



Rep. Julie Hamos

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09500HB5703ham001

LRB095 17678 DRJ 48745 a

1 AMENDMENT TO HOUSE BILL 5703

2 AMENDMENT NO. _____. Amend House Bill 5703 on page 1,
3 after line 3, inserting the following:

4 "Section 5. The Illinois Act on the Aging is amended by
5 changing Sections 4.02 and 4.12 as follows:

6 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

7 (Text of Section before amendment by P.A. 95-565)

8 Sec. 4.02. The Department shall establish a program of
9 services to prevent unnecessary institutionalization of
10 persons age 60 and older in need of long term care or who are
11 established as persons who suffer from Alzheimer's disease or a
12 related disorder under the Alzheimer's Disease Assistance Act,
13 thereby enabling them to remain in their own homes or in other
14 living arrangements. Such preventive services, which may be
15 coordinated with other programs for the aged and monitored by
16 area agencies on aging in cooperation with the Department, may

1 include, but are not limited to, any or all of the following:

2 (a) home health services;

3 (b) home nursing services;

4 (c) home care aide services;

5 (d) chore and housekeeping 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 (l) other nonmedical social services that may enable
15 the person to become self-supporting; or

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

19 The Department shall establish eligibility standards for
20 such services taking into consideration the unique economic and
21 social needs of the target population for whom they are to be
22 provided. Such eligibility standards shall be based on the
23 recipient's ability to pay for services; provided, however,
24 that in determining the amount and nature of services for which
25 a person may qualify, consideration shall not be given to the
26 value of cash, property or other assets held in the name of the

1 person's spouse pursuant to a written agreement dividing
2 marital property into equal but separate shares or pursuant to
3 a transfer of the person's interest in a home to his spouse,
4 provided that the spouse's share of the marital property is not
5 made available to the person seeking such services.

6 Beginning July 1, 2002, the Department shall require as a
7 condition of eligibility that all financially eligible
8 applicants and recipients apply for medical assistance under
9 Article V of the Illinois Public Aid Code in accordance with
10 rules promulgated by the Department.

11 The Department shall, in conjunction with the Department of
12 Public Aid (now Department of Healthcare and Family Services),
13 seek appropriate amendments under Sections 1915 and 1924 of the
14 Social Security Act. The purpose of the amendments shall be to
15 extend eligibility for home and community based services under
16 Sections 1915 and 1924 of the Social Security Act to persons
17 who transfer to or for the benefit of a spouse those amounts of
18 income and resources allowed under Section 1924 of the Social
19 Security Act. Subject to the approval of such amendments, the
20 Department shall extend the provisions of Section 5-4 of the
21 Illinois Public Aid Code to persons who, but for the provision
22 of home or community-based services, would require the level of
23 care provided in an institution, as is provided for in federal
24 law. Those persons no longer found to be eligible for receiving
25 noninstitutional services due to changes in the eligibility
26 criteria shall be given 60 days notice prior to actual

1 termination. Those persons receiving notice of termination may
2 contact the Department and request the determination be
3 appealed at any time during the 60 day notice period. With the
4 exception of the lengthened notice and time frame for the
5 appeal request, the appeal process shall follow the normal
6 procedure. In addition, each person affected regardless of the
7 circumstances for discontinued eligibility shall be given
8 notice and the opportunity to purchase the necessary services
9 through the Community Care Program. If the individual does not
10 elect to purchase services, the Department shall advise the
11 individual of alternative services. The target population
12 identified for the purposes of this Section are persons age 60
13 and older with an identified service need. Priority shall be
14 given to those who are at imminent risk of
15 institutionalization. The services shall be provided to
16 eligible persons age 60 and older to the extent that the cost
17 of the services together with the other personal maintenance
18 expenses of the persons are reasonably related to the standards
19 established for care in a group facility appropriate to the
20 person's condition. These non-institutional services, pilot
21 projects or experimental facilities may be provided as part of
22 or in addition to those authorized by federal law or those
23 funded and administered by the Department of Human Services.
24 The Departments of Human Services, Healthcare and Family
25 Services, Public Health, Veterans' Affairs, and Commerce and
26 Economic Opportunity and other appropriate agencies of State,

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

22 As part of the Department on Aging's routine training of
23 care coordinators and care coordinator supervisors ~~case~~
24 ~~managers and case manager supervisors~~, the Department may
25 include information on family futures planning for persons who
26 are age 60 or older and who are caregivers of their adult

1 children with developmental disabilities. The content of the
2 training shall be at the Department's discretion.

