1

AN ACT in relation to aging.

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

Section 1. Short title. This Act may be cited as the
Family Caregiver Act.

6 Section 5. Legislative findings. The General Assembly7 recognizes the following:

8 (1) Family caregivers, serving without compensation, 9 have been the mainstay of the long-term care system in this 10 country. Care provided by these informal caregivers is the 11 most crucial factor in avoiding or postponing 12 institutionalization of the State's residents.

13 (2) Among non-institutionalized persons needing
14 assistance with personal care needs, two-thirds depend
15 solely on family and friends for assistance. Another 25%
16 supplement family care with services from paid providers.
17 Only a little more than 5% rely exclusively on paid
18 services.

19 (3) Family caregivers are frequently under substantial 20 physical, psychological, and financial stress. Unrelieved 21 by support services available to the caregiver, this stress 22 may lead to premature or unnecessary institutionalization 23 of the care recipient or deterioration in the health 24 condition and family circumstances of the caregiver.

25 (4) Two out of 3 family caregivers, due to being 26 employed outside the home, experience additional stress. Two-thirds of working caregivers report conflicts between 27 work and caregiving, requiring them to rearrange their work 28 29 schedules, work fewer than normal hours, or take an unpaid 30 leave of absence. For this population, caregiver support services have the added benefit of allowing family 31 caregivers to remain active members of our State's 32

1 workforce.

2 Section 10. Legislative intent. It is the intent of the 3 General Assembly to establish a multi-faceted family caregiver 4 support program to assist unpaid family caregivers and 5 grandparents or other older individuals who are relative 6 caregivers, who are informal providers of in-home and community 7 care to older individuals or children.

8 Services provided under this program shall do the 9 following:

(1) Provide information, relief, and support to family
 and other unpaid caregivers of older individuals and
 children.

13 (2) Encourage family members to provide care for their14 family members who are older individuals and children.

(3) Provide temporary substitute support services or
 living arrangements to allow a period of relief or rest for
 caregivers.

18 (4) Be provided in the least restrictive setting
19 available consistent with the individually assessed needs
20 of older individuals and children.

(5) Include services appropriate to the needs of family
 members caring for older individuals and children,
 including older individuals with dementia.

(6) Provide family caregivers with services that
enable them to make informed decisions about current and
future care plans, solve day-to-day caregiving problems,
learn essential care giving skills, and locate services
that may strengthen their capacity to provide care.

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Section 15. Definitions. In this Act:

30 "Caregiver" or "family caregiver" means an adult family 31 member, or another individual, who is an informal provider of 32 in-home and community care to an older individual, or a 33 grandparent or older individual who is a relative caregiver.

34 "Child" or "children" means an individual or individuals 18

- 3 - LRB093 18060 DRJ 43747 b

1 years of age or under. 2 "Department" means the Department on Aging. 3 "Eligible participant" means a family caregiver or a grandparent or older individual who is a relative caregiver. 4 5 "Family caregiver support services" includes, but is not 6 limited to, the following: Information to caregivers about available 7 (1)services. 8 9 (2) Assistance to caregivers in gaining access to the 10 services. 11 (3) Individual counseling, organization of support 12 groups, and caregiver training for caregivers to assist the making decisions and solving 13 caregivers in problems relating to their caregiving roles. 14 (4) Respite care to enable caregivers to be temporarily 15 16 relieved from their caregiving responsibilities. 17 (5) Supplemental services, on a limited basis, to complement the care provided by the caregivers. 18 19 (6) Other services as identified by the Department and 20 defined by rule. "Frail individual" means an older individual who 21 is 22 determined to be functionally impaired because the individual 23 (i) is unable to perform from at least 2 activities of daily living without substantial human assistance, including verbal 24 reminding, physical cueing, or supervision or (ii) due to a 25 26 cognitive or other mental impairment, requires substantial 27 supervision because the individual behaves in a manner that 28 poses a serious health or safety hazard to the individual or to 29 another individual.

