

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

13

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

64

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

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

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

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

79

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

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

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

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

91 (d) Priority service areas. The [Departments] shall assess the current and projected
92 need for older adult services throughout the State, analyze the results of the inventory, and
93 identify priority service areas, which shall serve as the basis for a priority service plan to be
94 filed with the [Governor] and the [General Assembly] no later than [July 1, 2006], and every
95 [5 years] thereafter.

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

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

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

107 (A) adult day care;

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

110 (C) activities of daily living;

111 (D) care-related supplies and equipment;

112 (E) case management;

113 (F) community reintegration;

114 (G) companion;

115 (H) congregate meals;

116 (I) counseling and education;

117 (J) elder abuse prevention and intervention;

118 (K) emergency response and monitoring;

119 (L) environmental modifications;

120 (M) family caregiver support;

121 (N) financial;

122 (O) home delivered meals;

123 (P) homemaker;

124 (Q) home health;

125 (R) hospice;

126 (S) laundry;

127 (T) long-term care ombudsman;

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

147 (2) Older Adult Services Demonstration Grants, pursuant to subsection (1) of
148 this Section.

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

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

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

172 (i) Projects may include, but are not limited to: adult family foster care; family adult
173 day care; assisted living in a supervised apartment; personal services in a subsidized housing
174 project; evening and weekend home care coverage; small incentive grants to attract new
175 providers; money following the person; cash and counseling; managed long-term care; and at
176 least one respite care project that establishes a local coordinated network of volunteer and

177 paid respite workers, coordinates assignment of respite workers to caregivers and older
178 adults, ensures the health and safety of the older adult, provides training for caregivers, and
179 ensures that support groups are available in the community.

180 (j) A demonstration project funded in whole or in part by an Older Adult Services
181 Demonstration Grant is exempt from the requirements of [insert citation]. To the extent
182 applicable, however, for the purpose of maintaining the statewide inventory authorized by
183 the [insert citation], the [Department] shall send to the [Health Facilities Planning Board] a
184 copy of each grant award made under this subsection (g).

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

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

195

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

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

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

224 accordance with the wishes of the older adult, advocacy on behalf of the older adult for
225 needed services or resources.

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

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

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

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

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

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

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

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

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

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

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

271 (14) Reimbursement and funding. The [Department] shall investigate and
272 evaluate costs and payments by defining costs to implement a uniform, audited provider cost

273 reporting system to be considered by all [Departments] in establishing payments. To the
274 extent possible, multiple cost reporting mandates shall not be imposed.

275 (15) Medicaid nursing home cost containment and Medicare utilization. The
276 [Department of Public Aid], in collaboration with the [Department on Aging and the
277 Department of Public Health] and in consultation with the [Advisory Committee], shall
278 propose a plan to contain Medicaid nursing home costs and maximize Medicare utilization.
279 The plan must not impair the ability of an older adult to choose among available services.
280 The plan shall include, but not be limited to, (i) techniques to maximize the use of the most
281 cost-effective services without sacrificing quality and (ii) methods to identify and serve older
282 adults in need of minimal services to remain independent, but who are likely to develop a
283 need for more extensive services in the absence of those minimal services.

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

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

297 (A) private long-term care insurance coverage for older adult services;
298 (B) enhancement of federal long-term care financing initiatives;
299 (C) employer benefit programs such as medical savings accounts for
300 long-term care;
301 (D) individual and family cost-sharing options;
302 (E) strategies to reduce reliance on government programs;
303 (F) fraudulent asset divestiture and financial planning prevention; and
304 (G) methods to supplement and support family and community
305 caregiving.

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

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

315

316 Section 7. [*Nursing Home Conversion Program.*]

317 (a) The [Department of Public Health], in collaboration with the [Department on
318 Aging and the Department of Public Aid], shall establish a nursing home conversion
319 program. Start-up grants, pursuant to subsections (l) and (m) of this Section, shall be made

320 available to nursing homes as appropriations permit as an incentive to reduce certified beds,
321 retrofit, and retool operations to meet new service delivery expectations and demands.

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

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

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

329 (3) the development of any of the services identified in a priority service plan
330 that can be provided by a nursing home within the confines of a nursing home or
331 transportation services. Grantees shall be required to provide a minimum of a [20 percent]
332 match toward the total cost of the project.

