



State of Illinois  
Illinois Department on Aging

# **OLDER ADULT SERVICES ACT**

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

**2024 REPORT  
TO THE GENERAL ASSEMBLY**

**JANUARY 2025**





## AN EXECUTIVE SUMMARY FROM ACTING DIRECTOR MARY KILLOUGH

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 2024 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.

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.

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,



Mary Killough, Acting Director  
Illinois Department on Aging

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## 2024 Meeting Dates

Executive meetings:	January 8 // February 15 // July 8 // October 21
Full OASAC meetings:	February 26 // May 13 // August 26 // November 18
Building the Bridge Sub-Committee meetings:	March 28 // May 2 // September 26 // November 14

### OASAC 2024 Rebalancing & HCBS Priority Areas:

Colbert & Williams Consent Decrees – Continue to receive updates on Implementation Plan activities, 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 and launch.

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 IL Care Connections grant updates and CCU and AAA outreach and referral activities for assisting older adults with obtaining assistive technology to address social isolation.

Managed Care – Continue engagement with the Department of Healthcare and Family Services (HFS) to understand 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 Department of Human Services (DHS) in the development and implementation on the re-launch of Money Follows the Person (MFP) in the State.

#### OASAC Subcommittees & Education –

- Workforce Stabilization Continue participation on the Community Care Program Advisory Committee (CCPAC) Workforce Stabilization workgroup. Report on State Interdepartmental workgroup activities.
- Learn about OASAC Members Organizations – Continue to invite Members to present on their organization's mission and initiatives during OASAC meetings.
- Other Subcommittees - Convene new Subcommittees as areas are identified.

Program of All-Inclusive Care for the Elderly (PACE) – Work with HFS on implementation of P.A. 102-0043. PACE provides comprehensive medical and social services to certain frail community-dwelling elderly individuals. CCUs will be the point of entry for all PACE as participants must have a DON level of care determination. Reimbursement for the program is through a monthly Medicare and Medicaid capitated rate. There are a total of eight PACE organizations in five Regions that are set to begin in June 2024.

Persons who are Elderly Waiver Services – Continue to report on development of FMAP Incentive priority areas and roll out time frames for new Waiver services and implementation of recently approved Waiver amendments.

## **OASAC Members' Presentation Highlights:**

### **Department of Veteran Affairs Update:**

Angela Simmons noted that the Illinois Department of Veterans Affairs' (IDVA) mission is to empower veterans and their families to thrive. They do this by assisting them in navigating the system of federal, State, and local resources and benefits; by providing long-term care health care for eligible veterans in their Veterans' homes; by partnering with other agencies and non-profits to help address education, mental health, housing, employment, and other challenges. IDVA is a 1,300-member team across the State helping veterans obtain earned benefits. There are 5 skilled nursing homes in rural and metro areas, and they connect veterans with VA hospitals and services. There are Veterans' Homes in Anna, Chicago, LaSalle, Manteno, and Quincy. Each of these homes are unique in setting and united in care. They are fully staffed with professionals who provide quality long-term person-centered skilled care and services. Each of the Homes are licensed by the Illinois Department of Public Health (IDPH) and certified by the U.S. Department of Veterans Affairs (USDVA) Medical Center of jurisdiction. Simmons shared that these Homes have a different code of regulations, but they do get surveyed by IDPH. She also clarified that they are not a Medicare certified facility, their certification is through the USDVA and go through a grueling federal survey each year.

The Veterans' Homes philosophy of care is that the homes' comprehensive model of care considers the medical, professional, and emotional needs of each resident. Veterans' needs are evolving, and they are poised to provide the care they need in a compassionate caring environment. Simmons shared that they are seeing more and more younger veterans with comorbidities as compared to WWII veterans, the younger the veterans the more health problems they have. They care for the whole person with medical care, nutrition, and activity programs.

### **PACE Implementation Update:**

Lisa Gregory shared that the PACE (Program of All-inclusive Care for the Elderly) is in five service regions throughout Illinois, three around the Chicago area, one in Peoria and one in the Metro East area. There is a statutory requirement to begin enrollment on June 1st. Lawndale Christian Health Center and OSF Health-care Systems have both received their agreement from federal CMS which allows them to begin marketing and enrollment activities. Esperanza Health Centers will receive their agreement in the very near future. Productive meetings have taken place with IDoA, HFS and CCU's. A draft referral form for CCUs to complete a Determination of Need (DON) for PACE eligibility is being developed.

## AARP Updates

Lori Hendren noted that AARP has offices in Chicago and Springfield, but that they do community work across the State. AARP is pleased to have joined the Multi-Sector Plan on Aging, as it's a big priority and thanked IDoA and all the groups who've worked to make it possible. Pathways to Care was an AARP commissioned study across the State last year, focusing on the needs of family caregivers and further understanding Illinoisans specific needs. There is a need for a one stop shop when you are in a point of crisis. The Caregiver Portal will be that one stop shop and full implementation is planned for 2027. The following links were shared with OASAC members.

- Pathways to Care report: <https://www.aarp.org/pri/topics/ltss/family-caregiving/experiences-with-long-term-care.html>
- Full study report: <https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/pathways-to-care-experiences-with-long-term-services-and-supports-in-illinois.doi.10.26419-2fppi.00226.001.pdf>
- State of IL caregiver info: <https://www.aarp.org/pri/topics/ltss/family-caregiving/valuing-the-invaluable-2015-update/>

## Multi-Sector Plan on Aging:

Acting Director Mary Killough announced that Governor Pritzker signed an Executive Order (EO) to create a Multi-sector Plan (MPA) for Aging. The planning process will entail an assessment of the aging process in Illinois and develop a plan to address the anticipated growth in Illinois' aging population. By 2030, 25% of Illinoisans will be over the age of 60.

The planning process will be comprehensive with a focus on involvement of sister agencies and strong stakeholder involvement. The MPA will be a comprehensive strategic plan that includes measurable outcomes for calendar years 2026 through 2036 with the goal of strengthening Illinois as an aging-friendly state. The plan may recommend actions to:

- Address age-related demographic changes and their impact,
- Strengthen care infrastructure and support caregivers,
- Improve the quality, accessibility, and availability of long-term services and supports to better enable older persons to remain in their homes and communities,
- Protect financial security and prevent fraud and financial exploitation,
- Expand access to technology and bridge the digital divide, and
- Advance health equity in the context of aging.

