

95TH GENERAL ASSEMBLY State of Illinois 2007 and 2008 SB0595

Introduced 2/8/2007, by Sen. David Koehler

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02 20 ILCS 105/4.08 new from Ch. 23, par. 6104.02

Amends the Illinois Act on the Aging. Adds medication management to a program of services that the Department on Aging shall establish to prevent unnecessary institutionalization of persons age 60 and older in need of long term care. Provides that the Department shall establish a program to assist persons 60 years of age or older in managing their medications through agreements with local case coordination units. Requires the Department to establish guidelines and standards for the program by rule. Defines "licensed health care professional". Provides guidelines for the program. Effective immediately.

LRB095 09779 CMK 29989 b

FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning State government.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Illinois Act on the Aging is amended by changing Section 4.02 and by adding Section 4.08 as follows:

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

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

- (a) home health services;
- 18 (b) home nursing services;
- 19 (c) homemaker services;
- 20 (d) chore and housekeeping services;
- 21 (e) adult day services;
- 22 (f) home-delivered meals;
- 23 (q) education in self-care;

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	(h)	personal	care	services;

- 2 (i) adult day health services;
 - (j) habilitation services;
- (k) respite care;
- (k-5) community reintegration services;
- 6 (1) other nonmedical social services that may enable 7 the person to become self-supporting; or

(m) medication management; or

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

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

Beginning July 1, 2002, the Department shall require as a condition of eligibility that all financially eligible

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applicants and recipients apply for medical assistance under
Article V of the Illinois Public Aid Code in accordance with
rules promulgated by the Department.

The Department shall, in conjunction with the Department of Public Aid (now Department of Healthcare and Family Services), seek appropriate amendments under Sections 1915 and 1924 of the Social Security Act. The purpose of the amendments shall be to extend eligibility for home and community based services under Sections 1915 and 1924 of the Social Security Act to persons who transfer to or for the benefit of a spouse those amounts of income and resources allowed under Section 1924 of the Social Security Act. Subject to the approval of such amendments, the Department shall extend the provisions of Section 5-4 of the Illinois Public Aid Code to persons who, but for the provision of home or community-based services, would require the level of care provided in an institution, as is provided for in federal law. Those persons no longer found to be eliqible for receiving noninstitutional services due to changes in the eligibility criteria shall be given 60 days notice prior to actual termination. Those persons receiving notice of termination may the Department and request the determination be contact appealed at any time during the 60 day notice period. With the exception of the lengthened notice and time frame for the appeal request, the appeal process shall follow the normal procedure. In addition, each person affected regardless of the circumstances for discontinued eligibility shall be given

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notice and the opportunity to purchase the necessary services through the Community Care Program. If the individual does not elect to purchase services, the Department shall advise the individual of alternative services. The target population identified for the purposes of this Section are persons age 60 and older with an identified service need. Priority shall be to those who at imminent risk of are institutionalization. The services shall be provided eligible persons age 60 and older to the extent that the cost of the services together with the other personal maintenance expenses of the persons are reasonably related to the standards established for care in a group facility appropriate to the person's condition. These non-institutional services, pilot projects or experimental facilities may be provided as part of or in addition to those authorized by federal law or those funded and administered by the Department of Human Services. The Departments of Human Services, Healthcare and Family Services, Public Health, Veterans' Affairs, and Commerce and Economic Opportunity and other appropriate agencies of State, federal and local governments shall cooperate with the Department on Aging in the establishment and development of the non-institutional services. The Department shall require an annual audit from all chore/housekeeping and homemaker vendors contracting with the Department under this Section. The annual audit shall assure that each audited vendor's procedures are in compliance with Department's financial reporting guidelines

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

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

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

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- 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.

Department, or the Department's authorized representative, shall recover the amount of moneys expended for services provided to or in behalf of a person under this Section by a claim against the person's estate or against the estate of the person's surviving spouse, but no recovery may be had until after the death of the surviving spouse, if any, and then only at such time when there is no surviving child who is under age 21, blind, or permanently and totally disabled. This paragraph, however, shall not bar recovery, at the death of the person, of moneys for services provided to the person or in behalf of the person under this Section to which the person was not entitled; provided that such recovery shall not be enforced against any real estate while it is occupied as a homestead by the surviving spouse or other dependent, if no claims by other creditors have been filed against the estate, or, if such claims have been filed, they remain dormant for failure of prosecution or failure of the claimant to compel administration of the estate for the purpose of payment. This paragraph shall not bar recovery from the estate of a spouse, under Sections 1915 and 1924 of the Social Security Act and Section 5-4 of the Illinois Public Aid Code, who precedes a person receiving services under this Section in death. All moneys for services

paid to or in behalf of the person under this Section shall be claimed for recovery from the deceased spouse's estate. "Homestead", as used in this paragraph, means the dwelling house and contiguous real estate occupied by a surviving spouse or relative, as defined by the rules and regulations of the

Department of Healthcare and Family Services, regardless of the

value of the property.

