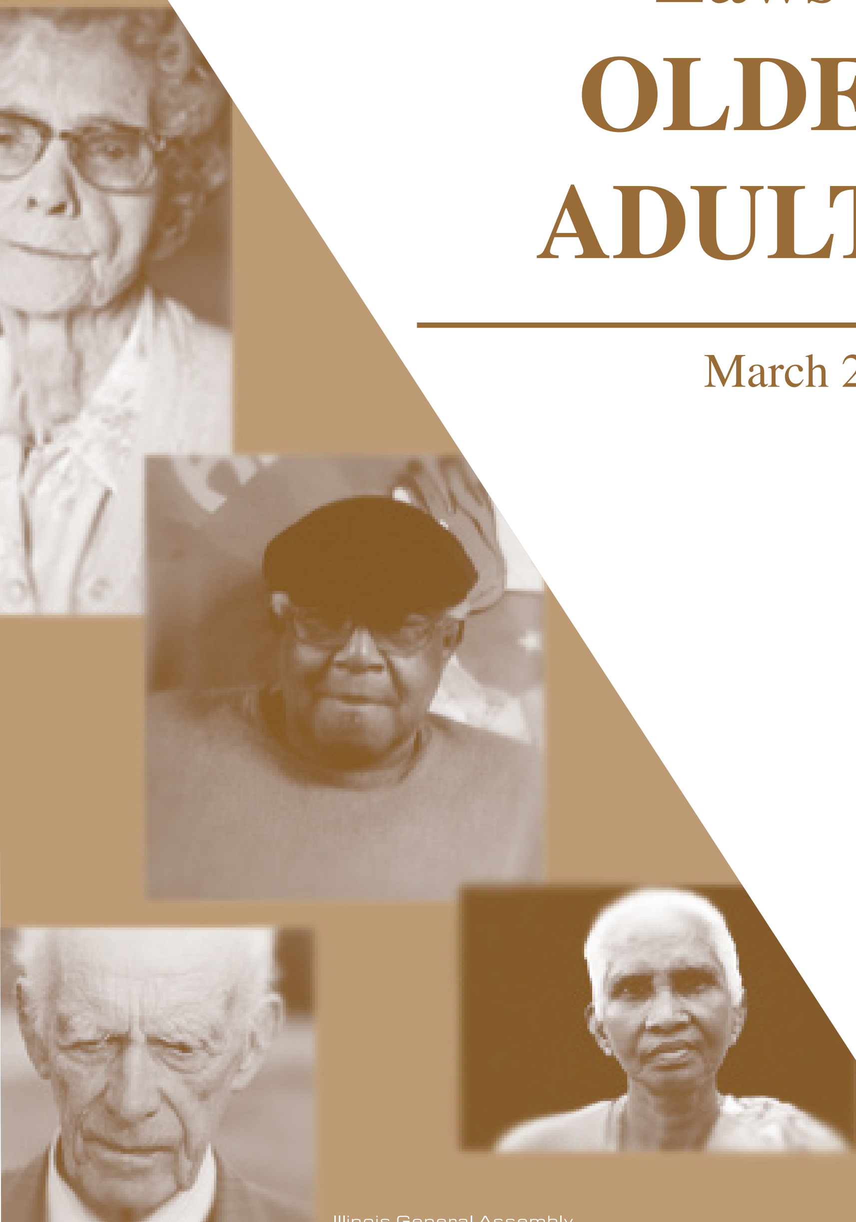
Laws for OLDER ADULTS

March 2010



Illinois General Assembly
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LEGISLATIVE RESEARCH UNIT

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Introduction

This booklet summarizes many Illinois or federal laws and programs for older adults. The information is organized into three broad subjects: financial and property laws; legal protections; and health-related programs. If a law applies to people who are at least a particular age, that age is shown in parentheses.

Endnotes starting on page 31 give citations to all laws described. Readers who want more information can find those laws at many public libraries or on the Illinois General Assembly Web site at www.ilga.gov. If your library does not have Illinois laws, a state legislator's office can get a copy if shown the information in the endnote. The text also lists toll-free numbers to call for many programs, and the back cover has phone numbers and Internet addresses of offices established to help older adults.

Illinois seeks to assure all its residents the opportunity to pursue their lifetime goals to the fullest extent possible. We hope this booklet will help you or someone you know do that.

Patrick D. O'Grady
Executive Director

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Financial and property laws

Tax and fee reductions or deferrals

"Circuit breaker" property tax aid (65)

"Circuit breaker" grants reimburse eligible homeowners and renters for part of the property taxes they pay. People eligible for these grants can also get prescription drug assistance (see page 20) and a lower license plate fee (see page 4). To be eligible, a person must (1) be an Illinois resident; (2) have household income under the limit listed below; (3) be at least 65 by the end of the year, be a widowed spouse described below, or be at least 16 and disabled; and (4) live in a household that pays property taxes or rent.[1]

To be eligible for the property tax grants in 2010, household income in 2009 must have been below these amounts: $27,610 for a household of one person; $36,635 for two; or $45,657 for three or more.[2] Those limits may be increased for inflation in later years. (As noted below, the grant for a household with income over $14,000 is limited to $70 per year; but prescription drug assistance and a lower license plate fee remain available up to the income limits just stated.)

Special provisions apply in some cases:

- The surviving spouse of a person who was eligible for a grant is also eligible if the survivor was at least 63 when the spouse died and meets the program's other qualifications.

- A person who turns 65 during a year can get a partial grant for that year.

- Persons getting public assistance, and partial owners of a home, get partial grants if otherwise eligible.

- 25% of rent paid on an apartment or other rented residence is treated as property tax paid by the renter, if the owner pays property tax on it.

- Mobile Home Privilege Tax paid is counted as property tax. So is property tax paid on a mobile home and its lot, if the person applying for a grant owns both.[3]

The grant will be whichever of amounts (1) or (2) below is *smaller*:

(1) The amount of property tax paid by the household in the previous year, minus 3.5% of household income that year.

(2) (a) If household income is up to $14,000, $700 minus 4.5% of household income for the year.

(b) If household income is over $14,000, a flat $70.[4]

"Household income" basically means the sum of (a) the federal adjusted gross income (AGI) of members of the household, plus (b) most income not included in federal AGI such as Social Security, annuity, workers' compensation, and public aid payments.[5] But the income of an "additional resident" (basically a non-spouse resident of the household, more than half of whose financial support comes from the household, and who does not file a separate "Circuit Breaker" claim) is not counted.[6] No household can get more than one grant per year.[7] For information on this program, call the Department on Aging at (800) 624-2459 or visit this Internet site:

www.cbrx.il.gov

Homestead exemption (65)

A homeowner who is 65, or will become 65 during an assessment year, can get a reduction of $4,000 in the *assessed* value of one residence.[8] Illinois counties except Cook assess real estate at one-third of market value,[9] so this reduction makes $12,000 in market value of a residence tax-free in those counties. Cook County assesses residences with up to six units at 16% of market value,[10] so the reduction exempts $25,000 of market value there. Special provisions in the law apply to cooperative apartment buildings, residents of life-care facilities, and spouses of persons who formerly qualified but now live in nursing home.[11] This exemption is in addition to the general homestead exemption,[12] which allows a reduction of up to $6,000 in the assessed value of the residence of a taxpayer of any age.[13] Application forms can be requested from county assessment offices.

