



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB4919

Introduced 2/7/2024, by Rep. Marcus C. Evans, Jr.

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

Amends the Illinois Act on the Aging. In a provision requiring the Department on Aging to require an annual audit from all personal assistant and home care aide vendors contracting with the Department, provides that the annual audit shall assure that each audited vendor's procedures are in compliance with the Department's financial reporting guidelines requiring an 80% or higher employee wage and benefits cost split and an administrative cost split of no more than 20% (rather than an administrative and employee wage and benefits cost split as defined in administrative rules). Provides that subject to federal approval, on and after January 1, 2025, rates for homemaker services shall be increased to \$32.75 to sustain a minimum wage of \$20 per hour for direct service workers. Provides that rates in subsequent State fiscal years shall be no lower than \$32.75 upon federal approval. Requires providers of in-home services to be required to certify to the Department that they remain in compliance with the mandated wage increase for direct service workers. Provides that fringe benefits, including, but not limited to, paid time off and payment for training, health insurance, travel, or transportation, shall not be reduced in relation to the rate increases. Provides that subject to federal approval, on and after January 1, 2025, the Department shall pay a rate add-on under the Community Care Program to those in-home service provider agencies that attest and document their direct service workers attend paid, quarterly, in-person training sessions to fulfill the in-service training requirements. Provides that the add-on shall be 1% of the homemaker services rate. Requires the Department to adopt rules.

LRB103 37397 KTG 67519 b

1 AN ACT concerning State government.

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

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

6 (20 ILCS 105/4.02)

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

- 18 (a) (blank);
19 (b) (blank);
20 (c) home care aide services;
21 (d) personal assistant services;
22 (e) adult day services;
23 (f) home-delivered meals;

- 1 (g) education in self-care;
2 (h) personal care services;
3 (i) adult day health services;
4 (j) habilitation services;
5 (k) respite care;
6 (k-5) community reintegration services;
7 (k-6) flexible senior services;
8 (k-7) medication management;
9 (k-8) emergency home response;
10 (l) other nonmedical social services that may enable
11 the person to become self-supporting; or
12 (m) clearinghouse for information provided by senior
13 citizen home owners who want to rent rooms to or share
14 living space with other senior citizens.

15 The Department shall establish eligibility standards for
16 such services. In determining the amount and nature of
17 services for which a person may qualify, consideration shall
18 not be given to the value of cash, property, or other assets
19 held in the name of the person's spouse pursuant to a written
20 agreement dividing marital property into equal but separate
21 shares or pursuant to a transfer of the person's interest in a
22 home to his spouse, provided that the spouse's share of the
23 marital property is not made available to the person seeking
24 such services.

25 Beginning January 1, 2008, the Department shall require as
26 a condition of eligibility that all new financially eligible

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

4 The Department shall, in conjunction with the Department
5 of Public Aid (now Department of Healthcare and Family
6 Services), seek appropriate amendments under Sections 1915 and
7 1924 of the Social Security Act. The purpose of the amendments
8 shall be to extend eligibility for home and community based
9 services under Sections 1915 and 1924 of the Social Security
10 Act to persons who transfer to or for the benefit of a spouse
11 those amounts of income and resources allowed under Section
12 1924 of the Social Security Act. Subject to the approval of
13 such amendments, the Department shall extend the provisions of
14 Section 5-4 of the Illinois Public Aid Code to persons who, but
15 for the provision of home or community-based services, would
16 require the level of care provided in an institution, as is
17 provided for in federal law. Those persons no longer found to
18 be eligible for receiving noninstitutional services due to
19 changes in the eligibility criteria shall be given 45 days
20 notice prior to actual termination. Those persons receiving
21 notice of termination may contact the Department and request
22 the determination be appealed at any time during the 45 day
23 notice period. The target population identified for the
24 purposes of this Section are persons age 60 and older with an
25 identified service need. Priority shall be given to those who
26 are at imminent risk of institutionalization. The services