Within the Executive Order (EO), the Governor created a role for a Chief Planner who will facilitate several groups. Additionally, the Executive Order creates an Inter-Agency Task Force on the MPA and a MPA Community Advisory Council. The goal is to gather information and feedback and present the MPA to the Governor and the General Assembly by December 31, 2025. An additional status report is required by the EO on December 31, 2026. IDoA received funding to bring on a Chief Planner which will be a contract position.

## **State Plan on Aging**

Sandy Pastore presented the findings from the FY2026-2028 Illinois State Plan on Aging roundtable discussions. The goal of the State Plan on Aging is to integrate overarching findings and goals from the Regional Area Plans to create a comprehensive actionable State Plan on Aging with data driven performance measures that moves Illinois forward in better supporting older people and family caregivers. The draft Plan will be written by the end of this year and will be shared with the public and IDoA's advisory councils, including OASAC, for comments and feedback.

## **Alzheimer's Association Illinois Chapter Updates:**

David Olsen, the Director of the State Affairs for the Alzheimer's Association, Illinois Chapter, presented updates. The Alzheimer's Association is working with IDoA and all the stakeholders to advance public policy and services for those living with Alzheimer's disease and all other dementias as well as all older adults across the State. In 2024, the Alzheimer's Association led support for Senate Bill 3318, first-in-the-nation legislation to ensure the 440,000 individuals covered by State employee insurance have access to groundbreaking treatments to slow the progression of Alzheimer's disease. This legislation was passed by the General Assembly and signed into law by the Governor. Additionally, the Association supported efforts to create a Statewide repository for advance directives hosted by the Secretary of State, which would allow access to these important documents by healthcare providers and paramedics.

## **Illinois Healthcare Association Updates:**

Kimberly Stoeger with the Illinois Healthcare Association provided an update on the Association's initiatives. The Association represents 400 facilities throughout the state. An ongoing focus of the Association is workforce issues, specifically recruitment and retention. Stroger noted that they are members of a national charter of American Healthcare Associations who can access what other states do for comparisons, which is especially beneficial when negotiating legislation policies.

# **COMMUNITY CARE PROGRAM, CHOICES FOR CARE, MANAGED CARE & OTHER REBALANCING INITIATIVES**

## **Community Care Program: Background/Enabling Legislation**

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 (20 ILCS 4.02). 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 programs. 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 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 homecare 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 (ADS) 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) & New Enhancements to the Service**

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 assesses the situation and directs an appropriate response. EHRS equipment includes 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.

Utilization of the Emergency Home Response (EHRS) service expanded owing to an increase in IDoA's Federal Medicaid Assistance Percentage during Public Health Emergency (PHE) and an increasing number of falls and critical events reported on the Critical Event Reporting Application (CERA). After receiving approval from federal CMS in 2024, IDoA launched the EHRS service with enhancements. The original EHRS 24-hour emergency communication link to an external support center is available via a 2-way communication using a base unit activated using a landline, cellular, and/or internet-based access and a water-resistant activation device worn by the customer. However, EHRS options now include EHRS with Global Positioning Service (GPS) which allows EHRS activation to be answered by the call center when the participant is away from home. EHRS with Fall Detection technology is used to evaluate a person's movements and will detect sudden movement that would indicate a fall. If a fall is indicated, the EHRS call center will check on the participant and assess the situation. A third option includes both options - the EHRS with Fall Detection and GPS. Other changes in the EHRS installation forms, equipment operation, and authorization forms were reviewed. IDoA continues to use data to drive policy and service expansion decisions. The policy has been updated and a new brochure were created to reflect the expanded EHRS services.

### 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.

#### CY24 CCP Billed Waiver Client Counts by Program Eligibility\*

INH		
FFS Clients	CCP Non-Medicaid Clients	Total
37,838	43,818	81,656

  

EHRS		
FFS Clients	CCP Non-Medicaid Clients	Total
18,145	21,213	39,358

ADS		
FFS Clients	CCP Non-Medicaid Clients	Total
1,066	866	1,932

  

AMD		
FFS Clients	CCP Non-Medicaid Clients	Total
140	171	311

\*Data based on CY24 CCP waiver billing and current HFS eligibility data as of 12/23/24.

### CCP & MCO Enrollment Update

IDoA staff continue to share the CCP Medicaid enrollment even though the statutorily required OASAC Medicaid Oversight Committee that utilized this data to track progress sunsetted in September 2023. The most recent CCP Enrollment Report through November 2024 is provided below. OASAC members have requested additional information on the transition of individuals from an MCO to CCP in 2025.

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	1,816	2,470	751	3,221	5,037
02	8,446	7,613	2,726	10,339	18,785
03	1,096	1,247	575	1,822	2,918
04	1,062	1,078	350	1,428	2,490
05	2,150	2,572	777	3,349	5,499
06	297	405	55	460	757
07	1,385	1,981	721	2,702	4,087
08	1,900	2,225	659	2,884	4,784
09	471	644	32	676	1,147
10	368	513	54	567	935
11	1,354	1,466	139	1,605	2,959
12	22,829	20,544	9,593	30,137	52,966
13	12,348	12,986	5,950	18,936	31,284
<b>Total</b>	<b>55,522</b>	<b>55,744</b>	<b>22,382</b>	<b>78,126</b>	<b>133,648</b>

## 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). 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. 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 2024 is included below.

<b>Illinois Department on Aging CCP Choices for Care Pre- and Post-Screens FY 24</b>		
<b>Planning and Service Area</b>	<b>Pre-Screens</b>	<b>Post-Screens</b>
PSA 1	7,348	487
PSA 2	27,261	1,377
PSA 3	3,367	408
PSA 4	4,645	94
PSA 5	9,606	224
PSA 6	971	43
PSA 7	3,700	141
PSA 8	3,836	913
PSA 9	1,943	380
PSA 10	1,003	366
PSA 11	2,350	451
PSA 12	18,602	259
PSA 13	27,540	586
<b>Total</b>	<b>112,172</b>	<b>5,729</b>

## Training Bureau

Under the Division of Planning, Research, Development & Training, Training Bureau staff are responsible for providing training to specific staff contracted with Care Coordination Units (CCUs) and Community Care Program (CCP) Providers. CCP is the Home and Community Based Service Waiver for elderly persons in Illinois. New Care Coordinators and homecare supervisors are certified monthly by training staff with face to face, comprehensive recordings, training booklets, and slides. Training staff have developed and revised training materials. Electronic training recordkeeping and participant management systems have been developed by training staff working extensively with DoIT. Training Bureau staff additionally develop and implement the Annual IDoA Conference. The Training Tracking Portal (TTP), Participant Search Screen (PSS), and the newest application, Aging Cares, have been developed for CCUs and CCP Providers to track

activities and document compliance. Aging Cares is being implemented Statewide in phases beginning December 2024. Aging Cares allows CCUs and CCP Providers real time access to and the ability to track data that currently is not easily accessible.

