



Sen. Louis S. Viverito

Filed: 3/23/2007

09500SB0591sam002

LRB095 10550 CMK 34523 a

1 AMENDMENT TO SENATE BILL 591

2 AMENDMENT NO. _____. Amend Senate Bill 591, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Illinois Act on the Aging is amended by
6 changing Sections 4.02 and 4.12 as follows:

7 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

8 Sec. 4.02. The Department shall establish a program of
9 services to prevent unnecessary institutionalization of
10 persons age 60 and older in need of long term care or who are
11 established as persons who suffer from Alzheimer's disease or a
12 related disorder under the Alzheimer's Disease Assistance Act,
13 thereby enabling them to remain in their own homes or in other
14 living arrangements. Such preventive services, which may be
15 coordinated with other programs for the aged and monitored by
16 area agencies on aging in cooperation with the Department, may

1 include, but are not limited to, any or all of the following:

2 (a) home health services;

3 (b) home nursing services;

4 (c) homemaker services;

5 (d) chore and housekeeping services;

6 (e) adult day services;

7 (f) home-delivered meals;

8 (g) education in self-care;

9 (h) personal care services;

10 (i) adult day health services;

11 (j) habilitation services;

12 (k) respite care;

13 (k-5) community reintegration services;

14 (l) other nonmedical social services that may enable
15 the person to become self-supporting; or

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

19 The Department shall establish eligibility standards for
20 such services taking into consideration the unique economic and
21 social needs of the target population for whom they are to be
22 provided. Such eligibility standards shall be based on the
23 recipient's ability to pay for services; provided, however,
24 that in determining the amount and nature of services for which
25 a person may qualify, consideration shall not be given to the
26 value of cash, property or other assets held in the name of the

1 person's spouse pursuant to a written agreement dividing
2 marital property into equal but separate shares or pursuant to
3 a transfer of the person's interest in a home to his spouse,
4 provided that the spouse's share of the marital property is not
5 made available to the person seeking such services.

6 Beginning July 1, 2002, the Department shall require as a
7 condition of eligibility that all financially eligible
8 applicants and recipients apply for medical assistance under
9 Article V of the Illinois Public Aid Code in accordance with
10 rules promulgated by the Department.

11 The Department shall, in conjunction with the Department of
12 Public Aid (now Department of Healthcare and Family Services),
13 seek appropriate amendments under Sections 1915 and 1924 of the
14 Social Security Act. The purpose of the amendments shall be to
15 extend eligibility for home and community based services under
16 Sections 1915 and 1924 of the Social Security Act to persons
17 who transfer to or for the benefit of a spouse those amounts of
18 income and resources allowed under Section 1924 of the Social
19 Security Act. Subject to the approval of such amendments, the
20 Department shall extend the provisions of Section 5-4 of the
21 Illinois Public Aid Code to persons who, but for the provision
22 of home or community-based services, would require the level of
23 care provided in an institution, as is provided for in federal
24 law. Those persons no longer found to be eligible for receiving
25 noninstitutional services due to changes in the eligibility
26 criteria shall be given 60 days notice prior to actual

1 termination. Those persons receiving notice of termination may
2 contact the Department and request the determination be
3 appealed at any time during the 60 day notice period. With the
4 exception of the lengthened notice and time frame for the
5 appeal request, the appeal process shall follow the normal
6 procedure. In addition, each person affected regardless of the
7 circumstances for discontinued eligibility shall be given
8 notice and the opportunity to purchase the necessary services
9 through the Community Care Program. If the individual does not
10 elect to purchase services, the Department shall advise the
11 individual of alternative services. The target population
12 identified for the purposes of this Section are persons age 60
13 and older with an identified service need. Priority shall be
14 given to those who are at imminent risk of
15 institutionalization. The services shall be provided to
16 eligible persons age 60 and older to the extent that the cost
17 of the services together with the other personal maintenance
18 expenses of the persons are reasonably related to the standards
19 established for care in a group facility appropriate to the
20 person's condition. These non-institutional services, pilot
21 projects or experimental facilities may be provided as part of
22 or in addition to those authorized by federal law or those
23 funded and administered by the Department of Human Services.
24 The Departments of Human Services, Healthcare and Family
25 Services, Public Health, Veterans' Affairs, and Commerce and
26 Economic Opportunity and other appropriate agencies of State,

