



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB4918

by Rep. Justin Cochran

SYNOPSIS AS INTRODUCED:

New Act

Creates the Long-Term Care Trust Act. Establishes the Long-Term Services and Supports Trust Program (Trust Program) within the Department on Aging to provide long-term services and supports funding benefits to eligible employees through payroll deductions to be deposited into the Long-Term Services and Supports Trust Fund created under the Act. Requires the Department on Aging, an actuary contracted with the Department on Aging, and the Department of Revenue to have the responsibilities of implementing and administering the Trust Program. Sets forth the Department on Aging's responsibilities, including, but not limited to: (i) making determinations regarding an individual's status as an eligible beneficiary; (ii) approving long-term services and supports eligible for payment; (iii) registering long-term services and supports providers that meet minimum qualifications; and (iv) disbursing payments of benefits to registered long-term services and supports providers. Requires the Department of Revenue to collect and assess employee premiums under the program, make eligibility determinations, and other responsibilities. Contains provisions on the responsibilities of the contracted actuary; the establishment of a Long-Term Services and Supports Trust Commission and a Long-Term Services and Supports Trust Council; qualifying beneficiary requirements; payroll premiums and the disbursement of benefits; coverage for self-employed individuals; the management of the Long-Term Services and Supports Trust Fund; appeals of benefit determinations; federal waiver requirements; reporting requirements; and other matters. Effective immediately.

LRB104 17999 KTG 31436 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 1. Short title. This Act may be cited as the
5 Long-Term Care Trust Act.

6 Section 2. Definitions. As used in this Act:

7 "Approved service" means long-term services and supports,
8 including, but not limited to:

- 9 (1) Adult day services.
- 10 (2) Care transition coordination.
- 11 (3) Memory care.
- 12 (4) Adaptive equipment and technology.
- 13 (5) Environmental modification.
- 14 (6) Personal emergency response system.
- 15 (7) Home safety evaluation.
- 16 (8) Respite for family caregivers.
- 17 (9) Home delivered meals.
- 18 (10) Transportation.
- 19 (11) Dementia supports.
- 20 (12) Education and consultation.
- 21 (13) Eligible relative care.
- 22 (14) Professional services.
- 23 (15) Assisted living services.

1 (16) Adult family home services.

2 (17) Nursing home services.

3 "Benefit unit" means up to \$100 paid by the Department to a
4 long-term services and supports provider as reimbursement for
5 approved services provided to an eligible beneficiary on a
6 specific date.

7 "Commission" means the Long-Term Services and Supports
8 Trust Commission established under Section 4.

9 "Consumer Price Index" means the index published by the
10 Bureau of Labor Statistics of the United States Department of
11 Labor that measures the average change in prices of goods and
12 services purchased by all urban consumers, United States city
13 average, all items, 1982-84 = 100.

14 "Council" means the Long-Term Services and Supports Trust
15 Council established under Section 5.

16 "Department" means the Department on Aging.

17 "Eligible beneficiary" means a qualified individual who is
18 18 years of age or older, resides in this State, was not
19 disabled before 18 years of age, has been determined to meet
20 the minimum level of assistance with activities of daily
21 living necessary to receive benefits through the program and
22 who has not exhausted the lifetime limit of benefit units.

23 "Long-term services and supports provider" means a person
24 that meets the qualifications applicable under law to the
25 approved service that the person provides, including a
26 qualified or certified home care aide, licensed assisted

1 living facility, licensed adult family home, licensed nursing
2 home, licensed in-home services agency, adult day services
3 program, vendor, instructor, qualified family member, or other
4 entities as registered by the Department.

5 "Medicaid" or "State's Medicaid program" means the medical
6 assistance program established and administered in Article V
7 of the Illinois Public Aid Code as authorized under Section
8 1902 of the Social Security Act.

9 "Premium" means the payments required under Section 9 and
10 paid to the Department of Revenue for deposit into the Trust
11 Fund.

