



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB0326

Introduced 2/6/2009, by Sen. William Delgado

SYNOPSIS AS INTRODUCED:

320 ILCS 42/25

Amends the Older Adult Services Act. In provisions concerning the development of a plan to restructure the State's service delivery system for older adults, provides that the Department on Aging and the Departments of Public Health and Healthcare and Family Services shall develop the plan no later than September 30, 2010. Provides that the plan shall protect the rights of all older Illinoisans to services based on their health circumstances and functioning level, regardless of whether they receive their care in their homes, in a community setting, or in a residential facility. Provides that financing for older adult services shall take into account individual preference but shall not jeopardize the health, safety, or level of care of nursing home residents. Effective immediately.

LRB096 03655 DRJ 13683 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning aging.

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

4 Section 5. The Older Adult Services Act is amended by
5 changing Section 25 as follows:

6 (320 ILCS 42/25)

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

14 (1) Planning. The Department on Aging and the Departments
15 of Public Health and Healthcare and Family Services shall
16 develop a plan to restructure the State's service delivery
17 system for older adults pursuant to this Act no later than
18 September 30, 2010. The plan shall include a schedule for the
19 implementation of the initiatives outlined in this Act and all
20 other initiatives identified by the participating agencies to
21 fulfill the purposes of this Act and shall protect the rights
22 of all older Illinoisans to services based on their health
23 circumstances and functioning level, regardless of whether

1 they receive their care in their homes, in a community setting,
2 or in a residential facility. Financing for older adult
3 services shall be based on the principle that "money follows
4 the individual" taking into account individual preference, but
5 shall not jeopardize the health, safety, or level of care of
6 nursing home residents. The plan shall also identify potential
7 impediments to delivery system restructuring and include any
8 known regulatory or statutory barriers.

9 (2) Comprehensive case management. The Department shall
10 implement a statewide system of holistic comprehensive case
11 management. The system shall include the identification and
12 implementation of a universal, comprehensive assessment tool
13 to be used statewide to determine the level of functional,
14 cognitive, socialization, and financial needs of older adults.
15 This tool shall be supported by an electronic intake,
16 assessment, and care planning system linked to a central
17 location. "Comprehensive case management" includes services
18 and coordination such as (i) comprehensive assessment of the
19 older adult (including the physical, functional, cognitive,
20 psycho-social, and social needs of the individual); (ii)
21 development and implementation of a service plan with the older
22 adult to mobilize the formal and family resources and services
23 identified in the assessment to meet the needs of the older
24 adult, including coordination of the resources and services
25 with any other plans that exist for various formal services,
26 such as hospital discharge plans, and with the information and

1 assistance services; (iii) coordination and monitoring of
2 formal and family service delivery, including coordination and
3 monitoring to ensure that services specified in the plan are
4 being provided; (iv) periodic reassessment and revision of the
5 status of the older adult with the older adult or, if
6 necessary, the older adult's designated representative; and
7 (v) in accordance with the wishes of the older adult, advocacy
8 on behalf of the older adult for needed services or resources.

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

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

17 (5) Expansion of older adult services. The Department shall
18 expand older adult services that promote independence and
19 permit older adults to remain in their own homes and
20 communities.

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

25 (7) Comprehensive delivery system. The Department shall
26 expand opportunities for older adults to receive services in

1 systems that integrate acute and chronic care.

2 (8) Enhanced transition and follow-up services. The
3 Department shall implement a program of transition from one
4 residential setting to another and follow-up services,
5 regardless of residential setting, pursuant to rules with
6 respect to (i) resident eligibility, (ii) assessment of the
7 resident's health, cognitive, social, and financial needs,
8 (iii) development of transition plans, and (iv) the level of
9 services that must be available before transitioning a resident
10 from one setting to another.

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

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

23 (11) Workforce. The Department shall develop strategies to
24 attract and retain a qualified and stable worker pool, provide
25 living wages and benefits, and create a work environment that
26 is conducive to long-term employment and career development.

1 Resources such as grants, education, and promotion of career
2 opportunities may be used.

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

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

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

24 (15) Medicaid nursing home cost containment and Medicare
25 utilization. The Department of Healthcare and Family Services
26 (formerly Department of Public Aid), in collaboration with the

1 Department on Aging and the Department of Public Health and in
2 consultation with the Advisory Committee, shall propose a plan
3 to contain Medicaid nursing home costs and maximize Medicare
4 utilization. The plan must not impair the ability of an older
5 adult to choose among available services. The plan shall
6 include, but not be limited to, (i) techniques to maximize the
7 use of the most cost-effective services without sacrificing
8 quality and (ii) methods to identify and serve older adults in
9 need of minimal services to remain independent, but who are
10 likely to develop a need for more extensive services in the
11 absence of those minimal services.

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

26 (17) Financing. The Department shall investigate and

1 evaluate financing options for older adult services and shall
2 make recommendations in the report required by Section 15
3 concerning the feasibility of these financing arrangements.
4 These arrangements shall include, but are not limited to:

5 (A) private long-term care insurance coverage for
6 older adult services;

7 (B) enhancement of federal long-term care financing
8 initiatives;

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

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

12 (E) strategies to reduce reliance on government
13 programs;

14 (F) fraudulent asset divestiture and financial
15 planning prevention; and

16 (G) methods to supplement and support family and
17 community caregiving.

18 (18) Older Adult Services Demonstration Grants. The
19 Department shall implement a program of demonstration grants
20 that will assist in the restructuring of the older adult
21 services delivery system, and shall provide funding for
22 innovative service delivery models and system change and
23 integration initiatives pursuant to subsection (g) of Section
24 20.

25 (19) Bed need methodology update. For the purposes of
26 determining areas with excess beds, the Departments shall

1 provide information and assistance to the Health Facilities
2 Planning Board to update the Bed Need Methodology for Long-Term
3 Care to update the assumptions used to establish the
4 methodology to make them consistent with modern older adult
5 services.

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

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

21 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;
22 94-766, eff. 1-1-07.)

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.