



State of Illinois  
Illinois Department on Aging

# **OLDER ADULT SERVICES ACT**

## **(P. A. 093-1031)**

### **2023 REPORT TO THE GENERAL ASSEMBLY**

**JANUARY 2024**





## **AN EXECUTIVE SUMMARY FROM INTERIM DIRECTOR BECKY DRAGOO, MSN, RN**

To the Honorable Members of the Illinois General Assembly:

The following report is submitted as mandated by Public Act 93-1031, the Older Adult Services Act. This Act requires the Illinois Department on Aging (IDoA) to notify the General Assembly of its progress toward compliance with the Act implemented on January 1, 2006, and every January thereafter.

The report summarizes the work completed during calendar year 2023 towards fulfillment of the goals and objectives established by the Older Adults Services Advisory Committee (OASAC), as well as identifying rebalancing and home and community-based services priority areas, impediments to such progress, and makes recommendations including legislative action if appropriate. In 2023, the State lifted the public health emergency (PHE) after three years and began unwinding activities.

IDoA is immensely grateful to the leadership of Governor Pritzker and his Administration, the collaboration with our sister agencies, and acknowledges the members of OASAC as well as the many visitors and frequent guests who participate in meetings, subcommittees, periodic workgroups and contribute to the process of rebalancing the State of Illinois' long-term care delivery system for older adults. The overarching goal for these efforts is to assure that older adults across Illinois have accurate information and timely access to high quality services and supports in the community so that they and their families can access home and community-based services and supports at the right time, place, and price to continue to live safely in their own homes and neighborhoods.

IDoA also wants to acknowledge and thank the Department of Healthcare and Family Services, Department of Human Services, Department of Public Health, the Illinois Housing Development Authority and the Department of Veterans Affairs for their ongoing collaboration and contribution to OASAC. I am pleased to report that these agencies fully support the goals of the Older Adult Services Act and are assuring that State policies and practices promote the long-term care rebalancing as required in the Act. I would also like to recognize the leadership former Director Paula Basta provided towards OASAC's rebalancing mandate during her tenure at IDoA.

A list of OASAC meeting times, members, subcommittee members, workgroup members, meeting agendas, minutes, handouts, and materials that were presented and approved at each OASAC meeting are posted to the IDoA website at <https://ilaging.illinois.gov/> and are included in this report.

Please do not hesitate to contact me if you have any questions regarding this report.

Sincerely,

A handwritten signature in black ink, appearing to read "Becky Dragoo". The signature is fluid and cursive, with the first name "Becky" and last name "Dragoo" clearly distinguishable.

Becky Dragoo, MSN, RN, Interim Director  
Illinois Department on Aging

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## Meeting Dates

Full: February 27 // May 15 // August 21 // November 13

Executive: January 9 // April 10 // July 10 // October 16

CCP Medicaid Enrollment Oversight Subcommittee: February 7 // May 23 // September 5

## Rebalancing & HCBS Priority Areas:

Colbert & Williams Consent Decrees – Continue to receive updates on Implementation Plan activities, including deflections and reintegration efforts.

Data-driven Program Development & Information Technology – Continue to receive updates on IDoA's ongoing efforts to utilize data to drive programmatic decisions and improve outcomes. Continue to receive updates on IDoA Aging Cares IT reporting system development.

Dementia-Friendly Communities – Continue to learn more about and work with the Aging Network on the expansion of this model in the State and addressing the State Plan objectives.

Federal Level Changes Impacting Rebalancing – Continue to identify and track new and existing federal initiatives.

Healthy Aging/Prevention & Addressing Social Isolation – Continue to identify and research best practices and work with IDoA to disseminate educational materials and quality webinar training to the Aging Network. Receive ongoing ACL IL Care Connections grant updates and CCU and AAA outreach and referral activities for assisting seniors with obtaining tablets with technical assistance to address Social Isolation.

Managed Care – Continue engagement with HFS on learning how Managed Care impacts rebalancing; receive expansion updates, and information on the impact of Managed Care in Nursing Facility deflections and admissions.

Money Follows the Person (MFP) 2.0 – Work with HFS and DHS in the development and implementation of the re-launch of MFP in the State.

OASAC Subcommittees & Education – Identify and develop as needs arise.

OASAC Medicaid Enrollment Oversight Subcommittee – Continue to receive updates on the work of this Subcommittee and offer feedback to IDoA. Subcommittee sunsets on 9/5/23.

Workforce Stabilization – Expanded Workforce Stabilization Subcommittee has been initially convened. Report on State Interdepartmental workgroup activities.

Establish Legal Services Subcommittee to identify gaps and barriers that older adults are experiencing when accessing legal services (State Plan Strategy 5.5a).

Learn about OASAC Members Organizations – Continue to invite Members to present on their organization's mission and initiatives during OASAC meetings.

Persons who are Elderly Waiver Services – Continue to report on development of FMAP Incentive priority areas and roll out timeframes for new Waiver services.

Public Health Emergency & Unwinding – Educate Members on IDoA's Unwinding activities with the Aging Network.

## **Rebalancing Initiatives: Community Care Program & Persons who are Elderly Waiver**

### **Background/Enabling Legislation**

Established in 1979 by Public Act 81-202, the Illinois Department on Aging's (IDoA) Community Care Program (CCP) supports older adults, who might otherwise need nursing facility care, to remain in their own residence by providing in-home and community-based services and supports. The CCP provides services to any person who participates in an assessment and meets all current eligibility requirements. IDoA is the Operating Agency of the CCP, the Persons who are Elderly Waiver, one of the State's 1915(c) Waivers for home and community-based services under the federal Medicaid program managed by the Illinois Department of Healthcare and Family Services (HFS). CCP includes four Waiver services and Comprehensive Care Coordination as described below.

### **Comprehensive Care Coordination**

IDoA has 57 contracts with Care Coordination Units (CCUs) covering all 102 counties in the State within our 13 Planning and Service Areas (PSAs). The City of Chicago is divided into 12 Sub-Areas delineated by Zip Code. Suburban Cook County is delineated by Township. When a request for CCP is made CCUs meet and work with the individual and authorized representative(s) (if they choose) to complete a comprehensive assessment and determine eligibility for CCP including the requirement of applying for Medicaid. For individuals who are found to be eligible the CCU works with the participant/authorized representative(s) to develop a person-centered plan of care and set up Waiver services for the participant. After a participant is enrolled in CCP they receive 6-month follow up visits and an annual redetermination to ensure they are receiving the services they need. For individuals who are found to not be eligible for CCP, the CCU will still assist them with identifying other services and supports in their area that can assist them in remaining in the community (i.e., home delivered meals or connecting them with a senior center).

### **In Home Services**

In-Home Service is defined as general non-medical support by supervised homemaker aides who have received specialized training in the provision of in-home services. The purpose of providing in-home service is to maintain, strengthen and safeguard the functioning of participants in their own homes in accordance with the authorized person-centered plan of care.

### **Adult Day Services**

Adult Day Service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention and promoting social, physical, and emotional well-being in a structured setting. These services shall be provided pursuant to an ADS Addendum to the participant's person-centered plan of care. Reimbursement for transportation to and from ADS is also provided.

## Emergency home response service (EHRS)

EHRS is defined as a 24-hour emergency communication link to respond to emergent participant needs. EHRS is provided by a two-way voice communication system which may consist of a base unit that can be activated using landline, cellular, and/or internet-based access and a water-resistant activation device worn by the participant that will automatically link the participant to a professionally staffed support center. When the participant engages the system, the support center shall assess the situation and direct an appropriate response. EHRS equipment shall include a variety of remote or specialty activation devices from which the participant can choose in accordance with their specific need as outlined in their authorized person-centered plan of care.

## Automated Medication Dispenser (AMD)

AMD service is defined as a portable, mechanical system for individual use that can be programmed to dispense or alert the participant to take non-liquid oral medications through auditory, visual or voice reminders; to provide notification of a missed medication dose; and to provide 24-hour technical assistance for the AMD service in the participant's residence. The service may include medication specific directions or reminders to take other types of medications such as liquid medications or injections based on individual need. The AMD unit is connected to a IDoA approved support center through a telephone line or wireless/cellular connection in the participant's residence.

CY23 CCP Billed Waiver Client Counts by Program Eligibility*					
INH			ADS		
FFS Clients	CCP Non-Medicaid Clients	Total	FFS Clients	CCP Non-Medicaid Clients	Total
38,605	40,261	78,866	1,196	739	1,935
EHRS			AMD		
FFS Clients	CCP Non-Medicaid Clients	Total	FFS Clients	CCP Non-Medicaid Clients	Total
18,673	20,180	38,853	163	187	350
* Data based on CY23 CCP waiver billing and current HFS eligibility data as of 12/27/23.					

## CCP Choices for Care Screens:

Under the Choices for Care Program, CCUs screen and educate individuals in hospitals, nursing facilities, and in the community about all long-term care options, including Home and Community-Based Service (HCBS) options. This equips individuals with the information needed to make an informed choice about their options for long-term services and supports to prevent and/or reduce unnecessary institutionalization. As part of the Choices for Care consultation, CCUs determine eligibility for long-term care services and HCBS. CCUs conduct a Choices for Care screen for every individual aged 60 and older and \*every adult aged 18-59 (\*under an agreement with DHS-Division of Rehabilitation Services) when considering entry into a nursing facility or Supportive Living Program Setting (SLP), is at imminent risk of nursing facility placement, and in other select situations outlined in this policy. Nursing facility is defined as a location licensed under the Nursing Home Care Act, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or the Medicaid program under Title XIX of the Social Security Act. Choices for Care screen activity for CY 2023 is included in the grid below.

