102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4000

Introduced 3/4/2021, by Rep. Sonya M. Harper

SYNOPSIS AS INTRODUCED:

20	ILCS	105/4.01	from Ch. 23,	par.	6104.01
20	ILCS	105/4.02	from Ch. 23,	par.	6104.02
20	ILCS	105/4.06			

Amends the Illinois Act on the Aging. In provisions concerning the powers and duties of the Department on Aging under the Act, requires the Department to work with workforce development providers through the federal Workforce Innovation and Opportunity Act to establish and implement an affirmative action employment plan for the recruitment, hiring, training, and retraining of persons 60 or more years old for jobs for which their employment would not be precluded by law (rather than requiring the Department to make a grant to an institution of higher learning to study the feasibility of establishing and implementing an affirmative action employment plan for the recruitment, hiring, training, and retraining of persons 60 or more years old for jobs for which their employment would not be precluded by law). Requires the Department to conduct demonstration projects to identify additional ways to assist aging and minority senior citizens throughout the State (rather than requiring the Department to conduct a study of the feasibility of implementing the Senior Companion Program throughout the State). In a provision requiring the Department on Aging and the Department of Human Services to file a joint report with the Governor and the General Assembly, removes the requirement that the report be filed on or before September 30 of each year. Requires the Department on Aging and other specified agencies to submit an annual report on program and services for minority senior citizens in the State to be filed with the Governor and the General Assembly within 12 months of the closing of the lapse period for the fiscal year included in the report.

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FISCAL NOTE ACT MAY APPLY

A BILL FOR

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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 Sections 4.01, 4.02, and 4.06 as follows:

6 (20 ILCS 105/4.01) (from Ch. 23, par. 6104.01)

Sec. 4.01. Additional powers and duties of the Department.
In addition to powers and duties otherwise provided by law,
the Department shall have the following powers and duties:

10 (1) To evaluate all programs, services, and facilities for 11 the aged and for minority senior citizens within the State and 12 determine the extent to which present public or private 13 programs, services and facilities meet the needs of the aged.

14 (2) To coordinate and evaluate all programs, services, and 15 facilities for the Aging and for minority senior citizens 16 presently furnished by State agencies and make appropriate 17 recommendations regarding such services, programs and 18 facilities to the Governor and/or the General Assembly.

19 (2-a) To request, receive, and share information 20 electronically through the use of data-sharing agreements for 21 the purpose of (i) establishing and verifying the initial and 22 continuing eligibility of older adults to participate in 23 programs administered by the Department; (ii) maximizing

1 in federal financial participation State assistance 2 expenditures; and (iii) investigating allegations of fraud or other abuse of publicly funded benefits. Notwithstanding any 3 other law to the contrary, but only for the limited purposes 4 5 identified in the preceding sentence, this paragraph (2-a) expressly authorizes the exchanges of income, identification, 6 7 and other pertinent eligibility information by and among the Social Security Administration, 8 Department and the the 9 Department of Employment Security, the Department of 10 Healthcare and Family Services, the Department of Human 11 Services, the Department of Revenue, the Secretary of State, 12 the U.S. Department of Veterans Affairs, and any other 13 entity. The confidentiality of information governmental 14 otherwise shall be maintained as required by law. In addition, 15 the Department on Aging shall verify employment information at 16 the request of a community care provider for the purpose of 17 ensuring program integrity under the Community Care Program.

(3) To function as the sole State agency to develop a
comprehensive plan to meet the needs of the State's senior
citizens and the State's minority senior citizens.

(4) To receive and disburse State and federal funds made available directly to the Department including those funds made available under the Older Americans Act and the Senior Community Service Employment Program for providing services for senior citizens and minority senior citizens or for purposes related thereto, and shall develop and administer any

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1 State Plan for the Aging required by federal law.

2 (5) To solicit, accept, hold, and administer in behalf of 3 the State any grants or legacies of money, securities, or 4 property to the State of Illinois for services to senior 5 citizens and minority senior citizens or purposes related 6 thereto.