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

22 As part of the Department on Aging's routine training of
23 care coordinators ~~case managers~~ and care coordinator ~~case~~
24 ~~manager~~ supervisors, the Department may include information on
25 family futures planning for persons who are age 60 or older and
26 who are caregivers of their adult children with developmental

1 disabilities. The content of the training shall be at the
2 Department's discretion.

3 No later than July 1, 2008, the Department's case
4 management program shall be transitioned to a fully integrated
5 care coordination program. The care coordination program shall
6 incorporate the concepts of client direction and consumer focus
7 and shall take into account the client's needs and preferences.
8 Comprehensive care coordination shall include activities such
9 as: (1) comprehensive assessment of the client; (2) development
10 and implementation of a service plan with the client to
11 mobilize the formal and family resources and services
12 identified in the assessment to meet the needs of the client,
13 including coordination of the resources and services with (A)
14 any other plans that exist for various formal services, such as
15 hospital discharge plans, and (B) the information and
16 assistance services; (3) coordination and monitoring of formal
17 and family service delivery, regardless of the funding source,
18 including coordination and monitoring to ensure that services
19 specified in the plan are being provided; (4) assistance with
20 the completion of applications for services, referrals to
21 non-government funded services, health promotion, and ensuring
22 continuity of care across care settings; (5) periodic
23 reassessment and revision of the status of the client with the
24 client or, if necessary, the client's designated
25 representative; and (6) in accordance with the wishes of the
26 client, advocacy on behalf of the client for needed services or

1 resources.

2 A comprehensive assessment shall be performed, using a
3 holistic tool identified by the Department and supported by an
4 electronic intake assessment and care planning system linked to
5 a central location. The comprehensive assessment process shall
6 include a face to face interview in the client's home or
7 temporary overnight abode and shall determine the level of
8 physical, functional, cognitive, psycho-social, financial, and
9 social needs of the client. Assessment interviews shall
10 accommodate the scheduling needs of the client and the client's
11 representative or representatives, who shall participate at
12 the discretion of the client. The Department shall provide, by
13 administrative rule, guidelines for determining the conditions
14 under which a comprehensive assessment shall be performed and
15 the activities of care coordination offered to each care
16 recipient. The care plan shall include the needs identified by
17 the assessment and incorporate the goals and preferences of the
18 client. Care plans shall also include all services needed by
19 the client regardless of the funding source and delineate
20 between services provided, services unavailable, and services
21 refused by the client. Case coordination units shall be
22 reimbursed for care coordination in a just and equitable manner
23 reflective of the actual cost of providing care coordination.
24 By January 1, 2008, the Department shall develop a rate
25 structure, in collaboration with case coordination units and
26 advocates for care recipients, that reflects the activities of

1 coordination provided. The Department shall reevaluate the
2 rate structure by July 2010.

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

13 The Department, or the Department's authorized
14 representative, shall recover the amount of moneys expended for
15 services provided to or in behalf of a person under this
16 Section by a claim against the person's estate or against the
17 estate of the person's surviving spouse, but no recovery may be
18 had until after the death of the surviving spouse, if any, and
19 then only at such time when there is no surviving child who is
20 under age 21, blind, or permanently and totally disabled. This
21 paragraph, however, shall not bar recovery, at the death of the
22 person, of moneys for services provided to the person or in
23 behalf of the person under this Section to which the person was
24 not entitled; provided that such recovery shall not be enforced
25 against any real estate while it is occupied as a homestead by
26 the surviving spouse or other dependent, if no claims by other