Choices For Care Screens in CY 2023								
PSA	Prescreen-Face to Face	Prescreen-Non-Face to Face	Weekend Prescreen	Presumptive Eligibility Screens	Current CCP Client w/ Screen	Current MCO Client w/ Screen	Total Choices for Care Screens	Total Choices for Care Post-Screens
01	6,230	1,816	136	5	582	18	8,787	342
02	26,435	2,006	2,171	65	1,577	50	32,304	794
03	3,260	879	289	6	293	4	4,731	255
04	4,588	30	528	50	195	26	5,417	71
05	8,450	573	658	78	608	22	10,389	188
06	971	65	13	-	82	-	1,131	23
07	3,661	208	267	26	340	40	4,542	135
08	5,403	110	-	4	674	-	6,191	747
09	1,537	215	78	6	86	67	1,989	244
10	858	87	28	9	73	33	1,088	246
11	2,149	165	17	33	235	114	2,713	235
12	14,371	29	1,460	949	1,604	72	18,485	75
13	23,464	768	3,844	668	1,610	39	30,393	260
							-	
<b>Total</b>	<b>101,377</b>	<b>6,951</b>	<b>9,489</b>	<b>1,899</b>	<b>7,959</b>	<b>485</b>	<b>128,160</b>	<b>3,615</b>
*1,117 Screenings included translation services.					Data from 1/1/2023 to 12/31/2023			

## Areas that Impacted CCP, Rebalancing & Post-Pandemic Unwinding Activities

### Illinois Care Connections

During COVID-19, IDoA received federal funding to target social isolation for older adults and persons with disabilities. IDoA partnered with the Illinois Assistive Technology Program (IATP) on the Illinois Care Connections (ICC) grant to provide technology bundles consisting of a tablet, keyboard, headphones, case, instructional manual, and Wi-Fi hotspot (if needed). The tablets were preloaded with apps such as Zoom and information was provided on online wellness and health resources. Persons age 60 or older receiving CCP services who were at risk of social isolation or were experiencing loneliness or a lack of connectedness were eligible for grant funding. Referrals for the grant were done through the CCUs.

In FY 2023, ICC received 560 referrals, with 65% of participants citing social isolation as their reason for requesting a tablet bundle. 66% of recipients selected an iPad while 34% requested a Samsung Galaxy tablet. ICC also provided 179 hotspots. 48% of recipients reported that they used their device more than 5 times per week and 83% reported that they would not have been able to obtain a tablet without ICC. 97% of all recipients reported being satisfied or highly satisfied with the program.

In FY 2024 IDoA expanded the scope of the grant, adding assistive technology devices and durable medical equipment (DME) to the available device options. IDoA also expanded the referral sources to AAAs, ADS sites, and AAA-funded entities such as senior centers. The current grant is for FYs 2024 and 2025 and persons age 60 or older living in Illinois are eligible and do not have to be a CCP participant. The funding is divided into two categories, with \$2 million for CCP participants and \$500,000 for non-CCP participants.

As of January 3, 2024, ICC has had 601 referrals. Most requests have been for tablets and hotspots, but the program has been receiving requests for mobility devices, vision or hearing adaptive equipment, or devices to help with activities of daily living. There have been 421 requests for iPads, 79 requests for an Android tablet, and 109 hotspots requested. CCUs and AAAs make up the bulk of the referral sources, with AAA-funded entities and ADS sites having a small but increasing number of referrals.

## **IDoA Colbert Pilot**

In collaboration with the previous Court Monitor, the Colbert Pilot (Pilot) was developed and implemented to test several strategies that could potentially enhance the Colbert Consent Decree transition processes currently conducted by the DHS-contracted Prime Agencies. IDoA contracted with three Cook County-based Care Coordination Units (CCUs) to implement the Pilot, including Catholic Charities Archdiocese of Chicago, CCSI Case Coordination LLC, and Premier Home Health Care Services. Each CCU employed a contract-funded Pilot Care Coordinator dedicated to focusing on outreach, utilizing the Choices for Care process in hospitals, visiting selected nursing facilities, and conducting pre- and post-transition activities. IDoA initially convened bi-monthly calls before moving to monthly calls after the CCUs settled into the processes. CCUs provided monthly data tracking spreadsheets to capture data relevant to the pilot discussed further below in this final report. The Pilot project period began November 1, 2022, and ended on October 31, 2023.

During the Pilot period the CCUs outreached to 479 individuals and conducted further outreach with the 49 individuals that met the eligibility requirements. Of the 49, comprehensive assessment and person-centered care coordination indicated that 10 individuals had the potential to transition to home and community-based services. At completion, three have transitioned (two to HCBS/waiver services, and one to SLP). The CCUs shared the cases of five Colbert Class Members, pending transition with DHS-funded Prime Agencies, who are also following the remaining two in facilities who are more complex cases. Data suggested several factors impacted the limited number of transitions, including the narrow eligibility criteria, non-Medicaid status, and short-term length of stay of the individuals who received the initial outreach.

## **MFP 2.0**

HFS is facilitating the roll out of the MFP 2.0 in coordination with State sister agencies, including IDoA. MFP will re-launch in calendar year 2024 and it will be a 4-year pilot. IDoA has been participating in the development of the Operational Protocol that will be the guidance that goes back to federal CMS. About 22 counties will be covered under the pilot and they will have dedicated transition coordinators, including four CCUs, that will identify people that can transition back to the community with services and supports.

## **Enhanced Choices Bridge Pilot**

IDoA approved a grant award for the Care Coordinated Alliance (CCA) to implement a Enhanced Choices Bridge Pilot. Two CCUs received funding from CCA to identify and follow people leaving hospitals that are frequent flyers or in real danger of being recidivated back into the hospital. They will have a dedicated Social Worker to follow these individuals for a period when they go home to make sure they stay in the community. Training on the Bridge model was provided by Rush hospital. A comprehensive report of activities, findings and recommendations will be completed. The one-year Pilot project started July 1, 2023.

## **Unwinding of the Public Health Emergency (PHE)**

As a result of the COVID-19 pandemic, the federal government declared a Public Health Emergency (PHE) that went into effect on January 27, 2020. The Families First Coronavirus Response Act legislation provided States with enhanced federal match in exchange for maintenance of effort tied to maintaining Medicaid customers' eligibility for Medicaid covered services. The federal Department of Health and Human Services (HHS) announced the expiration date for the PHE effective May 11, 2023. HFS, as the State Medicaid agency, took the lead in communication with sister agencies and customers to ensure that the Medicaid redetermination process progressed efficiently, and customers did not lose services. IDoA continuously communicated with the Aging Network to provide older adults with updates on the unwinding process.

Tied to the ending of the PHE are the flexibilities provided under Appendix K of the Elderly Waiver. States have six months from the ending of the PHE, November 11th, to determine if they want to continue any of the flexibilities provided under Appendix K via a Waiver amendment.

## **Change in the Asset Level**

IDoA has an established asset level for CCP eligibility of \$17,500. The asset level for Medicaid eligibility was \$2,000. In April, 2023 HFS made a determination to increase the asset level for participation in Medicaid to align with the CCP asset level effective May 10, 2023 via the filing of emergency rulemaking. The alignment of the asset level for Medicaid participation with CCP will expand access to Medicaid coverage for thousands of low-income older adults served by CCP. Additionally, the change will enable the State to increase its federal financial participation (FFP) due the increase in the number of older adults who enroll in Medicaid. IDoA has instructed its CCUs to assist with the Medicaid application process for those customers who did not previously have to apply for Medicaid due to having a higher asset level – between \$2,000 and \$17,500.

## **CCP Provider Rate increases**

IDoA submitted a Waiver amendment to increase the CCP rates for In-Home Services (INH), Adult Day Services (ADS), and Adult Day Services Transportation (ADS-T). The Waiver amendment was approved on December 19, 2023. The new rates are \$28.07 for INH, \$16.84 for ADS, and \$12.44 for ADS transportation. The rates are effective on January 1, 2024.

## **EHRS Waiver Service Expansion**

Emergency Home Response Services (EHRS) is one of IDoA's core Waiver services. Based on a review of data utilizing IDoA's Critical Event Reporting System which tracks participant falls with and without injury, IDoA recognized that adding fall detection technology to EHRS could result in better outcomes for older adults. Additionally, the current EHRS model utilizes a land unit that only functions when you are within a certain distance from the base unit, at the individual's home. IDoA took a step further to allow service for portable GPS units that allow for older adults to get out of their homes and in the community while still accessing EHRS services. Federal CMS has approved of the Waiver amendment and IDoA has filed the necessary administrative rule changes to add GPS and fall detection.

## **Legally Responsible Individual (LRI)**

During the public health emergency (PHE), Illinois along with most other states, submitted an Appendix K flexibility request to federal Centers for Medicaid and Medicare Services (CMS) to allow for needed flexibilities due to the COVID-19 pandemic. IDoA coordinated with HFS on the submission and requested a number of flexibilities for the Persons who are Elderly Waiver to address safety related concerns as well as workforce shortages due to the COVID-19 pandemic. One of those flexibilities that was requested and approved was the allowance for a Legally Responsible Individual (LRI) to provide in home services. LRI's include spouses, power of attorneys, representative payees, and legal guardians to serve as paid homecare aides. After much research of other state models and discussion with HFS and CMS, IDoA submitted a Waiver amendment to allow for LRIs that was approved on December 19, 2023 (long with the new rates noted above).

## **Record Retention Policy**

IDoA updated its Record Retention policy, and it was launched on July 6, 2023. The policy applies to CCUs and CCP providers providing fee for service under CCP. This policy includes a form checklist, and these requests go to our Office of General Counsel, and they get formal sign off from the Secretary of State. The policy includes three broad areas 1) getting permission to destroy boxes of paper copies of anything 5 years or older, 2) requesting to convert a document to PDF for any files that are less than 5 years, and 3) permission to destroy PDF files that are over 5 years.