30 "Grandparent or older individual who is a relative 31 caregiver" means a grandparent or step-grandparent of a child, 32 or a relative of a child by blood or marriage, who:

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(1) lives with the child;

34 (2) is the primary caregiver for the child because the
 35 child's biological or adoptive parents are unable or
 36 unwilling to serve as the primary caregiver for the child;

1 and

2 (3) has a legal relationship to the child, such as 3 legal custody or guardianship, or is raising the child 4 informally.

5 "Informal provider" means an individual who is not 6 compensated for the care he or she provides.

7 "Older individual" means an individual who is 60 years of 8 age or older, except for a grandparent or older individual who 9 is a relative caregiver.

10 "Respite care" means substitute supports or living 11 arrangements provided on an intermittent, occasional basis. 12 The term includes, but is not limited to, in-home respite care, adult day care, child care, and institutional care. The term 13 also includes respite care as defined in Section 2 of the 14 15 Respite Program Act to the extent that such services are 16 allowable and participants are eligible under the National 17 Family Caregiver Support Program.

18 Section 16. Family caregiver demonstration grant. The 19 Department shall seek federal funding for the establishment and of a Family Caregiver Training and Support 20 assessment Demonstration Project. The Department is authorized to fund 2 21 22 sites, one in a rural community and one in a more urban area. 23 The Department shall adopt rules governing participation and 24 oversight of the program. The Department shall seek technical 25 assistance from the Department of Public Aid and the Department 26 of Human Services. The Department shall advise the Governor and 27 the General Assembly regarding the effectiveness of the program within 6 months after the conclusion of the demonstration 28 29 period.

30 Section 20. Powers and duties of the Department. The 31 Department shall administer this Act and shall adopt rules and 32 standards the Department deems necessary for that purpose. At a 33 minimum, those rules and standards shall address the following: 34 (1) Standards and mechanisms designed to ensure the

1 2 quality of services provided with assistance made available under this Act.

3 (2) Data collection and record maintenance.
4 The Department shall administer this Act in coordination
5 with Section 4.02 and related provisions of the Illinois Act on
6 the Aging.

7 Section 25. Provision of services. The Department shall 8 contract with area agencies on aging and other appropriate agencies to conduct family caregiver support services to the 9 10 extent of available State and federal funding. Services 11 provided under this Act must be provided according to the requirements of federal law and rules, except for the provision 12 of services to grandparents or older individuals who are 13 relative caregivers when State funding is utilized to provide 14 15 those services.

16 Section 30. Eligibility for respite and supplemental 17 services. When a family caregiver is providing in-home and 18 community care to an older individual, the older individual 19 must be a frail individual as defined in this Act in order for 20 the family caregiver to be eligible to receive respite and 21 supplemental services.

22 Section 35. Health care practitioners and facilities not 23 impaired. Nothing in this Act shall impair the practice of any 24 licensed health care practitioner or licensed health care 25 facility.

Section 40. Entitlement not created; funding; waivers. (a) Nothing in this Act creates or provides any individual with an entitlement to services or benefits. It is the General Assembly's intent that services under this Act shall be made available only to the extent of the availability and level of appropriations made by the General Assembly.

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(b) The Director may seek and obtain State and federal

HB6706 Enrolled - 6 - LRB093 18060 DRJ 43747 b

funds that may be available to finance services under this Act, and may also seek and obtain other non-State resources for which the State may be eligible.

4 (c) The Department may seek appropriate waivers of federal
5 requirements from the U.S. Department of Health and Human
6 Services.

Section 90. The Respite Program Act is amended by changing
Sections 1.5, 2, 3, 4, 5, 6, 8, 11, and 12 as follows:

(320 ILCS 10/1.5) (from Ch. 23, par. 6201.5)

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10 Sec. 1.5. Purpose. It is hereby found and determined by the General Assembly that respite care provides relief and 11 support to the primary care-giver of a frail or abused or 12 functionally disabled or cognitively impaired older adult and 13 14 provides by providing a break for the caregiver from the 15 continuous responsibilities of care-giving. Without this support, the primary care-giver's ability to continue in his or 16 17 her role would be jeopardized; thereby increasing the risk of 18 institutionalization of the frail or abused or functionally disabled or cognitively impaired older adult. 19

