



State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee Meeting Minutes

Date: September 13, 2010, 11am-2pm

Location:

Illinois Department on Aging Conference Room, 160 N. LaSalle St., 7th floor, Chicago

Illinois Department of Healthcare and Family Services, 201 South Grand Ave, Springfield

IN ATTENDANCE:

Committee Members:

- Pat Ahern – Rainbow Hospice and Palliative Care
- Stephanie Altman – Health and Disability Advocates
- Jean Bohnhoff – Effingham County Committee on Aging
- Melanie Chavin – Alzheimer’s Association of Greater IL
- Thomas Cornwell – HomeCare Physicians
- Jan Costello – Illinois Home Care Association
- Frank Daigh – Caregiver
- Robyn Golden – Rush University Medical Center
- Flora Johnson – SEIU Health Care Illinois and Indiana
- Michael Koronkowski – UIC College of Pharmacy
- Jonathan Lavin – Age Options, Inc
- Dave Lowitzki, SEIU Healthcare Illinois and Indiana
- Phyllis Mitzen – Citizen member over 60, Health and Medicine Policy Research Group
- Patricia O’Dea-Evans – A Silver Connection
- Eli Pick – Ballard Healthcare
- Tom Prohaska – University of Illinois at Chicago
- Susan Real – Caregiver, Eastern Illinois Area Agency on Aging
- Cathy Weightman-Moore – Catholic Charities Rockford

Committee Members not in attendance:

- Darby Anderson – Addus Healthcare
- Carol Aronson – Shawnee Alliance for Seniors
- Pat Cohen – Illinois Adult Day Service Association
- Pat Comstock - Health Care Council of Illinois
- Jerry Crabtree – Township Officials of Illinois
- Barbara Dunn – Community Health Improvement Center
- Joyce Gusewelle – Parish Nurse
- Myrtle Klauer – Illinois Council on Long-Term Care
- Melissa O’Brien – Senior Services Center of Will County
- Kirk Riva - Life Services Network
- Dave Vinkler – AARP
- Cindy Worsley – Association of Illinois Senior Centers
- Ancy Zacharia – Nurse practitioner, Homecare Physicians

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

- CHAIR: Charles Johnson – Director, Illinois Department on Aging
- Michael Gelder – Office of the Governor
- Kelly Cunningham for Theresa Eagleson–Illinois Department of Healthcare and Family Services
- William Bell – Illinois Department of Public Health
- Sam Mordka – Illinois Housing Development Authority
- Sally Petrone – Illinois Department on Aging, State Long-Term Care Ombudsman
- Robert Kilbury - Illinois Department of Human Services

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

- Arthur Friedson – Illinois Finance Authority
- Yvonne Clearwater – Illinois Department of Professional Regulation, Senior Health Insurance Program
- Gail Hedges – Illinois Department of Commerce and Economic Opportunity
- Gwen Diehl – Illinois Department of Veterans Affairs

OBSERVERS:

- Kristin Pavle, Health and Medicine Policy Research Group
- Paul Bennett, UIC
- Jim Varpness, Administration on Aging

Illinois Department on Aging:

- Paul Stepusin
- Sandra Alexander
- Janice Cichowlas
- Ross Grove
- Robin Morgan
- John Eckert
- Kimberly Flesch
- Leann Dolan

SUMMARY**Welcome and Introductions**

Director Johnson welcomed members to the meeting. Members introduced themselves.

Approve June 14 meeting minutes

Flora Johnson moved to approve the minutes. Thomas Cornwell seconded. All were in favor, minutes were approved.

Executive Committee Report – Jonathan Lavin reported the Executive Committee continues to discuss the role of the full committee and executive committee and restructuring OASAC. The workgroups will continue to be suspended. Michael Gelder has attended executive committee meetings. He sees OASAC as more focused on measuring the effectiveness of transforming long term care and returning people to the community and focusing on outcomes. OASAC now has some broader priorities and needs to determine where we are and what is next. The OASAC needs to look at global dollars and not at each department and continue to push that forward. The executive committee is doing analysis and consideration of our options and where to go from here.

Membership – Sandra Alexander reminded members SB 4910 was passed resulting in OASAC having 30 slots to fill instead of 32 by combining the municipality, county and township representatives into one position. Several members have terms scheduled to expire in November. The Department will be sending letters to the appropriate associations asking for nominations.