3 No later than July 1, 2008, the Department's case
4 management program shall be transitioned to a fully integrated
5 care coordination program. The care coordination program shall
6 incorporate the concepts of client direction and consumer focus
7 and shall take into account the client's needs and preferences.
8 Comprehensive care coordination shall include activities such
9 as: (1) comprehensive assessment of the client; (2) development
10 and implementation of a service plan with the client to
11 mobilize the formal and family resources and services
12 identified in the assessment to meet the needs of the client,
13 including coordination of the resources and services with (A)
14 any other plans that exist for various formal services, such as
15 hospital discharge plans, and (B) the information and
16 assistance services; (3) coordination and monitoring of formal
17 and family service delivery, regardless of the funding source,
18 including coordination and monitoring to ensure that services
19 specified in the plan are being provided; (4) assistance with
20 the completion of applications for services, referrals to
21 non-government funded services, health promotion, and ensuring
22 continuity of care across care settings; (5) periodic
23 reassessment and revision of the status of the client with the
24 client or, if necessary, the client's designated
25 representative; and (6) in accordance with the wishes of the
26 client, advocacy on behalf of the client for needed services or

1 resources.

2 A comprehensive assessment shall be performed, using a
3 holistic tool identified by the Department and supported by an
4 electronic intake assessment and care planning system linked to
5 a central location. The comprehensive assessment process shall
6 include a face to face interview in the client's home or
7 temporary overnight abode and shall determine the level of
8 physical, functional, cognitive, psycho-social, financial, and
9 social needs of the client. Assessment interviews shall
10 accommodate the scheduling needs of the client and the client's
11 representative or representatives, who shall participate at
12 the discretion of the client. The Department shall provide
13 guidelines for determining the conditions under which a
14 comprehensive assessment shall be performed and the activities
15 of care coordination offered to each care recipient. The care
16 plan shall include the needs identified by the assessment and
17 incorporate the goals and preferences of the client. Care plans
18 shall also include all services needed by the client regardless
19 of the funding source and delineate between services provided,
20 services unavailable, and services refused by the client. Case
21 coordination units shall be reimbursed for care coordination in
22 a just and equitable manner reflective of the actual cost of
23 providing care coordination. By July 1, 2009, the Department
24 shall develop a rate structure, in collaboration with case
25 coordination units and advocates for care recipients, that
26 reflects the activities of coordination provided. The

1 Department shall reevaluate the rate structure every other year
2 thereafter.

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

13 The Department, or the Department's authorized
14 representative, shall recover the amount of moneys expended for
15 services provided to or in behalf of a person under this
16 Section by a claim against the person's estate or against the
17 estate of the person's surviving spouse, but no recovery may be
18 had until after the death of the surviving spouse, if any, and
19 then only at such time when there is no surviving child who is
20 under age 21, blind, or permanently and totally disabled. This
21 paragraph, however, shall not bar recovery, at the death of the
22 person, of moneys for services provided to the person or in
23 behalf of the person under this Section to which the person was
24 not entitled; provided that such recovery shall not be enforced
25 against any real estate while it is occupied as a homestead by
26 the surviving spouse or other dependent, if no claims by other

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

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

23 Beginning on the effective date of this Amendatory Act of
24 1991, no person may perform chore/housekeeping and home care
25 aide services under a program authorized by this Section unless
26 that person has been issued a certificate of pre-service to do

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

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

25 The Community Care Program Advisory Committee is created in
26 the Department on Aging. The Director shall appoint individuals