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

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

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

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

355 (g) Before awarding grants, the [Department of Public Health] shall seek
356 recommendations from the [Department on Aging and the Department of Public Aid]. The
357 [Department of Public Health] shall attempt to balance the distribution of grants among
358 geographic regions, and among small and large nursing homes. The [Department of Public
359 Health] shall develop, by rule, the criteria for the award of grants based upon the following
360 factors:

361 (1) the unique needs of older adults (including those with moderate and low
362 incomes), caregivers, and providers in the geographic area of the State the grantee seeks to
363 serve;

364 (2) whether the grantee proposes to provide services in a priority service area;

365 (3) the extent to which the conversion or transition will result in the reduction
366 of certified nursing home beds in an area with excess beds;

367 (4) the compliance history of the nursing home; and

368 (5) any other relevant factors identified by the [Department], including
369 standards of need.

370 (h) A conversion funded in whole or in part by a grant under this Section must not:

371 (1) diminish or reduce the quality of services available to nursing home
372 residents;

373 (2) force any nursing home resident to involuntarily accept home-based or
374 community-based services instead of nursing home services;

375 (3) diminish or reduce the supply and distribution of nursing home services in
376 any community below the level of need, as defined by the [Department] by rule; or

377 (4) cause undue hardship on any person who requires nursing home care.

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

380 (1) the type of grant sought;

381 (2) a description of the project;

382 (3) the objective of the project;

383 (4) the likelihood of the project meeting identified needs;

384 (5) the plan for financing, administration, and evaluation of the project;

385 (6) the timetable for implementation;

386 (7) the roles and capabilities of responsible individuals and organizations;

387 (8) documentation of collaboration with other service providers, local
388 community government leaders, and other stakeholders, other providers, and any other
389 stakeholders in the community;

390 (9) documentation of community support for the project, including support by
391 other service providers, local community government leaders, and other stakeholders;

392 (10) the total budget for the project;

393 (11) the financial condition of the applicant; and

394 (12) any other application requirements that may be established by the
395 [Department] by rule.

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

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

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

405

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

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

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

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

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

415 (3) One representative each of the [Governor's Office, the Department of
416 Public Aid, the Department of Public Health, the Department of Veterans' Affairs, the
417 Department of Human Services, the Department of Insurance, the Department of Commerce
418 and Economic Opportunity, the Department on Aging, the Department on Aging's State
419 Long Term Care Ombudsman, the Housing Finance Authority, and the Housing
420 Development Authority], each of whom shall be selected by his or her respective director
421 and shall be an ex officio and nonvoting member.

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

- 425 (A) [One] member representing the [Area Agencies on Aging];
- 426 (B) [Four] members representing nursing homes or licensed assisted
427 living establishments;
- 428 (C) [One] member representing home health agencies;
- 429 (D) [One] member representing case management services;
- 430 (E) [One] member representing statewide senior center associations;
- 431 (F) [One] member representing [Community Care Program homemaker
432 services];
- 433 (G) [One] member representing [Community Care Program adult day
434 services];
- 435 (H) [One] member representing nutrition project directors;
- 436 (I) [One] member representing hospice programs;
- 437 (J) [One] member representing individuals with Alzheimer's disease
438 and related dementias;
- 439 (K) [Two] members representing statewide trade or labor unions;
- 440 (L) [One] advanced practice nurse with experience in gerontological
441 nursing;
- 442 (M) [One] physician specializing in gerontology;
- 443 (N) [One] member representing regional long-term care ombudsmen;
- 444 (O) [One] member representing township officials;
- 445 (P) [One] member representing municipalities;
- 446 (Q) [One] member representing county officials;
- 447 (R) [One] member representing the parish nurse movement;
- 448 (S) [One] member representing pharmacists;
- 449 (T) [Two] members representing statewide organizations engaging in
450 advocacy or legal representation on behalf of the senior population;
- 451 (U) [Two] family caregivers;
- 452 (V) [Two] citizen members over the age of [60];
- 453 (W) [One] citizen with knowledge in the area of gerontology research
454 or health care law;
- 455 (X) [One] representative of health care facilities licensed under the
456 [Hospital Licensing Act]; and
- 457 (Y) [One] representative of primary care service providers.

458 (c) Voting members of the [Advisory Committee] shall serve for a term of [3 years] or
459 until a replacement is named. All members shall be appointed no later than [January 1,
460 2005]. Of the initial appointees, as determined by lot, [10 members shall serve a term of one
461 year]; [10 shall serve for a term of 2 years]; and [12 shall serve for a term of 3 years]. Any
462 member appointed to fill a vacancy occurring prior to the expiration of the term for which his
463 or her predecessor was appointed shall be appointed for the remainder of that term. [The

464 Advisory Committee] shall meet at least quarterly and may meet more frequently at the call
465 of the Chair. A simple majority of those appointed shall constitute a quorum. The affirmative
466 vote of a majority of those present and voting shall be necessary for [Advisory Committee]
467 action. Members of the [Advisory Committee] shall receive no compensation for their
468 services.

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

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

478

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

480

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

482

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