

# Older Adult Services

This Act is designed to transform the state older adult services system into a primarily home and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. It encompasses the housing, health, financial and other supportive older adult services.

Submitted as:

Illinois

Public Act 93-1031

Status: Enacted into law in 2004.

## Suggested State Legislation

(Title, enacting clause, etc.)

1           Section 1. [*Short Title.*] This Act may be cited as “The Older Adult Services Act.”

2

3           Section 2. [*Purpose.*] The purpose of this Act is to transform [this state’s] comprehensive  
4 system of older adult services from a primarily facility-based service delivery system to  
5 primarily a home-based and community-based system, taking into account the continuing need  
6 for 24-hour skilled nursing care and congregate housing with services. Such restructuring shall  
7 encompass the provision of housing, health, financial, and supportive older adult services. It is  
8 envisioned that this restructuring will promote the development, availability, and accessibility of  
9 a comprehensive, affordable, and sustainable service delivery system that places a high priority  
10 on home-based and community-based services. Such restructuring will encompass all aspects of  
11 the delivery system regardless of the setting in which the service is provided.

12

13           Section 3. [*Definitions.*] As used in this Act:

14           “Advisory Committee” means the [Older Adult Services Advisory Committee].

15           “Certified nursing home” means any nursing home licensed under the [insert citation]  
16 and certified under Title XIX of the Social Security Act to participate as a vendor in the medical  
17 assistance program under [insert citation].

18           “Comprehensive case management” means the assessment of needs and preferences of an  
19 older adult at the direction of the older adult or the older adult’s designated representative and  
20 the arrangement, coordination, and monitoring of an optimum package of services to meet the  
21 needs of the older adult.

22           “Consumer-directed” means decisions made by an informed older adult from available  
23 services and care options, which may range from independently making all decisions and  
24 managing services directly to limited participation in decision-making, based upon the functional  
25 and cognitive level of the older adult.

26           “Coordinated point of entry” means an integrated access point where consumers receive  
27 information and assistance, assessment of needs, care planning, referral, assistance in completing  
28 applications, authorization of services where permitted, and follow-up to ensure that referrals and  
29 services are accessed.

30           “Department” means the [Department on Aging], in collaboration with the departments  
31 of [Public Health and Public Aid] and other relevant agencies and in consultation with the  
32 Advisory Committee, except as otherwise provided.

33 “Departments” means the [Department on Aging], the [departments of Public Health and  
34 Public Aid], and other relevant agencies in collaboration with each other and in consultation with  
35 the [Advisory Committee], except as otherwise provided.

36 “Family caregiver” means an adult family member or another individual who is an  
37 uncompensated provider of home-based or community-based care to an older adult.

38 “Health services” means activities that promote, maintain, improve, or restore mental or  
39 physical health or that are palliative in nature.

40 “Older adult” means a person age [60] or older and, if appropriate, the person’s family  
41 caregiver.

42 “Person-centered” means a process that builds upon an older adult’s strengths and  
43 capacities to engage in activities that promote community life and that reflect the older adult’s  
44 preferences, choices, and abilities, to the extent practicable.

45 “Priority service area” means an area identified by the [Departments] as being less-served  
46 with respect to the availability of and access to older adult services in [this state]. The  
47 [Departments] shall determine by rule the criteria and standards used to designate such areas.

48 “Priority service plan” means the plan developed pursuant to Section 5 of this Act.

49 “Provider” means any supplier of services under this Act.

50 “Residential setting” means the place where an older adult lives.

51 “Restructuring” means the transformation of [this state’s] comprehensive system of older  
52 adult services from funding primarily a facility-based service delivery system to primarily a  
53 home-based and community-based system, taking into account the continuing need for 24-hour  
54 skilled nursing care and congregate housing with services.

55 “Services” means the range of housing, health, financial, and supportive services, other  
56 than acute health care services, that are delivered to an older adult with functional or cognitive  
57 limitations, or socialization needs, who requires assistance to perform activities of daily living,  
58 regardless of the residential setting in which the services are delivered.

59 “Supportive services” means non-medical assistance given over a period of time to an  
60 older adult that is needed to compensate for the older adult’s functional or cognitive limitations,  
61 or socialization needs, or those services designed to restore, improve, or maintain the older  
62 adult’s functional or cognitive abilities.

