



Rep. Mary Beth Canty

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1 AMENDMENT TO HOUSE BILL 1330

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1330 by replacing  
3 everything after the enacting clause with the following:

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, may include, but are not limited to, any  
16 or all of the following:

1 (a) (blank);

2 (b) (blank);

3 (c) home care aide services;

4 (d) personal assistant services;

5 (e) adult day services;

6 (f) home-delivered meals;

7 (g) education in self-care;

8 (h) personal care services;

9 (i) adult day health services;

10 (j) habilitation services;

11 (k) respite care;

12 (k-5) community reintegration services;

13 (k-6) flexible senior services;

14 (k-7) medication management;

15 (k-8) emergency home response;

16 (l) other nonmedical social services that may enable  
17 the person to become self-supporting; or

18 (m) (blank).

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

1 marital property is not made available to the person seeking  
2 such services.

3 The Department shall require as a condition of eligibility  
4 that all new financially eligible applicants apply for and  
5 enroll in medical assistance under Article V of the Illinois  
6 Public Aid Code in accordance with rules promulgated by the  
7 Department.

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

1 notice period. The target population identified for the  
2 purposes of this Section are persons age 60 and older with an  
3 identified service need. Priority shall be given to those who  
4 are at imminent risk of institutionalization. The services  
5 shall be provided to eligible persons age 60 and older to the  
6 extent that the cost of the services together with the other  
7 personal maintenance expenses of the persons are reasonably  
8 related to the standards established for care in a group  
9 facility appropriate to the person's condition. These  
10 noninstitutional ~~non-institutional~~ services, pilot projects,  
11 or experimental facilities may be provided as part of or in  
12 addition to those authorized by federal law or those funded  
13 and administered by the Department of Human Services. The  
14 Departments of Human Services, Healthcare and Family Services,  
15 Public Health, Veterans' Affairs, and Commerce and Economic  
16 Opportunity and other appropriate agencies of State, federal,  
17 and local governments shall cooperate with the Department on  
18 Aging in the establishment and development of the  
19 noninstitutional ~~non-institutional~~ services. The Department  
20 shall require an annual audit from all personal assistant and  
21 home care aide vendors contracting with the Department under  
22 this Section. The annual audit shall assure that each audited  
23 vendor's procedures are in compliance with Department's  
24 financial reporting guidelines requiring an administrative and  
25 employee wage and benefits cost split as defined in  
26 administrative rules. The audit is a public record under the

1 Freedom of Information Act. The Department shall execute,  
2 relative to the nursing home prescreening project, written  
3 inter-agency agreements with the Department of Human Services  
4 and the Department of Healthcare and Family Services, to  
5 effect the following: (1) intake procedures and common  
6 eligibility criteria for those persons who are receiving  
7 noninstitutional ~~non-institutional~~ services; and (2) the  
8 establishment and development of noninstitutional  
9 ~~non-institutional~~ services in areas of the State where they  
10 are not currently available or are undeveloped. On and after  
11 July 1, 1996, all nursing home prescreenings for individuals  
12 60 years of age or older shall be conducted by the Department.

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

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

1 necessary to reflect any change in the officially designated  
2 federal poverty standard.

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

1 from the deceased spouse's estate. "Homestead", as used in  
2 this paragraph, means the dwelling house and contiguous real  
3 estate occupied by a surviving spouse or relative, as defined  
4 by the rules and regulations of the Department of Healthcare  
5 and Family Services, regardless of the value of the property.

6 The Department shall increase the effectiveness of the  
7 existing Community Care Program by:

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

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

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

22 (4) (blank);

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

26 (A) bathing;

1 (B) grooming;

2 (C) toileting;

3 (D) nail care;

4 (E) transferring;

5 (F) respiratory services;

6 (G) exercise; or

7 (H) positioning;

8 (6) ensuring that homemaker program vendors are not  
9 restricted from hiring homemakers who are family members  
10 of clients or recommended by clients; the Department may  
11 not, by rule or policy, require homemakers who are family  
12 members of clients or recommended by clients to accept  
13 assignments in homes other than the client;