In FY24 IDoA Training staff:

- Trained and certified 304 new Care Coordinators
- Trained and certified 760 new Homecare Supervisors
- Conducted five new Provider trainings as part of the process for agencies to obtain a CCP agreement with IDoA

### **Coordinated Care Alliance – Enhanced Choices for Care Demonstration**

Bailey Huffman and Dana Franceschini with the Coordinated Care Alliance (CCA) presented an update on the Demonstration Program they are implementing in coordination with IDoA. The focus of the Enhanced Choices for Care Demonstration is to improve the integration of health and social models of care, strengthen collaboration amongst hospitals, community-based providers and the Aging Network, and expand utilization of the evidence-based Bridge Model. The program goals include reducing avoidable hospital re-admissions; reducing emergency room visits; reducing skilled nursing facility utilization; reducing healthcare facility leakage; decrease patient and caregiver stress; increase education of patient activation to manage their chronic conditions; connect the patient/family to quality long-term services and supports in a timely manner; increase patient and family satisfaction; and ensure individuals stay safely in the community.

### **Money Follows the Person 2.0**

HFS continues to develop the Operational Protocol of the Money Follows the Person (MFP) 2.0 launch in coordination with State sister agencies, including IDoA. The Operational Protocol provides the scope of work and the guidance for roll out that must be approved by federal Centers for Medicare and Medicaid Services (CMS). For IDoA, nursing facilities in about 22 counties will be covered under the pilot and have dedicated transition coordinators, including four CCUs, that will identify people that can transition back to the community with services and supports. The number of CCUs and counties covered may be adjusted.

### **Legally Responsible Individuals (LRIs)**

IDoA received federal CMS approval for its Waiver amendment that allows for Legally Responsible Individuals (LRIs) to serve as Homecare Aides. This Appendix K operational flexibility was allowed during the Public Health Emergency (PHE) in response to workforce shortages and to reduce the transmission of COVID. The flexibility required LRIs to provide in home services if the required training and criminal background check process were completed. These safeguards and education for paid caregivers will remain the same under the Elderly Waiver. The LRI model provides added flexibility and another choice for older adults who need in home services which is especially important due to the ongoing workforce challenges and the anticipated growth in the aging population.

### **Aging Cares**

IDoA provided an update on Aging Cares, the comprehensive case management system. Phase 1 of implementation is being targeted to the Care Coordination Units (CCU) and providers of our core services with a phase in approach beginning downstate in Planning and Service Areas (PSAs) 8, 9, 10 and 11. Aging

Cares will house the comprehensive assessment and Person-Centered Plans of Care (PCPOCs) for CCP with offline and online capability when working in the field.

## Emergency Senior Services

IDoA staff reviewed the FY24 Emergency Senior Services (ESS) Report. The ESS funds are managed by the Care Coordination Units (CCUs) with referrals generated by several different sources. ESS provides supports to both CCP and non-CCP participants, including clients who are eligible for Medicaid (both FFS and MCO) and non-Medicaid clients.

As identified in the chart below, nutrition-related assistance was the most requested form of support provided, followed by HVAC utility assistance and housing-related assistance. The highest number of clients assisted received activities of daily living (ADL) assistive technology support. In FY24, a total of 4,079 older adults received ESS assistance, which totaled \$2.9 M, which is inclusive of administrative costs. Average funding per individual was \$393.24. In FY25, IDoA is prioritizing the use of ESS funds to focus on reducing homelessness/risk of homelessness in older adults. Older adults are the fastest growing population in the State experiencing homelessness.

ESS Good/Service Provided Category	Total	# Distinct Individuals
Groceries/Nutrition	\$1,028,230.76	790
HVAC Utility Assistance	\$359,280.33	701
Housing Assistance	\$321,779.12	522
Home Furnishings	\$264,729.97	751
ADL Assistive Technology	\$226,582.36	1,019
Household Repairs/Minor Home Modifications	\$147,017.23	178
Medical Assistance Supplies*	\$90,707.06	255
Transportation Assistance	\$17,190.52	62
IADL Assistive Technology	\$13,730.06	87

## Illinois Care Connections

IDoA staff noted that the Illinois Care Connections (ICC) started in 2021 using federal ARPA funding to address social isolation among older adults and persons with disabilities during COVID by providing tablets and internet hotspots. When the federal funding expired, IDoA continued the program with state funding. In FY22 and FY23, ICC continued to offer CCP participants tablets and hotspots only, using \$2M in state funding. The program served 215 persons age 60+ in FY22 and 560 in FY23.

In FY24, the program was expanded in the following ways:

- Non-CCP older adults age 60+ were available for funding under the grant
- AAAs, ADS, and AAA-funded entities (such as respite providers or senior centers) as referring sources
- Added assistive technology (AT) and limited durable medical equipment (DME) to the tablet and internet bundles
- Increased the budget to \$2.5M a year with the additional \$500,000 dedicated to non-CCP participants and funded the program as a two-year instead of one-year grant

The expanded program requires an older adult to be age 60+ and living in the community, while persons living in assisted living, independent living, or skilled nursing facilities are ineligible for funding. The program also requires the older adult to have a functional, cognitive, social, or psychological need that caused difficulties functioning in the home/community or caused social isolation. ICC does not perform a means test to determine eligibility and participants are seen on a first-come, first-serve basis.

The initial year of this expansion saw rapid growth in the non-CCP participant population and from the new referring entity types, with 1,728 fulfilled referrals or nearly three times more referrals than in FY23.

In FY24, the non-CCP population comprised 45.0% of referrals and new provider types 64.5% of referrals. CCP referrals almost doubled from FY23, with 560 referrals in FY23 and 946 in FY24. ICC collects voluntary self-reported demographic and functional need information on all ICC recipients in compliance with the Illinois Equality and Racial Justice Act (ERJA).