Homestead assessment freeze (65)

A homeowner who will be at least 65 by the end of the assessment year and has annual household income up to $55,000 can apply for a freeze on the assessed value of a primary residence.[14]

Special provisions in the law apply to cooperative apartment buildings and life-care facility residents.[15] The house of a person who qualified for the freeze before entering a nursing home remains eligible for the freeze as long as it is either owned by that person or occupied by that person's spouse.[16] The spouse of a deceased person who qualified, if the surviving spouse is ineligible only due to being under 65, can get the freeze for the last year before death and the year of death of the deceased spouse.[17]

Property tax deferral (65)

A homeowner who is at least 65 by June 1 of a year, with annual household income under $50,000, may have property taxes payable on the home that year deferred. The homeowner must have owned the home, or another qualifying home in Illinois, for at least 3 years, and must sign an agreement with the county for tax deferral and recovery. (The homeowner may still qualify for deferral while absent up to 1 year in a nursing or sheltered-care home.) The Department of Revenue will pay the taxes imposed on the home, up to a cumulative total of 80% of the owner's equity in it. After the taxpayer dies, the Department of Revenue will recover from the estate the amount it paid out, including interest at 6% per year.[18]

Tax exclusion on home sale (any age)

Federal law allows any taxpayer who owned a home as the taxpayer's principal residence for a total of at least 2 out of the last 5 years, to exclude all gain on its sale up to the limits stated below. This exclusion is also available to a couple if at least one of them owned the home and it was the principal residence of both.[19] This exclusion can be used as often as once every 2 years.[20] The maximum gain excludable per sale is $250,000 for one owner, or $500,000 for a couple filing a joint return.[21] For information on this, read IRS Publication 523 (available in print at some IRS offices, or on the Internet at www.irs.gov/publications) or call the IRS at (800) 829-1040.

Automobile registration fee reduction (65)

Any vehicle owner who has received a "Circuit Breaker" property owner's grant described earlier, or the vehicle owner's spouse—but not both spouses—can register one passenger car or other motor vehicle of under 8,000 pounds for only $24. The widow(er) of a person who received such a grant is also eligible in the year in which the deceased spouse was eligible.[22] "Circuit Breaker" program recipients who were accepted into the program after already registering their vehicle at full price may apply for a refund online. For more information or an application, call the Secretary of State at (800) 252-8980.

Driver's license fee reductions (69)

Illinois driver's license fees are reduced with age, as follows:[23]

Age	*Fee*
21 to 68	$30
69 to 80	5
81 to 86	2
87 +	0

Automobile insurance (55)

The rates of automobile liability insurance policies are to be "appropriately" reduced for persons over 55, with no recent accidents, who complete a vehicle accident prevention course of the National Safety Council's Defensive Driving Course or another prevention course approved by the Secretary of State.[24] This does not apply to group automobile insurance under which premiums are averaged for a group rather than determined individually.[25] For information on approved courses, call (800) 252-2904.

Camping (62)

On each day from Monday through Thursday, state residents 62 or older are charged no camping fees at state-operated camping facilities that have no showers or electricity, and only half of regular fees at facilities having showers or electricity.[26]

College courses (65)

State residents 65 or older whose incomes are below the limit for a "Circuit Breaker" grant, and who have been accepted at an Illinois public university or community college, are exempt from tuition in regularly scheduled courses, if space is available and enough paying students register to meet the minimum course size. This tuition waiver does not apply to courses specifically designed for the elderly.[27]

Social Security payments (62 or 65-67)

Social Security payments include retiree, survivors', and disability benefits. The Social Security Administration also administers a separate program, called Supplemental Security Income, for persons with very low incomes who are over 65, blind, or disabled.

Retiree benefits

Retiree benefits are available for everyone who has worked at least the minimum amount of time under Social Security and has reached either (a) 62 (for early retirement) or (b) 65 to 67 (based on year of birth) for regular retirement benefits.[28] The monthly benefit depends on the number of years in which Social Security tax was deducted from earnings, and the person's earnings during those years. Persons taking early retirement will get lower monthly benefits for the rest of their lives. Persons taking early retirement between 62 and their regular retirement age will have a partial (prorated) reduction due to early retirement.

For persons born between 1938 and 1943, regular retirement age exceeds 65 years by 2 months for each year after 1937 in which they were born. For persons born from 1943 through 1954, the regular retirement age is exactly 66. It then again increases by 2 months for each year of birth after 1954, stopping at age 67 for everyone born after 1959.[29]

People who choose not to get Social Security retiree benefits at regular retirement age (because they are still employed full-time, or otherwise do not need the money) can get an increase in their eventual Social Security retirement benefits for each year they do not take those benefits, up to age 70. (Applying for Social Security retiree benefits is separate from applying for Medicare, and need not occur at the same age.) Working past the regular retirement age may also increase later Social Security retiree benefits by adding years of work credit under Social Security.

A person intending to retire should apply at the nearest Social Security office, or call the toll-free number below, 90 days before intended retirement (but no earlier than 90 days before age 62). These offices are listed in most phone directories under "Social Security Administration" and also under U.S. Government listings. For information on Social Security programs and benefits, call (800) 772-1213 (voice) or (800) 325-0778 (TDD); or go to http://www.ssa.gov on the Internet.

Spousal and survivors' benefits

The spouse (in some cases including a divorced spouse) of a person getting retirement benefits is eligible for a separate benefit at age 62 (reduced benefits) or regular retirement age (full benefits). A spouse, or qualifying ex-spouse, who starts getting benefits at the regular retirement age is eligible for an amount equal to half the other spouse's regular retirement benefit.

The widow(er) of a deceased beneficiary can start getting early benefits at age 60 (50 if the widow(er) is disabled and meets other conditions). Such a person can get full benefits at age 65 if born before 1940 (that age also will gradually rise for persons born later, reaching 67 for persons born after 1961). A living or deceased beneficiary's unmarried child may also qualify for separate benefits until age 18 (until 19 if still in high school, or until any age if disabled before age 22).[30]

Supplemental Security Income (SSI)

This program, which is separate from the Social Security retiree and survivors' program, pays monthly income to needy persons who are over 65, blind, or disabled, and have little or no regular income or assets that could be converted into money. A person getting regular Social Security retirement benefits may also be eligible for SSI.[31] A more complete description of the program can be found on the Social Security Administration's Web site at http://www.ssa.gov/pubs/11069.html. Applications for SSI should be made to local Social Security offices. A related Illinois program is described next.

Aid to the aged (65), blind, and disabled (AABD)

This Illinois program provides financial and medical aid to persons who are aged, blind, or disabled, and have modest income and assets. Depending on income and assets, persons may be eligible if they are (1) 65 or older, (2) visually impaired so as to be unable to do ordinary tasks, or (3) physically or mentally impaired in working. Some assets are not counted in determining eligibility; they include a home and attached land, an automobile required for work, assets needed for self-support, and burial funds.[32]

Anyone in a nursing home or similar institution who has paid for care in advance is ineligible until the money paid has been used up.[33] There are other restrictions and conditions for eligibility—many of them similar to those for the federal SSI program. Details are available from the Illinois Department of Human Services' Help Line at (800) 843-6154 (voice) or (800) 447-6404 (TTY).[34]

Reverse mortgages (62)

State law authorizes private lending institutions to make "reverse mortgages" that allow homeowners to borrow against the equity in their homes. Typically, an institution lends the homeowner a set amount per month or quarter. The lender will recover the principal and interest from the equity in the residence when the homeowner dies or sells.

