



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

SB2730

Introduced 1/20/2006, by Sen. Louis S. Viverito

SYNOPSIS AS INTRODUCED:

New Act

20 ILCS 105/4.02	from Ch. 23, par. 6104.02
20 ILCS 105/4.03	from Ch. 23, par. 6104.03
30 ILCS 105/13.2	from Ch. 127, par. 149.2
210 ILCS 9/90	
210 ILCS 85/6.09	from Ch. 111 1/2, par. 147.09
320 ILCS 10/2	from Ch. 23, par. 6202
320 ILCS 42/25	

Creates the Illinois ElderCare Options Act for the purpose of initiating the first phase of the implementation of the overhaul of the long-term care system as encompassed in the Older Adult Services Act. Provides for use of the term "Illinois ElderCare" in the names of agencies whose ElderCare services or programs are funded in whole or in part with State or federal moneys. Changes the name of the "case coordination units" that contract with the Department on Aging to "Illinois ElderCare Connections agencies", and provides that those agencies shall serve as the single point-of-entry agencies for all ElderCare services. Sets forth standards for Illinois ElderCare Connections agencies, including that such agencies must be based on the principles of client-focused and consumer-directed services and care. Requires that all Illinois ElderCare Connections agencies perform a comprehensive assessment on all older adults who need services. Requires the Department on Aging to develop a common comprehensive assessment tool to be used by the agencies. Amends the Illinois Act on the Aging, the State Finance Act, the Assisted Living and Shared Housing Act, the Hospital Licensing Act, the Respite Program Act, and the Older Adult Services Act to make conforming changes. Effective immediately.

LRB094 18074 DRJ 53379 b

FISCAL NOTE ACT
MAY APPLY

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 1. Short title. This Act may be cited as the
5 Illinois ElderCare Options Act.

6 Section 5. Findings and declaration.

7 (a) The General Assembly finds as follows:

8 (1) It is in the best interest of the State for all
9 services offered to individuals age 60 and over to be fully
10 integrated into a comprehensive, seamless service delivery
11 system that promotes the continued independence,
12 self-reliance, and autonomy of older Illinoisans and is
13 client-centered and consumer-directed, regardless of
14 whether such an individual resides in his or her own home,
15 the home of a family member, or a residential facility.

16 (2) Recipients of divergent services share many
17 desires and concerns, just as providers of divergent
18 services have similar problems and needs.

19 (b) The General Assembly declares that the comprehensive
20 service delivery system described in subsection (a) shall be
21 known as the Illinois ElderCare Options Program and shall
22 encompass all services available to older adults age 60 and
23 over in Illinois that are funded in whole or in part with
24 federal or State moneys, regardless of the State agency that
25 administers, regulates, and funds the services.

26 Section 10. Purpose. The purpose of this Act is to initiate
27 the first phase of the implementation of the overhaul of the
28 long-term care system as encompassed in the Older Adult
29 Services Act.

30 Section 15. Definitions. In this Act:

1 "Consumer-directed" and "older adult" have the meanings
2 ascribed to those terms in the Older Adult Services Act.

3 "ElderCare agency" means an entity that provides ElderCare
4 services.

5 "ElderCare services" means "services", as defined in the
6 Older Adult Services Act, that are provided to an older adult.

7 Section 20. ElderCare agencies.

8 (a) Every ElderCare agency whose ElderCare services or
9 programs are funded in whole or in part with State or federal
10 moneys shall, to the extent possible, include "Illinois
11 ElderCare" in the name of those services or programs. An
12 ElderCare agency will be deemed to be in compliance with this
13 Section if it publicly identifies itself as "An Illinois
14 ElderCare Agency".

15 (b) Using guidelines adopted by the State agency that
16 oversees its operations, every ElderCare agency shall:

17 (1) Be based on the principles of client-focused and
18 consumer-directed services and care.

19 (2) Adopt and use quality assurance and quality
20 improvement programs.

21 (3) Implement the Career Develop Program.

22 Section 25. ElderCare Connections agencies.

23 (a) On and after the effective date of this Act, case
24 coordination units that contract with the Department on Aging
25 shall be known as Illinois ElderCare Connections agencies.
26 These agencies shall serve as the single point-of-entry
27 agencies for all ElderCare services.

28 (b) Every Illinois ElderCare Connections agency shall
29 perform a comprehensive assessment on all older adults who need
30 ElderCare services. The Department on Aging shall by rule adopt
31 a common comprehensive assessment tool, which shall be used by
32 all Illinois ElderCare Connections agencies for all initial
33 assessments, reassessments, and prescreenings, as appropriate.

34 (c) ElderCare Connections care coordinators must perform

1 ongoing care coordination assistance and followup on all cases.
2 Illinois ElderCare Connections agencies shall provide care
3 coordination during evening and weekend hours to complete
4 assessments, care plans, and applications for services in a
5 client's home. To the extent possible and at the client's
6 discretion, family caregivers shall be present during an
7 assessment of the client and shall be assessed as needed.