14 (7) ensuring that the State may access maximum federal  
15 matching funds by seeking approval for the Centers for  
16 Medicare and Medicaid Services for modifications to the  
17 State's home and community based services waiver and  
18 additional waiver opportunities, including applying for  
19 enrollment in the Balance Incentive Payment Program by May  
20 1, 2013, in order to maximize federal matching funds; this  
21 shall include, but not be limited to, modification that  
22 reflects all changes in the Community Care Program  
23 services and all increases in the services cost maximum;

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



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

10          (10) working in conjunction with Care Coordination  
11          Units, the Department of Healthcare and Family Services,  
12          the Department of Human Services, Community Care Program  
13          providers, and other stakeholders to make improvements to  
14          the Medicaid claiming processes and the Medicaid  
15          enrollment procedures or requirements as needed,  
16          including, but not limited to, specific policy changes or  
17          rules to improve the up-front enrollment of participants  
18          in the Medicaid program and specific policy changes or  
19          rules to insure more prompt submission of bills to the  
20          federal government to secure maximum federal matching  
21          dollars as promptly as possible; the Department on Aging  
22          shall have at least 3 meetings with stakeholders by  
23          January 1, 2014 in order to address these improvements;

24          (11) requiring home care service providers to comply  
25          with the rounding of hours worked provisions under the  
26          federal Fair Labor Standards Act (FLSA) and as set forth

1 in 29 CFR 785.48(b) by May 1, 2013;

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

9 (13) (blank).

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

19 The Department shall develop procedures to enhance  
20 availability of services on evenings, weekends, and on an  
21 emergency basis to meet the respite needs of caregivers.  
22 Procedures shall be developed to permit the utilization of  
23 services in successive blocks of 24 hours up to the monthly  
24 maximum established by the Department. Workers providing these  
25 services shall be appropriately trained.

26 No ~~September 23, 1991 (Public Act 87-729)~~ person may

1 perform chore/housekeeping and home care aide services under a  
2 program authorized by this Section unless that person has been  
3 issued a certificate of pre-service to do so by his or her  
4 employing agency. Information gathered to effect such  
5 certification shall include (i) the person's name, (ii) the  
6 date the person was hired by his or her current employer, and  
7 (iii) the training, including dates and levels. Persons  
8 engaged in the program authorized by this Section before the  
9 effective date of this amendatory Act of 1991 shall be issued a  
10 certificate of all pre-service and in-service training from  
11 his or her employer upon submitting the necessary information.  
12 The employing agency shall be required to retain records of  
13 all staff pre-service and in-service training, and shall  
14 provide such records to the Department upon request and upon  
15 termination of the employer's contract with the Department. In  
16 addition, the employing agency is responsible for the issuance  
17 of certifications of in-service training completed to their  
18 employees.

19 The Department is required to develop a system to ensure  
20 that persons working as home care aides and personal  
21 assistants receive increases in their wages when the federal  
22 minimum wage is increased by requiring vendors to certify that  
23 they are meeting the federal minimum wage statute for home  
24 care aides and personal assistants. An employer that cannot  
25 ensure that the minimum wage increase is being given to home  
26 care aides and personal assistants shall be denied any

1 increase in reimbursement costs.

2 The Community Care Program Advisory Committee is created  
3 in the Department on Aging. The Director shall appoint  
4 individuals to serve in the Committee, who shall serve at  
5 their own expense. Members of the Committee must abide by all  
6 applicable ethics laws. The Committee shall advise the  
7 Department on issues related to the Department's program of  
8 services to prevent unnecessary institutionalization. The  
9 Committee shall meet on a bi-monthly basis and shall serve to  
10 identify and advise the Department on present and potential  
11 issues affecting the service delivery network, the program's  
12 clients, and the Department and to recommend solution  
13 strategies. Persons appointed to the Committee shall be  
14 appointed on, but not limited to, their own and their agency's  
15 experience with the program, geographic representation, and  
16 willingness to serve. The Director shall appoint members to  
17 the Committee to represent provider, advocacy, policy  
18 research, and other constituencies committed to the delivery  
19 of high quality home and community-based services to older  
20 adults. Representatives shall be appointed to ensure  
21 representation from community care providers, including, but  
22 not limited to, adult day service providers, homemaker  
23 providers, case coordination and case management units,  
24 emergency home response providers, statewide trade or labor  
25 unions that represent home care aides and direct care staff,  
26 area agencies on aging, adults over age 60, membership

1 organizations representing older adults, and other  
2 organizational entities, providers of care, or individuals  
3 with demonstrated interest and expertise in the field of home  
4 and community care as determined by the Director.