Self-reported demographic data is available for the 1,728 program participants served in FY24. For the first time all surveyed racial and ethnic categories had at least one referral and all languages were represented other than Hindi. 3,155 pieces of equipment were given to ICC recipients in FY24, as participants may receive multiple devices if there is demonstrated need and funding is available. Tablets and other computer equipment were the most requested equipment, followed by devices to support activities of daily living. The following charts report Medicaid status, demographic information, and devices provided information for the 1,728 persons served by ICC in FY24.

<b>Race</b>	<b>CCP</b>	<b>Non-CCP</b>	<b>Total</b>	<b>Percent</b>
<b>American Indian/Alaska Native</b>	4	2	<b>6</b>	0.35%
<b>Asian/Asian American</b>	12	56	<b>68</b>	3.94%
<b>African American/Black</b>	207	241	<b>448</b>	25.93%
<b>Native Hawaiian and Other Pacific Islander</b>	3	0	<b>3</b>	0.17%
<b>Middle Eastern or North African</b>	4	3	<b>7</b>	0.41%
<b>White/European American</b>	667	421	<b>1088</b>	62.96%
<b>Two or More Races</b>	2	7	<b>9</b>	0.52%
<b>Some Other Race Alone</b>	25	30	<b>55</b>	3.18%
<b>Not Specified</b>	22	22	<b>44</b>	2.55%



Ethnicity	CCP	Non-CCP	Total	Percent
<b>Latina/Latino/Latinx/Hispanic:</b>	33	30	63	3.65%
<b>Other Hispanic, Latino/a, or Spanish origin</b>	28	33	61	3.53%
<b>Not Hispanic or Latino/a, or Spanish origin</b>	740	588	1328	76.85%
<b>Prefer Not to Answer:</b>	145	131	276	15.97%
<b>Total:</b>	946	782	1728	100%

Medicaid Status	AAA	CCU	ADS	AAA Funded	Other*	Totals
<b>CCP</b>	136	562	7	50	191	946
<b>Non-CCP</b>	491	51	0	53	187	782
<b>Total</b>	<b>627</b>	<b>613</b>	<b>7</b>	<b>103</b>	<b>378</b>	<b>1728</b>

\* The use of the "Other" category was discontinued in January 2024 when the ICC referral system was updated to make it easier to select provider type after program staff noticed discrepancies in how provider status was being reported using the option. "Other" only includes referrals from AAAs, CCUs, ADS, and AAA- funded providers and does not include any other types of referring providers as these are the only authorized types of entities.

## OASAC Member Survey

To potentially increase participation of OASAC members, IDoA staff in collaboration with OASAC member Paul Bennett, created a short survey to gather member feedback. There were 22 respondents from the 30-member committee (voting and ex-officio) who completed the 8-question survey. Overall, OASAC members expressed high satisfaction with the current OASAC meeting process. OASAC members discussed the survey results and are planning to hold more in-depth discussions to ensure feedback from members.

## Colbert & Williams Consent Decrees

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 15th year of the original five-year Williams settlement. **Since implementation 4,101 residents of SMHRFs/IMDs have been transitioned to the community under Williams.** The State is now in the 14th year of the *Colbert* settlement. **Since implementation, 4,391 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 FY2024**

The numerical targets of 425 transitions for the Williams Decree and 550 for the Colbert Decree (which were established by the FY24 Implementation Plans and approved by the federal judge) were achieved for Williams and nearly achieved for Colbert. This demonstrates a remarkable and extraordinary level of maintained effort in FY2024, which has proven to be fruitful. The State achieved 418/400 Williams transitions (105%) and 545/550 Colbert transitions (99%) during FY2024. The combined target of 950 was exceeded at 101% with 963 successful transitions.

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

The provisions of 15 ILCS 20/50-30 addressing Medicaid reform require that 50% of Illinois Medicaid clients be enrolled in some type of care coordination program. Managed Care Case Managers manage 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 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 a Managed Care Organization (MCO). For more enrollment information by county, MCO and managed care program by month, visit 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 Managed Long-term Services and Supports (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 FY2024, 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 about HCI and MMAI enrollment can be found on the HFS website: <https://hfs.illinois.gov/info/factsfigures/detailedmanagedcareenrollment.html>

## Enrollment by Managed Care Program

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
November 1, 2024	77,351	2,532,081

## 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).

Developers that agree to set aside between 10% and 20% of their LIHTC units for persons with disabilities, or who are experiencing or are at risk of homelessness and have incomes below 30% of Area Medium Income (AMI) receive substantial points in the QAP for making this voluntary election. As of December 2024, IHDA has financed more than 25,000 age-restricted units with these tax credits.

### IllinoisHousingSearch.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 and Waitlist Management staff conduct monthly trainings on an ongoing basis and targeted trainings to service providers upon request.

### 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 3,107 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. As of December 2024, 424 units have been Board approved by IHDA.

### **Permanent Supportive Housing Program**

IHDA awarded projects under a 10th round and released requests for application for a 11th round in 2024 for the Permanent Supportive Housing Development Program (PSHDP). The program funds developments that serve extremely low-income persons with disabilities, persons experiencing homelessness and other vulnerable populations. These developments typically contain no more than 40 units. The 2024 program 10th round funded fourteen developments with a total of 393 units and applications for round 11 will be due in February 2025. IHDA anticipates a 12th round of PSH applications in 2025 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 resource's 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 Building the Bridge Subcommittee–Final Report**

Following State agencies being challenged by Governor Pritzker's G.O.A.L. Initiative, IDoA leadership worked with former IDoA Director John Holton, now with the University of Illinois at Chicago, to create the Building the Bridge project. The goal was to develop a guide to providing services and supports for aging adults being released from carceral settings and was presented to OASAC on December 5, 2023. In addition to recommending the formation of an OASAC Subcommittee, the G.O.A.L. final report also recommended:

- Identifying best practices for connecting these individuals to State and community supports;
- Developing recommendations for materials, programs, and targeted ongoing outreach;
- Developing an actionable implementation plan including data collection and outcome tracking;
- Exploring opportunities to collaborate with sister State agencies to leverage existing resources and tools; and
- Exploring new services to address the comprehensive needs of this population.

## Subcommittee Participation

Meeting invites were shared with all OASAC members, ex-officio members, individuals receiving invites for OASAC meetings and subject matter experts representing State agencies involved with individual moving from carceral settings to the community. Participation varied on each of the calls based on interest and availability.