1 to serve in the Committee, who shall serve at their own
2 expense. Members of the Committee must abide by all applicable
3 ethics laws. The Committee shall advise the Department on
4 issues related to the Department's program of services to
5 prevent unnecessary institutionalization. The Committee shall
6 meet on a bi-monthly basis and shall serve to identify and
7 advise the Department on present and potential issues affecting
8 the service delivery network, the program's clients, and the
9 Department and to recommend solution strategies. Persons
10 appointed to the Committee shall be appointed on, but not
11 limited to, their own and their agency's experience with the
12 program, geographic representation, and willingness to serve.
13 The Director shall appoint members to the Committee to
14 represent provider, advocacy, policy research, and other
15 constituencies committed to the delivery of high quality home
16 and community-based services to older adults. Representatives
17 shall be appointed to ensure representation from community care
18 providers including, but not limited to, adult day service
19 providers, homemaker providers, case coordination and case
20 management units, emergency home response providers, statewide
21 trade or labor unions that represent home care ~~homecare~~ aides
22 and direct care staff, area agencies on aging, adults over age
23 60, membership organizations representing older adults, and
24 other organizational entities, providers of care, or
25 individuals with demonstrated interest and expertise in the
26 field of home and community care as determined by the Director.

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

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

25 The requirement for reporting to the General Assembly shall
26 be satisfied by filing copies of the report with the Speaker,

1 the Minority Leader and the Clerk of the House of
2 Representatives and the President, the Minority Leader and the
3 Secretary of the Senate and the Legislative Research Unit, as
4 required by Section 3.1 of the General Assembly Organization
5 Act and filing such additional copies with the State Government
6 Report Distribution Center for the General Assembly as is
7 required under paragraph (t) of Section 7 of the State Library
8 Act.

9 Those persons previously found eligible for receiving
10 non-institutional services whose services were discontinued
11 under the Emergency Budget Act of Fiscal Year 1992, and who do
12 not meet the eligibility standards in effect on or after July
13 1, 1992, shall remain ineligible on and after July 1, 1992.
14 Those persons previously not required to cost-share and who
15 were required to cost-share effective March 1, 1992, shall
16 continue to meet cost-share requirements on and after July 1,
17 1992. Beginning July 1, 1992, all clients will be required to
18 meet eligibility, cost-share, and other requirements and will
19 have services discontinued or altered when they fail to meet
20 these requirements.

21 (Source: P.A. 94-48, eff. 7-1-05; 94-269, eff. 7-19-05; 94-336,
22 eff. 7-26-05; 94-954, eff. 6-27-06; 95-298, eff. 8-20-07;
23 95-473, eff. 8-27-07; revised 10-30-07.)

24 (Text of Section after amendment by P.A. 95-565)

25 Sec. 4.02. Community Care Program. The Department shall

1 establish a program of services to prevent unnecessary
2 institutionalization of persons age 60 and older in need of
3 long term care or who are established as persons who suffer
4 from Alzheimer's disease or a related disorder under the
5 Alzheimer's Disease Assistance Act, thereby enabling them to
6 remain in their own homes or in other living arrangements. Such
7 preventive services, which may be coordinated with other
8 programs for the aged and monitored by area agencies on aging
9 in cooperation with the Department, may include, but are not
10 limited to, any or all of the following:

11 (a) (blank);

12 (b) (blank);

13 (c) home care aide services;

14 (d) personal assistant services;

15 (e) adult day services;

16 (f) home-delivered meals;

17 (g) education in self-care;

18 (h) personal care services;

19 (i) adult day health services;

20 (j) habilitation services;

21 (k) respite care;

22 (k-5) community reintegration services;

23 (k-6) flexible senior services;

24 (k-7) medication management;

25 (k-8) emergency home response;

26 (l) other nonmedical social services that may enable

1 the person to become self-supporting; or

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

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

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

23 Beginning January 1, 2008, the Department shall require as
24 a condition of eligibility that all new financially eligible
25 applicants apply for and enroll in medical assistance under
26 Article V of the Illinois Public Aid Code in accordance with

1 rules promulgated by the Department.

