

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 on Aging and the Departments  
15 of Public Health and Healthcare and Family Services shall  
16 develop a plan to restructure the State's service delivery  
17 system for older adults pursuant to this Act no later than  
18 September 30, 2009. The plan shall include a schedule for the  
19 implementation of the initiatives outlined in this Act and all  
20 other initiatives identified by the participating agencies to  
21 fulfill the purposes of this Act and shall protect the rights  
22 of all older Illinoisans to services based on their health  
23 circumstances and functioning level, regardless of whether

1 they receive their care in their homes, in a community setting,  
2 or in a residential facility. Financing for older adult  
3 services shall be based on the principle that "money follows  
4 the individual" taking into account individual preference, but  
5 shall not jeopardize the health, safety, or level of care of  
6 nursing home residents. The plan shall also identify potential  
7 impediments to delivery system restructuring and include any  
8 known regulatory or statutory barriers.

9 (2) Comprehensive case management. The Department shall  
10 implement a statewide system of holistic comprehensive case  
11 management. The system shall include the identification and  
12 implementation of a universal, comprehensive assessment tool  
13 to be used statewide to determine the level of functional,  
14 cognitive, socialization, and financial needs of older adults.  
15 This tool shall be supported by an electronic intake,  
16 assessment, and care planning system linked to a central  
17 location. "Comprehensive case management" includes services  
18 and coordination such as (i) comprehensive assessment of the  
19 older adult (including the physical, functional, cognitive,  
20 psycho-social, and social needs of the individual); (ii)  
21 development and implementation of a service plan with the older  
22 adult to mobilize the formal and family resources and services  
23 identified in the assessment to meet the needs of the older  
24 adult, including coordination of the resources and services  
25 with any other plans that exist for various formal services,  
26 such as hospital discharge plans, and with the information and

1 assistance services; (iii) coordination and monitoring of  
2 formal and family service delivery, including coordination and  
3 monitoring to ensure that services specified in the plan are  
4 being provided; (iv) periodic reassessment and revision of the  
5 status of the older adult with the older adult or, if  
6 necessary, the older adult's designated representative; and  
7 (v) in accordance with the wishes of the older adult, advocacy  
8 on behalf of the older adult for needed services or resources.

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

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

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

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

25 (7) Comprehensive delivery system. The Department shall  
26 expand opportunities for older adults to receive services in

1 systems that integrate acute and chronic care.

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

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

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

23 (11) Workforce. The Department shall develop strategies to  
24 attract and retain a qualified and stable worker pool, provide  
25 living wages and benefits, and create a work environment that  
26 is conducive to long-term employment and career development.

1 Resources such as grants, education, and promotion of career  
2 opportunities may be used.

3 (12) Coordination of services. The Department shall  
4 identify methods to better coordinate service networks to  
5 maximize resources and minimize duplication of services and  
6 ease of application.

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

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

24 (15) Medicaid nursing home cost containment and Medicare  
25 utilization. The Department of Healthcare and Family Services  
26 (formerly Department of Public Aid), in collaboration with the

1 Department on Aging and the Department of Public Health and in  
2 consultation with the Advisory Committee, shall propose a plan  
3 to contain Medicaid nursing home costs and maximize Medicare  
4 utilization. The plan must not impair the ability of an older  
5 adult to choose among available services. The plan shall  
6 include, but not be limited to, (i) techniques to maximize the  
7 use of the most cost-effective services without sacrificing  
8 quality and (ii) methods to identify and serve older adults in  
9 need of minimal services to remain independent, but who are  
10 likely to develop a need for more extensive services in the  
11 absence of those minimal services.

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

26 (17) Financing. The Department shall investigate and

1 evaluate financing options for older adult services and shall  
2 make recommendations in the report required by Section 15  
3 concerning the feasibility of these financing arrangements.  
4 These arrangements shall include, but are not limited to:

5 (A) private long-term care insurance coverage for  
6 older adult services;

7 (B) enhancement of federal long-term care financing  
8 initiatives;

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

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

12 (E) strategies to reduce reliance on government  
13 programs;

14 (F) fraudulent asset divestiture and financial  
15 planning prevention; and

16 (G) methods to supplement and support family and  
17 community caregiving.

18 (18) Older Adult Services Demonstration Grants. The  
19 Department shall implement a program of demonstration grants  
20 that will assist in the restructuring of the older adult  
21 services delivery system, and shall provide funding for  
22 innovative service delivery models and system change and  
23 integration initiatives pursuant to subsection (g) of Section  
24 20.

25 (19) Bed need methodology update. For the purposes of  
26 determining areas with excess beds, the Departments shall

1 provide information and assistance to the Health Facilities  
2 Planning Board to update the Bed Need Methodology for Long-Term  
3 Care to update the assumptions used to establish the  
4 methodology to make them consistent with modern older adult  
5 services.

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

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

21 (Source: P.A. 93-1031, eff. 8-27-04; 94-236, eff. 7-14-05;  
22 94-766, eff. 1-1-07.)

23 Section 99. Effective date. This Act takes effect upon  
24 becoming law.