## Sister Agency Initiatives

- The Department of Healthcare and Family Services (HFS) has received federal approval for its 1115 Waiver extension. Included in the extension is a pilot initiative targeting pre-release benefits to support eligible incarcerated individuals. Incarcerated individuals who are Medicaid eligible will receive case management to assess and address physical and behavioral health needs and health related social needs, medication assisted treatment, services for substance use disorder, prescription medications, medical supplies and more. HFS has scheduled focus groups and has invited participation from the Subcommittee.
- The Governor's G.O.A.L. Team identified the Transforming Re-Entry Services (TRS) program. The TRS program works to create an equitable future for re-entry communities. TRS provides services through five departments, including: Health and Wellness, Social Economic Recovery, Advocacy, Capacity Building, International Programs and Services.
- The Illinois Housing Development Authority (IHDA) is coordinating with the Illinois Department of Corrections (IDOC) Parole Re-entry Group to establish a second round of the Re-Entry Demonstration Rental Housing Support Program, anticipated for 2025. The program's current targeting includes individuals 55 and older, persons with disabilities, and persons 35+ who have completed or are enrolled in post-secondary education and/or training and are leaving the state prison system. Currently, IHDA is funding four organizations under Round 1 of the program to support up to 75 units in Cook, Lake, Winnebago, Boone, Stephenson, and Champaign counties.
- The Illinois Department of Employment Security Reentry Employment Service Program provides assistance to individuals to overcome barriers to employment resulting from incarceration or a record of arrest or conviction.
- State agencies are coordinating to provide incarcerated individuals with information on community services and supports prior to release via Re-Entry Summits and via the Summit of Hope for individuals' post-incarceration. The Re-Entry Summits provide individuals who are incarcerated with assistance in completing applications for benefits (e.g., Medicaid, Social Security, SNAP benefits). This initiative allows for processing of the applications prior to release to enable the benefits to start at the time of release. IDoA outreach staff regularly participate in the Re-Entry Summits and provide individuals with information on all IDoA and Aging Network programs.

Incarcerated individuals frequently ask IDoA staff about the Benefit Access Program due to anticipated transportation needs, and the Community Care Program (CCP), specifically, whether individuals with a conviction can provide home care services to their family members. Home care aides must all meet the same pre-qualifications, including a background check, hiring conditions and pre-service training regardless of whether they are related to the CCP participant. There is an established waiver process administered by the Illinois Department of Public Health for certain types of convictions. IDoA staff direct individuals to contact the Senior Helpline with questions.

- The Illinois Department of Corrections is coordinating with Career and Technical Education departments to enhance access to educational opportunities for individuals' post-incarceration at three community colleges – Lakeland College, Kaskaskia College, and Danville Area Community College.
- The Illinois Department of Human Services- Division of Rehabilitation Services provides counselors to assist individuals who meet eligibility requirements for vocational rehabilitation and/or employment services.
- In addition to the sister agency activities, it was noted that IDoA-contracted Care Coordination Units are periodically asked to coordinate with staff at the carceral setting with individuals moving back into the community. This may include completing a comprehensive assessment and/or assisting with identifying other services and supports that may be available in the areas the individual is returning to.

### **Barriers to Successful Re-Entry**

- Access to affordable housing. The Illinois Department of Corrections is working to address this issue by coordinating with the individual and community agencies to arrange for housing prior to release.
- Need for proper identification to access services (e.g., access to cell phone services requires a two-factor authentication code). Recent legislation was signed into law (Public Act 103-0345) that amends the Illinois Identification Card Act and the Unified Code of Corrections. The Act requires the Secretary of State to issue a standard Illinois Identification Card to a person committed to the Department of Corrections or Department of Juvenile Justice upon receipt of the person's birth certificate, social security card, photograph, proof of residency upon discharge, and an identification card application.
- While individuals don't qualify for SSI or SSDI when they are in "incarceration status", older adults who may qualify for SSI or SSDI on release are not always connected to SSA's SSI prerelease application procedure, to get their applications considered in the months leading up to their release.

### **Future Initiatives**

- The Subcommittee discussed developing a resource guide that outlines the available State and federal resources. It was determined that the resources are currently available on the IDoA website and individuals can contact the Senior Helpline to request a referral to a Care Coordination Unit and/or an Area Agency on Aging.
- The Subcommittee discussed creating a fact sheet that would assist individuals with navigation of the IDoA website.
- The Subcommittee discussed utilization of IDoA's Illinois Care Connections Program to provide individuals with assistive technology devices (e.g., tablets and durable medical equipment). IDoA would need to consider the cost implications to the FY26 budget to expand this program to the population targeted for re-entry.
- The Subcommittee discussed the utilization of IDoA Emergency Senior Services funds to assist this population. New emphasis for the program focuses on individuals who are homeless or at risk of homelessness.

- The Subcommittee discussed targeting older adults who are leaving carceral settings (specifically over 60) for pre-release SSI applications.
- The Subcommittee learned that SB2803 amends the Illinois Identification Card Act by simplifying the process of obtaining an ID for those leaving carceral settings. The revised process allows the Secretary of State to issue a standard Illinois ID card to a person residing in an IDOC, Department of Juvenile Justice, Federal Bureau of Prisons located in Illinois, or County Jail setting before their release will assist with completing application requirements, securing housing and setting up utilities as needed.
- The Subcommittee discussed the need for IDoA to coordinate with the Illinois Department of Corrections and share data to ensure follow-up occurs and whether additional services supports are needed or can be provided.

### Dissolvement of Sub-Committee

Following an extensive review of IDoA and other State agencies level of involvement in assisting older adults leaving carceral settings, it was determined that the Subcommittee has done its due diligence and will dissolve. Updates on the Building the Bridge initiative will be shared at future OASAC meetings.