12 "Program" means the Long-Term Services and Supports Trust
13 Program established under Section 3.

14 "Qualified family member" means a relative of an eligible
15 beneficiary qualified to meet the requirements established
16 under law for the approved service the relative provides that
17 would be required of any other long-term services and supports
18 provider to receive payments from the State.

19 "Qualified individual" means an individual who meets the
20 duration of payment requirements established under this Act.

21 "Trust Fund" means the Long-Term Services and Supports
22 Trust Fund established under Section 11.

23 Section 3. Long-Term Services and Supports Trust Program.

24 (a) Establishment. The Long-Term Services and Supports
25 Trust Program is established within the Department on Aging.

1 (b) Administration. The Department, an actuary contracted
2 by the Department, and the Department of Revenue shall have
3 the responsibilities of implementing and administering the
4 program as provided under this Section.

5 (c) Department on Aging. The Department shall:

6 (1) Make determinations regarding an individual's
7 status as an eligible beneficiary under Section 7.

8 (2) Approve long-term services and supports eligible
9 for payment as approved services under the program, as
10 informed by the Long-Term Services and Supports Trust
11 Commission established under Section 4.

12 (3) Register long-term services and supports providers
13 that meet minimum qualifications.

14 (4) Discontinue the registration of long-term services
15 and supports providers that:

16 (i) fail to meet the minimum qualifications
17 applicable in law to the approved service that the
18 long-term services and supports providers provide; or

19 (ii) violate the operational standards of the
20 program.

21 (5) Disburse payments of benefits to registered
22 long-term services and supports providers, utilizing and
23 leveraging existing payment systems for the provision of
24 approved services to eligible beneficiaries under Section
25 8.

26 (6) Prepare and distribute written or electronic

1 materials to qualified individuals, eligible
2 beneficiaries, and the public as deemed necessary by the
3 Commission to inform the public of program design and
4 updates.

5 (7) Provide customer service and address questions and
6 complaints, including referring individuals to other
7 appropriate agencies.

8 (8) Provide administrative and operational support to
9 the Commission.

10 (9) Track data useful in monitoring and informing the
11 program, as identified by the Commission.

12 (10) Track the use of lifetime benefit units to verify
13 the individual's status as an eligible beneficiary.

14 (11) Ensure approved services are provided through
15 audits or service verification processes within the
16 service provider payment system for registered long-term
17 services and supports providers and recoup any
18 inappropriate payments.

19 (12) Establish criteria for the payment of benefits to
20 registered long-term services and supports providers under
21 Section 8.

22 (13) Establish rules and procedures for benefit
23 coordination when the eligible beneficiary is also funded
24 for Medicaid and other long-term services and supports,
25 including Medicare, workers' compensation, and private
26 long-term care coverage.

1 (14) Adopt rules necessary to implement and administer
2 the activities specified under this Section related to the
3 program.

4 (d) Department of Revenue. The Department of Revenue
5 shall:

6 (1) Collect and assess employee premiums as provided
7 in Section 9.

8 (2) Assist the Commission, the Long-Term Services and
9 Supports Trust Council established under Section 5, and
10 the actuary contracted by the Department on Aging as
11 provided in subsection (e) in monitoring the solvency and
12 financial status of the program.

13 (3) Make determinations regarding an individual's
14 status as a qualified individual under Section 6.

15 (4) Adopt rules necessary to implement and administer
16 the activities specified under this Section.

17 (e) Actuary. The Department on Aging shall contract with
18 an actuary and the contract shall include that the actuary do
19 the following:

20 (1) Beginning January 1, 2029, and biennially
21 thereafter, perform an actuarial audit and valuation of
22 the Long-Term Services and Supports Trust Fund established
23 under Section 11. Additional or more frequent actuarial
24 audits and valuations may be performed at the request of
25 the Council.

26 (2) Make recommendations to the Council and the

1 General Assembly on actions necessary to maintain fund
2 solvency. The recommendations shall include options to
3 redesign or reduce benefit units, approved services, or
4 both, to prevent or eliminate any unfunded actuarially
5 accrued liability in the trust or to maintain solvency.