The state laws authorizing reverse mortgages apply to the principal residence that is owned by a person (or the spouse of a person) who is at least 62, if designed for occupancy by up to 4 families. Any such loan must allow the homeowner to be absent for up to 60 days at a time (or up to 1 year if the home is adequately secured against damage or theft) without affecting the loan. These loans must be without recourse to any other assets of the homeowner (meaning that the lender can get repayment only from a sale of the residence itself, not from the borrower).[35]

Before making a reverse mortgage loan, a lender must give the prospective borrower an information sheet from the Department on Aging describing such loans and how to get independent information on them.[36] Would-be borrowers should carefully consider whether such a loan is the best way to fund their retirement years. The best candidate for such a loan might be a retiree who owns a residence but has few other assets; needs additional income; does not expect to live longer than the loan payments will last; and does not need or want to leave the residence to any heirs.

Estates and wills

Every adult with property or minor children should make plans for them, usually in a will. Otherwise the property will be distributed under fixed rules in state law, and a court will award custody of the children with no guidance from the parent(s).

The rules in Illinois for distributing property of a person who dies without a will are basically as follows:

If the person leaves a spouse:

Half to spouse and half to descendants if any. If no descendants, all to spouse.

If the person leaves no spouse:

All to descendants if any; if none, to parent(s) and sibling(s) (or if any siblings are deceased, to their children); if none, half to each set of grandparents (or descendants of deceased grandparents).[37]

A court cannot change these rules for distribution with no will. But a person who makes a will can give away property in any desired manner (subject only to some restrictions to protect a spouse and child(ren) if any). A will is also the place for parents of minor children to recommend a guardian for them. Such a recommendation is not binding on courts, but the court is likely to follow it unless there is a strong reason not to.

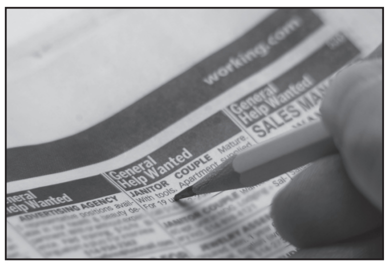
Many lawyers will draw up an uncomplicated will for around $200. Some people may also want to consider setting up one or more *inter vivos* trusts (often called "living trusts"). Although more expensive to create, they may simplify administration of estates of considerable size, especially those including real estate. Creating such a trust puts parts or all of the owner's property into a form of ownership (a trust) that is controlled by one or more trustees (who can be the owner alone, and/or the intended heirs or others) and held for the eventual benefit of the intended heirs. Upon the death of the owner, the property can go immediately to the heirs, without probate—although provisions can be made for it to go into the temporary control of another trustee (for example, if the heirs are still minors at the time of death). Lawyers familiar with this area of the law can create trusts for these or many other purposes.

Legal protections

Age discrimination (40)

Illinois and federal laws prohibit most discrimination due to age, beginning at age 40.

Employment



The Illinois Human Rights Act affects all private firms that employ at least 15 persons in the state for at least 20 weeks per year; all firms with public contracts; and all state and local employers. It also applies to employment agencies and unions. Religious bodies are generally exempt.[38]

The Act generally prohibits unfavorable treatment of applicants or employees due to being over age 40.[39] However, an employee who is 65 or older, and for the last 2 years has been in an executive position and whose annual retirement benefits based on employer contributions alone would be at least $44,000, can be compulsorily retired.[40] Also, employers can limit eligibility for apprenticeship programs to persons between ages 18 and 40.[41]

The federal Age Discrimination in Employment Act applies to any firm "in an industry affecting commerce" (which includes nearly all employers) that employs at least 20 employees for at least 20 weeks per year.[42] It also applies to employment agencies, unions, and state and local governments.[43] Similarly to the Illinois act, it prohibits unfavorable treatment of applicants or employees due to age over 40 but does not prohibit compulsory retirement at age 65 of executives who have pension plans like those described above for the Illinois Human Rights Act.[44] The Act also allows actions under a valid seniority system, employee benefit plan, or voluntary early-retirement incentive plan if they meet standards set in the Act.[45]

You should note that these provisions do not prohibit *all* unfavorable treatment of persons over 40; they prohibit only unfavorable treatment *due to age*. Further, they allow such treatment if it is based on valid, provable grounds such as inability of most persons past a certain age to fill safely the requirements of a rigorous occupation. But the courts require strong evidence before accepting such grounds.

Real estate transactions

The Illinois Human Rights Act prohibits discrimination in real estate transactions by owners, sellers, and brokers due to the age of anyone, starting at 40.[46] The Act also prohibits discrimination because a person is blind or hearing-impaired, or uses a guide dog.[47] Rentals of apartments in owner-occupied buildings with up to 4 units, and private sales of single-family homes, are exempt.[48]

Financial transactions

The Illinois Human Rights Act generally prohibits discrimination due to age in financial transactions.[49] However, issuers of credit cards can ask about age and other facts for the purpose of predicting continuation of income.[50]

Public accommodations

The Illinois Human Rights Act prohibits discrimination due to age by businesses that provide goods, travel, recreation, and similar services to the general public.[51] Private clubs not connected to places of public accommodation are exempt.[52]

For help with discrimination questions, call the Illinois Department of Human Rights at one of the following numbers:

Chicago area	(312) 814-6200 (312) 263-1579 (TDD)
Central Illinois	(217) 785-5100 (217) 785-5125 (TDD)
Southern Illinois	(618) 993-7463

Consumer fraud

Ways to avoid fraud

Although consumer fraud can affect persons of almost any age, some perpetrators target retired persons—especially those with homes or other valuable property. They may claim that a house needs costly repairs, or that an investment they are selling is a "sure thing." With today's widespread use of the Internet, many of these schemes have moved online. The best defenses against fraud are asking questions, and checking up on the company that a seller claims to represent. Here are some warning signs of fraud:

- Asking for sensitive information. A common trick for obtaining confidential information is to pretend (in a phone call or e-mail message) to be from a government agency, bank, or a company or organization that people might trust with personal information. Legitimate businesses and government agencies should never ask you for passwords, bank account numbers, or other sensitive information in unsolicited phone calls, or in e-mail messages. If you ever get such a request, ask for the caller's or sender's name, department, and extension; then call the main number for the business or agency shown in a phone directory, on your credit card, or in another trusted source—not the number given by the caller or e-mail sender, which could be the number of a confederate pretending to work at that institution.

- Pressure to sign immediately. There is rarely a good reason why a deal can't wait until you think it over and get advice. Pressure to sign suggests that it might not look as attractive if investigated.

- Insistence on payment in cash. There is no good reason for a seller to require payment in cash, instead of by check or credit card, for items that are not delivered immediately. Such a demand suggests that the seller is at least trying to evade taxes; and a person who cheats all taxpayers probably would not mind cheating you. Also, paying in advance, in cash, would prevent you from stopping payment if the goods do not arrive or are defective, or services that were promised are not provided.

