



Sen. Celina Villanueva

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1 AMENDMENT TO SENATE BILL 120

2 AMENDMENT NO. _____. Amend Senate Bill 120 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Act on the Aging is amended by
5 changing Section 4.02 as follows:

6 (20 ILCS 105/4.02)

7 Sec. 4.02. Community Care Program. The Department shall
8 establish a program of services to prevent unnecessary
9 institutionalization of persons age 60 and older in need of
10 long term care or who are established as persons who suffer
11 from Alzheimer's disease or a related disorder under the
12 Alzheimer's Disease Assistance Act, thereby enabling them to
13 remain in their own homes or in other living arrangements.
14 Such preventive services, which may be coordinated with other
15 programs for the aged, may include, but are not limited to, any
16 or all of the following:

- 1 (a) (blank);
- 2 (b) (blank);
- 3 (c) home care aide services;
- 4 (d) personal assistant services;
- 5 (e) adult day services;
- 6 (f) home-delivered meals;
- 7 (g) education in self-care;
- 8 (h) personal care services;
- 9 (i) adult day health services;
- 10 (j) habilitation services;
- 11 (k) respite care;
- 12 (k-5) community reintegration services;
- 13 (k-6) flexible senior services;
- 14 (k-7) medication management;
- 15 (k-8) emergency home response;
- 16 (l) other nonmedical social services that may enable
- 17 the person to become self-supporting; or
- 18 (m) (blank).

19 The Department shall establish eligibility standards for
20 such services. In determining the amount and nature of
21 services for which a person may qualify, consideration shall
22 not be given to the value of cash, property, or other assets
23 held in the name of the person's spouse pursuant to a written
24 agreement dividing marital property into equal but separate
25 shares or pursuant to a transfer of the person's interest in a
26 home to his spouse, provided that the spouse's share of the

1 marital property is not made available to the person seeking
2 such services.

3 The Department shall require as a condition of eligibility
4 that all new financially eligible applicants apply for and
5 enroll in medical assistance under Article V of the Illinois
6 Public Aid Code in accordance with rules promulgated by the
7 Department.

8 The Department shall, in conjunction with the Department
9 of Public Aid (now Department of Healthcare and Family
10 Services), seek appropriate amendments under Sections 1915 and
11 1924 of the Social Security Act. The purpose of the amendments
12 shall be to extend eligibility for home and community based
13 services under Sections 1915 and 1924 of the Social Security
14 Act to persons who transfer to or for the benefit of a spouse
15 those amounts of income and resources allowed under Section
16 1924 of the Social Security Act. Subject to the approval of
17 such amendments, the Department shall extend the provisions of
18 Section 5-4 of the Illinois Public Aid Code to persons who, but
19 for the provision of home or community-based services, would
20 require the level of care provided in an institution, as is
21 provided for in federal law. Those persons no longer found to
22 be eligible for receiving noninstitutional services due to
23 changes in the eligibility criteria shall be given 45 days
24 notice prior to actual termination. Those persons receiving
25 notice of termination may contact the Department and request
26 the determination be appealed at any time during the 45 day

1 notice period. The target population identified for the
2 purposes of this Section are persons age 60 and older with an
3 identified service need. Priority shall be given to those who
4 are at imminent risk of institutionalization. The services
5 shall be provided to eligible persons age 60 and older to the
6 extent that the cost of the services together with the other
7 personal maintenance expenses of the persons are reasonably
8 related to the standards established for care in a group
9 facility appropriate to the person's condition. These
10 noninstitutional ~~non-institutional~~ services, pilot projects,
11 or experimental facilities may be provided as part of or in
12 addition to those authorized by federal law or those funded
13 and administered by the Department of Human Services. The
14 Departments of Human Services, Healthcare and Family Services,
15 Public Health, Veterans' Affairs, and Commerce and Economic
16 Opportunity and other appropriate agencies of State, federal,
17 and local governments shall cooperate with the Department on
18 Aging in the establishment and development of the
19 noninstitutional ~~non-institutional~~ services. The Department
20 shall require an annual audit from all personal assistant and
21 home care aide vendors contracting with the Department under
22 this Section. The annual audit shall assure that each audited
23 vendor's procedures are in compliance with Department's
24 financial reporting guidelines requiring an administrative and
25 employee wage and benefits cost split as defined in
26 administrative rules. The audit is a public record under the

1 Freedom of Information Act. The Department shall execute,
2 relative to the nursing home prescreening project, written
3 inter-agency agreements with the Department of Human Services
4 and the Department of Healthcare and Family Services, to
5 effect the following: (1) intake procedures and common
6 eligibility criteria for those persons who are receiving
7 noninstitutional ~~non-institutional~~ services; and (2) the
8 establishment and development of noninstitutional
9 ~~non-institutional~~ services in areas of the State where they
10 are not currently available or are undeveloped. On and after
11 July 1, 1996, all nursing home prescreenings for individuals
12 60 years of age or older shall be conducted by the Department.

