



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

HB5164

by Rep. Anna Moeller

#### SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

from Ch. 23, par. 6104.02

Amends the Illinois Act on the Aging. Requires the Department on Aging to establish and implement a Community Care Program Medicaid Initiative to: provide targeted funding to care coordination units to help seniors complete applications for medical assistance benefits under the State's Medical Assistance program; provide a funding pool to help care coordination units make improvements to the application process; establish requirements for State agencies to make enrollment in the Medical Assistance program easier for seniors; and other matters. Creates the Community Care Program Medicaid Enrollment Oversight Task Force to make recommendations on how best to increase the number of Illinois residents who are enrolled in the Community Care Program and receive services not paid for under the Medical Assistance program although they may be eligible for benefits. Provides for the membership of the Task Force. Requires the Task Force to provide oversight to the Initiative and to meet quarterly to provide the Department with data on the number of persons who receive Community Care Program services and are eligible for medical assistance but are not enrolled in the Medical Assistance program. Requires the Department to publish such data on its website and to collaborate with other agencies to determine how best to achieve the responsibilities of the Initiative. Establishes payment incentives to care coordination units that assist seniors in completing medical assistance applications. Provides that the Initiative shall cease operation 5 years after the effective date of the amendatory Act, after which the Task Force shall dissolve.

LRB100 19857 KTG 35135 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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) (from Ch. 23, par. 6104.02)

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. Such  
14 preventive services, which may be coordinated with other  
15 programs for the aged and monitored by area agencies on aging  
16 in cooperation with the Department, may include, but are not  
17 limited to, any or all of the following:

- 18 (a) (blank);  
19 (b) (blank);  
20 (c) home care aide services;  
21 (d) personal assistant services;  
22 (e) adult day services;  
23 (f) home-delivered meals;

- 1 (g) education in self-care;  
2 (h) personal care services;  
3 (i) adult day health services;  
4 (j) habilitation services;  
5 (k) respite care;  
6 (k-5) community reintegration services;  
7 (k-6) flexible senior services;  
8 (k-7) medication management;  
9 (k-8) emergency home response;  
10 (l) other nonmedical social services that may enable  
11 the person to become self-supporting; or  
12 (m) clearinghouse for information provided by senior  
13 citizen home owners who want to rent rooms to or share  
14 living space with other senior citizens.

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

25 Beginning January 1, 2008, the Department shall require as  
26 a condition of eligibility that all new financially eligible

1 applicants apply for and enroll in medical assistance under  
2 Article V of the Illinois Public Aid Code in accordance with  
3 rules promulgated by the Department.

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

1 eligible persons age 60 and older to the extent that the cost  
2 of the services together with the other personal maintenance  
3 expenses of the persons are reasonably related to the standards  
4 established for care in a group facility appropriate to the  
5 person's condition. These non-institutional services, pilot  
6 projects or experimental facilities may be provided as part of  
7 or in addition to those authorized by federal law or those  
8 funded and administered by the Department of Human Services.  
9 The Departments of Human Services, Healthcare and Family  
10 Services, Public Health, Veterans' Affairs, and Commerce and  
11 Economic Opportunity and other appropriate agencies of State,  
12 federal and local governments shall cooperate with the  
13 Department on Aging in the establishment and development of the  
14 non-institutional services. The Department shall require an  
15 annual audit from all personal assistant and home care aide  
16 vendors contracting with the Department under this Section. The  
17 annual audit shall assure that each audited vendor's procedures  
18 are in compliance with Department's financial reporting  
19 guidelines requiring an administrative and employee wage and  
20 benefits cost split as defined in administrative rules. The  
21 audit is a public record under the Freedom of Information Act.  
22 The Department shall execute, relative to the nursing home  
23 prescreening project, written inter-agency agreements with the  
24 Department of Human Services and the Department of Healthcare  
25 and Family Services, to effect the following: (1) intake  
26 procedures and common eligibility criteria for those persons

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

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

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

23 The Department, or the Department's authorized  
24 representative, may recover the amount of moneys expended for  
25 services provided to or in behalf of a person under this  
26 Section by a claim against the person's estate or against the

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

26 The Department shall increase the effectiveness of the

1 existing Community Care Program by:

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

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

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

16 (4) ensuring that the determination of need tool is  
17 accurate in determining the participants' level of need; to  
18 achieve this, the Department, in conjunction with the Older  
19 Adult Services Advisory Committee, shall institute a study  
20 of the relationship between the Determination of Need  
21 scores, level of need, service cost maximums, and the  
22 development and utilization of service plans no later than  
23 May 1, 2008; findings and recommendations shall be  
24 presented to the Governor and the General Assembly no later  
25 than January 1, 2009; recommendations shall include all  
26 needed changes to the service cost maximums schedule and



1 additional covered services;

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

5 (A) bathing;

6 (B) grooming;

7 (C) toileting;

8 (D) nail care;

9 (E) transferring;

10 (F) respiratory services;

11 (G) exercise; or

12 (H) positioning;

13 (6) ensuring that homemaker program vendors are not  
14 restricted from hiring homemakers who are family members of  
15 clients or recommended by clients; the Department may not,  
16 by rule or policy, require homemakers who are family  
17 members of clients or recommended by clients to accept  
18 assignments in homes other than the client;

19 (7) ensuring that the State may access maximum federal  
20 matching funds by seeking approval for the Centers for  
21 Medicare and Medicaid Services for modifications to the  
22 State's home and community based services waiver and  
23 additional waiver opportunities, including applying for  
24 enrollment in the Balance Incentive Payment Program by May  
25 1, 2013, in order to maximize federal matching funds; this  
26 shall include, but not be limited to, modification that

1 reflects all changes in the Community Care Program services  
2 and all increases in the services cost maximum;

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

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

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

1 order to address these improvements;

2 (11) requiring home care service providers to comply  
3 with the rounding of hours worked provisions under the  
4 federal Fair Labor Standards Act (FLSA) and as set forth in  
5 29 CFR 785.48(b) by May 1, 2013;

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

13 (13) maintaining fiscal year 2014 rates at the same  
14 level established on January 1, 2013.

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

24 The Department shall develop procedures to enhance  
25 availability of services on evenings, weekends, and on an  
26 emergency basis to meet the respite needs of caregivers.

1 Procedures shall be developed to permit the utilization of  
2 services in successive blocks of 24 hours up to the monthly  
3 maximum established by the Department. Workers providing these  
4 services shall be appropriately trained.

5 Beginning on the effective date of this amendatory Act of  
6 1991, no person may perform chore/housekeeping and home care  
7 aide services under a program authorized by this Section unless  
8 that person has been issued a certificate of pre-service to do  
9 so by his or her employing agency. Information gathered to  
10 effect such certification shall include (i) the person's name,  
11 (ii) the date the person was hired by his or her current  
12 employer, and (iii) the training, including dates and levels.  
13 Persons engaged in the program authorized by this Section  
14 before the effective date of this amendatory Act of 1991 shall  
15 be issued a certificate of all pre- and in-service training  
16 from his or her employer upon submitting the necessary  
17 information. The employing agency shall be required to retain  
18 records of all staff pre- and in-service training, and shall  
19 provide such records to the Department upon request and upon  
20 termination of the employer's contract with the Department. In  
21 addition, the employing agency is responsible for the issuance  
22 of certifications of in-service training completed to their  
23 employees.

24 The Department is required to develop a system to ensure  
25 that persons working as home care aides and personal assistants  
26 receive increases in their wages when the federal minimum wage

1 is increased by requiring vendors to certify that they are  
2 meeting the federal minimum wage statute for home care aides  
3 and personal assistants. An employer that cannot ensure that  
4 the minimum wage increase is being given to home care aides and  
5 personal assistants shall be denied any increase in  
6 reimbursement costs.

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

1 providers, homemaker providers, case coordination and case  
2 management units, emergency home response providers, statewide  
3 trade or labor unions that represent home care aides and direct  
4 care staff, area agencies on aging, adults over age 60,  
5 membership organizations representing older adults, and other  
6 organizational entities, providers of care, or individuals  
7 with demonstrated interest and expertise in the field of home  
8 and community care as determined by the Director.

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

1 Committee.

2 The Department on Aging and the Department of Human  
3 Services shall cooperate in the development and submission of  
4 an annual report on programs and services provided under this  
5 Section. Such joint report shall be filed with the Governor and  
6 the General Assembly on or before September 30 each year.

