



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB2555

Introduced 2/4/2025, by Rep. Lindsey LaPointe

#### SYNOPSIS AS INTRODUCED:

New Act

Creates the Support for Family Home Health Aides and Caregivers Act. Requires the Director of Healthcare and Family Services to establish, no later than one year after the effective date of the Act, a Family Home Health Aide Program for the purposes of training a family caregiver of an eligible relative on the provision of qualified home health services to supplement home health and private duty nursing services in the State. Provides that under the program, the Director must certify a family caregiver of an eligible relative who has successfully completed the approved training for family home health aides, and meets all other applicable requirements established by the State, and is determined to be in compliance with any federal law concerning family home health aides. Provides that, subject to federal approval by the Centers for Medicare and Medicaid Services, a certified family home health aide shall be eligible to provide qualified home health services to an eligible relative under any home and community-based services waiver program authorized under the Social Security Act. Contains provisions concerning the development of training requirements for family home health aides; certification requirements for family home health aides; employment opportunities; the different types of home health services; a requirement to triage services based on clinical acuity; the development of a clinical acuity tool to assist in determining the care needs of medically fragile individuals; the establishment of a respite program for family home health aides and other nursing professionals; reimbursement rates for home health aide services; utilization of the Department of Healthcare and Family Services' electronic verification system; reporting requirements; and rulemaking.

LRB104 09368 KTG 19427 b

1 AN ACT concerning health care.

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

4 Section 1. Short title. This Act may be cited as the  
5 Support for Family Home Health Aides and Caregivers Act.

6 Section 5. Purpose. The home health workforce is facing a  
7 significant shortage of direct care workers, including home  
8 health aides, personal care aides, and private duty nurses. In  
9 addition to a shortage of direct care workers, the demand for  
10 private duty nursing services remains high due to an  
11 increasing desire for individuals to receive care in their  
12 community rather than in an institutionalized setting. As a  
13 result of fewer available workers and long waitlists because  
14 of a high demand for services, many families are turning to  
15 parent caregivers to fill the gap in care, who play a crucial  
16 role in providing care for loved ones who are medically frail.  
17 While parent and family caregivers serve an important role in  
18 providing needed care, private duty nursing services require  
19 nurses with proper education, licensing, and credentials that  
20 allow for the highest standard of care in the home.

21 The purpose of this Act is to establish a Family Home  
22 Health Aide Program to train a parent, guardian, or family  
23 member in providing certain home health aide and private duty

1 nursing services to relatives, by consanguinity or  
2 affiliation, to ensure access to high-quality care for  
3 medically frail Medicaid beneficiaries who choose to receive  
4 such services in their community. Importantly, the Family Home  
5 Health Aide Program is intended to supplement the State's  
6 existing private duty nursing workforce and increase access to  
7 private duty nursing services for medically frail individuals  
8 of any age who require a higher acuity of care than what may be  
9 safely provided by a parent or family caregiver. This Act  
10 outlines requirements that the State will follow in:

11 (1) establishing the training and certification of  
12 parent or family caregivers, known as family home health  
13 aides;

14 (2) defining the services that family home health  
15 aides may provide under the State's Medicaid program;

16 (3) establishing competitive reimbursement rates while  
17 ensuring that residents of the State are not deterred from  
18 pursuing careers in private duty nursing or as a home  
19 health aide;

20 (4) establishing clinical supervision requirements for  
21 medically frail Medicaid beneficiaries receiving qualified  
22 home health services by ensuring they receive such  
23 services from family members employed by the same agency  
24 to ensure continuity of care;

25 (5) developing a respite program; and

26 (6) establishing electronic visit verification and

1 reporting requirements to deter fraud, waste, and abuse,  
2 as well as collect metrics on the success of the Family  
3 Home Health Aide Program.

4 Section 10. Definitions. As used in this Act:

5 "Approved training" means a course of training approved by  
6 the Department of Healthcare and Family Services, in  
7 consultation with, independent and State providers of private  
8 duty nursing services, other private duty nursing agencies,  
9 home care providers, patient advocacy groups, and other  
10 relevant stakeholders, to train a family caregiver as a family  
11 home health aide.

12 "Department" means the Department of Healthcare and Family  
13 Services.

14 "Designated home care provider" means a private duty  
15 nursing or home care provider who has been approved by the  
16 Department to participate in the Family Home Health Aide  
17 Program.