13 As part of the Department on Aging's routine training of
14 case managers and case manager supervisors, the Department may
15 include information on family futures planning for persons who
16 are age 60 or older and who are caregivers of their adult
17 children with developmental disabilities. The content of the
18 training shall be at the Department's discretion.

19 The Department is authorized to establish a system of
20 recipient copayment for services provided under this Section,
21 such copayment to be based upon the recipient's ability to pay
22 but in no case to exceed the actual cost of the services
23 provided. Additionally, any portion of a person's income which
24 is equal to or less than the federal poverty standard shall not
25 be considered by the Department in determining the copayment.
26 The level of such copayment shall be adjusted whenever

1 necessary to reflect any change in the officially designated
2 federal poverty standard.

3 The Department, or the Department's authorized
4 representative, may recover the amount of moneys expended for
5 services provided to or in behalf of a person under this
6 Section by a claim against the person's estate or against the
7 estate of the person's surviving spouse, but no recovery may
8 be had until after the death of the surviving spouse, if any,
9 and then only at such time when there is no surviving child who
10 is under age 21 or blind or who has a permanent and total
11 disability. This paragraph, however, shall not bar recovery,
12 at the death of the person, of moneys for services provided to
13 the person or in behalf of the person under this Section to
14 which the person was not entitled; provided that such recovery
15 shall not be enforced against any real estate while it is
16 occupied as a homestead by the surviving spouse or other
17 dependent, if no claims by other creditors have been filed
18 against the estate, or, if such claims have been filed, they
19 remain dormant for failure of prosecution or failure of the
20 claimant to compel administration of the estate for the
21 purpose of payment. This paragraph shall not bar recovery from
22 the estate of a spouse, under Sections 1915 and 1924 of the
23 Social Security Act and Section 5-4 of the Illinois Public Aid
24 Code, who precedes a person receiving services under this
25 Section in death. All moneys for services paid to or in behalf
26 of the person under this Section shall be claimed for recovery

1 from the deceased spouse's estate. "Homestead", as used in
2 this paragraph, means the dwelling house and contiguous real
3 estate occupied by a surviving spouse or relative, as defined
4 by the rules and regulations of the Department of Healthcare
5 and Family Services, regardless of the value of the property.

6 The Department shall increase the effectiveness of the
7 existing Community Care Program by:

8 (1) ensuring that in-home services included in the
9 care plan are available on evenings and weekends;

10 (2) ensuring that care plans contain the services that
11 eligible participants need based on the number of days in
12 a month, not limited to specific blocks of time, as
13 identified by the comprehensive assessment tool selected
14 by the Department for use statewide, not to exceed the
15 total monthly service cost maximum allowed for each
16 service; the Department shall develop administrative rules
17 to implement this item (2);

18 (3) ensuring that the participants have the right to
19 choose the services contained in their care plan and to
20 direct how those services are provided, based on
21 administrative rules established by the Department;

22 (4) (blank);

23 (5) ensuring that homemakers can provide personal care
24 services that may or may not involve contact with clients,
25 including, but not limited to:

26 (A) bathing;

- 1 (B) grooming;
- 2 (C) toileting;
- 3 (D) nail care;
- 4 (E) transferring;
- 5 (F) respiratory services;
- 6 (G) exercise; or
- 7 (H) positioning;

8 (6) ensuring that homemaker program vendors are not
9 restricted from hiring homemakers who are family members
10 of clients or recommended by clients; the Department may
11 not, by rule or policy, require homemakers who are family
12 members of clients or recommended by clients to accept
13 assignments in homes other than the client;

14 (7) ensuring that the State may access maximum federal
15 matching funds by seeking approval for the Centers for
16 Medicare and Medicaid Services for modifications to the
17 State's home and community based services waiver and
18 additional waiver opportunities, including applying for
19 enrollment in the Balance Incentive Payment Program by May
20 1, 2013, in order to maximize federal matching funds; this
21 shall include, but not be limited to, modification that
22 reflects all changes in the Community Care Program
23 services and all increases in the services cost maximum;

