



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB3021

Introduced 2/16/2023, by Rep. Lakesia Collins

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

from Ch. 23, par. 6104.02

Amends the Illinois Act on the Aging. In a provision requiring workers to be appropriately trained to provide services under the Community Care Program, provides that only training curriculum approved by the Department on Aging may be used to fulfill training requirements for workers who provide in-home services. Requires the curriculum to consist of 24 hours of pre-service training and 12 hours of annual in-service training. Provides that the Department shall only approve training curriculum that (i) has been developed with input from consumer and worker representatives, and (ii) requires comprehensive instruction by qualified instructors on the required competencies and training topics. Provides that changes to the competencies, curriculum topics, or instructor qualifications shall be made only with input and approval of the Home Care Worker Training Subcommittee of the Community Care Program Advisory Committee. Provides that no person may perform in-home services under a program authorized under the Act unless that person has received pre-service training and remains current on his or her annual in-service training. Provides that pre-service training hours and in-service training hours shall be paid at the worker's regular rate of pay. Provides that starting no later than July 1, 2024, workers who have met the requirements to perform in-home services and the records of trainings they have completed shall be placed on the Health Care Worker Registry maintained by the Department of Public Health. Creates the Home Care Worker Training Subcommittee within the Community Care Program Advisory Committee. Provides that the purpose of the Subcommittee is to address the challenges of recruiting, training, and retaining the home care workforce needed to meet growing demand. Sets forth the Subcommittee's membership and its responsibilities. Effective immediately.

LRB103 27588 KTG 53964 b

1 AN ACT concerning aging.

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.
14 Such 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

17 services for which a person may qualify, consideration shall

18 not be given to the value of cash, property or other assets

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

20 agreement dividing marital property into equal but separate

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

22 home to his spouse, provided that the spouse's share of the

23 marital property is not made available to the person seeking

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

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

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

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

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

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

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

1 The Department shall increase the effectiveness of the
2 existing Community Care Program by:

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

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

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

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

1 all needed changes to the service cost maximums schedule
2 and additional covered services;

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

6 (A) bathing;

7 (B) grooming;

8 (C) toileting;

9 (D) nail care;

10 (E) transferring;

11 (F) respiratory services;

12 (G) exercise; or

13 (H) positioning;

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

20 (7) ensuring that the State may access maximum federal
21 matching funds by seeking approval for the Centers for
22 Medicare and Medicaid Services for modifications to the
23 State's home and community based services waiver and
24 additional waiver opportunities, including applying for
25 enrollment in the Balance Incentive Payment Program by May
26 1, 2013, in order to maximize federal matching funds; this

1 shall include, but not be limited to, modification that
2 reflects all changes in the Community Care Program
3 services and all increases in the services cost maximum;

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

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

16 (10) working in conjunction with Care Coordination
17 Units, the Department of Healthcare and Family Services,
18 the Department of Human Services, Community Care Program
19 providers, and other stakeholders to make improvements to
20 the Medicaid claiming processes and the Medicaid
21 enrollment procedures or requirements as needed,
22 including, but not limited to, specific policy changes or
23 rules to improve the up-front enrollment of participants
24 in the Medicaid program and specific policy changes or
25 rules to insure more prompt submission of bills to the
26 federal government to secure maximum federal matching

1 dollars as promptly as possible; the Department on Aging
2 shall have at least 3 meetings with stakeholders by
3 January 1, 2014 in order to address these improvements;

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

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

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

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

26 The Department shall develop procedures to enhance

1 availability of services on evenings, weekends, and on an
2 emergency basis to meet the respite needs of caregivers.
3 Procedures shall be developed to permit the utilization of
4 services in successive blocks of 24 hours up to the monthly
5 maximum established by the Department. Workers providing these
6 services shall be appropriately trained.

7 Only training curriculum approved by the Department may be
8 used to fulfill training requirements for workers who provide
9 in-home services. The curriculum shall consist of 24 hours of
10 pre-service training and 12 hours of annual in-service
11 training. The Department shall only approve training
12 curriculum that (i) has been developed with input from
13 consumer and worker representatives, and (ii) requires
14 comprehensive instruction by qualified instructors on the
15 required competencies and training topics. The objectives
16 shall be to ensure that every worker has access to
17 high-quality training that enables them to build the
18 competencies, skills, and knowledge required for delivering
19 high-quality home care services; and to ensure development of
20 training that is accessible and accommodates workers' language
21 needs and learning preferences when possible. Competencies,
22 curriculum topics, and instructor qualifications shall be
23 determined by the Department by rule. Changes to the
24 competencies, curriculum topics, or instructor qualifications
25 shall be made only with input and approval of the Home Care
26 Worker Training Subcommittee of the Community Care Program