6 (3) Select and contract for actuarial, research,
7 technical, and other consultants as the actuary deems
8 necessary to perform the actuary's duties under this Act.

9 Section 4. Long-Term Services and Supports Trust
10 Commission.

11 (a) Establishment. The Long-Term Services and Supports
12 Trust Commission is established. The Commission's
13 recommendations and decisions shall be guided by the joint
14 goals of maintaining benefit adequacy and maintaining fund
15 solvency and sustainability.

16 (b) Membership. The Commission shall include:

17 (1) The Director of Aging, or the Director's designee.

18 (2) The Director of Revenue or the Director's
19 designee.

20 (3) Two members of the Senate, appointed by the
21 President of the Senate.

22 (4) Two members of the House of Representatives,
23 appointed by the Speaker of the House of Representatives.

24 (5) One representative of an organization representing
25 Area Agencies on Aging.

1 (6) One representative of a home care association that
2 represents caregivers who provide services to private pay
3 and Medicaid clients.

4 (7) One representative of a union representing
5 long-term care workers.

6 (8) One representative of an organization representing
7 retired individuals.

8 (9) One representative of an association representing
9 skilled nursing facilities and assisted living providers.

10 (10) One representative of an association representing
11 adult family home providers.

12 (11) Two individuals receiving long-term services and
13 supports, or their designees, or representatives of
14 consumers receiving long-term services and supports under
15 the program.

16 (12) One member who is a worker who is, or will likely
17 be, paying the premium established under Section 9 and who
18 is not employed by a long-term services and supports
19 provider.

20 (13) One representative of an organization of
21 employers whose members collect, or will likely be
22 collecting, the premium established under Section 9.

23 (c) Terms. Except for the members under paragraphs (1),
24 (2), (3), and (4) of subsection (b), members of the Commission
25 shall be appointed by the Governor for terms of 2 years, except
26 that the Governor shall appoint the initial members to

1 staggered terms not to exceed 4 years.

2 (d) Chair. The Director of Aging, or the Director's
3 designee, shall serve as chair of the Commission.

4 (e) Meetings and quorum. Meetings of the Commission shall
5 be at the call of the chair. A majority of the voting members
6 of the Commission shall constitute a quorum for any votes of
7 the Commission. Approval of 60% of those voting members of the
8 Commission who are in attendance is required for the passage
9 of any vote.

10 (f) Recommendations. Beginning January 1, 2027, the
11 Commission shall propose recommendations to the Department
12 regarding:

13 (1) The establishment of criteria for determining that
14 an individual has met the requirements to be a qualified
15 individual as established under Section 6 or an eligible
16 beneficiary as established under Section 7.

17 (2) The establishment of criteria for minimum
18 qualifications for the registration of long-term services
19 and supports providers who provide approved services to
20 eligible beneficiaries.

21 (3) The establishment of payment maximums for approved
22 services consistent with actuarial soundness which may not
23 be lower than Medicaid payments for comparable services. A
24 service or supply may be limited by dollar amount,
25 duration, or number of visits. The Commission shall engage
26 affected stakeholders to develop this recommendation.

1 (4) Changes to rules or policies to improve the
2 operation of the program.

3 (5) Providing a recommendation to the Council for the
4 annual adjustment of the benefit unit as provided under
5 this Act.

6 (6) Assisting the actuary contracted by the Department
7 with the preparation of regular actuarial reports on the
8 solvency and financial status of the program and advising
9 the General Assembly on actions necessary to maintain
10 trust solvency. The Commission shall provide the actuary
11 with all actuarial reports for review. The actuary shall
12 provide any recommendations to the Commission and the
13 General Assembly on actions necessary to maintain trust
14 solvency.

15 (7) Whether and how to extend coverage to individuals
16 who became disabled before 18 years of age, including the
17 impact on the financial status and solvency of the trust.
18 The Commission shall engage affected stakeholders to
19 develop this recommendation.