63

64 Section 4. *[Designation of Lead Agency; Annual Report.]*

65 (a) The [Department on Aging] shall be the lead agency for: the provision of services to  
66 older adults and their family caregivers; restructuring [this state’s] service delivery system for  
67 older adults; and the implementation of this Act, except where otherwise provided. The  
68 [Department on Aging] shall collaborate with the [departments of Public Health and Public Aid]  
69 and any other relevant agencies, and shall consult with the [Advisory Committee], in all aspects  
70 of these duties, except as otherwise provided in this Act.

71 (b) The [Departments] shall promulgate rules to implement this Act pursuant to [insert  
72 citation].

73 (c) On [January 1, 2006], and each [January 1 thereafter], the [Department] shall issue a  
74 report to the [General Assembly] on progress made in complying with this Act, impediments  
75 thereto, recommendations of the [Advisory Committee], and any recommendations for  
76 legislative changes necessary to implement this Act. To the extent practicable, all reports  
77 required by this Act shall be consolidated into a single report.

78

79 Section 5. *[Priority Service Areas; Service Expansion.]*

80 (a) The requirements of this Section are subject to the availability of funding.

81 (b) The [Department] shall expand older adult services that promote independence and  
82 permit older adults to remain in their own homes and communities. Priority shall be given to  
83 both the expansion of services and the development of new services in priority service areas.

84 (c) Inventory of services. The [Department] shall develop and maintain an inventory and  
85 assessment of the types and quantities of public older adult services and, to the extent possible,  
86 privately provided older adult services, including the unduplicated count, location, and  
87 characteristics of individuals served by each facility, program, or service and the resources  
88 supporting those services.

89 (d) Priority service areas. The [Departments] shall assess the current and projected need  
90 for older adult services throughout the State, analyze the results of the inventory, and identify  
91 priority service areas, which shall serve as the basis for a priority service plan to be filed with the  
92 [Governor] and the [General Assembly] no later than [July 1, 2006], and every [5 years]  
93 thereafter.

94 (e) Moneys appropriated by the [General Assembly] for the purpose of this Section,  
95 receipts from donations, grants, fees, or taxes that may accrue from any public or private sources  
96 to the [Department] for the purpose of this Section, and savings attributable to the nursing home  
97 conversion program as calculated in subsection (h) shall be deposited into the [Department on  
98 Aging State Projects Fund]. Interest earned by those moneys in the [Fund] shall be credited to  
99 the [Fund].

100 (f) Moneys described in subsection (e) from the [Department on Aging State Projects  
101 Fund] shall be used for older adult services, regardless of where the older adult receives the  
102 service, with priority given to both the expansion of services and the development of new  
103 services in priority service areas. Fundable services shall include:

104 (1) Housing, health services, and supportive services:

105 (A) adult day care;

106 (B) adult day care for persons with Alzheimer's disease and related  
107 disorders;

108 (C) activities of daily living;

109 (D) care-related supplies and equipment;

110 (E) case management;

111 (F) community reintegration;

112 (G) companion;

113 (H) congregate meals;

114 (I) counseling and education;

115 (J) elder abuse prevention and intervention;

116 (K) emergency response and monitoring;

117 (L) environmental modifications;

118 (M) family caregiver support;

119 (N) financial;

120 (O) home delivered meals;

121 (P) homemaker;

122 (Q) home health;

123 (R) hospice;

124 (S) laundry;

125 (T) long-term care ombudsman;

126 (U) medication reminders;

127 (V) money management;

128 (W) nutrition services;

129 (X) personal care;

130 (Y) respite care;  
131 (Z) residential care;  
132 (AA) senior benefits outreach;  
133 (BB) senior centers;  
134 (CC) services provided under the [insert citation], or sheltered care  
135 services that meet the requirements of the [insert citation];  
136 (DD) telemedicine devices to monitor recipients in their own homes as an  
137 alternative to hospital care, nursing home care, or home visits;  
138 (EE) training for direct family caregivers;  
139 (FF) transition;  
140 (GG) transportation;  
141 (HH) wellness and fitness programs; and  
142 (II) other programs designed to assist older adults to remain independent  
143 and receive services in the most integrated residential setting possible for that person.