- Telephone "investment" pitches. Even if not actually fraudulent, these often provide large commissions to sellers, and usually get buyers into investments whose risks they do not understand. No one should buy any securities; insurance products sold as investment or retirement plans; real estate (such as a vacation home) that is too far away to examine; or any other purported investment without getting and reading a detailed description of it (usually called a "prospectus" or "property report"). Also, a person who is not an experienced investor should not make an investment before discussing it with a trusted investment advisor.

You should be especially suspicious if a person selling something *promises* returns much higher than are available from conventional accounts that pay interest (such as bank accounts and money-market or bond mutual funds). This is a red flag, warning that the "investment"—even if not fraudulent—is much riskier than it seems. Such extravagant promises are common in "Ponzi" schemes, in which a promoter claims to be investing money for high returns—but actually is using money paid in by new customers to pay existing customers who want to take their money out. Such a financial pyramid is certain to fail, because the promoter cannot keep finding more and more new customers forever.

- Telephone "sweepstakes" offers. Someone may call and claim that you won a big prize, but must pay taxes or "shipping" charges to get it. The caller may then ask you to provide a credit card number or bank account number, or to send a check for "taxes." A request for payment to get a "prize" virtually always indicates fraud—as does a claim that you won a contest you haven't entered. Giving out information such as credit card or bank account numbers, or sending a check, to someone you haven't heard of is a quick way to be a victim.

- Home repair solicitations. Few reputable repair companies call on homeowners offering to fix their houses. But con artists may go around offering "discounts" on home repair, or claiming to be official "inspectors." Once inside, they often "find" (or create) major problems that must be repaired at once—by them, of course. No one should let in a stranger without getting adequate identification. Nor should anyone agree to repairs, either orally or in writing, without first getting estimates from other repair businesses. Illinois law requires home repair providers to give their customers a pamphlet entitled "Home Repair: Know Your Consumer Rights" before the customers sign a contract authorizing repairs. The pamphlet tells ways to avoid potential scams, and gives information on what terms should be included in a contract.[53]

Anyone who suspects fraud in a business dealing should call the Attorney General's office at one of these numbers:

Chicago area	(800) 386-5438 (800) 964-3013 (TTY)
Central Illinois	(800) 243-0618 (877) 844-5461 (TTY)
Southern Illinois	(800) 243-0607 (877) 675-9339 (TTY)

More detailed information on avoiding fraud and identity theft (along with other useful topics) can be found on the Internet at these sites:

www.illinoisattorneygeneral.gov/consumers/index.html
(Illinois Attorney General)

www.ftc.gov/bcp/index.shtml (Federal Trade Commission)

Violent crime (60)

Illinois allows courts to impose heavier penalties for violent crimes if they are committed against persons who are 60 or over. Causing bodily harm is aggravated battery if the victim is 60 or over, with a possible penalty of up to 5 years in prison.[54] When a person is being sentenced for any felony, if the victim was at least 60 the court can consider that fact as a ground for imposing up to twice the normal maximum term.[55]

Victims who suffer economic loss from violent crime (or the family members of victims) can seek compensation under the Crime Victims Compensation Act.[56] For a victim to be eligible, police must have been notified within 72 hours after the crime (unless good cause for delay is shown);[57] the victim must have cooperated fully with them;[58] and the victim must file an application either within 2 years after the crime or within 1 year after someone is indicted for committing it.[59] An exception applies to victims of sexual assault or abuse, who have up to 7 days to notify authorities. For those victims, obtaining an order of protection or a civil no-contact order, or seeking sexual assault evidence collection and medical care at a hospital, counts as notification of and cooperation with law enforcement.[60]

Information and forms are available at www.ag.state.il.us/victims/cvc.html or from the Attorney General's offices in several cities around the state. The main phone number for the program is (800) 228-3368.

Elder abuse

Elder abuse can include physical, sexual, or emotional abuse, confinement, passive neglect, willful deprivation, or misuse or withholding of a vulnerable adult's financial resources.[61] Illinois requires professionals in social services, education, and medical fields to report suspected elder abuse.[62] Anyone who is a victim of elder abuse, or suspects that someone else is a victim, should call the Illinois Department on Aging's Elder Abuse Hotline at (866) 800-1409 (24-hour voice) or (800) 544-5304 (TTY).

Health-related programs

Medicare

Part A

This federal program offers hospital insurance to persons who are 65 or older, or are disabled. The following usually qualify for Part A without paying premiums:

- A person who has worked a total of at least 10 years, whether or not consecutive, under Social Security, and the spouse of such a person—in each case if at least 65. (Unlike Social Security retirement benefits described earlier, regular Medicare eligibility starts at 65 regardless of year of birth. Persons getting Social Security or Railroad Retirement Board benefits are automatically enrolled in Part A at age 65.)

- A person under 65 who, for the last 24 months, has qualified for Social Security disability, disabled widow(er)'s, or disabled child's benefits.

- A person with end-stage renal (kidney) disease who has enough work credit under Social Security; and (subject to additional qualifications) the spouse, or child under age 25, of such a person.

Persons over 65 who are in none of those categories (or a person with disabilities who has returned to work) must pay a monthly premium (up to $461 in 2010). Their initial enrollment period is from 3 months before turning 65 until 3 months after turning 65; they can also enroll between January and March each year. [63]

Part A covers several kinds of medical services. (The description here is of so-called "original" Medicare, a fee-for-service program. Some persons in Medicare may be eligible for optional managed care plans that offer more benefits but may charge extra premiums.)

Eligibility for coverage under Part A is determined by the "benefit period" (sometimes called a "spell of illness"). The benefit period begins when a recipient is admitted to a hospital or skilled nursing facility, and ends when the recipient has had 60 consecutive days with no inpatient care. There is no limit on how many benefit periods a recipient may have; but a new deductible ($1,100 in 2010[64]) applies to each benefit period.[65]

The following services are covered by Part A:

- Inpatient hospital services for up to 90 days per "benefit period." Days 1 through 60 are completely covered after the $1,100 deductible. For days 61 through 90, the recipient must pay $275 per day. For stays exceeding 90 days, the services can be covered by "lifetime reserve days" (a recipient can receive up to 60 days of coverage over a lifetime); for each lifetime reserve day, a recipient must pay $550.

- Extended care (such as in a nursing home) after a hospital stay of at least 3 days, lasting up to 100 days per spell of illness (also with payment as described below). Days 1 through 20 are completely covered. The recipient must pay $137.50 per day for days 21 through 100, and all costs for each day after 100.

- Home health services after a hospital stay of at least 3 days, for up to 100 visits per year. The recipient pays nothing for Medicare-approved services, and 20% of the Medicare-approved amount for any durable medical equipment (walkers, wheelchairs, hospital beds, etc.).