## Legislation

### Legislative bills that Passed the 2nd Year of the General Assembly

Bill Number	Sponsors	Synopsis of Bill	Date Passed/ Governor's Signature
<a href="#">HB 4346</a>	Rep. Bob Mogan/ Sen. Mattie Hunter <b>AGING – COMMUNITY CARE PROGRAM</b>	Amends the Illinois Act on the Aging. In provisions concerning the Community Care Program (program), in a provision concerning pre-service certification for in-home workers who provide housekeeping or home aide services under the Community Care Program, removes a provision requiring employing agencies to pay wages to their in-home workers for pre-service and in-service training, requiring the Department on Aging to provide Community Care Program reports that include an annual report on Care Coordination unit performance and adherence to service guidelines, requires such Community Care Program reports to also include a 6-month supplemental report.	Governor signed 7/19/24. Effective Date 1/1/25. Public Act <a href="#">103-0670</a>
<a href="#">HB 4427</a>	Rep. Jenn Ladisch Douglass/ Sen. Linda Holmes <b>ASSISTED LIVING ADVISORY BOARD</b>	Amends the Assisted Living and Shared Housing Act. Provides that the Director of Aging shall consult with the Director of Public Health on the appointment of one representative of the Department on Aging (rather than consulting with the Director of Public Health on the appointment of all nonvoting members). Provides that, of the 3 voting members selected by the Director of Public Health from candidates recommended by consumer organizations that engage solely in advocacy or legal representation on behalf of senior citizens, at least one member must be a resident of an assisted living or shared housing establishment.	Governor signed 7/1/24. Effective Date 1/1/25. Public Act <a href="#">103-0599</a>
<a href="#">HB 4488</a>	Rep. Maurice West/ Sen. Julie Morrison <b>ELECTIONS OMNIBUS BILL</b>	Among other provisions, eliminates DHS, HFS, AGING, IDES from the language that The State Board of Elections shall require a term in the Electronic Registration Information Center Membership Agreement that requires the State to share identification records contained in the Secretary of State's Driver Services Department and Vehicle Services Department (excluding those fields unrelated to voter eligibility, such as income or health information)	Governor signed 7/1/24. Effective Date 7/1/24. Public Act <a href="#">103-0600</a>



Bill Number	Sponsors	Synopsis of Bill	Date Passed/ Governor's Signature
<a href="#">HB 4592</a>	Rep. Kam Buckner/Sen. Michael Hastings <b>VEH CD-MOBILE ID CARDS</b>	Allows the Secretary of State to issue mobile ID cards and driver's licenses.	Governor signed 8/9/24. Effective Date 1/1/25, Public Act <a href="#">103-0824</a>
<a href="#">HB 4677</a>	Rep. Anna Moeller/ Sen. Celina Villaneuva <b>CAREGIVER ASSISTANCE RESOURCES</b>	Creates the Illinois Caregiver Assistance and Resource Portal Act. Subject to appropriation. <b>In the FY 25' BIMP Bill HB 4959</b>	
<a href="#">HB 4919</a>	Rep. Marcus Evans/ Sen. Omar Aquino <b>AGING-HOMEMAKERS SERVICE RATES</b>	Increases Homemakers service rates to \$18.00/hr. <b>In the FY 25' BIMP Bill HB 4959</b>	
<a href="#">HB 4959</a>	Rep. Robyn Gabel/ Sen. Elgie Sims <b>FY 25 BIMP BILL</b>	Creates the Fiscal Year 2025 Budget Implementation Act. Adds, deletes, and makes changes to various statutory provisions as needed to implement the State budget for Fiscal Year 2025. Effective immediately, except some provisions take effect July 1, 2024, and some provisions take effect January 1, 2025. Creates a new section in the Illinois Act on Aging to provide IDoA with the authority to apply for accept, receive, expend, and administer indirect cost reimbursements/funds. Effective 01/01/25, increases reimbursement rates for in-home services to \$29.63 to provide a minimum wage of \$18 per hour. Creates a new Act, The Illinois Caregiver Assistance and Resource Portal Act. Requires IDoA, IDPH, HFS to create a portal. The essential elements of the Portal shall be listed online in 2025 and shall be fully available by July 1, 2027. Annual Report	Governor signed 6/5/24. Effective Date 7/1/24. Public Act <a href="#">103-0588</a>
<a href="#">HB 4961</a>	Rep. Ann Williams/ Sen. Michael Halpin <b>PROBATE SUCCESSOR</b>	Requires notice be given to interested parties when a hearing for the appointment of a successor guardian is set.	Governor signed 8/2/24. Effective Date 1/1/25. Public Act <a href="#">103-0740</a>
<a href="#">HB 5095</a>	Rep. Anna Moeller/ Sen. Doris Turner <b>NURSING HOME DISCHARGE</b>	Amends the Nursing Home Care Act. In circumstances where the Medicare coverage is ending prior to the full 100-day benefit period, the facility provides notice to the resident and to the resident's representative that the resident's Medicare coverage will likely end in 5 days. Requires the notification to specify that the resident shall not be required to move until these 5 days are up. In cases where the facility is notified in a shorter time frame than 5 days by a managed care organization or the time frame is shorter than 5 days due to inaccurate reporting by an outside entity, requires the facility to provide a minimum of 2 days' notification.	Governor signed 7/19/24. Effective Date 1/1/25. Public Act <a href="#">103-0691</a>
<a href="#">HB 5511</a>	Rep. Jay Hoffman/ Sen. Cristina Castro <b>ILLINOIS PROCUREMENT CODE OMNIBUS</b>	Amends the Illinois Procurement Code. In a provision concerning bid preferences for Illinois businesses, makes changes to the definition of "Illinois business". Provides that the chief procurement officer shall require at the time of submission of a bid, and may require at the Chief Procurement Officer's option at any time during the term of the contract, that the bidder or contractor submit an affidavit and other supporting documents demonstrating that the bidder or contractor is an Illinois business and, if applicable, submit an affidavit and other supporting documents demonstrating that the bidder or contractor is eligible for a 4% bid preference under the provisions.	Governor signed 8/9/24. Effective Date 8/9/24. Some provisions 1/1/25. Public Act <a href="#">103-0865</a>
<a href="#">HB 5601</a>	Rep. Will Davis/ Sen. Meg Loughran Cappel <b>STATE AGENCIES-VARIOUS</b>	Among other provisions, eliminates the language that pertains to the Meal on Wheels fund.	Governor signed 7/1/24. Effective Date 7/1/24. Public Act <a href="#">103-0616</a>

