

SB1374



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB1374

Introduced 2/6/2023, by Sen. Doris Turner

SYNOPSIS AS INTRODUCED:

20 ILCS 105/4.02

from Ch. 23, par. 6104.02

Amends the Illinois Act on the Aging. Provides that, by January 1, 2024, the Department on Aging shall align the menu of services offered under the Community Care Program with the services offered under the Home Services Program administered by the Department of Human Services. Provides that the purpose of the amendatory Act is to ensure that persons 60 years of age and older who are enrolled in the Community Care Program have access to the same services available to persons 60 years of age and younger under the Home Services Program. Provides that nothing in the amendatory Act shall be construed to limit the Department on Aging from providing additional services under the Community Care Program beyond those services provided under the Home Services Program.

LRB103 24936 KTG 51270 b

A BILL FOR

1 AN ACT concerning State government.

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

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) (from Ch. 23, par. 6104.02)

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 and monitored by area agencies on aging
16 in cooperation with the Department, may include, but are not
17 limited to, any or all of the following:

- 18 (a) (blank);
19 (b) (blank);
20 (c) home care aide services;
21 (d) personal assistant services;
22 (e) adult day services;
23 (f) home-delivered meals;

- 1 (g) education in self-care;
2 (h) personal care services;
3 (i) adult day health services;
4 (j) habilitation services;
5 (k) respite care;
6 (k-5) community reintegration services;
7 (k-6) flexible senior services;
8 (k-7) medication management;
9 (k-8) emergency home response;
10 (l) other nonmedical social services that may enable
11 the person to become self-supporting; or
12 (m) clearinghouse for information provided by senior
13 citizen home owners who want to rent rooms to or share
14 living space with other senior citizens.

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

25 Beginning January 1, 2008, the Department shall require as
26 a condition of eligibility that all new financially eligible

1 applicants apply for and enroll in medical assistance under
2 Article V of the Illinois Public Aid Code in accordance with
3 rules promulgated by the Department.

4 The Department shall, in conjunction with the Department
5 of Public Aid (now Department of Healthcare and Family
6 Services), seek appropriate amendments under Sections 1915 and
7 1924 of the Social Security Act. The purpose of the amendments
8 shall be to extend eligibility for home and community based
9 services under Sections 1915 and 1924 of the Social Security
10 Act to persons who transfer to or for the benefit of a spouse
11 those amounts of income and resources allowed under Section
12 1924 of the Social Security Act. Subject to the approval of
13 such amendments, the Department shall extend the provisions of
14 Section 5-4 of the Illinois Public Aid Code to persons who, but
15 for the provision of home or community-based services, would
16 require the level of care provided in an institution, as is
17 provided for in federal law. Those persons no longer found to
18 be eligible for receiving noninstitutional services due to
19 changes in the eligibility criteria shall be given 45 days
20 notice prior to actual termination. Those persons receiving
21 notice of termination may contact the Department and request
22 the determination be appealed at any time during the 45 day
23 notice period. The target population identified for the
24 purposes of this Section are persons age 60 and older with an
25 identified service need. Priority shall be given to those who
26 are at imminent risk of institutionalization. The services

1 shall be provided to eligible persons age 60 and older to the
2 extent that the cost of the services together with the other
3 personal maintenance expenses of the persons are reasonably
4 related to the standards established for care in a group
5 facility appropriate to the person's condition. These
6 non-institutional services, pilot projects or experimental
7 facilities may be provided as part of or in addition to those
8 authorized by federal law or those funded and administered by
9 the Department of Human Services. The Departments of Human
10 Services, Healthcare and Family Services, Public Health,
11 Veterans' Affairs, and Commerce and Economic Opportunity and
12 other appropriate agencies of State, federal and local
13 governments shall cooperate with the Department on Aging in
14 the establishment and development of the non-institutional
15 services. The Department shall require an annual audit from
16 all personal assistant and home care aide vendors contracting
17 with the Department under this Section. The annual audit shall
18 assure that each audited vendor's procedures are in compliance
19 with Department's financial reporting guidelines requiring an
20 administrative and employee wage and benefits cost split as
21 defined in administrative rules. The audit is a public record
22 under the Freedom of Information Act. The Department shall
23 execute, relative to the nursing home prescreening project,
24 written inter-agency agreements with the Department of Human
25 Services and the Department of Healthcare and Family Services,
26 to effect the following: (1) intake procedures and common

