

1 AN ACT in relation to long-term care planning.

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

4 ARTICLE 1. General Provisions

5 Section 1-1. Short title. This Act may be cited as the
6 Long-Term Care Planning Strategy Act.

7 Section 1-5. Purpose. This Act is created to achieve a
8 broad awareness and use of alternatives to nursing homes to
9 serve the increased number of people needing long-term care.

10 ARTICLE 5. Long-Term Care Planning Committee

11 Section 5-5. Long-term care planning committee. The
12 Director of Aging shall establish, by July 1, 2002, a
13 long-term care planning committee which shall consist of the
14 following members: the Director of Aging, or his or her
15 designee, who shall chair and convene the committee; the
16 Director of Public Health or his or her designee; an owner of
17 a long-term care facility, who shall be appointed to the
18 committee by the Director of Public Health; a representative
19 of the American Association of Retired Persons, who shall be
20 appointed to the committee by the Director of Aging; and a
21 representative of Area Agencies on Aging, who shall be
22 appointed to the committee by the Director of Aging. The
23 committee may utilize the expertise and time of other
24 individuals employed by the Department as needed. The
25 committee shall meet as often as necessary to accomplish its
26 duties, but at least quarterly. The committee shall
27 establish procedures, including public hearings, for allowing
28 regular opportunities for input from consumers of long-term

1 care services, family caregivers, advocates, trade
2 associations, facility administrators, county agency
3 administrators, and other interested persons.

4 Section 5-10. Duties. The committee shall identify
5 long-term care issues requiring coordinated policies and
6 shall conduct analyses, coordinate policy development, and
7 make recommendations for effective implementation of these
8 policies. The committee shall refine State long-term goals,
9 establish performance indicators, and develop other methods
10 or measures to evaluate program performance, including client
11 outcomes. The committee shall review the effectiveness of
12 programs in meeting their objectives.

13 The committee shall also do the following:

14 (1) Evaluate the effectiveness of Area Agencies on
15 Aging in planning and coordinating regional and local
16 services.

17 (2) Evaluate the effectiveness of regional or local
18 points of access for persons seeking information on
19 long-term care services.

20 (3) Recommend changes in State funding and
21 administrative policies that are necessary to maximize
22 the use of home and community-based care and that promote
23 the use of the least costly alternative without
24 sacrificing quality of care.

25 (4) Develop methods of identifying and serving
26 seniors who need minimal services to remain independent
27 but who are likely to develop a need for more extensive
28 services in the absence of these minimal services.

29 (5) Develop and implement strategies for
30 advocating, promoting, and developing long-term care
31 insurance, and encourage insurance companies to offer
32 long-term care insurance policies that are affordable and
33 offer a wide range of benefits.

1 Section 5-15. Goals of the committee. The long-term
2 goals of the committee include the following:

3 (1) Achieve a broad awareness and use of low-cost
4 home care and other residential alternatives to nursing
5 homes.

6 (2) Strengthen the statewide system of information
7 and assistance to enable easy access to long-term care
8 services.

9 (3) Develop sufficient alternatives to nursing
10 homes to serve the increased number of people needing
11 long-term care.

12 These goals are designed to create a new community-based
13 care paradigm for long-term care in order to maximize
14 independence of the older adult population and ensure the
15 cost-effective use of financial and human resources.

16 Section 5-20. Reports. The committee shall prepare a
17 biennial report and the chair shall deliver this report to
18 the legislature beginning January 31, 2003, listing progress,
19 achievements, and current goals and objectives. The chair
20 shall recommend changes in, or additions to, legislation
21 necessary or desirable to fulfill their responsibilities.

22 Section 5-25. Data. The committee shall have access to
23 data from the Illinois Department of Public Aid, the
24 Department of Public Health, the Department of Human
25 Services, the Department of Insurance, and the Department on
26 Aging for carrying out its duties under this Act. The
27 committee may have access to data on persons, including data
28 on vendors of services, to carry out the purposes of this
29 Act. If the committee receives data that is collected,
30 maintained, used, or disseminated in an investigation,
31 authorized by statute and relating to enforcement of rules or
32 law, the committee or the chair shall not disclose that

1 information except under statute or valid court order, or to
2 a party named in a civil or criminal proceeding,
3 administrative or judicial, for preparation of defense.

4 Data described in this subsection is classified as public
5 data upon its submission to an administrative law judge or
6 court in an administrative or judicial proceeding.

7 Section 5-30. Long-term care research and database. The
8 committee shall collect and analyze State and national
9 long-term care data and research, including relevant health
10 data, information, and research relating to long-term care
11 and social needs, service utilization, costs, and client
12 outcomes. The committee shall make recommendations to State
13 agencies and other public and private agencies for methods of
14 improving coordination of existing data, develop data needed
15 for long-term care research, and promote new research
16 activities. Research and data activities shall be designed
17 to accomplish the following:

18 (1) Improve the validity and reliability of existing
19 data and research information.

20 (2) Identify sources of funding and potential uses of
21 funding sources.

22 (3) Evaluate the effectiveness and client outcomes of
23 existing programs.

24 (4) Identify and plan for future changes in the number,
25 level, and type of services needed by seniors.