HB0752 Enrolled

1 AN ACT concerning aging.

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

4 Section 5. The Older Adult Services Act is amended by 5 changing Section 25 as follows:

6 (320 ILCS 42/25)

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

14 (1) Planning. The Department on Aging and the Departments of Public Health and Healthcare and Family Services shall 15 16 develop a plan to restructure the State's service delivery 17 system for older adults pursuant to this Act no later than September 30, 2010. The plan shall include a schedule for the 18 19 implementation of the initiatives outlined in this Act and all 20 other initiatives identified by the participating agencies to 21 fulfill the purposes of this Act and shall protect the rights 22 of all older Illinoisans to services based on their health circumstances and functioning level, regardless of whether 23

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they receive their care in their homes, in a community setting, 1 2 or in a residential facility. Financing for older adult services shall be based on the principle that "money follows 3 the individual" taking into account individual preference, but 4 5 shall not jeopardize the health, safety, or level of care of nursing home residents. The plan shall also identify potential 6 7 impediments to delivery system restructuring and include any 8 known regulatory or statutory barriers.

9 (2) Comprehensive case management. The Department shall 10 implement a statewide system of holistic comprehensive case 11 management. The system shall include the identification and 12 implementation of a universal, comprehensive assessment tool 13 to be used statewide to determine the level of functional, cognitive, socialization, and financial needs of older adults. 14 15 This tool shall be supported by an electronic intake, 16 assessment, and care planning system linked to a central 17 location. "Comprehensive case management" includes services and coordination such as (i) comprehensive assessment of the 18 19 older adult (including the physical, functional, cognitive, 20 psycho-social, and social needs of the individual); (ii) development and implementation of a service plan with the older 21 22 adult to mobilize the formal and family resources and services 23 identified in the assessment to meet the needs of the older 24 adult, including coordination of the resources and services 25 with any other plans that exist for various formal services, 26 such as hospital discharge plans, and with the information and HB0752 Enrolled - 3 - LRB096 04648 DRJ 14707 b

assistance services; (iii) coordination and monitoring of 1 2 formal and family service delivery, including coordination and 3 monitoring to ensure that services specified in the plan are being provided; (iv) periodic reassessment and revision of the 4 5 status of the older adult with the older adult or, if necessary, the older adult's designated representative; and 6 7 (v) in accordance with the wishes of the older adult, advocacy on behalf of the older adult for needed services or resources. 8

9 (3) Coordinated point of entry. The Department shall 10 implement and publicize a statewide coordinated point of entry 11 using a uniform name, identity, logo, and toll-free number.

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

17 (5) Expansion of older adult services. The Department shall 18 expand older adult services that promote independence and 19 permit older adults to remain in their own homes and 20 communities.

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

(7) Comprehensive delivery system. The Department shall
 expand opportunities for older adults to receive services in

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1 systems that integrate acute and chronic care.

2 Enhanced transition and follow-up services. (8) The 3 Department shall implement a program of transition from one residential setting to another and follow-up services, 4 5 regardless of residential setting, pursuant to rules with 6 respect to (i) resident eligibility, (ii) assessment of the 7 resident's health, cognitive, social, and financial needs, 8 (iii) development of transition plans, and (iv) the level of 9 services that must be available before transitioning a resident 10 from one setting to another.

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

14 (10) Quality standards and quality improvement. The 15 Department shall establish a core set of uniform quality 16 standards for all providers that focus on outcomes and take 17 into consideration consumer choice and satisfaction, and the Department shall require each provider to 18 implement а continuous quality improvement process to address consumer 19 20 issues. The continuous quality improvement process must 21 benchmark performance, be person-centered and data-driven, and 22 focus on consumer satisfaction.

(11) Workforce. The Department shall develop strategies to attract and retain a qualified and stable worker pool, provide living wages and benefits, and create a work environment that is conducive to long-term employment and career development. HB0752 Enrolled - 5 - LRB096 04648 DRJ 14707 b

Resources such as grants, education, and promotion of career
 opportunities may be used.

3 (12) Coordination of services. The Department shall 4 identify methods to better coordinate service networks to 5 maximize resources and minimize duplication of services and 6 ease of application.