7 (6) To provide consultation and assistance to communities,
8 area agencies on aging, and groups developing local services
9 for senior citizens and minority senior citizens.

10 (7) To promote community education regarding the problems 11 of senior citizens and minority senior citizens through 12 institutes, publications, radio, television and the local 13 press.

14 (8) To cooperate with agencies of the federal government 15 in studies and conferences designed to examine the needs of 16 senior citizens and minority senior citizens and to prepare 17 programs and facilities to meet those needs.

18 (9) To establish and maintain information and referral 19 sources throughout the State when not provided by other 20 agencies.

21 (10) To provide the staff support that may reasonably be 22 required by the Council.

(11) To make and enforce rules and regulations necessaryand proper to the performance of its duties.

25 (12) To establish and fund programs or projects or 26 experimental facilities that are specially designed as - 4 - LRB102 17337 KTG 22827 b

1 alternatives to institutional care.

(13) To develop a training program to train the counselors presently employed by the Department's aging network to provide Medicare beneficiaries with counseling and advocacy in Medicare, private health insurance, and related health care coverage plans. The Department shall report to the General Assembly on the implementation of the training program on or before December 1, 1986.

9 (14) To work with workforce development providers through 10 the federal Workforce Innovation and Opportunity Act to 11 establish and implement make a grant to an institution of 12 higher learning to study the feasibility of establishing and implementing an affirmative action employment plan for the 13 recruitment, hiring, training and retraining of persons 60 or 14 15 more years old for jobs for which their employment would not be 16 precluded by law.

17 (15) To present one award annually in each of the categories of community service, education, the performance 18 and graphic arts, and the labor force to outstanding Illinois 19 20 senior citizens and minority senior citizens in recognition of their individual contributions to either community service, 21 22 education, the performance and graphic arts, or the labor 23 force. The awards shall be presented to 4 senior citizens and minority senior citizens selected from a list of 44 nominees 24 25 compiled annually by the Department. Nominations shall be solicited from senior citizens' service providers, area 26

agencies on aging, senior citizens' centers, and senior citizens' organizations. The Department shall establish a central location within the State to be designated as the Senior Illinoisans Hall of Fame for the public display of all the annual awards, or replicas thereof.

6 (16) To establish multipurpose senior centers through area 7 agencies on aging and to fund those new and existing 8 multipurpose senior centers through area agencies on aging, 9 the establishment and funding to begin in such areas of the 10 State as the Department shall designate by rule and as 11 specifically appropriated funds become available.

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(17) (Blank).

13 (18) To develop a pamphlet in English and Spanish which may be used by physicians licensed to practice medicine in all 14 15 of its branches pursuant to the Medical Practice Act of 1987, 16 pharmacists licensed pursuant to the Pharmacy Practice Act, 17 and Illinois residents 65 years of age or older for the purpose assisting physicians, pharmacists, and patients 18 of in monitoring prescriptions provided by various physicians and to 19 20 aid persons 65 years of age or older in complying with directions for proper use of pharmaceutical prescriptions. The 21 22 pamphlet may provide space for recording information including 23 but not limited to the following:

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(a) name and telephone number of the patient;

25 (b) name and telephone number of the prescribing 26 physician;

- 1
- (c) date of prescription;
- 2

3

4

(d) name of drug prescribed;

(e) directions for patient compliance; and

(f) name and telephone number of dispensing pharmacy.

5 In developing the pamphlet, the Department shall consult 6 with the Illinois State Medical Society, the Center for 7 Minority Health Services, the Illinois Pharmacists Association 8 and senior citizens organizations. The Department shall 9 distribute the pamphlets to physicians, pharmacists and 10 persons 65 years of age or older or various senior citizen 11 organizations throughout the State.

12 (19) To conduct <u>demonstration projects to identify</u> 13 <u>additional ways to assist aging and minority senior citizens</u> a 14 <u>study of the feasibility of implementing the Senior Companion</u> 15 Program throughout the State.