20 (8) Consultation with the actuary contracted by the
21 Department on the development of an actuarial report of
22 the projected solvency and financial status of the
23 program. The actuary shall provide any recommendations to
24 the Commission and the General Assembly on actions
25 necessary to achieve trust solvency.

26 (g) Expenses. The Commission shall monitor Department

1 administrative expenses over time. Beginning November 15,
2 2027, the Commission shall annually report to the Governor and
3 the chairpersons and minority chairpersons of the Senate and
4 House Revenue Committees on Department spending for
5 administrative expenses and anticipated administrative
6 expenses as the program shifts into different phases of
7 implementation and operation. The November 15, 2030, report
8 shall include recommendations for a method of calculating
9 future Department administrative expenses to limit
10 administrative expenses while providing sufficient money to
11 adequately operate the program. The members under paragraphs
12 (1), (2), (3), and (4) of subsection (b) may advise the
13 Commission on the reports prepared under this subsection but
14 must recuse themselves from the Commission's process for
15 review, approval, and submission to the General Assembly.

16 (h) Investment strategy subcommittee. The Commission shall
17 establish an investment strategy subcommittee consisting of
18 the members under paragraphs (1), (2), (3), and (4) of
19 subsection (b) as voting members of the subcommittee. In
20 addition, 4 members appointed by the Governor who are
21 considered experienced and qualified in the field of
22 investment shall serve as nonvoting members. The subcommittee
23 shall provide guidance and advice to the State Treasurer on
24 investment strategies for the Trust Fund, including seeking
25 counsel and advice on the types of investments that are
26 constitutionally permitted.

1 Section 5. Long-Term Services and Supports Trust Council.

2 (a) Establishment. The Long-Term Services and Supports
3 Trust Council is established.

4 (b) Membership. The Council shall include:

5 (1) The Director of Aging, or the Director's designee.

6 (2) The Director of Revenue, or the Director's
7 designee.

8 (3) Two members of the Senate appointed by the
9 President of the Senate.

10 (4) Two members of the House of Representatives
11 appointed by the Speaker of the House of Representatives.

12 (5) A representative from the Governor's Office of
13 Management and Budget.

14 (c) Adjustments to benefit unit. On an annual basis, the
15 Council shall determine adjustments to the benefit unit to
16 ensure benefit adequacy and solvency of the Trust Fund. The
17 benefit unit shall be adjusted at a rate no greater than the
18 Consumer Price Index, as determined by the Council. In
19 determining adjustments to the benefit unit, the Council shall
20 review the actuary's actuarial audit and valuation of the
21 Trust Fund, any recommendations by the actuary and the
22 Commission, data on relevant economic indicators and program
23 costs and sustainability.

24 (d) Chair. The Director of Aging, or the Director's
25 designee, shall serve as chair of the Council.

1 (e) Meetings and quorum. The Council shall meet at least
2 once annually to determine adjustments to the benefit unit
3 under subsection (c). Additional meetings of the Council shall
4 be at the call of the chair. A majority of the voting members
5 of the Council shall constitute a quorum for any votes of the
6 Council. Approval of 60% of the members of the Council who are
7 in attendance is required for the passage of any vote. The
8 Council may adopt rules for the conduct of meetings, including
9 provisions for meetings and voting to be conducted by
10 telephonic, video, or other conferencing process.

11 Section 6. Qualifying beneficiaries.

12 (a) Determination. The Department of Revenue shall deem an
13 individual to be a qualified individual as provided under this
14 Act if the individual has paid the long-term services and
15 supports premiums required under Section 9 for the equivalent
16 of either:

17 (1) a total of 10 years without interruption of 5 or
18 more consecutive years; or

19 (2) 3 years within the last 6 years.

20 (b) Requirements. When deeming an individual to be a
21 qualified individual, the Department of Revenue shall require
22 that the individual have worked at least 500 hours during each
23 of the 10 years in paragraph (1) of subsection (a) and each of
24 the 3 years in paragraph (2) of subsection (a).