8 Section 90. The Illinois Act on the Aging is amended by
9 changing Sections 4.02 and 4.03 as follows:

10 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

11 Sec. 4.02. The Department shall establish a program of
12 services to prevent unnecessary institutionalization of
13 persons age 60 and older in need of long term care or who are
14 established as persons who suffer from Alzheimer's disease or a
15 related disorder under the Alzheimer's Disease Assistance Act,
16 thereby enabling them to remain in their own homes or in other
17 living arrangements. Such preventive services, which may be
18 coordinated with other programs for the aged and monitored by
19 area agencies on aging in cooperation with the Department, may
20 include, but are not limited to, any or all of the following:

- 21 (a) home health services;
- 22 (b) home nursing services;
- 23 (c) homemaker services;
- 24 (d) chore and housekeeping services;
- 25 (e) day care services;
- 26 (f) home-delivered meals;
- 27 (g) education in self-care;
- 28 (h) personal care services;
- 29 (i) adult day health services;
- 30 (j) habilitation services;
- 31 (k) respite care;
- 32 (k-5) community reintegration services;
- 33 (l) other nonmedical social services that may enable
34 the person to become self-supporting; or

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

4 The Department shall establish eligibility standards for
5 such services taking into consideration the unique economic and
6 social needs of the target population for whom they are to be
7 provided. Such eligibility standards shall be based on the
8 recipient's ability to pay for services; provided, however,
9 that in determining the amount and nature of services for which
10 a person may qualify, consideration shall not be given to the
11 value of cash, property or other assets held in the name of the
12 person's spouse pursuant to a written agreement dividing
13 marital property into equal but separate shares or pursuant to
14 a transfer of the person's interest in a home to his spouse,
15 provided that the spouse's share of the marital property is not
16 made available to the person seeking such services.

17 Beginning July 1, 2002, the Department shall require as a
18 condition of eligibility that all financially eligible
19 applicants and recipients apply for medical assistance under
20 Article V of the Illinois Public Aid Code in accordance with
21 rules promulgated by the Department.

22 The Department shall, in conjunction with the Department of
23 Public Aid (now Department of Healthcare and Family Services),
24 seek appropriate amendments under Sections 1915 and 1924 of the
25 Social Security Act. The purpose of the amendments shall be to
26 extend eligibility for home and community based services under
27 Sections 1915 and 1924 of the Social Security Act to persons
28 who transfer to or for the benefit of a spouse those amounts of
29 income and resources allowed under Section 1924 of the Social
30 Security Act. Subject to the approval of such amendments, the
31 Department shall extend the provisions of Section 5-4 of the
32 Illinois Public Aid Code to persons who, but for the provision
33 of home or community-based services, would require the level of
34 care provided in an institution, as is provided for in federal
35 law. Those persons no longer found to be eligible for receiving
36 noninstitutional services due to changes in the eligibility

1 criteria shall be given 60 days notice prior to actual
2 termination. Those persons receiving notice of termination may
3 contact the Department and request the determination be
4 appealed at any time during the 60 day notice period. With the
5 exception of the lengthened notice and time frame for the
6 appeal request, the appeal process shall follow the normal
7 procedure. In addition, each person affected regardless of the
8 circumstances for discontinued eligibility shall be given
9 notice and the opportunity to purchase the necessary services
10 through the Community Care Program. If the individual does not
11 elect to purchase services, the Department shall advise the
12 individual of alternative services. The target population
13 identified for the purposes of this Section are persons age 60
14 and older with an identified service need. Priority shall be
15 given to those who are at imminent risk of
16 institutionalization. The services shall be provided to
17 eligible persons age 60 and older to the extent that the cost
18 of the services together with the other personal maintenance
19 expenses of the persons are reasonably related to the standards
20 established for care in a group facility appropriate to the
21 person's condition. These non-institutional services, pilot
22 projects or experimental facilities may be provided as part of
23 or in addition to those authorized by federal law or those
24 funded and administered by the Department of Human Services.
25 The Departments of Human Services, Healthcare and Family
26 Services ~~Public Aid~~, Public Health, Veterans' Affairs, and
27 Commerce and Economic Opportunity and other appropriate
28 agencies of State, federal and local governments shall
29 cooperate with the Department on Aging in the establishment and
30 development of the non-institutional services. The Department
31 shall require an annual audit from all chore/housekeeping and
32 homemaker vendors contracting with the Department under this
33 Section. The annual audit shall assure that each audited
34 vendor's procedures are in compliance with Department's
35 financial reporting guidelines requiring an administrative and
36 employee wage and benefits cost split as defined in

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

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

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

30 The Department, or the Department's authorized
31 representative, shall recover the amount of moneys expended for
32 services provided to or in behalf of a person under this
33 Section by a claim against the person's estate or against the
34 estate of the person's surviving spouse, but no recovery may be
35 had until after the death of the surviving spouse, if any, and
36 then only at such time when there is no surviving child who is

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

24 The Department shall develop procedures to enhance
25 availability of services on evenings, weekends, and on an
26 emergency basis to meet the respite needs of caregivers.
27 Procedures shall be developed to permit the utilization of
28 services in successive blocks of 24 hours up to the monthly
29 maximum established by the Department. Workers providing these
30 services shall be appropriately trained.