1 creditors have been filed against the estate, or, if such
2 claims have been filed, they remain dormant for failure of
3 prosecution or failure of the claimant to compel administration
4 of the estate for the purpose of payment. This paragraph shall
5 not bar recovery from the estate of a spouse, under Sections
6 1915 and 1924 of the Social Security Act and Section 5-4 of the
7 Illinois Public Aid Code, who precedes a person receiving
8 services under this Section in death. All moneys for services
9 paid to or in behalf of the person under this Section shall be
10 claimed for recovery from the deceased spouse's estate.
11 "Homestead", as used in this paragraph, means the dwelling
12 house and contiguous real estate occupied by a surviving spouse
13 or relative, as defined by the rules and regulations of the
14 Department of Healthcare and Family Services, regardless of the
15 value of the property.

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

23 Beginning on the effective date of this Amendatory Act of
24 1991, no person may perform chore/housekeeping and homemaker
25 services under a program authorized by this Section unless that
26 person has been issued a certificate of pre-service to do so by

1 his or her employing agency. Information gathered to effect
2 such certification shall include (i) the person's name, (ii)
3 the date the person was hired by his or her current employer,
4 and (iii) the training, including dates and levels. Persons
5 engaged in the program authorized by this Section before the
6 effective date of this amendatory Act of 1991 shall be issued a
7 certificate of all pre- and in-service training from his or her
8 employer upon submitting the necessary information. The
9 employing agency shall be required to retain records of all
10 staff pre- and in-service training, and shall provide such
11 records to the Department upon request and upon termination of
12 the employer's contract with the Department. In addition, the
13 employing agency is responsible for the issuance of
14 certifications of in-service training completed to their
15 employees.

16 The Department is required to develop a system to ensure
17 that persons working as homemakers and chore housekeepers
18 receive increases in their wages when the federal minimum wage
19 is increased by requiring vendors to certify that they are
20 meeting the federal minimum wage statute for homemakers and
21 chore housekeepers. An employer that cannot ensure that the
22 minimum wage increase is being given to homemakers and chore
23 housekeepers shall be denied any increase in reimbursement
24 costs.

25 The Community Care Program Advisory Committee is created in
26 the Department on Aging. The Director shall appoint individuals

1 to serve in the Committee, who shall serve at their own
2 expense. Members of the Committee must abide by all applicable
3 ethics laws. The Committee shall advise the Department on
4 issues related to the Department's program of services to
5 prevent unnecessary institutionalization. The Committee shall
6 meet on a bi-monthly basis and shall serve to identify and
7 advise the Department on present and potential issues affecting
8 the service delivery network, the program's clients, and the
9 Department and to recommend solution strategies. Persons
10 appointed to the Committee shall be appointed on, but not
11 limited to, their own and their agency's experience with the
12 program, geographic representation, and willingness to serve.
13 The Committee shall include, but not be limited to,
14 representatives from the following agencies and organizations:

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

16 (b) at least 4 care ~~case~~ coordination unit
17 representatives;

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

20 (d) at least 2 representatives of statewide trade or
21 labor unions that represent in-home direct care service
22 staff;

23 (e) at least 2 representatives of Area Agencies on
24 Aging;

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

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

3 (h) at least 2 citizen members 60 years of age or
4 older.

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 At no time may a member serve more than one consecutive term in
13 any capacity on the committee. The Department shall fill
14 vacancies that have a remaining term of over one year, and this
15 replacement shall occur through the annual replacement of
16 expiring terms. The Director shall designate Department staff
17 to provide technical assistance and staff support to the
18 committee. Department representation shall not constitute
19 membership of the committee. All Committee papers, issues,
20 recommendations, reports, and meeting memoranda are advisory
21 only. The Director, or his or her designee, shall make a
22 written report, as requested by the Committee, regarding issues
23 before the Committee.

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

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

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

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

25 (Source: P.A. 93-85, eff. 1-1-04; 93-902, eff. 8-10-04; 94-48,
26 eff. 7-1-05; 94-269, eff. 7-19-05; 94-336, eff. 7-26-05;

1 94-954, eff. 6-27-06.)

