

# Elder Law

The newsletter of the Illinois State Bar Association's Section on Elder Law

## The Cost of Aging Is Astronomical: A Deeper Look at How to Afford to Live Out Your Golden Years

BY MALLORY A. MORENO & CHRISTINE A. BARONE

### Background

The enactment of the Affordable Care Act (also known as “Obamacare”) was a pivotal moment for many Americans struggling to afford health care costs. However, the only public “insurance” plan for long term institutional care is Medicaid.

Most people falsely believe Medicare will cover all health care costs as they age; unfortunately, Medicare only pays for approximately seven percent of skilled nursing care in the United States, not to mention the many administrative pitfalls

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## Website Provides Free Mental Health Screening, Maps National Mental Health Needs

BY MARK HEYRMAN

Beginning in 2014, Mental Health America (MHA), the oldest nationwide mental health advocacy organization, began providing free, anonymous, evidence-based screening on its website: <https://screening.mhanational.org/screening-tools/>. There are screens for eleven mental

health conditions: depression, anxiety, psychosis, PTSD, ADHD, postpartum depression, bipolar, addiction, eating disorders, youth mental health screen, and a self-injury survey. There is also a parental test for a child's mental health. Two of the

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## The Cost of Aging Is Astronomical: A Deeper Look at How to Afford to Live Out Your Golden Years

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that seniors face when Medicare benefits run out. Private insurance pays for even less. This means that most of the middle class must ultimately rely on the Medicaid program to afford advanced skilled care and medical assistance.

Unlike Medicaid, Medicare is an insurance program which most working Americans contribute to with each paycheck, making it an entitlement program. Once a certain age is attained, workers are generally able to utilize Medicare for their care needs. On the other hand, Medicaid is a means-tested governmental benefit, meaning that the government considers one's means (assets and income) when determining eligibility. To qualify for governmental assistance programs, it is necessary to first apply and fulfill certain requirements, both financial and non-financial.

In Illinois, to become eligible for Medicaid long-term care benefits, the general rules require the applicant to: (1) be 65, incapable of gainful employment (as defined by the Social Security Administration), or be blind; (2) reside in a licensed long-term care facility; and (3) meet certain financial requirements. While the first two requirements are straight forward, the third requirement is often much more complicated than it appears.

To qualify financially for Medicaid, a married couple may, generally, retain no more than \$120,780 in countable assets as of 2023. An unmarried individual may retain no more than \$2,000 in assets, though this may also be a bit on the rise in the near future. Further, as of 2023 a married couple may retain \$3,715.50 in monthly income, and an unmarried individual may retain only \$30 in monthly income. Although these rules may seem simple, the exceptions to these rules create complexities and nuances that can often be difficult to understand and navigate, especially without the guidance of an expert. Usually, it is the exception to the rule that allows applicants to maintain some of their hard-earned livelihood and their

dignity as they continue to age.

The Illinois Department of Healthcare and Family Services (the "Department") administers Medicaid in the State of Illinois. However, Medicaid is a federally funded program, and therefore, to qualify for federal reimbursement, the State of Illinois must comply with applicable Federal statutes and regulations. This means that applicants are protected under state and federal laws, and the Department must also follow state and federal laws and regulations.

### Important Considerations

#### Prior Gifts

The accuracy of the records regarding prior gifts during the five years prior to application is extremely important. Under Medicaid eligibility laws, gifts made by the applicant during this period of time will result in a penalty period of ineligibility imposed for the number of days the gift could have sustained the costs of care. More specifically, if a Medicaid applicant transfers assets within this "lookback period," the applicant will be ineligible for Medicaid for during the resulting "penalty period." The penalty period is calculated by taking the total amount of gifts and dividing that amount by the private pay rate at the facility where the applicant lives.

For example, if gifts were made over the past five years, which totaled the sum of \$30,000 and presuming the private pay rate at the time of the Medicaid application is \$6,000 per month, this gift results in a penalty period of five months. This is calculated by taking \$30,000 (amount of the gift) ÷ \$6,000 (monthly private pay rate) = 5 months.

