



Older Adult Services Advisory Committee Meeting

Date: June 11, 2007

Location: Michael A Bilandic Building, Chicago, Illinois

IN ATTENDANCE:

Committee Members:

- Stephanie Altman – Health and Disability Advocates
- Darby Anderson – Addus HealthCare
- Carol Aronson – Shawnee Alliance for Seniors
- Pat Stacy Cohen – Illinois Adult Day Service Association
- Ann M. Cooper – Illinois Association of Nutrition Programs
- Thomas Cornwell, MD – HomeCare Physicians
- Jerry Crabtree – The Township Officials of Illinois
- Frank Daigh – family caregiver
- Dave Vinkler for Donna Ginther – AARP
- Joyce Gusewelle – Eden United Church of Christ
- Flora Johnson – family caregiver and SEIU Local 880
- Myrtle Klauer – Illinois Council on Long Term Care
- Lucia West Jones for Jonathan Lavin – Age Options
- David Lindeman – Mather LifeWays Institute on Aging
- Phyllis Mitzen – citizen member over 60
- Patricia O’Dea-Evans – Northwest Community Hospital
- Margaret Rudnik - Illinois Hospice and Palliative Care Organization
- Karen Schainker – Association of Illinois Senior Centers
- Tim Thomas – SEIU Local #4
- Cathy Weightman-Moore – Catholic Charities Long Term Care Ombudsman Program

Committee Members not in attendance:

- Dennis Bozzi – Life Services Network
- Pat Comstock - Illinois Health Care Association
- Michael Koronkowski – University of Illinois at Chicago
- Jonathan Lackland – Alzheimer’s Association
- Nancy Nelson – Illinois HomeCare Council
- Steven K. Rothschild, M.D. – Rush University Medical Center
- Carmen Velasquez – Alivio Medical Center
- Cheryl Woodson, M.D. – Woodson Center for Adult HealthCare

Ex-officio – non-voting Committee Members in attendance:

- Charles D. Johnson – Illinois Department on Aging
- Kelly Cunningham for Theresa Wyatt – Illinois Department of Healthcare and Family Services
- Sally Petrone – Illinois Department on Aging, Long Term Care Ombudsman
- Jennifer Novak – Illinois Housing Development Authority

Ex-officio – non-voting Committee Members not in attendance:

- Enrique Unanue – Illinois Department of Public Health
- Jared Thornley – Office of the Governor
- Yvonne Clearwater – Illinois Department of Financial and Professional Regulation
- Gwen Diehl – Illinois Department of Veterans Affairs
- Teri Dederer – Illinois Department of Human Services
- Maureen Palmer – Illinois Department of Commerce and Economic Opportunity

OBSERVERS:

- Jeremy Schroeder – SEIU 880
- Marianne Brennan – Health and Medicine Policy Research Group
- Neha Dave – Health and Medicine Policy Research Group
- Heather O'Donnell – Centers for Tax and Budget Accountability
- Patrick Gallagher – Illinois Housing Development Authority

Illinois Department on Aging:

- Michael Gelder
- Shelly Ebbert
- Ross Grove
- Leann Dolan
- John Eckert
- Neyna Johnson

SUMMARY

Welcome and Introductory Remarks:

Pat Stacy Cohen moved to approve the agenda. Myrtle Klauer seconded. The agenda was approved. Stephanie Altman moved to approve the March 12 minutes. Flora Johnson seconded. The minutes were approved.

Deputy Gelder reported two new members on OASAC. DCEO has named Maureen Palmer as their representative. Nancy Nelson has also joined OASAC as a representative for home health agencies.

Department Updates

Illinois Department of Healthcare and Family Services — Kelly Cunningham provided a handout on the Money Follows the Person (MFP) award update. Illinois was not selected in the first round but after submitting clarifying information and was selected in the second round.

HFS was the lead agency in collaboration with IDOA, DHS and IHDA. This is a five year award from the federal Centers for Medicare and Medicaid (CMS) that provides enhanced federal Medicaid match for certain persons coming out of a nursing facility into qualified community settings. Under this award, HFS

expects to transfer 3300 persons that have resided in a nursing facility for six months or more back to a “qualified community residence”. CMS is interested in sustainability. Even after the five year period, CMS is interested in creating mechanisms to ensure that nursing home transition efforts are ongoing. The enhanced federal match will last one year after the person is transitioned. HFS is looking at creating a MFP Consumer Advisory Committee and a State Leadership Team. The first 9-12 months of the grant are for creating an Operational Protocol. CMS must also approve the Operational Protocol.

