



State of Illinois
Pat Quinn, Governor
Illinois Department on Aging
Charles D. Johnson, Director

(P.A. 093-1031)

OLDER ADULT SERVICES ACT



2010 Report
to the General Assembly

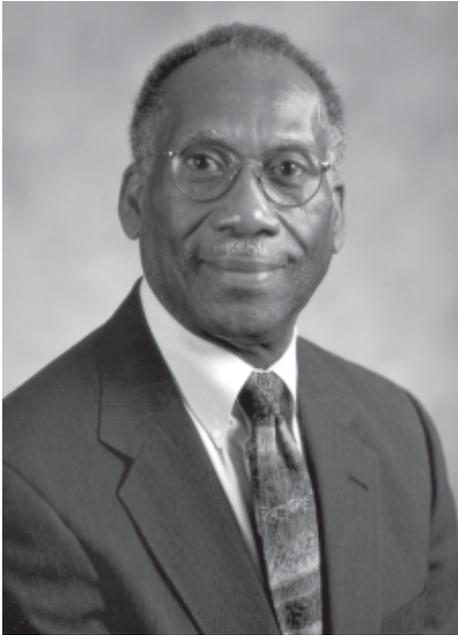
Illinois Department
on **Aging**



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Older Adult Services Act

Message from Director Charles D. Johnson



The following report is submitted as mandated by Public Act 93-1031, the Older Adult Services Act. This Act requires the Illinois Department on Aging to notify the General Assembly of its progress toward compliance with the Act on Jan. 1, 2006, and every January thereafter. As required, this report summarizes the work completed in 2009, identifies impediments to such progress, and reflects the recommendations of the Advisory Committee, including items requiring legislative action.

The Department on Aging gratefully acknowledges the members of the Older Adult Services Advisory Committee and the additional dozens of individuals who participated on its five workgroups pertaining to Finance, Workforce and Family Caregiver, Nursing Home Conversion, Services Expansion, and Coordinated Point of Entry. The workgroups met throughout 2009 to consider actions that will advance the transformation of long term care in Illinois, and their recommendations are included in the attached report.

The overarching goal for these efforts is to assure that older adults across Illinois have accurate information and timely access to high quality services in the community so that they and their families can find the right community-based service at the right time, place and price to continue to live safely in their own homes and neighborhoods.

The Department also acknowledges and thanks the Departments of Healthcare and Family Services, Public Health, Human Services, and the Illinois Housing Development Authority for their thoughtful participation and contributions to the Committee and its Workgroups. I am pleased to report that these agencies fully support the goals of the Older Adult Services Act and are assuring that state policies and practices encourage the long-term care transformation called for in the Act.

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Departmental Assessments

Illinois Department on Aging

The Illinois Department on Aging (IDoA) is honored to lead the statewide effort to transform the state's long-term care system for Illinois' frail elderly residents. Since 2003, IDoA has expanded programs, services and reimbursement rates to increase access to home and community-based options. In 2007, IDoA added Emergency Home Response Services to Homemaker and Adult Day Services in its Community Care Program, and implemented a flexible services demonstration project. IDoA also initiated a comprehensive approach to needs assessment, case management, and service coordination for all Illinois seniors regardless of financial eligibility. The Department participates in national Cash and Counseling, Nursing Home Diversion, and Money Follows the Person demonstration projects.

The Department on Aging supports the Older Adults Services Advisory Committee's recommendations as a guide for short and long range program expansions, recognizing the state's fiscal condition may limit the extent to which immediate goals can be implemented. The Department on Aging welcomes the advice of the Advisory Committee as it proceeds to fulfill the goal of helping the state's older population live their final years in dignity, among their friends and family.

Illinois Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (IDHFS) leads Illinois' long-term care reform efforts by working to ensure that high quality health care, coupled with a range of appropriate and accessible community and facility-based options, are available to Illinoisans in need of long-term care services. As the single state Medicaid agency and vice-chair of the Older Adult Services Advisory Committee, IDHFS leads the states' long-term care reform and rebalancing efforts through several initiatives, including the federal Money Follows the Person (MFP) demonstration project. Through the use of an enhanced Medicaid match rate, the federal government encourages states to adopt broad, systemic long-term care reform. An active participant on the Nursing Home Conversion workgroup, IDHFS recognizes that for long-term care rebalancing to be successful, it must incorporate strategies which encourage institutional downsizing and encompass all populations as opposed to narrowly focusing on one population. IDHFS supports the continued utilization of Medicaid State Plan services as well as expanded home and community-based waiver options for the populations it serves, including low-income older adults, persons with disabilities and persons with serious mental illness.

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) programs regulate licensed and certified facilities servicing the entire population of the state. The older adult population is one component of our charge. Licensed and certified long-term care facilities in the state serve a variety of populations in addition to older adult populations.

Since the inception of the OASAC, IDPH has been working diligently to enhance its programs to better serve the long-term care population in the state. In 2006 it introduced legislation and implemented the identified offender rules which require that fingerprint background checks be conducted for all new admissions to long-term care facilities. Facilities are also required to develop risk assessment and treatment plans for those individuals identified as offenders. The Department continues to actively participate in the OASAC activities specifically in the Nursing Home Conversion workgroup and Services Expansion workgroup where its regulatory expertise can best serve the OASAC mandates.

