

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.
463

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

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

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