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

24 The Department on Aging and the Department of Human  
25 Services shall cooperate in the development and submission of  
26 an annual report on programs and services provided under this

1 Section. Such joint report shall be filed with the Governor  
2 and the General Assembly on or before March 31 of the following  
3 fiscal year.

4 The requirement for reporting to the General Assembly  
5 shall be satisfied by filing copies of the report as required  
6 by Section 3.1 of the General Assembly Organization Act and  
7 filing such additional copies with the State Government Report  
8 Distribution Center for the General Assembly as is required  
9 under paragraph (t) of Section 7 of the State Library Act.

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

22 For the purposes of this Section, "flexible senior  
23 services" refers to services that require one-time or periodic  
24 expenditures, including, but not limited to, respite care,  
25 home modification, assistive technology, housing assistance,  
26 and transportation.

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

5       The Department shall require, as a condition of  
6 eligibility, application for the medical assistance program  
7 under Article V of the Illinois Public Aid Code.

8       The Department may authorize Community Care Program  
9 services until an applicant is determined eligible for medical  
10 assistance under Article V of the Illinois Public Aid Code.

11       The Department shall continue to provide Community Care  
12 Program reports as required by statute, which shall include an  
13 annual report on Care Coordination Unit performance and  
14 adherence to service guidelines and a 6-month supplemental  
15 report.

16       In regard to community care providers, failure to comply  
17 with Department on Aging policies shall be cause for  
18 disciplinary action, including, but not limited to,  
19 disqualification from serving Community Care Program clients.  
20 Each provider, upon submission of any bill or invoice to the  
21 Department for payment for services rendered, shall include a  
22 notarized statement, under penalty of perjury pursuant to  
23 Section 1-109 of the Code of Civil Procedure, that the  
24 provider has complied with all Department policies.

25       The Director of the Department on Aging shall make  
26 information available to the State Board of Elections as may

1 be required by an agreement the State Board of Elections has  
2 entered into with a multi-state voter registration list  
3 maintenance system.

4 The Department shall pay an enhanced rate of at least  
5 \$1.77 per unit under the Community Care Program to those  
6 in-home service provider agencies that offer health insurance  
7 coverage as a benefit to their direct service worker employees  
8 pursuant to rules adopted by the Department. The Department  
9 shall review the enhanced rate as part of its process to rebase  
10 in-home service provider reimbursement rates pursuant to  
11 federal waiver requirements. Subject to federal approval,  
12 beginning on January 1, 2024, rates for adult day services  
13 shall be increased to \$16.84 per hour and rates for each way  
14 transportation services for adult day services shall be  
15 increased to \$12.44 per unit transportation.

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



1 increases described in this paragraph.

2 Subject to and upon federal approval, on and after January  
3 1, 2025, rates for homemaker services shall be increased to  
4 \$29.63 to sustain a minimum wage of \$18 per hour for direct  
5 service workers. Rates in subsequent State fiscal years shall  
6 be no lower than the rates put into effect upon federal  
7 approval. Providers of in-home services shall be required to  
8 certify to the Department that they remain in compliance with  
9 the mandated wage increase for direct service workers. Fringe  
10 benefits, including, but not limited to, paid time off and  
11 payment for training, health insurance, travel, or  
12 transportation, shall not be reduced in relation to the rate  
13 increases described in this paragraph.