1 shall be provided to eligible persons age 60 and older to the
2 extent that the cost of the services together with the other
3 personal maintenance expenses of the persons are reasonably
4 related to the standards established for care in a group
5 facility appropriate to the person's condition. These
6 non-institutional services, pilot projects, or experimental
7 facilities may be provided as part of or in addition to those
8 authorized by federal law or those funded and administered by
9 the Department of Human Services. The Departments of Human
10 Services, Healthcare and Family Services, Public Health,
11 Veterans' Affairs, and Commerce and Economic Opportunity and
12 other appropriate agencies of State, federal, and local
13 governments shall cooperate with the Department on Aging in
14 the establishment and development of the non-institutional
15 services. The Department shall require an annual audit from
16 all personal assistant and home care aide vendors contracting
17 with the Department under this Section. The annual audit shall
18 assure that each audited vendor's procedures are in compliance
19 with the Department's financial reporting guidelines requiring
20 an 80% or higher employee wage and benefits cost split and an
21 administrative cost split of no more than 20% ~~an~~
22 ~~administrative and employee wage and benefits cost split as~~
23 ~~defined in administrative rules.~~ The audit is a public record
24 under the Freedom of Information Act. The Department shall
25 execute, relative to the nursing home prescreening project,
26 written inter-agency agreements with the Department of Human

1 Services and the Department of Healthcare and Family Services,
2 to effect the following: (1) intake procedures and common
3 eligibility criteria for those persons who are receiving
4 non-institutional services; and (2) the establishment and
5 development of non-institutional services in areas of the
6 State where they are not currently available or are
7 undeveloped. On and after July 1, 1996, all nursing home
8 prescreenings for individuals 60 years of age or older shall
9 be conducted by the Department.

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

16 The Department is authorized to establish a system of
17 recipient copayment for services provided under this Section,
18 such copayment to be based upon the recipient's ability to pay
19 but in no case to exceed the actual cost of the services
20 provided. Additionally, any portion of a person's income which
21 is equal to or less than the federal poverty standard shall not
22 be considered by the Department in determining the copayment.
23 The level of such copayment shall be adjusted whenever
24 necessary to reflect any change in the officially designated
25 federal poverty standard.

26 The Department, or the Department's authorized

1 representative, may recover the amount of moneys expended for
2 services provided to or in behalf of a person under this
3 Section by a claim against the person's estate or against the
4 estate of the person's surviving spouse, but no recovery may
5 be had until after the death of the surviving spouse, if any,
6 and then only at such time when there is no surviving child who
7 is under age 21 or blind or who has a permanent and total
8 disability. This paragraph, however, shall not bar recovery,
9 at the death of the person, of moneys for services provided to
10 the person or in behalf of the person under this Section to
11 which the person was not entitled; provided that such recovery
12 shall not be enforced against any real estate while it is
13 occupied as a homestead by the surviving spouse or other
14 dependent, if no claims by other creditors have been filed
15 against the estate, or, if such claims have been filed, they
16 remain dormant for failure of prosecution or failure of the
17 claimant to compel administration of the estate for the
18 purpose of payment. This paragraph shall not bar recovery from
19 the estate of a spouse, under Sections 1915 and 1924 of the
20 Social Security Act and Section 5-4 of the Illinois Public Aid
21 Code, who precedes a person receiving services under this
22 Section in death. All moneys for services paid to or in behalf
23 of the person under this Section shall be claimed for recovery
24 from the deceased spouse's estate. "Homestead", as used in
25 this paragraph, means the dwelling house and contiguous real
26 estate occupied by a surviving spouse or relative, as defined

1 by the rules and regulations of the Department of Healthcare
2 and Family Services, regardless of the value of the property.

3 The Department shall increase the effectiveness of the
4 existing Community Care Program by:

5 (1) ensuring that in-home services included in the
6 care plan are available on evenings and weekends;

7 (2) ensuring that care plans contain the services that
8 eligible participants need based on the number of days in
9 a month, not limited to specific blocks of time, as
10 identified by the comprehensive assessment tool selected
11 by the Department for use statewide, not to exceed the
12 total monthly service cost maximum allowed for each
13 service; the Department shall develop administrative rules
14 to implement this item (2);

15 (3) ensuring that the participants have the right to
16 choose the services contained in their care plan and to
17 direct how those services are provided, based on
18 administrative rules established by the Department;

19 (4) ensuring that the determination of need tool is
20 accurate in determining the participants' level of need;
21 to achieve this, the Department, in conjunction with the
22 Older Adult Services Advisory Committee, shall institute a
23 study of the relationship between the Determination of
24 Need scores, level of need, service cost maximums, and the
25 development and utilization of service plans no later than
26 May 1, 2008; findings and recommendations shall be