Furthermore, the penalty period starts on the later date of either (1) the date the gift is given or (2) the date the applicant is eligible for benefits and would otherwise be receiving institutional level of care. In other words, the penalty period is imposed when the applicant only has the allowable amount of funds to qualify for Medicaid

## Elder Law

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To join a section, visit [www.isba.org/sections](http://www.isba.org/sections) or call 217-525-1760.

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The articles in this newsletter are not intended to be used and may not be relied on for penalty avoidance.

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(which is \$2,000 for an unmarried individual or \$120,780 for a married couple). As such, if a gift of \$30,000 was made in 2018, and the elder entered a nursing home in 2019, Medicaid would not cover for 5 months. The five-month period would begin when the elder has less than \$2,000. The result is that the nursing home would be required to collect against the gift recipient or otherwise forgo payment for the five-month penalty period, or if very aggressive, the nursing home could evict the resident for nonpayment (assuming the applicant has no other way to pay privately for care during the penalty period).

Again, the public policy behind this rule is that the state is attempting to discourage individuals from giving away assets to purposely qualify for Medicaid benefits while simultaneously asking the State to cover their care costs after the gift is made. The State's position is that the applicant in these circumstances could have used the money to pay for care costs had the money not been gifted, and this would save the State from having to expend its Medicaid funds to otherwise pay for applicant's care costs.

In very limited circumstances, a hardship waiver may be granted, but it is better to cover the penalty period by purchasing an annuity, if funds are available. On the other hand, depending on the nature and type of gifts, the gift may be disregarded or considered "exempt." For example, a transfer to a child with a disability or to a spouse is an exempt gift which is not subjected to a penalty. Thus, it is imperative that one have complete information regarding all transactions made in the last five years before applying for Medicaid benefits, either for oneself or, more commonly, on behalf of another. This will ensure that the applicant can properly plan and reduce or eliminate any potential penalty period.

### **Supplemental Needs Trusts**

Because Medicaid only pays for the long-term care facility, without proper planning, many family members find themselves having to supplement the needs of a relative, including payments for clothing, transportation, uncovered medications, dental care, hearing aids, eyeglasses, personal care products, and the like. To prevent

this from happening, an applicant for Medicaid benefits may choose to establish a Supplemental Needs Trust. This is a specific type of trust designed for the benefit of the Medicaid applicant to ensure funds are set aside to assist with their additional and unexpected costs that are not otherwise covered by public benefits.

In general, a trust is a legal entity that is created for the purpose of managing assets. The person creating the trust is the "grantor" or "settlor." The fiduciary managing the trust is the "trustee." The person who benefits from the assets in the trust is the "beneficiary." There are many different types of trusts, but the Supplemental Needs Trust (sometimes called a "Special Needs Trust") is a very specific and unique type of trust. For individuals over the age of 65, the Supplemental Needs Trust available for this type of Medicaid planning is sometimes called a "Pooled Payback Trust," a "d(4)(C) Trust," or an "OBRA Payback Trust."

The "Pooled Payback Trust" will have co-trustees who manage the trust itself. The co-trustees of this type of trust must be a bank and a non-profit association. The trustees will charge an annual fee based on the amount of assets and the age of the trust. The assets of the beneficiary are pooled together with other beneficiaries who are participating in the pooled trust. This is done for investment and asset management purposes, but each individual beneficiary maintains a "sub-account" in the pooled trust with his or her own assets for his or her sole benefit and supplemental needs. Additionally, like gifts discussed above, the creation of this type of trust will result in a penalty period, so an annuity must be purchased to sustain this penalty period. Generally speaking, an experienced practitioner and Medicaid planner can save approximately 60 percent of the applicant's assets by utilizing this type of trust.

For individuals under the age of 65, a "d(4)(A) Payback Trust" is also an option. These trusts are also sometimes called "Self-Settled Special Needs Trusts" or "1<sup>st</sup> Party Special Needs Trusts" because they are funded with the assets of the beneficiary. A d(4)(A) Payback Trust does not require co-trustees like the Pooled Payback Trust. However, both types of trusts have payback

provisions, which are discussed further below. It is important to note that for individuals under the age of 65, transferring assets to this type of trust will *not* be subject to a penalty period unlike for individuals over the age of 65.