- Transfusions. The recipient pays all costs for the first 3 pints of blood as an inpatient (unless the recipient or another person donates to replace what is used).
- Limited hospice care.[66]

Part B

This optional program offers additional insurance for doctors' fees for inpatient care; outpatient services; home health services not covered by Medicare Part A; durable medical equipment; and emergency ambulance service. Persons receiving Social Security retirement benefits get Part B automatically at age 65, but can reject it to avoid paying its premiums. (Persons still covered after age 65 by a group health plan provided by their, or a spouse's, employer or union should sign up within 8 months after the end of employment or coverage, whichever ends first. Those not enrolling by then will have an annual chance to enroll, but will miss some benefits until they do.[67]) The monthly premium for Part B 2010 is $96.40 for most continuing enrollees whose premiums are deducted from Social Security payments and whose incomes are up to $85,000 ($170,000 if filing jointly).[68]

Part B will pay 80% of "reasonable" fees as determined by the federal Medicare agency, after a $155 annual deductible.[69] But a patient will have to pay the provider more than 20% of the "reasonable" fee if the provider charges more than that fee. Providers advertising that they accept Medicare "assignment" have agreed to take Medicare's "reasonable" fee as full payment; their Medicare patients pay only 20% of the "reasonable" fee as a copayment.[70] People who do not sign up for Part B when first eligible must generally pay a 10% higher premium for each full 12-month period that passes before they sign up for it. But those who delay taking Part B because they or a spouse (or, for people with disabilities, a family member) are working and therefore have group health insurance coverage may not have to pay the higher premium.[71]

Part C (Medicare Advantage Plans)

Medicare Advantage Plans are privately run health plans that are approved, and partly paid for, by Medicare. (Medicare pays a private insurance company a monthly amount per enrollee; the enrollee pays the difference between that amount and the monthly premium.) A number of plan types are available, including Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMOs), Private Fee-for-Service (PFFS) Plans, Medical Savings Accounts (MSAs), and Special Needs Plans (SNPs). Coverage and fees vary by plan selected. These plans must cover the services covered by Medicare Parts A and B, and may offer other services as well. Recipients can change Medicare Advantage Plans (or move between Medicare Advantage and conventional Medicare Parts A and B) during the annual enrollment period.[72]

Part D

Medicare Part D plans, which are administered by private insurers, pay part or all of the cost of approved prescription drugs up to an annual limit. These plans may either provide free-standing prescription drug coverage plans (to supplement the coverage of Medicare recipients enrolled in Parts A and B), or be included within the Medicare Advantage Plans under Medicare Part C. For either type of plan, recipients may have to pay a monthly premium, an annual deductible, and copayments or co-insurance.[73]

As with Medicare Part B, it is important that recipients enroll in the plan when they first become eligible; persons who enroll later must pay a monthly late-enrollment penalty equal to 1% of the monthly premium for every full month that they were eligible to join a Part D plan but did not. This higher premium is charged as long as the recipient has a Part D plan.[74]

Low-income subsidies for Part D

Medicare recipients with low incomes and limited financial "resources" (basically meaning assets) are eligible for assistance in paying the monthly premium, annual deductible, and any coinsurance or copayments; in addition, there is no "coverage gap" for them. The 2009 income and resource requirements are shown below:

	Individual	*Married (living with spouse and no other dependents)*
Income	$16,245	$21,855
Resources	12,510	25,010

In addition, Medicare recipients **may** automatically qualify for this assistance if they get full Medicaid benefits; belong to a state Medicaid-sponsored "Medicare Savings Program;" or get Supplemental Security Income (SSI) without Medicaid.[75]

The Illinois Department of Insurance's Senior Health Insurance Program can provide information and individual counseling on coverage under Medicare Parts A through D, long-term-care insurance, Medicare claims and appeals, and rights of Medicare beneficiaries. The number for the program is (800) 548-9034 (voice) or (217) 524-4872 (TDD).[76]

Pharmaceutical assistance program (65)

Persons 65 or older who are eligible for Medicare may be eligible for the Illinois Cares Rx Plus program if their incomes in 2009 were less than $27,610 for a household of one person, $36,635 for two, or $45,657 for three or more. These amounts may be adjusted for inflation in later years. Illinois Cares Rx Plus pays for almost all prescription drugs. Persons with incomes below the amounts listed above, who are not eligible for

Medicare but are either (1) at least 65 or (2) disabled may be eligible for Illinois Cares Rx Basic. Illinois Care Rx Basic covers prescription drugs commonly used to treat diseases such as Alzheimer's disease, arthritis, cancer, diabetes, and heart disease.[77] More information is available at http://www.illinoiscaresrx.com/brochure.html or through the Senior Helpline at 800-252-8966 (voice) or 888-206-1327 (TTY) .

Older Americans Act and related programs

Federal grants to states support a wide range of programs under the Older Americans Act and other laws. Some funding for these programs also comes from the state and local governments. Services available include adult day care; household chore assistance; group or home-delivered meals; education and training; employment assistance; senior centers; transportation and escort; home visitation; health care; legal assistance; and long-term care ombudsman services.[78] For information on eligibility and services, call the Illinois Department on Aging's Senior HelpLine at (800) 252-8966 (voice or TDD) or (888) 206-1327 (TTY).

Programs for special health needs

The Department on Aging has a Community Care Program to help older persons avoid unnecessarily or prematurely going into nursing homes. To be eligible, an applicant must be at least 60; show need for long-term care; and have nonexempt assets under $17,500. (A home, personal furnishings, and car, plus a few other kinds of property, are exempt.)[79] The Program offers three basic kinds of services:

- Case management, including assessment of clients and planning of services for them.

- "Homemaker" services to help clients with non-medical personal tasks such as bathing, dressing, and grooming; meal preparation; shopping; cleaning; and laundry.

- Adult day services, including social activities and nutritious meals. It may also include health care and nursing services.

The program is available to persons with Alzheimer's disease and other kinds of mental and physical impairment. For more information, call the Senior HelpLine.

The Illinois Department of Public Health supervises a service network and regional centers for Alzheimer's patients under the Alzheimer's Disease Assistance Act.[80] The state has three regional centers. The Rush Center in Chicago at (312) 942-4463 and the Northwestern Center at (312) 908-9339 serve nine northeastern Illinois counties: Cook, DuPage, Grundy, Kane, Kankakee, Lake, McHenry, Kendall, and Will. The remainder of the state is served by the Southern Illinois University Center in Springfield at (800) 342-5748. More general information and referrals to the state's various Alzheimer's programs are available from the Department on Aging's Senior HelpLine.

Area Agencies on Aging

Throughout Illinois, local Area Agencies on Aging conduct outreach activities designed to inform senior citizens of public benefits and services for which they may be eligible, connect them to this assistance, and encourage them to participate in local senior programs. For more information, call the Department on Aging's Senior HelpLine or contact your local Area Agency on Aging.[81]

Nursing home regulation and costs

Illinois' Nursing Home Care Act[82] is designed to protect the health, safety, and civil rights of persons in nursing homes who may be unable to protect themselves. The Illinois Department of Public Health enforces the Act. Many nursing homes are also extensively regulated under the federal Medicare and/or state Medicaid programs.

Classification of facilities

Nursing homes (legally called "long-term care facilities"[83]) are classified in laws by the level of medical and other services they offer. A "skilled nursing facility" provides continuous nursing care 24 hours a day for a serious or long-term illness.[84] Other nursing facilities provide rehabilitation services for people who are injured, disabled, or sick.[85] There are also facilities providing lesser levels of care, such as "sheltered care," for people who can function on their own but need some help with activities such as bathing and eating.[86]

Nearly all privately owned facilities for long-term care, along with homes operated by the Illinois Department of Veterans' Affairs, must be licensed.[87] The Illinois Department of Public Health can suspend, revoke, or refuse to renew a license for a substantial violation of the Act or regulations issued under it.[88] Some municipalities also have ordinances licensing nursing homes; in those localities, nursing homes must comply with both state and local requirements.

