

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 Sections 4.02 and 4.12 as follows:

6 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

7 Sec. 4.02. The Department shall establish a program of  
8 services to prevent unnecessary institutionalization of  
9 persons age 60 and older in need of long term care or who are  
10 established as persons who suffer from Alzheimer's disease or a  
11 related disorder under the Alzheimer's Disease Assistance Act,  
12 thereby enabling them to remain in their own homes or in other  
13 living arrangements. Such preventive services, which may be  
14 coordinated with other programs for the aged and monitored by  
15 area agencies on aging in cooperation with the Department, may  
16 include, but are not limited to, any or all of the following:

17 (a) home health services;

18 (b) home nursing services;

19 (c) homemaker services;

20 (d) chore and housekeeping services;

21 (e) adult day services;

22 (f) home-delivered meals;

23 (g) education in self-care;

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

11 The Department shall establish eligibility standards for  
12 such services taking into consideration the unique economic and  
13 social needs of the target population for whom they are to be  
14 provided. Such eligibility standards shall be based on the  
15 recipient's ability to pay for services; provided, however,  
16 that in determining the amount and nature of services for which  
17 a person may qualify, consideration shall not be given to the  
18 value of cash, property or other assets held in the name of the  
19 person's spouse pursuant to a written agreement dividing  
20 marital property into equal but separate shares or pursuant to  
21 a transfer of the person's interest in a home to his spouse,  
22 provided that the spouse's share of the marital property is not  
23 made available to the person seeking such services.

24 Beginning July 1, 2002, the Department shall require as a  
25 condition of eligibility that all financially eligible  
26 applicants and recipients apply for medical assistance under

1 Article V of the Illinois Public Aid Code in accordance with  
2 rules promulgated by the Department.

3 The Department shall, in conjunction with the Department of  
4 Public Aid (now Department of Healthcare and Family Services),  
5 seek appropriate amendments under Sections 1915 and 1924 of the  
6 Social Security Act. The purpose of the amendments shall be to  
7 extend eligibility for home and community based services under  
8 Sections 1915 and 1924 of the Social Security Act to persons  
9 who transfer to or for the benefit of a spouse those amounts of  
10 income and resources allowed under Section 1924 of the Social  
11 Security Act. Subject to the approval of such amendments, the  
12 Department shall extend the provisions of Section 5-4 of the  
13 Illinois Public Aid Code to persons who, but for the provision  
14 of home or community-based services, would require the level of  
15 care provided in an institution, as is provided for in federal  
16 law. Those persons no longer found to be eligible for receiving  
17 noninstitutional services due to changes in the eligibility  
18 criteria shall be given 60 days notice prior to actual  
19 termination. Those persons receiving notice of termination may  
20 contact the Department and request the determination be  
21 appealed at any time during the 60 day notice period. With the  
22 exception of the lengthened notice and time frame for the  
23 appeal request, the appeal process shall follow the normal  
24 procedure. In addition, each person affected regardless of the  
25 circumstances for discontinued eligibility shall be given  
26 notice and the opportunity to purchase the necessary services

1 through the Community Care Program. If the individual does not  
2 elect to purchase services, the Department shall advise the  
3 individual of alternative services. The target population  
4 identified for the purposes of this Section are persons age 60  
5 and older with an identified service need. Priority shall be  
6 given to those who are at imminent risk of  
7 institutionalization. The services shall be provided to  
8 eligible persons age 60 and older to the extent that the cost  
9 of the services together with the other personal maintenance  
10 expenses of the persons are reasonably related to the standards  
11 established for care in a group facility appropriate to the  
12 person's condition. These non-institutional services, pilot  
13 projects or experimental facilities may be provided as part of  
14 or in addition to those authorized by federal law or those  
15 funded and administered by the Department of Human Services.  
16 The Departments of Human Services, Healthcare and Family  
17 Services, Public Health, Veterans' Affairs, and Commerce and  
18 Economic Opportunity and other appropriate agencies of State,  
19 federal and local governments shall cooperate with the  
20 Department on Aging in the establishment and development of the  
21 non-institutional services. The Department shall require an  
22 annual audit from all chore/housekeeping and homemaker vendors  
23 contracting with the Department under this Section. The annual  
24 audit shall assure that each audited vendor's procedures are in  
25 compliance with Department's financial reporting guidelines  
26 requiring an administrative and employee wage and benefits cost