7 The requirement for reporting to the General Assembly shall  
8 be satisfied by filing copies of the report with the Speaker,  
9 the Minority Leader and the Clerk of the House of  
10 Representatives and the President, the Minority Leader and the  
11 Secretary of the Senate and the Legislative Research Unit, as  
12 required by Section 3.1 of the General Assembly Organization  
13 Act and filing such additional copies with the State Government  
14 Report Distribution Center for the General Assembly as is  
15 required under paragraph (t) of Section 7 of the State Library  
16 Act.

17 Those persons previously found eligible for receiving  
18 non-institutional services whose services were discontinued  
19 under the Emergency Budget Act of Fiscal Year 1992, and who do  
20 not meet the eligibility standards in effect on or after July  
21 1, 1992, shall remain ineligible on and after July 1, 1992.  
22 Those persons previously not required to cost-share and who  
23 were required to cost-share effective March 1, 1992, shall  
24 continue to meet cost-share requirements on and after July 1,  
25 1992. Beginning July 1, 1992, all clients will be required to  
26 meet eligibility, cost-share, and other requirements and will

1 have services discontinued or altered when they fail to meet  
2 these requirements.

3 For the purposes of this Section, "flexible senior  
4 services" refers to services that require one-time or periodic  
5 expenditures including, but not limited to, respite care, home  
6 modification, assistive technology, housing assistance, and  
7 transportation.

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

12 The Department shall require, as a condition of  
13 eligibility, enrollment in the medical assistance program  
14 under Article V of the Illinois Public Aid Code (i) beginning  
15 August 1, 2013, if the Auditor General has reported that the  
16 Department has failed to comply with the reporting requirements  
17 of Section 2-27 of the Illinois State Auditing Act; or (ii)  
18 beginning June 1, 2014, if the Auditor General has reported  
19 that the Department has not undertaken the required actions  
20 listed in the report required by subsection (a) of Section 2-27  
21 of the Illinois State Auditing Act.

22 The Department shall delay Community Care Program services  
23 until an applicant is determined eligible for medical  
24 assistance under Article V of the Illinois Public Aid Code (i)  
25 beginning August 1, 2013, if the Auditor General has reported  
26 that the Department has failed to comply with the reporting



1 requirements of Section 2-27 of the Illinois State Auditing  
2 Act; or (ii) beginning June 1, 2014, if the Auditor General has  
3 reported that the Department has not undertaken the required  
4 actions listed in the report required by subsection (a) of  
5 Section 2-27 of the Illinois State Auditing Act.

6 The Department shall implement co-payments for the  
7 Community Care Program at the federally allowable maximum level  
8 (i) beginning August 1, 2013, if the Auditor General has  
9 reported that the Department has failed to comply with the  
10 reporting requirements of Section 2-27 of the Illinois State  
11 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor  
12 General has reported that the Department has not undertaken the  
13 required actions listed in the report required by subsection  
14 (a) of Section 2-27 of the Illinois State Auditing Act.

15 The Department shall provide a bi-monthly report on the  
16 progress of the Community Care Program reforms set forth in  
17 this amendatory Act of the 98th General Assembly to the  
18 Governor, the Speaker of the House of Representatives, the  
19 Minority Leader of the House of Representatives, the President  
20 of the Senate, and the Minority Leader of the Senate.

21 The Department shall conduct a quarterly review of Care  
22 Coordination Unit performance and adherence to service  
23 guidelines. The quarterly review shall be reported to the  
24 Speaker of the House of Representatives, the Minority Leader of  
25 the House of Representatives, the President of the Senate, and  
26 the Minority Leader of the Senate. The Department shall collect

1 and report longitudinal data on the performance of each care  
2 coordination unit. Nothing in this paragraph shall be construed  
3 to require the Department to identify specific care  
4 coordination units.