The Department can visit a nursing home and determine whether it complies with the Act (and a municipality regulating nursing homes may inspect for compliance with its ordinance). Nursing homes are required to keep complete copies of the most recent 5 years' state inspection reports. These reports must be available for public inspection at nursing facilities.[89]

The Attorney General, the local state's attorney, and other law enforcement agencies must also inform the Department of any violations of which they become aware.[90]

Screening of applicants

Persons 18 or older who seek admission to a nursing facility must be screened to determine their need for such services. Also, anyone seeking Medicaid coverage for long-term care in a nursing home must be screened before getting such benefits.[91]

Consequences of violations

The Department has several options if it finds that a home violates regulations or ordinances.[92] These include fines that can range from $500 to over $10,000 depending on the severity of a violation.[93] Any licensee that intentionally fails to correct a violation; prevents or interferes with the examination of relevant records or evidence; retaliates or discriminates against a resident for providing information to an official about an alleged violation; files false, incomplete, or misleading information; or operates an unlicensed facility can also be fined up to $10,000 and may face criminal misdemeanor charges.[94]

Nursing home agreements and rights of residents

The Act has numerous provisions to protect residents of nursing homes.[95] Before signing an agreement with a nursing home, a person should consult a lawyer, the Social Security office, and/or the local Department of Healthcare and Family Services office. The major rights stated in Illinois law are summarized below.

Visits

A resident can be visited between 10 a.m. and 8 p.m. by members of the general public, including relatives and representatives of community legal services organizations, unless a visit is for commercial purposes or would threaten residents or facility property. A resident has a right to terminate a visit at any time.[96]

Personal property

Residents may keep personal belongings in their immediate living quarters. The nursing home is to provide space for such property, and a way to protect small valuables either in residents' rooms or in another place to which residents have daily access. The home is to make efforts to prevent loss of residents' property, and have procedures for prompt investigation of complaints of theft.[97] A nursing home is to keep any funds of a resident up to $100 available for the resident's use; any amount beyond $100 is to be put into an interest-bearing account. The resident or resident's guardian is to get at least a quarterly accounting of the home's safekeeping of these funds.[98]

Religion, medical treatment, privacy

Residents are to be allowed free exercise of religion;[99] their choice of personal physicians (at their own expense unless paid for by insurance);[100] privacy with respect to their medical and personal care;[101] and private, uncensored communication by mail or phone.[102] They are not to be restrained unless medically necessary, and are not to be abused or neglected.[103]

Married residents

Married residents who live in the same facility are to be allowed to live in the same room unless there is no room in the facility or the residents' attending physician deems such a living arrangement medically inadvisable.[104]

Involuntary transfer or discharge

A nursing home can transfer or discharge a resident against the resident's wishes for only four reasons: (1) medical reasons; (2) the resident's safety; (3) the safety of other residents, the staff, or visitors; or (4) late payment or nonpayment of charges—except as prohibited by the Medicare and Medicaid titles of the Social Security Act.[105] A home must generally give a resident 21 days' written notice of a transfer or discharge and discuss it with the resident (except in cases of medical emergency or danger to others).[106] It must offer the resident counseling before a transfer or discharge.[107]

Complaints

A resident may complain to the Illinois Department of Public Health and request an investigation. The request can be made in writing, by telephone, or in person. The Department must record in writing any oral complaint, and ask for the complainant's name, address, and telephone number. But the Department is required to investigate a complaint even without such identifying information.[108]

Upon receiving a complaint charging abuse or neglect, the Department is to investigate it within 7 days (or if it alleges imminent danger, within 24 hours).[109] Other provisions allow a dissatisfied complainant to request a hearing before a Department hearing officer.[110] Complaints can be made to the Department of Public Health at (800) 252-4343.

The Department posts on the Internet information on enforcement actions against specific nursing homes. To check whether a home has had recent enforcement actions, visit the Department's Internet site (http://www.idph.state.il.us)

Paying for care

In a limited number of situations, Medicare will pay for skilled nursing care in a nursing home certified to care for Medicare patients. Veterans may also be eligible for federal benefits to help pay the costs of care in nursing homes.

The Medicaid program funded through the Illinois Department of Healthcare and Family Services will pay for skilled or intermediate nursing care in nursing homes that participate in Medicaid, but only for persons with limited incomes and assets.[111] If a person getting Medicaid for care in a nursing home is married, the law usually allows the couple to divide their assets, and allows the spouse not in the nursing home to keep some assets without disqualifying the spouse in the nursing home for Medicaid. This is referred to as "prevention of spousal impoverishment."[112]

The amount that the spouse not in a nursing home can keep is adjusted annually for inflation; it was $109,560 for 2009.[113] That amount is in addition to the couple's house, household goods, a car, and a few other kinds of property that the spouse not in a nursing home can also keep without disqualifying the other spouse for Medicaid.[114] In addition, the spouse not in the nursing home may keep any income of up to $2,739 per month for 2009; if that spouse's income is not that high, the nursing home resident may transfer up to enough income for the other spouse to reach that total.[115]

The Department of Healthcare and Family Services administers Medicaid funding; the Department on Aging assesses persons 60 or older for eligibility for care in nursing homes under Medicaid. It can be contacted at (800) 252-8966 (voice and TTY) for a referral to one of its local offices for that purpose.[116]

Several insurance companies offer insurance to pay some or all of the costs of care in a nursing home (or in some cases, costs of in-home care). If you or someone you know would like to buy such insurance, keep in mind that it becomes more expensive—and may even become unavailable—as the person to be insured gets older and in poorer health. Thus it is wise to start looking into such insurance by middle age. (Insurance may still be available around retirement age for a person who is in generally good health, but it will be costly.) The Department on Aging can give the names and phone numbers of companies offering such insurance. If you want such insurance, be sure to check with several companies and compare their benefits. These policies offer coverage at various levels and for various lengths of time.

Persons concerned about running out of money while in a nursing home may want to consider a "partnership" insurance policy for long-term care, which would cover a particular dollar amount of long-term care. If the policy is kept in force and the insured person eventually needs long-term care, the insurer will pay for it until that dollar limit is exhausted. After that, Medicaid will pay for all additional long-term care that is needed. What makes a "partnership" policy different from other long-term care insurance policies is that Medicaid's asset disregard (the part of a person's net financial worth that Medicaid is not allowed to collect to defray its costs) increases by $1 for each dollar paid by the insurance policy. For example, if a person's partnership policy pays $250,000 in long-term care benefits, the person is permitted to keep up to $250,000 exempt from collection by Medicaid. But the assets of a person who had a partnership policy are not protected after death. The Department of Healthcare and Family Services can recoup its Medicaid payments from the estate of a person for whose care in a nursing home it paid, or from the estate of that person's spouse, after both have died.[117] For information, contact the Senior Health Insurance Program (SHIP) at (800) 548-9034 (voice) or (217) 524-4872 (TDD).

Guardians for disabled adults

Any person over age 18 who is unable to handle personal health or financial affairs can have a guardian appointed to do so. An adult who is not yet disabled can designate someone to become a guardian in case of later disability.

There are two basic types of guardians:

(1) A "guardian of the person" oversees the person's physical well-being, including place of residence and way of life. If the person with a guardian has minor or other dependent children, this guardian will normally get custody of them.

(2) A "guardian of the estate" oversees the person's investments and income, managing them to provide support for the person and for any minor or other dependent children.