1 Section 7. Disbursement of benefits.

2 (a) General rule. Beginning January 1, 2030, approved
3 services shall be available and benefits payable to a
4 registered long-term services and supports provider on behalf
5 of an eligible beneficiary under this Section.

6 (b) Eligible beneficiary. A qualified individual may
7 become an eligible beneficiary by filing an application with
8 the Department and undergoing an eligibility determination
9 which includes an evaluation that the qualified individual
10 requires assistance with at least 3 activities of daily
11 living. The Department shall engage a qualified assessor so
12 that the determination may be made within 45 days from receipt
13 of the application by the qualified individual to use a
14 benefit.

15 (c) Receipt of services and benefits. An eligible
16 beneficiary:

17 (1) May receive approved services and benefits through
18 the program in the form of a benefit unit payable to a
19 registered long-term services and supports provider.

20 (2) May not receive more than the dollar equivalent of
21 365 benefit units over the course of the eligible
22 beneficiary's lifetime.

23 (d) Reimbursements. If the Department reimburses a
24 long-term services and supports provider for approved services
25 provided to an eligible beneficiary and the payment is less
26 than the benefit unit, only the portion of the benefit unit

1 that is used shall be taken into consideration when
2 calculating the individual's remaining lifetime limit on
3 receipt of benefits.

4 (e) Combination of benefit units. Eligible beneficiaries
5 may combine benefit units to receive more approved services
6 per day as long as the total number of lifetime benefit units
7 has not been exceeded.

8 Section 8. Benefits.

9 (a) Payment. Benefits provided under this Act shall be
10 paid periodically and promptly to registered long-term
11 services and supports providers.

12 (b) Qualified family members. Qualified family members may
13 be paid for approved personal care services in the same way as
14 individual providers, through a licensed home care agency or
15 through a third option if recommended by the Commission and
16 adopted by the Department.

17 Section 9. Payroll premium.

18 (a) General rule. Beginning January 1, 2027, the
19 Department of Revenue shall assess for each individual in
20 employment with an employer a premium based on the amount of
21 the individual's wages. The initial premium rate shall be
22 0.58% of the individual's wages. Beginning January 1, 2029,
23 and biennially thereafter, the premium rate shall be set by
24 the Illinois Commission on Government Forecasting and

1 Accountability at a rate no greater than 0.58%. In addition,
2 the Illinois Commission on Government Forecasting and
3 Accountability shall set the premium rate at the lowest amount
4 necessary to maintain the actuarial solvency of the Trust Fund
5 in accordance with recognized insurance principles and
6 designed to attempt to limit fluctuations in the premium rate.
7 To facilitate the premium rate setting the actuary contracted
8 by the Department shall perform a biennial actuarial audit and
9 valuation of the Trust Fund and make recommendations to the
10 Illinois Commission on Government Forecasting and
11 Accountability.

12 (b) Duties of employers. An employer shall:

13 (1) Collect from employees the premiums provided under
14 subsection (a) through payroll deductions and remit the
15 amounts collected to the Department of Revenue.

16 (2) In collecting employee premiums through payroll
17 deductions, act as the agent of the employees and shall
18 remit the amounts to the Department of Revenue as required
19 by this Act.

20 (c) Collective bargaining agreements. Nothing in this Act
21 shall require a party to a collective bargaining agreement
22 taking effect within 24 months or less of the effective date of
23 this Act to reopen negotiations of the agreement or to apply
24 any of the responsibilities under this Act unless and until
25 the existing agreement is reopened or renegotiated by the
26 parties or expires.

1 (d) Collection. Premiums shall be collected in the manner
2 and at such intervals as provided by the Department of
3 Revenue.

4 (e) Deposit of premiums. The Department of Revenue shall
5 deposit all premiums collected under this Section into the
6 Trust Fund.

