



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB1182

Introduced 1/24/2025, by Sen. Doris Turner

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

Amends the Illinois Act on the Aging. Provides that by January 1, 2026, the Department on Aging shall seek federal approval from the Centers for Medicare and Medicaid Services for any waiver or State Plan amendment necessary to provide monthly monitoring payments to care coordination units for each active participant enrolled in the Community Care Program who is receiving any allowable service and has not utilized services authorized by the care coordination unit or managed care organization for the month preceding the last month of services. Requires managed care organizations to remediate the full monthly monitoring payment to care coordination units that are providing services in accordance with the Act. Defines "active participant" to mean a person 60 years of age or older who has been found eligible to receive Community Care Program services. Provides that to receive administrative payments, a care coordination unit must provide documentation demonstrating that an effort has been made to contact the individual and confirm that the individual no longer needs services provided by the care coordination unit. Requires the Department to secure federal financial participation for expenditures made by the Department for State Fiscal Year 20265 and every State fiscal year thereafter. Effective immediately.

LRB104 08421 KTG 18473 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, may include, but are not limited to, any
16 or all of the following:

17 (a) (blank);

18 (b) (blank);

19 (c) home care aide services;

20 (d) personal assistant services;

21 (e) adult day services;

22 (f) home-delivered meals;

23 (g) education in self-care;

- 1 (h) personal care services;
2 (i) adult day health services;
3 (j) habilitation services;
4 (k) respite care;
5 (k-5) community reintegration services;
6 (k-6) flexible senior services;
7 (k-7) medication management;
8 (k-8) emergency home response;
9 (l) other nonmedical social services that may enable
10 the person to become self-supporting; or
11 (m) (blank).

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

22 The Department shall require as a condition of eligibility
23 that all new financially eligible applicants apply for and
24 enroll in medical assistance under Article V of the Illinois
25 Public Aid Code in accordance with rules promulgated by the
26 Department.

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

1 related to the standards established for care in a group
2 facility appropriate to the person's condition. These
3 noninstitutional ~~non-institutional~~ services, pilot projects,
4 or experimental facilities may be provided as part of or in
5 addition to those authorized by federal law or those funded
6 and administered by the Department of Human Services. The
7 Departments of Human Services, Healthcare and Family Services,
8 Public Health, Veterans' Affairs, and Commerce and Economic
9 Opportunity and other appropriate agencies of State, federal,
10 and local governments shall cooperate with the Department on
11 Aging in the establishment and development of the
12 noninstitutional ~~non-institutional~~ services. The Department
13 shall require an annual audit from all personal assistant and
14 home care aide vendors contracting with the Department under
15 this Section. The annual audit shall assure that each audited
16 vendor's procedures are in compliance with Department's
17 financial reporting guidelines requiring an administrative and
18 employee wage and benefits cost split as defined in
19 administrative rules. The audit is a public record under the
20 Freedom of Information Act. The Department shall execute,
21 relative to the nursing home prescreening project, written
22 inter-agency agreements with the Department of Human Services
23 and the Department of Healthcare and Family Services, to
24 effect the following: (1) intake procedures and common
25 eligibility criteria for those persons who are receiving
26 noninstitutional ~~non-institutional~~ services; and (2) the

1 establishment and development of noninstitutional
2 ~~non-institutional~~ services in areas of the State where they
3 are not currently available or are undeveloped. On and after
4 July 1, 1996, all nursing home prescreenings for individuals
5 60 years of age or older shall be conducted by the Department.

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

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

22 The Department, or the Department's authorized
23 representative, may recover the amount of moneys expended for
24 services provided to or in behalf of a person under this
25 Section by a claim against the person's estate or against the
26 estate of the person's surviving spouse, but no recovery may

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

25 The Department shall increase the effectiveness of the
26 existing Community Care Program by:

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

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

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

15 (4) (blank);

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

19 (A) bathing;

20 (B) grooming;

21 (C) toileting;

22 (D) nail care;

23 (E) transferring;

24 (F) respiratory services;

25 (G) exercise; or

26 (H) positioning;