2 (20 ILCS 105/4.12)

3 Sec. 4.12. Assistance to nursing home residents.

4 (a) The Department on Aging shall assist eligible nursing
5 home residents and their families to select long-term care
6 options that meet their needs and reflect their preferences. At
7 any time during the process, the resident or his or her
8 representative may decline further assistance.

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

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

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

1 (320 ILCS 42/25)

2 Sec. 25. Older adult services restructuring. No later than
3 January 1, 2005, the Department shall commence the process of
4 restructuring the older adult services delivery system.
5 Priority shall be given to both the expansion of services and
6 the development of new services in priority service areas.
7 Subject to the availability of funding, the restructuring shall
8 include, but not be limited to, the following:

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

19 (2) Comprehensive care coordination ~~ease management~~. The
20 Department shall implement a statewide system of holistic
21 comprehensive case management. The system shall include the
22 identification and implementation of a universal,
23 comprehensive assessment tool to be used statewide to determine
24 the level of physical, functional, cognitive, psycho-social,
25 social ~~socialization~~, and financial needs of older adults. This

1 tool shall be supported by an electronic intake, assessment,
2 and care planning system linked to a central location.
3 "Comprehensive care coordination case management" shall
4 include activities such ~~includes services and coordination~~
5 ~~such~~ as (i) comprehensive assessment of the older adult
6 ~~(including the physical, functional, cognitive, psycho social,~~
7 ~~and social needs of the individual);~~ (ii) development and
8 implementation of a service plan with the older adult to
9 mobilize the formal and family resources and services
10 identified in the assessment to meet the needs of the older
11 adult, including coordination of the resources and services
12 with any other plans that exist for various formal services,
13 such as hospital discharge plans, and with the information and
14 assistance services; (iii) coordination and monitoring of
15 formal and family service delivery, regardless of the funding
16 source, including coordination and monitoring to ensure that
17 services specified in the plan are being provided; (iv)
18 assistance with completion of applications for services,
19 referrals to non-government funded services, health promotion,
20 and ensuring continuity of care across care settings; (v)
21 periodic reassessment and revision of the status of the older
22 adult with the older adult or, if necessary, the older adult's
23 designated representative; and (vi) ~~(v)~~ in accordance with the
24 wishes of the older adult, advocacy on behalf of the older
25 adult for needed services or resources.

26 (3) Coordinated point of entry. The Department shall

1 implement and publicize a statewide coordinated point of entry
2 using a uniform name, identity, logo, and toll-free number.

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

8 (5) Expansion of older adult services. The Department shall
9 expand older adult services that promote independence and
10 permit older adults to remain in their own homes and
11 communities.

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

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

19 (8) Enhanced transition and follow-up services. The
20 Department shall implement a program of transition from one
21 residential setting to another and follow-up services,
22 regardless of residential setting, pursuant to rules with
23 respect to (i) resident eligibility, (ii) assessment of the
24 resident's health, cognitive, social, and financial needs,
25 (iii) development of transition plans, and (iv) the level of
26 services that must be available before transitioning a resident

1 from one setting to another.

2 (9) Family caregiver support. The Department shall develop
3 strategies for public and private financing of services that
4 supplement and support family caregivers.

5 (10) Quality standards and quality improvement. The
6 Department shall establish a core set of uniform quality
7 standards for all providers that focus on outcomes and take
8 into consideration consumer choice and satisfaction, and the
9 Department shall require each provider to implement a
10 continuous quality improvement process to address consumer
11 issues. The continuous quality improvement process must
12 benchmark performance, be person-centered and data-driven, and
13 focus on consumer satisfaction.

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

20 (12) Coordination of services. The Department shall
21 identify methods to better coordinate service networks to
22 maximize resources and minimize duplication of services and
23 ease of application.

24 (13) Barriers to services. The Department shall identify
25 barriers to the provision, availability, and accessibility of
26 services and shall implement a plan to address those barriers.