31 Beginning on the effective date of this Amendatory Act of
32 1991, no person may perform chore/housekeeping and homemaker
33 services under a program authorized by this Section unless that
34 person has been issued a certificate of pre-service to do so by
35 his or her employing agency. Information gathered to effect
36 such certification shall include (i) the person's name, (ii)

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

14 The Department is required to develop a system to ensure
15 that persons working as homemakers and chore housekeepers
16 receive increases in their wages when the federal minimum wage
17 is increased by requiring vendors to certify that they are
18 meeting the federal minimum wage statute for homemakers and
19 chore housekeepers. An employer that cannot ensure that the
20 minimum wage increase is being given to homemakers and chore
21 housekeepers shall be denied any increase in reimbursement
22 costs.

23 The Community Care Program Advisory Committee is created in
24 the Department on Aging. The Director shall appoint individuals
25 to serve in the Committee, who shall serve at their own
26 expense. Members of the Committee must abide by all applicable
27 ethics laws. The Committee shall advise the Department on
28 issues related to the Department's program of services to
29 prevent unnecessary institutionalization. The Committee shall
30 meet on a bi-monthly basis and shall serve to identify and
31 advise the Department on present and potential issues affecting
32 the service delivery network, the program's clients, and the
33 Department and to recommend solution strategies. Persons
34 appointed to the Committee shall be appointed on, but not
35 limited to, their own and their agency's experience with the
36 program, geographic representation, and willingness to serve.

1 The Committee shall include, but not be limited to,
2 representatives from the following agencies and organizations:

- 3 (a) at least 4 adult day service representatives;
- 4 (b) at least 4 representatives from Illinois ElderCare
5 Connections agencies as described in the Illinois
6 ElderCare Options Act ~~case—coordination—unit~~
7 ~~representatives;~~
- 8 (c) at least 4 representatives from in-home direct care
9 service agencies;
- 10 (d) at least 2 representatives of statewide trade or
11 labor unions that represent in-home direct care service
12 staff;
- 13 (e) at least 2 representatives of Area Agencies on
14 Aging;
- 15 (f) at least 2 non-provider representatives from a
16 policy, advocacy, research, or other service organization;
- 17 (g) at least 2 representatives from a statewide
18 membership organization for senior citizens; and
- 19 (h) at least 2 citizen members 60 years of age or
20 older.

21 Nominations may be presented from any agency or State
22 association with interest in the program. The Director, or his
23 or her designee, shall serve as the permanent co-chair of the
24 advisory committee. One other co-chair shall be nominated and
25 approved by the members of the committee on an annual basis.
26 Committee members' terms of appointment shall be for 4 years
27 with one-quarter of the appointees' terms expiring each year.
28 At no time may a member serve more than one consecutive term in
29 any capacity on the committee. The Department shall fill
30 vacancies that have a remaining term of over one year, and this
31 replacement shall occur through the annual replacement of
32 expiring terms. The Director shall designate Department staff
33 to provide technical assistance and staff support to the
34 committee. Department representation shall not constitute
35 membership of the committee. All Committee papers, issues,
36 recommendations, reports, and meeting memoranda are advisory

1 only. The Director, or his or her designee, shall make a
2 written report, as requested by the Committee, regarding issues
3 before the Committee.

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

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

19 Those persons previously found eligible for receiving
20 non-institutional services whose services were discontinued
21 under the Emergency Budget Act of Fiscal Year 1992, and who do
22 not meet the eligibility standards in effect on or after July
23 1, 1992, shall remain ineligible on and after July 1, 1992.
24 Those persons previously not required to cost-share and who
25 were required to cost-share effective March 1, 1992, shall
26 continue to meet cost-share requirements on and after July 1,
27 1992. Beginning July 1, 1992, all clients will be required to
28 meet eligibility, cost-share, and other requirements and will
29 have services discontinued or altered when they fail to meet
30 these requirements.

31 (Source: P.A. 93-85, eff. 1-1-04; 93-902, eff. 8-10-04; 94-48,
32 eff. 7-1-05; 94-269, eff. 7-19-05; 94-336, eff. 7-26-05;
33 revised 12-15-05.)

34 (20 ILCS 105/4.03) (from Ch. 23, par. 6104.03)

35 Sec. 4.03. The Department on Aging, in cooperation with the

1 Department of Human Services and any other appropriate State,
2 local or federal agency, shall, without regard to income
3 guidelines, establish a nursing home prescreening program to
4 determine whether Alzheimer's Disease and related disorders
5 victims, and persons who are deemed as blind or disabled as
6 defined by the Social Security Act and who are in need of long
7 term care, may be satisfactorily cared for in their homes
8 through the use of home and community based services. Illinois
9 ElderCare Connections agencies, as described in the Illinois
10 ElderCare Options Act, that are ~~Case coordination units~~ under
11 contract with the Department may charge a fee for the
12 prescreening provided under this Section and the fee shall be
13 no greater than the cost of such services to the case
14 coordination unit.

15 (Source: P.A. 89-21, eff. 7-1-95; 89-507, eff. 7-1-97.)

