



Rep. Lakesia Collins

Filed: 3/21/2023

10300HB3021ham001

LRB103 27588 KTG 59712 a

1 AMENDMENT TO HOUSE BILL 3021

2 AMENDMENT NO. _____. Amend House Bill 3021 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.
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

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
24 services for which a person may qualify, consideration shall
25 not be given to the value of cash, property or other assets
26 held in the name of the person's spouse pursuant to a written

1 agreement dividing marital property into equal but separate
2 shares or pursuant to a transfer of the person's interest in a
3 home to his spouse, provided that the spouse's share of the
4 marital property is not made available to the person seeking
5 such 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
12 of Public Aid (now Department of Healthcare and Family
13 Services), seek appropriate amendments under Sections 1915 and
14 1924 of the Social Security Act. The purpose of the amendments
15 shall be to extend eligibility for home and community based
16 services under Sections 1915 and 1924 of the Social Security
17 Act to persons who transfer to or for the benefit of a spouse
18 those amounts of income and resources allowed under Section
19 1924 of the Social Security Act. Subject to the approval of
20 such amendments, the Department shall extend the provisions of
21 Section 5-4 of the Illinois Public Aid Code to persons who, but
22 for the provision of home or community-based services, would
23 require the level of care provided in an institution, as is
24 provided for in federal law. Those persons no longer found to
25 be eligible for receiving noninstitutional services due to
26 changes in the eligibility criteria shall be given 45 days

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

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

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

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

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

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

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

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

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

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

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

24 (4) ensuring that the determination of need tool is
25 accurate in determining the participants' level of need;
26 to achieve this, the Department, in conjunction with the

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

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

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

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

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

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

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

23 (10) working in conjunction with Care Coordination
24 Units, the Department of Healthcare and Family Services,
25 the Department of Human Services, Community Care Program
26 providers, and other stakeholders to make improvements to

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

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

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

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

24 By January 1, 2009 or as soon after the end of the Cash and
25 Counseling Demonstration Project as is practicable, the
26 Department may, based on its evaluation of the demonstration

1 project, promulgate rules concerning personal assistant
2 services, to include, but need not be limited to,
3 qualifications, employment screening, rights under fair labor
4 standards, training, fiduciary agent, and supervision
5 requirements. All applicants shall be subject to the
6 provisions of the Health Care Worker Background Check Act.

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

14 ~~No Beginning on the effective date of this amendatory Act~~
15 ~~of 1991, no~~ person may perform in-home services
16 ~~chore/housekeeping and home care aide services~~ under a program
17 authorized by this Section unless that person has completed
18 required pre-service training. Thereafter, no person may
19 perform in-home services under a program authorized by this
20 Section unless that person remains current on the annual
21 in-service training. The employing agency is responsible for
22 ensuring the employee is appropriately trained. To promote
23 consistency in training and to meet these requirements of
24 pre-service training and annual in-service training, on and
25 after July 1, 2026, all pre-service and annual in-service
26 training must be approved in advance by the Department. The

1 Department shall adopt rules, including, but not limited to,
2 rules on the topics to be covered in pre-service and annual
3 in-service training; the number of pre-service and annual
4 in-service training hours required; a process to evaluate and
5 approve training; and pre-service and annual in-service
6 training documentation and recordkeeping requirements. ~~been~~
7 ~~issued a certificate of pre service to do so by his or her~~
8 ~~employing agency. Information gathered to effect such~~
9 ~~certification shall include (i) the person's name, (ii) the~~
10 ~~date the person was hired by his or her current employer, and~~
11 ~~(iii) the training, including dates and levels. Persons~~
12 ~~engaged in the program authorized by this Section before the~~
13 ~~effective date of this amendatory Act of 1991 shall be issued a~~
14 ~~certificate of all pre and in service training from his or~~
15 ~~her employer upon submitting the necessary information. The~~
16 ~~employing agency shall be required to retain records of all~~
17 ~~staff pre and in service training, and shall provide such~~
18 ~~records to the Department upon request and upon termination of~~
19 ~~the employer's contract with the Department. In addition, the~~
20 ~~employing agency is responsible for the issuance of~~
21 ~~certifications of in-service training completed to their~~
22 ~~employees.~~

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

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

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

1 including, but not limited to, adult day service providers,
2 homemaker providers, case coordination and case management
3 units, emergency home response providers, statewide trade or
4 labor unions that represent home care aides and direct care
5 staff, area agencies on aging, adults over age 60, membership
6 organizations representing older adults, and other
7 organizational entities, providers of care, or individuals
8 with demonstrated interest and expertise in the field of home
9 and community care as determined by the Director.

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

1 as requested by the Committee, regarding issues before the
2 Committee.

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

8 The requirement for reporting to the General Assembly
9 shall be satisfied by filing copies of the report as required
10 by Section 3.1 of the General Assembly Organization Act and
11 filing such additional copies with the State Government Report
12 Distribution Center for the General Assembly as is required
13 under paragraph (t) of Section 7 of the State Library Act.