2 The Department shall, in conjunction with the Department of
3 Public Aid (now Department of Healthcare and Family Services),
4 seek appropriate amendments under Sections 1915 and 1924 of the
5 Social Security Act. The purpose of the amendments shall be to
6 extend eligibility for home and community based services under
7 Sections 1915 and 1924 of the Social Security Act to persons
8 who transfer to or for the benefit of a spouse those amounts of
9 income and resources allowed under Section 1924 of the Social
10 Security Act. Subject to the approval of such amendments, the
11 Department shall extend the provisions of Section 5-4 of the
12 Illinois Public Aid Code to persons who, but for the provision
13 of home or community-based services, would require the level of
14 care provided in an institution, as is provided for in federal
15 law. Those persons no longer found to be eligible for receiving
16 noninstitutional services due to changes in the eligibility
17 criteria shall be given 60 days notice prior to actual
18 termination. Those persons receiving notice of termination may
19 contact the Department and request the determination be
20 appealed at any time during the 60 day notice period. With the
21 exception of the lengthened notice and time frame for the
22 appeal request, the appeal process shall follow the normal
23 procedure. In addition, each person affected regardless of the
24 circumstances for discontinued eligibility shall be given
25 notice and the opportunity to purchase the necessary services
26 through the Community Care Program. If the individual does not

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

1 defined in administrative rules. The audit is a public record
2 under the Freedom of Information Act. The Department shall
3 execute, relative to the nursing home prescreening project,
4 written inter-agency agreements with the Department of Human
5 Services and the Department of Healthcare and Family Services,
6 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 care coordinators and care coordinator supervisors ~~case~~
16 ~~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 No later than July 1, 2008, the Department's case
22 management program shall be transitioned to a fully integrated
23 care coordination program. The care coordination program shall
24 incorporate the concepts of client direction and consumer focus
25 and shall take into account the client's needs and preferences.
26 Comprehensive care coordination shall include activities such

1 as: (1) comprehensive assessment of the client; (2) development
2 and implementation of a service plan with the client to
3 mobilize the formal and family resources and services
4 identified in the assessment to meet the needs of the client,
5 including coordination of the resources and services with (A)
6 any other plans that exist for various formal services, such as
7 hospital discharge plans, and (B) the information and
8 assistance services; (3) coordination and monitoring of formal
9 and family service delivery, regardless of the funding source,
10 including coordination and monitoring to ensure that services
11 specified in the plan are being provided; (4) assistance with
12 the completion of applications for services, referrals to
13 non-government funded services, health promotion, and ensuring
14 continuity of care across care settings; (5) periodic
15 reassessment and revision of the status of the client with the
16 client or, if necessary, the client's designated
17 representative; and (6) in accordance with the wishes of the
18 client, advocacy on behalf of the client for needed services or
19 resources.

20 A comprehensive assessment shall be performed, using a
21 holistic tool identified by the Department and supported by an
22 electronic intake assessment and care planning system linked to
23 a central location. The comprehensive assessment process shall
24 include a face to face interview in the client's home or
25 temporary overnight abode and shall determine the level of
26 physical, functional, cognitive, psycho-social, financial, and

1 social needs of the client. Assessment interviews shall
2 accommodate the scheduling needs of the client and the client's
3 representative or representatives, who shall participate at
4 the discretion of the client. The Department shall provide
5 guidelines for determining the conditions under which a
6 comprehensive assessment shall be performed and the activities
7 of care coordination offered to each care recipient. The care
8 plan shall include the needs identified by the assessment and
9 incorporate the goals and preferences of the client. Care plans
10 shall also include all services needed by the client regardless
11 of the funding source and delineate between services provided,
12 services unavailable, and services refused by the client. Case
13 coordination units shall be reimbursed for care coordination in
14 a just and equitable manner reflective of the actual cost of
15 providing care coordination. By July 1, 2009, the Department
16 shall develop a rate structure, in collaboration with case
17 coordination units and advocates for care recipients, that
18 reflects the activities of coordination provided. The
19 Department shall reevaluate the rate structure every other year
20 thereafter.