1 eligibility criteria for those persons who are receiving
2 non-institutional services; and (2) the establishment and
3 development of non-institutional services in areas of the
4 State where they are not currently available or are
5 undeveloped. On and after July 1, 1996, all nursing home
6 prescreenings for individuals 60 years of age or older shall
7 be conducted by the Department.

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

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

24 The Department, or the Department's authorized
25 representative, may recover the amount of moneys expended for
26 services provided to or in behalf of a person under this

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

1 The Department shall increase the effectiveness of the
2 existing Community Care Program by:

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

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

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

17 (4) ensuring that the determination of need tool is
18 accurate in determining the participants' level of need;
19 to achieve this, the Department, in conjunction with the
20 Older Adult Services Advisory Committee, shall institute a
21 study of the relationship between the Determination of
22 Need scores, level of need, service cost maximums, and the
23 development and utilization of service plans no later than
24 May 1, 2008; findings and recommendations shall be
25 presented to the Governor and the General Assembly no
26 later than January 1, 2009; recommendations shall include

1 all needed changes to the service cost maximums schedule
2 and additional covered services;

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

6 (A) bathing;

7 (B) grooming;

8 (C) toileting;

9 (D) nail care;

10 (E) transferring;

11 (F) respiratory services;

12 (G) exercise; or

13 (H) positioning;

14 (6) ensuring that homemaker program vendors are not
15 restricted from hiring homemakers who are family members
16 of clients or recommended by clients; the Department may
17 not, by rule or policy, require homemakers who are family
18 members of clients or recommended by clients to accept
19 assignments in homes other than the client;

20 (7) ensuring that the State may access maximum federal
21 matching funds by seeking approval for the Centers for
22 Medicare and Medicaid Services for modifications to the
23 State's home and community based services waiver and
24 additional waiver opportunities, including applying for
25 enrollment in the Balance Incentive Payment Program by May
26 1, 2013, in order to maximize federal matching funds; this

1 shall include, but not be limited to, modification that
2 reflects all changes in the Community Care Program
3 services and all increases in the services cost maximum;

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

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

16 (10) working in conjunction with Care Coordination
17 Units, the Department of Healthcare and Family Services,
18 the Department of Human Services, Community Care Program
19 providers, and other stakeholders to make improvements to
20 the Medicaid claiming processes and the Medicaid
21 enrollment procedures or requirements as needed,
22 including, but not limited to, specific policy changes or
23 rules to improve the up-front enrollment of participants
24 in the Medicaid program and specific policy changes or
25 rules to insure more prompt submission of bills to the
26 federal government to secure maximum federal matching

1 dollars as promptly as possible; the Department on Aging
2 shall have at least 3 meetings with stakeholders by
3 January 1, 2014 in order to address these improvements;

4 (11) requiring home care service providers to comply
5 with the rounding of hours worked provisions under the
6 federal Fair Labor Standards Act (FLSA) and as set forth
7 in 29 CFR 785.48(b) by May 1, 2013;

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

15 (13) maintaining fiscal year 2014 rates at the same
16 level established on January 1, 2013.

17 By January 1, 2024, the Department on Aging shall align
18 the menu of services offered under the Community Care Program
19 with the services offered under the Home Services Program
20 under Section 3 of the Rehabilitation of Persons with
21 Disabilities Act. The purpose of this paragraph is to ensure
22 that persons 60 years of age and older who are enrolled in the
23 Community Care Program have access to the same services
24 available to persons 60 years of age and younger under the Home
25 Services Program. However, nothing in this paragraph shall be
26 construed to limit the Department on Aging from providing

1 additional services under the Community Care Program beyond
2 those services provided under the Home Services Program.