If a Medicaid applicant decides to create a supplemental needs trust, it must be irrevocable, meaning that it cannot later be changed or undone. When the beneficiary passes, any assets remaining in the trust will be paid back to the State of Illinois as reimbursement for the Medicaid that was paid on the person's behalf during his or her lifetime. For this reason, the trust is sometimes referred to as a "payback trust."

### **Medicaid-compliant Annuities**

Certain types of annuities are exempt for Medicaid-eligibility purposes. The characteristics of an exempt annuity include:

1. the annuity must be irrevocable;
2. the annuity must be in immediate payout status and cannot be cashed out for a lump sum payment;
3. the annuity must have the State of Illinois listed as the primary beneficiary (after a spouse, if applicable);
4. all payments must be capable of being made over the lifetime of the beneficiary based on certain life expectancy tables utilized by the State of Illinois (or, in other words, actuarially sound); and
5. all payments must be of equal size.

Since an annuity is not considered an asset but is treated as a stream of income for Medicaid purposes, it can be helpful in offsetting a penalty period. For example, if there is a penalty period of 12 months, the penalty period is said to begin when an applicant for Medicaid would "otherwise financially qualify" for Medicaid. As described in the gifting section above, this is when the applicant has less than the asset allowance. Thus, if a penalty period is to be imposed, and the individual Medicaid applicant has \$20,000 remaining, it would be wise to establish an annuity to cover that penalty period, rather than spenddown that asset and waiting until the applicant reduced his or her assets to \$2,000. Otherwise, the family would need to support

the Medicaid applicant or risk a potential involuntary discharge from the facility for nonpayment.

When using the applicant's assets to fund a Supplemental Needs Trust like the one identified above, the transfer of funds into the trust will be penalized the same way that a gift would be. By way of illustration, if applicant has \$150,000 in countable assets (assets above and beyond the exempt \$2,000 for an individual), the trust could be funded with approximately \$90,000 (approximately 60 percent of countable assets). If the private pay rate at applicant's nursing home is \$7,500 per month, then the amount transferred to the trust (\$90,000) would be divided by the monthly private pay rate (\$7,500), resulting in a 12-month penalty period. In other words, the applicant could have used the \$90,000 to privately pay for the nursing home for 12 more months, but instead, he chose to transfer that \$90,000 into an exempt trust that will not be used to pay the nursing home but instead will be used to cover any other supplemental needs of the applicant not otherwise covered by public benefits.

The remaining approximately \$60,000 in applicant's countable assets would then be used to purchase a Medicaid-compliant annuity as described above. This annuity is calculated specifically to pay out an income stream that, when added to applicant's current income (e.g., Social Security, pension, etc.), will essentially cover the penalty period. For example, if applicant already received \$2,500 in monthly income from Social Security and pension combined, the Medicaid-compliant annuity would be calculated to pay out approximately \$5,000 per month for the 12-month penalty period to create monthly "income" of \$7,500 to continue to privately pay the nursing home. At the end of the penalty period, Medicaid benefits would start to pay the facility. Applicant would continue to pay over his or her net income to the facility (from Social Security and pension because the annuity would be completely paid out at that point), and the \$90,000 transferred to the trust would be protected and exempt from Medicaid with the funds safely available for applicant's sole benefit.

### **Spenddown**

Medicaid applicants should also be aware of what is known as a "spenddown." A spenddown occurs when a Medicaid application is filed for an applicant that has assets over the qualification amounts of \$109,560 for a married couple and \$2,000 for an individual. Some nursing homes will oftentimes file applications for Medicaid applicants when there are excess countable assets over these allowable limits, which then results in forcing those funds to be paid to the nursing home, rather than utilizing them for any of the above noted planning to benefit a Medicaid applicant.

For example, if at the time of an application, an applicant has \$60,000 in countable assets (those assets over \$2,000), a spenddown will be imposed. This means that before Medicaid will start paying for the applicant's nursing home care, the applicant will be required to spenddown \$60,000. Once the application is approved with a spenddown imposed, the funds can then **only** be utilized to pay the nursing home or for qualifying medical expenses, and nothing else.

Proof of how the funds are utilized must be provided to the Department to demonstrate that the funds have been spent down. Any use of the funds that are not for payment of the nursing home and/or qualifying Medicaid expenses will not count towards the spenddown. Again, Medicaid will not pay for any nursing home care expenses until the spenddown is fully met. As such, it is imperative to ensure proper planning of any countable assets **prior** to the filing of a Medicaid application.