16 (20) The reimbursement rates paid through the community 17 care program for chore housekeeping services and home care 18 aides shall be the same.

19 (21) From funds appropriated to the Department from the 20 Meals on Wheels Fund, a special fund in the State treasury that 21 is hereby created, and in accordance with State and federal 22 guidelines and the intrastate funding formula, to make grants 23 to area agencies on aging, designated by the Department, for 24 the sole purpose of delivering meals to homebound persons 60 25 years of age and older.

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(22) To distribute, through its area agencies on aging,

information alerting seniors on safety issues regarding 1 2 emergency weather conditions, including extreme heat and cold, flooding, tornadoes, electrical storms, and other severe storm 3 weather. The information shall include all 4 necessarv 5 instructions for safety and all emergency telephone numbers of organizations that will provide additional information and 6 7 assistance.

8 (23) To develop guidelines for the organization and 9 implementation of Volunteer Services Credit Programs to be 10 administered by Area Agencies on Aging or community based 11 senior service organizations. The Department shall hold public 12 hearings on the proposed guidelines for public comment, 13 and determination of public interest. suggestion, The quidelines shall be based on the findings of other states and 14 of community organizations in Illinois that are currently 15 16 operating volunteer services credit programs or demonstration 17 volunteer services credit programs. The Department shall offer guidelines for all aspects of the programs including, but not 18 19 limited to, the following:

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(a) types of services to be offered by volunteers;

21 (b) types of services to be received upon the 22 redemption of service credits;

23 (c) issues of liability for the volunteers and the
24 administering organizations;

25 (d) methods of tracking service credits earned and 26 service credits redeemed;

(e) issues of time limits for redemption of service
 credits;

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(f) methods of recruitment of volunteers;

4 (g) utilization of community volunteers, community
5 service groups, and other resources for delivering
6 services to be received by service credit program clients;

7 (h) accountability and assurance that services will be
8 available to individuals who have earned service credits;
9 and

(i) volunteer screening and qualifications.

11 The Department shall submit a written copy of the guidelines 12 to the General Assembly by July 1, 1998.

13 (24) To function as the sole State agency to receive and 14 disburse State and federal funds for providing adult 15 protective services in a domestic living situation in 16 accordance with the Adult Protective Services Act.

17 (25) To hold conferences, trainings, and other programs for which the Department shall determine by rule a reasonable 18 fee to cover related administrative costs. Rules to implement 19 20 the fee authority granted by this paragraph (25) must be adopted in accordance with all provisions of the Illinois 21 22 Administrative Procedure Act and all rules and procedures of 23 the Joint Committee on Administrative Rules; any purported 24 rule not so adopted, for whatever reason, is unauthorized. 25 (Source: P.A. 98-8, eff. 5-3-13; 98-49, eff. 7-1-13; 98-380, eff. 8-16-13; 98-756, eff. 7-16-14; 99-331, eff. 1-1-16.) 26

1	(20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)
2	Sec. 4.02. Community Care Program. The Department shall
3	establish a program of services to prevent unnecessary
4	institutionalization of persons age 60 and older in need of
5	long term care or who are established as persons who suffer
6	from Alzheimer's disease or a related disorder under the
7	Alzheimer's Disease Assistance Act, thereby enabling them to
8	remain in their own homes or in other living arrangements.
9	Such preventive services, which may be coordinated with other
10	programs for the aged and monitored by area agencies on aging
11	in cooperation with the Department, may include, but are not
12	limited to, any or all of the following:
13	(a) (blank);
14	(b) (blank);
15	(c) home care aide services;
16	(d) personal assistant services;
17	(e) adult day services;
18	(f) home-delivered meals;
19	(g) education in self-care;
20	(h) personal care services;
21	(i) adult day health services;
22	(j) habilitation services;
23	(k) respite care;
24	(k-5) community reintegration services;
25	(k-6) flexible senior services;

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(k-7) medication management;

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(k-8) emergency home response;

3 (1) other nonmedical social services that may enable
4 the person to become self-supporting; or

5 (m) clearinghouse for information provided by senior 6 citizen home owners who want to rent rooms to or share 7 living space with other senior citizens.