1 split as defined in administrative rules. The audit is a public  
2 record under the Freedom of Information Act. The Department  
3 shall execute, relative to the nursing home prescreening  
4 project, written inter-agency agreements with the Department  
5 of Human Services and the Department of Healthcare and Family  
6 Services, to effect the following: (1) intake procedures and  
7 common eligibility criteria for those persons who are receiving  
8 non-institutional services; and (2) the establishment and  
9 development of non-institutional services in areas of the State  
10 where they are not currently available or are undeveloped. On  
11 and after July 1, 1996, all nursing home prescreenings for  
12 individuals 60 years of age or older shall be conducted by the  
13 Department.

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

21 No later than July 1, 2008, the Department's case  
22 management program shall be transitioned to a fully integrated  
23 care coordination program. The care coordination program shall  
24 incorporate the concepts of client direction and consumer focus  
25 and shall take into account the client's needs and preferences.  
26 Comprehensive care coordination shall include activities such

1 as: (1) comprehensive assessment of the client; (2) development  
2 and implementation of a service plan with the client to  
3 mobilize the formal and family resources and services  
4 identified in the assessment to meet the needs of the client,  
5 including coordination of the resources and services with (A)  
6 any other plans that exist for various formal services, such as  
7 hospital discharge plans, and (B) the information and  
8 assistance services; (3) coordination and monitoring of formal  
9 and family service delivery, regardless of the funding source,  
10 including coordination and monitoring to ensure that services  
11 specified in the plan are being provided; (4) assistance with  
12 the completion of applications for services, referrals to  
13 non-government funded services, health promotion, and ensuring  
14 continuity of care across care settings; (5) periodic  
15 reassessment and revision of the status of the client with the  
16 client or, if necessary, the client's designated  
17 representative; and (6) in accordance with the wishes of the  
18 client, advocacy on behalf of the client for needed services or  
19 resources.

20 A comprehensive assessment shall be performed, using a  
21 holistic tool identified by the Department and supported by an  
22 electronic intake assessment and care planning system linked to  
23 a central location. The comprehensive assessment process shall  
24 include a face to face interview in the client's home or  
25 temporary overnight abode and shall determine the level of  
26 physical, functional, cognitive, psycho-social, financial, and

1 social needs of the client. Assessment interviews shall  
2 accommodate the scheduling needs of the client and the client's  
3 representative or representatives, who shall participate at  
4 the discretion of the client. The Department shall provide, by  
5 administrative rule, guidelines for determining the conditions  
6 under which a comprehensive assessment shall be performed and  
7 the activities of care coordination offered to each care  
8 recipient. The care plan shall include the needs identified by  
9 the assessment and incorporate the goals and preferences of the  
10 client. Care plans shall also include all services needed by  
11 the client regardless of the funding source and delineate  
12 between services provided, services unavailable, and services  
13 refused by the client. Case coordination units shall be  
14 reimbursed for care coordination in a just and equitable manner  
15 reflective of the actual cost of providing care coordination.  
16 By January 1, 2008, the Department shall develop a rate  
17 structure, in collaboration with case coordination units and  
18 advocates for care recipients, that reflects the activities of  
19 coordination provided. The Department shall reevaluate the  
20 rate structure by July 2010.

21 The Department is authorized to establish a system of  
22 recipient copayment for services provided under this Section,  
23 such copayment to be based upon the recipient's ability to pay  
24 but in no case to exceed the actual cost of the services  
25 provided. Additionally, any portion of a person's income which  
26 is equal to or less than the federal poverty standard shall not

1 be considered by the Department in determining the copayment.  
2 The level of such copayment shall be adjusted whenever  
3 necessary to reflect any change in the officially designated  
4 federal poverty standard.