1 presented to the Governor and the General Assembly no
2 later than January 1, 2009; recommendations shall include
3 all needed changes to the service cost maximums schedule
4 and additional covered services;

5 (5) ensuring that homemakers can provide personal care
6 services that may or may not involve contact with clients,
7 including, but not limited to:

8 (A) bathing;

9 (B) grooming;

10 (C) toileting;

11 (D) nail care;

12 (E) transferring;

13 (F) respiratory services;

14 (G) exercise; or

15 (H) positioning;

16 (6) ensuring that homemaker program vendors are not
17 restricted from hiring homemakers who are family members
18 of clients or recommended by clients; the Department may
19 not, by rule or policy, require homemakers who are family
20 members of clients or recommended by clients to accept
21 assignments in homes other than the client;

22 (7) ensuring that the State may access maximum federal
23 matching funds by seeking approval for the Centers for
24 Medicare and Medicaid Services for modifications to the
25 State's home and community based services waiver and
26 additional waiver opportunities, including applying for

1 enrollment in the Balance Incentive Payment Program by May
2 1, 2013, in order to maximize federal matching funds; this
3 shall include, but not be limited to, modification that
4 reflects all changes in the Community Care Program
5 services and all increases in the services cost maximum;

6 (8) ensuring that the determination of need tool
7 accurately reflects the service needs of individuals with
8 Alzheimer's disease and related dementia disorders;

9 (9) ensuring that services are authorized accurately
10 and consistently for the Community Care Program (CCP); the
11 Department shall implement a Service Authorization policy
12 directive; the purpose shall be to ensure that eligibility
13 and services are authorized accurately and consistently in
14 the CCP program; the policy directive shall clarify
15 service authorization guidelines to Care Coordination
16 Units and Community Care Program providers no later than
17 May 1, 2013;

18 (10) working in conjunction with Care Coordination
19 Units, the Department of Healthcare and Family Services,
20 the Department of Human Services, Community Care Program
21 providers, and other stakeholders to make improvements to
22 the Medicaid claiming processes and the Medicaid
23 enrollment procedures or requirements as needed,
24 including, but not limited to, specific policy changes or
25 rules to improve the up-front enrollment of participants
26 in the Medicaid program and specific policy changes or

1 rules to insure more prompt submission of bills to the
2 federal government to secure maximum federal matching
3 dollars as promptly as possible; the Department on Aging
4 shall have at least 3 meetings with stakeholders by
5 January 1, 2014 in order to address these improvements;

6 (11) requiring home care service providers to comply
7 with the rounding of hours worked provisions under the
8 federal Fair Labor Standards Act (FLSA) and as set forth
9 in 29 CFR 785.48(b) by May 1, 2013;

10 (12) implementing any necessary policy changes or
11 promulgating any rules, no later than January 1, 2014, to
12 assist the Department of Healthcare and Family Services in
13 moving as many participants as possible, consistent with
14 federal regulations, into coordinated care plans if a care
15 coordination plan that covers long term care is available
16 in the recipient's area; and

17 (13) maintaining fiscal year 2014 rates at the same
18 level established on January 1, 2013.

19 By January 1, 2009 or as soon after the end of the Cash and
20 Counseling Demonstration Project as is practicable, the
21 Department may, based on its evaluation of the demonstration
22 project, promulgate rules concerning personal assistant
23 services, to include, but need not be limited to,
24 qualifications, employment screening, rights under fair labor
25 standards, training, fiduciary agent, and supervision
26 requirements. All applicants shall be subject to the

1 provisions of the Health Care Worker Background Check Act.