18 "Eligible relative" means an individual of any age who has  
19 an underlying physical, mental, or cognitive impairment that  
20 prevents such individual from safely living independently, is  
21 eligible to receive skilled care or respite care services  
22 under the State's Medicaid program, and is related to his or  
23 her family caregiver.

24 "Family caregiver" means any parent, guardian, or family  
25 member related by consanguinity to the eligible relative, who:

1 (i) is able to provide appropriate and consistent care  
2 to an eligible relative based on physical proximity to the  
3 eligible relative; and

4 (ii) has the necessary physical and mental capacity to  
5 assist the eligible relative with services provided under  
6 the Family Home Health Aide Program.

7 "Family home health aide" means any family caregiver who  
8 meets the training and certification requirements described in  
9 paragraphs (2) and (3) of subsection (a) of Section 15 to  
10 provide services as a family home health aide under the  
11 State's Medicaid program.

12 "Home care provider" means a private duty nursing or home  
13 care provider who has been approved by the Department to  
14 participate in the Family Home Health Aide Program.

15 "Program" means the Family Home Health Aide Program.

16 "Respite care" means planned or emergency care provided to  
17 a medically fragile child or adult to provide temporary relief  
18 to the family caregiver of such child or adult.

19 "State's Medicaid program" means the medical assistance  
20 program established and administered in Article V of the  
21 Illinois Public Aid Code as authorized under Section 1902 of  
22 the Social Security Act.

23 Section 15. Family Home Health Aide Program.

24 (a) Establishment.

25 (1) In general. Not later than one year after the

1 effective date of this Act, the Director of Healthcare and  
2 Family Services shall establish a Family Home Health Aide  
3 Program for the purposes of training a family caregiver of  
4 an eligible relative on the provision of qualified home  
5 health services to supplement home health and private duty  
6 nursing services in the State. Under the Family Home  
7 Health Aide Program, the Director must certify a family  
8 caregiver of an eligible relative who has successfully  
9 completed the approved training for family home health  
10 aides, and meets all other applicable requirements  
11 established by the State, and is determined to be in  
12 compliance with any federal law concerning family home  
13 health aides. Subject to federal approval by the Centers  
14 for Medicare and Medicaid Services, a certified family  
15 home health aide shall be eligible to provide qualified  
16 home health services to an eligible relative under any  
17 home and community-based services waiver program  
18 authorized under Section 1915(c) of the Social Security  
19 Act.

20 (2) Training.

21 (A) The Department, in consultation with  
22 independent and State home care providers of private  
23 duty nursing services, other private duty nursing  
24 agencies, patient advocacy groups, and other relevant  
25 stakeholders, shall develop requirements to train a  
26 family caregiver as a family home health aide to

1 provide qualified home health services to an eligible  
2 relative pursuant to the relative's plan of care. A  
3 family caregiver shall be required to be trained in  
4 skills that are relevant or necessary to the eligible  
5 relative pursuant to the relative's plan of care and  
6 clinical acuity to become a family home health aide.  
7 Such training and instruction may include:

- 8 (i) patient care transfers;
- 9 (ii) assistance with activities of daily  
10 living;
- 11 (iii) normal range of motion and position;
- 12 (iv) adequate nutrition and fluid intake;
- 13 (v) basic infection prevention and control  
14 procedures;
- 15 (vi) observation and reporting of a patient's  
16 vital signs, blood pressure, and general patient  
17 status;
- 18 (vii) urinary catheterization and ostomy care;
- 19 (viii) ambulation;
- 20 (ix) adequate nutrition and fluid intake;
- 21 (x) wound care;
- 22 (xi) enteral care;
- 23 (xii) medication administration; and
- 24 (xiii) any additional requirements, including  
25 mandated reporter responsibilities, determined by  
26 the Department.

1 (B) The Department shall offer the training,  
2 including hands-on experience through the relevant  
3 State agency, or may select designated home care  
4 providers to provide the training described in  
5 paragraph (A) to family caregivers of eligible  
6 relatives for the purposes of becoming certified as a  
7 family home health aide. If the Department selects the  
8 option of utilizing designated home care providers to  
9 provide the training, the Department must adequately  
10 reimburse such designated providers for providing the  
11 training to family caregivers of eligible relatives.