## **FMAP priority areas**

The FMAP incentive allows for a 10% increase in federal financial participation (FFP) match that is coming from the federal government and tied back to COVID-19. IDoA's spending plan looked at reinvestment opportunities. The first service description changes address the enhancement of EHRS – adding fall detection technology and GPS. The focus area as outlined in the FMAP plan is adding home modifications or environmental modifications that will meet the needs of those we serve and prolong their stay in the community. IDoA continues its planning and research phase for all the other new services and sharing across with our sister agencies. An important date to track is March 25, 2025, which is the last opportunity under the FMAP incentive to move forward.

## **Managed Care for the Long-Term Care Population:**

Public Act 96-1501 ("Medicaid Reform") required that 50% of Illinois Medicaid clients be enrolled in some type of care coordination program. Care Coordination manages the care needs of an individual by providing the client a medical home with a primary care physician, referrals to specialists, diagnostic and treatment services, behavioral health services, inpatient and outpatient hospital services, dental services, and when appropriate, rehabilitation and long-term care services. The benefits of care coordination include better health for the member and a better quality of life for the member at a reduced cost. In 2018, Illinois transitioned its managed care programs into a more streamlined, Statewide integrated care coordination program with the implementation of HealthChoice Illinois.

As of January 1, 2023, almost 80% of Illinois Medicaid beneficiaries were enrolled in comprehensive, risk-based managed care programs with an MCO. For more enrollment information by county, MCO and managed care program by month, visit the Department of Healthcare and Family Services' (HFS) Facts & Figures page and the Care Coordination page on its website. Additional information on the Managed Care Programs is provided below.

## HealthChoice Illinois (HCI)

In FY 2024, HFS held contracts with a total of five (four Statewide, plus one Cook County only) qualified, experienced, and financially sound Managed Care plans to serve the HCI population, including:

- Families and children;
- Adults eligible for Medicaid under the Affordable Care Act;
- Seniors and adults with disabilities who are not eligible for Medicare;
- Dual Medicare-Medicaid eligible adults receiving certain Long-Term Services and Supports, referred to as the MLTSS population; and
- Special needs children, which includes Former Youth in Care and Youth in Care.

HCI covers a comprehensive set of benefits for all enrolled customers except the MLTSS population. MLTSS customers receive some long-term services and supports, along with some mental health and transportation services, from their HCI health plan. All other services for MLTSS customers are covered by Medicare and Medicaid fee for service.

## Medicare/Medicaid Alignment Initiative (MMAI)

The Medicare/Medicaid Alignment Initiative is an on-going three-way partnership between HFS, the federal Centers for Medicare and Medicaid Services (CMS), and health plans. MMAI reformed the way care is delivered to customers who are eligible for both Medicare and Medicaid services (dually eligible) by providing coordinated care and became a Statewide program on July 1, 2021. In FY2023, a total of five (5) MCOs contracted to provide services under MMAI.

MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports. Customers can opt out of MMAI at any time, as well as re-enroll at any time; however, customers that receive services in a nursing facility or under one of the Home and Community Based Services (HCBS) Waivers and request to opt out of MMAI are required to participate in the HCI program under MLTSS. More information can be found on the MMAI section of the HFS website.

## Enrollment Totals by Managed Care Program

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
December 1, 2022	91,414	2,909,303
December 1, 2023	96,142	2,797,664

## Colbert & Williams Consent Decrees:

### Background

On December 20, 2011, the State entered into a Consent Decree, settling the *Colbert v. Rauner* class action lawsuit, first filed in 2007. The lawsuit sought declaratory and injunctive relief to remedy alleged violations of Title II of the Americans with Disabilities Act (ADA), and Section 504 of the Rehabilitation Act and the Social Security Act. Plaintiffs alleged that members of the class were unnecessarily segregated and institutionalized in nursing facilities, and that they were denied opportunity to live in appropriate community integrated settings where they could lead more independent and productive lives. The Colbert Consent Decree requires the State to provide Class Members the necessary supports and services to allow Class members to live in the most integrated settings appropriate to their needs in community-based settings. Eligible Class Members must currently live in a nursing home located in Cook County and must be receiving or be eligible to receive Medicaid.

The *Williams vs. Quinn* (*Williams vs. Pritzker*) Class Action lawsuit was filed in 2005 and settled in 2010. The suit targeted an estimated 4,500 residents of former skilled nursing facilities (SNF) designated as Institutes for Mental Disease (IMDs), now classified as Specialized Mental Health Rehabilitation Facilities (SMHRFs), defined as having more than 50% of the residents with a diagnosed mental illness. The suit contended that the State violated the rights of residents by not affording them opportunities to move from these settings to the community, specifically to their own leased held apartments. While the State did not admit guilt, it entered into the Williams Consent Decree and annually adopts, with the agreement of the Court Monitor and Plaintiffs' Counsel, an Implementation Plan setting forth the State's targets and goals to obtain compliance with the Consent Decree.

The State is now entering into the 14th year of the original five-year Williams settlement. **Since implementation 3,657 residents of SMHRFs/IMDs have been transitioned to the community under Williams.** The State is now in the 11th year of the *Colbert* settlement. **Since implementation, 3,963 residents of Cook County nursing facilities have transitioned to the community under Colbert.** The majority of Class Members moved into lease-held apartments made possible by the Permanent Supportive Housing model with a bridge subsidy. Others were transitioned to other community-based settings as appropriate to their needs.

### Transition Targets for 2023

Although the numerical targets of 425 transitions per year in the Williams Decree and 550 for the Colbert Decree (which were established by the respective Court Orders) have been the standard targets for this objective, were not achieved, it is nonetheless remarkable that an extraordinary level of effort was maintained in FY2023 that has proven to be fruitful. The State achieved 338/425 Williams transitions (80%) and 549/550 Colbert transitions (99.8%) during FY2023. The combined target of 975 was attained by nearly 91% with 887 successful transitions.

Even during "normal" times, successfully transitioning 400 individuals to the community is dependent on several factors. Class members can decline participation by disregarding outreach efforts or refusing to be evaluated. A Class Member may be evaluated and found to not be clinically appropriate or ready for independent or supported community residence. Housing resources to meet the specific needs of transitioning individuals in the desired neighborhood of the individuals may be limited, at least temporarily.

## **Comprehensive Class Member Transition Program**

The *Comprehensive Class Member Transition Program (CCMTP)* relies on 11 community providers to deliver all Consent Decree services to Class Members, from outreach, assessment, service planning, SOAR, employment, and housing services, to community placement, transitioning, and care management in the community. Additionally, the 11 community providers, most of which are community mental health centers, provide community support services, including Assertive Community Treatment (ACT) and/or Community Support Teams (CST) services. In the process of transitioning interested Class Members to community housing, it is expected that the 11 chosen community providers will assure the provision of coordination services during transition that include: assistance with the housing search via in-house or subcontracted Housing Locators; developing a comprehensive individualized service plan that includes a risk mitigation plan and a 24 hour emergency back-up plan; assuring that entitlements are transferred and in effect; assistance with purchasing furniture and supplies; and, most importantly, assuring that linkages are completed for requisite services, especially needed mental health services as well as medical and other necessary services and supports.

Prior to calendar year 2020, DHS was the lead agency in implementing compliance with the Williams Consent Decree, and IDoA led the implementation of the Colbert Consent Decree. Because both the Williams and Colbert Consent Decree seek to address the community integration mandate of the *Olmstead* Supreme Court decision and provide services in the least restrictive and most integrated setting possible, the State believed that the operations of both programs should be combined to streamline and standardize processes across both consent decrees to improve service quality and heighten the State's compliance with the consent decrees. The Illinois Department of Human Services became the lead agency for both the Williams and Colbert Consent Decrees, and in February of 2020, the CCMTP pilot was launched. The CCMTP aimed to minimize handoffs between providers and mandates that one provider works with a Class Member along the entire continuum of services, from outreach through post-transition. The CCMTP model also increased provider capacity by providing expenditure-based funding coupled with outcome-based incentive payments.

## **Housing for Class Members**

Illinois has expanded housing resources for individuals with mental illnesses by implementing Permanent Supportive Housing (PSH), a specific Evidence Based model in which a consumer lives in a house, apartment, or similar setting, alone or with one other consumer upon mutual agreement. The criteria for supportive housing include: an income level at 30% or below Area Median Income, housing choice, functional separation of housing from service provision, the consumer's right to tenure, choice of services, service individualization, and service availability. Housing also incorporates affordable housing programs for persons who do not have mental illness (consumers pay no more than 30% of income on rent).

Permanent Supported Housing is provided in a manner consistent with the national standards for this evidence-based practice. The DHS Bridge Subsidy model provides tenant-based rental assistance designed to act as a "bridge" from the time the consumer is ready to move into his or her own housing unit until the time he or she can secure a permanent rental subsidy. Consumers who have a serious mental illness or a co-occurring mental illness and substance abuse disorder, or who are Colbert or Williams Class Members, whose household income is at or below 30% of Area Median Income (AMI) as defined by HUD are eligible to apply to the program. IDHS has targeted a defined population of consumers, including those in long term care facilities or at risk of being in a SMHRF. The goal is to promote and stabilize consumer recovery by providing decent, safe, and affordable housing opportunities linked with voluntary IDHS-funded community support services. In total, more than 4,500 Class Members/consumers of mental health or disability services have received subsidies.

## **Home and Community-Based Services for Class Members**

The State is responsible for ensuring the adequacy and appropriateness of treatment, services, supports, and housing necessary to offer Community-Based Services and supports to individuals transitioning from a SMHRF or SNF to the community, subject to the State-Plan and Medicaid service array. In FY22, the State conducted a capacity and gaps assessment for several service areas, including but not limited to: Assertive Community Treatment/Community Support Teams, Substance Use Disorder services, Peer Supports, Employment Supports, In-Home Waiver Services, and Housing (including both overall capacity/need by type of housing and geographic preferences of Class Members).