1 (6) ensuring that homemaker program vendors are not
2 restricted from hiring homemakers who are family members
3 of clients or recommended by clients; the Department may
4 not, by rule or policy, require homemakers who are family
5 members of clients or recommended by clients to accept
6 assignments in homes other than the client;

7 (7) ensuring that the State may access maximum federal
8 matching funds by seeking approval for the Centers for
9 Medicare and Medicaid Services for modifications to the
10 State's home and community based services waiver and
11 additional waiver opportunities, including applying for
12 enrollment in the Balance Incentive Payment Program by May
13 1, 2013, in order to maximize federal matching funds; this
14 shall include, but not be limited to, modification that
15 reflects all changes in the Community Care Program
16 services and all increases in the services cost maximum;

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

20 (9) ensuring that services are authorized accurately
21 and consistently for the Community Care Program (CCP); the
22 Department shall implement a Service Authorization policy
23 directive; the purpose shall be to ensure that eligibility
24 and services are authorized accurately and consistently in
25 the CCP program; the policy directive shall clarify
26 service authorization guidelines to Care Coordination

1 Units and Community Care Program providers no later than
2 May 1, 2013;

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

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

21 (12) implementing any necessary policy changes or
22 promulgating any rules, no later than January 1, 2014, to
23 assist the Department of Healthcare and Family Services in
24 moving as many participants as possible, consistent with
25 federal regulations, into coordinated care plans if a care
26 coordination plan that covers long term care is available

1 in the recipient's area; and

2 (13) (blank).

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

12 The Department shall develop procedures to enhance
13 availability of services on evenings, weekends, and on an
14 emergency basis to meet the respite needs of caregivers.
15 Procedures shall be developed to permit the utilization of
16 services in successive blocks of 24 hours up to the monthly
17 maximum established by the Department. Workers providing these
18 services shall be appropriately trained.

19 No ~~September 23, 1991~~ (~~Public Act 87-729~~) person may
20 perform chore/housekeeping and home care aide services under a
21 program authorized by this Section unless that person has been
22 issued a certificate of pre-service to do so by his or her
23 employing agency. Information gathered to effect such
24 certification shall include (i) the person's name, (ii) the
25 date the person was hired by his or her current employer, and
26 (iii) the training, including dates and levels. Persons

1 engaged in the program authorized by this Section before the
2 effective date of this amendatory Act of 1991 shall be issued a
3 certificate of all pre-service and in-service training from
4 his or her employer upon submitting the necessary information.
5 The employing agency shall be required to retain records of
6 all staff pre-service and in-service training, and shall
7 provide such records to the Department upon request and upon
8 termination of the employer's contract with the Department. In
9 addition, the employing agency is responsible for the issuance
10 of certifications of in-service training completed to their
11 employees.

12 The Department is required to develop a system to ensure
13 that persons working as home care aides and personal
14 assistants receive increases in their wages when the federal
15 minimum wage is increased by requiring vendors to certify that
16 they are meeting the federal minimum wage statute for home
17 care aides and personal assistants. An employer that cannot
18 ensure that the minimum wage increase is being given to home
19 care aides and personal assistants shall be denied any
20 increase in reimbursement costs.

21 The Community Care Program Advisory Committee is created
22 in the Department on Aging. The Director shall appoint
23 individuals to serve in the Committee, who shall serve at
24 their own expense. Members of the Committee must abide by all
25 applicable ethics laws. The Committee shall advise the
26 Department on issues related to the Department's program of

1 services to prevent unnecessary institutionalization. The
2 Committee shall meet on a bi-monthly basis and shall serve to
3 identify and advise the Department on present and potential
4 issues affecting the service delivery network, the program's
5 clients, and the Department and to recommend solution
6 strategies. Persons appointed to the Committee shall be
7 appointed on, but not limited to, their own and their agency's
8 experience with the program, geographic representation, and
9 willingness to serve. The Director shall appoint members to
10 the Committee to represent provider, advocacy, policy
11 research, and other constituencies committed to the delivery
12 of high quality home and community-based services to older
13 adults. Representatives shall be appointed to ensure
14 representation from community care providers, including, but
15 not limited to, adult day service providers, homemaker
16 providers, case coordination and case management units,
17 emergency home response providers, statewide trade or labor
18 unions that represent home care aides and direct care staff,
19 area agencies on aging, adults over age 60, membership
20 organizations representing older adults, and other
21 organizational entities, providers of care, or individuals
22 with demonstrated interest and expertise in the field of home
23 and community care as determined by the Director.