Shelly Ebbert reported IDOA will be participating on groups related to MFP. The Enhanced Transition/Home Again program will serve as a baseline for IDOA’s efforts to expand nursing home transition efforts statewide for Illinois elderly population.

SB 765, initially called the Olmstead Implementation Act, has now become the Money Follows the Person Implementation Act. Due to serious concerns in the original bill, the legislative sponsors were very supportive of us redrafting bill. HFS will begin to focus on the implementation.

Kelly reported there are 77 SLF operational facilities with almost 6000 units available. HFS has been responding to questions from federal CMS on new rules for the waiver application. The rules expired June 30. HFS will be working on those details over the next couple of weeks.

HFS participated in a federal nursing facility time study called STRIVE. It was completed in May. HFS worked closely with 16 facilities and tracked the time spent on various tasks. HFS is waiting on the results.

Executive Committee Update

Stephanie Altman reported the Executive Committee is working to get the OASAC report out before January 2008 to influence decision making in the General Assembly. The executive committee has spent time over last couple of months discussing and approving the long term care finance map.

Illinois Housing Development Authority — Jennifer Novak provided copies of sections of the Comprehensive Housing Plan submitted on 2006 activities.

IHDA is committed to working with state agencies including providing money for home modification and special need category for persons with special risks. IHDA reserves some tax credits for state initiatives.

Illinois Department on Aging — Shelly Ebbert reported the Department is in the process of revising the internal strategic plan. The 2003-2007 strategic plan is something we have made significant progress on and is consistent with the mandates in the OASA. Comprehensive Care Coordination (CCC) was a big priority in the 2006 OASAC report and has been implemented in the last fiscal year. We have implemented the use of one assessment tool, have trained nearly all case managers in a holistic approach, and have included new activities with new rates. All CCUs are billing electronically. IDOA has made great strides with respect to implementing CCC, including providing capacity grants so CCUs have support for technology, staffing and training. As of May 23, 11,500 assessments or reassessments were done with the new tool. That accounts for 25% of the case load.

Alternative Senior Services was added to the IDOA budget last year with part of that money being used for Emergency Home Response Service (EHRS). Over 10,000 people are receiving EHRS through the CCP and IDOA is processing 400 clients per week. Less than 10% of those are new clients and are receiving EHRS only.

Flexible Senior Services (FSS) was implemented in January and has served nearly 700 CCP eligible people. Assistive Technology was initially the most used service but has recently been surpassed by utility assistance. The goal with FSS is to ultimately include it in the service package for CCP. FSS is being administered through collaboration CCUs and AAAs. John Eckert is the lead staff member.

FSS can cover medical costs such as medication management, hearing aides, dentures and psychiatric assessments. FSS is the payer of last resort. We are collecting information on exceptions being made. There is a \$500 limit. Anything over that needs approval from the Area Agencies on Aging (AAA). Anything over \$1500 needs approval from IDOA.

The FSS also includes an interagency agreement with IHDA for Assistive Technology (AT). The AAA have received grants for AT and IDOA has conducted statewide training for case managers on how to use AT. The Department has a contract with the Illinois Assistive Technology Program to provide the training.

The Enhanced Transition/Home Again demonstration project has assisted 152 seniors to return to the community as of March 30th. ET is available in six areas of the state. The MFP gives us the opportunity to use what we have learned from ET and expand statewide.

Presentations

Finance Workgroup Primer — Phyllis Mitzen and Heather O'Donnell presented the Primer to the OASAC. The Primer uses a mapping model to show how long term care is financed in Illinois.

The Primer was put together with information provided by HFS and IDOA. The finance workgroup wanted to put together a baseline of long term care funding in Illinois to inform OASAC and others as we make decisions on reforming long term care for the future. This Primer is based on the Medicaid Primer from HFS.

For the purposes of the Primer, the workgroup defined long term care as home and community based care, custodial unskilled care and nursing home care. Home health care, doctor and hospital visits are not included. The Primer includes core programs such as CCP, federal Older Americans Act funds, Supportive Living Facilities and nursing home care.