8 The Department shall establish eligibility standards for 9 such services. In determining the amount and nature of 10 services for which a person may qualify, consideration shall 11 not be given to the value of cash, property or other assets 12 held in the name of the person's spouse pursuant to a written agreement dividing marital property into equal but separate 13 shares or pursuant to a transfer of the person's interest in a 14 15 home to his spouse, provided that the spouse's share of the 16 marital property is not made available to the person seeking 17 such services.

Beginning January 1, 2008, the Department shall require as a condition of eligibility that all new financially eligible applicants apply for and enroll in medical assistance under Article V of the Illinois Public Aid Code in accordance with rules promulgated by the Department.

The Department shall, in conjunction with the Department of Public Aid (now Department of Healthcare and Family Services), seek appropriate amendments under Sections 1915 and 1924 of the Social Security Act. The purpose of the amendments

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

authorized by federal law or those funded and administered by 1 2 the Department of Human Services. The Departments of Human 3 Services, Healthcare and Family Services, Public Health, Veterans' Affairs, and Commerce and Economic Opportunity and 4 5 other appropriate agencies of State, federal and local 6 governments shall cooperate with the Department on Aging in the establishment and development of the non-institutional 7 8 services. The Department shall require an annual audit from 9 all personal assistant and home care aide vendors contracting 10 with the Department under this Section. The annual audit shall 11 assure that each audited vendor's procedures are in compliance 12 with Department's financial reporting guidelines requiring an 13 administrative and employee wage and benefits cost split as 14 defined in administrative rules. The audit is a public record 15 under the Freedom of Information Act. The Department shall 16 execute, relative to the nursing home prescreening project, 17 written inter-agency agreements with the Department of Human Services and the Department of Healthcare and Family Services, 18 19 to effect the following: (1) intake procedures and common 20 eligibility criteria for those persons who are receiving non-institutional services; and (2) the establishment and 21 22 development of non-institutional services in areas of the 23 State where they are not currently available or are undeveloped. On and after July 1, 1996, all nursing home 24 25 prescreenings for individuals 60 years of age or older shall 26 be conducted by the Department.

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

7 The Department is authorized to establish a system of 8 recipient copayment for services provided under this Section, 9 such copayment to be based upon the recipient's ability to pay 10 but in no case to exceed the actual cost of the services 11 provided. Additionally, any portion of a person's income which 12 is equal to or less than the federal poverty standard shall not be considered by the Department in determining the copayment. 13 The level of such copayment shall be adjusted whenever 14 15 necessary to reflect any change in the officially designated 16 federal poverty standard.

17 Department's The Department, or the authorized representative, may recover the amount of moneys expended for 18 services provided to or in behalf of a person under this 19 20 Section by a claim against the person's estate or against the 21 estate of the person's surviving spouse, but no recovery may 22 be had until after the death of the surviving spouse, if any, 23 and then only at such time when there is no surviving child who 24 is under age 21 or blind or who has a permanent and total 25 disability. This paragraph, however, shall not bar recovery, 26 at the death of the person, of moneys for services provided to

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

20 The Department shall increase the effectiveness of the 21 existing Community Care Program by:

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

(2) ensuring that care plans contain the services that
eligible participants need based on the number of days in
a month, not limited to specific blocks of time, as

identified by the comprehensive assessment tool selected by the Department for use statewide, not to exceed the total monthly service cost maximum allowed for each service; the Department shall develop administrative rules to implement this item (2);

6 (3) ensuring that the participants have the right to 7 choose the services contained in their care plan and to 8 direct how those services are provided, based on 9 administrative rules established by the Department;

10 (4) ensuring that the determination of need tool is 11 accurate in determining the participants' level of need; 12 to achieve this, the Department, in conjunction with the 13 Older Adult Services Advisory Committee, shall institute a 14 study of the relationship between the Determination of 15 Need scores, level of need, service cost maximums, and the 16 development and utilization of service plans no later than 17 2008; findings and recommendations shall be May 1, presented to the Governor and the General Assembly no 18 19 later than January 1, 2009; recommendations shall include 20 all needed changes to the service cost maximums schedule and additional covered services; 21