7 (13) Barriers to services. The Department shall identify 8 barriers to the provision, availability, and accessibility of 9 services and shall implement a plan to address those barriers. 10 The plan shall: (i) identify barriers, including but not 11 limited to, statutory and regulatory complexity, reimbursement 12 issues, payment issues, and labor force issues; (ii) recommend 13 changes to State or federal laws or administrative rules or regulations; (iii) recommend application for federal waivers 14 15 to improve efficiency and reduce cost and paperwork; (iv) 16 develop innovative service delivery models; and (v) recommend 17 application for federal or private service grants.

18 (14) Reimbursement and funding. The Department shall 19 investigate and evaluate costs and payments by defining costs 20 to implement a uniform, audited provider cost reporting system 21 to be considered by all Departments in establishing payments. 22 To the extent possible, multiple cost reporting mandates shall 23 not be imposed.

(15) Medicaid nursing home cost containment and Medicare
utilization. The Department of Healthcare and Family Services
(formerly Department of Public Aid), in collaboration with the

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Department on Aging and the Department of Public Health and in 1 2 consultation with the Advisory Committee, shall propose a plan to contain Medicaid nursing home costs and maximize Medicare 3 utilization. The plan must not impair the ability of an older 4 5 adult to choose among available services. The plan shall include, but not be limited to, (i) techniques to maximize the 6 use of the most cost-effective services without sacrificing 7 8 quality and (ii) methods to identify and serve older adults in 9 need of minimal services to remain independent, but who are 10 likely to develop a need for more extensive services in the 11 absence of those minimal services.

12 (16) Bed reduction. The Department of Public Health shall 13 implement a nursing home conversion program to reduce the number of Medicaid-certified nursing home beds in areas with 14 15 excess beds. The Department of Healthcare and Family Services 16 shall investigate changes to the Medicaid nursing facility 17 reimbursement system in order to reduce beds. Such changes may include, but are not limited to, incentive payments that will 18 19 enable facilities to adjust to the restructuring and expansion 20 of services required by the Older Adult Services Act, including 21 adjustments for the voluntary closure or layaway of nursing 22 home beds certified under Title XIX of the federal Social 23 Security Act. Any savings shall be reallocated to fund 24 home-based or community-based older adult services pursuant to Section 20. 25

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(17) Financing. The Department shall investigate and

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evaluate financing options for older adult services and shall make recommendations in the report required by Section 15 concerning the feasibility of these financing arrangements. These arrangements shall include, but are not limited to:

5 (A) private long-term care insurance coverage for 6 older adult services;

7 (B) enhancement of federal long-term care financing
8 initiatives;

9 (C) employer benefit programs such as medical savings 10 accounts for long-term care;

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(D) individual and family cost-sharing options;

12 (E) strategies to reduce reliance on government13 programs;

14 (F) fraudulent asset divestiture and financial 15 planning prevention; and

16 (G) methods to supplement and support family and 17 community caregiving.

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

25 (19) Bed need methodology update. For the purposes of 26 determining areas with excess beds, the Departments shall provide information and assistance to the Health Facilities
Planning Board to update the Bed Need Methodology for Long-Term
Care to update the assumptions used to establish the
methodology to make them consistent with modern older adult
services.

6 (20) Affordable housing. The Departments shall utilize the 7 recommendations of Illinois' Annual Comprehensive Housing 8 Plan, as developed by the Affordable Housing Task Force through 9 the Governor's Executive Order 2003-18, in their efforts to 10 address the affordable housing needs of older adults.

11 The Older Adult Services Advisory Committee shall 12 investigate innovative and promising practices operating as 13 demonstration or pilot projects in Illinois and in other 14 states. The Department on Aging shall provide the Older Adult 15 Services Advisory Committee with a list of all demonstration or 16 pilot projects funded by the Department on Aging, including 17 those specified by rule, law, policy memorandum, or funding arrangement. The Committee shall work with the Department on 18 19 Aging to evaluate the viability of expanding these programs 20 into other areas of the State.

21 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05; 22 94-766, eff. 1-1-07.)

23 Section 99. Effective date. This Act takes effect upon 24 becoming law.