The workgroup wants to make sure the state is receiving the maximum federal match dollars. Nursing home care accounts for 75% of the funds.

The state does not have a global long term care budget for long term care. Money is allocated for specific facilities and home and community-based programs.

The Primer includes a trend analysis for each program on funds spent and persons served. It shows how much the state is spending and includes federal and local dollars and how many adults are served. It also shows a Medicaid shortfall. What the state reimburses providers is actually less than what it costs to provide the service.

Specific to CCP spending, most funds are federal and state Medicaid funds. Half are from Medicaid and the other half are from non Medicaid state General Revenue Funds (GRF). Seniors do not have to be enrolled in Medicaid to receive CCP. The workgroup was unable to determine what percentage of CCP enrollees are eligible and not enrolled in Medicaid. The law only requires CCP clients to apply for Medicaid; it does not require enrollment or even entirely completing the application. In most cases, it is a passive decision to fill

out the application, send to the DPA office, and follow up with anything that may have been left off. Most clients do not attempt to locate the extensive list of required documents.

The workgroup found the number one barrier to applying for Medicaid is estate and asset recovery. Other states have mechanisms to protect seniors. For example, the state will not take a client's home. It can be transferred to a spouse. The workgroup also discovered that those eligible for CCP are the least likely to have assets to recover. Pennsylvania has an exception specifically for a family farm. Illinois could do something similar to protect those in rural areas that are eligible for Medicaid and have assets.

The workgroup is interested in presenting the Primer to other workgroups. The next steps include deciding what other data would be useful. As questions come to mind, send them to the finance workgroup as they may already have the information or may decide to delve deeper into different areas.

Workgroup Reports

Written summaries were handed out from each workgroup.

OASAC Retreat Review

A handout was provided. Stephanie Altman and Jonathan Lavin discussed with the executive committee the need to not lose track of the discussion that was had at the retreat in April of last year. A lot of work went into that day. The retreat report was completed by the facilitator following the retreat. It is timely to remind people where we were at that point and if we are meeting our goals. We have made progress towards that and continue to do so. At the retreat, the committee felt strongly there be a balance between freedom, individual rights and responsibility and for services to be provided by a high quality workforce. This is an opportunity to look back and talk about what we want to make progress on that we haven't this year. What do we see as the goals? Representative Hamos challenged us to come up with a five year plan to determine where we are going. Stephanie Altman, Phyllis Mitzen, Jonathan Lavin and John Eckert discussed the retreat summary and do not feel we are off track but wanted to revisit the goals from that one day session.

The reimbursement issue is one that stood out as the goals were being reviewed. The executive committee wants to have more discussion and more time at meetings to talk about where we want to be going. The finance workgroup is looking at other state models and researching not only Illinois but what other states are doing that we could be doing. CPOE and Conversion are also looking at other states as possible models.

2008 Report Planning – The suggested timeline for the 2008 report was distributed. Shelly Ebbert reported the executive committee has discussed the need to have the report available before the end of the calendar year in an effort influence the General Assembly.

During July and August, the workgroups should develop objectives for the 2008 report. At the September meeting, we will discuss the recommendations from the workgroups. Prior to that, the workgroup chairs will present their objectives to the executive committee. In September, the workgroup chairs will take the feedback back to their workgroup and resubmit to the Department with any changes.

Governor's Conference on Aging — Shelly Ebbert reported the Governor's Conference is December 12-14 in Chicago. If members have any OASAC related sessions, contact Shelly Ebbert.

Legislation — Deputy Gelder reported on several bills the Department is following including HB 570, HB 652, SB 591, SB 595, HB 1301, and HB 3508.

Other Business

Nutrition Summit — Shelly Ebbert reported on the nutrition summit. This is being discussed internally. The Department will staff it. We hope to have it incorporated into the Senior Center Conference or as a pre-session to that conference. We also want to include the Nutrition Advisory Committee. The purpose of the summit is to update nutrition providers on what is new and also to challenge the system to think of how nutrition can be provided in other ways or take what we are doing and make it better and able to reach the complex needs of seniors. Nearly every chronic disease has a nutrition aspect to it. The Department is discussing this internally.

Video Conferencing — Members discussed the possibility of having the next OASAC meeting by video conference. The Department agreed to look into the availability of video conferencing for future meetings.

Meeting adjourned at 2:05pm.

These minutes were approved on September 10, 2007