7 (f) Increase of premiums. If the premiums under this
8 Section are increased, the Department of Revenue shall notify
9 each qualified individual by mail that the individual's
10 premiums have been increased, describe the reason for
11 increasing the premiums and describe the plan for restoring
12 the money so that premiums are returned to 0.58% of the
13 individual's wages.

14 (g) Exemption. An employee who demonstrates that the
15 employee has long-term care insurance is exempt from the
16 premium assessment under this Section.

17 Section 10. Self-employed individuals.

18 (a) Electing coverage. Beginning January 1, 2027, a
19 self-employed individual, including a sole proprietor,
20 independent contractor, partner, or joint venturer may elect
21 coverage under this Act. An individual electing coverage under
22 this subsection is responsible for payment of all premiums
23 assessed to an employee under Section 9. The individual shall
24 file a notice of election in writing with the Department of
25 Revenue, in a manner prescribed by the Department of Revenue.

1 The individual shall be eligible for benefits after paying the
2 long-term services and supports premium for the time required
3 under Section 6.

4 (b) Withdraw from coverage. A self-employed individual who
5 has elected coverage may withdraw from coverage at times
6 prescribed by the Department of Revenue by filing a notice of
7 withdrawal in writing with the Department of Revenue, with the
8 withdrawal to take effect no sooner than 30 days after filing
9 the notice with the Department of Revenue.

10 (c) Cancellation. The Department of Revenue may cancel
11 elective coverage if the self-employed individual fails to
12 make required payments or file reports. The Department of
13 Revenue may collect due and unpaid premiums and may levy an
14 additional premium for the remainder of the period of
15 coverage. The cancellation shall be effective no later than 30
16 days from the date of the notice in writing advising the
17 self-employed individual of the cancellation.

18 (d) Rules. The Department of Revenue shall adopt rules for
19 determining the hours worked and the wages of individuals who
20 elect coverage under this Section and for the enforcement of
21 this Section.

22 Section 11. Long-Term Services and Supports Trust Fund.

23 (a) Establishment. The Long-Term Services and Supports
24 Trust Fund is created as a trust fund in the State treasury.
25 The Trust Fund shall be held separate and apart from all public

1 moneys or funds of this State. The Trust Fund shall consist of
2 all receipts from employers as provided under Section 9 as
3 well as any moneys appropriated to the Department for the
4 purposes of this Act. Interest earned on moneys in the Trust
5 Fund shall be deposited into the Trust Fund.

6 (b) Trust Fund Administration.

7 (1) All receipts from employers under Section 9 shall
8 be deposited into the Trust Fund.

9 (2) Expenditures from the Trust Fund may be used for
10 the administrative activities of the Department and the
11 Department of Revenue.

12 (3) Benefits associated with the program shall be
13 disbursed from the Trust Fund by the Department. Only the
14 Director of Aging, or the Director's designee, may
15 authorize disbursements from the Trust Fund.

16 (4) The Trust Fund shall provide reimbursement of any
17 amounts from other sources that may have been used for the
18 initial establishment of the program.

19 (c) Utilization of revenue. The revenue generated under
20 this Act shall be utilized to expand long-term care in this
21 State. The money may not be used either in whole or in part to
22 supplant existing State or county money for programs that meet
23 the definition of approved services.

24 (d) Money expended for other purposes. Money deposited
25 into the Trust Fund shall remain in the Trust Fund until
26 expended in accordance with the requirements of this Act. If

1 money is expended for any purpose other than supporting the
2 long-term services and supports program, the Department of
3 Revenue shall notify each qualified individual by mail that
4 the individual's premiums have been expended for an alternate
5 use, describe the alternate use and state the Department of
6 Revenue's plan for restoring the money so that premiums are
7 not increased and benefits are not reduced.

8 Section 12. Management of Trust Fund.

9 (a) Investment of money in Trust Fund. The Department
10 shall have the State Treasurer invest the money in the Trust
11 Fund. The State Treasurer shall have full power to invest,
12 reinvest, manage, contract, sell, or exchange investment money
13 in the Trust Fund.