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

1 paid to or in behalf of the person under this Section shall be
2 claimed for recovery from the deceased spouse's estate.
3 "Homestead", as used in this paragraph, means the dwelling
4 house and contiguous real estate occupied by a surviving spouse
5 or relative, as defined by the rules and regulations of the
6 Department of Healthcare and Family Services, regardless of the
7 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 care
11 plan are available on evenings and weekends;

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

1 Adult Services Advisory Committee, shall institute a study
2 of the relationship between the Determination of Need
3 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 later
7 than January 1, 2009; recommendations shall include all
8 needed changes to the service cost maximums schedule and
9 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 of
23 clients or recommended by clients; the Department may not,
24 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; and

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 in order to maximize
6 federal matching funds; this shall include, but not be
7 limited to, modification that reflects all changes in the
8 Community Care Program services and all increases in the
9 services cost maximum.

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

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

26 Beginning on the effective date of this Amendatory Act of

1 1991, no person may perform chore/housekeeping and home care
2 aide services under a program authorized by this Section unless
3 that person has been issued a certificate of pre-service to do
4 so by his or her employing agency. Information gathered to
5 effect such certification shall include (i) the person's name,
6 (ii) the date the person was hired by his or her current
7 employer, and (iii) the training, including dates and levels.
8 Persons engaged in the program authorized by this Section
9 before the effective date of this amendatory Act of 1991 shall
10 be issued a certificate of all pre- and in-service training
11 from his or her employer upon submitting the necessary
12 information. The employing agency shall be required to retain
13 records of all staff pre- and in-service training, and shall
14 provide such records to the Department upon request and upon
15 termination of the employer's contract with the Department. In
16 addition, the employing agency is responsible for the issuance
17 of certifications of in-service training completed to their
18 employees.

19 The Department is required to develop a system to ensure
20 that persons working as home care aides and personal assistants
21 ~~chore housekeepers~~ receive increases in their wages when the
22 federal minimum wage is increased by requiring vendors to
23 certify that they are meeting the federal minimum wage statute
24 for home care aides and personal assistants ~~chore housekeepers~~.
25 An employer that cannot ensure that the minimum wage increase
26 is being given to home care aides and personal assistants ~~chore~~

1 ~~housekeepers~~ shall be denied any increase in reimbursement
2 costs.

3 The Community Care Program Advisory Committee is created in
4 the Department on Aging. The Director shall appoint individuals
5 to serve in the Committee, who shall serve at their own
6 expense. Members of the Committee must abide by all applicable
7 ethics laws. The Committee shall advise the Department on
8 issues related to the Department's program of services to
9 prevent unnecessary institutionalization. The Committee shall
10 meet on a bi-monthly basis and shall serve to identify and
11 advise the Department on present and potential issues affecting
12 the service delivery network, the program's clients, and the
13 Department and to recommend solution strategies. Persons
14 appointed to the Committee shall be appointed on, but not
15 limited to, their own and their agency's experience with the
16 program, geographic representation, and willingness to serve.
17 The Director shall appoint members to the Committee to
18 represent provider, advocacy, policy research, and other
19 constituencies committed to the delivery of high quality home
20 and community-based services to older adults. Representatives
21 shall be appointed to ensure representation from community care
22 providers including, but not limited to, adult day service
23 providers, homemaker providers, case coordination and case
24 management units, emergency home response providers, statewide
25 trade or labor unions that represent home care ~~homecare~~ aides
26 and direct care staff, area agencies on aging, adults over age

1 60, membership organizations representing older adults, and
2 other organizational entities, providers of care, or
3 individuals with demonstrated interest and expertise in the
4 field of home and community care as determined by the Director.

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

24 The Department on Aging and the Department of Human
25 Services shall cooperate in the development and submission of
26 an annual report on programs and services provided under this

1 Section. Such joint report shall be filed with the Governor and
2 the General Assembly on or before September 30 each year.

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

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

25 For the purposes of this Section, "flexible senior
26 services" refers to services that require one-time or periodic

1 expenditures including, but not limited to, respite care, home
2 modification, assistive technology, housing assistance, and
3 transportation.

4 (Source: P.A. 94-48, eff. 7-1-05; 94-269, eff. 7-19-05; 94-336,
5 eff. 7-26-05; 94-954, eff. 6-27-06; 95-298, eff. 8-20-07;
6 95-473, eff. 8-27-07; 95-565, eff. 6-1-08; revised 10-30-07.)

