



Sen. Kimberly A. Lightford

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1 AMENDMENT TO SENATE BILL 866

2 AMENDMENT NO. _____. Amend Senate Bill 866, AS AMENDED, as
3 follows:

4 by replacing the introductory clause of Section 2 with the
5 following:

6 "Section 2. The Illinois Act on the Aging is amended by
7 changing Sections 4.02, 4.03, 4.04, and 4.12 as follows:

8 (20 ILCS 105/4.02) (from Ch. 23, par. 6104.02)

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

1 coordinated with other programs for the aged and monitored by
2 area agencies on aging in cooperation with the Department, may
3 include, but are not limited to, any or all of the following:

4 (a) home health services;

5 (b) home nursing services;

6 (c) homemaker services;

7 (d) chore and housekeeping services;

8 (e) adult day services;

9 (f) home-delivered meals;

10 (g) education in self-care;

11 (h) personal care services;

12 (i) adult day health services;

13 (j) habilitation services;

14 (k) respite care;

15 (k-5) community reintegration services;

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

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

21 The Department shall establish eligibility standards for
22 such services taking into consideration the unique economic and
23 social needs of the target population for whom they are to be
24 provided. Such eligibility standards shall be based on the
25 recipient's ability to pay for services; provided, however,
26 that in determining the amount and nature of services for which

1 a person may qualify, consideration shall not be given to the
2 value of cash, property or other assets held in the name of the
3 person's spouse pursuant to a written agreement dividing
4 marital property into equal but separate shares or pursuant to
5 a transfer of the person's interest in a home to his spouse,
6 provided that the spouse's share of the marital property is not
7 made available to the person seeking such services.

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

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

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

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

24 As part of the Department on Aging's routine training of
25 care coordinators ~~case managers~~ and care coordinator ~~case~~
26 ~~manager~~ supervisors, the Department may include information on

1 family futures planning for persons who are age 60 or older and
2 who are caregivers of their adult children with developmental
3 disabilities. The content of the training shall be at the
4 Department's discretion.

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

1 representative; and (6) in accordance with the wishes of the
2 client, advocacy on behalf of the client for needed services or
3 resources.

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

1 structure, in collaboration with case coordination units and
2 advocates for care recipients, that reflects the activities of
3 coordination provided. The Department shall reevaluate the
4 rate structure by July 2010.

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

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

1 against any real estate while it is occupied as a homestead by
2 the surviving spouse or other dependent, if no claims by other
3 creditors have been filed against the estate, or, if such
4 claims have been filed, they remain dormant for failure of
5 prosecution or failure of the claimant to compel administration
6 of the estate for the purpose of payment. This paragraph shall
7 not bar recovery from the estate of a spouse, under Sections
8 1915 and 1924 of the Social Security Act and Section 5-4 of the
9 Illinois Public Aid Code, who precedes a person receiving
10 services under this Section in death. All moneys for services
11 paid to or in behalf of the person under this Section shall be
12 claimed for recovery from the deceased spouse's estate.
13 "Homestead", as used in this paragraph, means the dwelling
14 house and contiguous real estate occupied by a surviving spouse
15 or relative, as defined by the rules and regulations of the
16 Department of Healthcare and Family Services, regardless of the
17 value of the property.

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

25 Beginning on the effective date of this Amendatory Act of
26 1991, no person may perform chore/housekeeping and homemaker

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

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

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

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

18 (b) at least 4 care ~~case~~ coordination unit
19 representatives;

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

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

25 (e) at least 2 representatives of Area Agencies on
26 Aging;

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

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

5 (h) at least 2 citizen members 60 years of age or
6 older.

7 Nominations may be presented from any agency or State
8 association with interest in the program. The Director, or his
9 or her designee, shall serve as the permanent co-chair of the
10 advisory committee. One other co-chair shall be nominated and
11 approved by the members of the committee on an annual basis.
12 Committee members' terms of appointment shall be for 4 years
13 with one-quarter of the appointees' terms expiring each year.
14 At no time may a member serve more than one consecutive term in
15 any capacity on the committee. The Department shall fill
16 vacancies that have a remaining term of over one year, and this
17 replacement shall occur through the annual replacement of
18 expiring terms. The Director shall designate Department staff
19 to provide technical assistance and staff support to the
20 committee. Department representation shall not constitute
21 membership of the committee. All Committee papers, issues,
22 recommendations, reports, and meeting memoranda are advisory
23 only. The Director, or his or her designee, shall make a
24 written report, as requested by the Committee, regarding issues
25 before the Committee.