14 Subject to federal approval, on and after January 1, 2026,  
15 rates for in-home services shall be increased to \$32.75 to  
16 sustain a minimum wage of \$20 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. In  
19 order for a provider of in-home services to be eligible to  
20 receive the \$32.75 rate, the provider must pay a minimum wage  
21 of \$20 per hour to all direct service workers employed by the  
22 provider. Providers of in-home services shall be required to  
23 certify to the Department that they remain in compliance with  
24 the mandated wage increase for direct service workers. By no  
25 more than 60 days after issuing notification of the rate  
26 increase, the Department shall require providers of in-home

1 services to submit such certification to the Department in  
2 order for the provider to be eligible for the \$32.75 rate for  
3 in-home services. The Department shall also require each  
4 provider of in-home services to submit cost reports to the  
5 Department consistent with Section 240.2023 of Title 89 of the  
6 Illinois Administrative Code in order for the provider to be  
7 eligible for the \$32.75 rate for in-home services. Fringe  
8 benefits, including, but not limited to, paid time off and  
9 payment for training, health insurance, travel, or  
10 transportation, shall not be reduced in relation to the rate  
11 increases described in this paragraph.

12 To ensure that in-home service payment rates are adequate  
13 to maintain a sufficient direct care workforce to meet the  
14 needs of Community Care Program beneficiaries and provide  
15 access to services in the amount, duration, and scope  
16 specified in beneficiaries' person-centered service plans,  
17 beginning January 1, 2026, the Department shall ensure that  
18 each in-home service provider spends a minimum of 78.5% of  
19 total payments the provider receives for homecare aide  
20 services it furnishes under the Community Care Program on  
21 total compensation for direct service workers who furnish  
22 those services. The Department shall require each provider  
23 annually to submit a direct service worker cost report  
24 certifying that the provider has met the minimum spending  
25 requirement. The report must be based upon actual, documented  
26 expenditures, attested to by an authorized representative of

1 the provider, and submitted within 6 months after the end of  
2 the reporting period. The Department shall amend its rules on  
3 financial reporting and minimum direct service worker costs at  
4 Sections 240.2020 and 240.2040 of Title 89 of the Illinois  
5 Administrative Code to reflect the increase in the direct  
6 service worker spending requirement from 77% to 78.5%.

7       The General Assembly finds it necessary to authorize an  
8 aggressive Medicaid enrollment initiative designed to maximize  
9 federal Medicaid funding for the Community Care Program which  
10 produces significant savings for the State of Illinois. The  
11 Department on Aging shall establish and implement a Community  
12 Care Program Medicaid Initiative. Under the Initiative, the  
13 Department on Aging shall, at a minimum: (i) provide an  
14 enhanced rate to adequately compensate care coordination units  
15 to enroll eligible Community Care Program clients into  
16 Medicaid; (ii) use recommendations from a stakeholder  
17 committee on how best to implement the Initiative; and (iii)  
18 establish requirements for State agencies to make enrollment  
19 in the State's Medical Assistance program easier for seniors.

20       The Community Care Program Medicaid Enrollment Oversight  
21 Subcommittee is created as a subcommittee of the Older Adult  
22 Services Advisory Committee established in Section 35 of the  
23 Older Adult Services Act to make recommendations on how best  
24 to increase the number of medical assistance recipients who  
25 are enrolled in the Community Care Program. The Subcommittee  
26 shall consist of all of the following persons who must be

1 appointed within 30 days after June 4, 2018 (the effective  
2 date of Public Act 100-587):

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

5 (2) One representative of the Department of Healthcare  
6 and Family Services, appointed by the Director of  
7 Healthcare and Family Services.

8 (3) One representative of the Department of Human  
9 Services, appointed by the Secretary of Human Services.

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

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

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

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

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

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

26 (10) One member of the Senate, who shall serve as

1 co-chairperson, appointed by the President of the Senate.

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

5 (12) One member of the House of Representatives, who  
6 shall serve as co-chairperson, appointed by the Speaker of  
7 the House of Representatives.

8 (13) One member of the House of Representatives, who  
9 shall serve as co-chairperson, appointed by the Minority  
10 Leader of the House of Representatives.

11 (14) One individual appointed by a labor organization  
12 representing frontline employees at the Department of  
13 Human Services.