Bill Number	Sponsors	Synopsis of Bill	Date Passed/ Governor's Signature
<a href="#">SB 0056</a>	Sen. Laura Fine/ Rep. Bob Morgan <b>INSURANCE – MEDICARE ENROLLMENT PERIOD</b>	Amends the Illinois Insurance Code. In provisions concerning Medicare supplement policy minimum standards, provides that if an individual is at least 65 years of age but no more than 75 years of age and has an existing Medicare supplement policy, then the individual is entitled to an annual open enrollment period lasting 45 days, commencing with the individual's birthday, and the individual may purchase any Medicare supplement policy with the same issuer or any affiliate authorized to transact business in the State (instead of only the same issuer) that offers benefits equal to or lesser than those provided by the previous coverage.	Governor signed 8/2/24. Effective Date 1/1/26. Public Act <a href="#">103-0747</a>
<a href="#">SB 251</a>	Sen. Elgie Sims/ Rep. Jehan Gordon-Booth <b>BUDGET BILL</b>	Amends Public Act 103-6 by adding, changing, and repealing various State Fiscal Year 2024 appropriations. Makes appropriations and reappropriations for capital and operating expenditures and other purposes for State Fiscal Year 2025. Some provisions are effective immediately; other provisions are effective July 1, 2024.	Governor signed 6/5/24. Effective Date 7/1/24. Public Act <a href="#">103-0589</a>
<a href="#">SB 0056</a>	Sen. Laura Fine/Rep. Bob Morgan <b>INS-MEDICARE ENROLLMENT PERIOD</b>	Allows 65- to 75-year-olds to purchase a Medicare supplement policy with the same issuer or any affiliate authorized to do business in the State during their open enrollment period.	Governor signed 8/2/24. Effective Date 1/1/26. Public Act <a href="#">103-0747</a>
<a href="#">SB 0774</a>	Sen. Sara Feigenholtz/ Rep. Robyn Gabel <b>REGULATION – TECH</b>	Requires IDPH to create certified medication aide programs in assisted living facilities and allows a certified medication aide to administer medications under the supervision of a registered nurse.	Governor signed 8/9/24. Effective Date 8/9/24. Public Act <a href="#">103-0886</a>
<a href="#">SB 0857</a>	Sen. Doris Turner/Rep. Yolanda Morris <b>STATE GOVERNMENT-TECH</b>	Gives the IDHS OIG authority to conduct reviews of facilities and agencies.	Governor signed 8/2/24 Effective Date 1/1/25. Public Act <a href="#">103-0752</a>
<a href="#">SB 1779</a>	Sen. Doris Turner/ Rep. Yolanda Morris <b>MEDICATION AIDE PROGRAM</b>	Amends the Nurse Practice Act. Changes the name of the Medication Aide Pilot Program to the Medication Aide Program. Makes conforming changes. Provides that to be approved as a qualified facility under the program (instead of for the duration of the pilot program), a facility must meet specified requirements. Removes provisions that provide that the Department of Financial and Professional Regulation shall submit a report regarding patient safety, efficiency, and errors, as determined by rule, to the General Assembly no later than 6 months after termination of the pilot program. Removes language providing that licenses under the Medication Aide Program Article may not be renewed or restored. Makes corresponding changes.	Governor signed 8/9/24. Effective Date 1/1/25. Public Act <a href="#">103-0898</a>
<a href="#">SB 2715</a>	Sen. Lakesia Collins/ Rep. Kevin Olickal <b>AGING-OMBUDSMAN PROGRAM</b>	Amends the Illinois Act on the Aging. Provides that all records containing resident, participant, and complainant information collected by the Long-Term Care Ombudsman Program are confidential and shall not be disclosed outside of the program without a lawful subpoena or the permission of the State Ombudsman. Permits the State Ombudsman, at his or her discretion, to disclose resident or participant information if it is in the best interest of the resident or participant. Requires the Department on Aging to establish procedures for the disclosure of program records by the State Ombudsman. Provides that the procedures shall prohibit disclosure of a resident's identity in case records unless the resident gives consent.	Governor signed 8/2/24. Effective Date 1/1/25. Public Act <a href="#">103-0762</a>



Bill Number	Sponsors	Synopsis of Bill	Date Passed/ Governor's Signature
<a href="#">SB 2799</a>	Rep. Michelle Mussman/ Sen. Laura Fine <b>AGING-SELF-NEGLECT REPORTS</b>	Amends the Adult Protective Services Act. Expands the definition of abuse to include causing any emotional injury to an adult with disabilities aged 18 through 59 or a person aged 60 or older (eligible adults). Provides that, contingent upon adequate funding, the Department on Aging may provide funding for legal assistance for eligible adults. Further amends the Open Meetings Act. In the definition of "public body", provides that "public body" does not include the regional interagency fatality review teams and the Illinois Fatality Review Team Advisory Council established under the Adult Protective Services Act. Removes a provision that exempts from the Act's open meetings requirement those meetings of the Illinois Fatality Review Team Advisory Council and regional interagency fatality review teams concerning a review of an elderly adult's death from suspected, alleged, or substantiated abuse or neglect.	Governor signed 7/1/24. Effective Date 1/1/25. Public Act <a href="#">103-0626</a>
<a href="#">SB 2957</a>	Sen. Mattie Hunter/ Rep. Terra Costa Howard <b>AGING-LONG TERM OMBUDSMAN</b>	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 the clinical and other records of a participant or resident, regardless of age, with the express written consent of the participant or resident, or if consent is given orally, visually, or through the use of auxiliary aids and services, such consent is documented contemporaneously by a representative of the Office of State Long Term Care Ombudsman.	Governor signed 8/2/24. Effective Date 1/1/25 Public Act <a href="#">103-0767</a>
<a href="#">SB 3112</a>	Sen. Bill Cunningham/ Rep. Eva- Dina Delgado <b>FACILITY ADVISORY BOARDS</b>	Amends the Nursing Home Care Act. Provides that an affirmative vote of a simple majority of a quorum of the Board shall be necessary for Board action (instead of an affirmative vote of 6 members of the Board). Provides that a quorum shall be a majority in attendance of voting members. Provides that all draft rules and documents shall be provided at least 7 days prior to a meeting for all Board members to review.	Governor signed 8/9/24. Effective Date 1/1/25, Public Act <a href="#">103-0938</a>
<a href="#">SB 3268</a>	Sen. Omar Aquino/Rep. Robyn Gabel <b>MEDICAID OMNIBUS</b>	Numerous provisions, including an increase in the personal needs allowance from \$90.00 to \$120.00 for residents in Supportive Living Facilities.	Governor signed 6/7/24. Effective Date 6/7/24. Public Act <a href="#">103-0593</a>
<a href="#">SB 3430</a>	Sen. Chapin Rose/Rep. Amy Elik <b>DHFS MEDICAID LOOK BACK PERIOD</b>	Amends the Administration Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to develop, post, and maintain on its official website a comprehensive informational guide that explains the Medicaid 5-year look-back period as it applies to eligibility for long-term care coverage under the medical assistance program.	Governor signed 8/9/24. Effective Date 1/1/25. Public Act <a href="#">103-0997</a>
<a href="#">SB 3476</a>	Sen. Elgie Sims/Rep. Marcus Evans <b>USE/OCC TX-MEALS</b>	Amends the Use Tax Act, The Service Use Tax Act, the Service Occupation Tax Act, and the Retailers' Occupation Tax Act. Provides that home-delivered meals provided to Medicare or Medicaid recipients when payment is made by an intermediary pursuant to a government contract are exempt from taxation under the Act.	Governor signed 7/1/24. Effective Date 7/1/24. Public Act <a href="#">103-0643</a>
<a href="#">SB 3691</a>	Sen. Doris Turner/Rep. Natalie Manley <b>AGING-FAMILY CAREGIVER</b>	Amends the Family Caregiver Act. Provides, in a provision concerning the Department on Aging's contract with area agencies on aging, that services under the Act must be provided according to the requirements of State and federal law and rules (rather than according to the requirements of federal law and rules, except for the provision of services to grandparents or older individuals who are relative caregivers when State funding is utilized to provide those services).	Governor signed 8/9/24. Effective Date 1/1/25. Public Act <a href="#">103-1035</a>