By providing improving and expanding the in-home respite 20 21 care services currently available through intermittent planned or emergency relief to the care-giver during the regular 22 week-day, evening, and weekend hours, both the special physical 23 24 and psychological needs of the primary care-giver and the frail 25 or abused or functionally disabled, or cognitively impaired 26 older adult, who is the recipient of continuous care, shall be met reducing or preventing the need for institutionalization. 27

Furthermore, the primary care-giver providing continuous care is frequently under substantial financial stress. Respite care and other supportive services sustain and preserve the primary care-giver and family caregiving unit. It is the intent of the General Assembly that this amendatory Act of 1992 ensure that Illinois primary care-givers of frail or abused or functionally disabled or cognitively impaired older adults

1 have access to affordable, appropriate in-home respite care 2 services.

3 (Source: P.A. 87-974.)

4 (320 ILCS 10/2) (from Ch. 23, par. 6202)

Sec. 2. Definitions. As used in this Act:

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(1) "Respite care" means the provision of intermittent and 6 7 temporary substitute care or supervision of frail or abused or functionally disabled or cognitively impaired older adults on 8 9 behalf of and in the absence of the primary care-giver, for the 10 purpose of providing relief from the stress or responsibilities 11 concomitant with providing constant care, so as to enable the care-giver to continue the provision of care in the home. 12 Respite care should be available to sustain the primary 13 14 care-giver throughout the period of care-giving, which can vary 15 from several months to a number of years. Respite care can be 16 provided in the home, in a community based day care setting during the day, overnight, in a substitute residential setting 17 such as a long-term care facility required to be licensed under 18 19 the Nursing Home Care Act or the Assisted Living and Shared Housing Act, or for more extended periods of time on a 20 21 temporary basis.

22 (1.5) "In-home respite care" means care provided by an 23 appropriately trained paid worker providing short-term intermittent care, supervision, or companionship to the frail 24 25 or disabled adult in the home while relieving the care-giver, 26 by permitting a short-term break from the care-giver's care-giving role. This support may contribute to the delay, 27 reduction, and prevention of institutionalization by enabling 28 the care-giver to continue in his or her care-giving role. 29 30 In-home respite care should be flexible and available in a manner that is responsive to the needs of the care-giver. This 31 may consist of evening respite care services that are available 32 from 6:00 p.m. to 8:00 a.m. Monday through Friday and weekend 33 respite care services from 6:00 p.m. Friday to 8:00 a.m. 34 35 Monday.

(2) "Care-giver" shall mean the family member or other 1 2 natural person who normally provides the daily care or 3 supervision of a frail, abused or disabled elderly adult. Such 4 care-giver may, but need not, reside in the same household as 5 the frail or disabled adult.

6 (3) (Blank). "Provider" shall mean any entity enumerated in paragraph (1) of this Section which is the supplier 7 of providing respite. 8

9 (4) (Blank). "Sponsor" shall mean the provider, public 10 agency or community group approved by the Director which establishes a contractual relationship with the Department for 11 12 the purposes of providing services to persons under this Act, and which is responsible for the recruitment of providers, the 13 coordination and arrangement of provider services in a manner 14 15 which meets client needs, the general supervision of the local 16 program, and the submission of such information or reports as 17 may be required by the Director.

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(5) (Blank). "Director" shall mean the Director of Aging.

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(6) "Department" shall mean the Department on Aging.

(7) (Blank). "Abused" shall have the same meaning ascribed 20 to it in Section 103 of the Illinois Domestic Violence Act of 21 1986. 22

23 "Frail or disabled adult" shall mean any person (8) suffering from Alzheimer's disease who is 60 55 years of age or 24 older and or any adult 60 years of age or older, who either (i) 25 26 suffers from Alzheimer's disease or a related disorder or (ii) 27 is unable to attend to his or her daily needs without the 28 assistance or regular supervision of a care-giver due to mental or physical impairment and who is otherwise eligible for 29 services on the basis of his or her level of impairment. 30

