

HB5957



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB5957

by Rep. Sandra M. Pihos

SYNOPSIS AS INTRODUCED:

320 ILCS 42/25

Amends the Older Adult Services Act. Provides that the restructuring of older adult services shall include the presence of at least one Department on Aging representative at each Human Capital Development office operated by the Department of Human Services or the Department of Healthcare and Family Services throughout the State.

LRB095 18463 DRJ 44549 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning aging.

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

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

6 (320 ILCS 42/25)

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

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

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

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

4 (3.5) Department on Aging presence. The Department on Aging
5 shall ensure that at least one representative of that
6 Department is present at each Human Capital Development office
7 operated by the Department of Human Services or the Department
8 of Healthcare and Family Services throughout the State.

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

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

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

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

25 (8) Enhanced transition and follow-up services. The
26 Department shall implement a program of transition from one

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

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

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

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

26 (12) Coordination of services. The Department shall

1 identify methods to better coordinate service networks to
2 maximize resources and minimize duplication of services and
3 ease of application.

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

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

21 (15) Medicaid nursing home cost containment and Medicare
22 utilization. The Department of Healthcare and Family Services
23 (formerly Department of Public Aid), in collaboration with the
24 Department on Aging and the Department of Public Health and in
25 consultation with the Advisory Committee, shall propose a plan
26 to contain Medicaid nursing home costs and maximize Medicare

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

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

23 (17) Financing. The Department shall investigate and
24 evaluate financing options for older adult services and shall
25 make recommendations in the report required by Section 15
26 concerning the feasibility of these financing arrangements.

1 These arrangements shall include, but are not limited to:

2 (A) private long-term care insurance coverage for
3 older adult services;

4 (B) enhancement of federal long-term care financing
5 initiatives;

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

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

9 (E) strategies to reduce reliance on government
10 programs;

11 (F) fraudulent asset divestiture and financial
12 planning prevention; and

13 (G) methods to supplement and support family and
14 community caregiving.

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

22 (19) Bed need methodology update. For the purposes of
23 determining areas with excess beds, the Departments shall
24 provide information and assistance to the Health Facilities
25 Planning Board to update the Bed Need Methodology for Long-Term
26 Care to update the assumptions used to establish the

1 methodology to make them consistent with modern older adult
2 services.

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

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

18 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;
19 94-766, eff. 1-1-07.)