for 4 years
3 with one-quarter of the appointees' terms expiring each year.
4 A member shall continue to serve until his or her replacement
5 is named. The Department shall fill vacancies that have a
6 remaining term of over one year, and this replacement shall
7 occur through the annual replacement of expiring terms. The
8 Director shall designate Department staff to provide technical
9 assistance and staff support to the committee. Department
10 representation shall not constitute membership of the
11 committee. All Committee papers, issues, recommendations,
12 reports, and meeting memoranda are advisory only. The
13 Director, or his or her designee, shall make a written report,
14 as requested by the Committee, regarding issues before the
15 Committee.

16 The Department on Aging and the Department of Human
17 Services shall cooperate in the development and submission of
18 an annual report on programs and services provided under this
19 Section. Such joint report shall be filed with the Governor
20 and the General Assembly on or before September 30 each year.

21 The requirement for reporting to the General Assembly
22 shall be satisfied by filing copies of the report as required
23 by Section 3.1 of the General Assembly Organization Act and
24 filing such additional copies with the State Government Report
25 Distribution Center for the General Assembly as is required
26 under paragraph (t) of Section 7 of the State Library Act.

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

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

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

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

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

26 The Department shall continue to provide other Community

1 Care Program reports as required by statute.

2 ~~The Department shall provide a bi-monthly report on the~~
3 ~~progress of the Community Care Program reforms set forth in~~
4 ~~this amendatory Act of the 98th General Assembly to the~~
5 ~~Governor, the Speaker of the House of Representatives, the~~
6 ~~Minority Leader of the House of Representatives, the President~~
7 ~~of the Senate, and the Minority Leader of the Senate.~~

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

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

1 The Director of the Department on Aging shall make
2 information available to the State Board of Elections as may
3 be required by an agreement the State Board of Elections has
4 entered into with a multi-state voter registration list
5 maintenance system.

6 Within 30 days after July 6, 2017 (the effective date of
7 Public Act 100-23), rates shall be increased to \$18.29 per
8 hour, for the purpose of increasing, by at least \$.72 per hour,
9 the wages paid by those vendors to their employees who provide
10 homemaker services. The Department shall pay an enhanced rate
11 under the Community Care Program to those in-home service
12 provider agencies that offer health insurance coverage as a
13 benefit to their direct service worker employees consistent
14 with the mandates of Public Act 95-713. For State fiscal years
15 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The
16 rate shall be adjusted using actuarial analysis based on the
17 cost of care, but shall not be set below \$1.77 per hour. The
18 Department shall adopt rules, including emergency rules under
19 subsections (y) and (bb) of Section 5-45 of the Illinois
20 Administrative Procedure Act, to implement the provisions of
21 this paragraph.

22 The General Assembly finds it necessary to authorize an
23 aggressive Medicaid enrollment initiative designed to maximize
24 federal Medicaid funding for the Community Care Program which
25 produces significant savings for the State of Illinois. The
26 Department on Aging shall establish and implement a Community

1 Care Program Medicaid Initiative. Under the Initiative, the
2 Department on Aging shall, at a minimum: (i) provide an
3 enhanced rate to adequately compensate care coordination units
4 to enroll eligible Community Care Program clients into
5 Medicaid; (ii) use recommendations from a stakeholder
6 committee on how best to implement the Initiative; and (iii)
7 establish requirements for State agencies to make enrollment
8 in the State's Medical Assistance program easier for seniors.

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

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

20 (2) One representative of the Department of Healthcare
21 and Family Services, appointed by the Director of
22 Healthcare and Family Services.

23 (3) One representative of the Department of Human
24 Services, appointed by the Secretary of Human Services.

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

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

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

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

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

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

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

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

20 (12) One member of the House of Representatives, who
21 shall serve as co-chairperson, appointed by the Speaker of
22 the House of Representatives.

23 (13) One member of the House of Representatives, who
24 shall serve as co-chairperson, appointed by the Minority
25 Leader of the House of Representatives.

26 (14) One individual appointed by a labor organization

1 representing frontline employees at the Department of
2 Human Services.

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

1 in the State's Medicaid Assistance Program. The data provided
2 to the Subcommittee shall be made available to the public via
3 the Department on Aging's website.

4 The Department on Aging, with the involvement of the
5 Subcommittee, shall collaborate with the Department of Human
6 Services and the Department of Healthcare and Family Services
7 on how best to achieve the responsibilities of the Community
8 Care Program Medicaid Initiative.

9 The Department on Aging, the Department of Human Services,
10 and the Department of Healthcare and Family Services shall
11 coordinate and implement a streamlined process for seniors to
12 access benefits under the State's Medical Assistance Program.

13 The Subcommittee shall collaborate with the Department of
14 Human Services on the adoption of a uniform application
15 submission process. The Department of Human Services and any
16 other State agency involved with processing the medical
17 assistance application of any person enrolled in the Community
18 Care Program shall include the appropriate care coordination
19 unit in all communications related to the determination or
20 status of the application.

21 The Community Care Program Medicaid Initiative shall
22 provide targeted funding to care coordination units to help
23 seniors complete their applications for medical assistance
24 benefits. On and after July 1, 2019, care coordination units
25 shall receive no less than \$200 per completed application,
26 which rate may be included in a bundled rate for initial intake

1 services when Medicaid application assistance is provided in
2 conjunction with the initial intake process for new program
3 participants.

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

8 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18;
9 100-1148, eff. 12-10-18; 101-10, eff. 6-5-19.)".