31 (9) "Emergency respite care" means the immediate placement 32 of a trained, in-home respite care worker in the home during an emergency or unplanned event, or during a temporary placement 33 outside the home, to substitute for the primary care-giver. 34 35 Emergency respite care may be provided in the home on one or 36 more occasions unless an extension is deemed necessary by the HB6706 Enrolled - 9 - LRB093 18060 DRJ 43747 b

case coordination unit <u>or by another agency designated by the</u> <u>Department and area agencies on aging to conduct needs</u> <u>assessments for respite care services</u>. When there is an urgent need for emergency respite care, procedures to accommodate this need must be determined. An emergency is:

6 (a) An unplanned event that results in the immediate 7 and unavoidable absence of the primary care-giver from the 8 home in an excess of 4 hours at a time when no other 9 qualified care-giver is available.

10 (b) An unplanned situation that prevents the primary 11 care-giver from providing the care required by a frail or 12 abused or functionally disabled or cognitively impaired 13 adult living at home.

14 (c) An unplanned event that threatens the health and
 15 safety of the <u>frail or</u> disabled adult.

(d) An unplanned event that threatens the health and
safety of the primary care-giver thereby placing the frail
or abused or functionally disabled or cognitively impaired
older adult in danger.

20 (10)(Blank). "Primary care-giver" means the spouse, relative, or friend, 18 years of age or older, who provides the 21 daily in-home care and supervision of a frail or abused or 22 functionally disabled or cognitively impaired older adult. A 23 primary care-giver may, but does not need to, reside in the 24 same household as the frail or abused or functionally disabled 25 or cognitively impaired adult. A primary care giver requires 26 27 intermittent relief from his or her caregiving duties to 28 continue to function as the primary care giver.

29 (Source: P.A. 91-357, eff. 7-29-99; 92-16, eff. 6-28-01.)

30 (320 ILCS 10/3) (from Ch. 23, par. 6203)
31 Sec. 3. Respite Program. The Director is hereby authorized
32 to <u>administer a program of</u> establish respite projects for the
33 purposes of providing care and assistance to persons in need
34 and to deter the institutionalization of frail or disabled or
35 functionally disabled or cognitively impaired adults.

1 (Source: P.A. 87-974.)

2 (320 ILCS 10/4) (from Ch. 23, par. 6204)

Sec. 4. No Limit to Care. Nothing contained in this Act shall be construed so as to limit, modify or otherwise affect the provisions, for long term in-home services being provided <u>under, of</u> Section 4.02 of the Illinois Act on the Aging. (Source: P.A. 87-974.)

8 (320 ILCS 10/5) (from Ch. 23, par. 6205)

9 Sec. 5. Eligibility. The Department may establish eligibility standards for respite services taking into 10 consideration the unique economic and social needs of the 11 population for whom they are to be provided. The population 12 13 identified for the purposes of this Act includes persons 14 suffering from Alzheimer's disease or a related disorder and 15 persons who are 60 55 years of age or older, or persons age 60 and older with an identified service need. Priority shall be 16 17 given in all cases to frail, abused or functionally disabled or cognitively impaired adults. 18

19 (Source: P.A. 87-974.)

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(320 ILCS 10/6) (from Ch. 23, par. 6206)

Sec. 6. Responsibilities. The following requirements shall apply for any projects authorized under Section 3 of this Act:

(a) The <u>Department</u> Director shall <u>administer this Act and</u>
 shall adopt rules and standards the Department deems necessary
 for that purpose establish target areas needing respite care
 services.

(b) The <u>Department</u> Director shall <u>make grants to or</u>
<u>contract with Area Agencies on Aging and other appropriate</u>
<u>community-based organizations to provide respite care under</u>
<u>this Act</u> <u>publicize the existence of</u>, and <u>make available</u>,
<u>application forms for sponsors seeking to establish a respite</u>
program.