5 The Department, or the Department's authorized  
6 representative, shall recover the amount of moneys expended for  
7 services provided to or in behalf of a person under this  
8 Section by a claim against the person's estate or against the  
9 estate of the person's surviving spouse, but no recovery may be  
10 had until after the death of the surviving spouse, if any, and  
11 then only at such time when there is no surviving child who is  
12 under age 21, blind, or permanently and totally disabled. This  
13 paragraph, however, shall not bar recovery, at the death of the  
14 person, of moneys for services provided to the person or in  
15 behalf of the person under this Section to which the person was  
16 not entitled; provided that such recovery shall not be enforced  
17 against any real estate while it is occupied as a homestead by  
18 the surviving spouse or other dependent, if no claims by other  
19 creditors have been filed against the estate, or, if such  
20 claims have been filed, they remain dormant for failure of  
21 prosecution or failure of the claimant to compel administration  
22 of the estate for the purpose of payment. This paragraph shall  
23 not bar recovery from the estate of a spouse, under Sections  
24 1915 and 1924 of the Social Security Act and Section 5-4 of the  
25 Illinois Public Aid Code, who precedes a person receiving  
26 services under this Section in death. All moneys for services



1 paid to or in behalf of the person under this Section shall be  
2 claimed for recovery from the deceased spouse's estate.  
3 "Homestead", as used in this paragraph, means the dwelling  
4 house and contiguous real estate occupied by a surviving spouse  
5 or relative, as defined by the rules and regulations of the  
6 Department of Healthcare and Family Services, regardless of the  
7 value of the property.

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

15 Beginning on the effective date of this Amendatory Act of  
16 1991, no person may perform chore/housekeeping and homemaker  
17 services under a program authorized by this Section unless that  
18 person has been issued a certificate of pre-service to do so by  
19 his or her employing agency. Information gathered to effect  
20 such certification shall include (i) the person's name, (ii)  
21 the date the person was hired by his or her current employer,  
22 and (iii) the training, including dates and levels. Persons  
23 engaged in the program authorized by this Section before the  
24 effective date of this amendatory Act of 1991 shall be issued a  
25 certificate of all pre- and in-service training from his or her  
26 employer upon submitting the necessary information. The

1 employing agency shall be required to retain records of all  
2 staff pre- and in-service training, and shall provide such  
3 records to the Department upon request and upon termination of  
4 the employer's contract with the Department. In addition, the  
5 employing agency is responsible for the issuance of  
6 certifications of in-service training completed to their  
7 employees.

8 The Department is required to develop a system to ensure  
9 that persons working as homemakers and chore housekeepers  
10 receive increases in their wages when the federal minimum wage  
11 is increased by requiring vendors to certify that they are  
12 meeting the federal minimum wage statute for homemakers and  
13 chore housekeepers. An employer that cannot ensure that the  
14 minimum wage increase is being given to homemakers and chore  
15 housekeepers shall be denied any increase in reimbursement  
16 costs.

17 The Community Care Program Advisory Committee is created in  
18 the Department on Aging. The Director shall appoint individuals  
19 to serve in the Committee, who shall serve at their own  
20 expense. Members of the Committee must abide by all applicable  
21 ethics laws. The Committee shall advise the Department on  
22 issues related to the Department's program of services to  
23 prevent unnecessary institutionalization. The Committee shall  
24 meet on a bi-monthly basis and shall serve to identify and  
25 advise the Department on present and potential issues affecting  
26 the service delivery network, the program's clients, and the

1 Department and to recommend solution strategies. Persons  
2 appointed to the Committee shall be appointed on, but not  
3 limited to, their own and their agency's experience with the  
4 program, geographic representation, and willingness to serve.  
5 The Committee shall include, but not be limited to,  
6 representatives from the following agencies and organizations:

7 (a) at least 4 adult day service representatives;

8 (b) at least 4 care ~~case~~ coordination unit  
9 representatives;

10 (c) at least 4 representatives from in-home direct care  
11 service agencies;

12 (d) at least 2 representatives of statewide trade or  
13 labor unions that represent in-home direct care service  
14 staff;

15 (e) at least 2 representatives of Area Agencies on  
16 Aging;

17 (f) at least 2 non-provider representatives from a  
18 policy, advocacy, research, or other service organization;

19 (g) at least 2 representatives from a statewide  
20 membership organization for senior citizens; and

21 (h) at least 2 citizen members 60 years of age or  
22 older.