24 (8) ensuring that the determination of need tool
25 accurately reflects the service needs of individuals with
26 Alzheimer's disease and related dementia disorders;

1 (9) ensuring that services are authorized accurately
2 and consistently for the Community Care Program (CCP); the
3 Department shall implement a Service Authorization policy
4 directive; the purpose shall be to ensure that eligibility
5 and services are authorized accurately and consistently in
6 the CCP program; the policy directive shall clarify
7 service authorization guidelines to Care Coordination
8 Units and Community Care Program providers no later than
9 May 1, 2013;

10 (10) working in conjunction with Care Coordination
11 Units, the Department of Healthcare and Family Services,
12 the Department of Human Services, Community Care Program
13 providers, and other stakeholders to make improvements to
14 the Medicaid claiming processes and the Medicaid
15 enrollment procedures or requirements as needed,
16 including, but not limited to, specific policy changes or
17 rules to improve the up-front enrollment of participants
18 in the Medicaid program and specific policy changes or
19 rules to insure more prompt submission of bills to the
20 federal government to secure maximum federal matching
21 dollars as promptly as possible; the Department on Aging
22 shall have at least 3 meetings with stakeholders by
23 January 1, 2014 in order to address these improvements;

24 (11) requiring home care service providers to comply
25 with the rounding of hours worked provisions under the
26 federal Fair Labor Standards Act (FLSA) and as set forth

1 in 29 CFR 785.48(b) by May 1, 2013;

2 (12) implementing any necessary policy changes or
3 promulgating any rules, no later than January 1, 2014, to
4 assist the Department of Healthcare and Family Services in
5 moving as many participants as possible, consistent with
6 federal regulations, into coordinated care plans if a care
7 coordination plan that covers long term care is available
8 in the recipient's area; and

9 (13) (blank).

10 By January 1, 2009 or as soon after the end of the Cash and
11 Counseling Demonstration Project as is practicable, the
12 Department may, based on its evaluation of the demonstration
13 project, promulgate rules concerning personal assistant
14 services, to include, but need not be limited to,
15 qualifications, employment screening, rights under fair labor
16 standards, training, fiduciary agent, and supervision
17 requirements. All applicants shall be subject to the
18 provisions of the Health Care Worker Background Check Act.

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

26 No ~~September 23, 1991 (Public Act 87-729)~~ person may

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

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

1 increase in reimbursement costs.

2 The Community Care Program Advisory Committee is created
3 in the Department on Aging. The Director shall appoint
4 individuals to serve in the Committee, who shall serve at
5 their own expense. Members of the Committee must abide by all
6 applicable ethics laws. The Committee shall advise the
7 Department on issues related to the Department's program of
8 services to prevent unnecessary institutionalization. The
9 Committee shall meet on a bi-monthly basis and shall serve to
10 identify and advise the Department on present and potential
11 issues affecting the service delivery network, the program's
12 clients, and the Department and to recommend solution
13 strategies. Persons appointed to the Committee shall be
14 appointed on, but not limited to, their own and their agency's
15 experience with the program, geographic representation, and
16 willingness to serve. The Director shall appoint members to
17 the Committee to represent provider, advocacy, policy
18 research, and other constituencies committed to the delivery
19 of high quality home and community-based services to older
20 adults. Representatives shall be appointed to ensure
21 representation from community care providers, including, but
22 not limited to, adult day service providers, homemaker
23 providers, case coordination and case management units,
24 emergency home response providers, statewide trade or labor
25 unions that represent home care aides and direct care staff,
26 area agencies on aging, adults over age 60, membership

1 organizations representing older adults, and other
2 organizational entities, providers of care, or individuals
3 with demonstrated interest and expertise in the field of home
4 and community care as determined by the Director.

5 Nominations may be presented from any agency or State
6 association with interest in the program. The Director, or his
7 or her designee, shall serve as the permanent co-chair of the
8 advisory committee. One other co-chair shall be nominated and
9 approved by the members of the committee on an annual basis.
10 Committee members' terms of appointment shall be for 4 years
11 with one-quarter of the appointees' terms expiring each year.
12 A member shall continue to serve until his or her replacement
13 is named. The Department shall fill vacancies that have a
14 remaining term of over one year, and this replacement shall
15 occur through the annual replacement of expiring terms. The
16 Director shall designate Department staff to provide technical
17 assistance and staff support to the committee. Department
18 representation shall not constitute membership of the
19 committee. All Committee papers, issues, recommendations,
20 reports, and meeting memoranda are advisory only. The
21 Director, or his or her designee, shall make a written report,
22 as requested by the Committee, regarding issues before the
23 Committee.

