

**104TH GENERAL ASSEMBLY****State of Illinois****2025 and 2026****SB3033**

Introduced 1/28/2026, by Sen. Celina Villanueva

**SYNOPSIS AS INTRODUCED:**

20 ILCS 105/4.02

Amends the Illinois Act on the Aging. Provides that, subject to federal approval, on and after January 1, 2027, rates for in-home services shall be increased to \$33.92 to sustain a minimum wage of \$20.75 per hour for direct service workers. Requires rates in subsequent State fiscal years to be no lower than the rates put into effect upon federal approval. Provides that in order for a provider of in-home services to be eligible to receive the \$33.92 rate, the provider must pay a minimum wage of \$20.75 per hour to all direct service workers employed by the provider. Requires providers of in-home services to certify to the Department on Aging that they remain in compliance with the mandated wage increase for direct service workers. Requires each provider of in-home services to submit cost reports to the Department consistent with a specified administrative rule in order to be eligible for the \$33.92 rate for in-home services. Provides that fringe benefits shall not be reduced in relation to the described rate increases. Requires the Department, beginning January 1, 2027, to ensure that each in-home service provider spends a minimum of 79% of the total payments the provider receives for home care aide services it furnishes under the Community Care Program on total compensation for direct service workers who furnish those services. Requires annual direct service worker cost reports from providers; and requires the Department to amend existing rules on financial reporting and minimum direct service worker costs to reflect the increase in the direct service worker spending requirement from 77% to 79%.

LRB104 17826 KTG 31260 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 services, pilot projects, or experimental  
4 facilities may be provided as part of or in addition to those  
5 authorized by federal law or those funded and administered by  
6 the Department of Human Services. The Departments of Human  
7 Services, Healthcare and Family Services, Public Health,  
8 Veterans' Affairs, and Commerce and Economic Opportunity and  
9 other appropriate agencies of State, federal, and local  
10 governments shall cooperate with the Department on Aging in  
11 the establishment and development of the noninstitutional  
12 services. The Department shall require an annual audit from  
13 all personal assistant and home care aide vendors contracting  
14 with the Department under this Section. The annual audit shall  
15 assure that each audited vendor's procedures are in compliance  
16 with Department's financial reporting guidelines requiring an  
17 administrative and employee wage and benefits cost split as  
18 defined in administrative rules. The audit is a public record  
19 under the Freedom of Information Act. The Department shall  
20 execute, relative to the nursing home prescreening project,  
21 written inter-agency agreements with the Department of Human  
22 Services and the Department of Healthcare and Family Services,  
23 to effect the following: (1) intake procedures and common  
24 eligibility criteria for those persons who are receiving  
25 noninstitutional services; and (2) the establishment and  
26 development of noninstitutional services in areas of the State

1 where they are not currently available or are undeveloped. On  
2 and after July 1, 1996, all nursing home prescreenings for  
3 individuals 60 years of age or older shall be conducted by the  
4 Department.

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

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

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

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

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

26 (1) ensuring that in-home services included in the

1 care plan are available on evenings and weekends;

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

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

14 (4) (blank);

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

18 (A) bathing;

19 (B) grooming;

20 (C) toileting;

21 (D) nail care;

22 (E) transferring;

23 (F) respiratory services;

24 (G) exercise; or

25 (H) positioning;

26 (6) ensuring that homemaker program vendors are not

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

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

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

19 (9) ensuring that services are authorized accurately  
20 and consistently for the Community Care Program (CCP); the  
21 Department shall implement a Service Authorization policy  
22 directive; the purpose shall be to ensure that eligibility  
23 and services are authorized accurately and consistently in  
24 the CCP program; the policy directive shall clarify  
25 service authorization guidelines to Care Coordination  
26 Units and Community Care Program providers no later than

1 May 1, 2013;

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

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

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

1 (13) (blank).

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

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

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

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

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

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

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

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

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

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

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

1 under paragraph (t) of Section 7 of the State Library Act.

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

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

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

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

26 The Department may authorize Community Care Program

1 services until an applicant is determined eligible for medical  
2 assistance under Article V of the Illinois Public Aid Code.

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

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

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

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

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

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

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

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

6 Subject to and upon federal approval, on and after January  
7 1, 2026, rates for homemaker services shall be increased to  
8 \$30.80 to sustain a minimum wage of \$18.75 per hour for direct  
9 service workers. Rates in subsequent State fiscal years shall  
10 be no lower than the rates put into effect upon federal  
11 approval. Providers of in-home services shall be required to  
12 certify to the Department that they remain in compliance with  
13 the mandated wage increase for direct service workers. Fringe  
14 benefits, including, but not limited to, paid time off and  
15 payment for training, health insurance, travel, or  
16 transportation, shall not be reduced in relation to the rate  
17 increases described in this paragraph.