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

9 Beginning on September 23, 1991 (the effective date of
10 Public Act 87-729) ~~this amendatory Act of 1991~~, no person may
11 perform chore/housekeeping and home care aide services under a
12 program authorized by this Section unless that person has been
13 issued a certificate of pre-service to do so by his or her
14 employing agency. Information gathered to effect such
15 certification shall include (i) the person's name, (ii) the
16 date the person was hired by his or her current employer, and
17 (iii) the training, including dates and levels. Persons
18 engaged in the program authorized by this Section before the
19 effective date of this amendatory Act of 1991 shall be issued a
20 certificate of all pre-service ~~pre-~~ and in-service training
21 from his or her employer upon submitting the necessary
22 information. The employing agency shall be required to retain
23 records of all staff pre-service ~~pre-~~ and in-service training,
24 and shall provide such records to the Department upon request
25 and upon termination of the employer's contract with the
26 Department. In addition, the employing agency is responsible

1 for the issuance of certifications of in-service training
2 completed to their employees.

3 The Department is required to develop a system to ensure
4 that persons working as home care aides and personal
5 assistants receive increases in their wages when the federal
6 minimum wage is increased by requiring vendors to certify that
7 they are meeting the federal minimum wage statute for home
8 care aides and personal assistants. An employer that cannot
9 ensure that the minimum wage increase is being given to home
10 care aides and personal assistants shall be denied any
11 increase in reimbursement costs.

12 The Community Care Program Advisory Committee is created
13 in the Department on Aging. The Director shall appoint
14 individuals to serve in the Committee, who shall serve at
15 their own expense. Members of the Committee must abide by all
16 applicable ethics laws. The Committee shall advise the
17 Department on issues related to the Department's program of
18 services to prevent unnecessary institutionalization. The
19 Committee shall meet on a bi-monthly basis and shall serve to
20 identify and advise the Department on present and potential
21 issues affecting the service delivery network, the program's
22 clients, and the Department and to recommend solution
23 strategies. Persons appointed to the Committee shall be
24 appointed on, but not limited to, their own and their agency's
25 experience with the program, geographic representation, and
26 willingness to serve. The Director shall appoint members to

1 the Committee to represent provider, advocacy, policy
2 research, and other constituencies committed to the delivery
3 of high quality home and community-based services to older
4 adults. Representatives shall be appointed to ensure
5 representation from community care providers, including, but
6 not limited to, adult day service providers, homemaker
7 providers, case coordination and case management units,
8 emergency home response providers, statewide trade or labor
9 unions that represent home care aides and direct care staff,
10 area agencies on aging, adults over age 60, membership
11 organizations representing older adults, and other
12 organizational entities, providers of care, or individuals
13 with demonstrated interest and expertise in the field of home
14 and community care as determined by the Director.

15 Nominations may be presented from any agency or State
16 association with interest in the program. The Director, or his
17 or her designee, shall serve as the permanent co-chair of the
18 advisory committee. One other co-chair shall be nominated and
19 approved by the members of the committee on an annual basis.
20 Committee members' terms of appointment shall be for 4 years
21 with one-quarter of the appointees' terms expiring each year.
22 A member shall continue to serve until his or her replacement
23 is named. The Department shall fill vacancies that have a
24 remaining term of over one year, and this replacement shall
25 occur through the annual replacement of expiring terms. The
26 Director shall designate Department staff to provide technical

1 assistance and staff support to the committee. Department
2 representation shall not constitute membership of the
3 committee. All Committee papers, issues, recommendations,
4 reports, and meeting memoranda are advisory only. The
5 Director, or his or her designee, shall make a written report,
6 as requested by the Committee, regarding issues before the
7 Committee.

8 The Department on Aging and the Department of Human
9 Services shall cooperate in the development and submission of
10 an annual report on programs and services provided under this
11 Section. Such joint report shall be filed with the Governor
12 and the General Assembly on or before March 31 of the following
13 fiscal year.

14 The requirement for reporting to the General Assembly
15 shall be satisfied by filing copies of the report as required
16 by Section 3.1 of the General Assembly Organization Act and
17 filing such additional copies with the State Government Report
18 Distribution Center for the General Assembly as is required
19 under paragraph (t) of Section 7 of the State Library Act.

20 Those persons previously found eligible for receiving
21 non-institutional services whose services were discontinued
22 under the Emergency Budget Act of Fiscal Year 1992, and who do
23 not meet the eligibility standards in effect on or after July
24 1, 1992, shall remain ineligible on and after July 1, 1992.
25 Those persons previously not required to cost-share and who
26 were required to cost-share effective March 1, 1992, shall

1 continue to meet cost-share requirements on and after July 1,
2 1992. Beginning July 1, 1992, all clients will be required to
3 meet eligibility, cost-share, and other requirements and will
4 have services discontinued or altered when they fail to meet
5 these requirements.