7 (20 ILCS 105/4.12)

8 Sec. 4.12. Assistance to nursing home residents.

9 (a) The Department on Aging shall assist eligible nursing
10 home residents and their families to select long-term care
11 options that meet their needs and reflect their preferences. At
12 any time during the process, the resident or his or her
13 representative may decline further assistance.

14 (b) To provide assistance, the Department shall develop a
15 program of transition services with follow-up in selected areas
16 of the State, to be expanded statewide as funding becomes
17 available. The program shall be developed in consultation with
18 nursing homes, care coordinators ~~case managers~~, Area Agencies
19 on Aging, and others interested in the well-being of frail
20 elderly Illinois residents. The Department shall establish
21 administrative rules pursuant to the Illinois Administrative
22 Procedure Act with respect to resident eligibility, assessment
23 of the resident's health, cognitive, social, and financial
24 needs, development of comprehensive service transition plans,
25 and the level of services that must be available prior to

1 transition of a resident into the community.

2 (Source: P.A. 95-331, eff. 8-21-07.)

3 Section 10. The Older Adult Services Act is amended by
4 changing Section 25 as follows:

5 (320 ILCS 42/25)

6 Sec. 25. Older adult services restructuring. No later than
7 January 1, 2005, the Department shall commence the process of
8 restructuring the older adult services delivery system.
9 Priority shall be given to both the expansion of services and
10 the development of new services in priority service areas.
11 Subject to the availability of funding, the restructuring shall
12 include, but not be limited to, the following:

13 (1) Planning. The Department shall develop a plan to
14 restructure the State's service delivery system for older
15 adults. The plan shall include a schedule for the
16 implementation of the initiatives outlined in this Act and all
17 other initiatives identified by the participating agencies to
18 fulfill the purposes of this Act. Financing for older adult
19 services shall be based on the principle that "money follows
20 the individual". The plan shall also identify potential
21 impediments to delivery system restructuring and include any
22 known regulatory or statutory barriers.

23 (2) Comprehensive care coordination ~~case management~~. The
24 Department shall implement a statewide system of holistic

1 comprehensive case management. The system shall include the
2 identification and implementation of a universal,
3 comprehensive assessment tool to be used statewide to determine
4 the level of physical, functional, cognitive, psycho-social,
5 social socialization, and financial needs of older adults. This
6 tool shall be supported by an electronic intake, assessment,
7 and care planning system linked to a central location.
8 "Comprehensive care coordination ~~case management~~" shall
9 include activities such ~~includes services and coordination~~
10 ~~such~~ as (i) comprehensive assessment of the older adult
11 ~~(including the physical, functional, cognitive, psycho-social,~~
12 ~~and social needs of the individual);~~ (ii) development and
13 implementation of a service plan with the older adult to
14 mobilize the formal and family resources and services
15 identified in the assessment to meet the needs of the older
16 adult, including coordination of the resources and services
17 with any other plans that exist for various formal services,
18 such as hospital discharge plans, and with the information and
19 assistance services; (iii) coordination and monitoring of
20 formal and family service delivery, regardless of the funding
21 source, including coordination and monitoring to ensure that
22 services specified in the plan are being provided; (iv)
23 assistance with completion of applications for services,
24 referrals to non-government funded services, health promotion,
25 and ensuring continuity of care across care settings; (v)
26 periodic reassessment and revision of the status of the older

1 adult with the older adult or, if necessary, the older adult's
2 designated representative; and (vi) ~~(v)~~ in accordance with the
3 wishes of the older adult, advocacy on behalf of the older
4 adult for needed services or resources.

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

8 (4) Public web site. The Department shall develop a public
9 web site that provides links to available services, resources,
10 and reference materials concerning caregiving, diseases, and
11 best practices for use by professionals, older adults, and
12 family caregivers.

13 (5) Expansion of older adult services. The Department shall
14 expand older adult services that promote independence and
15 permit older adults to remain in their own homes and
16 communities.