## OASAC Membership 2024

*(\*\* Indicates on Executive Committee)*

**\*\*Sherry Barter Hamlin**

*(Nursing home or assisted living Establishments)*  
Chief Executive Officer, The Voyage Senior Living

**\*\*Paul H. Bennett, MSW, PhD**

*(Citizen member over the age of 60)*

**Meghan Carter**

*(Legal)*  
Senior Staff Attorney, Legal Counsel for Health Justice

**Tracey Colagrassi**

*(Statewide Senior Center Association)*  
Senior Center Manager, Health & Human Services  
Department Arlington Heights Senior Center

**Theresa Collins**

*(Community Care Program Homemaker)*  
CEO, Senior Services Plus Inc.

**Suzanne M. Courtheoux**

*(Illinois Long-Term Care Ombudsmen)*  
Supervisory Attorney, Ombudsman Project, Legal Aid  
Chicago

**Thomas L. Culberson RN, BSN**

*(Hospice Care)*  
Director of Quad County Home Health, Hospice, and DME 8

**Cindy Cunningham**

*(Adult Day Services)*  
Illinois Adult Day Service Association

**Topaz Gunderson-Schweska \*\***

*(Primary care service provider)*  
Supervisor Case Management Molina HealthCare of  
Illinois

**Lori Hendren**

*(Statewide organizations engaging in advocacy or legal  
representation on behalf of the senior population)*  
Associate State Director – Advocacy and Outreach AARP  
Illinois Legislative Office

**Katherine Honeywell**

*(Case Management)*  
Director of Senior and Family Services North Shore  
Senior Center

**\*\*Linda Hubbartt**

*(Municipality, Township, County Representative)*  
Executive Director  
Senior Services of Effingham County

**Susan L. Hughes, Ph.D.**

*(Gerontology Health Policy Analyst)*  
Professor Emeritus  
Community Health Sciences School of Public Health  
Director, Center for Research on Health and Aging  
Institute for Health Research and Policy

**\*\*Mike Koronkowski, PharmD\***

*(Pharmacist)*  
Clinical Assistant Professor, Geriatrics UIC College of  
Pharmacy

**John Larson**

*(Nursing home or assisted living establishments)*  
CEO, Cantata Adult Life Services

**Sara Jean Lindholm**

*(Citizen member over the age of 60)*

**Dave Lowitzki**

*(trade or union member)*  
President, Lowitzki Consulting

**\*\*June McKoy M.D.**

*(MD specializing in Gerontology)*  
Associate Professor of Medicine, Division of General  
Internal Medicine and Geriatrics Northwestern University  
Feinberg School of Medicine

**Jae Mukoyama**

*(Nutrition)*  
Clinical Dietitian The Clare

**\*\*David S. Olsen**

*(Alzheimer Disease and Related Disorders)*  
Director State Affairs, Alzheimer's Association Illinois  
Chapter

**Sara Ratcliffe**

*(Home Health Agency Representative)*  
Executive Director, Illinois Home Care & Hospice Council

**\*\*Susan Real***(Illinois Area Agencies on Aging)*

Executive Director

East Central Illinois Area Agency on Aging

**Walter Rosenberg***(Health care facilities licensed under the Hospital Licensing Act)*Director, Rush University Medical Center Social Work and  
Community Health**\*\*Gustavo Saberbein***(Family Caregiver)***Jason Speaks***(Nursing homes/SLFs Representative)*

Manager of Policy &amp; Communications Leading Age Illinois

**Nicole Spenser***(Family Caregiver)***Kimberly Stoerger (Palermo)***(Nursing home or assisted living establishments)*

Regulatory Director, Illinois Health Care Association

**Tom Zablocki***(Trade or Union Member)*

Deputy Director, Home Care Division SEIU Home Care IL

**Ancy Zacharia**

Nurse Practitioner HomeCare Physicians

*(Advanced practice nurse with experience in Gerontological  
nursing)***State Agency Members (Ex-officio)**CHAIR – **\*\*Mary Killough**

Acting Director, Illinois Department on Aging

VICE- CHAIR – **\*\*Lisa Gregory**

Chief, Bureau of Long-Term Care

IL Department of Healthcare and Family Services

VICE- CHAIR – **\*\*Erin Rife**

Assistant Bureau Chief

Office of Health Care Regulation-Long Term Care Illinois  
Department of Public Health**Evan Ponder**Senior Policy and Planning Officer Strategic Planning and  
Reporting (SPAR) Illinois Housing Development Authority**\*\*Lyle VanDeventer/Garland Burt**

Home Services Program

Division of Rehabilitation Services

Illinois Department of Human Services

**Kelly Richards**State Long-Term Care Ombudsman Illinois Department  
on Aging**Angela Simmons**Senior Home Administrator, Illinois Department of  
Veterans' Affairs**Christopher B. Meister**

Executive Director Illinois Finance Authority



**State of Illinois, Department on Aging**

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

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

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

The Illinois Department on Aging does not discriminate against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity, pregnancy, or unfavorable discharge from military service in admission to programs or treatment of employment in programs or activities.

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).