12 (3) Certification. The Department shall certify a  
13 family caregiver of an eligible relative as a family home  
14 health aide if the family caregiver:

15 (A) is at least 18 years of age;

16 (B) has demonstrated a minimum capacity to read  
17 and write;

18 (C) has successfully completed the training  
19 described in paragraph (2) and any additional  
20 education or competency requirements established by  
21 the Department; and

22 (D) has successfully fulfilled any additional  
23 requirements as established by the Department.

24 (b) Employment.

25 (1) In general. A home care provider may employ a  
26 family home health aide to provide qualified home health

1 services to an eligible relative under the program.  
2 However, the State shall not require a home care provider  
3 to participate in the program.

4 (2) Supervision. The home care provider shall ensure  
5 that a family home health aide employed by the provider  
6 receives appropriate clinical supervision, at least every  
7 90 days or in accordance with State law, and based on the  
8 acuity level of the eligible relative, which may be  
9 determined using the optional acuity tool developed under  
10 subsection (e).

11 (c) Services.

12 (1) In general. Subject to federal approval by the  
13 Centers for Medicare and Medicaid Services and the  
14 limitations described in paragraph (2) of this subsection,  
15 the family caregiver qualified as a family home health  
16 aide under this program shall be eligible to provide  
17 qualified home health services to eligible relatives under  
18 Illinois' Medicaid State Plan or any home and  
19 community-based services waiver program. Such services  
20 shall include care relating to:

21 (A) activities of daily living, including personal  
22 care;

23 (B) mobility;

24 (C) nutrition and hydration;

25 (D) toileting and elimination;

26 (E) assistive devices;

- 1 (F) safety and cleanliness;
- 2 (G) reporting abnormal signs and symptoms;
- 3 (H) cardiopulmonary resuscitation and emergency  
4 care;
- 5 (I) infection control;
- 6 (J) hygiene, grooming, skin care, and pressure  
7 sore prevention;
- 8 (K) wound care;
- 9 (L) portable oxygen use and safety and other  
10 respiratory procedures;
- 11 (M) enteral care and therapy; and
- 12 (N) any other services appropriate for low acuity  
13 eligible relatives.

14 (2) Limitation on services.

15 (A) A family home health aide shall only provide  
16 qualified home health services to an eligible relative  
17 pursuant to the relative's plan of care and only while  
18 actively employed by a home care provider. A family  
19 home health aide may not provide qualified home health  
20 services to an eligible relative under this program  
21 unless such family caregiver has been certified and  
22 received the state-required training in such services.

23 (B) The services received under this program by an  
24 eligible relative from a home health aide shall not  
25 exceed 40 hours per week. Nothing in this subparagraph  
26 shall restrict unpaid services provided as part of the

1 family caregiver's familial or household relationship  
2 to the eligible relative.

3 (C) A family home health aide is not permitted to  
4 provide tracheostomy and ventilation therapy and care  
5 regardless of the clinical acuity of the eligible  
6 relative. Nothing in this Section shall prohibit a  
7 family home health aide who is a clinical nursing  
8 specialist, a registered nurse, a registered nurse  
9 practitioner, licensed practical nurse, or licensed  
10 vocational nurse licensed in this State from providing  
11 tracheostomy, ventilation therapy, and qualified home  
12 health aide services to an eligible relative.

13 (D) A family home health aide shall not provide  
14 qualified home health aide services to an eligible  
15 relative unless the plan of care for the eligible  
16 relative is recertified by the provider at least every  
17 180 calendar days.

18 (d) Triaging services based on acuity. To ensure  
19 continuity of care, the Department must ensure the following:

20 (1) an eligible relative receiving qualified home  
21 health aide services, who is also eligible for home health  
22 and private duty nursing services, remains eligible and  
23 enrolled in such programs regardless of clinical acuity,  
24 as may be determined utilizing the optional State acuity  
25 tool described in subsection (e) or in a manner described  
26 by the Department;

1           (2) an eligible relative requiring a higher clinical  
2           acuity of care, including those who require tracheostomy  
3           and ventilation therapy and care, have timely access to  
4           private duty nursing services; and

5           (3) the home care provider employing the family home  
6           health aide be given preference to provide any other  
7           necessary home health and private duty nursing services to  
8           the eligible relative, beyond those provided as part of  
9           the Family Home Health Aide Program, to the extent  
10          practicable.