1 Advisory Committee.

2 ~~No Beginning on the effective date of this amendatory Act~~
3 ~~of 1991, no person may perform in-home chore/housekeeping and~~
4 ~~home care aide services under a program authorized by this~~
5 ~~Section unless that person has received pre-service training.~~
6 ~~Pre-service training hours shall be paid at the worker's~~
7 ~~regular rate of pay. No person may perform in-home services~~
8 ~~under a program authorized by this Section unless that person~~
9 ~~remains current on his or her annual in-service training.~~
10 ~~In-service training hours shall be paid at the worker's~~
11 ~~regular rate of pay. Starting no later than July 1, 2024,~~
12 ~~workers who have met the requirements to perform in-home~~
13 ~~services and the records of trainings they have completed~~
14 ~~shall be placed on the Health Care Worker Registry maintained~~
15 ~~by the Department of Public Health. Prior to July 1, 2024, the~~
16 ~~been issued a certificate of pre service to do so by his or her~~
17 ~~employing agency. Information gathered to effect such~~
18 ~~certification shall include (i) the person's name, (ii) the~~
19 ~~date the person was hired by his or her current employer, and~~
20 ~~(iii) the training, including dates and levels. Persons~~
21 ~~engaged in the program authorized by this Section before the~~
22 ~~effective date of this amendatory Act of 1991 shall be issued a~~
23 ~~certificate of all pre- and in-service training from his or~~
24 ~~her employer upon submitting the necessary information. The~~
25 ~~employing agency is shall be required to retain records of all~~
26 ~~staff pre- and in-service training, and shall provide such~~

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

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

15 The Community Care Program Advisory Committee is created
16 in the Department on Aging. The Director shall appoint
17 individuals to serve in the Committee, who shall serve at
18 their own expense. Members of the Committee must abide by all
19 applicable ethics laws. The Committee shall advise the
20 Department on issues related to the Department's program of
21 services to prevent unnecessary institutionalization. The
22 Committee shall meet on a bi-monthly basis and shall serve to
23 identify and advise the Department on present and potential
24 issues affecting the service delivery network, the program's
25 clients, and the Department and to recommend solution
26 strategies. Persons appointed to the Committee shall be

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

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

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

11 The Home Care Worker Training Subcommittee is created as a
12 subcommittee of the Community Care Program Advisory Committee.
13 The purpose of the Subcommittee is to address the challenges
14 of recruiting, training, and retaining the home care workforce
15 needed to meet growing demand. The Subcommittee shall consist
16 of all of the following persons who must be appointed within 60
17 days after the effective date of this amendatory Act of the
18 103rd General Assembly: (i) a representative of a labor union
19 that represents home care aides; (ii) a representative of an
20 in-home service provider agency; (iii) a representative of a
21 membership organization representing older adults; (iv) the
22 Director or his or her designee who is serving as co-chair of
23 the Committee. Responsibilities of the Subcommittee shall be
24 all of the following:

25 (1) To review and recommend changes to the required
26 competencies and required and optional topics for required

1 pre-service and annual in-service training for home care
2 workers. The Subcommittee shall make these recommendations
3 no later than a year after all its members have been
4 appointed.

5 (2) To recommend changes to how training is delivered
6 to address the specific needs of home care workers through
7 supportive services, peer-led learning, mentorships, and
8 labor-management training partnerships. The Subcommittee
9 shall make these recommendations no later than 2 years
10 after all its members have been appointed.

11 (3) To recommend changes to training requirements,
12 in-home service rates, and worker wages to create advanced
13 home care worker career pathways. The Subcommittee shall
14 make these recommendations no later than 30 months after
15 all its members have been appointed.

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 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
6 of the House of Representatives, the President of the Senate,
7 and the Minority Leader of the Senate. The Department shall
8 collect and report longitudinal data on the performance of
9 each care coordination unit. Nothing in this paragraph shall
10 be construed to require the Department to identify specific
11 care 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
20 provider 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
23 be 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 July 6, 2017 (the effective date of

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

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

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

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

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

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

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

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

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

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

26 (7) One individual from a statewide association

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

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

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

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

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

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

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

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

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

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

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

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

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

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

15 The Community Care Program Medicaid Initiative shall
16 provide targeted funding to care coordination units to help
17 seniors complete their applications for medical assistance
18 benefits. On and after July 1, 2019, care coordination units
19 shall receive no less than \$200 per completed application,
20 which rate may be included in a bundled rate for initial intake
21 services when Medicaid application assistance is provided in
22 conjunction with the initial intake process for new program
23 participants.

24 The Community Care Program Medicaid Initiative shall cease
25 operation 5 years after the effective date of this amendatory
26 Act of the 100th General Assembly, after which the

1 Subcommittee shall dissolve.

2 (Source: P.A. 101-10, eff. 6-5-19; 102-1071, eff. 6-10-22.)

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.