



2018 Legislative Tracker (Updated 6/11/18)

BILL #	SPONSOR	STATUS	LEADINGAGE ILLINOIS POSITION	SYNOPSIS
HB3392	Rep. Emanuel Chris Welch (D) 7th District; Westchester)	Re-referred to House Rules on 4-27	Oppose. LeadingAge Illinois has met with the sponsor and informed the sponsor of our opposition.	As amended by House Amendment #1: <ul style="list-style-type: none"> • Amends the Assisted Living and Shared Housing Act. • Adds provisions concerning involuntary terminations of residency, hearings when a resident is involuntarily terminated, and readmission of residents. • establishment shall notify a resident and the resident's representative when there is a significant change in the resident's condition that may affect the establishment's ability to meet the resident's needs. • if an establishment initiates a termination of residency, then the resident, the resident's representative, and the Office of State Long

				<p>Term Care Ombudsman shall be provided with specified written notice.</p> <ul style="list-style-type: none"> • Department of Public Health shall (rather than may) offer assistance to an establishment and resident in preparation for a residency termination. • in addition to any other penalty, an establishment that improperly terminates a resident shall be assessed no less than a Type 1 violation. • Amends the Nursing Home Care Act. • Makes changes to provisions concerning the involuntary transfer or discharge of a resident, hearings when a resident is involuntarily transferred or discharged, and the readmission of residents. • resident has a right not to be unlawfully transferred or discharged from a facility. • an unlawful transfer or discharge is, at minimum, a Type A violation. • prior to issuing a notice of transfer or discharge of a resident under specified provisions, an attending
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				<p>physician shall conduct an in-person assessment, with the findings documented in the resident's clinical record.</p> <ul style="list-style-type: none"> • Changes certain notice periods relating to an involuntary transfer or discharge of a resident from 21 days to 30 days. • Changes provisions concerning minimum staffing ratios for skilled care and intermediate care. • by January 1, 2018, the Department shall adopt specified rules concerning staffing standards and financial penalties for facilities out of compliance with minimum staffing standards. • a violation of the minimum staffing requirements is, at minimum, a Type B violation. • Amends the Assisted Living and Shared Housing Act and Nursing Home Care Act. • in certain circumstances the Department shall order the immediate readmission of a resident by an establishment or facility and the establishment or facility
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				<p>shall immediately comply with the order.</p> <ul style="list-style-type: none"> • failure of an establishment or facility to readmit a resident after receiving an order to do so from the Department shall result in a specified daily fine. • Department shall adopt rules that provide for a prohibition on conflicts of interest for persons who conduct involuntary termination of residency hearings and involuntary transfer or discharge hearings.
HB4223	<p>Rep. Sara Feigenholtz (D; 12th District-Chicago) <i>Assistant Majority Leader</i></p>	<p>Passed House 100-0 on 3/8. Passed Senate 55-0 on 3/14. Sent to Governor on 3/16.</p> <p>Approved by the Governor on 4/6 and now Public Act 100-583</p>	Support	<p>As amended by House Floor Amendment #1:</p> <ul style="list-style-type: none"> • Amends the Medical Assistance Article of the Illinois Public Aid Code. • A supportive living facility is (i) a free-standing facility or (ii) a distinct physical and operational entity within a mixed-use building that meets certain criteria (rather than a supportive living facility is either a free-standing facility or a distinct physical and operational entity within a nursing