6 For the purposes of this Section, "flexible senior
7 services" refers to services that require one-time or periodic
8 expenditures, including, but not limited to, respite care,
9 home modification, assistive technology, housing assistance,
10 and transportation.

11 The Department shall implement an electronic service
12 verification based on global positioning systems or other
13 cost-effective technology for the Community Care Program no
14 later than January 1, 2014.

15 The Department shall require, as a condition of
16 eligibility, enrollment in the medical assistance program
17 under Article V of the Illinois Public Aid Code (i) beginning
18 August 1, 2013, if the Auditor General has reported that the
19 Department has failed to comply with the reporting
20 requirements of Section 2-27 of the Illinois State Auditing
21 Act; or (ii) beginning June 1, 2014, if the Auditor General has
22 reported that the Department has not undertaken the required
23 actions listed in the report required by subsection (a) of
24 Section 2-27 of the Illinois State Auditing Act.

25 The Department shall delay Community Care Program services
26 until an applicant is determined eligible for medical

1 assistance under Article V of the Illinois Public Aid Code (i)
2 beginning August 1, 2013, if the Auditor General has reported
3 that the Department has failed to comply with the reporting
4 requirements of Section 2-27 of the Illinois State Auditing
5 Act; or (ii) beginning June 1, 2014, if the Auditor General has
6 reported that the Department has not undertaken the required
7 actions listed in the report required by subsection (a) of
8 Section 2-27 of the Illinois State Auditing Act.

9 The Department shall implement co-payments for the
10 Community Care Program at the federally allowable maximum
11 level (i) beginning August 1, 2013, if the Auditor General has
12 reported that the Department has failed to comply with the
13 reporting requirements of Section 2-27 of the Illinois State
14 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor
15 General has reported that the Department has not undertaken
16 the required actions listed in the report required by
17 subsection (a) of Section 2-27 of the Illinois State Auditing
18 Act.

19 The Department shall continue to provide other Community
20 Care Program reports as required by statute.

21 The Department shall conduct a quarterly review of Care
22 Coordination Unit performance and adherence to service
23 guidelines. The quarterly review shall be reported to the
24 Speaker of the House of Representatives, the Minority Leader
25 of the House of Representatives, the President of the Senate,
26 and the Minority Leader of the Senate. The Department shall

1 collect and report longitudinal data on the performance of
2 each care coordination unit. Nothing in this paragraph shall
3 be construed to require the Department to identify specific
4 care coordination units.

5 In regard to community care providers, failure to comply
6 with Department on Aging policies shall be cause for
7 disciplinary action, including, but not limited to,
8 disqualification from serving Community Care Program clients.
9 Each provider, upon submission of any bill or invoice to the
10 Department for payment for services rendered, shall include a
11 notarized statement, under penalty of perjury pursuant to
12 Section 1-109 of the Code of Civil Procedure, that the
13 provider has complied with all Department policies.

14 The Director of the Department on Aging shall make
15 information available to the State Board of Elections as may
16 be required by an agreement the State Board of Elections has
17 entered into with a multi-state voter registration list
18 maintenance system.

19 Within 30 days after July 6, 2017 (the effective date of
20 Public Act 100-23), rates shall be increased to \$18.29 per
21 hour, for the purpose of increasing, by at least \$.72 per hour,
22 the wages paid by those vendors to their employees who provide
23 homemaker services. The Department shall pay an enhanced rate
24 under the Community Care Program to those in-home service
25 provider agencies that offer health insurance coverage as a
26 benefit to their direct service worker employees consistent

1 with the mandates of Public Act 95-713. For State fiscal years
2 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The
3 rate shall be adjusted using actuarial analysis based on the
4 cost of care, but shall not be set below \$1.77 per hour. The
5 Department shall adopt rules, including emergency rules under
6 subsections (y) and (bb) of Section 5-45 of the Illinois
7 Administrative Procedure Act, to implement the provisions of
8 this paragraph.

9 Subject to federal approval, beginning on January 1, 2024,
10 rates for adult day services shall be increased to \$16.84 per
11 hour and rates for each way transportation services for adult
12 day services shall be increased to \$12.44 per unit
13 transportation.