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

1 approved by the members of the committee on an annual basis.  
2 Committee members' terms of appointment shall be for 4 years  
3 with one-quarter of the appointees' terms expiring each year.  
4 At no time may a member serve more than one consecutive term in  
5 any capacity on the committee. The Department shall fill  
6 vacancies that have a remaining term of over one year, and this  
7 replacement shall occur through the annual replacement of  
8 expiring terms. The Director shall designate Department staff  
9 to provide technical assistance and staff support to the  
10 committee. Department representation shall not constitute  
11 membership of the committee. All Committee papers, issues,  
12 recommendations, reports, and meeting memoranda are advisory  
13 only. The Director, or his or her designee, shall make a  
14 written report, as requested by the Committee, regarding issues  
15 before the Committee.

16 The Department on Aging and the Department of Human  
17 Services shall cooperate in the development and submission of  
18 an annual report on programs and services provided under this  
19 Section. Such joint report shall be filed with the Governor and  
20 the General Assembly on or before September 30 each year.

21 The requirement for reporting to the General Assembly shall  
22 be satisfied by filing copies of the report with the Speaker,  
23 the Minority Leader and the Clerk of the House of  
24 Representatives and the President, the Minority Leader and the  
25 Secretary of the Senate and the Legislative Research Unit, as  
26 required by Section 3.1 of the General Assembly Organization

1 Act and filing such additional copies with the State Government  
2 Report Distribution Center for the General Assembly as is  
3 required under paragraph (t) of Section 7 of the State Library  
4 Act.

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

17 (Source: P.A. 93-85, eff. 1-1-04; 93-902, eff. 8-10-04; 94-48,  
18 eff. 7-1-05; 94-269, eff. 7-19-05; 94-336, eff. 7-26-05;  
19 94-954, eff. 6-27-06.)

20 (20 ILCS 105/4.12)

21 Sec. 4.12. Assistance to nursing home residents.

22 (a) The Department on Aging shall assist eligible nursing  
23 home residents and their families to select long-term care  
24 options that meet their needs and reflect their preferences. At  
25 any time during the process, the resident or his or her

1 representative may decline further assistance.

2 (b) To provide assistance, the Department shall develop a  
3 program of transition services with follow-up in selected areas  
4 of the State, to be expanded statewide as funding becomes  
5 available. The program shall be developed in consultation with  
6 nursing homes, care coordinators ~~case managers~~, Area Agencies  
7 on Aging, and others interested in the well-being of frail  
8 elderly Illinois residents. The Department shall establish  
9 administrative rules pursuant to the Illinois Administrative  
10 Procedure Act with respect to resident eligibility, assessment  
11 of the resident's health, cognitive, social, and financial  
12 needs, development of comprehensive service transition plans,  
13 and the level of services that must be available prior to  
14 transition of a resident into the community.

15 (Source: P.A. 93-902, eff. 8-10-04.)

16 Section 10. The Older Adult Services Act is amended by  
17 changing Section 25 as follows:

18 (320 ILCS 42/25)

19 Sec. 25. Older adult services restructuring. No later than  
20 January 1, 2005, the Department shall commence the process of  
21 restructuring the older adult services delivery system.  
22 Priority shall be given to both the expansion of services and  
23 the development of new services in priority service areas.  
24 Subject to the availability of funding, the restructuring shall

1 include, but not be limited to, the following:

2 (1) Planning. The Department shall develop a plan to  
3 restructure the State's service delivery system for older  
4 adults. The plan shall include a schedule for the  
5 implementation of the initiatives outlined in this Act and all  
6 other initiatives identified by the participating agencies to  
7 fulfill the purposes of this Act. Financing for older adult  
8 services shall be based on the principle that "money follows  
9 the individual". The plan shall also identify potential  
10 impediments to delivery system restructuring and include any  
11 known regulatory or statutory barriers.