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

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

19 Within 30 days after the effective date of this amendatory  
20 Act of the 100th General Assembly, rates shall be increased to  
21 \$18.29 per hour, for the purpose of increasing, by at least  
22 \$.72 per hour, the wages paid by those vendors to their  
23 employees who provide homemaker services. The Department shall  
24 pay an enhanced rate 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 consistent with the mandates of Public Act 95-713. For State  
2 fiscal year 2018, the enhanced rate shall be \$1.77 per hour.  
3 The rate shall be adjusted using actuarial analysis based on  
4 the cost of care, but shall not be set below \$1.77 per hour.  
5 The Department shall adopt rules, including emergency rules  
6 under subsection (y) of Section 5-45 of the Illinois  
7 Administrative Procedure Act, to implement the provisions of  
8 this paragraph.

9 The General Assembly finds it necessary to authorize an  
10 aggressive Medicaid enrollment initiative designed to maximize  
11 federal Medicaid funding for the Community Care Program which  
12 produces significant savings for the State of Illinois. The  
13 Department on Aging shall establish and implement a Community  
14 Care Program Medicaid Initiative. Under the Initiative, the  
15 Department on Aging shall, at a minimum: (i) provide targeted  
16 funding to care coordination units to help seniors complete  
17 applications for medical assistance benefits under the State's  
18 Medical Assistance program; (ii) provide a funding pool to help  
19 care coordination units make improvements to the application  
20 process; (iii) use recommendations from a stakeholder  
21 committee on how best to implement the Initiative; and (iv)  
22 establish requirements for State agencies to make enrollment in  
23 the State's Medical Assistance program easier for seniors.

24 The Community Care Program Medicaid Enrollment Oversight  
25 Task Force is created within the Department on Aging to make  
26 recommendations on how best to increase the number of Illinois

1 residents who are enrolled in the Community Care Program and  
2 receive services not paid for under the State's Medical  
3 Assistance program even though they may be eligible for medical  
4 assistance benefits. The Task Force shall consist of all of the  
5 following persons who must be appointed within 30 days after  
6 the effective date of this amendatory Act of the 100th General  
7 Assembly:

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

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

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

15 (4) Two individuals representing care coordination  
16 units from 2 geographically different Planning and Service  
17 Areas, appointed by the Director of Aging.

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

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

23 (7) One individual from a statewide association  
24 dedicated to Alzheimer's care, support, and research.

25 (8) One individual from an organization that employs  
26 persons who provide services under the Community Care

1       Program.

2           (9) Two members of trade or labor unions representing  
3       persons who provide services under the Community Care  
4       Program.

5           (10) Two members of the Senate appointed by the  
6       President of the Senate, one of whom shall serve as  
7       co-chairperson.

8           (11) Two members of the Senate appointed by the  
9       Minority Leader of the Senate, one of whom shall serve as  
10       co-chairperson.

11           (12) Two members of the House of Representatives  
12       appointed by the Speaker of the House of Representatives,  
13       one of whom shall serve as co-chairperson.

14           (13) Two members of the House of Representatives  
15       appointed by the Minority Leader of the House of  
16       Representatives, one of whom shall serve as  
17       co-chairperson.

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

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

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

23 The Department on Aging, the Department of Human Services,  
24 and the Department of Healthcare and Family Services shall  
25 coordinate and implement a streamlined process for seniors to  
26 access benefits under the State's Medical Assistance program.

1 This streamlined process includes the creation of consolidated  
2 forms and the acceptance of these forms across all State  
3 agencies.

4 The Department of Human Services shall adopt a uniform  
5 application submission process no later than 60 days after the  
6 effective date of this amendatory Act of the 100th General  
7 Assembly.

8 The Community Care Program Medicaid Initiative shall  
9 provide targeted funding to care coordination units to help  
10 seniors complete their applications for medical assistance  
11 benefits. A care coordination unit shall receive a payment for  
12 each completed application for those months in which the number  
13 of medical assistance applications the care coordination unit  
14 helps seniors complete is at or above the monthly average  
15 number of medical assistance applications the care  
16 coordination unit helped seniors complete in the same service  
17 area during calendar year 2017. The rate of payment shall be no  
18 less than \$300 per completed application.

19 The Community Care Program Medicaid Initiative shall cease  
20 operation 5 years after the effective date of this amendatory  
21 Act of the 100th General Assembly, after which the Task Force  
22 shall dissolve.

23 (Source: P.A. 99-143, eff. 7-27-15; 100-23, eff. 7-6-17.)