Currently, the CCMTP relies on 11 community providers to deliver all Consent Decree services to Class Members, from outreach, assessment, service planning, SOAR, employment, and housing services, to community placement, transitioning, and care management in the community. Additionally, the 11 community providers, most of which are community mental health centers, provide community support services, including Assertive Community Treatment (ACT) and/or Community Support Teams (CST) services.

## **Recovery Support Services for Class Members**

DHS encourages its 11 community providers to employ people with lived expertise of mental illness or community transition to deliver services to Class Members. IDHS also continues to engage NAMI to provide recovery support services through two separate programs – Peer Ambassadors and In-Home Recovery Support Specialists (IHRS). NAMI's services are available to both Williams and Colbert Class Members.

## **Employment Services: Individualized Placement & Support Employment Programs**

DHS/DRS and DHS/DMH IPS leaders presented to Prime Agencies regarding benefits of working and employment supports available to class members. An Employment Workgroup was formed, including Employment leaders in DHS, DRS, and DMH, to collaborate monthly to brainstorm and implement strategies to increase employment for Williams and Colbert class members.

## **OASAC CCP Medicaid Enrollment Oversight Sub-Committee**

The OASAC CCP Medicaid Enrollment Oversight Sub-Committee, created by Public Act 100-0587, held its last meeting on September 5, 2023. IDoA is pleased to report that enrollment in Medicaid for CCP and MCOs increased from 74.2% in February 2021 to 78.1% in August 2023. See the chart below by IDoA Planning and Service Area (PSA).

The increase in enrollment in Medicaid is most likely the result of multiple factors, including changes made to IDoA's mandatory Medicaid policy based on feedback from the Sub-Committee that required older adults between the ages of 60-64 to apply for Medicaid, the elimination of the grandfathering allowance that allowed older adults who enrolled in CCP prior to 2008 to not have to apply for Medicaid, the increase in the CCU rate for assisting older adults with the Medicaid application and re-application process, and the Public Health Emergency (PHE) which allowed older adults to remain on Medicaid until cessation of the PHE.

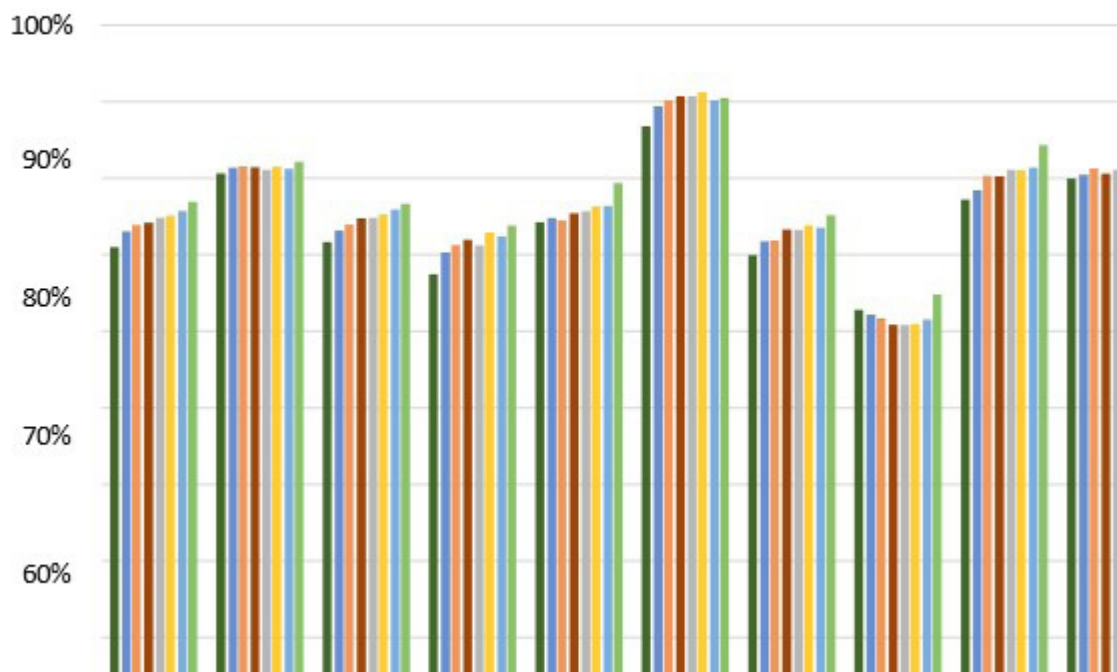
## Enrollment Trend

September 5, 2023 - Data as of August 22, 2023

CCP + MCO Medicaid Percentage by PSA								
PSA	Nov-21	Jan-22	Apr-22	Aug-22	Nov-22	Jan-23	Apr-23	Aug-23
01	71%	73%	74%	74%	75%	75%	76%	77%
02	80%	81%	81%	81%	81%	81%	81%	82%
03	71%	73%	74%	74%	75%	75%	76%	76%
04	67%	70%	71%	72%	71%	73%	72%	74%
05	74%	75%	74%	75%	76%	76%	76%	79%
06	87%	89%	90%	90%	91%	91%	90%	90%
07	70%	72%	72%	73%	73%	74%	73%	75%
08	63%	62%	62%	61%	61%	61%	61%	65%
09	77%	78%	80%	80%	81%	81%	81%	84%
10	80%	80%	81%	80%	81%	81%	81%	83%
11	75%	76%	75%	74%	75%	76%	77%	82%
12	74%	77%	77%	78%	78%	78%	78%	79%
13	74%	76%	76%	76%	76%	77%	77%	77%
Total	74.2%	76.0%	76.3%	76.4%	76.5%	76.8%	77.0%	78.1%

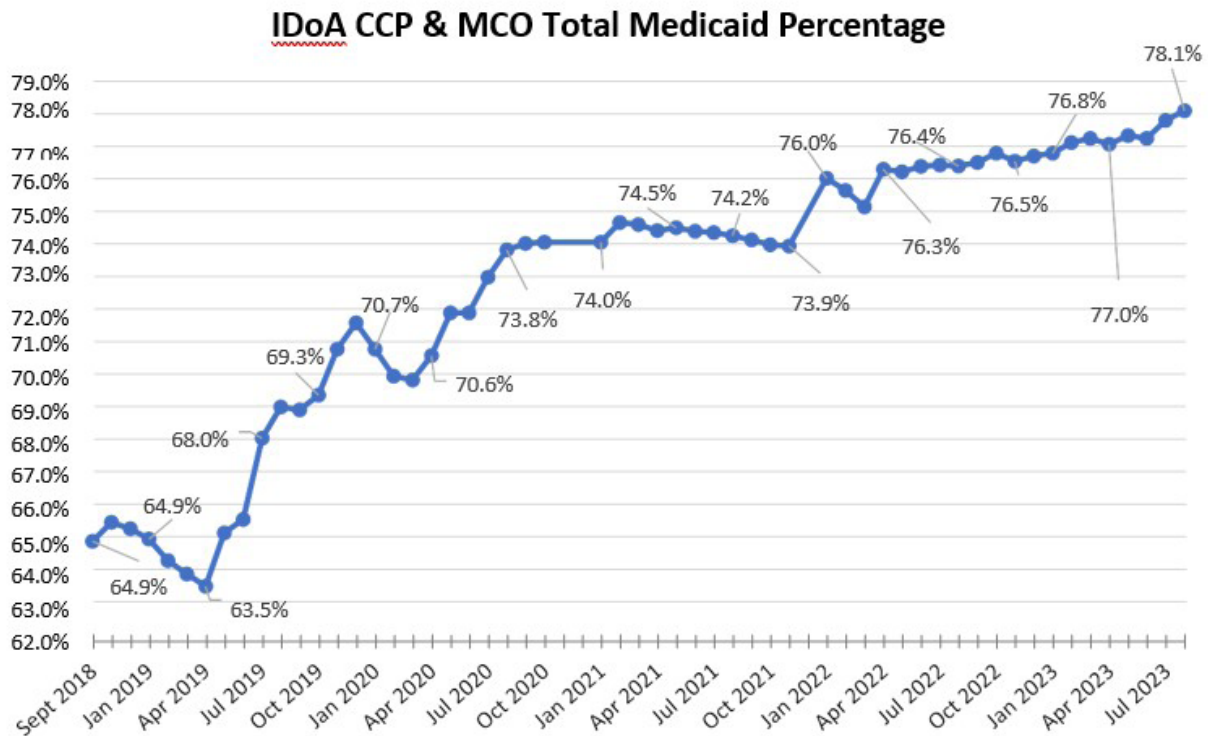
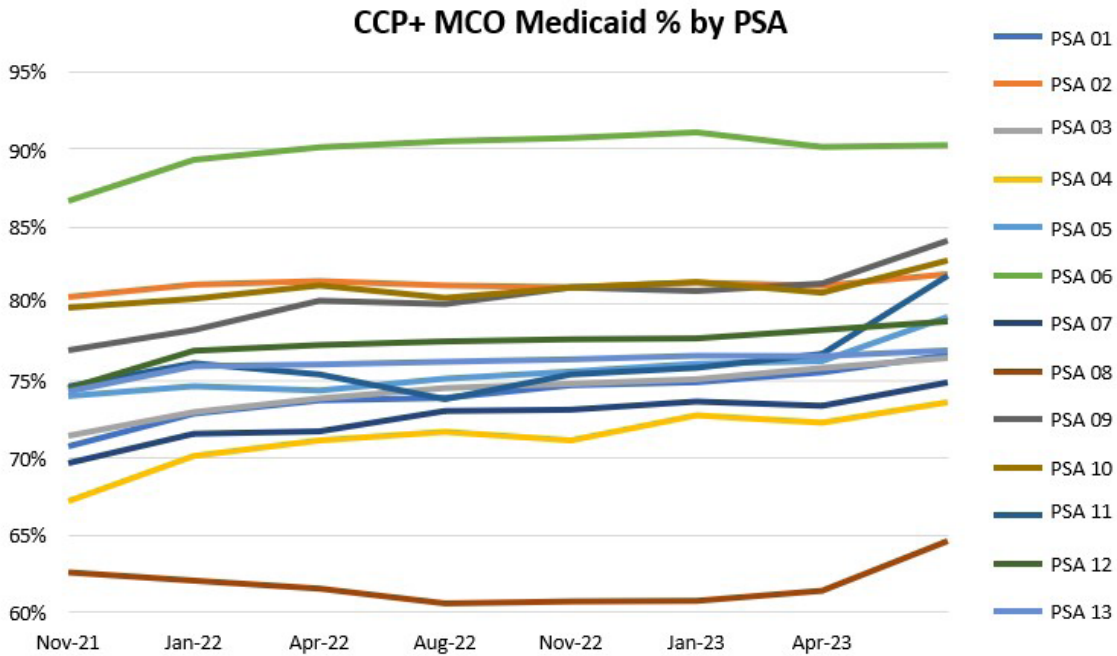
\*Based on Authorized participants