24 Nominations may be presented from any agency or State
25 association with interest in the program. The Director, or his
26 or her designee, shall serve as the permanent co-chair of the

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

17 The Department on Aging and the Department of Human
18 Services shall cooperate in the development and submission of
19 an annual report on programs and services provided under this
20 Section. Such joint report shall be filed with the Governor
21 and the General Assembly on or before March 31 of the following
22 fiscal year.

23 The requirement for reporting to the General Assembly
24 shall be satisfied by filing copies of the report as required
25 by Section 3.1 of the General Assembly Organization Act and
26 filing such additional copies with the State Government Report

1 Distribution Center for the General Assembly as is required
2 under paragraph (t) of Section 7 of the State Library Act.

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

15 For the purposes of this Section, "flexible senior
16 services" refers to services that require one-time or periodic
17 expenditures, including, but not limited to, respite care,
18 home modification, assistive technology, housing assistance,
19 and transportation.

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

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

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

4 The Department shall continue to provide Community Care
5 Program reports as required by statute, which shall include an
6 annual report on Care Coordination Unit performance and
7 adherence to service guidelines and a 6-month supplemental
8 report.

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

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

23 The Department shall pay an enhanced rate of at least
24 \$1.77 per unit under the Community Care Program to those
25 in-home service provider agencies that offer health insurance
26 coverage as a benefit to their direct service worker employees

1 pursuant to rules adopted by the Department. The Department
2 shall review the enhanced rate as part of its process to rebase
3 in-home service provider reimbursement rates pursuant to
4 federal waiver requirements. Subject to federal approval,
5 beginning on January 1, 2024, rates for adult day services
6 shall be increased to \$16.84 per hour and rates for each way
7 transportation services for adult day services shall be
8 increased to \$12.44 per unit transportation.

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

21 Subject to and upon federal approval, on and after January
22 1, 2025, rates for homemaker services shall be increased to
23 \$29.63 to sustain a minimum wage of \$18 per hour for direct
24 service workers. Rates in subsequent State fiscal years shall
25 be no lower than the rates put into effect upon federal
26 approval. Providers of in-home services shall be required to

1 certify to the Department that they remain in compliance with
2 the mandated wage increase for direct service workers. Fringe
3 benefits, including, but not limited to, paid time off and
4 payment for training, health insurance, travel, or
5 transportation, shall not be reduced in relation to the rate
6 increases described in this paragraph.

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 By January 1, 2026, the Department shall seek federal
7 approval from the Centers for Medicare and Medicaid Services
8 for any waiver or State Plan amendment necessary to provide
9 monthly monitoring payments to care coordination units for
10 each active participant enrolled in the Community Care Program
11 who is receiving any allowable service under this Section and
12 has not utilized services authorized by the care coordination
13 unit or managed care organization for the month preceding the
14 last month of services. Managed care organizations shall
15 remediate the full monthly monitoring payment to care
16 coordination units that are providing services in accordance
17 with this Section. As used in this paragraph, "active
18 participant" means a person 60 years of age or older who has
19 been found eligible to receive Community Care Program
20 services. To receive administrative payments under this
21 paragraph, a care coordination unit must provide documentation
22 demonstrating that an effort has been made to contact the
23 individual and confirm that the individual no longer needs
24 services provided by the care coordination unit. The
25 Department shall secure federal financial participation for
26 expenditures made by the Department in accordance with this

1 paragraph for State Fiscal Year 2026 and every State fiscal
2 year thereafter.

3 (Source: P.A. 102-1071, eff. 6-10-22; 103-8, eff. 6-7-23;
4 103-102, Article 45, Section 45-5, eff. 1-1-24; 103-102,
5 Article 85, Section 85-5, eff. 1-1-24; 103-102, Article 90,
6 Section 90-5, eff. 1-1-24; 103-588, eff. 6-5-24; 103-605, eff.
7 7-1-24; 103-670, eff. 1-1-25; revised 11-26-24.)

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.