144 (2) Older Adult Services Demonstration Grants, pursuant to subsection (l) of this  
145 Section.

146 (g) Older Adult Services Demonstration Grants. The [Department] shall establish a  
147 program of demonstration grants to assist in the restructuring of the delivery system for older  
148 adult services and provide funding for innovative service delivery models and system change and  
149 integration initiatives. The [Department] shall prescribe, by rule, the grant application process.  
150 At a minimum, every application must include:

151 (1) The type of grant sought;  
152 (2) A description of the project;  
153 (3) The objective of the project;  
154 (4) The likelihood of the project meeting identified needs;  
155 (5) The plan for financing, administration, and evaluation of the project;  
156 (6) The timetable for implementation;  
157 (7) The roles and capabilities of responsible individuals and organizations;  
158 (8) Documentation of collaboration with other service providers, local community  
159 government leaders, and other stakeholders, other providers, and any other stakeholders in the  
160 community;  
161 (9) Documentation of community support for the project, including support by  
162 other service providers, local community government leaders, and other stakeholders;  
163 (10) The total budget for the project;  
164 (11) The financial condition of the applicant; and  
165 (12) Any other application requirements that may be established by the  
166 [Department] by rule.

167 (h) Each project may include provisions for a designated staff person who is responsible  
168 for the development of the project and recruitment of providers.

169 (i) Projects may include, but are not limited to: adult family foster care; family adult day  
170 care; assisted living in a supervised apartment; personal services in a subsidized housing project;  
171 evening and weekend home care coverage; small incentive grants to attract new providers;  
172 money following the person; cash and counseling; managed long-term care; and at least one  
173 respite care project that establishes a local coordinated network of volunteer and paid respite  
174 workers, coordinates assignment of respite workers to caregivers and older adults, ensures the  
175 health and safety of the older adult, provides training for caregivers, and ensures that support  
176 groups are available in the community.

177 (j) A demonstration project funded in whole or in part by an Older Adult Services  
178 Demonstration Grant is exempt from the requirements of [insert citation]. To the extent

179 applicable, however, for the purpose of maintaining the statewide inventory authorized by the  
180 [insert citation], the [Department] shall send to the [Health Facilities Planning Board] a copy of  
181 each grant award made under this subsection (g).

182 (k) The [Department], in collaboration with the [Departments of Public Health and Public  
183 Aid], shall evaluate the effectiveness of the projects receiving grants under this Section.

184 (l) No later than [July 1] of each year, the [Department of Public Health] shall provide  
185 information to the [Department of Public Aid] to enable the [Department of Public Aid] to  
186 [annually] document and verify the savings attributable to the nursing home conversion program  
187 for the previous fiscal year to estimate an annual amount of such savings that may be  
188 appropriated to the [Department on Aging State Projects Fund] and notify the [General  
189 Assembly], the [Department on Aging], the [Department of Human Services], and the [Advisory  
190 Committee] of the savings no later than [October 1] of the same fiscal year.

191

192 Section 6. [*Older Adult Services Restructuring.*] No later than [January 1, 2005], the  
193 [Department] shall commence the process of restructuring the older adult services delivery  
194 system. Priority shall be given to both the expansion of services and the development of new  
195 services in priority service areas. Subject to the availability of funding, the restructuring shall  
196 include, but not be limited to, the following:

197 (1) Planning. The [Department] shall develop a plan to restructure the State's  
198 service delivery system for older adults. The plan shall include a schedule for the implementation  
199 of the initiatives outlined in this Act and all other initiatives identified by the participating  
200 agencies to fulfill the purposes of this Act. Financing for older adult services shall be based on  
201 the principle that "money follows the individual." The plan shall also identify potential  
202 impediments to delivery system restructuring and include any known regulatory or statutory  
203 barriers.