A court may appoint either or both kinds of guardians for a person; the two kinds of guardianship may be exercised by the same or different persons. Any guardianship powers are exercised under the general control of the court that appointed the guardian.[118]

A public agency or nonprofit corporation can be appointed as a guardian of the person, estate, or both. A trust company can be appointed as guardian of an estate.[119] There is also a Public Guardian in each county, and a State Guardian, who can be appointed if no one else is able and willing to serve.[120]

The law also allows appointment of "standby" and "short-term" guardians for a disabled adult, to act in place of regular guardians who have died or become temporarily unavailable.[121]

An adult "of sound mind and memory" who wants to designate a future guardian or guardians should do so in a formal writing. It is best to have the designation executed and attested in the same way as a will. In any event, relatives and friends should be informed of the designation so they can tell the court if the person becomes unable to take care of personal affairs. The court is not required to choose the designated person(s) as guardian(s), but usually will do so.[122]

The statutory provisions on guardianship are complex, so they should be carefully read and discussed with a legal advisor before being used.

Living wills and powers of attorney

Many people fear someday lying in a hospital, unconscious or otherwise unable to make and communicate decisions about their care. Illinois has three laws designed to help in such situations. The first allows creation of a "power of attorney for health care." Any adult, by creating such a document, can give authority to another person (the "agent") to make personal medical decisions, starting at some future date or when a stated condition occurs. Powers over health care that may be given include: (l) the right to be informed, (2) the right to consent to treatment; and (3) the right of the person, if a parent, to control the health care of a minor child. No person currently providing medical care to a patient can act as that patient's agent under this law.[123]

The second law, the Illinois Living Will Act, generally allows any competent adult to order that in case of terminal illness, measures that would only prolong the dying process not be used. It allows the making of a "declaration," whose suggested text says in crucial part:

> If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.[124]

The suggested text of the declaration has other provisions that are not quoted above to save space. A declaration must be signed by the person making it or by someone else at that person's direction, and witnessed by at least two adults.[125] The law allows the declaration to include "other specific directions" in addition to those listed in the law.[126] As examples, a person could require that the declaration take effect only if two physicians declare the illness to be terminal, or only if the next-of-kin agrees. A lawyer should be asked to check any proposed declaration that includes such added provisions, in case there is a problem with their clarity or effect. Forms containing the suggested text are available from the Illinois Department on Aging, and from some hospitals and other medical facilities.

It is important to keep in mind that the patient can override or revoke such a declaration **at any time, either orally or in writing**. The declaration merely speaks for a patient who is unable to make decisions and/or unable to communicate.

If you are, or know someone who is, interested in this law, be sure to read all of its nine substantive sections[127] before deciding to make a declaration under it or recommending that someone else do so. Not everyone will want to have such a declaration. But the law ensures each adult that choice.

If a patient has neither a power of attorney for health care nor a living will, a third law allows a doctor, nurse, or hospital to ask a "surrogate" for the patient to decide whether to forego life-sustaining treatment. The law lists the following order of priority for determining who can be such a surrogate: the patient's guardian of the person, if any; spouse; adult son or daughter; parent; adult sibling; adult grandchild; close friend; or guardian of the estate, if any.[128] Although this law can help people who have no power of attorney for health care or living will, signing one or both of those documents can reduce uncertainty (and possible lawsuits) over control of medical treatments.

Notes

The citations below to "ILCS" refer to the Illinois Compiled Statutes, the state's official code of laws, which is available on the Internet at http://www.ilga.gov/legislation/ilcs/ilcs.asp and in many libraries in printed form. As an example of an ILCS citation, "125 ILCS 20/1" would mean the Illinois Compiled Statutes, chapter 125, act 20, section 1. Citations to "Ill. Adm. Code" refer to the Illinois Administrative Code—the compilation of all regulations that agencies have adopted to implement laws made by the legislature. A few citations below are to U.S. Code (the federal code of laws), which is available online at http://uscode.house.gov/ and in print in many local libraries. A citation to it has the form "12 U.S. Code sec. 345." This means the United States Code, Title 12, section 345.

Other abbreviations used in these notes are:

"sec." or "secs.": section or sections

"ff.": and the following sections

Notes

1. 320 ILCS 25/4(a); 86 Ill. Adm. Code subsec. 530.210(b).
2. 320 ILCS 25/4(a) as amended by P.A. 96-804 (2009).
3. 320 ILCS 25/3.09.
4. 320 ILCS 25/4(b).
5. 320 ILCS 25/3.06 and 3.07.
6. 320 ILCS 25/3.05a and 25/3.06 as amended by P.A. 96-804.
7. 320 ILCS 25/5(c).
8. 35 ILCS 200/15-170.
9. 35 ILCS 200/16-65.
10. Cook County Code of Ordinances, subsecs. 74-63(2) and 74-64(2).
11. 35 ILCS 15-170, second and third paragraphs.
12. 35 ILCS 200/15-175.
13. 35 ILCS 200/15-175 and 15-176.
14. 35 ILCS 200/15-172(b) (definition of "base amount") and 15-172(c).
15. 35 ILCS 200/15-172(c), fifth unnumbered paragraph.
16. 35 ILCS 200/15-172(c), sixth unnumbered paragraph.
17. 35 ILCS 200/15-172(c), seventh unnumbered paragraph.
18. 320 ILCS 30/1 ff.
19. 26 U.S. Code subsecs. 121(a) and (b).
20. 26 U.S. Code subsec. 121(b)(3).
21. 26 U.S. Code subsecs. 121(b)(1) and (2).
22. 625 ILCS 5/3-806.3.
23. 625 ILCS 5/6-118.
24. 215 ILCS 5/143.29(a).
25. 215 ILCS 5/143.29(e)(4).
26. 20 ILCS 805/805-305.
27. 110 ILCS 990/0.01 ff.
28. Social Security Administration, "Retirement Benefits" (Pub. 05-10035, Jan. 2008, downloaded from SSA Internet site).
29. 42 U.S. Code subsec. 416(*l*).
30. 42 U.S. Code subsec. 402(d)(1) (especially subparagraph (B)).
31. 42 U.S. Code secs. 1381 ff.; Social Security Administration, "You

May Be Able to Get Supplemental Security Income (SSI)" (Pub. 05-11069, Jan. 2008, downloaded from SSA Internet site).