1 The plan shall: (i) identify barriers, including but not
2 limited to, statutory and regulatory complexity, reimbursement
3 issues, payment issues, and labor force issues; (ii) recommend
4 changes to State or federal laws or administrative rules or
5 regulations; (iii) recommend application for federal waivers
6 to improve efficiency and reduce cost and paperwork; (iv)
7 develop innovative service delivery models; and (v) recommend
8 application for federal or private service grants.

9 (14) Reimbursement and funding. The Department shall
10 investigate and evaluate costs and payments by defining costs
11 to implement a uniform, audited provider cost reporting system
12 to be considered by all Departments in establishing payments.
13 To the extent possible, multiple cost reporting mandates shall
14 not be imposed.

15 (15) Medicaid nursing home cost containment and Medicare
16 utilization. The Department of Healthcare and Family Services
17 (formerly Department of Public Aid), in collaboration with the
18 Department on Aging and the Department of Public Health and in
19 consultation with the Advisory Committee, shall propose a plan
20 to contain Medicaid nursing home costs and maximize Medicare
21 utilization. The plan must not impair the ability of an older
22 adult to choose among available services. The plan shall
23 include, but not be limited to, (i) techniques to maximize the
24 use of the most cost-effective services without sacrificing
25 quality and (ii) methods to identify and serve older adults in
26 need of minimal services to remain independent, but who are

1 likely to develop a need for more extensive services in the
2 absence of those minimal services.

3 (16) Bed reduction. The Department of Public Health shall
4 implement a nursing home conversion program to reduce the
5 number of Medicaid-certified nursing home beds in areas with
6 excess beds. The Department of Healthcare and Family Services
7 shall investigate changes to the Medicaid nursing facility
8 reimbursement system in order to reduce beds. Such changes may
9 include, but are not limited to, incentive payments that will
10 enable facilities to adjust to the restructuring and expansion
11 of services required by the Older Adult Services Act, including
12 adjustments for the voluntary closure or layaway of nursing
13 home beds certified under Title XIX of the federal Social
14 Security Act. Any savings shall be reallocated to fund
15 home-based or community-based older adult services pursuant to
16 Section 20.

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

22 (A) private long-term care insurance coverage for
23 older adult services;

24 (B) enhancement of federal long-term care financing
25 initiatives;

26 (C) employer benefit programs such as medical savings

1 accounts for long-term care;

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

3 (E) strategies to reduce reliance on government
4 programs;

5 (F) fraudulent asset divestiture and financial
6 planning prevention; and

7 (G) methods to supplement and support family and
8 community caregiving.

9 (18) Older Adult Services Demonstration Grants. The
10 Department shall implement a program of demonstration grants
11 that will assist in the restructuring of the older adult
12 services delivery system, and shall provide funding for
13 innovative service delivery models and system change and
14 integration initiatives pursuant to subsection (g) of Section
15 20.

16 (19) Bed need methodology update. For the purposes of
17 determining areas with excess beds, the Departments shall
18 provide information and assistance to the Health Facilities
19 Planning Board to update the Bed Need Methodology for Long-Term
20 Care to update the assumptions used to establish the
21 methodology to make them consistent with modern older adult
22 services.

23 (20) Affordable housing. The Departments shall utilize the
24 recommendations of Illinois' Annual Comprehensive Housing
25 Plan, as developed by the Affordable Housing Task Force through
26 the Governor's Executive Order 2003-18, in their efforts to

1 address the affordable housing needs of older adults.

2 The Older Adult Services Advisory Committee shall
3 investigate innovative and promising practices operating as
4 demonstration or pilot projects in Illinois and in other
5 states. The Department on Aging shall provide the Older Adult
6 Services Advisory Committee with a list of all demonstration or
7 pilot projects funded by the Department on Aging, including
8 those specified by rule, law, policy memorandum, or funding
9 arrangement. The Committee shall work with the Department on
10 Aging to evaluate the viability of expanding these programs
11 into other areas of the State.

12 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;
13 94-766, eff. 1-1-07.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law."