204 (2) Comprehensive case management. The [Department] shall implement a  
205 statewide system of holistic comprehensive case management. The system shall include the  
206 identification and implementation of a universal, comprehensive assessment tool to be used  
207 statewide to determine the level of functional, cognitive, socialization, and financial needs of  
208 older adults. This tool shall be supported by an electronic intake, assessment, and care planning  
209 system linked to a central location. "Comprehensive case management" includes services and  
210 coordination such as (i) comprehensive assessment of the older adult (including the physical,  
211 functional, cognitive, psycho-social, and social needs of the individual); (ii) development and  
212 implementation of a service plan with the older adult to mobilize the formal and family resources  
213 and services identified in the assessment to meet the needs of the older adult, including  
214 coordination of the resources and services with any other plans that exist for various formal  
215 services, such as hospital discharge plans, and with the information and assistance services; (iii)  
216 coordination and monitoring of formal and family service delivery, including coordination and  
217 monitoring to ensure that services specified in the plan are being provided; (iv) periodic  
218 reassessment and revision of the status of the older adult with the older adult or, if necessary, the  
219 older adult's designated representative; and (v) in accordance with the wishes of the older adult,  
220 advocacy on behalf of the older adult for needed services or resources.

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

223 (4) Public web site. The [Department] shall develop a public web site that  
224 provides links to available services, resources, and reference materials concerning caregiving,  
225 diseases, and best practices for use by professionals, older adults, and family caregivers.

226 (5) Expansion of older adult services. The [Department] shall expand older adult  
227 services that promote independence and permit older adults to remain in their own homes and  
228 communities.

229 (6) Consumer-directed home and community-based services. The [Department]  
230 shall expand the range of service options available to permit older adults to exercise maximum  
231 choice and control over their care.

232 (7) Comprehensive delivery system. The [Department] shall expand opportunities  
233 for older adults to receive services in systems that integrate acute and chronic care.

234 (8) Enhanced transition and follow-up services. The [Department] shall  
235 implement a program of transition from one residential setting to another and follow-up services,  
236 regardless of residential setting, pursuant to rules with respect to (i) resident eligibility, (ii)  
237 assessment of the resident's health, cognitive, social, and financial needs, (iii) development of  
238 transition plans, and (iv) the level of services that must be available before transitioning a  
239 resident from one setting to another.

240 (9) Family caregiver support. The [Department] shall develop strategies for public  
241 and private financing of services that supplement and support family caregivers.

242 (10) Quality standards and quality improvement. The [Department] shall establish  
243 a core set of uniform quality standards for all providers that focus on outcomes and take into  
244 consideration consumer choice and satisfaction, and the [Department] shall require each provider  
245 to implement a continuous quality improvement process to address consumer issues. The  
246 continuous quality improvement process must benchmark performance, be person-centered and  
247 data-driven, and focus on consumer satisfaction.

248 (11) Workforce. The [Department] shall develop strategies to attract and retain a  
249 qualified and stable worker pool, provide living wages and benefits, and create a work  
250 environment that is conducive to long-term employment and career development. Resources  
251 such as grants, education, and promotion of career opportunities may be used.

252 (12) Coordination of services. The [Department] shall identify methods to better  
253 coordinate service networks to maximize resources and minimize duplication of services and  
254 ease of application.

255 (13) Barriers to services. The [Department] shall identify barriers to the provision,  
256 availability, and accessibility of services and shall implement a plan to address those barriers.  
257 The plan shall: (i) identify barriers, including but not limited to, statutory and regulatory  
258 complexity, reimbursement issues, payment issues, and labor force issues; (ii) recommend  
259 changes to State or federal laws or administrative rules or regulations; (iii) recommend  
260 application for federal waivers to improve efficiency and reduce cost and paperwork; (iv)  
261 develop innovative service delivery models; and (v) recommend application for federal or private  
262 service grants.

263 (14) Reimbursement and funding. The [Department] shall investigate and evaluate  
264 costs and payments by defining costs to implement a uniform, audited provider cost reporting  
265 system to be considered by all [Departments] in establishing payments. To the extent possible,  
266 multiple cost reporting mandates shall not be imposed.