				<p>facility).</p> <ul style="list-style-type: none">• Subject to federal approval by CMS, HFS shall accept for consideration of certification under the supportive living facilities program any application for a site or building where distinct parts of the site or building are designated for purposes other than the provision of supportive living services, but only if those distinct parts of the site or building: (1) are not designated for the purpose of providing assisted living services; (2) are completely separate from the part of the building used for the provision of supportive living program services, including separate entrances; (3) do not share any common spaces with the part of the building used for the provision of supportive living program services; and (4) do not share staffing with the part of the building used for the provision of supportive living program services.• Effective immediately.
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HB4277	<p>Rep. Norine Hammond (R; 93rd District-Macomb) <i>Assistant Republican Leader</i></p>	<p>Re-Referred Assigned to Revenue & Finance Committee on 4/13</p>	<p>Support</p>	<ul style="list-style-type: none"> • Amends the Illinois Public Aid Code. • In order to protect the right of Medicaid beneficiaries to receive Medicaid long-term care services and supports (LTSS) promptly without any delay caused by administrative procedures, requires HFS, DHS and DoA, to take the following actions: (i) for a Medicaid beneficiary aged 65 years or older who has received a Determination of Need indicating the need for LTSS services, the Departments must begin paying for such services no later than the 46th day after the date upon which the beneficiary applied for the services; (ii) for a Medicaid beneficiary aged 64 years or younger whose Medicaid eligibility is based upon a disability and who has received a Determination of Need indicating the need for LTSS services, the Departments must begin paying for such services no later than the 91st day after the date upon which the beneficiary applied for the services; (iii) for a Medicaid applicant who has received a Determination of Need indicating the need for LTSS services, the Departments must begin paying for such services
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				<p>immediately once the applicant is determined eligible for Medicaid; (iv) by July 1, 2018, the Department of Healthcare and Family Services, in conjunction with the State Comptroller, must develop a process to expedite payment claims for Medicaid services provided during the time any application for Medicaid eligibility or LTSS services is pending beyond federally required timeliness standards; and (v) by July 1, 2018, the Department of Healthcare and Family Services and the Department of Human Services must waive all deadline requirements for applications for Medicaid eligibility or LTSS services if pending beyond federally required timeliness standards.</p> <ul style="list-style-type: none"> • Effective immediately.
HB4664	Rep. Kathleen Willis (D-77 th District; Northlake)	Re-referred to House Rules on 4/27	<p>Oppose. LeadingAge Illinois has been meeting with the sponsor on the legislation and continue opposition to the bill in its current as well as proposed amendment form. Testimony in</p>	<ul style="list-style-type: none"> • Amends the Life Care Facilities Act. • Adds provisions concerning required disclosures and life care contract requirements for providers under the Act. • At the time of or before the execution of a life care contract, or at the time of or before to the transfer of any money or other property to a provider by or on behalf of a

			<p>opposition to the bill was provided in a House hearing. The legislation died.</p>	<p>prospective resident, whichever shall first occur, a provider shall deliver a disclosure statement to the person with whom the life care contract is to be entered into.</p> <ul style="list-style-type: none"> • Residents may receive, upon request, this information from providers and may submit comments. • Providers shall, to the maximum extent practicable, offer explanations, inform residents of matters, and make use of standards and practices. • A violation of these provisions by a provider of a facility is an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. • Department of Financial and Professional Regulation shall take enforcement actions if he or she receives notice from an escrow agent that specified provisions of the Act have not been complied with. • Secretary of Professional and Financial Regulation may conduct audits of providers. • A provider shall provide all residents of a facility and the Department of Public Health with a printed report . • Department of Public Health shall provide the public with online access to the annual
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				<p>reports, inspection reports, and other specified information. Provides that an increase in a regular periodic charge not outlined in a life care contract must be approved by the Secretary of Financial and Professional Regulation.</p> <p>House Amendment #1</p> <ul style="list-style-type: none"> • Creates the Continuing Care Retirement Community Transparency Act. • Requires financial disclosures, 5 year forecasts, annual reports. • Deletes surveying by the Department of Professional and Financial Regulation, but still makes non-compliance with the Act a violation of the Consumer Fraud and Deceptive Business Practices Act.
HB4771	Rep. Norrine Hammond (93rd District; Macomb) Assistant Republican Leader	Passed House 110-0 on 4/26. Passed Senate 56-0 on 5/24. Chambers Concurred with Amendments and Passed Both Houses on 5/31	Support LeadingAge Illinois and other organizations have been negotiating this legislation over the past several weeks with groups of bi-partisan House & Senate legislative leaders, staffs from DHS, HFS & House & Senate legislative staffs to address	<p>As amended by Senate Amendment #2: This bill helps people get Medicaid coverage faster and makes changes to fix problems.</p> <p>Provisional Eligibility means the following:</p> <ol style="list-style-type: none"> 1. Coverage if the state delays in approving a Medicaid application beyond the federal requirement of 45 days. <ul style="list-style-type: none"> • Applies to those currently beyond 45 days and those in the future. 2. State would pay for services until final eligibility is determined. 3. Federal Medicaid match can be

			the serious backlog of Medicaid applications that have been plaguing providers, seniors being served in communities and families impacted by this ongoing issue.	claimed retroactively on services paid for during the provisional eligibility coverage period.
HB4871	Rep. Lou Lang (D; 16th District-Skokie) <i>Deputy Majority Leader</i>	Re-referred to House Rules on 4/13	Support	<ul style="list-style-type: none"> Amends the Illinois Act on the Aging, regarding the Community Care Program. Within 30 days after the effective date of the amendatory Act, rates for adult days services shall be increased to \$15.02 per hour and rates for each way transportation services for adult day services shall be increased to \$10.30 per hour. Effective immediately.
HB5072	Rep. Patricia Bellock (R; 47th District-Westmont) <i>Deputy Republican Leader</i>	Referred to House Rules Committee on 2/16	Oppose	<ul style="list-style-type: none"> Amends the Illinois Act on the Aging. Requires the Office of State Long Term Care Ombudsman, in collaboration with the Attorney General, to create a Consumer Choice Information Report form for assisted living establishments and shared housing establishments under the Assisted Living and Shared