### CCP + MCO Medicaid % By PSA



## Enrollment Trend

September 5, 2023 - Data as of August 22, 2023



## Quarterly Enrollment Report

September 5, 2023 - Data as of August 22, 2023

PSA	Waiver Services provided by an MCO (all Medicaid)	Community Care Program (CCP)			Total CCP and MCO Participants
		Medicaid	Non-Medicaid	Total CCP Participants	
01	1,887	2,068	1,204	3,272	5,159
02	8,173	6,651	3,283	9,934	18,107
03	1,139	1,107	694	1,801	2,940
04	1,158	943	756	1,699	2,857
05	2,402	2,179	1,212	3,391	5,793
06	357	395	82	477	834
07	1,583	1,562	1,056	2,618	4,201
08	1,959	1,600	1,956	3,556	5,515
09	566	575	217	792	1,358
10	402	456	179	635	1,037
11	1,471	1,248	606	1,854	3,325
12	23,814	17,142	11,017	28,159	51,973
13	12,322	10,868	6,963	17,831	30,153
<b>Total</b>	<b>57,233</b>	<b>46,794</b>	<b>29,225</b>	<b>76,019</b>	<b>133,252</b>

### Totals from 1 year ago

<b>Total</b>	<b>52,747</b>	<b>45,444</b>	<b>30,390</b>	<b>75,834</b>	<b>128,581</b>
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Data as of August 18, 2022, shared at the September 6, 2022 meeting.

### Totals from 2 years ago

<b>Total</b>	<b>49,523</b>	<b>42,390</b>	<b>31,911</b>	<b>74,301</b>	<b>123,824</b>
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Data as of August 17, 2021, shared at the September 7, 2021, meeting.

### Totals from 3 years ago

<b>Total</b>	<b>44,217</b>	<b>40,349</b>	<b>30,036</b>	<b>70,385</b>	<b>114,602</b>
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Data as of August 25, 2020, shared at the September 8, 2020, quarterly meeting.

### Totals from 4 years ago

<b>Total</b>	<b>40,735</b>	<b>36,085</b>	<b>34,559</b>	<b>70,644</b>	<b>111,379</b>
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Data as of August 29, 2019, shared at the September 3, 2019, quarterly meeting.

**Totals from 5 years ago**

<b>Total</b>	<b>30,733</b>	<b>39,251</b>	<b>37,924</b>	<b>77,175</b>	<b>107,908</b>
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Data as of September 4, 2018, shared at the September 25, 2018, quarterly meeting.

Data Source: Authorized participants listed in IDoA Billing System compared to daily eligibility file from HFS.

## **Housing Initiatives**

### **The Low-Income Housing Tax Credit Program (LIHTC)**

Illinois Housing Development Authority (IHDA) administers Low Income Housing Tax Credits (LIHTC), which are a primary source for affordable housing production. IHDA makes LIHTC awards based on the applications it receives from developers, with both mandatory requirements and a point system outlined in its Qualified Allocation Plan (QAP). IHDA requires 5-10% of total project units be set aside for persons with disabilities, or who are experiencing or are at risk of homelessness and have incomes below 30% of Area Medium Income (AMI) through the Statewide Referral Network (SRN). Developers that agree to set aside additional units between 10% and 20% of their LIHTC units, or that commit to dedicating project-based rental assistance to these units receive substantial points in the QAP for making this voluntary election. New to the 2024-2025 QAP, is a PSH Track Scoring Option which provides a different point system for PSH projects, thereby allowing them to compete for LIHTC awards. Through the creation of the PSH Track, the QAP prioritizes the creation of PSH units as an option for individuals with disabilities and those at 30% AMI and below to live independently in the community with access to available services. As of December 2023, IHDA has financed a total of 23,539 age-restricted units with these tax credits.

### **ILHousingSearch.Org**

ILHousingSearch.org (ILHS) is a \*free and public housing locator website to find rental housing across Illinois. ILHS also helps property managers, owners, and landlords advertise rental properties at no charge throughout the State. Some unit characteristics detailed on the site include indoor and outdoor amenities, accessibility features, and application requirements. CCUs, Class Members, Community Mental Health Centers (CMHCs) and Housing Specialists can access this site, which lists housing by location, features, vacancy, and other criteria. \*It is funded by IHDA, IDoA, HFS, and DHS. The website also contains a Caseworker Portal for case managers, transition coordinators and housing locators to access three tools: Advanced Search, Saved Search and waiting lists.

### **The PAIR Module**

Embedded within the website is a case worker portal that requires a username and password in order to log in to the Prescreening, Assessment, Intake and Referral (PAIR) Module and access the two waiting lists for Statewide Referral Network Units and Section 811 Project Based Rental Assistance Units. CCUs, Housing Specialists and CMHCs have secure access to the internal Online Housing Waiting Lists or PAIR module that enables them to place CCP participants, Class Members and other eligible supportive housing populations on both of the waiting lists in order to access housing options that are exclusively available to targeted populations. More than 5,000 service providers around the State have been trained to use the online waiting list.

## **The Statewide Referral Network**

The Statewide Referral Network (SRN) links vulnerable populations (already connected to services) to affordable, available, supportive housing. The SRN includes units made affordable through Low Income Housing Tax Credits and other funding. Eligible supportive housing populations include persons living with disabilities or persons experiencing or at-risk of homelessness with very low incomes at or below 30% of Area Median Income (AMI). IHDA anticipates financing at least 200 new SRN units annually. Currently there are 2,767 SRN units active in the PAIR Module.

## **Section 811 Program**

The Section 811 Project Based Rental Assistance Program assists low-income households with long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports. The State has been awarded \$25.7 million from HUD under three funding rounds of the program. Section 811 PRA provides project-based vouchers to persons with disabilities who were coming out of nursing homes and other institutional facilities to help them transition back into the community. This money assists Illinois in its efforts to meet obligations set into place by the three consent decrees (Williams, Colbert and Ligas), as well as the Money Follows the Person Program and SODC closures.

In October 2023, HUD announced it was accepting applications for a 4th round of Section 811 funding, to which the State intends to apply, and Illinois Housing Development Authority (IHDA) continues to create 811 units with new and existing affordable housing projects. As of December 2023, 369 units have been Board approved by IHDA.

## **Permanent Supportive Housing Development Program**

IHDA awarded projects under a 9th round and released requests for application for a 10th round in 2023 for the Permanent Supportive Housing Development Program. The program funds developments that serve extremely low-income persons with disabilities, persons experiencing homelessness and other vulnerable populations. These developments contain no more than 40 units. The 9th program round funded five developments with a total of 100 units and applications for round 10 will be due in January 2024. IHDA anticipates releasing a Request for Applications for an 11th round of PSH in 2024 based on funding availability.

## **Rental Housing Support Program & Long-Term Operating Support**

The Rental Housing Support Program (RHSP) provides rental assistance for households at or below 30% area median income (AMI) with 50% of the resources available set-aside for extremely low-income households at or below 15% AMI. IHDA administers the program across the State (except for City of Chicago) but contracts with Local Administering Agencies (LAAs) around the State who manage the program in their communities, including finding and screening eligible tenants. The program receives its funding from a \$18 charge on real estate document recording fees collected at the county level.

On a per year basis, a minimum of 10% of the funding under the RHSP is available as the Long-Term Operating Support (LTOS) Program. LTOS provides up to fifteen years of a long-term, project-based rent subsidy to newly available affordable units for households earning at or below 30% AMI. LTOS currently funds 209 units with the rental assistance subsidy.

## OASAC Meeting Highlights

### Long Live Illinois Campaign

IDoA collaborated with Kivvit on the Long Live Illinois Campaign. The public awareness campaign was directed at older adults to make sure that everyone is up to date on their COVID-19 vaccinations. A series of ads and materials were produced in 10 different languages both written and on-line, that included newspapers and radio announcements to ensure that all seniors received the messaging. The first step in the campaign was to research to make sure they knew where people were located who may have been under vaccinated or not vaccinated, who their trusted voices were, the population of the State, among other information. The campaign's kick off was held at the Illinois State fair last summer during Senior Day and was followed by presentations at several public events. They produced over 30 static graphics, ten videos and nearly a dozen pieces of printed materials that were distributed. Tool kits that include social media graphic videos and fact sheets that were translated into multiple languages were produced and are all available on the Department on Aging website.