16 Section 91. The State Finance Act is amended by changing
17 Section 13.2 as follows:

18 (30 ILCS 105/13.2) (from Ch. 127, par. 149.2)

19 Sec. 13.2. Transfers among line item appropriations.

20 (a) Transfers among line item appropriations from the same
21 treasury fund for the objects specified in this Section may be
22 made in the manner provided in this Section when the balance
23 remaining in one or more such line item appropriations is
24 insufficient for the purpose for which the appropriation was
25 made.

26 (a-1) No transfers may be made from one agency to another
27 agency, nor may transfers be made from one institution of
28 higher education to another institution of higher education.

29 (a-2) Except as otherwise provided in this Section,
30 transfers may be made only among the objects of expenditure
31 enumerated in this Section, except that no funds may be
32 transferred from any appropriation for personal services, from
33 any appropriation for State contributions to the State
34 Employees' Retirement System, from any separate appropriation

1 for employee retirement contributions paid by the employer, nor
2 from any appropriation for State contribution for employee
3 group insurance. During State fiscal year 2005, an agency may
4 transfer amounts among its appropriations within the same
5 treasury fund for personal services, employee retirement
6 contributions paid by employer, and State Contributions to
7 retirement systems; notwithstanding and in addition to the
8 transfers authorized in subsection (c) of this Section, the
9 fiscal year 2005 transfers authorized in this sentence may be
10 made in an amount not to exceed 2% of the aggregate amount
11 appropriated to an agency within the same treasury fund.

12 (a-3) Further, if an agency receives a separate
13 appropriation for employee retirement contributions paid by
14 the employer, any transfer by that agency into an appropriation
15 for personal services must be accompanied by a corresponding
16 transfer into the appropriation for employee retirement
17 contributions paid by the employer, in an amount sufficient to
18 meet the employer share of the employee contributions required
19 to be remitted to the retirement system.

20 (b) In addition to the general transfer authority provided
21 under subsection (c), the following agencies have the specific
22 transfer authority granted in this subsection:

23 The ~~Illinois~~ Department of Healthcare and Family Services
24 ~~Public Aid~~ is authorized to make transfers representing savings
25 attributable to not increasing grants due to the births of
26 additional children from line items for payments of cash grants
27 to line items for payments for employment and social services
28 for the purposes outlined in subsection (f) of Section 4-2 of
29 the Illinois Public Aid Code.

30 The Department of Children and Family Services is
31 authorized to make transfers not exceeding 2% of the aggregate
32 amount appropriated to it within the same treasury fund for the
33 following line items among these same line items: Foster Home
34 and Specialized Foster Care and Prevention, Institutions and
35 Group Homes and Prevention, and Purchase of Adoption and
36 Guardianship Services.

1 The Department on Aging is authorized to make transfers not
2 exceeding 2% of the aggregate amount appropriated to it within
3 the same treasury fund for the following Community Care Program
4 line items among these same line items: Homemaker and Senior
5 Companion Services, Illinois ElderCare Connections agencies,
6 as described in the Illinois ElderCare Options Act ~~Case~~
7 ~~Coordination Units~~, and Adult Day Care Services.

8 The State Treasurer is authorized to make transfers among
9 line item appropriations from the Capital Litigation Trust
10 Fund, with respect to costs incurred in fiscal years 2002 and
11 2003 only, when the balance remaining in one or more such line
12 item appropriations is insufficient for the purpose for which
13 the appropriation was made, provided that no such transfer may
14 be made unless the amount transferred is no longer required for
15 the purpose for which that appropriation was made.

16 (c) The sum of such transfers for an agency in a fiscal
17 year shall not exceed 2% of the aggregate amount appropriated
18 to it within the same treasury fund for the following objects:
19 Personal Services; Extra Help; Student and Inmate
20 Compensation; State Contributions to Retirement Systems; State
21 Contributions to Social Security; State Contribution for
22 Employee Group Insurance; Contractual Services; Travel;
23 Commodities; Printing; Equipment; Electronic Data Processing;
24 Operation of Automotive Equipment; Telecommunications
25 Services; Travel and Allowance for Committed, Paroled and
26 Discharged Prisoners; Library Books; Federal Matching Grants
27 for Student Loans; Refunds; Workers' Compensation,
28 Occupational Disease, and Tort Claims; and, in appropriations
29 to institutions of higher education, Awards and Grants.
30 Notwithstanding the above, any amounts appropriated for
31 payment of workers' compensation claims to an agency to which
32 the authority to evaluate, administer and pay such claims has
33 been delegated by the Department of Central Management Services
34 may be transferred to any other expenditure object where such
35 amounts exceed the amount necessary for the payment of such
36 claims.

1 (c-1) Special provisions for State fiscal year 2003.
2 Notwithstanding any other provision of this Section to the
3 contrary, for State fiscal year 2003 only, transfers among line
4 item appropriations to an agency from the same treasury fund
5 may be made provided that the sum of such transfers for an
6 agency in State fiscal year 2003 shall not exceed 3% of the
7 aggregate amount appropriated to that State agency for State
8 fiscal year 2003 for the following objects: personal services,
9 except that no transfer may be approved which reduces the
10 aggregate appropriations for personal services within an
11 agency; extra help; student and inmate compensation; State
12 contributions to retirement systems; State contributions to
13 social security; State contributions for employee group
14 insurance; contractual services; travel; commodities;
15 printing; equipment; electronic data processing; operation of
16 automotive equipment; telecommunications services; travel and
17 allowance for committed, paroled, and discharged prisoners;
18 library books; federal matching grants for student loans;
19 refunds; workers' compensation, occupational disease, and tort
20 claims; and, in appropriations to institutions of higher
21 education, awards and grants.