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

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

19 Beginning on the effective date of this amendatory Act of
20 1991, no person may perform chore/housekeeping and home care
21 aide services under a program authorized by this Section
22 unless that person has been issued a certificate of
23 pre-service to do so by his or her employing agency.
24 Information gathered to effect such certification shall
25 include (i) the person's name, (ii) the date the person was
26 hired by his or her current employer, and (iii) the training,

1 including dates and levels. Persons engaged in the program
2 authorized by this Section before the effective date of this
3 amendatory Act of 1991 shall be issued a certificate of all
4 pre- and in-service training from his or her employer upon
5 submitting the necessary information. The employing agency
6 shall be required to retain records of all staff pre- and
7 in-service training, and shall provide such records to the
8 Department upon request and upon termination of the employer's
9 contract with the Department. In addition, the employing
10 agency is responsible for the issuance of certifications of
11 in-service training completed to their employees.

12 The Department is required to develop a system to ensure
13 that persons working as home care aides and personal
14 assistants receive increases in their wages when the federal
15 minimum wage is increased by requiring vendors to certify that
16 they are meeting the federal minimum wage statute for home
17 care aides and personal assistants. An employer that cannot
18 ensure that the minimum wage increase is being given to home
19 care aides and personal assistants shall be denied any
20 increase in reimbursement costs.

21 The Community Care Program Advisory Committee is created
22 in the Department on Aging. The Director shall appoint
23 individuals to serve in the Committee, who shall serve at
24 their own expense. Members of the Committee must abide by all
25 applicable ethics laws. The Committee shall advise the
26 Department on issues related to the Department's program of

1 services to prevent unnecessary institutionalization. The
2 Committee shall meet on a bi-monthly basis and shall serve to
3 identify and advise the Department on present and potential
4 issues affecting the service delivery network, the program's
5 clients, and the Department and to recommend solution
6 strategies. Persons appointed to the Committee shall be
7 appointed on, but not limited to, their own and their agency's
8 experience with the program, geographic representation, and
9 willingness to serve. The Director shall appoint members to
10 the Committee to represent provider, advocacy, policy
11 research, and other constituencies committed to the delivery
12 of high quality home and community-based services to older
13 adults. Representatives shall be appointed to ensure
14 representation from community care providers including, but
15 not limited to, adult day service providers, homemaker
16 providers, case coordination and case management units,
17 emergency home response providers, statewide trade or labor
18 unions that represent home care aides and direct care staff,
19 area agencies on aging, adults over age 60, membership
20 organizations representing older adults, and other
21 organizational entities, providers of care, or individuals
22 with demonstrated interest and expertise in the field of home
23 and community care as determined by the Director.

24 Nominations may be presented from any agency or State
25 association with interest in the program. The Director, or his
26 or her designee, shall serve as the permanent co-chair of the

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

17 The Department on Aging and the Department of Human
18 Services shall cooperate in the development and submission of
19 an annual report on programs and services provided under this
20 Section. Such joint report shall be filed with the Governor
21 and the General Assembly on or before September 30 each year.

22 The requirement for reporting to the General Assembly
23 shall be satisfied by filing copies of the report as required
24 by Section 3.1 of the General Assembly Organization Act and
25 filing such additional copies with the State Government Report
26 Distribution Center for the General Assembly as is required

1 under paragraph (t) of Section 7 of the State Library Act.

2 Those persons previously found eligible for receiving
3 non-institutional services whose services were discontinued
4 under the Emergency Budget Act of Fiscal Year 1992, and who do
5 not meet the eligibility standards in effect on or after July
6 1, 1992, shall remain ineligible on and after July 1, 1992.
7 Those persons previously not required to cost-share and who
8 were required to cost-share effective March 1, 1992, shall
9 continue to meet cost-share requirements on and after July 1,
10 1992. Beginning July 1, 1992, all clients will be required to
11 meet eligibility, cost-share, and other requirements and will
12 have services discontinued or altered when they fail to meet
13 these requirements.

14 For the purposes of this Section, "flexible senior
15 services" refers to services that require one-time or periodic
16 expenditures including, but not limited to, respite care, home
17 modification, assistive technology, housing assistance, and
18 transportation.