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

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

24 (8) Enhanced transition and follow-up services. The
25 Department shall implement a program of transition from one
26 residential setting to another and follow-up services,

1 regardless of residential setting, pursuant to rules with
2 respect to (i) resident eligibility, (ii) assessment of the
3 resident's health, cognitive, social, and financial needs,
4 (iii) development of transition plans, and (iv) the level of
5 services that must be available before transitioning a resident
6 from one setting to another.

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

10 (10) Quality standards and quality improvement. The
11 Department shall establish a core set of uniform quality
12 standards for all providers that focus on outcomes and take
13 into consideration consumer choice and satisfaction, and the
14 Department shall require each provider to implement a
15 continuous quality improvement process to address consumer
16 issues. The continuous quality improvement process must
17 benchmark performance, be person-centered and data-driven, and
18 focus on consumer satisfaction.

19 (11) Workforce. The Department shall develop strategies to
20 attract and retain a qualified and stable worker pool, provide
21 living wages and benefits, and create a work environment that
22 is conducive to long-term employment and career development.
23 Resources such as grants, education, and promotion of career
24 opportunities may be used.

25 (12) Coordination of services. The Department shall
26 identify methods to better coordinate service networks to

1 maximize resources and minimize duplication of services and
2 ease of application.

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

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

20 (15) Medicaid nursing home cost containment and Medicare
21 utilization. The Department of Healthcare and Family Services
22 (formerly Department of Public Aid), in collaboration with the
23 Department on Aging and the Department of Public Health and in
24 consultation with the Advisory Committee, shall propose a plan
25 to contain Medicaid nursing home costs and maximize Medicare
26 utilization. The plan must not impair the ability of an older

1 adult to choose among available services. The plan shall
2 include, but not be limited to, (i) techniques to maximize the
3 use of the most cost-effective services without sacrificing
4 quality and (ii) methods to identify and serve older adults in
5 need of minimal services to remain independent, but who are
6 likely to develop a need for more extensive services in the
7 absence of those minimal services.

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

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

1 (A) private long-term care insurance coverage for
2 older adult services;

3 (B) enhancement of federal long-term care financing
4 initiatives;

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

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

8 (E) strategies to reduce reliance on government
9 programs;

10 (F) fraudulent asset divestiture and financial
11 planning prevention; and

12 (G) methods to supplement and support family and
13 community caregiving.

14 (18) Older Adult Services Demonstration Grants. The
15 Department shall implement a program of demonstration grants
16 that will assist in the restructuring of the older adult
17 services delivery system, and shall provide funding for
18 innovative service delivery models and system change and
19 integration initiatives pursuant to subsection (g) of Section
20 20.

21 (19) Bed need methodology update. For the purposes of
22 determining areas with excess beds, the Departments shall
23 provide information and assistance to the Health Facilities
24 Planning Board to update the Bed Need Methodology for Long-Term
25 Care to update the assumptions used to establish the
26 methodology to make them consistent with modern older adult

1 services.

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

7 The Older Adult Services Advisory Committee shall
8 investigate innovative and promising practices operating as
9 demonstration or pilot projects in Illinois and in other
10 states. The Department on Aging shall provide the Older Adult
11 Services Advisory Committee with a list of all demonstration or
12 pilot projects funded by the Department on Aging, including
13 those specified by rule, law, policy memorandum, or funding
14 arrangement. The Committee shall work with the Department on
15 Aging to evaluate the viability of expanding these programs
16 into other areas of the State.

17 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;
18 94-766, eff. 1-1-07.)"; and

19 on page 1, line 5, by changing "Section 5." to "Section 15.";
20 and

21 on page 1, after line 6, by inserting the following:

22 "Section 95. No acceleration or delay. Where this Act makes
23 changes in a statute that is represented in this Act by text

1 that is not yet or no longer in effect (for example, a Section
2 represented by multiple versions), the use of that text does
3 not accelerate or delay the taking effect of (i) the changes
4 made by this Act or (ii) provisions derived from any other
5 Public Act.

6 Section 99. Effective date. This Act takes effect upon
7 becoming law.".