22 (c-2) Special provisions for State fiscal year 2005.
23 Notwithstanding subsections (a), (a-2), and (c), for State
24 fiscal year 2005 only, transfers may be made among any line
25 item appropriations from the same or any other treasury fund
26 for any objects or purposes, without limitation, when the
27 balance remaining in one or more such line item appropriations
28 is insufficient for the purpose for which the appropriation was
29 made, provided that the sum of those transfers by a State
30 agency shall not exceed 4% of the aggregate amount appropriated
31 to that State agency for fiscal year 2005.

32 (d) Transfers among appropriations made to agencies of the
33 Legislative and Judicial departments and to the
34 constitutionally elected officers in the Executive branch
35 require the approval of the officer authorized in Section 10 of
36 this Act to approve and certify vouchers. Transfers among

1 appropriations made to the University of Illinois, Southern
2 Illinois University, Chicago State University, Eastern
3 Illinois University, Governors State University, Illinois
4 State University, Northeastern Illinois University, Northern
5 Illinois University, Western Illinois University, the Illinois
6 Mathematics and Science Academy and the Board of Higher
7 Education require the approval of the Board of Higher Education
8 and the Governor. Transfers among appropriations to all other
9 agencies require the approval of the Governor.

10 The officer responsible for approval shall certify that the
11 transfer is necessary to carry out the programs and purposes
12 for which the appropriations were made by the General Assembly
13 and shall transmit to the State Comptroller a certified copy of
14 the approval which shall set forth the specific amounts
15 transferred so that the Comptroller may change his records
16 accordingly. The Comptroller shall furnish the Governor with
17 information copies of all transfers approved for agencies of
18 the Legislative and Judicial departments and transfers
19 approved by the constitutionally elected officials of the
20 Executive branch other than the Governor, showing the amounts
21 transferred and indicating the dates such changes were entered
22 on the Comptroller's records.

23 (Source: P.A. 92-600, eff. 6-28-02; 92-885, eff. 1-13-03;
24 93-680, eff. 7-1-04; 93-839, eff. 7-30-04; revised 12-15-05.)

25 Section 92. The Assisted Living and Shared Housing Act is
26 amended by changing Section 90 as follows:

27 (210 ILCS 9/90)

28 Sec. 90. Contents of service delivery contract. A contract
29 between an establishment and a resident must be entitled
30 "assisted living establishment contract" or "shared housing
31 establishment contract" as applicable, shall be printed in no
32 less than 12 point type, and shall include at least the
33 following elements in the body or through supporting documents
34 or attachments:

1 (1) the name, street address, and mailing address of
2 the establishment;

3 (2) the name and mailing address of the owner or owners
4 of the establishment and, if the owner or owners are not
5 natural persons, the type of business entity of the owner
6 or owners;

7 (3) the name and mailing address of the managing agent
8 of the establishment, whether hired under a management
9 agreement or lease agreement, if the managing agent is
10 different from the owner or owners;

11 (4) the name and address of at least one natural person
12 who is authorized to accept service on behalf of the owners
13 and managing agent;

14 (5) a statement describing the license status of the
15 establishment and the license status of all providers of
16 health-related or supportive services to a resident under
17 arrangement with the establishment;

18 (6) the duration of the contract;

19 (7) the base rate to be paid by the resident and a
20 description of the services to be provided as part of this
21 rate;

22 (8) a description of any additional services to be
23 provided for an additional fee by the establishment
24 directly or by a third party provider under arrangement
25 with the establishment;

26 (9) the fee schedules outlining the cost of any
27 additional services;

28 (10) a description of the process through which the
29 contract may be modified, amended, or terminated;

30 (11) a description of the establishment's complaint
31 resolution process available to residents and notice of the
32 availability of the Department on Aging's Illinois
33 ElderCare Senior Helpline for complaints;

34 (12) the name of the resident's designated
35 representative, if any;

36 (13) the resident's obligations in order to maintain

1 residency and receive services including compliance with
2 all assessments required under Section 15;

3 (14) the billing and payment procedures and
4 requirements;

5 (15) a statement affirming the resident's freedom to
6 receive services from service providers with whom the
7 establishment does not have a contractual arrangement,
8 which may also disclaim liability on the part of the
9 establishment for those services;

10 (16) a statement that medical assistance under Article
11 V or Article VI of the Illinois Public Aid Code is not
12 available for payment for services provided in an
13 establishment, excluding contracts executed with residents
14 residing in licensed establishments participating in the
15 Department on Aging's Comprehensive Care in Residential
16 Settings Demonstration Project;

17 (17) a statement detailing the admission, risk
18 management, and residency termination criteria and
19 procedures;

20 (18) a statement listing the rights specified in
21 Section 95 and acknowledging that, by contracting with the
22 assisted living or shared housing establishment, the
23 resident does not forfeit those rights;

24 (19) a statement detailing the Department's annual
25 on-site review process including what documents contained
26 in a resident's personal file shall be reviewed by the
27 on-site reviewer as defined by rule; and

28 (20) a statement outlining whether the establishment
29 charges a community fee and, if so, the amount of the fee
30 and whether it is refundable; if the fee is refundable, the
31 contract must describe the conditions under which it is
32 refundable and how the amount of the refund is determined.