### **Funding a Prepaid Funeral Arrangement**

Another consideration for an applicant to make is a prepaid funeral plan. It may come as a surprise to many, but the costs of funerals continue to grow exponentially with each passing year. Rather than leaving one's family to cope with the grief of losing a loved one and a five-figure funeral bill to pay, it is vital to consider making prepaid arrangements prior to application for Medicaid. A pre-need funeral arrangement qualifies as an exempt asset under the Medicaid Rules if properly established and

funded. There is no maximum amount that may be placed into a prepaid funeral arrangement if:

1. it is irrevocable;
2. the total cost is the identical equivalent of a guaranteed funeral contract; and
3. it is funded with an insurance policy purchased through the funeral home.

The funeral home, acting as an agent of the insurance company, sells the individual the life insurance policy, and the insurance policy is then assigned to a third party who promises payment to the funeral home. Common insurance companies utilized include Forethought and Homesteaders Life.

It is important to include as many of the potential expenses as possible, including opening and closing of the grave if burial is desired, as this is a significant expense to be paid to the cemetery. This cost may be included in the prepaid funeral arrangement or may be established separately with the cemetery of your choice. The policy must also include language stating that, upon the death of the person, the State will receive all amounts remaining in the trust, including any remaining payable proceeds under the insurance policy up to an amount equal to the total medical assistance paid on behalf of the person. It is therefore advisable to seek legal review of a funeral/cremation arrangements *by an expert to ensure the contract meets all Medicaid requirements.*

This is even more important to consider because the funds in the supplemental needs trust outlined above cannot be used to pay funeral expenses after the beneficiary (applicant) passes away. Thus, it is always advisable to consider making this purchase prior to funding the trust or immediately thereafter to avoid the exorbitant cost of an unpaid funeral should an applicant pass away having not made these arrangements in advance.

### **Conclusion**

Applying and qualifying for Medicaid benefits to pay for long-term care in a nursing home is oftentimes not as straightforward and simple as one may expect. It is important to understand that there are more intricacies involved than

merely financially qualifying for Medicaid benefits. A proper review of the “lookback period” of five years is imperative to ensuring that upon an applicant’s approval for Medicaid benefits, those benefits will be paid without any penalty period.

Further, it is important to know that there are planning measures that can be taken to ensure that excess funds are protected for the benefit of a Medicaid applicant. Medicaid

will pay for nursing home care, but will not cover ancillary expenses. With proper planning, funds can be protected through utilizing an exempt Supplemental Needs Trust and a Medicaid-compliant annuity to ensure a Medicaid applicant’s family members are not left to cover those costs or to front funds to cover any imposed penalty period.

Spending down all funds until one

financially qualifies for Medicaid is not the only option. Meeting with a qualified attorney with experience in this area will ensure not only that an application for Medicaid benefits will be approved without any penalty period or spenddown issues, but also that all avenues of possible protection of assets for the benefit of a Medicaid applicant are properly explored and taken.■

## Website Provides Free Mental Health Screening, Maps National Mental Health Needs

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screens (depression and anxiety) have been translated into Spanish. In the early years of this resource, a few hundred thousand people took a screen every year. When COVID-19 hit, the number of screens increased dramatically so that now more than 16 million screens have been taken.

Persons taking a mental health screen were also asked to provide, on a voluntary basis, demographic information including: race, gender, age, state, zip code, and income. This information has enabled MHA to create a map of mental health needs in the United States. Much of this information is now available for free to the public at this website: <https://mhanational.org/mhamapping/mha-state-county-data>. This website allows anyone to look at the mental health needs of states and counties. It provides a color-coded map showing the prevalence of positive mental health screens for various conditions in each state and county. Because the screening website continues to attract a large number of people concerned about their mental health, the data website is updated every 90 days.

Who is taking a screen? Unsurprisingly, the majority of screeners are young—under 25, and a substantial percentage (43 percent) are under 18. More women (67 percent) than men are taking a screen. However, the race and income data show that screeners are representative of the US population on these parameters.