12 (2) Comprehensive care coordination ~~case management~~. The  
13 Department shall implement a statewide system of holistic  
14 comprehensive case management. The system shall include the  
15 identification and implementation of a universal,  
16 comprehensive assessment tool to be used statewide to determine  
17 the level of physical, functional, cognitive, psycho-social,  
18 social ~~socialization~~, and financial needs of older adults. This  
19 tool shall be supported by an electronic intake, assessment,  
20 and care planning system linked to a central location.  
21 "Comprehensive care coordination ~~case management~~" shall  
22 include activities such ~~includes services and coordination~~  
23 ~~such~~ as (i) comprehensive assessment of the older adult  
24 ~~(including the physical, functional, cognitive, psycho-social,~~  
25 ~~and social needs of the individual)~~; (ii) development and  
26 implementation of a service plan with the older adult to

1 mobilize the formal and family resources and services  
2 identified in the assessment to meet the needs of the older  
3 adult, including coordination of the resources and services  
4 with any other plans that exist for various formal services,  
5 such as hospital discharge plans, and with the information and  
6 assistance services; (iii) coordination and monitoring of  
7 formal and family service delivery, regardless of the funding  
8 source, including coordination and monitoring to ensure that  
9 services specified in the plan are being provided; (iv)  
10 assistance with completion of applications for services,  
11 referrals to non-government funded services, health promotion,  
12 and ensuring continuity of care across care settings; (v)  
13 periodic reassessment and revision of the status of the older  
14 adult with the older adult or, if necessary, the older adult's  
15 designated representative; and (vi) ~~(v)~~ in accordance with the  
16 wishes of the older adult, advocacy on behalf of the older  
17 adult for needed services or resources.

18 (3) Coordinated point of entry. The Department shall  
19 implement and publicize a statewide coordinated point of entry  
20 using a uniform name, identity, logo, and toll-free number.

21 (4) Public web site. The Department shall develop a public  
22 web site that provides links to available services, resources,  
23 and reference materials concerning caregiving, diseases, and  
24 best practices for use by professionals, older adults, and  
25 family caregivers.

26 (5) Expansion of older adult services. The Department shall



1 expand older adult services that promote independence and  
2 permit older adults to remain in their own homes and  
3 communities.

4 (6) Consumer-directed home and community-based services.  
5 The Department shall expand the range of service options  
6 available to permit older adults to exercise maximum choice and  
7 control over their care.

8 (7) Comprehensive delivery system. The Department shall  
9 expand opportunities for older adults to receive services in  
10 systems that integrate acute and chronic care.

11 (8) Enhanced transition and follow-up services. The  
12 Department shall implement a program of transition from one  
13 residential setting to another and follow-up services,  
14 regardless of residential setting, pursuant to rules with  
15 respect to (i) resident eligibility, (ii) assessment of the  
16 resident's health, cognitive, social, and financial needs,  
17 (iii) development of transition plans, and (iv) the level of  
18 services that must be available before transitioning a resident  
19 from one setting to another.

20 (9) Family caregiver support. The Department shall develop  
21 strategies for public and private financing of services that  
22 supplement and support family caregivers.

23 (10) Quality standards and quality improvement. The  
24 Department shall establish a core set of uniform quality  
25 standards for all providers that focus on outcomes and take  
26 into consideration consumer choice and satisfaction, and the

1 Department shall require each provider to implement a  
2 continuous quality improvement process to address consumer  
3 issues. The continuous quality improvement process must  
4 benchmark performance, be person-centered and data-driven, and  
5 focus on consumer satisfaction.

6 (11) Workforce. The Department shall develop strategies to  
7 attract and retain a qualified and stable worker pool, provide  
8 living wages and benefits, and create a work environment that  
9 is conducive to long-term employment and career development.  
10 Resources such as grants, education, and promotion of career  
11 opportunities may be used.

12 (12) Coordination of services. The Department shall  
13 identify methods to better coordinate service networks to  
14 maximize resources and minimize duplication of services and  
15 ease of application.

16 (13) Barriers to services. The Department shall identify  
17 barriers to the provision, availability, and accessibility of  
18 services and shall implement a plan to address those barriers.  
19 The plan shall: (i) identify barriers, including but not  
20 limited to, statutory and regulatory complexity, reimbursement  
21 issues, payment issues, and labor force issues; (ii) recommend  
22 changes to State or federal laws or administrative rules or  
23 regulations; (iii) recommend application for federal waivers  
24 to improve efficiency and reduce cost and paperwork; (iv)  
25 develop innovative service delivery models; and (v) recommend  
26 application for federal or private service grants.