33 (Source: P.A. 93-775, eff. 1-1-05; 94-256, eff. 7-19-05.)

34 Section 93. The Hospital Licensing Act is amended by
35 changing Section 6.09 as follows:

1 (210 ILCS 85/6.09) (from Ch. 111 1/2, par. 147.09)

2 Sec. 6.09. (a) In order to facilitate the orderly
3 transition of aged and disabled patients from hospitals to
4 post-hospital care, whenever a patient who qualifies for the
5 federal Medicare program is hospitalized, the patient shall be
6 notified of discharge at least 24 hours prior to discharge from
7 the hospital. With regard to pending discharges to a skilled
8 nursing facility or if home health services are ordered, the
9 hospital must inform its designated Illinois ElderCare
10 Connections agency, as described in the Illinois ElderCare
11 Options Act ~~case coordination unit, as defined in 89 Ill. Adm.~~
12 ~~Code 240.260~~, of the pending discharge and must provide the
13 patient with the case coordination unit's telephone number and
14 other contact information.

15 (b) Every hospital shall develop procedures for a physician
16 with medical staff privileges at the hospital or any
17 appropriate medical staff member to provide the discharge
18 notice prescribed in subsection (a) of this Section. The
19 procedures must include prohibitions against discharging or
20 referring a patient to any of the following if unlicensed,
21 uncertified, or unregistered: (i) a board and care facility, as
22 defined in the Board and Care Home Registration Act; (ii) an
23 assisted living and shared housing establishment, as defined in
24 the Assisted Living and Shared Housing Act; (iii) a facility
25 licensed under the Nursing Home Care Act; (iv) a supportive
26 living facility, as defined in Section 5-5.01a of the Illinois
27 Public Aid Code; or (v) a free-standing hospice facility
28 licensed under the Hospice Program Licensing Act if licensure,
29 certification, or registration is required. The Department of
30 Public Health shall annually provide hospitals with a list of
31 licensed, certified, or registered board and care facilities,
32 assisted living and shared housing establishments, nursing
33 homes, supportive living facilities, and hospice facilities.
34 Reliance upon this list by a hospital shall satisfy compliance
35 with this requirement. The procedure may also include a waiver

1 for any case in which a discharge notice is not feasible due to
2 a short length of stay in the hospital by the patient, or for
3 any case in which the patient voluntarily desires to leave the
4 hospital before the expiration of the 24 hour period.

5 (c) At least 24 hours prior to discharge from the hospital,
6 the patient shall receive written information on the patient's
7 right to appeal the discharge pursuant to the federal Medicare
8 program, including the steps to follow to appeal the discharge
9 and the appropriate telephone number to call in case the
10 patient intends to appeal the discharge.

11 (Source: P.A. 94-335, eff. 7-26-05.)

12 Section 94. The Respite Program Act is amended by changing
13 Section 2 as follows:

14 (320 ILCS 10/2) (from Ch. 23, par. 6202)

15 Sec. 2. Definitions. As used in this Act:

16 (1) "Respite care" means the provision of intermittent and
17 temporary substitute care or supervision of frail or disabled
18 adults on behalf of and in the absence of the primary
19 care-giver, for the purpose of providing relief from the stress
20 or responsibilities concomitant with providing constant care,
21 so as to enable the care-giver to continue the provision of
22 care in the home. Respite care should be available to sustain
23 the care-giver throughout the period of care-giving, which can
24 vary from several months to a number of years. Respite care can
25 be provided in the home, in a day care setting during the day,
26 overnight, in a substitute residential setting such as a
27 long-term care facility required to be licensed under the
28 Nursing Home Care Act or the Assisted Living and Shared Housing
29 Act, or for more extended periods of time on a temporary basis.

30 (1.5) "In-home respite care" means care provided by an
31 appropriately trained paid worker providing short-term
32 intermittent care, supervision, or companionship to the frail
33 or disabled adult in the home while relieving the care-giver,
34 by permitting a short-term break from the care-giver's

1 care-giving role. This support may contribute to the delay,
2 reduction, and prevention of institutionalization by enabling
3 the care-giver to continue in his or her care-giving role.
4 In-home respite care should be flexible and available in a
5 manner that is responsive to the needs of the care-giver. This
6 may consist of evening respite care services that are available
7 from 6:00 p.m. to 8:00 a.m. Monday through Friday and weekend
8 respite care services from 6:00 p.m. Friday to 8:00 a.m.
9 Monday.

10 (2) "Care-giver" shall mean the family member or other
11 natural person who normally provides the daily care or
12 supervision of a frail or disabled adult. Such care-giver may,
13 but need not, reside in the same household as the frail or
14 disabled adult.