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

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(B) grooming;

(A) bathing;

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1	(C) toileting;
2	(D) nail care;
3	(E) transferring;
4	(F) respiratory services;
5	(G) exercise; or
6	(H) positioning;
7 (6	5) ensuring that homemaker program vendors are not

8 restricted from hiring homemakers who are family members 9 of clients or recommended by clients; the Department may 10 not, by rule or policy, require homemakers who are family 11 members of clients or recommended by clients to accept 12 assignments in homes other than the client;

(7) ensuring that the State may access maximum federal 13 14 matching funds by seeking approval for the Centers for 15 Medicare and Medicaid Services for modifications to the 16 State's home and community based services waiver and 17 additional waiver opportunities, including applying for enrollment in the Balance Incentive Payment Program by May 18 1, 2013, in order to maximize federal matching funds; this 19 shall include, but not be limited to, modification that 20 21 reflects all changes in the Community Care Program 22 services and all increases in the services cost maximum;

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

(9) ensuring that services are authorized accurately

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

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

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

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

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

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

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

26 Beginning on the effective date of this amendatory Act of

1991, no person may perform chore/housekeeping and home care 1 2 aide services under a program authorized by this Section 3 unless that person has been issued a certificate of pre-service to do so by his or her employing agency. 4 Information gathered to effect such certification shall 5 include (i) the person's name, (ii) the date the person was 6 7 hired by his or her current employer, and (iii) the training, 8 including dates and levels. Persons engaged in the program 9 authorized by this Section before the effective date of this 10 amendatory Act of 1991 shall be issued a certificate of all 11 pre- and in-service training from his or her employer upon 12 submitting the necessary information. The employing agency 13 shall be required to retain records of all staff pre- and in-service training, and shall provide such records to the 14 15 Department upon request and upon termination of the employer's 16 contract with the Department. In addition, the employing 17 agency is responsible for the issuance of certifications of in-service training completed to their employees. 18

19 The Department is required to develop a system to ensure 20 that persons working as home care aides and personal assistants receive increases in their wages when the federal 21 22 minimum wage is increased by requiring vendors to certify that 23 they are meeting the federal minimum wage statute for home care aides and personal assistants. An employer that cannot 24 25 ensure that the minimum wage increase is being given to home 26 care aides and personal assistants shall be denied any 1 increase in reimbursement costs.

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

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

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

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

Section. Such joint report shall be filed with the Governor
 and the General Assembly on or before September 30 each year.

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

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

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

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The Department shall implement an electronic service

verification based on global positioning systems or other
 cost-effective technology for the Community Care Program no
 later than January 1, 2014.

Department shall require, as a condition 4 The of 5 eligibility, enrollment in the medical assistance program under Article V of the Illinois Public Aid Code (i) beginning 6 7 August 1, 2013, if the Auditor General has reported that the 8 has failed to comply with the Department reporting 9 requirements of Section 2-27 of the Illinois State Auditing 10 Act; or (ii) beginning June 1, 2014, if the Auditor General has 11 reported that the Department has not undertaken the required 12 actions listed in the report required by subsection (a) of 13 Section 2-27 of the Illinois State Auditing Act.

14 The Department shall delay Community Care Program services 15 until an applicant is determined eligible for medical 16 assistance under Article V of the Illinois Public Aid Code (i) 17 beginning August 1, 2013, if the Auditor General has reported that the Department has failed to comply with the reporting 18 requirements of Section 2-27 of the Illinois State Auditing 19 20 Act; or (ii) beginning June 1, 2014, if the Auditor General has reported that the Department has not undertaken the required 21 22 actions listed in the report required by subsection (a) of 23 Section 2-27 of the Illinois State Auditing Act.