26 The Department on Aging and the Department of Human

1 Services shall cooperate in the development and submission of
2 an annual report on programs and services provided under this
3 Section. Such joint report shall be filed with the Governor and
4 the General Assembly on or before September 30 each year.

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

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

1 (Source: P.A. 93-85, eff. 1-1-04; 93-902, eff. 8-10-04; 94-48,
2 eff. 7-1-05; 94-269, eff. 7-19-05; 94-336, eff. 7-26-05;
3 94-954, eff. 6-27-06.)"; and

4 in Section 2, immediately after the end of Sec. 4.04, by
5 inserting the following:

6 "(20 ILCS 105/4.12)

7 Sec. 4.12. Assistance to nursing home residents.

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

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

1 transition of a resident into the community.

2 (Source: P.A. 93-902, eff. 8-10-04.)"; and

3 immediately after the end of Section 10, by inserting the
4 following:

5 "Section 12. The Older Adult Services Act is amended by
6 changing Section 25 as follows:

7 (320 ILCS 42/25)

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

15 (1) Planning. The Department shall develop a plan to
16 restructure the State's service delivery system for older
17 adults. The plan shall include a schedule for the
18 implementation of the initiatives outlined in this Act and all
19 other initiatives identified by the participating agencies to
20 fulfill the purposes of this Act. Financing for older adult
21 services shall be based on the principle that "money follows
22 the individual". The plan shall also identify potential
23 impediments to delivery system restructuring and include any

1 known regulatory or statutory barriers.

2 (2) Comprehensive care coordination ~~case management~~. The
3 Department shall implement a statewide system of holistic
4 comprehensive case management. The system shall include the
5 identification and implementation of a universal,
6 comprehensive assessment tool to be used statewide to determine
7 the level of physical, functional, cognitive, psycho-social,
8 social socialization, and financial needs of older adults. This
9 tool shall be supported by an electronic intake, assessment,
10 and care planning system linked to a central location.
11 "Comprehensive care coordination ~~case management~~" shall
12 include activities such ~~includes services and coordination~~
13 ~~such~~ as (i) comprehensive assessment of the older adult
14 ~~(including the physical, functional, cognitive, psycho social,~~
15 ~~and social needs of the individual);~~ (ii) development and
16 implementation of a service plan with the older adult to
17 mobilize the formal and family resources and services
18 identified in the assessment to meet the needs of the older
19 adult, including coordination of the resources and services
20 with any other plans that exist for various formal services,
21 such as hospital discharge plans, and with the information and
22 assistance services; (iii) coordination and monitoring of
23 formal and family service delivery, regardless of the funding
24 source, including coordination and monitoring to ensure that
25 services specified in the plan are being provided; (iv)
26 assistance with completion of applications for services,

1 referrals to non-government funded services, health promotion,
2 and ensuring continuity of care across care settings; (v)
3 periodic reassessment and revision of the status of the older
4 adult with the older adult or, if necessary, the older adult's
5 designated representative; and (vi) ~~(v)~~ in accordance with the
6 wishes of the older adult, advocacy on behalf of the older
7 adult for needed services or resources.

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

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

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

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

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

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

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

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

22 (11) Workforce. The Department shall develop strategies to
23 attract and retain a qualified and stable worker pool, provide
24 living wages and benefits, and create a work environment that
25 is conducive to long-term employment and career development.
26 Resources such as grants, education, and promotion of career

1 opportunities may be used.

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

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

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

23 (15) Medicaid nursing home cost containment and Medicare
24 utilization. The Department of Healthcare and Family Services
25 (formerly Department of Public Aid), in collaboration with the
26 Department on Aging and the Department of Public Health and in

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

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

25 (17) Financing. The Department shall investigate and
26 evaluate financing options for older adult services and shall

1 make recommendations in the report required by Section 15
2 concerning the feasibility of these financing arrangements.
3 These arrangements shall include, but are not limited to:

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

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

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

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

11 (E) strategies to reduce reliance on government
12 programs;

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

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

17 (18) Older Adult Services Demonstration Grants. The
18 Department shall implement a program of demonstration grants
19 that will assist in the restructuring of the older adult
20 services delivery system, and shall provide funding for
21 innovative service delivery models and system change and
22 integration initiatives pursuant to subsection (g) of Section
23 20.

24 (19) Bed need methodology update. For the purposes of
25 determining areas with excess beds, the Departments shall
26 provide information and assistance to the Health Facilities

1 Planning Board to update the Bed Need Methodology for Long-Term
2 Care to update the assumptions used to establish the
3 methodology to make them consistent with modern older adult
4 services.

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

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

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