32. 305 ILCS 5/3-1 ff.; 89 Ill. Adm. Code secs. 113.1 ff.
33. 305 ILCS 5/3-1.5.
34. "Aid to the Aged, Blind, and Disabled" (downloaded Oct. 15, 2007 from Illinois Department of Human Services Internet site).
35. 205 ILCS 5/6.1 authorizes Illinois banks to make such loans. Those provisions are adopted by sections dealing with savings and loan associations (205 ILCS 105/1-6c) and credit unions (205 ILCS 305/46.1). The Illinois Housing Development Authority is also authorized to issue reverse mortgages (20 ILCS 3805/7.27). A section of the Residential Mortgage License Act of 1987 seeks to prevent fraudulent or deceptive practices by reverse mortgage lenders (205 ILCS 635/5-5).
36. 205 ILCS 5/6.1(e).
37. 755 ILCS 5/2-1.
38. 775 ILCS 5/2-101(B).
39. 775 ILCS 5/1-103(A), 103(Q) and 5/2-102.
40. 775 ILCS 5/2-104(A)(5)(b).
41. 775 ILCS 5/1-103(A).
42. 29 U.S. Code subsec. 630(b).
43. 29 U.S. Code subsecs. 623(a) to (c), and 630(a).
44. 29 U.S. Code subsec. 631(c).
45. 29 U.S. Code subsec. 623(f)(2).
46. 775 ILCS 5/1-103(Q) and 5/3-102.
47. 775 ILCS 5/3-104.1.
48. 775 ILCS 5/3-106(A) to (C).
49. 775 ILCS 5/1-103(Q) and 5/4-102.
50. 775 ILCS 5/4-104(B).
51. 775 ILCS 5/1-103(Q) and 5/5-102.
52. 775 ILCS 5/5-103(A).
53. 815 ILCS 513/20(a) and (b).
54. 720 ILCS 5/12-4(b)(10); 730 ILCS 5/5-8-1(a)(6).
55. 730 ILCS 5/5-5-3.2(b)(4)(ii) and 5/5-8-2.
56. 740 ILCS 45/1 ff.
57. 740 ILCS 45/6.1(b).
58. 740 ILCS 45/6.1(c).
59. 740 ILCS 45/6.1(a).

60. 740 ILCS 45/6.1(b-1), (b-2), and (c-1).
61. Illinois Department on Aging, "Break the Silence: Frequently Asked Questions: What is elder abuse?" (downloadable from www.state.il.us/aging/1abuselegal/break_the_silence/faqs.htm).
62. 320 ILCS 20/2(f-5) and 20/4(a-5).
63. U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, *Medicare & You 2010* (Pub. 10050, January 2010, pp. 16-18 (downloadable from www.medicare.gov/Publications/Pubs/pdf/10050.pdf).
64. *Medicare & You 2010*, p. 120.
65. *Medicare & You 2010*, p. 115, definition of "benefit period."
66. *Medicare & You 2010*, p. 120.
67. *Medicare & You 2010,* pp. 22-23.
68. *Medicare & You 2010*, pp. 21 and 119.
69. *Medicare & You 2010,* p. 121.
70. *Medicare & You 2010*, p. 25.
71. *Medicare & You 2010*, p. 23.
72. *Medicare & You 2010*, pp. 50-60.
73. *Medicare & You 2010*, pp. 63-67.
74. *Medicare & You 2010*, p. 67.
75. *Medicare & You 2010*, pp. 78-79.
76. Illinois Department of Insurance, "Senior Health Insurance Program" (June 2009, downloaded from Illinois Department of Insurance).
77. Based on information posted at http://www.illinoiscaresrx.com/brochure.html in February 2010.
78. These programs are authorized by 42 U.S. Code secs. 3001 ff., and 20 ILCS 105/1 ff.
79. 89 Ill. Adm. Code secs. 240.710, 240.810, and 240.815.
80. 410 ILCS 405/1 ff.
81. Local Area Agencies on Aging can be found at www.state.il.us/aging/2aaa/aaa-main.htm.
82. 210 ILCS 45/1-101 ff.
83. See 210 ILCS 45/1-113, first paragraph.
84. See 42 U.S. Code sec. 1395i-3 (definition for purposes of Medicare program).
85. See 42 U.S. Code subsec. 1396r(a)(1)(B).
86. See 42 U.S. Code subsec. 1396r(a)(1)(C) and 210 ILCS 45/1-124.

87. 210 ILCS 45/3-102 and 45/1-113.
88. 210 ILCS 45/3-119.
89. 210 ILCS 45/3-210.
90. 210 ILCS 45/3-107.1.
91. 210 ILCS 45/2-201.5.
92. 210 ILCS 45/3-303. The types of violations involved are defined in 210 ILCS 45/1-129 (Type “A”) and 45/1-130 (Type “B”).
93. 210 ILCS 45/3-305(1) and (2).
94. 210 ILCS 45/3-318 and 45/3-103(2).
95. See 210 ILCS 45/2-101 ff.
96. 210 ILCS 45/2-110 and 45/1-121.
97. 210 ILCS 45/2-103.
98. 210 ILCS 45/2-201.
99. 210 ILCS 45/2-109.
100. 210 ILCS 45/2-104.
101. 210 ILCS 45/2-105.
102. 210 ILCS 45/2-108.
103. 210 ILCS 45/2-106 and 107.
104. 210 ILCS 45/2-108(e).
105. 210 ILCS 45/3-401. Nursing homes that accept Medicaid patients are also prohibited from discharging them because they are on Medicaid (210 ILCS 45/3-401.1).
106. 210 ILCS 45/3-402 and 408.
107. 210 ILCS 45/3-409.
108. 210 ILCS 45/3-702(a).
109. 210 ILCS 45/3-702(d).
110. 210 ILCS 45/3-702(g).
111. See 305 ILCS 5/5-1 ff.
112. See 305 ILCS 5/5-4, second paragraph; 42 U.S. Code subsec. 1396r-5(f); and 89 Ill. Adm. Code sec. 120.379.
113. Illinois Department of Human Services, “Nursing Home Services and Information for Couples” (HFS 3191, downloaded from Department of Human Services Internet site).
114. 42 U.S. Code subsecs. 1382(b) and 1396r-5(d).
115. “Nursing Home Services and Information for Couples.”
116. “Nursing Home Services and Information for Couples.”
117. 215 ILCS 132/15(b)(1) and 305 ILCS 5/5-13, first paragraph.
118. 755 ILCS 5/11a-3, 5/11a-17, and 5/11a-18.

119. 755 ILCS 5/11a-5.
120. 755 ILCS 5/13-1 ff. and 20 ILCS 3955/30 and 31.
121. See primarily 755 ILCS 5/11a-3.1, 5/11a-3.2, 5/11a-8.1, 5/11a-18.2, and 5/11a-18.3.
122. 755 ILCS 5/11a-6.
123. 755 ILCS 45/4-1 ff.
124. 755 ILCS 35/3(e).
125. 755 ILCS 35/3(b).
126. 755 ILCS 35/3(e).
127. 755 ILCS 35/1 to 35/9.
128. 755 ILCS 40/25.

NOTES

How to get information from public agencies

Subject or agency		Telephone number
Aging, Department on		(312) 814-2630
		(217) 785-3356
	Toll-free, voice or TDD	(800) 252-8966
Automobile fee reductions (Secretary of State)		(800) 252-2904
"Circuit breaker" tax relief		(800) 624-2459
Consumer fraud (Attorney General)		
Chicago area		(800) 386-5438
Central Illinois		(800) 243-0618
Southern Illinois		(800) 243-0607
Crime victims compensation		(312) 814-2581
		(800) 228-3368
Insurance Department		
Senior Health Insurance Program (SHIP)		(800) 548-9034
Nursing homes		
Medicaid eligibility assessments	voice	(800) 252-8635
	TDD	(800) 526-5812
Regulation		(800) 252-4343
Pharmaceutical assistance		(800) 624-2459
Social Security Administration	voice	(800) 772-1213
	TDD	(800) 325-0778

Selected Internet addresses

Illinois State Home Page:	http://www.illinois.gov
Illinois Department on Aging:	http://www.state.il.us/aging
Illinois Department of Public Health:	http://www.idph.state.il.us
Illinois General Assembly:	http://www.ilga.gov
Social Security Administration:	http://www.ssa.gov
Secretary of State:	http://www.cyberdriveillinois.com