14 (b) Investment policy. All investments made by the State
15 Treasurer shall be made with the degree of judgment and care
16 required and the investment policy established by the State
17 Treasury.

18 (c) Investment with other funds. As deemed appropriate by
19 the State Treasurer, money in the Trust Fund may be commingled
20 for investment with other funds subject to investment by the
21 State Treasurer.

22 (d) Policies. The Department shall establish all policies
23 relating to the Trust Fund, other than the investment policies
24 as provided under this Section.

25 (e) Disbursement. With the exception of expenses of the

1 State Treasurer under this Section, disbursements from the
2 Trust Fund shall be made only on the authorization of the
3 Director of Aging, or the Director's designee, and money in
4 the Trust Fund may be spent only for the purposes specified
5 under this Act.

6 (f) Consultation. The State Treasurer shall routinely
7 consult and communicate with the Department on the investment
8 policy, earnings of the Trust Fund, and related needs of the
9 program.

10 Section 13. Appeals. Determinations made by the Department
11 under this Act, including determinations regarding functional
12 eligibility or related to registration of long-term services
13 and support providers, are subject to judicial review in
14 accordance with the provisions of the Administrative Review
15 Law. In addition, the standards and procedures adopted for
16 judicial review under this Section shall address the
17 following:

- 18 (1) Timelines.
19 (2) Eligibility and benefit determination.
20 (3) Fees.

21 Section 14. Information sharing. The Department shall:

- 22 (1) Seek access to Medicare data from the Centers for
23 Medicare and Medicaid Services of the United States
24 Department of Health and Human Services to analyze the

1 potential savings in Medicare expenditures due to the
2 operation of the program.

3 (2) Apply for a demonstration waiver from the Centers
4 for Medicare and Medicaid Services of the United States
5 Department of Health and Human Services to allow for the
6 State to share in the savings generated in the federal
7 match for Medicaid long-term services and supports and
8 Medicare due to the operation of the program.

9 (3) Submit a report on the status of the waiver to
10 General Assembly by December 1, 2027.

11 Section 15. Report. Beginning December 1, 2031, and
12 annually thereafter, the Commission shall report to the
13 General Assembly on the program, including:

14 (1) Projected and actual program participation.

15 (2) Adequacy of premium rates.

16 (3) Trust Fund balances.

17 (4) Benefits paid.

18 (5) Demographic information on program participants,
19 including age, gender, race, ethnicity, geographic
20 distribution by county, legislative district, and
21 employment sector.

22 (6) The extent to which the operation of the program
23 has resulted in savings to the State's Medicaid program by
24 avoiding costs that would have otherwise been the
25 responsibility of the State.

1 Section 16. Auditor General audits. By December 1, 2031,
2 the Auditor General must conduct, in accordance with the
3 Illinois State Auditing Act, a financial, compliance, and
4 performance audit of the Long-Term Services and Supports Trust
5 Program and deliver a report, including a conclusion and
6 recommendations for improvement to the General Assembly
7 regarding:

8 (1) Program operations, including the performance of
9 the Commission established in Section 4;

10 (2) Program financial status, including solvency, the
11 value of the benefit provided, and the financial balance
12 of program benefits to costs.

13 (3) The overall efficacy of the program, based on the
14 established goals under this Act including, but not
15 limited to:

16 (i) delaying middle class families' need to spend
17 to poverty to receive Medicaid-funded long-term care;

18 (ii) strengthening the State economy through
19 improving workforce participation;

20 (iii) reducing the caseload and expenditures of
21 the State Medicaid program on long-term care; and

22 (iv) obtaining shared savings through a Medicaid
23 demonstration waiver.

24 Section 17. Exclusions. Any benefits used by an individual

1 under this Act are not income or resources for any
2 determinations of eligibility for any other State program or
3 benefit, Medicaid, a State-federal program, or for any other
4 means-tested program.

5 Section 99. Effective date. This Act takes effect upon
6 becoming law.