267 (15) Medicaid nursing home cost containment and Medicare utilization. The  
268 [Department of Public Aid], in collaboration with the [Department on Aging and the Department  
269 of Public Health] and in consultation with the [Advisory Committee], shall propose a plan to  
270 contain Medicaid nursing home costs and maximize Medicare utilization. The plan must not  
271 impair the ability of an older adult to choose among available services. The plan shall include,  
272 but not be limited to, (i) techniques to maximize the use of the most cost-effective services  
273 without sacrificing quality and (ii) methods to identify and serve older adults in need of minimal

274 services to remain independent, but who are likely to develop a need for more extensive services  
275 in the absence of those minimal services.

276 (16) Bed reduction. The [Department of Public Health] shall implement a nursing  
277 home conversion program to reduce the number of Medicaid-certified nursing home beds in  
278 areas with excess beds. The [Department of Public Aid] shall investigate changes to the  
279 Medicaid nursing facility reimbursement system in order to reduce beds. Such changes may  
280 include, but are not limited to, incentive payments that will enable facilities to adjust to the  
281 restructuring and expansion of services required by the Older Adult Services Act, including  
282 adjustments for the voluntary closure or layaway of nursing home beds certified under Title XIX  
283 of the federal Social Security Act. Any savings shall be reallocated to fund home-based or  
284 community-based older adult services pursuant to Section 5 of this Act.

285 (17) Financing. The [Department] shall investigate and evaluate financing options  
286 for older adult services and shall make recommendations in the report required by Section 4  
287 concerning the feasibility of these financing arrangements. These arrangements shall include, but  
288 are not limited to:

- 289 (A) private long-term care insurance coverage for older adult services;
- 290 (B) enhancement of federal long-term care financing initiatives;
- 291 (C) employer benefit programs such as medical savings accounts for long-  
292 term care;
- 293 (D) individual and family cost-sharing options;
- 294 (E) strategies to reduce reliance on government programs;
- 295 (F) fraudulent asset divestiture and financial planning prevention; and
- 296 (G) methods to supplement and support family and community caregiving.

297 (18) Older Adult Services Demonstration Grants. The [Department] shall  
298 implement a program of demonstration grants that will assist in the restructuring of the older  
299 adult services delivery system, and shall provide funding for innovative service delivery models  
300 and system change and integration initiatives pursuant to subsection (g) of Section 5.

301 (19) Bed Need Methodology Update. For the purposes of determining areas with  
302 excess beds, the [Departments] shall provide information and assistance to the [Health Facilities  
303 Planning Board] to update the [Bed Need Methodology for Long-Term Care] to update the  
304 assumptions used to establish the methodology to make them consistent with modern older adult  
305 services.

306  
307 Section 7. [*Nursing Home Conversion Program.*]

308 (a) The [Department of Public Health], in collaboration with the [Department on Aging  
309 and the Department of Public Aid], shall establish a nursing home conversion program. Start-up  
310 grants, pursuant to subsections (l) and (m) of this Section, shall be made available to nursing  
311 homes as appropriations permit as an incentive to reduce certified beds, retrofit, and retool  
312 operations to meet new service delivery expectations and demands.

313 (b) Grant moneys shall be made available for capital and other costs related to:

314 (1) the conversion of all or a part of a nursing home to an assisted living  
315 establishment or a special program or unit for persons with Alzheimer's disease or related  
316 disorders licensed under the [insert citation] or a supportive living facility established under  
317 [insert citation]

318 (2) the conversion of multi-resident bedrooms in the facility into single-  
319 occupancy rooms; and

320 (3) the development of any of the services identified in a priority service plan that  
321 can be provided by a nursing home within the confines of a nursing home or transportation

322 services. Grantees shall be required to provide a minimum of a [20 percent] match toward the  
323 total cost of the project.

324 (c) Nothing in this Act shall prohibit the co-location of services or the development of  
325 multifunctional centers under subsection (f) of Section e of this Act, including a nursing home  
326 offering community-based services or a community provider establishing a residential facility.

327 (d) A certified nursing home with at least [50 percent] of its resident population having  
328 their care paid for by the Medicaid program is eligible to apply for a grant under this Section.

329 (e) Any nursing home receiving a grant under this Section shall reduce the number of  
330 certified nursing home beds by a number equal to or greater than the number of beds being  
331 converted for one or more of the permitted uses under item (1) or (2) of subsection (b). The  
332 nursing home shall retain the Certificate of Need for its nursing and sheltered care beds that were  
333 converted for [15 years]. If the beds are reinstated by the provider or its successor in interest, the  
334 provider shall pay to the fund from which the grant was awarded, on an amortized basis, the  
335 amount of the grant. The Department shall establish, by rule, the bed reduction methodology for  
336 nursing homes that receive a grant pursuant to item (3) of subsection (b).