15 (3) (Blank).

16 (4) (Blank).

17 (5) (Blank).

18 (6) "Department" shall mean the Department on Aging.

19 (7) (Blank).

20 (8) "Frail or disabled adult" shall mean any person who is
21 60 years of age or older and who either (i) suffers from
22 Alzheimer's disease or a related disorder or (ii) is unable to
23 attend to his or her daily needs without the assistance or
24 regular supervision of a care-giver due to mental or physical
25 impairment and who is otherwise eligible for services on the
26 basis of his or her level of impairment.

27 (9) "Emergency respite care" means the immediate placement
28 of a trained, in-home respite care worker in the home during an
29 emergency or unplanned event, or during a temporary placement
30 outside the home, to substitute for the care-giver. Emergency
31 respite care may be provided on one or more occasions unless an
32 extension is deemed necessary by the Illinois ElderCare
33 Connections agency, as described in the Illinois ElderCare
34 Options Act, ~~case coordination unit~~ or by another agency
35 designated by the Department and area agencies on aging to
36 conduct needs assessments for respite care services. When there

1 is an urgent need for emergency respite care, procedures to
2 accommodate this need must be determined. An emergency is:

3 (a) An unplanned event that results in the immediate
4 and unavoidable absence of the care-giver from the home in
5 an excess of 4 hours at a time when no other qualified
6 care-giver is available.

7 (b) An unplanned situation that prevents the
8 care-giver from providing the care required by a frail or
9 disabled adult living at home.

10 (c) An unplanned event that threatens the health and
11 safety of the frail or disabled adult.

12 (d) An unplanned event that threatens the health and
13 safety of the care-giver thereby placing the frail or
14 disabled adult in danger.

15 (10) (Blank).

16 (Source: P.A. 92-16, eff. 6-28-01; 93-864, eff. 8-5-04.)

17 Section 95. The Older Adult Services Act is amended by
18 changing Section 25 as follows:

19 (320 ILCS 42/25)

20 Sec. 25. Older adult services restructuring. No later than
21 January 1, 2005, the Department shall commence the process of
22 restructuring the older adult services delivery system.
23 Priority shall be given to both the expansion of services and
24 the development of new services in priority service areas.
25 Subject to the availability of funding, the restructuring shall
26 include, but not be limited to, the following:

27 (1) Planning. The Department shall develop a plan to
28 restructure the State's service delivery system for older
29 adults. The plan shall include a schedule for the
30 implementation of the initiatives outlined in this Act and all
31 other initiatives identified by the participating agencies to
32 fulfill the purposes of this Act. Financing for older adult
33 services shall be based on the principle that "money follows
34 the individual". The plan shall also identify potential

1 impediments to delivery system restructuring and include any
2 known regulatory or statutory barriers.

3 (2) Comprehensive case management. The Department shall
4 implement a statewide system of holistic comprehensive case
5 management. The system shall include the identification and
6 implementation of a universal, comprehensive assessment tool
7 to be used statewide to determine the level of functional,
8 cognitive, socialization, and financial needs of older adults.
9 This tool shall be supported by an electronic intake,
10 assessment, and care planning system linked to a central
11 location. "Comprehensive case management" includes services
12 and coordination such as (i) comprehensive assessment of the
13 older adult (including the physical, functional, cognitive,
14 psycho-social, and social needs of the individual); (ii)
15 development and implementation of a service plan with the older
16 adult to mobilize the formal and family resources and services
17 identified in the assessment to meet the needs of the older
18 adult, including coordination of the resources and services
19 with any other plans that exist for various formal services,
20 such as hospital discharge plans, and with the information and
21 assistance services; (iii) coordination and monitoring of
22 formal and family service delivery, including coordination and
23 monitoring to ensure that services specified in the plan are
24 being provided; (iv) periodic reassessment and revision of the
25 status of the older adult with the older adult or, if
26 necessary, the older adult's designated representative; and
27 (v) in accordance with the wishes of the older adult, advocacy
28 on behalf of the older adult for needed services or resources.

29 (3) Coordinated point of entry. The Department shall
30 implement and publicize a statewide coordinated point of entry
31 using a uniform name, identity, logo, and toll-free number.

32 (4) Public web site. The Department shall develop a public
33 web site, which shall be known as the Illinois ElderCare Web
34 Site, that provides links to available services, resources, and
35 reference materials concerning caregiving, diseases, and best
36 practices for use by professionals, older adults, and family

1 caregivers.

2 (5) Expansion of older adult services. The Department shall
3 expand older adult services that promote independence and
4 permit older adults to remain in their own homes and
5 communities.

6 (6) Consumer-directed home and community-based services.
7 The Department shall expand the range of service options
8 available to permit older adults to exercise maximum choice and
9 control over their care.

10 (7) Comprehensive delivery system. The Department shall
11 expand opportunities for older adults to receive services in
12 systems that integrate acute and chronic care.