More than three-quarters (76 percent) of the screeners are found to have moderate or severe symptoms of one or more mental health conditions. Additionally, almost two

thirds (64 percent) of those who test positive have never had any connection with a mental health provider of any kind. These data are meaningful in a number of ways. MHA does not advertise its screening website. Those who find this site do so simply through an online search. Thus, this data certainly under-counts the need for mental health services. Since a substantial majority have not gotten mental health services, the data suggest that there are many people who can get help before they get sicker. This is an opportunity for prevention.

MHA, in conjunction with Mental Health America of Illinois, is currently working on a special project concerning the data for Cook County. They are creating a special screening data map **by zip code** just for this county in order to help local public health departments and mental health providers to target those geographic areas and mental health conditions which are most in need of additional services.■

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# Updates & Resources

## Amended Supreme Court Rules

With the official end of the COVID-19 public health emergency on May 11, 2023, the Illinois Supreme Court has entered the following orders to adopt new rules and amend other ones, including:

### Action | Rule | Title | Effective

Amend | 101 | Summons and Original Process-Form and Issueance | 4/20/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf>

Amend | 102 | Service of Summons and Complaint; Return | 4/20/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf>

Amend | 102 | Service of Summons and Complaint; Return | 4/24/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/5b5f1042-5d1d-4f96-8f7d-97a976f30030/042423.pdf>

New | 102.1 | Service of Summons and Orders in Protective Order Proceedings | 4/20/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf>

New | 242 | Use of Remote Jury Selection in Civil Cases | 4/20/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf>

Amend | 283 | Form of Summons | 4/20/23 | (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf>

Amend | 284 | Service by Certified or Registered Mail | 4/20/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/>

[resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf](https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/418f6839-581b-4224-9094-8ea2904ce05a/042023.pdf)

Amend | 711 | Representation by Supervised Law Students or Law School Graduates | 4/19/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/4ffaf6cb-4cb7-42a5-a350-f501ce63f6c2/041923.pdf>

Amend | 793 | Requirement for Newly-Admitted Attorneys | 4/11/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/a34f217b-76e6-45bd-a0d8-afd0992d112/041123.pdf>

Amend | 794 | Continuing Legal Education Requirement | 4/11/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/a34f217b-76e6-45bd-a0d8-afd0992d112/041123.pdf>

Amend | 795 | Accreditation Standards and Hours | 4/11/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/a34f217b-76e6-45bd-a0d8-afd0992d112/041123.pdf>

Amend | 796 | Enforcement of MCLE Requirements | 4/11/23 (immediate)

Link: <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/a34f217b-76e6-45bd-a0d8-afd0992d112/041123.pdf>

## Hospice and Home Health Agency Ownership Information

The U.S. Department of Health and Human Services has recently released ownership information for Medicare-certified hospices and home health agencies. Available data elements include: organization name, type, practice location addresses, National Provider Identifier (NPI), CMS Certification Number (CCN); detailed owner information (e.g., individual versus organization as owner and direct owner or indirect owner); a numerical associate ID for each owner to enable linkages in file; and data on mergers,

acquisitions, consolidations, and changes of ownership since 2016.

Future updates are anticipated to be released on a quarterly basis in a searchable format at [data.cms.gov](https://data.cms.gov). Use of this data can help the public make more informed choices while enforcement agencies and researchers can analyze data to and trends to identify ways to implement policy approaches that can improve competition in health.

## MCLE Reporting for Attorneys N - Z

Before the end of the current reporting period (July 1, 2021 – June 30, 2023), attorneys (with N-Z last names) must complete 30 credit hours, including at least 6 hours of professional responsibility credit. The professional responsibility credit must also include 1 hour of diversity/inclusion credit and 1 hour of mental health/substance abuse credit. For additional information, visit:

- <https://www.mcleboard.org/files/AttorneyMCLERequirement.aspx>
- Continuing Legal Education Requirement: [Illinois Supreme Court Rule 794 \(windows.net\)](https://www.ilsupremecourt.gov/court-rule/794)
- Nontraditional Courses or Activities/Accreditation Standards and Hours: [Illinois Supreme Court Rule 795 \(windows.net\)](https://www.ilsupremecourt.gov/court-rule/795).