24 The Department on Aging and the Department of Human
25 Services shall cooperate in the development and submission of
26 an annual report on programs and services provided under this

1 Section. Such joint report shall be filed with the Governor
2 and the General Assembly on or before March 31 of the following
3 fiscal year.

4 The requirement for reporting to the General Assembly
5 shall be satisfied by filing copies of the report as required
6 by Section 3.1 of the General Assembly Organization Act and
7 filing such additional copies with the State Government Report
8 Distribution Center for the General Assembly as is required
9 under paragraph (t) of Section 7 of the State Library Act.

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

22 For the purposes of this Section, "flexible senior
23 services" refers to services that require one-time or periodic
24 expenditures, including, but not limited to, respite care,
25 home modification, assistive technology, housing assistance,
26 and transportation.

1 The Department shall implement an electronic service
2 verification based on global positioning systems or other
3 cost-effective technology for the Community Care Program no
4 later than January 1, 2014.

5 The Department shall require, as a condition of
6 eligibility, application for the medical assistance program
7 under Article V of the Illinois Public Aid Code.

8 The Department may authorize Community Care Program
9 services until an applicant is determined eligible for medical
10 assistance under Article V of the Illinois Public Aid Code.

11 The Department shall continue to provide Community Care
12 Program reports as required by statute, which shall include an
13 annual report on Care Coordination Unit performance and
14 adherence to service guidelines and a 6-month supplemental
15 report.

16 In regard to community care providers, failure to comply
17 with Department on Aging policies shall be cause for
18 disciplinary action, including, but not limited to,
19 disqualification from serving Community Care Program clients.
20 Each provider, upon submission of any bill or invoice to the
21 Department for payment for services rendered, shall include a
22 notarized statement, under penalty of perjury pursuant to
23 Section 1-109 of the Code of Civil Procedure, that the
24 provider has complied with all Department policies.

25 The Director of the Department on Aging shall make
26 information available to the State Board of Elections as may

1 be required by an agreement the State Board of Elections has
2 entered into with a multi-state voter registration list
3 maintenance system.

4 The Department shall pay an enhanced rate of at least
5 \$1.77 per unit under the Community Care Program to those
6 in-home service provider agencies that offer health insurance
7 coverage as a benefit to their direct service worker employees
8 pursuant to rules adopted by the Department. The Department
9 shall review the enhanced rate as part of its process to rebase
10 in-home service provider reimbursement rates pursuant to
11 federal waiver requirements. Subject to federal approval,
12 beginning on January 1, 2024, rates for adult day services
13 shall be increased to \$16.84 per hour and rates for each way
14 transportation services for adult day services shall be
15 increased to \$12.44 per unit transportation.

16 Subject to federal approval, on and after January 1, 2024,
17 rates for homemaker services shall be increased to \$28.07 to
18 sustain a minimum wage of \$17 per hour for direct service
19 workers. Rates in subsequent State fiscal years shall be no
20 lower than the rates put into effect upon federal approval.
21 Providers of in-home services shall be required to certify to
22 the Department that they remain in compliance with the
23 mandated wage increase for direct service workers. Fringe
24 benefits, including, but not limited to, paid time off and
25 payment for training, health insurance, travel, or
26 transportation, shall not be reduced in relation to the rate

1 increases described in this paragraph.

2 Subject to and upon federal approval, on and after January
3 1, 2025, rates for homemaker services shall be increased to
4 \$29.63 to sustain a minimum wage of \$18 per hour for direct
5 service workers. Rates in subsequent State fiscal years shall
6 be no lower than the rates put into effect upon federal
7 approval. Providers of in-home services shall be required to
8 certify to the Department that they remain in compliance with
9 the mandated wage increase for direct service workers. Fringe
10 benefits, including, but not limited to, paid time off and
11 payment for training, health insurance, travel, or
12 transportation, shall not be reduced in relation to the rate
13 increases described in this paragraph.

