



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB1980

Introduced 2/9/2023, by Sen. Omar Aquino

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

from Ch. 23, par. 6104.02

Amends the Illinois Act on the Aging. Provides that rates for homemaker services shall be increased to \$29.64 beginning July 1, 2023 to sustain a minimum wage of \$18 per hour for direct service workers. Requires rates in subsequent State fiscal years to be no lower than the rates in effect on July 1, 2023. Requires providers of in-home services to be required to certify to the Department on Aging 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 described in the amendatory Act. Effective July 1, 2023.

LRB103 25739 KTG 52088 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) (from Ch. 23, par. 6104.02)

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 Department's financial reporting guidelines requiring an
20 administrative and employee wage and benefits cost split as
21 defined in administrative rules. The audit is a public record
22 under the Freedom of Information Act. The Department shall
23 execute, relative to the nursing home prescreening project,
24 written inter-agency agreements with the Department of Human
25 Services and the Department of Healthcare and Family Services,
26 to effect the following: (1) intake procedures and common

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

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

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

24 The Department, or the Department's authorized
25 representative, may recover the amount of moneys expended for
26 services provided to or in behalf of a person under this

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

1 The Department shall increase the effectiveness of the
2 existing Community Care Program by:

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

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

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

17 (4) ensuring that the determination of need tool is
18 accurate in determining the participants' level of need;
19 to achieve this, the Department, in conjunction with the
20 Older Adult Services Advisory Committee, shall institute a
21 study of the relationship between the Determination of
22 Need scores, level of need, service cost maximums, and the
23 development and utilization of service plans no later than
24 May 1, 2008; findings and recommendations shall be
25 presented to the Governor and the General Assembly no
26 later than January 1, 2009; recommendations shall include

1 all needed changes to the service cost maximums schedule
2 and additional covered services;

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

6 (A) bathing;

7 (B) grooming;

8 (C) toileting;

9 (D) nail care;

10 (E) transferring;

11 (F) respiratory services;

12 (G) exercise; or

13 (H) positioning;

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

20 (7) ensuring that the State may access maximum federal
21 matching funds by seeking approval for the Centers for
22 Medicare and Medicaid Services for modifications to the
23 State's home and community based services waiver and
24 additional waiver opportunities, including applying for
25 enrollment in the Balance Incentive Payment Program by May
26 1, 2013, in order to maximize federal matching funds; this

1 shall include, but not be limited to, modification that
2 reflects all changes in the Community Care Program
3 services and all increases in the services cost maximum;

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

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

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

1 dollars as promptly as possible; the Department on Aging
2 shall have at least 3 meetings with stakeholders by
3 January 1, 2014 in order to address these improvements;

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

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

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

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

26 The Department shall develop procedures to enhance

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

7 Beginning on the effective date of this amendatory Act of
8 1991, no person may perform chore/housekeeping and home care
9 aide services under a program authorized by this Section
10 unless that person has been issued a certificate of
11 pre-service to do so by his or her employing agency.
12 Information gathered to effect such certification shall
13 include (i) the person's name, (ii) the date the person was
14 hired by his or her current employer, and (iii) the training,
15 including dates and levels. Persons engaged in the program
16 authorized by this Section before the effective date of this
17 amendatory Act of 1991 shall be issued a certificate of all
18 pre- and in-service training from his or her employer upon
19 submitting the necessary information. The employing agency
20 shall be required to retain records of all staff pre- and
21 in-service training, and shall provide such records to the
22 Department upon request and upon termination of the employer's
23 contract with the Department. In addition, the employing
24 agency is responsible for the issuance of certifications of
25 in-service training completed to their employees.

26 The Department is required to develop a system to ensure

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

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

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

12 Nominations may be presented from any agency or State
13 association with interest in the program. The Director, or his
14 or her designee, shall serve as the permanent co-chair of the
15 advisory committee. One other co-chair shall be nominated and
16 approved by the members of the committee on an annual basis.
17 Committee members' terms of appointment shall be for 4 years
18 with one-quarter of the appointees' terms expiring each year.
19 A member shall continue to serve until his or her replacement
20 is named. The Department shall fill vacancies that have a
21 remaining term of over one year, and this replacement shall
22 occur through the annual replacement of expiring terms. The
23 Director shall designate Department staff to provide technical
24 assistance and staff support to the committee. Department
25 representation shall not constitute membership of the
26 committee. All Committee papers, issues, recommendations,

1 reports, and meeting memoranda are advisory only. The
2 Director, or his or her designee, shall make a written report,
3 as requested by the Committee, regarding issues before the
4 Committee.

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

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

16 Those persons previously found eligible for receiving
17 non-institutional services whose services were discontinued
18 under the Emergency Budget Act of Fiscal Year 1992, and who do
19 not meet the eligibility standards in effect on or after July
20 1, 1992, shall remain ineligible on and after July 1, 1992.
21 Those persons previously not required to cost-share and who
22 were required to cost-share effective March 1, 1992, shall
23 continue to meet cost-share requirements on and after July 1,
24 1992. Beginning July 1, 1992, all clients will be required to
25 meet eligibility, cost-share, and other requirements and will
26 have services discontinued or altered when they fail to meet

1 these requirements.

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

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

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

21 The Department shall delay Community Care Program services
22 until an applicant is determined eligible for medical
23 assistance under Article V of the Illinois Public Aid Code (i)
24 beginning August 1, 2013, if the Auditor General has reported
25 that the Department has failed to comply with the reporting
26 requirements of Section 2-27 of the Illinois State Auditing

1 Act; or (ii) beginning June 1, 2014, if the Auditor General has
2 reported that the Department has not undertaken the required
3 actions listed in the report required by subsection (a) of
4 Section 2-27 of the Illinois State Auditing Act.