337 (f) Any nursing home receiving a grant under this Section shall agree that, for a minimum  
338 of [10 years] after the date that the grant is awarded, a minimum of [50 percent] of the nursing  
339 home's resident population shall have their care paid for by the Medicaid program. If the nursing  
340 home provider or its successor in interest ceases to comply with the requirement set forth in this  
341 subsection, the provider shall pay to the fund from which the grant was awarded, on an  
342 amortized basis, the amount of the grant.

343 (g) Before awarding grants, the [Department of Public Health] shall seek  
344 recommendations from the [Department on Aging and the Department of Public Aid]. The  
345 [Department of Public Health] shall attempt to balance the distribution of grants among  
346 geographic regions, and among small and large nursing homes. The [Department of Public  
347 Health] shall develop, by rule, the criteria for the award of grants based upon the following  
348 factors:

349 (1) the unique needs of older adults (including those with moderate and low  
350 incomes), caregivers, and providers in the geographic area of the State the grantee seeks to serve;  
351 (2) whether the grantee proposes to provide services in a priority service area;  
352 (3) the extent to which the conversion or transition will result in the reduction of  
353 certified nursing home beds in an area with excess beds;  
354 (4) the compliance history of the nursing home; and  
355 (5) any other relevant factors identified by the [Department], including standards  
356 of need.

357 (h) A conversion funded in whole or in part by a grant under this Section must not:  
358 (1) diminish or reduce the quality of services available to nursing home residents;  
359 (2) force any nursing home resident to involuntarily accept home-based or  
360 community-based services instead of nursing home services;  
361 (3) diminish or reduce the supply and distribution of nursing home services in any  
362 community below the level of need, as defined by the [Department] by rule; or  
363 (4) cause undue hardship on any person who requires nursing home care.

364 (i) The [Department] shall prescribe, by rule, the grant application process. At a  
365 minimum, every application must include:

366 (1) the type of grant sought;  
367 (2) a description of the project;  
368 (3) the objective of the project;  
369 (4) the likelihood of the project meeting identified needs;  
370 (5) the plan for financing, administration, and evaluation of the project;



371 (6) the timetable for implementation;  
372 (7) the roles and capabilities of responsible individuals and organizations;  
373 (8) documentation of collaboration with other service providers, local community  
374 government leaders, and other stakeholders, other providers, and any other stakeholders in the  
375 community;  
376 (9) documentation of community support for the project, including support by  
377 other service providers, local community government leaders, and other stakeholders;  
378 (10) the total budget for the project;  
379 (11) the financial condition of the applicant; and  
380 (12) any other application requirements that may be established by the  
381 [Department] by rule.

382 (j) A conversion project funded in whole or in part by a grant under this Section is exempt  
383 from the requirements of [insert citation]. The [Department of Public Health], however, shall  
384 send to the [Health Facilities Planning Board] a copy of each grant award made under this  
385 Section.

386 (k) Applications for grants are public information, except that nursing home financial  
387 condition and any proprietary data shall be classified as nonpublic data.

388 (l) The [Department of Public Health] may award grants from the [Long Term Care Civil  
389 Money Penalties Fund] established under Section 1919(h)(2)(A)(ii) of the Social Security Act  
390 and 42 CFR 488.422(g) if the award meets federal requirements.

391

392 Section 8. [*Older Adult Services Advisory Committee.*]

393 (a) The [Older Adult Services Advisory Committee] is created to advise the [directors of  
394 Aging, Public Aid, and Public Health] on all matters related to this Act and the delivery of  
395 services to older adults in general.

396 (b) The [Advisory Committee] shall be comprised of the following:

397 (1) The [Director of Aging] or his or her designee, who shall serve as chair and  
398 shall be an ex officio and nonvoting member.

399 (2) The [Director of Public Aid] and the [Director of Public Health] or their  
400 designees, who shall serve as vice-chairs and shall be ex officio and nonvoting members.