11          (e) Optional clinical acuity tool.

12          (1) In general. The Department may develop a State  
13          clinical acuity tool to assist in determining the care  
14          needs of medically fragile individuals to ensure that such  
15          individuals receive access to high-quality, clinically  
16          appropriate home health services, private duty nursing  
17          services, and qualified family home health aide services.  
18          If the Department develops such a clinical acuity tool,  
19          the Department shall convene a working group that includes  
20          representatives of independent and national home care  
21          providers of private duty nursing services under the  
22          State's Medicaid program, other private duty nursing  
23          agencies, full-benefit dual eligible individuals, Medicaid  
24          beneficiaries, patient advocacy groups, and other relevant  
25          stakeholders to assist the Department in developing such a  
26          clinical acuity tool to determine the appropriate level of

1 care for medically fragile individuals, including eligible  
2 relatives.

3 (2) Use of optional clinical acuity tool. The  
4 Department may create a program to require the use of the  
5 State clinical acuity tool described in subparagraph (A)  
6 to conduct an assessment to determine whether the services  
7 described under subsection (c) are clinically appropriate  
8 for such medically fragile individuals and eligible  
9 relatives consistent with their plan of care prior to the  
10 provision of such services. Under such program, the  
11 Department shall ensure that the assessment conducted  
12 using the State clinical acuity tool is independent and  
13 not conducted by a home health agency or facility.

14 (f) Respite program. In developing the Family Home Health  
15 Aid Program, the Department shall establish a respite program  
16 to provide respite care for family home health aides, private  
17 duty nurses, and home health aides. To ensure continuity of  
18 high quality of care, the Department shall ensure that the  
19 respite program:

20 (1) is operated and managed by the same home care  
21 provider that employs the family home health aide as  
22 described in subsection (b); and

23 (2) provides respite hours in totality on a biannual  
24 or annual basis.

25 (g) Reimbursement. In consultation with representatives of  
26 independent and State providers of private duty nursing

1 services under the State's Medicaid program, other private  
2 duty nursing agencies, home care providers, patient advocacy  
3 groups, and other relevant stakeholders, the Department shall  
4 establish a payment rate to reimburse home care providers for  
5 the provision of qualified home health aide services that are  
6 adequate to provide efficient, economical, and effective  
7 administration of the Family Home Health Aide Program and  
8 Illinois' Medicaid State Plan. In establishing such a rate,  
9 the Department shall ensure:

10 (1) compliance with State and federal minimum wage  
11 requirements;

12 (2) when establishing such payment rates, that the  
13 rates take into consideration any clinical supervision  
14 that home health agencies or private duty nursing  
15 providers must provide to family home health aides in the  
16 provision of qualified home health aide services to  
17 eligible relatives; and

18 (3) that payment rates are not set at a level that  
19 would deter individuals from pursuing other opportunities  
20 in alternate clinical care settings.

21 (h) Electronic visit verification. The Department shall  
22 require family home health aides providing qualified home  
23 health aide services under the State's Medicaid program to  
24 utilize the State's electronic visit verification system  
25 established in accordance with federal law.

26 (i) Reporting requirements. To track clinical outcomes

1 and operational challenges with the Family Home Health Aide  
2 Program, the Department shall issue, within 2 years after the  
3 establishment of the program, and every 2 years thereafter, a  
4 report to the Governor and make such report publicly available  
5 on the Department's official website. The report shall include  
6 the following:

7 (1) the number of hospitalizations and emergency room  
8 visits of eligible relatives participating in the program;

9 (2) the number of private duty nursing hours each  
10 eligible relative participating in the program has  
11 received and an analysis of whether such hours have  
12 increased or decreased since the eligible relative's  
13 participation in the program;

14 (3) the number of qualified home health aide services  
15 that were provided by family home health aides to each  
16 eligible relative enrolled in the program;

17 (4) the number of overpayments made to each provider  
18 employing family home health aides and other metrics  
19 determined by the State that may be used to determine the  
20 amount of fraud, waste, and abuse in the program; and

21 (5) an analysis of whether the State's waitlist for  
22 private duty nursing services or other home and  
23 community-based services under the State's Medicaid  
24 program has improved or declined since the introduction of  
25 the Family Home Health Aide Program.

26 (j) Rulemaking. The Department may adopt rules to

1 implement this Act.