

**103RD GENERAL ASSEMBLY****State of Illinois****2023 and 2024****SB3332**

Introduced 2/7/2024, by Sen. Omar Aquino

**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 38236 KTG 68370 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.)