### NOTE:

Attorneys can now use the **new** Online MCLE Transcript System to confirm their progress toward MCLE compliance. You will need to enter carryover credits and credits for nontraditional activities, such as researching and writing legal publications; part-time law course teaching at a law school, university, college, or community college; and judging law school moot court or other law student training simulations. Once an attorney's online transcript reflects compliance with MCLE requirements, the MCLE Board will send a confirmation email and the attorney no longer has other reporting responsibilities for that period.

For more information see: [https://www.mcleboard.org/files/FAQs/Attorney\\_FAQs/Current\\_A-M\\_GC\\_RP/](https://www.mcleboard.org/files/FAQs/Attorney_FAQs/Current_A-M_GC_RP/)

[How do I add carryover credit from the 2020-2022 reporting period to my transcript for the 2022-2024.aspx?WebsiteKey=326da705-739f-4358-a61b-7470d6e33e1a.](#)

Don't forget to take advantage of your members-only 15 hours of **Free On-Demand CLE!**

## New Resources

Advancing States and the Human Services Research Institute: 2021-2022 National Core Indicators Aging and Disabilities Adult Consumer Survey [2021-22 NCI-AD Adult Consumer Survey National Report](#)

[Advocates for Disaster Justice](#) (previously [DisasterLegalAid.org](#))

Alzheimer's Association:  
*2023 Alzheimer's Disease Facts and Figures*  
[alzheimers-facts-and-figures.pdf](#)

Board of Trustees for Medicare  
*2023 Annual Report*  
<https://www.cms.gov/oact/tr/2023>

Centers for Medicare & Medicaid Services:  
*Nursing Home Visitation - COVID-19 (REVISED)*  
[QSO-20-39-NH Visitation REVISED \(cms.gov\)](#)

*Updated 2023 SSI and Spousal Impoverishment Standards*  
[2023 SSI and Spousal Impoverishment Standards CIB \(medicaid.gov\)](#)

*Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers*

<https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>

Related Factsheet:  
<https://www.whitehouse.gov/briefing-room/statements-releases/2023/04/18/fact-sheet-biden-harris-administration-announces-most-sweeping-set-of-executive-actions-to-improve-care-in-history/>

Related Report: [https://acl.gov/sites/default/files/RAISE\\_SGRG/NatlStrategyToSupportFamilyCaregivers.pdf](https://acl.gov/sites/default/files/RAISE_SGRG/NatlStrategyToSupportFamilyCaregivers.pdf)

Federal Communications Commission  
Affordable Connectivity Program  
GetInternet.gov (**previously AffordableConnectivity.gov**)

Illinois Department on Aging:  
*Adult Protective Services Program Annual Report, FY 2022*

<https://ilaging.illinois.gov/content/dam/soi/en/web/aging/resources/newsandpublications/publications/documents/fy22-aps-report.pdf>

*FY 22 Home Delivered Meals Report*  
<https://ilaging.illinois.gov/content/dam/soi/en/web/aging/resources/newsandpublications/publications/documents/HDMReport2022.pdf>

*FY 22 Respite Services Report*  
<https://ilaging.illinois.gov/content/dam/soi/en/web/aging/resources/newsandpublications/publications/documents/Respite-Report-FY22.pdf>

Justice in Aging:  
SSI Appeal Factsheet  
[Information for Advocates on the Settlement of SSI Non-Disability Appeals Case, Amin v. Kijakazi \(justiceinaging.org\)](#)

National Consumer Voice  
*Avoiding Drugs as Chemical Restraints*  
[https://theconsumervoice.org/uploads/files/general/CV\\_ADCR\\_ResidentsRight\\_booklet\\_web.pdf](https://theconsumervoice.org/uploads/files/general/CV_ADCR_ResidentsRight_booklet_web.pdf)

The National Task Group on Intellectual Disabilities and Dementia Practices:  
*Over Medication of Older Adults with Intellectual Disabilities: Risks for Brain Health.*

*Over Medication of Older Adults.pdf* (advancingstates.org)

## Upcoming Training Opportunities

The Consumer Financial Protection Bureau will present the following webinar as part of its Combatting Elder Financial Exploitation series:

**June 1, 2023: Financial Caregiving and Long-term Services and Support**  
**2:00 - 3:15 p.m.**

**Register:** <https://docs.google.com/forms/d/e/1FAIpQLSe7zoyQgmV7WO6VXBQppksqMAOUrFjrLlweH5p7dwT9-6dxhg/viewform>

The National Information and Referral Center has the following webinar scheduled:

June 6, 2023: **On the Front Lines of Health Care Fraud with the Senior Medicare Patrol**

2:00 – 3:00 p.m.