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

23 The Department shall require, as a condition of
24 eligibility, enrollment in the medical assistance program
25 under Article V of the Illinois Public Aid Code (i) beginning
26 August 1, 2013, if the Auditor General has reported that the

1 Department has failed to comply with the reporting
2 requirements of Section 2-27 of the Illinois State Auditing
3 Act; or (ii) beginning June 1, 2014, if the Auditor General has
4 reported that the Department has not undertaken the required
5 actions listed in the report required by subsection (a) of
6 Section 2-27 of the Illinois State Auditing Act.

7 The Department shall delay Community Care Program services
8 until an applicant is determined eligible for medical
9 assistance under Article V of the Illinois Public Aid Code (i)
10 beginning August 1, 2013, if the Auditor General has reported
11 that the Department has failed to comply with the reporting
12 requirements of Section 2-27 of the Illinois State Auditing
13 Act; or (ii) beginning June 1, 2014, if the Auditor General has
14 reported that the Department has not undertaken the required
15 actions listed in the report required by subsection (a) of
16 Section 2-27 of the Illinois State Auditing Act.

17 The Department shall implement co-payments for the
18 Community Care Program at the federally allowable maximum
19 level (i) beginning August 1, 2013, if the Auditor General has
20 reported that the Department has failed to comply with the
21 reporting requirements of Section 2-27 of the Illinois State
22 Auditing Act; or (ii) beginning June 1, 2014, if the Auditor
23 General has reported that the Department has not undertaken
24 the required actions listed in the report required by
25 subsection (a) of Section 2-27 of the Illinois State Auditing
26 Act.

1 The Department shall continue to provide other Community
2 Care Program reports as required by statute.

3 The Department shall conduct a quarterly review of Care
4 Coordination Unit performance and adherence to service
5 guidelines. The quarterly review shall be reported to the
6 Speaker of the House of Representatives, the Minority Leader
7 of the House of Representatives, the President of the Senate,
8 and the Minority Leader of the Senate. The Department shall
9 collect and report longitudinal data on the performance of
10 each care coordination unit. Nothing in this paragraph shall
11 be construed to require the Department to identify specific
12 care coordination units.

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

22 The Director of the Department on Aging shall make
23 information available to the State Board of Elections as may
24 be required by an agreement the State Board of Elections has
25 entered into with a multi-state voter registration list
26 maintenance system.

1 Within 30 days after July 6, 2017 (the effective date of
2 Public Act 100-23), rates shall be increased to \$18.29 per
3 hour, for the purpose of increasing, by at least \$.72 per hour,
4 the wages paid by those vendors to their employees who provide
5 homemaker services. The Department shall pay an enhanced rate
6 under the Community Care Program to those in-home service
7 provider agencies that offer health insurance coverage as a
8 benefit to their direct service worker employees consistent
9 with the mandates of Public Act 95-713. For State fiscal years
10 2018 and 2019, the enhanced rate shall be \$1.77 per hour. The
11 rate shall be adjusted using actuarial analysis based on the
12 cost of care, but shall not be set below \$1.77 per hour. The
13 Department shall adopt rules, including emergency rules under
14 subsections (y) and (bb) of Section 5-45 of the Illinois
15 Administrative Procedure Act, to implement the provisions of
16 this paragraph.

17 The General Assembly finds it necessary to authorize an
18 aggressive Medicaid enrollment initiative designed to maximize
19 federal Medicaid funding for the Community Care Program which
20 produces significant savings for the State of Illinois. The
21 Department on Aging shall establish and implement a Community
22 Care Program Medicaid Initiative. Under the Initiative, the
23 Department on Aging shall, at a minimum: (i) provide an
24 enhanced rate to adequately compensate care coordination units
25 to enroll eligible Community Care Program clients into
26 Medicaid; (ii) use recommendations from a stakeholder

1 committee on how best to implement the Initiative; and (iii)
2 establish requirements for State agencies to make enrollment
3 in the State's Medical Assistance program easier for seniors.