14 Subject to federal approval, on and after January 1, 2026,
15 rates for in-home services shall be increased to \$32.75 to
16 sustain a minimum wage of \$20 per hour for direct service
17 workers. Rates in subsequent State fiscal years shall be no
18 lower than the rates put into effect upon federal approval. In
19 order for a provider of in-home services to be eligible to
20 receive the \$32.75 rate, the provider must pay a minimum wage
21 of \$20 per hour to all direct service workers employed by the
22 provider. Providers of in-home services shall be required to
23 certify to the Department that they remain in compliance with
24 the mandated wage increase for direct service workers. By no
25 more than 60 days after issuing notification of the rate
26 increase, the Department shall require providers of in-home

1 services to submit such certification to the Department in
2 order for the provider to be eligible for the \$32.75 rate for
3 in-home services. The Department shall also require each
4 provider of in-home services to submit cost reports to the
5 Department consistent with Section 240.2023 of Title 89 of the
6 Illinois Administrative Code in order for the provider to be
7 eligible for the \$32.75 rate for in-home services. Fringe
8 benefits, including, but not limited to, paid time off and
9 payment for training, health insurance, travel, or
10 transportation, shall not be reduced in relation to the rate
11 increases described in this paragraph.

12 To ensure that in-home service payment rates are adequate
13 to maintain a sufficient direct care workforce to meet the
14 needs of Community Care Program beneficiaries and provide
15 access to services in the amount, duration, and scope
16 specified in beneficiaries' person-centered service plans,
17 beginning January 1, 2026, the Department shall ensure that
18 each in-home service provider spends a minimum of 78.5% of
19 total payments the provider receives for homecare aide
20 services it furnishes under the Community Care Program on
21 total compensation for direct service workers who furnish
22 those services. The Department shall require each provider
23 annually to submit a direct service worker cost report
24 certifying that the provider has met the minimum spending
25 requirement. The report must be based upon actual, documented
26 expenditures, attested to by an authorized representative of

1 the provider, and submitted within 6 months after the end of
2 the reporting period. The Department shall amend its rules on
3 financial reporting and minimum direct service worker costs at
4 Sections 240.2020 and 240.2040 of Title 89 of the Illinois
5 Administrative Code to reflect the increase in the direct
6 service worker spending requirement from 77% to 78.5%.

7 The General Assembly finds it necessary to authorize an
8 aggressive Medicaid enrollment initiative designed to maximize
9 federal Medicaid funding for the Community Care Program which
10 produces significant savings for the State of Illinois. The
11 Department on Aging shall establish and implement a Community
12 Care Program Medicaid Initiative. Under the Initiative, the
13 Department on Aging shall, at a minimum: (i) provide an
14 enhanced rate to adequately compensate care coordination units
15 to enroll eligible Community Care Program clients into
16 Medicaid; (ii) use recommendations from a stakeholder
17 committee on how best to implement the Initiative; and (iii)
18 establish requirements for State agencies to make enrollment
19 in the State's Medical Assistance program easier for seniors.

20 The Community Care Program Medicaid Enrollment Oversight
21 Subcommittee is created as a subcommittee of the Older Adult
22 Services Advisory Committee established in Section 35 of the
23 Older Adult Services Act to make recommendations on how best
24 to increase the number of medical assistance recipients who
25 are enrolled in the Community Care Program. The Subcommittee
26 shall consist of all of the following persons who must be

1 appointed within 30 days after June 4, 2018 (the effective
2 date of Public Act 100-587):

3 (1) The Director of Aging, or his or her designee, who
4 shall serve as the chairperson of the Subcommittee.

5 (2) One representative of the Department of Healthcare
6 and Family Services, appointed by the Director of
7 Healthcare and Family Services.

8 (3) One representative of the Department of Human
9 Services, appointed by the Secretary of Human Services.

10 (4) One individual representing a care coordination
11 unit, appointed by the Director of Aging.

12 (5) One individual from a non-governmental statewide
13 organization that advocates for seniors, appointed by the
14 Director of Aging.

15 (6) One individual representing Area Agencies on
16 Aging, appointed by the Director of Aging.

17 (7) One individual from a statewide association
18 dedicated to Alzheimer's care, support, and research,
19 appointed by the Director of Aging.

20 (8) One individual from an organization that employs
21 persons who provide services under the Community Care
22 Program, appointed by the Director of Aging.

23 (9) One member of a trade or labor union representing
24 persons who provide services under the Community Care
25 Program, appointed by the Director of Aging.

26 (10) One member of the Senate, who shall serve as

1 co-chairperson, appointed by the President of the Senate.