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

26 For the purposes of this Section, "flexible senior

1 services" refers to services that require one-time or periodic
2 expenditures including, but not limited to, respite care, home
3 modification, assistive technology, housing assistance, and
4 transportation.

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

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

19 The Department shall delay Community Care Program services
20 until an applicant is determined eligible for medical
21 assistance under Article V of the Illinois Public Aid Code (i)
22 beginning August 1, 2013, if the Auditor General has reported
23 that the Department has failed to comply with the reporting
24 requirements of Section 2-27 of the Illinois State Auditing
25 Act; or (ii) beginning June 1, 2014, if the Auditor General has
26 reported that the Department has not undertaken the required

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

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

13 The Department shall continue to provide other Community
14 Care Program reports as required by statute.

15 The Department shall conduct a quarterly review of Care
16 Coordination Unit performance and adherence to service
17 guidelines. The quarterly review shall be reported to the
18 Speaker of the House of Representatives, the Minority Leader
19 of the House of Representatives, the President of the Senate,
20 and the Minority Leader of the Senate. The Department shall
21 collect and report longitudinal data on the performance of
22 each care coordination unit. Nothing in this paragraph shall
23 be construed to require the Department to identify specific
24 care coordination units.

25 In regard to community care providers, failure to comply
26 with Department on Aging policies shall be cause for

1 disciplinary action, including, but not limited to,
2 disqualification from serving Community Care Program clients.
3 Each provider, upon submission of any bill or invoice to the
4 Department for payment for services rendered, shall include a
5 notarized statement, under penalty of perjury pursuant to
6 Section 1-109 of the Code of Civil Procedure, that the
7 provider has complied with all Department policies.

8 The Director of the Department on Aging shall make
9 information available to the State Board of Elections as may
10 be required by an agreement the State Board of Elections has
11 entered into with a multi-state voter registration list
12 maintenance system.

13 Within 30 days after July 6, 2017 (the effective date of
14 Public Act 100-23), rates shall be increased to \$18.29 per
15 hour, for the purpose of increasing, by at least \$.72 per hour,
16 the wages paid by those vendors to their employees who provide
17 homemaker services. The Department shall pay an enhanced rate
18 under the Community Care Program to those in-home service
19 provider agencies that offer health insurance coverage as a
20 benefit to their direct service worker employees consistent
21 with the mandates of Public Act 95-713. For State fiscal years
22 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The
23 rate shall be adjusted using actuarial analysis based on the
24 cost of care, but shall not be set below \$1.77 per hour. The
25 Department shall adopt rules, including emergency rules under
26 subsections (y) and (bb) of Section 5-45 of the Illinois

1 Administrative Procedure Act, to implement the provisions of
2 this paragraph.

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

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

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

1 (2) One representative of the Department of Healthcare
2 and Family Services, appointed by the Director of
3 Healthcare and Family Services.

4 (3) One representative of the Department of Human
5 Services, appointed by the Secretary of Human Services.

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

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

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

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

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

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

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

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

1 (12) One member of the House of Representatives, who
2 shall serve as co-chairperson, appointed by the Speaker of
3 the House of Representatives.

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

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

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

1 plans on how the Department on Aging will reduce the number of
2 Illinois residents who are not enrolled in the State's Medical
3 Assistance Program but who are eligible for medical assistance
4 benefits. The Department on Aging shall enroll in the State's
5 Medical Assistance Program those Illinois residents who
6 receive services under the Community Care Program and are
7 eligible for medical assistance benefits but are not enrolled
8 in the State's Medicaid Assistance Program. The data provided
9 to the Subcommittee shall be made available to the public via
10 the Department on Aging's website.

11 The Department on Aging, with the involvement of the
12 Subcommittee, shall collaborate with the Department of Human
13 Services and the Department of Healthcare and Family Services
14 on how best to achieve the responsibilities of the Community
15 Care Program Medicaid Initiative.

16 The Department on Aging, the Department of Human Services,
17 and the Department of Healthcare and Family Services shall
18 coordinate and implement a streamlined process for seniors to
19 access benefits under the State's Medical Assistance Program.

20 The Subcommittee shall collaborate with the Department of
21 Human Services on the adoption of a uniform application
22 submission process. The Department of Human Services and any
23 other State agency involved with processing the medical
24 assistance application of any person enrolled in the Community
25 Care Program shall include the appropriate care coordination
26 unit in all communications related to the determination or

1 status of the application.

2 The Community Care Program Medicaid Initiative shall
3 provide targeted funding to care coordination units to help
4 seniors complete their applications for medical assistance
5 benefits. On and after July 1, 2019, care coordination units
6 shall receive no less than \$200 per completed application,
7 which rate may be included in a bundled rate for initial intake
8 services when Medicaid application assistance is provided in
9 conjunction with the initial intake process for new program
10 participants.

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

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