Status of State Plan Report and Discussion – Sandra Alexander reported the draft report has been approved and is in production. We hope to have it in print by the end of the month. It is due to the General Assembly September 30.

At the last executive committee meeting, it was determined the state agencies would meet to discuss the priorities, review and rank them. The agencies met and reviewed the goals OASAC came up and identified, from a state perspective, the most important priorities (objectives). The goals did not change. A handout was distributed prior to the meeting that included the state agencies comments. The state agencies agreed to meet on a regular basis.

State agencies also had comments on issues they are working on and those comments are included. The state departments will continue to meet on a regular basis. The Department would like to recommend the executive committee meet quarterly instead of monthly. The executive committee would oversee the structure of the full OASAC and recommend when a workgroup is necessary to work on a specific task. The services expansion workgroup has continued under CCPAC. The state departments will meet quarterly and begin implementing those objectives identified as high priority. A proposed schedule of meetings for 2011 was distributed prior to the meeting. The proposed schedule changes what is directed by the Operations Manual. This is considered the required thirty days notice to change the manual. The OASAC will be asked to vote on the change at the November meeting.

Sandra also suggested a meeting schedule for the remainder of 2011. The state agencies will meet quarterly and inform the executive committee of progress in order to prepare for full committee meetings. An executive committee meeting is scheduled for September 27. Sandra proposed that meeting be used for the state agencies. The executive committee would need to meet in October to review the 2011 report to the General Assembly. The full committee meets November 15 and will be able to review the same report. The OASAC will not have a meeting at the Governor's Conference on Aging in Chicago in December.

Affordable Health Care Act

Jim Varpness, Administration on Aging, Region 5 and 7 Director, presented on the Affordable Health Care Act. The AOA continues to review the document; there are many possibilities depending on what state you live in.

The Older Americans Act was signed in 1965. Medicare, Medicaid and Social Security were also created. At that time, there were 27million Americans over the age of 60. Now there are 60 million over the age of 60 and in the past 20 years, the 85 + population has doubled.

The Act closes the doughnut hole in Medicare Part D. The Act focuses on prevention and wellness.

There are numerous opportunities within the act including the MIPAA grant with AOA and CMS. Recently AOA announced over \$60 million in grants. Evidence based transition models will be funded under a new offering. We also need to connect with the health systems. Through the ADRCs we learned one of the greatest and trusted resources for seniors is doctors. The aging network needs to be better tied with that health piece. The act also includes an evaluation of the evidence based program. We hope that this will validate what we have been doing and provide documentation to move forward. There are a lot of interested foundations. We need more public/private partnerships.

Outreach and assistance for Medicare beneficiaries is included in the act. Wellness and preventive care without co-pays are included. We need to encourage seniors to use those services. A critical piece will be the options counseling available with the ADRC grant. There has been great success in some areas. The key part is going beyond information and assistance and focusing on counseling, coaching and following up.

Another important part of connecting with the healthcare system is with ADRC and MFP. AOA is working with HUD to establish ongoing dollars to support individuals on an ongoing basis. MFP will be expanded in 2016 with the state's Medicaid agency.

There will be an incentive related to chronic disease available to states. This will be an opportunity for the aging network to partner with others. The must be with the Medicaid agency.

AOA will be doing more presentations on the act. There is a lot of potential for home and community bases services and disease prevention.

AOA sends out regular e mails on grant opportunities, recent research and other important items.

Additional resources can be found at the Administration on Aging's website at hhs.gov as well as websites for Healthcare Reform for All, AARP, and the Keiser Family Foundation at kff.org.

AOA is anticipating the reauthorization of the Older Americans Act. The President has requested an increase in OAA funds, most of which goes to caregiver programs. If there is not a budget freeze, we could see more money to support family caregivers.

Department Updates

Illinois Department on Aging – Sandra Alexander reported the ADRC grant for year 2 was funded. The Department will continue to work with PSAs 1, 2, 5, 8, 13 and will add PSAs 3 and 4. The Department had the opportunity to apply for additional funding in the areas of options counseling, MIPAA, and an evidence based transition project which we are hoping to use to expand Illinois Cares. The Department is also in the process of drafting the Comprehensive Care Coordination rules. Once they are approved internally and by HFS, the rules will be filed allowing opportunity for public comment.