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

Beginning on the effective date of this Amendatory Act of 1991, no person may perform chore/housekeeping and homemaker services under a program authorized by this Section unless that person has been issued a certificate of pre-service to do so by his or her employing agency. Information gathered to effect such certification shall include (i) the person's name, (ii) the date the person was hired by his or her current employer, and (iii) the training, including dates and levels. Persons engaged in the program authorized by this Section before the effective date of this amendatory Act of 1991 shall be issued a certificate of all pre- and in-service training from his or her employer upon submitting the necessary information. The

employing agency shall be required to retain records of all staff pre- and in-service training, and shall provide such records to the Department upon request and upon termination of the employer's contract with the Department. In addition, the employing agency is responsible for the issuance of certifications of in-service training completed to their employees.

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

The Community Care Program Advisory Committee is created in the Department on Aging. The Director shall appoint individuals to serve in the Committee, who shall serve at their own expense. Members of the Committee must abide by all applicable ethics laws. The Committee shall advise the Department on issues related to the Department's program of services to prevent unnecessary institutionalization. The Committee shall meet on a bi-monthly basis and shall serve to identify and advise the Department on present and potential issues affecting the service delivery network, the program's clients, and the

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- 2 appointed to the Committee shall be appointed on, but not
- 3 limited to, their own and their agency's experience with the
- 4 program, geographic representation, and willingness to serve.
- 5 The Committee shall include, but not be limited to,
- 6 representatives from the following agencies and organizations:
 - (a) at least 4 adult day service representatives;
- 8 (b) at least 4 case coordination unit representatives;
- 9 (c) at least 4 representatives from in-home direct care service agencies;
 - (d) at least 2 representatives of statewide trade or labor unions that represent in-home direct care service staff:
 - (e) at least 2 representatives of Area Agencies on Aging;
 - (f) at least 2 non-provider representatives from a policy, advocacy, research, or other service organization;
 - (g) at least 2 representatives from a statewide membership organization for senior citizens; and
- 20 (h) at least 2 citizen members 60 years of age or 21 older.

Nominations may be presented from any agency or State association with interest in the program. The Director, or his or her designee, shall serve as the permanent co-chair of the advisory committee. One other co-chair shall be nominated and approved by the members of the committee on an annual basis.

Committee members' terms of appointment shall be for 4 years with one-quarter of the appointees' terms expiring each year. At no time may a member serve more than one consecutive term in any capacity on the committee. The Department shall fill vacancies that have a remaining term of over one year, and this replacement shall occur through the annual replacement of expiring terms. The Director shall designate Department staff to provide technical assistance and staff support to the committee. Department representation shall not constitute membership of the committee. All Committee papers, issues, recommendations, reports, and meeting memoranda are advisory only. The Director, or his or her designee, shall make a written report, as requested by the Committee, regarding issues before the Committee.

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

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report with the Speaker, the Minority Leader and the Clerk of the House of Representatives and the President, the Minority Leader and the Secretary of the Senate and the Legislative Research Unit, as required by Section 3.1 of the General Assembly Organization Act and filing such additional copies with the State Government

- 1 Report Distribution Center for the General Assembly as is
- 2 required under paragraph (t) of Section 7 of the State Library
- 3 Act.
- 4 Those persons previously found eligible for receiving
- 5 non-institutional services whose services were discontinued
- 6 under the Emergency Budget Act of Fiscal Year 1992, and who do
- 7 not meet the eligibility standards in effect on or after July
- 8 1, 1992, shall remain ineligible on and after July 1, 1992.
- 9 Those persons previously not required to cost-share and who
- 10 were required to cost-share effective March 1, 1992, shall
- 11 continue to meet cost-share requirements on and after July 1,
- 12 1992. Beginning July 1, 1992, all clients will be required to
- meet eligibility, cost-share, and other requirements and will
- 14 have services discontinued or altered when they fail to meet
- 15 these requirements.
- 16 (Source: P.A. 93-85, eff. 1-1-04; 93-902, eff. 8-10-04; 94-48,
- 17 eff. 7-1-05; 94-269, eff. 7-19-05; 94-336, eff. 7-26-05;
- 18 94-954, eff. 6-27-06.)
- 19 (20 ILCS 105/4.08 new)
- Sec. 4.08. Medication management program. The Department
- shall establish a program to assist persons 60 years of age or
- 22 older in managing their medications through agreements with
- local case coordination units. The Department shall establish
- 24 guidelines and standards for the program by rule. The program
- 25 may include but not be limited to the use of a licensed health

- care professional to provide such services as medication
 reminders, medication monitoring, medication set-up, and
 storage of medication. The licensed health care professional
 may also interface with the client's caregivers, pharmacist,
 and physicians. For the purposes of this Section, "licensed
 health care professional" means a registered professional
 nurse, an advanced practice nurse, or a physician assistant.
- Section 99. Effective date. This Act takes effect upon becoming law.