401 (3) One representative each of the [Governor's Office, the Department of Public  
402 Aid, the Department of Public Health, the Department of Veterans' Affairs, the Department of  
403 Human Services, the Department of Insurance, the Department of Commerce and Economic  
404 Opportunity, the Department on Aging, the Department on Aging's State Long Term Care  
405 Ombudsman, the Housing Finance Authority, and the Housing Development Authority], each of  
406 whom shall be selected by his or her respective director and shall be an ex officio and nonvoting  
407 member.

408 (4) [Thirty-two] members appointed by the [Director of Aging] in collaboration  
409 with the [directors of Public Health and Public Aid], and selected from the recommendations of  
410 statewide associations and organizations, as follows:

411 (A) [One] member representing the [Area Agencies on Aging];

412 (B) [Four] members representing nursing homes or licensed assisted living  
413 establishments;

414 (C) [One] member representing home health agencies;

415 (D) [One] member representing case management services;

416 (E) [One] member representing statewide senior center associations;

417 (F) [One] member representing [Community Care Program homemaker  
418 services];

- 419 (G) [One] member representing [Community Care Program adult day  
 420 services];
- 421 (H) [One] member representing nutrition project directors;
- 422 (I) [One] member representing hospice programs;
- 423 (J) [One] member representing individuals with Alzheimer's disease and  
 424 related dementias;
- 425 (K) [Two] members representing statewide trade or labor unions;
- 426 (L) [One] advanced practice nurse with experience in gerontological  
 427 nursing;
- 428 (M) [One] physician specializing in gerontology;
- 429 (N) [One] member representing regional long-term care ombudsmen;
- 430 (O) [One] member representing township officials;
- 431 (P) [One] member representing municipalities;
- 432 (Q) [One] member representing county officials;
- 433 (R) [One] member representing the parish nurse movement;
- 434 (S) [One] member representing pharmacists;
- 435 (T) [Two] members representing statewide organizations engaging in  
 436 advocacy or legal representation on behalf of the senior population;
- 437 (U) [Two] family caregivers;
- 438 (V) [Two] citizen members over the age of [60];
- 439 (W) [One] citizen with knowledge in the area of gerontology research or  
 440 health care law;
- 441 (X) [One] representative of health care facilities licensed under the  
 442 [Hospital Licensing Act]; and
- 443 (Y) [One] representative of primary care service providers.

444 (c) Voting members of the [Advisory Committee] shall serve for a term of [3 years] or  
 445 until a replacement is named. All members shall be appointed no later than [January 1, 2005]. Of  
 446 the initial appointees, as determined by lot, [10 members shall serve a term of one year]; [10  
 447 shall serve for a term of 2 years]; and [12 shall serve for a term of 3 years]. Any member  
 448 appointed to fill a vacancy occurring prior to the expiration of the term for which his or her  
 449 predecessor was appointed shall be appointed for the remainder of that term. [The Advisory  
 450 Committee] shall meet at least quarterly and may meet more frequently at the call of the Chair. A  
 451 simple majority of those appointed shall constitute a quorum. The affirmative vote of a majority  
 452 of those present and voting shall be necessary for [Advisory Committee] action. Members of the  
 453 [Advisory Committee] shall receive no compensation for their services.

454 (d) The [Advisory Committee] shall have an [Executive Committee] comprised of the  
 455 [Chair, the Vice Chairs, and up to 15 members of the Advisory Committee appointed by the  
 456 Chair] who have demonstrated expertise in developing, implementing, or coordinating the  
 457 system restructuring initiatives defined in Section 6 of this Act. The [Executive Committee] shall  
 458 have responsibility to oversee and structure the operations of the [Advisory Committee] and to  
 459 create and appoint necessary subcommittees and subcommittee members.

460 (e) The [Advisory Committee] shall study and make recommendations related to the  
 461 implementation of this Act, including but not limited to system restructuring initiatives as  
 462 defined in Section 6 of this Act or otherwise related to this Act.

464 Section 9. [*Severability.*] [Insert severability clause.]

466 Section 10. [*Repealer.*] [Insert repealer clause.]

468 Section 11. [*Effective Date.*] [Insert effective date.]