4 The Community Care Program Medicaid Enrollment Oversight
5 Subcommittee is created as a subcommittee of the Older Adult
6 Services Advisory Committee established in Section 35 of the
7 Older Adult Services Act to make recommendations on how best
8 to increase the number of medical assistance recipients who
9 are enrolled in the Community Care Program. The Subcommittee
10 shall consist of all of the following persons who must be
11 appointed within 30 days after the effective date of this
12 amendatory Act of the 100th General Assembly:

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

15 (2) One representative of the Department of Healthcare
16 and Family Services, appointed by the Director of
17 Healthcare and Family Services.

18 (3) One representative of the Department of Human
19 Services, appointed by the Secretary of Human Services.

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

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

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

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

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

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

10 (10) One member of the Senate, who shall serve as
11 co-chairperson, appointed by the President of the Senate.

12 (11) One member of the Senate, who shall serve as
13 co-chairperson, appointed by the Minority Leader of the
14 Senate.

15 (12) One member of the House of Representatives, who
16 shall serve as co-chairperson, appointed by the Speaker of
17 the House of Representatives.

18 (13) One member of the House of Representatives, who
19 shall serve as co-chairperson, appointed by the Minority
20 Leader of the House of Representatives.

21 (14) One individual appointed by a labor organization
22 representing frontline employees at the Department of
23 Human Services.

24 The Subcommittee shall provide oversight to the Community
25 Care Program Medicaid Initiative and shall meet quarterly. At
26 each Subcommittee meeting the Department on Aging shall

1 provide the following data sets to the Subcommittee: (A) the
2 number of Illinois residents, categorized by planning and
3 service area, who are receiving services under the Community
4 Care Program and are enrolled in the State's Medical
5 Assistance Program; (B) the number of Illinois residents,
6 categorized by planning and service area, who are receiving
7 services under the Community Care Program, but are not
8 enrolled in the State's Medical Assistance Program; and (C)
9 the number of Illinois residents, categorized by planning and
10 service area, who are receiving services under the Community
11 Care Program and are eligible for benefits under the State's
12 Medical Assistance Program, but are not enrolled in the
13 State's Medical Assistance Program. In addition to this data,
14 the Department on Aging shall provide the Subcommittee with
15 plans on how the Department on Aging will reduce the number of
16 Illinois residents who are not enrolled in the State's Medical
17 Assistance Program but who are eligible for medical assistance
18 benefits. The Department on Aging shall enroll in the State's
19 Medical Assistance Program those Illinois residents who
20 receive services under the Community Care Program and are
21 eligible for medical assistance benefits but are not enrolled
22 in the State's Medicaid Assistance Program. The data provided
23 to the Subcommittee shall be made available to the public via
24 the Department on Aging's website.

25 The Department on Aging, with the involvement of the
26 Subcommittee, shall collaborate with the Department of Human

1 Services and the Department of Healthcare and Family Services
2 on how best to achieve the responsibilities of the Community
3 Care Program Medicaid Initiative.

4 The Department on Aging, the Department of Human Services,
5 and the Department of Healthcare and Family Services shall
6 coordinate and implement a streamlined process for seniors to
7 access benefits under the State's Medical Assistance Program.

8 The Subcommittee shall collaborate with the Department of
9 Human Services on the adoption of a uniform application
10 submission process. The Department of Human Services and any
11 other State agency involved with processing the medical
12 assistance application of any person enrolled in the Community
13 Care Program shall include the appropriate care coordination
14 unit in all communications related to the determination or
15 status of the application.

16 The Community Care Program Medicaid Initiative shall
17 provide targeted funding to care coordination units to help
18 seniors complete their applications for medical assistance
19 benefits. On and after July 1, 2019, care coordination units
20 shall receive no less than \$200 per completed application,
21 which rate may be included in a bundled rate for initial intake
22 services when Medicaid application assistance is provided in
23 conjunction with the initial intake process for new program
24 participants.

25 The Community Care Program Medicaid Initiative shall cease
26 operation 5 years after the effective date of this amendatory

1 Act of the 100th General Assembly, after which the
2 Subcommittee shall dissolve.

3 (Source: P.A. 101-10, eff. 6-5-19; 102-1071, eff. 6-10-22.)