$| \underbrace{\textbf{I}}_{L} \underbrace{\textbf{R}}_{R} \underbrace{\textbf{B}}_{0} \underbrace{\textbf{9}}_{9} \underbrace{\textbf{3}}_{1} \underbrace{\textbf{1}}_{9} \underbrace{\textbf{0}}_{0} \underbrace{\textbf{4}}_{4} \underbrace{\textbf{5}}_{A} \underbrace{\textbf{M}}_{R} \underbrace{\textbf{C}}_{4} \underbrace{\textbf{8}}_{9} \underbrace{\textbf{9}}_{7} \underbrace{\textbf{2}}_{2} \underbrace{\textbf{a}}_{a} \underbrace{$

Rep. Sara Feigenholtz

Filed: 3/23/2004

	09300HB5057ham001 LRB093 19045 AMC 48972 a
1	AMENDMENT TO HOUSE BILL 5057
2	AMENDMENT NO Amend House Bill 5057, on page 7, by
3	replacing lines 4 through 30 with the following:
4	"(20 ILCS 105/4.12 new)
5	Sec. 4.12. Assistance to nursing home residents.
6	(a) The Department on Aging shall assist nursing home
7	residents and their families to select long-term care options
8	that meet their needs and reflect their preferences. At any
9	time during the process, the resident or his or her
10	representative may decline further assistance.
11	(b) To provide assistance, the Department shall develop a
12	community reintegration program. The program shall be
13	established by rule pursuant to the Illinois Administrative
14	Procedure Act and developed in consultation with nursing homes,
15	case managers, Area Agencies on Aging, and others interested in
16	the well-being of frail elderly Illinois residents. The rules
17	shall address the following:
18	(1) Appropriate time frames for introducing the
19	reintegration program to nursing home residents.
20	(2) A process for discussing community living options
21	with the resident and the resident's family or
22	representative to determine their preferences and to
23	obtain information concerning the nature and availability
24	of family and community assistance or support for the
25	resident.

1	(3) Assessment of the resident's health, cognitive,
2	and social needs to evaluate his or her functional level
3	and eligibility and need for housing, health, and
4	supportive services, including the opinions of the
5	resident's personal physician, if any.
6	(4) Development of a comprehensive service transition
7	plan based upon the best interests of the resident that
8	includes cost-effective alternatives for which the
9	resident would qualify and have been verified to be
10	available upon discharge. The comprehensive service
11	transition plans shall reflect:
12	(A) arrangements for housing, health, and
13	supportive services for the resident;
14	(B) assistance in applying for financial
15	assistance, if requested;
16	(C) environmental modifications and transitional
17	services, equipment, and supplies to reestablish a
18	community residence; and
19	(D) the provision of case management services and,
20	if necessary, provisions for the readmission of the
21	individual to a nursing home if the community placement
22	is unsuccessful.
23	(5) A process for the resident and the resident's
24	designated representative, if any, to review, approve,
25	modify, or reject the comprehensive services transition
26	plan, which shall include a procedure to present to and
27	review the plan with the resident, the resident's
28	designated representative, the resident's personal
29	physician, if any, and the nursing facility staff
30	responsible for the resident's care.
31	(c) The Director of Public Aid, in cooperation with the
32	Director of Aging, shall apply for any necessary waivers under
33	Title XIX of the Social Security Act.
34	(d) Funding to support community reintegration services

- 1 must be identified in the appropriation process and is not
- 2 intended to reduce the level of services provided to any other
- 3 <u>clients.</u>".