

1 AN ACT concerning public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 12-4.48 as follows:

6 (305 ILCS 5/12-4.48)

7 Sec. 12-4.48 ~~12-4.47~~. Long-Term Services and Supports  
8 Disparities Task Force.

9 (a) The Department of Healthcare and Family Services shall  
10 establish a Long-Term Services and Supports Disparities Task  
11 Force.

12 (b) Members of the Task Force shall be appointed by the  
13 Director of the Department of Healthcare and Family Services  
14 and shall include representatives of the following agencies,  
15 organizations, or groups:

16 (1) The Governor's office.

17 (2) The Department of Healthcare and Family Services.

18 (3) The Department of Human Services.

19 (4) The Department on Aging.

20 (5) The Department of Human Rights.

21 (6) Area Agencies on Aging.

22 (7) The Department of Public Health.

23 (8) Managed Care Plans.

1           (9) The for-profit urban nursing home or assisted  
2 living industry.

3           (10) The for-profit rural nursing home or assisted  
4 living industry.

5           (11) The not-for-profit nursing home or assisted  
6 living industry.

7           (12) The home care association or home care industry.

8           (13) The adult day care association or adult day care  
9 industry.

10          (14) An association representing workers who provide  
11 long-term services and supports.

12          (15) A representative of providers that serve the  
13 predominantly ethnic minority populations.

14          (16) Case Management Organizations.

15          (17) Three consumer representatives which may include  
16 a consumer of long-term services and supports or an  
17 individual who advocates for such consumers. For purposes  
18 of this provision, "consumer representative" means a  
19 person who is not an elected official and who has no  
20 financial interest in a health or long-term care delivery  
21 system.

22          (c) The Task Force shall not meet unless all consumer  
23 representative positions are filled. The Task Force shall  
24 reflect diversity in race, ethnicity, and gender.

25          (d) The Chair of the Task Force shall be appointed by the  
26 Director of the Department of Healthcare and Family Services.

1           (e) The Director of the Department of Healthcare and Family  
2 Services shall assign appropriate staff and resources to  
3 support the efforts of the Task Force. The Task Force shall  
4 meet as often as necessary but not less than 4 times per  
5 calendar year.

6           (f) The Task Force shall promote and facilitate  
7 communication, coordination, and collaboration among relevant  
8 State agencies and communities of color, limited  
9 English-speaking communities, and the private and public  
10 entities providing services to those communities.

11           (g) The Task Force shall do all of the following:

12           (1) Document the number and types of Long-Term Services  
13 and Supports (LTSS) providers in the State and the number  
14 of clients served in each setting.

15           (2) Document the number and racial profiles of  
16 residents using LTSS, including, but not limited to,  
17 residential nursing facilities, assisted living  
18 facilities, adult day care, home health services, and other  
19 home and community based long-term care services.

20           (3) Document the number and profiles of family or  
21 informal caregivers who provide care for minority elders.

22           (4) Compare data over multiple years to identify trends  
23 in the delivery of LTSS for each racial or ethnic category  
24 including: Alaskan Native or American Indian, Asian or  
25 Pacific Islander, black or African American, Hispanic, or  
26 white.

1           (5) Identify any racial disparities in the provision of  
2           care in various LTSS settings and determine factors that  
3           might influence the disparities found.

4           (6) Identify any disparities uniquely experienced in  
5           metropolitan or rural areas and make recommendations to  
6           address these areas.

7           (7) Assess whether the LTSS industry, including  
8           managed care plans and independent providers, is equipped  
9           to offer culturally sensitive, competent, and  
10          linguistically appropriate care to meet the needs of a  
11          diverse aging population and their informal and formal  
12          caregivers.

13          (8) Consider whether to recommend that the State  
14          require all home and community based services as a  
15          condition of licensure to report data similar to that  
16          gathered under the Minimum Data Set and required when a new  
17          resident is admitted to a nursing home.

18          (9) Identify and prioritize recommendations for  
19          actions to be taken by the State to address disparity  
20          issues identified in the course of these studies.

21          (10) Monitor the progress of the State in eliminating  
22          racial disparities in the delivery of LTSS.

23          (h) The Task Force shall conduct public hearings,  
24          inquiries, studies, and other forms of information gathering to  
25          identify how the actions of State government contribute to or  
26          reduce racial disparities in long-term care settings.

1           (i) The Task Force shall report its findings and  
2 recommendations to the Governor and the General Assembly no  
3 later than 2 years ~~one year~~ after the effective date of this  
4 amendatory Act of the 98th General Assembly. Annual reports  
5 shall be issued every year thereafter and shall include  
6 documentation of progress made to eliminate disparities in  
7 long-term care service settings.

8           (Source: P.A. 98-825, eff. 8-1-14; revised 10-14-14.)