Mary Killough reported on the implementation of CCP services and spend down. Effective September 1, individuals on CCP can use the cost of services toward their spend-down. This is a great benefit to seniors and the state gets match as well which could result in an additional \$1million per month for the state of Illinois. The program requires CCP applicants to apply for Medicaid and if eligible to enroll. This was a cooperative project with the Governor's office, HFS and DHS on a short time frame. We are working on helping with the application process. The co pay for CCP has been eliminated.

A fact sheet with this information was requested.

Paul Stepusin reported the Department is working with sister agencies to ensure that all these various groups are able to work together and share information. Some initiatives and goals intersect and could be combined.

Members discussed several groups that include numerous members of OASAC. A lot of these groups are talking about the same issues. Evaluation is also an issue for consideration and is necessary in order to know we are making progress.

These groups are formed by legislation and are required to meet. It is helpful to know which groups have overlapping membership and issues. It would be more efficient for all of these committees to feed into a common structure. The state is working on defining what that structure should be.

Illinois Department of Human Services – Rob Kilbury reported while we all have the same interest in serving individuals in the community we also have a structure that includes seven Medicaid waivers instructing the state how to run programs for various populations. The programs vary greatly in programs offered by various agencies.

Illinois Department of Public Health – Bill Bell reported IDPH is working on implementation of SB 326 that upgrades the long term care code. The first draft of related rules will be reviewed on September 22. These board meetings are scheduled every 2 months for the next year. IDPH applied for a grant dealing with the healthcare worker background check program. This grant builds off of a previous grant to move towards nationwide background checks that incorporate information from the FBI. One significant change of the new grant is creating a wrap back program which keeps background checks active and reports future crimes, preventing the need for new checks. Illinois is one of top states on this.

Illinois Department of Healthcare and Family Services – Kelly Cunningham reported HFS recently filed major rulemaking proposing changes in long term care eligibility which is required by the Federal Deficit Act of 1995. There is a public hearing today in Chicago and another will be held in Springfield. A link summarizing the rules will be sent to members.

Kelly updated members on the Nursing Home Safety Task Force. A major responsibility of HFS is to create a workgroup to look at nursing home rate reform. Ten members have been appointed. The group has met three times and will meet again before the end of the year. The meetings are open to the public. Information on the task force is available on the Governor's Office website. The link will be sent to members.

HFS is starting a pilot program to provide integrated health care to seniors and those with disabilities. The winning bidders were selected and announced last week. The program is limited to 40,000 individuals in the collar counties and portions of Cook County. A press release will be distributed to members.

HFS continues to look at the federal Affordable Healthcare Act. HFS will work with the Governor's Healthcare Reform Implementation Council.

HFS continues to work on the implementation of the federal MDS 3.0, Resident Assessment Instrument that is mandated by the federal government to assess residents. Effective October 1, a new version will be used.

HFS began soliciting up to five projects to serve people in SLFs with Alzheimer's or dementia with the purpose to test the service package and delivery. HFS received 19 applications and is in the process of selecting which projects will be funded.

Illinois Housing Development Authority – Sam Mordka reported on the Long Term Care Housing Tax Credit Application. IHDA will be announcing which projects will be funded. This year IHDA required a preliminary application and then either asked the applicant to continue to fill out the full application or not apply. More than 50% of the applications were for senior housing. This is a one year application based on the Qualified Allocation Plan. IHDA continues to operate a targeting program to allow developers a set aside 10% of their units to those eligible. This has not been successful in senior developments. A referral process is used to fill those units. IHDA is looking at ways to increase

referrals. IDOA will be working with IHDA to get information out to the network on available units for seniors.

Illinois Department of Human Services – Rob Kilbury reported DHS continues to work with HFS and other sister agencies on MFP and other projects. DHS may be cutting services to stay within the budget.

Workgroup updates

The workgroups continue to be suspended. The Services Expansion workgroup is now operating under CCPAC. They incorporated the OASIS triggers identified under by the expansion workgroup into the CCC assessment instrument. This was presented to CCPAC. The workgroup is now looking at setting up trainings with the home health and case management agencies. The Medication Management Issue Paper adopted by OASAC is also being looked at by CCPAC to make it operational within CCP.

Announcements

The executive committee meeting for September 27 is canceled. The state agencies will meet instead. The next executive committee meeting will be October 25. The next full committee meeting is November 15. The state agencies could meet on November 29 if necessary. The Operations Manual will be amended to reflect the executive committee meeting on a quarterly basis.

The meeting adjourned 1:50 pm.