13 (8) Enhanced transition and follow-up services. The
14 Department shall implement a program of transition from one
15 residential setting to another and follow-up services,
16 regardless of residential setting, pursuant to rules with
17 respect to (i) resident eligibility, (ii) assessment of the
18 resident's health, cognitive, social, and financial needs,
19 (iii) development of transition plans, and (iv) the level of
20 services that must be available before transitioning a resident
21 from one setting to another.

22 (9) Family caregiver support. The Department shall develop
23 strategies for public and private financing of services that
24 supplement and support family caregivers.

25 (10) Quality standards and quality improvement. The
26 Department shall establish a core set of uniform quality
27 standards for all providers that focus on outcomes and take
28 into consideration consumer choice and satisfaction, and the
29 Department shall require each provider to implement a
30 continuous quality improvement process to address consumer
31 issues. The continuous quality improvement process must
32 benchmark performance, be person-centered and data-driven, and
33 focus on consumer satisfaction.

34 (11) Workforce. The Department shall develop strategies to
35 attract and retain a qualified and stable worker pool, provide
36 living wages and benefits, and create a work environment that

1 is conducive to long-term employment and career development.
2 Resources such as grants, education, and promotion of career
3 opportunities may be used.

4 (12) Coordination of services. The Department shall
5 identify methods to better coordinate service networks to
6 maximize resources and minimize duplication of services and
7 ease of application.

8 (13) Barriers to services. The Department shall identify
9 barriers to the provision, availability, and accessibility of
10 services and shall implement a plan to address those barriers.
11 The plan shall: (i) identify barriers, including but not
12 limited to, statutory and regulatory complexity, reimbursement
13 issues, payment issues, and labor force issues; (ii) recommend
14 changes to State or federal laws or administrative rules or
15 regulations; (iii) recommend application for federal waivers
16 to improve efficiency and reduce cost and paperwork; (iv)
17 develop innovative service delivery models; and (v) recommend
18 application for federal or private service grants.

19 (14) Reimbursement and funding. The Department shall
20 investigate and evaluate costs and payments by defining costs
21 to implement a uniform, audited provider cost reporting system
22 to be considered by all Departments in establishing payments.
23 To the extent possible, multiple cost reporting mandates shall
24 not be imposed.

25 (15) Medicaid nursing home cost containment and Medicare
26 utilization. The Department of Healthcare and Family Services
27 (formerly Department of Public Aid), in collaboration with the
28 Department on Aging and the Department of Public Health and in
29 consultation with the Advisory Committee, shall propose a plan
30 to contain Medicaid nursing home costs and maximize Medicare
31 utilization. The plan must not impair the ability of an older
32 adult to choose among available services. The plan shall
33 include, but not be limited to, (i) techniques to maximize the
34 use of the most cost-effective services without sacrificing
35 quality and (ii) methods to identify and serve older adults in
36 need of minimal services to remain independent, but who are

1 likely to develop a need for more extensive services in the
2 absence of those minimal services.

3 (16) Bed reduction. The Department of Public Health shall
4 implement a nursing home conversion program to reduce the
5 number of Medicaid-certified nursing home beds in areas with
6 excess beds. The Department of Healthcare and Family Services
7 ~~Public Aid~~ shall investigate changes to the Medicaid nursing
8 facility reimbursement system in order to reduce beds. Such
9 changes may include, but are not limited to, incentive payments
10 that will enable facilities to adjust to the restructuring and
11 expansion of services required by the Older Adult Services Act,
12 including adjustments for the voluntary closure or layaway of
13 nursing home beds certified under Title XIX of the federal
14 Social Security Act. Any savings shall be reallocated to fund
15 home-based or community-based older adult services pursuant to
16 Section 20.

17 (17) Financing. The Department shall investigate and
18 evaluate financing options for older adult services and shall
19 make recommendations in the report required by Section 15
20 concerning the feasibility of these financing arrangements.
21 These arrangements shall include, but are not limited to:

22 (A) private long-term care insurance coverage for
23 older adult services;

24 (B) enhancement of federal long-term care financing
25 initiatives;

26 (C) employer benefit programs such as medical savings
27 accounts for long-term care;

28 (D) individual and family cost-sharing options;

29 (E) strategies to reduce reliance on government
30 programs;

31 (F) fraudulent asset divestiture and financial
32 planning prevention; and

33 (G) methods to supplement and support family and
34 community caregiving.

35 (18) Older Adult Services Demonstration Grants. The
36 Department shall implement a program of demonstration grants

1 that will assist in the restructuring of the older adult
2 services delivery system, and shall provide funding for
3 innovative service delivery models and system change and
4 integration initiatives pursuant to subsection (g) of Section
5 20.

6 (19) Bed need methodology update. For the purposes of
7 determining areas with excess beds, the Departments shall
8 provide information and assistance to the Health Facilities
9 Planning Board to update the Bed Need Methodology for Long-Term
10 Care to update the assumptions used to establish the
11 methodology to make them consistent with modern older adult
12 services.

13 (20) Affordable housing. The Departments shall utilize the
14 recommendations of Illinois' Annual Comprehensive Housing
15 Plan, as developed by the Affordable Housing Task Force through
16 the Governor's Executive Order 2003-18, in their efforts to
17 address the affordable housing needs of older adults.

18 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;
19 revised 12-15-05.)

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.