The Department shall implement co-payments for the Community Care Program at the federally allowable maximum level (i) beginning August 1, 2013, if the Auditor General has

1 reported that the Department has failed to comply with the 2 reporting requirements of Section 2-27 of the Illinois State 3 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor 4 General has reported that the Department has not undertaken 5 the required actions listed in the report required by 6 subsection (a) of Section 2-27 of the Illinois State Auditing 7 Act.

8 The Department shall provide a bi-monthly report on the 9 progress of the Community Care Program reforms set forth in 10 this amendatory Act of the 98th General Assembly to the 11 Governor, the Speaker of the House of Representatives, the 12 Minority Leader of the House of Representatives, the President 13 of the Senate, and the Minority Leader of the Senate.

14 The Department shall conduct a quarterly review of Care 15 Coordination Unit performance and adherence to service 16 guidelines. The quarterly review shall be reported to the 17 Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, 18 19 and the Minority Leader of the Senate. The Department shall 20 collect and report longitudinal data on the performance of each care coordination unit. Nothing in this paragraph shall 21 22 be construed to require the Department to identify specific 23 care coordination units.

In regard to community care providers, failure to comply with Department on Aging policies shall be cause for disciplinary action, including, but not limited to,

disqualification from serving Community Care Program clients.
Each provider, upon submission of any bill or invoice to the
Department for payment for services rendered, shall include a
notarized statement, under penalty of perjury pursuant to
Section 1-109 of the Code of Civil Procedure, that the
provider has complied with all Department policies.

7 The Director of the Department on Aging shall make 8 information available to the State Board of Elections as may 9 be required by an agreement the State Board of Elections has 10 entered into with a multi-state voter registration list 11 maintenance system.

12 Within 30 days after July 6, 2017 (the effective date of 13 Public Act 100-23), rates shall be increased to \$18.29 per 14 hour, for the purpose of increasing, by at least \$.72 per hour, 15 the wages paid by those vendors to their employees who provide 16 homemaker services. The Department shall pay an enhanced rate 17 under the Community Care Program to those in-home service provider agencies that offer health insurance coverage as a 18 benefit to their direct service worker employees consistent 19 20 with the mandates of Public Act 95-713. For State fiscal years 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The 21 22 rate shall be adjusted using actuarial analysis based on the 23 cost of care, but shall not be set below \$1.77 per hour. The Department shall adopt rules, including emergency rules under 24 25 subsections (y) and (bb) of Section 5-45 of the Illinois 26 Administrative Procedure Act, to implement the provisions of

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1 this paragraph.

2 The General Assembly finds it necessary to authorize an aggressive Medicaid enrollment initiative designed to maximize 3 federal Medicaid funding for the Community Care Program which 4 5 produces significant savings for the State of Illinois. The Department on Aging shall establish and implement a Community 6 Care Program Medicaid Initiative. Under the Initiative, the 7 8 Department on Aging shall, at a minimum: (i) provide an 9 enhanced rate to adequately compensate care coordination units 10 to enroll eligible Community Care Program clients into 11 Medicaid; (ii) use recommendations from а stakeholder 12 committee on how best to implement the Initiative; and (iii) 13 establish requirements for State agencies to make enrollment 14 in the State's Medical Assistance program easier for seniors.

15 The Community Care Program Medicaid Enrollment Oversight Subcommittee is created as a subcommittee of the Older Adult 16 17 Services Advisory Committee established in Section 35 of the Older Adult Services Act to make recommendations on how best 18 to increase the number of medical assistance recipients who 19 20 are enrolled in the Community Care Program. The Subcommittee shall consist of all of the following persons who must be 21 22 appointed within 30 days after the effective date of this 23 amendatory Act of the 100th General Assembly:

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

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(2) One representative of the Department of Healthcare

and Family Services, appointed by the Director of
 Healthcare and Family Services.

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

5 (4) One individual representing a care coordination 6 unit, appointed by the Director of Aging.

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

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

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

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

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

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

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

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(12) One member of the House of Representatives, who

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- shall serve as co-chairperson, appointed by the Speaker of
 the House of Representatives.