2 (11) One member of the Senate, who shall serve as
3 co-chairperson, appointed by the Minority Leader of the
4 Senate.

5 (12) One member of the House of Representatives, who
6 shall serve as co-chairperson, appointed by the Speaker of
7 the House of Representatives.

8 (13) One member of the House of Representatives, who
9 shall serve as co-chairperson, appointed by the Minority
10 Leader of the House of Representatives.

11 (14) One individual appointed by a labor organization
12 representing frontline employees at the Department of
13 Human Services.

14 The Subcommittee shall provide oversight to the Community
15 Care Program Medicaid Initiative and shall meet quarterly. At
16 each Subcommittee meeting the Department on Aging shall
17 provide the following data sets to the Subcommittee: (A) the
18 number of Illinois residents, categorized by planning and
19 service area, who are receiving services under the Community
20 Care Program and are enrolled in the State's Medical
21 Assistance Program; (B) the number of Illinois residents,
22 categorized by planning and service area, who are receiving
23 services under the Community Care Program, but are not
24 enrolled in the State's Medical Assistance Program; and (C)
25 the number of Illinois residents, categorized by planning and
26 service area, who are receiving services under the Community

1 Care Program and are eligible for benefits under the State's
2 Medical Assistance Program, but are not enrolled in the
3 State's Medical Assistance Program. In addition to this data,
4 the Department on Aging shall provide the Subcommittee with
5 plans on how the Department on Aging will reduce the number of
6 Illinois residents who are not enrolled in the State's Medical
7 Assistance Program but who are eligible for medical assistance
8 benefits. The Department on Aging shall enroll in the State's
9 Medical Assistance Program those Illinois residents who
10 receive services under the Community Care Program and are
11 eligible for medical assistance benefits but are not enrolled
12 in the State's Medicaid Assistance Program. The data provided
13 to the Subcommittee shall be made available to the public via
14 the Department on Aging's website.

15 The Department on Aging, with the involvement of the
16 Subcommittee, shall collaborate with the Department of Human
17 Services and the Department of Healthcare and Family Services
18 on how best to achieve the responsibilities of the Community
19 Care Program Medicaid Initiative.

20 The Department on Aging, the Department of Human Services,
21 and the Department of Healthcare and Family Services shall
22 coordinate and implement a streamlined process for seniors to
23 access benefits under the State's Medical Assistance Program.

24 The Subcommittee shall collaborate with the Department of
25 Human Services on the adoption of a uniform application
26 submission process. The Department of Human Services and any

1 other State agency involved with processing the medical
2 assistance application of any person enrolled in the Community
3 Care Program shall include the appropriate care coordination
4 unit in all communications related to the determination or
5 status of the application.

6 The Community Care Program Medicaid Initiative shall
7 provide targeted funding to care coordination units to help
8 seniors complete their applications for medical assistance
9 benefits. On and after July 1, 2019, care coordination units
10 shall receive no less than \$200 per completed application,
11 which rate may be included in a bundled rate for initial intake
12 services when Medicaid application assistance is provided in
13 conjunction with the initial intake process for new program
14 participants.

15 The Community Care Program Medicaid Initiative shall cease
16 operation 5 years after June 4, 2018 (the effective date of
17 Public Act 100-587), after which the Subcommittee shall
18 dissolve.

19 Effective July 1, 2023, subject to federal approval, the
20 Department on Aging shall reimburse Care Coordination Units at
21 the following rates for case management services: \$252.40 for
22 each initial assessment; \$366.40 for each initial assessment
23 with translation; \$229.68 for each redetermination assessment;
24 \$313.68 for each redetermination assessment with translation;
25 \$200.00 for each completed application for medical assistance
26 benefits; \$132.26 for each face-to-face, choices-for-care

1 screening; \$168.26 for each face-to-face, choices-for-care
2 screening with translation; \$124.56 for each 6-month,
3 face-to-face visit; \$132.00 for each MCO participant
4 eligibility determination; and \$157.00 for each MCO
5 participant eligibility determination with translation.

6 (Source: P.A. 102-1071, eff. 6-10-22; 103-8, eff. 6-7-23;
7 103-102, Article 45, Section 45-5, eff. 1-1-24; 103-102,
8 Article 85, Section 85-5, eff. 1-1-24; 103-102, Article 90,
9 Section 90-5, eff. 1-1-24; 103-588, eff. 6-5-24; 103-605, eff.
10 7-1-24; 103-670, eff. 1-1-25; revised 11-26-24.)".