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

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

17 The Department shall conduct a quarterly review of Care
18 Coordination Unit performance and adherence to service
19 guidelines. The quarterly review shall be reported to the
20 Speaker of the House of Representatives, the Minority Leader
21 of the House of Representatives, the President of the Senate,
22 and the Minority Leader of the Senate. The Department shall
23 collect and report longitudinal data on the performance of
24 each care coordination unit. Nothing in this paragraph shall
25 be construed to require the Department to identify specific
26 care coordination units.

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

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

15 Within 30 days after July 6, 2017 (the effective date of
16 Public Act 100-23), rates shall be increased to \$18.29 per
17 hour, for the purpose of increasing, by at least \$.72 per hour,
18 the wages paid by those vendors to their employees who provide
19 homemaker services. The Department shall pay an enhanced rate
20 under the Community Care Program to those in-home service
21 provider agencies that offer health insurance coverage as a
22 benefit to their direct service worker employees consistent
23 with the mandates of Public Act 95-713. For State fiscal years
24 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The
25 rate shall be adjusted using actuarial analysis based on the
26 cost of care, but shall not be set below \$1.77 per hour. The

1 Department shall adopt rules, including emergency rules under
2 subsections (y) and (bb) of Section 5-45 of the Illinois
3 Administrative Procedure Act, to implement the provisions of
4 this paragraph.

5 Rates for homemaker services shall be increased to \$29.64
6 beginning July 1, 2023 to sustain a minimum wage of \$18 per
7 hour for direct service workers. Rates in subsequent State
8 fiscal years shall be no lower than the rates in effect on July
9 1, 2023. Providers of in-home services shall be required to
10 certify to the Department that they remain in compliance with
11 the mandated wage increase for direct service workers. Fringe
12 benefits, including, but not limited to, paid time off and
13 payment for training, health insurance, travel, or
14 transportation, shall not be reduced in relation to the rate
15 increases described in this paragraph.

16 The General Assembly finds it necessary to authorize an
17 aggressive Medicaid enrollment initiative designed to maximize
18 federal Medicaid funding for the Community Care Program which
19 produces significant savings for the State of Illinois. The
20 Department on Aging shall establish and implement a Community
21 Care Program Medicaid Initiative. Under the Initiative, the
22 Department on Aging shall, at a minimum: (i) provide an
23 enhanced rate to adequately compensate care coordination units
24 to enroll eligible Community Care Program clients into
25 Medicaid; (ii) use recommendations from a stakeholder
26 committee on how best to implement the Initiative; and (iii)

1 establish requirements for State agencies to make enrollment
2 in the State's Medical Assistance program easier for seniors.

3 The Community Care Program Medicaid Enrollment Oversight
4 Subcommittee is created as a subcommittee of the Older Adult
5 Services Advisory Committee established in Section 35 of the
6 Older Adult Services Act to make recommendations on how best
7 to increase the number of medical assistance recipients who
8 are enrolled in the Community Care Program. The Subcommittee
9 shall consist of all of the following persons who must be
10 appointed within 30 days after the effective date of this
11 amendatory Act of the 100th General Assembly:

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

14 (2) One representative of the Department of Healthcare
15 and Family Services, appointed by the Director of
16 Healthcare and Family Services.

17 (3) One representative of the Department of Human
18 Services, appointed by the Secretary of Human Services.

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

21 (5) One individual from a non-governmental statewide
22 organization that advocates for seniors, appointed by the
23 Director of Aging.

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

26 (7) One individual from a statewide association

1 dedicated to Alzheimer's care, support, and research,
2 appointed by the Director of Aging.

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

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

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

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

14 (12) One member of the House of Representatives, who
15 shall serve as co-chairperson, appointed by the Speaker of
16 the House of Representatives.

17 (13) One member of the House of Representatives, who
18 shall serve as co-chairperson, appointed by the Minority
19 Leader of the House of Representatives.

20 (14) One individual appointed by a labor organization
21 representing frontline employees at the Department of
22 Human Services.

23 The Subcommittee shall provide oversight to the Community
24 Care Program Medicaid Initiative and shall meet quarterly. At
25 each Subcommittee meeting the Department on Aging shall
26 provide the following data sets to the Subcommittee: (A) the

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

24 The Department on Aging, with the involvement of the
25 Subcommittee, shall collaborate with the Department of Human
26 Services and the Department of Healthcare and Family Services

1 on how best to achieve the responsibilities of the Community
2 Care Program Medicaid Initiative.

3 The Department on Aging, the Department of Human Services,
4 and the Department of Healthcare and Family Services shall
5 coordinate and implement a streamlined process for seniors to
6 access benefits under the State's Medical Assistance Program.

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

15 The Community Care Program Medicaid Initiative shall
16 provide targeted funding to care coordination units to help
17 seniors complete their applications for medical assistance
18 benefits. On and after July 1, 2019, care coordination units
19 shall receive no less than \$200 per completed application,
20 which rate may be included in a bundled rate for initial intake
21 services when Medicaid application assistance is provided in
22 conjunction with the initial intake process for new program
23 participants.

24 The Community Care Program Medicaid Initiative shall cease
25 operation 5 years after the effective date of this amendatory
26 Act of the 100th General Assembly, after which the

1 Subcommittee shall dissolve.

2 (Source: P.A. 101-10, eff. 6-5-19; 102-1071, eff. 6-10-22.)

3 Section 99. Effective date. This Act takes effect July 1,
4 2023.