### Homecare Ombudsman

Joe Danner shared that the purpose of the Ombudsman and HomeCare Ombudsman Programs are to ensure that residents of long-term care facilities and participants who live in the community have their rights respected, receive quality care, and live a dignified life at the highest practicable level. He described the program structure and the statutory authority for HomeCare Ombudsman Program (HCOP) that was amended in August 2013 to cover older adults and disabled adults living in the community. HCOP has now expanded and has offices both in Springfield and Chicago; advocacy services are provided Statewide. The goal of the HCOP is to provide education and advocacy to participants who receive services through the Medicare Medicaid Alignment Initiative (MMAI) and/or services through select Home and Community Based Services (HCBS) Waivers to reduce the risk of placement in a long-term care facility. HCOP educate participants about their rights as recipients of MMAI and HCBS Waiver services. They also work to investigate complaints made by or on behalf of these individuals. They engage in participant-directed advocacy, they do not act without the participant's permission. HCOP assists participants with filing appeals, serves as authorized representatives during the Fair Hearing process, files grievances, provides referrals and all of assistance and advocacy is free.

### Adult Day Services

Cindy Cunningham provided an update on ADS services. ADS are available for seniors and disabled adults and help with functional and cognitive impairments to help them remain in their homes. People go to the ADS in the day and go home in the evening when they can be with somebody else or by themselves if they live alone. All ADS centers provide a social opportunity and help with medical components. Some ADS serve special populations or specific ethnic groups. There are approximately 4,600 ADS centers in the United States and IDoA has about 47 contracted ADS providers. Prior to the pandemic ADS centers were serving over 3,300 clients a month for IDoA. A total of 56% of these ADS providers are not-for-profit.

ADS providers are required to have a nursing staff under IDoA regulations. All are required to provide meals and snacks that are nutritious. Some centers provide physical, occupational, and speech therapy. All IDoA contracted centers are required to provide or contract to provide transportation to and from the center, Health education, evidence-based programming is available to try to make an impact on the diseases that disabilities that the people they serve. The ADS centers also have various miscellaneous services, for example beauty shops, nurses that fill medication boxes, art, music, and entertainment.

The ADS centers are funded largely by IDoA, but some do private pay, and some clients are under Managed Care Organizations that are funded through Medicaid and Medicare programs. In addition, some of the centers may get funding from the Department of Human Services, Division of Rehabilitation Services or with the Veterans Administration long term care insurances. It was mentioned that the numbers are down, about 50% from prior to COVID. IDoA has made an active effort to recruit new ADS sites and collaborate with existing ADS sites to expand to areas with high minority populations.

### **Illinois Coalition to End Hunger**

Colleen Burns shared that the Illinois Commission to End Hunger is a public-private partnership dedicated to the belief that no one in Illinois should ever face hunger. As part of its effort to improve access and enrollment in federal nutrition programs, the Illinois Commission to End Hunger will be conducting a Statewide marketing campaign to promote these programs. They will be using a mixed method of marketing and dissemination strategy that will include materials that local agencies and community partners can use, a centralized website, and an advertising campaign. There is a toolkit available that includes a blurb, a slide deck, and talking points.

### **Legal Council for Health & Justice**

Legal Council is a legal services organization, and they serve individuals primarily in Cook County. Megan Carter provided an update on the work that Legal Counsel for Health Justice has done with older adults in the Medicaid program. Legal Counsel provides free civil legal services to clients with low-income throughout Cook County. Their goal is to provide legal services to help clients reach their full potential for well-being. They were founded 30 years ago as AIDS Legal Counsel and now serve clients with complex physical and mental health issues across the lifespan. Clients are referred to them through medical centers and health partners. Megan shared that one of their focus areas is helping individuals access Medicaid and making sure they receive the services they are eligible for and working through issues with managed care. They assist with other public benefits, social security issues, immigration eligibility for public benefits and many other areas including Medicare Savings program. Legal Counsel for Health Justice also advocates task force formation and was recently involved with the public charge rule that started in 2018 and 2019, that requires HFS to prepare a report and implement changes to streamline enrollment. Legal Counsel for Health Justice has been looking at the Medicaid Estate Recovery process in Illinois. Megan shared states can implement flexibilities and they wrote a white paper recommending changes and drafted legislation that was passed in 2021-22. This legislation will require HFS to no longer place liens on the homes of people in nursing homes and to implement a cost-effectiveness threshold before pursuing estate recovery.

### **Leading Age Illinois**

Jason Speaks provided a background on Leading Age Illinois and some of their initiatives. Leading Age is the State affiliate of two national associations. Leading Age has been around for 90+ years and they represent the full continuum of care for senior care and services (HCBS, Senior Housing, Life Plan Communities, Assisted Living, Supportive Living and Skilled Nursing & Rehabilitation). Speaks shared that they provide education to provider members of all types, annual meeting and expo, a senior living conference, and an honoring excellence awards program every year. The goal is to always provide the best care to seniors. Speaks shared that they will be having their annual Assisted Living Bootcamp in Springfield had providers throughout the State join them. Sheila Baker, the Deputy Director of the Office of Health Regulation was a presenter. They also have a Leading Leadership Academy with the goal of taking in new and experienced Executive Directors, future leaders and administrators on the Nursing Home side and train them on how to be better leaders for their staff and teams.

Speaks shared that one of their initiatives is bringing the CCRCs, Life Plan Communities to Illinois to provide seniors services in their homes, as long as feasible; recognizing that there are other segments of the continuum but understanding that some people want to stay home with their families. CCRCs are private pay and are no cost to the State. HB3060 just passed last week both House and Senate voted yes. The Department of Public Health will be charged with writing the rules for that program. Another initiative is regarding the sliding scale insulin in Assisted Living residency requirement. There is a rule that if a resident is unable to self-administer then they do not meet the residency requirement unless they get a private duty home care nurse to come in. Members feel that they already have a nurse in their community and those nurses know the residents best. HB3171 has also passed with all yes votes in both chambers is now headed to the Governor. HB1814 is another initiative that has passed, and it requires the formation of an assisted living advisory board, the Governor would appoint an assisted living advisory board, which would provide representatives, advocates, and stakeholders. There are currently about 550 assisted living facilities, and it makes sense to have an advisory board to look at issues, analyze and make recommendations. Adult Day Services is another priority initiative for Leading Age, they have an affiliation partnership with the Illinois Adult Day Services Association and are looking to expand and get additional funding.

### **Age Options Nutrition Innovations, Title 111C 1.5 Update**

Paul Bennett provided an update on the implementation of the grant they received from the federal Administration on Community Living (ACL). Age Options is addressing a gap between the Congregate Meal Program and the Home Delivered Meal Program by providing a culturally inclusive meal box delivery program. The meal box program provides 21 meals per week. The meals include consumer driven menus developed using food preferences data. The meal box program presents the potential for significant cost savings with providing the meal box costs ranging from \$4.00-\$6.00 per meal and the costs associated with a prepared congregate or home delivered meal ranging from \$10.00-\$14.00. The overall goal of the program is the modernization of nutrition infrastructure by targeting unmet needs within the older adult population.

### **Transitions of Care - Northwestern University**

Dr. June McKoy provided an update on a pilot program that is focused on keeping seniors out of long-term care. Stay Home provides older adults with the option of being visited by a homecare geriatric provider and Hospital at Home provides patients with the option to receive hospital level of care at home.

## **Sub-Committees**

### **Legal Services Sub-Committee**

Included in the State Plan on Aging is a strategy that speaks to the development of different strategies to address the goal of enabling older adults in the State and their families and other consumers to choose and access options that will support their ability to stay living independently in their home and community. Under the Older Americans Act legal services are targeted to individuals aged 60 and over and with the highest economic or social needs. IDoA established a time limited Subcommittee to identify gaps and barriers that older adults may experience when attempting to access legal services. A report of the findings will be provided at an OASAC meeting in 2024.

Workforce Stabilization Sub-Committee: The cross advisory council workforce stabilization sub-committee was formed to address one of the State Plan on Aging strategies to “stabilize the Aging workforce and partner with experts in the field to expand training opportunities and to ensure adequate capacity for services and supports in the Aging Network for the projected growth in the Aging population.”

The sub-committee is focused on short term, mid-range, and long-term goals. Short term goals include: continue discussion with other states and stakeholders, continue to invite and demonstrate the roles of other state agencies, mid-range goals – development of inter-governmental programs, development of career options for guidance counselors and development of a marketing campaign to attract workers, long term goals include the development of student loan forgiveness for the Aging Network workforce, and engagement of potential future workers – school aged, adults and older workers.