14 Subject to federal approval, on and after January 1, 2024,
15 rates for homemaker services shall be increased to \$28.07 to
16 sustain a minimum wage of \$17 per hour for direct service
17 workers. Rates in subsequent State fiscal years shall be no
18 lower than the rates put into effect upon federal approval.
19 Providers of in-home services shall be required to certify to
20 the Department that they remain in compliance with the
21 mandated wage increase for direct service workers. Fringe
22 benefits, including, but not limited to, paid time off and
23 payment for training, health insurance, travel, or
24 transportation, shall not be reduced in relation to the rate
25 increases described in this paragraph.

26 Subject to federal approval, on and after January 1, 2025,

1 rates for homemaker services shall be increased to \$32.75 to
2 sustain a minimum wage of \$20 per hour for direct service
3 workers. Rates in subsequent State fiscal years shall be no
4 lower than \$32.75 upon federal approval. Providers of in-home
5 services shall be required to certify to the Department that
6 they remain in compliance with the mandated wage increase for
7 direct service workers. Fringe benefits, including, but not
8 limited to, paid time off and payment for training, health
9 insurance, travel, or transportation, shall not be reduced in
10 relation to the rate increases described in this paragraph.

11 Subject to federal approval, on and after January 1, 2025,
12 the Department shall pay a rate add-on under the Community
13 Care Program to those in-home service provider agencies that
14 attest and document their direct service workers attend paid,
15 quarterly, in-person training sessions to fulfill the
16 in-service training requirements under this Section. The
17 add-on shall be 1% of the homemaker services rate. The
18 Department shall adopt rules to implement the provisions of
19 this paragraph.

20 The General Assembly finds it necessary to authorize an
21 aggressive Medicaid enrollment initiative designed to maximize
22 federal Medicaid funding for the Community Care Program which
23 produces significant savings for the State of Illinois. The
24 Department on Aging shall establish and implement a Community
25 Care Program Medicaid Initiative. Under the Initiative, the
26 Department on Aging shall, at a minimum: (i) provide an

1 enhanced rate to adequately compensate care coordination units
2 to enroll eligible Community Care Program clients into
3 Medicaid; (ii) use recommendations from a stakeholder
4 committee on how best to implement the Initiative; and (iii)
5 establish requirements for State agencies to make enrollment
6 in the State's Medical Assistance program easier for seniors.

7 The Community Care Program Medicaid Enrollment Oversight
8 Subcommittee is created as a subcommittee of the Older Adult
9 Services Advisory Committee established in Section 35 of the
10 Older Adult Services Act to make recommendations on how best
11 to increase the number of medical assistance recipients who
12 are enrolled in the Community Care Program. The Subcommittee
13 shall consist of all of the following persons who must be
14 appointed within 30 days after June 4, 2018 (the effective
15 date of Public Act 100-587) ~~this amendatory Act of the 100th~~
16 ~~General Assembly~~:

17 (1) The Director of Aging, or his or her designee, who
18 shall serve as the chairperson of the Subcommittee.

19 (2) One representative of the Department of Healthcare
20 and Family Services, appointed by the Director of
21 Healthcare and Family Services.

22 (3) One representative of the Department of Human
23 Services, appointed by the Secretary of Human Services.

24 (4) One individual representing a care coordination
25 unit, appointed by the Director of Aging.

26 (5) One individual from a non-governmental statewide

1 organization that advocates for seniors, appointed by the
2 Director of Aging.

3 (6) One individual representing Area Agencies on
4 Aging, appointed by the Director of Aging.

5 (7) One individual from a statewide association
6 dedicated to Alzheimer's care, support, and research,
7 appointed by the Director of Aging.

8 (8) One individual from an organization that employs
9 persons who provide services under the Community Care
10 Program, appointed by the Director of Aging.

11 (9) One member of a trade or labor union representing
12 persons who provide services under the Community Care
13 Program, appointed by the Director of Aging.

14 (10) One member of the Senate, who shall serve as
15 co-chairperson, appointed by the President of the Senate.

16 (11) One member of the Senate, who shall serve as
17 co-chairperson, appointed by the Minority Leader of the
18 Senate.

