



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4917

by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

320 ILCS 40/18 new

Amends the Program of All-Inclusive Care for the Elderly Act. Provides that the Department of Healthcare and Family Services shall coordinate with the Department on Aging and the Department of Human Services to ensure the maximization of all available federal financial participation and existing State revenue sources, which shall include, but not be limited to, identifying and integrating funding streams currently used for the Home and Community-Based Services (HCBS) waivers to support PACE enrollment and developing a unified budgeting approach under which appropriations for long-term services and supports are treated as a fungible pool, allowing funding to transition seamlessly when a participant chooses PACE over traditional waiver services. Provides that, to ensure participant choice and program flexibility, the Department shall establish a service-neutral enrollment mechanism. Provides that if an individual is on a waiting list for a HCBS waiver and chooses to enroll in PACE, the individual's status and slot value shall be preserved and applied to the PACE capitation rate to ensure the State's budget neutrality. Sets forth provisions concerning funding portability, transitioning between PACE and traditional HCBS models, and the use of a Unified Assessment Tool.

LRB104 18150 RPS 31589 b

1 AN ACT concerning aging.

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

4 Section 5. The Program of All-Inclusive Care for the
5 Elderly Act is amended by adding Section 18 as follows:

6 (320 ILCS 40/18 new)

7 Sec. 18. Rate-setting, revenue maximization, and
8 participant flexibility.

9 (a) Revenue maximization and resource alignment. The
10 Department shall coordinate with the Department on Aging and
11 the Department of Human Services to ensure the maximization of
12 all available federal financial participation and existing
13 State revenue sources. This shall include, but not be limited
14 to:

15 (1) Identifying and integrating funding streams
16 currently used for the Home and Community-Based Services
17 (HCBS) waivers to support PACE enrollment.

18 (2) Developing a unified budgeting approach under
19 which appropriations for long-term services and supports
20 are treated as a fungible pool, allowing funding to
21 transition seamlessly when a participant chooses PACE over
22 traditional waiver services.

23 (b) Funding portability. To ensure participant choice and

1 program flexibility, the Department shall establish a
2 service-neutral enrollment mechanism.

3 (1) Preservation of eligibility. An individual found
4 eligible for a nursing facility level of care for the
5 purpose of a HCBS waiver shall be deemed clinically
6 eligible for the PACE program without a requirement for a
7 separate or additional medical assessment.

8 (2) Immediate fund transfer. Upon a participant's
9 voluntary election to enroll in a PACE program, the
10 Department shall facilitate the immediate transition of
11 the actuarially equivalent waiver dollar to the PACE
12 organization's capitated payment.

13 (3) Waitlist continuity. If an individual is on a
14 waiting list for a HCBS waiver and chooses to enroll in
15 PACE, the individual's status and slot value shall be
16 preserved and applied to the PACE capitation rate to
17 ensure the State's budget neutrality.

18 (c) Participant flexibility and reentry. To prevent an
19 inability to access resident-centered and resident-chosen
20 services, the Department shall ensure that:

21 (1) Participants may transition between PACE and
22 traditional HCBS models during any open enrollment period
23 or upon a change in medical necessity so long as the
24 transition does not result in a gap in care or loss of
25 Medicaid eligibility.

26 (2) The Department shall use a Unified Assessment Tool

1 to ensure that the participant's clinical profile is
2 portable between the managed care organization-waiver
3 system and the PACE delivery model.