Bill Number	Sponsor	Synopsis of bill	Bill Passed
<a href="#">HB 780</a>	<b>Rep. Natalie Manley / Sen. Cappel</b> Grandparents Raising Grandchildren - Will County Pilot Program	Requires IDoA to develop and administer a Grandparents Raising Grandchildren Pilot Program in Will County beginning January 1, 2024 through January 1, 2027.	Signed by Governor 8/2/2023 Public Act 103-0411 Effective: January 1, 2024
<a href="#">HB 2718</a>	<b>Rep. Marcus Evans</b> Aging-Homemaker Wage Increase	Subject to federal approval, on and after January 1, 2024, rates for homemaker services shall be increased to \$28.07 to sustain a minimum wage of \$17 per hour for direct service workers. <b>SB 1298 – Medicaid Omnibus Bill</b>	Signed by Governor 6/16/23 Public Act 103-0102 Effective: January 1, 2024
<a href="#">HB 2831</a>	<b>Rep. Lindsey LaPointe</b> Task Force on Homelessness	Creates the Illinois Interagency Task Force on Homelessness. Includes the Director or his/her designee to sit on the task force.	Signed by Governor 7/26/23 Public Act 103-0269 Effective: July 26, 2023
<a href="#">HB 3223</a>	<b>Rep. Lindsey LaPointe</b> Aging-Adult Day Service Rates	Subject to federal approval, beginning on January 1, 2024, rates for adult day services shall be increased to \$16.84 per hour and rates for each way transportation services for adult day services shall be increased to \$12.44 per unit transportation. <b>SB 1298 – Medicaid Omnibus Bill</b>	Signed by Governor 6/16/23 Public Act 103-0102 Effective: Jan 1, 2024
<a href="#">SB 216</a>	<b>Rep. Mary Edly-Allen</b> Guardianship and Dementia Training	Amends the Guardianship and Advocacy Act. Provides that the guardianship training program shall include content regarding Alzheimer's disease and dementia. Amends the Probate Act of 1975. Requires a public guardian to complete a one-hour course on Alzheimer's disease and dementia within 6 months of appointment and annually thereafter.	Signed by Governor 6/9/23. Public Act 103-0064 Effective: January 1, 2024
<a href="#">SB 1814</a>	<b>Sen. Linda Holmes / Rep D. Avelar</b> - Assisted Living Advisory Board	Amends the Assisted Living and Shared Housing Act. Requires the Governor to establish an Assisted Living and Shared Housing Advisory Board with specified voting and nonvoting members. Provides that the Advisory Board shall be provided copies of any additions or changes to the Assisted Living and Shared Housing Establishment Code for review and comment prior to notice being given to the public. The Director of Aging is included to sit on this board and serve as a Vice-Chair and Ex-Officio Member.	Signed by Governor 6/30/23 Public Act 103-0231 Initial Members to be appointed by Jan. 1, 2024 Effective: January 1, 2023
<a href="#">SB1892</a>	<b>Sen. Mike Simmons / Rep H. Huynh</b> RTA - Continuation of Benefits	Amends the Regional Transportation Authority Act. Provides that public transportation benefits provided to a person with a disability by the Regional Transportation Authority or the Service Boards shall automatically renew unless discontinued by the person with a disability. Provides that benefits provided may not be suspended or discontinued pending a reevaluation of eligibility for those benefits.	Signed by Governor 6/30/2023 Public Act 103-0241 Effective: January 1, 2024

<a href="#">HB 1117</a>	<b>Rep. Natalie Manley / Sen. Meg Loughran Cappel</b> Hospice Program Licensing	Amends the Hospice Program Licensing Act. Provides that the Department of Public Health's standards for hospices owning or operating hospice residences shall address the number of persons who may be served in a hospice residence, which shall not exceed 24 (rather than 20) persons per location. Provides that the number of licensed hospice residences shall not exceed 16 (rather than 5) located in counties meeting specified population requirements.	Signed by Governor 6/30/2023 Public Act 103-0114 Effective: January 1, 2024
<a href="#">HB 1156</a>	<b>Rep. Charles Meier/ Sen. Jill Tracy</b> Long-Term Care Ombudsman Information	Amends the Assisted Living and Shared Housing Act, the Life Care Facilities Act, the Nursing Home Care Act, the MC/DD Act, and the ID/DD Community Care Act. Provides that establishments or facilities licensed under the Acts shall post on the home page of the licensed establishment's or facility's website specified information about the Department on Aging's Long Term Care Ombudsman Program	Signed by Governor 6/30/23 Public Act...103-0119 Effective: January 1, 2024
<a href="#">HB 2076</a>	<b>Rep. Anna Moeller/ Sen. Ann Gillespie</b> Distressed Facility Criteria	Requires the Department of Public Health to identify and publish a list of distressed nursing facilities quarterly.	Signed by Governor 6/30/23 Public Act 103-0139 Effective: January 1, 2024
<a href="#">HB 2188</a>	<b>Rep. Fred Crespo/ Sen. Patrick Joyce</b>	Transfers the responsibilities of the Illinois Medicaid Fraud Control Unit from the Illinois State Police to the Office of the Illinois Attorney General.	Signed by Governor 6/30/23 Public Act 103-0145 Effective: October 1, 2023
<a href="#">HB 2858</a>	<b>Rep. Katie Stuart/ Sen. Jil Tracy</b>	Amends the Adult Protective Services Act. Excludes from the definition of "mandated reporter" the State Long Term Care Ombudsman and the Ombudsman's representatives or volunteers when such persons are prohibited from making a report under a federal regulation. Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes: Amends the Illinois Act on the Aging. In provisions concerning the Long-Term Care Ombudsman Program, expands the definition of "access" to mean the right to inspect and copy (rather than inspect). Replaces everything after the enacting clause. Reinserts the provisions of Senate Amendment No. 1 with the following changes: Provides that any person may report information about the suspicious death of an eligible adult to an agency designated to receive such reports or to the Department on Aging. Contains provisions concerning the required testimony of a mandated reporter at an administrative hearing concerning the suspicious death of an eligible adult; the referral of evidence to the appropriate law enforcement agency; access to records concerning reports of suspicious deaths due to abuse, neglect, or financial exploitation; and other matters. Makes changes to the definitions of "abuse", "abuser", and "mandated reporter". Defines "investment advisor".	Signed by Governor 7/28/2023 Public Act 103-0329 Effective: January 1, 2024
<a href="#">HB 3733</a>	<b>Rep. Kevin Olickal/ Sen. Ram Villivalam</b> Labor-Work-Related Notices	Makes several minor changes to existing labor law to allow employees to receive personnel documentation electronically and other related changes.	Signed by Governor 6/30/23 Public Act...103-0201 Effective: January 1, 2024

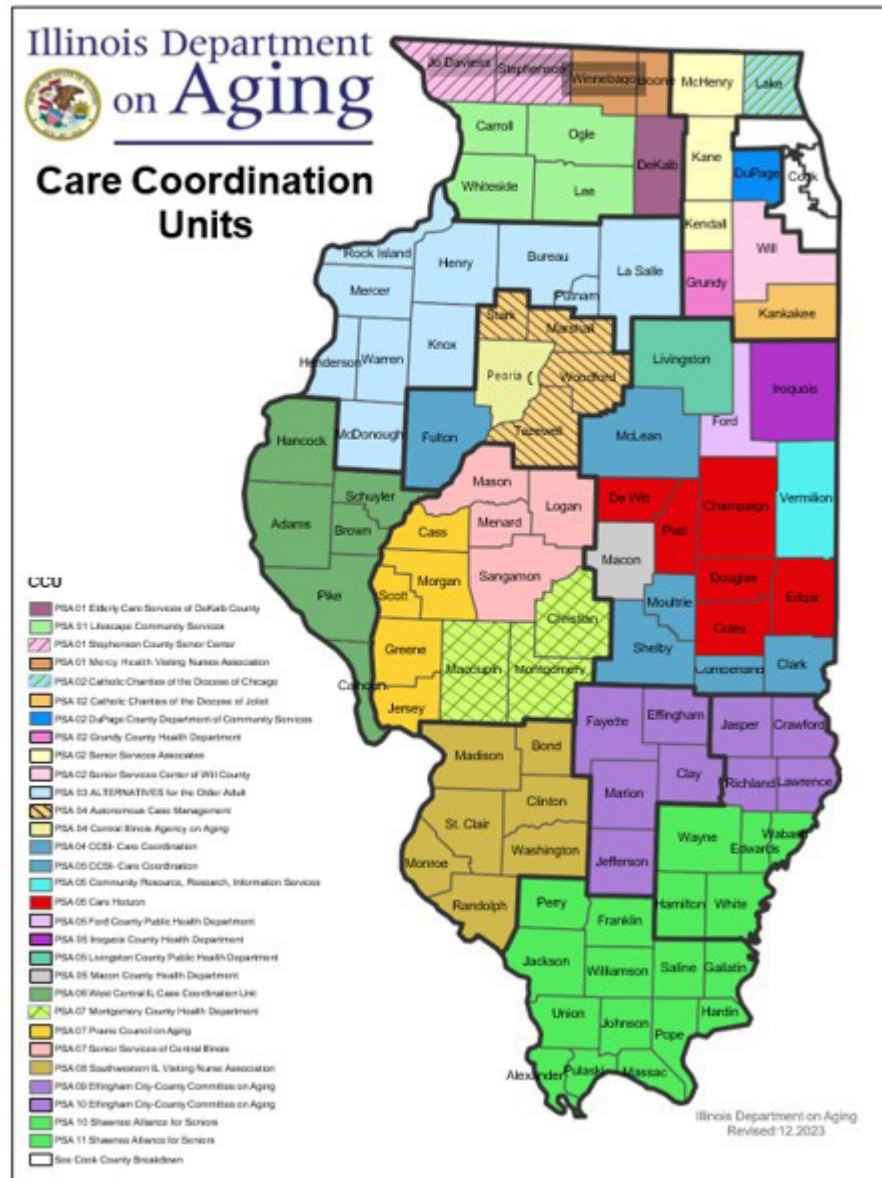
<a href="#">SB 1913</a>	<b>Sen. Laura Fine/Rep. Jenn Ladisch Douglass</b> Ins-Health /Telehealth Services	Requires Medicaid coverage, whether through fee-for-service or managed care, of mental health and substance use disorder treatment or services delivered as behavioral telehealth services. Such services shall be reimbursed on the same basis as in-person encounters.	Signed by Governor 6/30/23 Public Act 103-0243 Effective: January 1, 2024
<a href="#">SB 2271</a>	<b>Sen. Omar Aquino/Rep. Bob Morgan</b> Home Health Services	Allows a professional license for a Home Nursing Agency to be valid for 240 (rather than 120) days. Removes the single license fee for multiple licenses and increases the fee for each single-home health agency license or renewal to \$1,500.	Signed by Governor 6/30/23 Public Act 103-0257 Effective: January 1, 2024
<a href="#">SB 2322</a>	<b>Sen. Jill Tracy/Rep. Charles Meier</b> Essential Support Person Act	Allows a resident in a healthcare facility to designate an individual to serve as an "Essential Support Person" who will have access to that resident despite other visitation restriction imposed on the public. Defines certain conditions, makes other changes.	Signed by Governor 6/30/23 Public Act...103-0261 Effective: June 30, 2023