14 The Subcommittee shall provide oversight to the Community  
15 Care Program Medicaid Initiative and shall meet quarterly. At  
16 each Subcommittee meeting the Department on Aging shall  
17 provide the following data sets to the Subcommittee: (A) the  
18 number of Illinois residents, categorized by planning and  
19 service area, who are receiving services under the Community  
20 Care Program and are enrolled in the State's Medical  
21 Assistance Program; (B) the number of Illinois residents,  
22 categorized by planning and service area, who are receiving  
23 services under the Community Care Program, but are not  
24 enrolled in the State's Medical Assistance Program; and (C)  
25 the number of Illinois residents, categorized by planning and  
26 service area, who are receiving services under the Community

1 Care Program and are eligible for benefits under the State's  
2 Medical Assistance Program, but are not enrolled in the  
3 State's Medical Assistance Program. In addition to this data,  
4 the Department on Aging shall provide the Subcommittee with  
5 plans on how the Department on Aging will reduce the number of  
6 Illinois residents who are not enrolled in the State's Medical  
7 Assistance Program but who are eligible for medical assistance  
8 benefits. The Department on Aging shall enroll in the State's  
9 Medical Assistance Program those Illinois residents who  
10 receive services under the Community Care Program and are  
11 eligible for medical assistance benefits but are not enrolled  
12 in the State's Medicaid Assistance Program. The data provided  
13 to the Subcommittee shall be made available to the public via  
14 the Department on Aging's website.

15 The Department on Aging, with the involvement of the  
16 Subcommittee, shall collaborate with the Department of Human  
17 Services and the Department of Healthcare and Family Services  
18 on how best to achieve the responsibilities of the Community  
19 Care Program Medicaid Initiative.

20 The Department on Aging, the Department of Human Services,  
21 and the Department of Healthcare and Family Services shall  
22 coordinate and implement a streamlined process for seniors to  
23 access benefits under the State's Medical Assistance Program.

24 The Subcommittee shall collaborate with the Department of  
25 Human Services on the adoption of a uniform application  
26 submission process. The Department of Human Services and any

1 other State agency involved with processing the medical  
2 assistance application of any person enrolled in the Community  
3 Care Program shall include the appropriate care coordination  
4 unit in all communications related to the determination or  
5 status of the application.

6 The Community Care Program Medicaid Initiative shall  
7 provide targeted funding to care coordination units to help  
8 seniors complete their applications for medical assistance  
9 benefits. On and after July 1, 2019, care coordination units  
10 shall receive no less than \$200 per completed application,  
11 which rate may be included in a bundled rate for initial intake  
12 services when Medicaid application assistance is provided in  
13 conjunction with the initial intake process for new program  
14 participants.

15 The Community Care Program Medicaid Initiative shall cease  
16 operation 5 years after June 4, 2018 (the effective date of  
17 Public Act 100-587), after which the Subcommittee shall  
18 dissolve.

19 Effective July 1, 2023, subject to federal approval, the  
20 Department on Aging shall reimburse Care Coordination Units at  
21 the following rates for case management services: \$252.40 for  
22 each initial assessment; \$366.40 for each initial assessment  
23 with translation; \$229.68 for each redetermination assessment;  
24 \$313.68 for each redetermination assessment with translation;  
25 \$200.00 for each completed application for medical assistance  
26 benefits; \$132.26 for each face-to-face, choices-for-care

1 screening; \$168.26 for each face-to-face, choices-for-care  
2 screening with translation; \$124.56 for each 6-month,  
3 face-to-face visit; \$132.00 for each MCO participant  
4 eligibility determination; and \$157.00 for each MCO  
5 participant eligibility determination with translation.

6 (Source: P.A. 102-1071, eff. 6-10-22; 103-8, eff. 6-7-23;  
7 103-102, Article 45, Section 45-5, eff. 1-1-24; 103-102,  
8 Article 85, Section 85-5, eff. 1-1-24; 103-102, Article 90,  
9 Section 90-5, eff. 1-1-24; 103-588, eff. 6-5-24; 103-605, eff.  
10 7-1-24; 103-670, eff. 1-1-25; revised 11-26-24.)".