1           (14) Reimbursement and funding. The Department shall  
2 investigate and evaluate costs and payments by defining costs  
3 to implement a uniform, audited provider cost reporting system  
4 to be considered by all Departments in establishing payments.  
5 To the extent possible, multiple cost reporting mandates shall  
6 not be imposed.

7           (15) Medicaid nursing home cost containment and Medicare  
8 utilization. The Department of Healthcare and Family Services  
9 (formerly Department of Public Aid), in collaboration with the  
10 Department on Aging and the Department of Public Health and in  
11 consultation with the Advisory Committee, shall propose a plan  
12 to contain Medicaid nursing home costs and maximize Medicare  
13 utilization. The plan must not impair the ability of an older  
14 adult to choose among available services. The plan shall  
15 include, but not be limited to, (i) techniques to maximize the  
16 use of the most cost-effective services without sacrificing  
17 quality and (ii) methods to identify and serve older adults in  
18 need of minimal services to remain independent, but who are  
19 likely to develop a need for more extensive services in the  
20 absence of those minimal services.

21           (16) Bed reduction. The Department of Public Health shall  
22 implement a nursing home conversion program to reduce the  
23 number of Medicaid-certified nursing home beds in areas with  
24 excess beds. The Department of Healthcare and Family Services  
25 shall investigate changes to the Medicaid nursing facility  
26 reimbursement system in order to reduce beds. Such changes may

1 include, but are not limited to, incentive payments that will  
2 enable facilities to adjust to the restructuring and expansion  
3 of services required by the Older Adult Services Act, including  
4 adjustments for the voluntary closure or layaway of nursing  
5 home beds certified under Title XIX of the federal Social  
6 Security Act. Any savings shall be reallocated to fund  
7 home-based or community-based older adult services pursuant to  
8 Section 20.

9 (17) Financing. The Department shall investigate and  
10 evaluate financing options for older adult services and shall  
11 make recommendations in the report required by Section 15  
12 concerning the feasibility of these financing arrangements.  
13 These arrangements shall include, but are not limited to:

14 (A) private long-term care insurance coverage for  
15 older adult services;

16 (B) enhancement of federal long-term care financing  
17 initiatives;

18 (C) employer benefit programs such as medical savings  
19 accounts for long-term care;

20 (D) individual and family cost-sharing options;

21 (E) strategies to reduce reliance on government  
22 programs;

23 (F) fraudulent asset divestiture and financial  
24 planning prevention; and

25 (G) methods to supplement and support family and  
26 community caregiving.

1           (18) Older Adult Services Demonstration Grants. The  
2 Department shall implement a program of demonstration grants  
3 that will assist in the restructuring of the older adult  
4 services delivery system, and shall provide funding for  
5 innovative service delivery models and system change and  
6 integration initiatives pursuant to subsection (g) of Section  
7 20.

8           (19) Bed need methodology update. For the purposes of  
9 determining areas with excess beds, the Departments shall  
10 provide information and assistance to the Health Facilities  
11 Planning Board to update the Bed Need Methodology for Long-Term  
12 Care to update the assumptions used to establish the  
13 methodology to make them consistent with modern older adult  
14 services.

15           (20) Affordable housing. The Departments shall utilize the  
16 recommendations of Illinois' Annual Comprehensive Housing  
17 Plan, as developed by the Affordable Housing Task Force through  
18 the Governor's Executive Order 2003-18, in their efforts to  
19 address the affordable housing needs of older adults.

20           The Older Adult Services Advisory Committee shall  
21 investigate innovative and promising practices operating as  
22 demonstration or pilot projects in Illinois and in other  
23 states. The Department on Aging shall provide the Older Adult  
24 Services Advisory Committee with a list of all demonstration or  
25 pilot projects funded by the Department on Aging, including  
26 those specified by rule, law, policy memorandum, or funding

1 arrangement. The Committee shall work with the Department on  
2 Aging to evaluate the viability of expanding these programs  
3 into other areas of the State.

4 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;  
5 94-766, eff. 1-1-07.)

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.