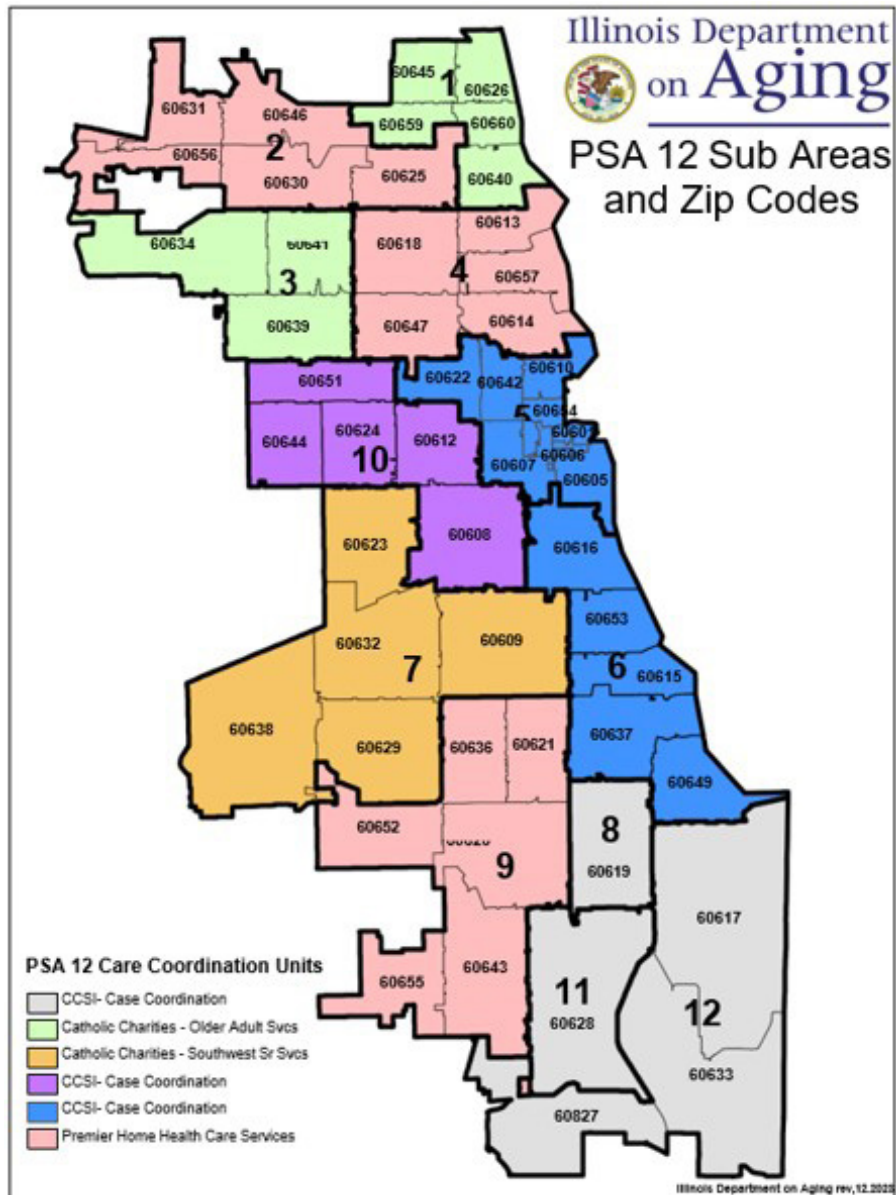
### 2023 Membership (\*\*denotes on Executive Committee)

**Sherry Barter Hamlin\*\*** (Nursing home or assisted living Establishments), **Paul H. Bennett**, MSW, PhD\*\* (Citizen member over the age of 60), **Amy S. Brown\*\*** (Nutrition), **Meghan Carter** (Legal), **Tracey Colagrassi**, MS (Statewide Senior Center Associations), **Theresa Collins** (Community Care Program Homemaker), **June McKoy**, M.D. (MD specializing in gerontology), **Cindy Cunningham** (Adult Day Services), **Kelly Fischer\*\*** (Hospice care), **Topaz Gunderson-Schweska \*\*** (Primary care service provider), **Lori Hendren** (Statewide organizations engaging in advocacy or legal representation on behalf of the senior population), **Linda Hubbartt\*\*** (Municipality, Township, County Representative), **Susan L. Hughes**, Ph.D. (Gerontology Health Policy Analyst), **Mike Koronkowski**, PharmD\*\* (Pharmacist, Specializing in Gerontology), **John Larson** (Nursing home or assisted living establishments), **Dave Lowitzki** (trade or union member), **Sharon Manning** (Family Caregiver), **Sara Jean Lindholm** (Citizen member over the age of 60), **Jae Mukoyama\*\*** (Nutrition), **David S. Olsen\*\*** (Alzheimer Disease and Related Disorders), **Kimberly (Palermo) Stoerger** (Nursing home or assisted living establishments), **Sandra Pastore** (Statewide Senior Center Associations), **Sara Ratcliffe**, CMP (Home Health Agency Representative), **Susan Real\*\*** (Illinois Area Agencies on Aging), **Jaqueline Rodriguez** (Trade or union member), **Walter Rosenberg**, MSW, MHSM, LCSW (Health care facilities licensed under the Hospital Licensing Act), **Gustavo Saberbein\*\*** (Family Caregiver), **Katherine Honeywell** (Case management), **Jason Speaks** (Nursing homes/SLFs Representative), **Suzanne Courtheoux** (Illinois Long-Term Care Ombudsmen), **Ancy Zacharia** (Advanced practice nurse with experience in Gerontological nursing)

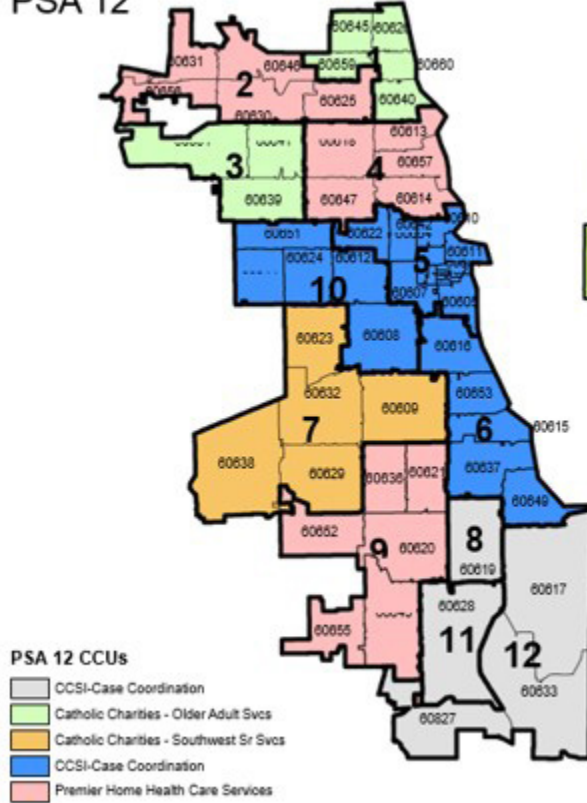
### State Members (Ex-officio and nonvoting)

**Paula A. Basta**, Director\*\* IDoA (Chair), **Lisa Gregory\*\*** HFS (Vice-chair), **Erin Rife\*\*** IDPH (Vice-chair), **Lyle VanDeventer \*\*** DHS, **Evan Ponder\*\*** IHDA, IHDA, **Kelly Richards** LTCOP, **Angela Simmons** IDVA.

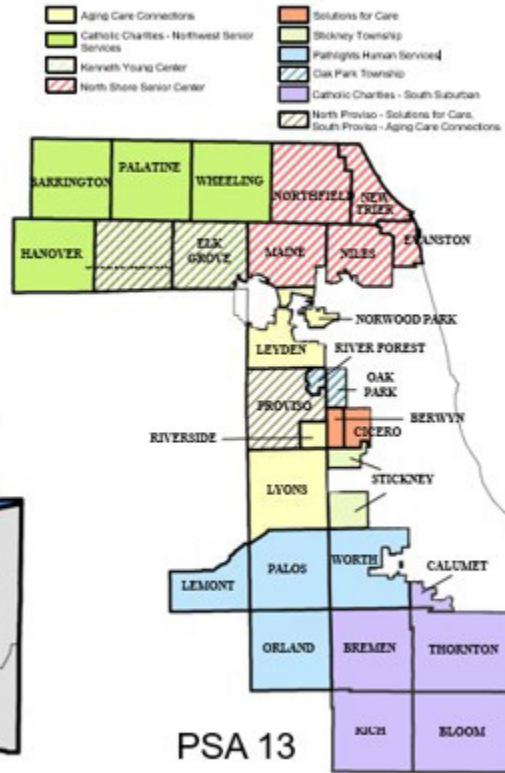




## PSA 12



## PSA13 CCUs



## PSA 13

Illinois Department on Aging- rev. 12.2023



**State of Illinois, Department on Aging**

One Natural Resources Way, #100

Springfield, Illinois 62702-1271

[ilaging.illinois.gov](http://ilaging.illinois.gov)

**Senior HelpLine** (8:30am – 5:00pm, Monday – Friday):

**1-800-252-8966; 711 (TRS)**

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If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging.

For information call the Senior HelpLine: 1-800-252-8966; 711 (TRS).