1	(c) <u>(Blank).</u> The application forms shall require the
2	following information and any other information the Director
3	deems necessary.
4	(1) Identity and qualifications of a sponsor.
5	(2) Identity and qualifications of a provider and a
6	plan for the coordination of services.
7	(3) An assessment of the community need, support and
8	participation for respite services. The assessment shall
9	include documentation.
10	(4) Plans for the coordination and arrangement of
11	provider services in a manner that meets client needs.
12	(5) A fiscal plan, including specific provisions for
13	the utilization of existing reimbursement and funding
14	sources and the development of local financial support.
15	(6) Plans for publicizing the purpose of the project
16	and the services to be provided.
17	(7) Certification of licensure or certification of any
18	individual, agency or family providing a service subject to
19	licensure, or certification under State law.
20	(d) <u>(Blank).</u> The Director shall review and evaluate each
21	application and present each application for review and
22	evaluation by the Council on Aging established under Section 7
23	of the Illinois Act on the Aging. The Council and the
24	Department shall approve a number of applications and, within
25	the amounts appropriated, award grants for the operation of
26	respite programs.
27	(e) <u>(Blank).</u> The application approved by the Director and
28	the Council on Aging shall be the service plan of the provider.
29	The Director shall ensure that each service plan is coordinated
30	with the designated area agency provided for in Sections 3.07
31	and 3.08 of the Illinois Act on the Aging, the local public
32	health authority, and any other public or private service
33	provider to ensure that every effort will be made to utilize
34	existing funding sources and service providers and to avoid
35	unnecessary duplication of services.
36	(f) Nothing in this Act shall be construed to limit,

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1 modify, or otherwise affect the provision of long-term in-home 2 services under Section 4.02 of the Illinois Act on the Aging. 3 (Source: P.A. 87-974.)

(320 ILCS 10/8) (from Ch. 23, par. 6208) 5 Sec. 8. Funding. Services Respite projects authorized under this Act shall be funded only to the extent of available 6 7 appropriations for such purposes. The Director <u>may</u> shall seek and obtain State and federal funds that may be available to 8 finance respite care grants awarded under Section 6 of this 9 Act, and <u>may shall</u> also seek and obtain other non-state 10 11 resources for which the State may be eligible. Implementation of projects under this Act shall be contingent upon the 12 availability of federal financial participation. To the extent 13 necessary for implementation of this Act, The Department may 14 15 shall seek appropriate waivers of federal requirements from the 16 U.S. Department of Health and Human Services.

(Source: P.A. 87-974.) 17

(320 ILCS 10/11) (from Ch. 23, par. 6211) 18

Sec. 11. Respite Care Worker Training. 19

(a) A respite care worker shall be an appropriately trained 20 21 individual whose duty it is to provide in-home supervision and assistance to a frail or abused or functionally disabled or 22 cognitively impaired older adult in order to allow the primary 23 24 care-giver a break from his or her continuous care-giving responsibilities. 25

26 (b) The Director may prescribe minimum training guidelines standards for respite care workers to ensure that the special 27 28 needs of persons receiving services under this Act and their 29 primary caregivers will be met. The Director may designate 30 Alzheimer's disease associations and community agencies to conduct such training. Nothing in this Act should be construed 31 to exempt any individual providing a service subject to 32 33 licensure or certification under State law from these requirements. 34

- 13 - LRB093 18060 DRJ 43747 b HB6706 Enrolled (Source: P.A. 87-974.) 1 2 (320 ILCS 10/12) (from Ch. 23, par. 6212) 3 Sec. 12. Annual Report. The Director shall submit a report 4 each year to the Governor and the General Assembly detailing the progress of the respite <u>care services provided</u> programs 5 established under this Act. The report shall include: 6 7 (a) a financial report for each program; 8 (b) a qualitative and quantitative profile of sponsors, 9 providers, care givers and recipients participating in the 10 program; (c) a comparative assessment of the costs and effectiveness 11 or combination of services 12 of each service provided: (d) an assessment of the nature and extent of the 13 demand 14 for services; and 15 (e) an evaluation of the success of programs receiving 16 grants for services. (Source: P.A. 87-974.) 17 (320 ILCS 10/7 rep.) 18 (320 ILCS 10/9 rep.) 19 (320 ILCS 10/10 rep.) 20 21 Section 91. The Respite Program Act is amended by repealing Sections 7, 9, and 10. 22

23 Section 99. Effective date. This Act takes effect on July24 1, 2004.