				<p>Housing Act and supportive living facilities established under the Illinois Public Aid Code.</p> <ul style="list-style-type: none"> • Requires the Office to create a Consumer Choice Information Report and report database for these entities. • Office and Attorney General has the authority to verify the information provided by these entities. • Office may request a new report from these entities whenever it deems necessary. • Amends the Assisted Living and Shared Housing Act, Specialized Mental Health Rehabilitation Act of 2013, and Illinois Public Aid Code. • Requires an assisted living establishment, shared housing establishment, specialized mental health rehabilitation facility, or supportive living facility to complete and file a Consumer Choice Information Report on an annual basis and as requested by the Office. • Requires the Department of Public Health to verify submission of a report by an assisted living establishment, shared housing establishment, or specialized mental health rehabilitation facility during an inspection.
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				<ul style="list-style-type: none"> • Requires the Department of Healthcare and Family Services to verify submission of a report by a supportive living facility during an inspection. • A violation of the Consumer Choice Information Report provisions is an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. • Amends the Consumer Fraud and Deceptive Business Practices Act to make corresponding changes.
SB2913	Sen. John Mulroe (D; 10th District-Chicago)	<p>Passed Senate 51-0 on 5/2. Passed House 116-0 on 5/30. Passed Both Houses on 5/31</p>	Support	<p>As amended by House Amendments #1/2/4:</p> <ul style="list-style-type: none"> • Removes language requiring the Department of Healthcare Family Services to serve as the lead agency assuming primary responsibility for the full implementation of expedited long-term care eligibility determinations and enrollments. • Instead provides that the establishment of the expedited long-term care eligibility determination and enrollment system shall be a joint venture of the Departments of Human Services and Healthcare and Family Services and the Department on Aging. • streamlined application and

				<p>enrollment process shall be put in place on or before July 1, 2019 (rather than on or before January 1, 2019).</p> <ul style="list-style-type: none">• Removes language requiring the Department of Healthcare and Family Services to establish policies and procedures to ensure prospective compliance with certain federal deadlines for Medicaid and Medicaid long-term care benefits eligibility determinations.• State (rather than the Department of Healthcare and Family Services) must expedite the eligibility process for applicants meeting specified guidelines, regardless of the age of the application.• Subjects the specified guidelines to federal approval.• ex parte renewal process for Medicaid-eligible individuals residing in long-term care facilities must be fully operational on or before January 1, 2019 (rather than by January 1, 2019).• no local Department of Human Services office shall request submission of any document in hard copy.• In provisions concerning decisions on applications for medical assistance, provides that "application" also refers to
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				<p>requests for admission approval to facilities licensed under the Nursing Home Care Act or to supportive living facilities authorized under the Code.</p> <ul style="list-style-type: none"> • Effective immediately. • Requires the Department of Human Services (rather than the Department of Healthcare and Family Services) to: (i) use certain standards and distribution requirements for notification of missing supporting documents and information during all phases of the application process; and (ii) adopt policies and procedures to improve communication between long-term care benefits central office personnel, applicants and their representatives, and facilities in which the applicants reside. • no Department of Human Services office (rather than no local Department of Human Services office) shall request submission of any document in hard copy. • Removes language providing that if an applicant is determined ineligible for any public assistance, the notice shall include a list of all missing supporting documents and information and the date the documents were requested.
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SB3120	Sen. Chris Nybo (R; 24th District-Lombard) <i>Republican Caucus Whip</i>	Passed Senate 46-0 on 4/23. Passed House on 5/28, 113-0	Monitoring	<ul style="list-style-type: none"> • Amends the Probate Act of 1975 in connection with the classification of claims against the estate of the decedent. • A claim for reasonable and necessary medical, hospital, and nursing home expenses for the care of the decedent during the year immediately preceding death is classified equally with claims for money due employees of the decedent for services rendered of not more than \$800 for each claimant for services rendered within 4 months prior to the decedent's death. Removes expenses of attending the decedent's last illness from the class. • Effective immediately.
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