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

6 (14) One individual appointed by a labor organization 7 representing frontline employees at the Department of 8 Human Services.

9 The Subcommittee shall provide oversight to the Community 10 Care Program Medicaid Initiative and shall meet quarterly. At 11 each Subcommittee meeting the Department on Aging shall 12 provide the following data sets to the Subcommittee: (A) the number of Illinois residents, categorized by planning and 13 14 service area, who are receiving services under the Community Care Program and are 15 enrolled in the State's Medical 16 Assistance Program; (B) the number of Illinois residents, 17 categorized by planning and service area, who are receiving services under the Community Care Program, but are not 18 enrolled in the State's Medical Assistance Program; and (C) 19 20 the number of Illinois residents, categorized by planning and service area, who are receiving services under the Community 21 22 Care Program and are eligible for benefits under the State's 23 Medical Assistance Program, but are not enrolled in the 24 State's Medical Assistance Program. In addition to this data, 25 the Department on Aging shall provide the Subcommittee with 26 plans on how the Department on Aging will reduce the number of

Illinois residents who are not enrolled in the State's Medical 1 2 Assistance Program but who are eligible for medical assistance 3 benefits. The Department on Aging shall enroll in the State's Medical Assistance Program those Illinois residents 4 who 5 receive services under the Community Care Program and are eligible for medical assistance benefits but are not enrolled 6 7 in the State's Medicaid Assistance Program. The data provided 8 to the Subcommittee shall be made available to the public via 9 the Department on Aging's website.

10 The Department on Aging, with the involvement of the 11 Subcommittee, shall collaborate with the Department of Human 12 Services and the Department of Healthcare and Family Services 13 on how best to achieve the responsibilities of the Community 14 Care Program Medicaid Initiative.

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

19 The Subcommittee shall collaborate with the Department of 20 Human Services on the adoption of a uniform application submission process. The Department of Human Services and any 21 22 other State agency involved with processing the medical 23 assistance application of any person enrolled in the Community 24 Care Program shall include the appropriate care coordination 25 unit in all communications related to the determination or 26 status of the application.

The Community Care Program Medicaid Initiative shall 1 2 provide targeted funding to care coordination units to help seniors complete their applications for medical assistance 3 benefits. On and after July 1, 2019, care coordination units 4 5 shall receive no less than \$200 per completed application, which rate may be included in a bundled rate for initial intake 6 services when Medicaid application assistance is provided in 7 8 conjunction with the initial intake process for new program 9 participants.

10 The Community Care Program Medicaid Initiative shall cease 11 operation 5 years after the effective date of this amendatory 12 Act of the 100th General Assembly, after which the 13 Subcommittee shall dissolve.

14 (Source: P.A. 100-23, eff. 7-6-17; 100-587, eff. 6-4-18; 15 100-1148, eff. 12-10-18; 101-10, eff. 6-5-19.)

16 (20 ILCS 105/4.06)

17 Sec. 4.06. Minority Senior Citizen Program. The Department shall develop a program to identify the special needs and 18 problems of minority senior citizens and evaluate the adequacy 19 20 and accessibility of existing programs and information for 21 minority senior citizens. The Department shall coordinate 22 services for minority senior citizens through the Department 23 of Public Health, the Department of Healthcare and Family 24 Services, and the Department of Human Services.

25 The Department shall develop procedures to enhance and

1 identify availability of services and shall promulgate 2 administrative rules to establish the responsibilities of the 3 Department.

The Department on Aging, the Department of Public Health, 4 5 the Department of Healthcare and Family Services, and the 6 Services shall cooperate Department of Human in the 7 development and submission of an annual report on programs and services provided for minority senior citizens in Illinois 8 9 under this Section. The joint report shall be filed with the 10 Governor and the General Assembly within 12 months of the 11 closing of the lapse period for the fiscal year included in the 12 report on or before September 30 of each year.

13 (Source: P.A. 95-331, eff. 8-21-07.)