18 Subject to federal approval, on and after January 1, 2027,  
19 rates for in-home services shall be increased to \$33.92 to  
20 sustain a minimum wage of \$20.75 per hour for direct service  
21 workers. Rates in subsequent State fiscal years shall be no  
22 lower than the rates put into effect upon federal approval. In  
23 order for a provider of in-home services to be eligible to  
24 receive the \$33.92 rate, the provider must pay a minimum wage  
25 of \$20.75 per hour to all direct service workers employed by  
26 the provider. Providers of in-home services shall be required

1 to certify to the Department that they remain in compliance  
2 with the mandated wage increase for direct service workers. By  
3 no more than 60 days after issuing notification of the rate  
4 increase, the Department shall require providers of in-home  
5 services to submit such certification to the Department in  
6 order for the provider to be eligible for the \$33.92 rate for  
7 in-home services. The Department shall also require each  
8 provider of in-home services to submit cost reports to the  
9 Department consistent with Section 240.2023 of Title 89 of the  
10 Illinois Administrative Code in order for the provider to be  
11 eligible for the \$33.92 rate for in-home services. Fringe  
12 benefits, including, but not limited to, paid time off and  
13 payment for training, health insurance, travel, or  
14 transportation, shall not be reduced in relation to the rate  
15 increases described in this paragraph.

16 To ensure that in-home service payment rates are adequate  
17 to maintain a sufficient direct care workforce to meet the  
18 needs of Community Care Program beneficiaries and provide  
19 access to services in the amount, duration, and scope  
20 specified in beneficiaries' person-centered service plans,  
21 beginning January 1, 2027, the Department shall ensure that  
22 each in-home service provider spends a minimum of 79% of the  
23 total payments the provider receives for home care aide  
24 services it furnishes under the Community Care Program on  
25 total compensation for direct service workers who furnish  
26 those services. The Department shall require each provider

1 annually to submit a direct service worker cost report  
2 certifying that the provider has met the minimum spending  
3 requirement. The report must be based upon actual, documented  
4 expenditures, attested to by an authorized representative of  
5 the provider, and submitted within 6 months after the end of  
6 the reporting period. The Department shall amend current rules  
7 on financial reporting and minimum direct service worker costs  
8 at Sections 240.2020 and 240.2040 of Title 89 of the Illinois  
9 Administrative Code to reflect the increase in the direct  
10 service worker spending requirement from 77% to 79%.

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

24 The Community Care Program Medicaid Enrollment Oversight  
25 Subcommittee is created as a subcommittee of the Older Adult  
26 Services Advisory Committee established in Section 35 of the

1 Older Adult Services Act to make recommendations on how best  
2 to increase the number of medical assistance recipients who  
3 are enrolled in the Community Care Program. The Subcommittee  
4 shall consist of all of the following persons who must be  
5 appointed within 30 days after June 4, 2018 (the effective  
6 date of Public Act 100-587):

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

9 (2) One representative of the Department of Healthcare  
10 and Family Services, appointed by the Director of  
11 Healthcare and Family Services.

12 (3) One representative of the Department of Human  
13 Services, appointed by the Secretary of Human Services.

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

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

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

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

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

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

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

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

9           (12) One member of the House of Representatives, who  
10 shall serve as co-chairperson, appointed by the Speaker of  
11 the House of Representatives.

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

15           (14) One individual appointed by a labor organization  
16 representing frontline employees at the Department of  
17 Human Services.

18           The Subcommittee shall provide oversight to the Community  
19 Care Program Medicaid Initiative and shall meet quarterly. At  
20 each Subcommittee meeting the Department on Aging shall  
21 provide the following data sets to the Subcommittee: (A) the  
22 number of Illinois residents, categorized by planning and  
23 service area, who are receiving services under the Community  
24 Care Program and are enrolled in the State's Medical  
25 Assistance Program; (B) the number of Illinois residents,  
26 categorized by planning and service area, who are receiving

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

19 The Department on Aging, with the involvement of the  
20 Subcommittee, shall collaborate with the Department of Human  
21 Services and the Department of Healthcare and Family Services  
22 on how best to achieve the responsibilities of the Community  
23 Care Program Medicaid Initiative.

24 The Department on Aging, the Department of Human Services,  
25 and the Department of Healthcare and Family Services shall  
26 coordinate and implement a streamlined process for seniors to

1 access benefits under the State's Medical Assistance Program.

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

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

19 The Community Care Program Medicaid Initiative shall cease  
20 operation 5 years after June 4, 2018 (the effective date of  
21 Public Act 100-587), after which the Subcommittee shall  
22 dissolve.

23 Effective July 1, 2023, subject to federal approval, the  
24 Department on Aging shall reimburse Care Coordination Units at  
25 the following rates for case management services: \$252.40 for  
26 each initial assessment; \$366.40 for each initial assessment

1 with translation; \$229.68 for each redetermination assessment;  
2 \$313.68 for each redetermination assessment with translation;  
3 \$200.00 for each completed application for medical assistance  
4 benefits; \$132.26 for each face-to-face, choices-for-care  
5 screening; \$168.26 for each face-to-face, choices-for-care  
6 screening with translation; \$124.56 for each 6-month,  
7 face-to-face visit; \$132.00 for each MCO participant  
8 eligibility determination; and \$157.00 for each MCO  
9 participant eligibility determination with translation.

10 (Source: P.A. 103-8, eff. 6-7-23; 103-102, Article 45, Section  
11 45-5, eff. 1-1-24; 103-102, Article 85, Section 85-5, eff.  
12 1-1-24; 103-102, Article 90, Section 90-5, eff. 1-1-24;  
13 103-588, eff. 6-5-24; 103-605, eff. 7-1-24; 103-670, eff.  
14 1-1-25; 104-2, eff. 6-16-25; 104-417, eff. 8-15-25.)