Register: [Webinar Registration - Zoom](#)

The American Society on Aging has openings for the following event as part of its Empowering Professionals in Aging series:

June 7, 2023: **Ageism in Healthcare**  
12:00 – 1:00 p.m.

Register: [Addressing Ageism Part 2: Ageism in Healthcare | American Society on Aging \(asaging.org\)](#)

The National Center on Law and Elder Rights is hosting the following training as part of its training series on Closing the Justice Gap for Older Adults:

June 13, 2023: **Partnering with Adult Protective Services: Leveraging Strengths across Disciplines**

1:00 - 2:15 p.m.

Register: [https://hhsacl.zoomgov.com/webinar/register/7616752030057/WN\\_GtvzEbW-TBGeiKwPv3t0RA](https://hhsacl.zoomgov.com/webinar/register/7616752030057/WN_GtvzEbW-TBGeiKwPv3t0RA)

The National Clearinghouse on Abuse in Later Life is offering the following webinar in commemoration of World Elder Abuse Awareness Day:

June 20, 2023: **Abuse in Later Life on the Radar: Funding a Collaborative Approach for the Support of Older Survivors**

1:00 – 2:00 p.m.

## Nominations Open for the Senior Illinoisan Hall of Fame

The Illinois Department on Aging is accepting nominations for the Senior Illinoisan Hall of Fame, which commemorates the accomplishments in the areas of community service, education, performance and/or graphic arts, and the labor force.

Nominees must be:

- At least 65 years old.
- A current Illinois resident or a former resident who lived in Illinois for the most of their life.

Posthumous nominees will also be considered. **Nominations must be submitted by June 1, 2023.** An online submission form is available at [Senior Illinoisans Hall of Fame](#).

## Volunteer Opportunity

The Human Rights Authority (HRA) at the Illinois Guardianship and Advocacy Commission is actively seeking volunteers to serve on each of its nine Regional HRA Boards throughout Illinois. If you are interested in volunteering, please complete the online application at [Volunteers - Human Rights Authority \(illinois.gov\)](#) or call the statewide intake number at 1-866-274-8023 or 1-866-333-3362 (TTY).

The HRA investigates alleged violations of the rights of persons with disabilities to improve the disability provider system. Board Members will receive both formal group training and less formal individualized training, and are reimbursed for travel, telephone, postage, and other related expenses associated with attendance

at monthly meetings and work on investigative teams which typically involve provider meetings and review of client charts and service policies. Members can expect to spend approximately 4 to 6 hours each month on HRA activities. ■

# Mark Your Calendars...

## May

### ISBA Member Appreciation Month | Illinois State Bar Association

31: Membership Renewal Incentive

## June

### Alzheimer's and Brain Awareness Month

### LGBTQ Pride Month

### National Men's Health Month

### National Safety Month

2: Illinois Judges Association Annual Meeting and Installation of Officers  
3: National Prairie Day  
4: National Cancer Survivor's Day  
8 – 10: ISBA Annual Meeting [at the Renaissance Chicago Downtown Hotel]  
14: Flag Day  
15: World Elder Abuse Awareness Day  
For resources, visit: World Elder Abuse Awareness Day | USC Center for Elder Justice

18: Father's Day  
19: Juneteenth  
21: Public Interest Law Initiative Annual Pro Bono Reception Summer Begins  
27: National PTSD Awareness Day  
30: Initial MCLE Credit Completion Deadline (Attorneys with N-Z last names)■

# Call for Articles

Interested in submitting an article for the newsletter? Everything you need to know about the publication process is posted at <https://www.isba.org/publications/sectionnewsletters>. Please submit your draft **and** signed a release form to us via email by **June 5, 2023**:

- Karen Kloppe - Karen.Kloppe@Illinois.gov

Let us know if there are any topics you would like to see covered in the future.■