19 (12) One member of the House of Representatives, who
20 shall serve as co-chairperson, appointed by the Speaker of
21 the House of Representatives.

22 (13) One member of the House of Representatives, who
23 shall serve as co-chairperson, appointed by the Minority
24 Leader of the House of Representatives.

25 (14) One individual appointed by a labor organization
26 representing frontline employees at the Department of

1 Human Services.

2 The Subcommittee shall provide oversight to the Community
3 Care Program Medicaid Initiative and shall meet quarterly. At
4 each Subcommittee meeting the Department on Aging shall
5 provide the following data sets to the Subcommittee: (A) the
6 number of Illinois residents, categorized by planning and
7 service area, who are receiving services under the Community
8 Care Program and are enrolled in the State's Medical
9 Assistance Program; (B) the number of Illinois residents,
10 categorized by planning and service area, who are receiving
11 services under the Community Care Program, but are not
12 enrolled in the State's Medical Assistance Program; and (C)
13 the number of Illinois residents, categorized by planning and
14 service area, who are receiving services under the Community
15 Care Program and are eligible for benefits under the State's
16 Medical Assistance Program, but are not enrolled in the
17 State's Medical Assistance Program. In addition to this data,
18 the Department on Aging shall provide the Subcommittee with
19 plans on how the Department on Aging will reduce the number of
20 Illinois residents who are not enrolled in the State's Medical
21 Assistance Program but who are eligible for medical assistance
22 benefits. The Department on Aging shall enroll in the State's
23 Medical Assistance Program those Illinois residents who
24 receive services under the Community Care Program and are
25 eligible for medical assistance benefits but are not enrolled
26 in the State's Medicaid Assistance Program. The data provided

1 to the Subcommittee shall be made available to the public via
2 the Department on Aging's website.

3 The Department on Aging, with the involvement of the
4 Subcommittee, shall collaborate with the Department of Human
5 Services and the Department of Healthcare and Family Services
6 on how best to achieve the responsibilities of the Community
7 Care Program Medicaid Initiative.

8 The Department on Aging, the Department of Human Services,
9 and the Department of Healthcare and Family Services shall
10 coordinate and implement a streamlined process for seniors to
11 access benefits under the State's Medical Assistance Program.

12 The Subcommittee shall collaborate with the Department of
13 Human Services on the adoption of a uniform application
14 submission process. The Department of Human Services and any
15 other State agency involved with processing the medical
16 assistance application of any person enrolled in the Community
17 Care Program shall include the appropriate care coordination
18 unit in all communications related to the determination or
19 status of the application.

20 The Community Care Program Medicaid Initiative shall
21 provide targeted funding to care coordination units to help
22 seniors complete their applications for medical assistance
23 benefits. On and after July 1, 2019, care coordination units
24 shall receive no less than \$200 per completed application,
25 which rate may be included in a bundled rate for initial intake
26 services when Medicaid application assistance is provided in

1 conjunction with the initial intake process for new program
2 participants.

3 The Community Care Program Medicaid Initiative shall cease
4 operation 5 years after June 4, 2018 (the effective date of
5 Public Act 100-587) ~~this amendatory Act of the 100th General~~
6 ~~Assembly~~, after which the Subcommittee shall dissolve.

7 Effective July 1, 2023, subject to federal approval, the
8 Department on Aging shall reimburse Care Coordination Units at
9 the following rates for case management services: \$252.40 for
10 each initial assessment; \$366.40 for each initial assessment
11 with translation; \$229.68 for each redetermination assessment;
12 \$313.68 for each redetermination assessment with translation;
13 \$200.00 for each completed application for medical assistance
14 benefits; \$132.26 for each face-to-face, choices-for-care
15 screening; \$168.26 for each face-to-face, choices-for-care
16 screening with translation; \$124.56 for each 6-month,
17 face-to-face visit; \$132.00 for each MCO participant
18 eligibility determination; and \$157.00 for each MCO
19 participant eligibility determination with translation.

20 (Source: P.A. 102-1071, eff. 6-10-22; 103-8, eff. 6-7-23;
21 103-102, Article 45, Section 45-5, eff. 1-1-24; 103-102,
22 Article 85, Section 85-5, eff. 1-1-24; 103-102, Article 90,
23 Section 90-5, eff. 1-1-24; revised 12-12-23.)