Illinois Housing Development Authority

The lead agency of the Governor's Housing Task Force, Illinois Housing Development Authority (IHDA) supports housing-related activities of the OASAC, and incorporates strategies and actions to increase the supply of affordable housing and housing options for older adults in the State's Annual Comprehensive Housing Plans.

IHDA supports the mandates in the Older Adult Services Act through development and preservation of housing for low-income seniors. IHDA also supports, through the Illinois Affordable Housing Trust Fund and the State's HOME program funds, the modification of existing single- and multi-family housing to promote aging in place, and living in the least restrictive setting.

Executive Summary

This report is submitted to the Illinois General Assembly by the Illinois Department on Aging as mandated in the Older Adult Services Act (Public Act 093-1031). The Act requires the Department on Aging to report annually on the progress made in complying with this Act, impediments thereto, recommendations of the Advisory Committee, and any recommendations for legislative changes necessary to implement this Act. The Act established the Older Adult Services Advisory Committee (OASAC) to advise the directors of Aging, Healthcare and Family Services, and Public Health on all matters related to this Act and the delivery of services to older adults in general. The Committee is comprised of 32 members representing older adults, providers, advocates, and academics with an interest in long-term care. To fulfill the purpose of the Act, the Department created five workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry, and Workforce and Family Caregiving. This report includes a review of the progress made in 2009, and presents specific recommendations for action in 2010 to continue efforts to transform Illinois' comprehensive system of older adult services as specified by the Act.

Transforming Illinois' long-term care system to emphasize home and community services requires the commitment of the OASAC and the state Departments of Aging, Public Health, and Healthcare and Family Services as mandated in the legislation. Successful efforts in other states have also required substantial executive and legislative leadership. The Older Adult Services Advisory Committee recognizes the importance of state government's support and commitment to achieve this goal. Substantial gains have been made in the past several years to expand service options for frail older adults. Further enhancements of home care options are challenged as the state struggles with revenue shortfalls. The Illinois Department on Aging is committed to continuing to work with the Departments of Public Health and Healthcare and Family Services to implement the recommendations outlined in this report, subject to appropriations by the General Assembly.

2009 Accomplishments of OASAC Workgroups

- The Determination of Need, Service Cost Maximum Study was completed which analyzed how the DON relates to service cost maximums in the Department's Community Care Program and the Division of Rehabilitative Services' Home Services Program. The study also provided an analysis of aging and disabilities services in six best practice states.
- Twenty-two standards have been developed for Coordinated Point of Entry (CPOE) sites. These standards will be used to promote a consistent service model for CPOE across the state of Illinois.
- The Finance workgroup gathered and analyzed data from several states on long-term care services and funding, which will be useful as the Department and OASAC develop

a state plan to restructure the state's service delivery system for older adults, as mandated by PA 96-0248.

- The Nursing Home Conversion workgroup issued a white paper: *The Nursing Home Bed Reduction and Resource Conversion Program: Expanding Health Care Service Options to Benefit Illinois Seniors*. This paper proposes the conversion of unused Medicaid certified nursing home beds to create a wide variety of community based services and improvements.
- The Services Expansion workgroup sub-committee on Coordination of Health and Social Services conducted research and met with the Illinois Home Care Council, the state association of home health nursing agencies. An issue paper to establish a pilot project for coordination of health care and social services has been completed and reviewed by the members of the Services Expansion workgroup.
- The Services Expansion workgroup issued a *Medication Management Issue White Paper* which proposes a two-tiered approach to audit and/or manage medication use among high risk older adults to prevent incorrect medication use and adverse interactions.
- Rate increases were provided for both in-home and adult day services in calendar year 2009. Home care aide wages were increased \$.70 per hour.
- The Workforce and Family Caregiver workgroup reviewed a number of career ladder/lattice programs in other states. Many lessons learned from other states can and will be carried over to the effort in Illinois to improve the recruitment and retention within the health care workforce and to establish career ladders that are consistent and complimentary to the effort with OASAC and to prepare for a rebalanced long-term care system.
- The Workforce and Family Caregiver workgroup monitored the progress of private duty nurse licensing under the Home Health, Home Services, and Home Nursing Licensing Act.
- The Alzheimer Awareness Family Caregiver Conference and the 14th Annual Conference on Alzheimer's Disease and Related Disorders took place on November 16 and 17, 2009, at the Crowne Plaza Hotel in Springfield, Illinois. The conference was co-sponsored by Southern Illinois University School of Medicine, Center for Alzheimer Disease and Related Disorders, Illinois Department on Aging and the Alzheimer's Association – Greater Illinois Chapter. The OASAC Workforce and Caregiver workgroup successfully advocated for the addition of a track for employers who deal with issues regarding employees who are also caregivers.
- In 2009, the Department on Aging applied for, and received, a 3-year federal grant award of \$200,000 for Lifespan Respite Services to improve access to information and respite resources to all populations.
- In 2009, the Department on Aging applied for, and received, funding for the first year of a 3-year federal grant (\$224,716 in Year 1) to enhance and expand Aging Disability Resource Centers (ADRC)/Coordinated Point of Entry (CPOE) sites in Illinois.

Impediments

1. Continuing revenue shortfalls have exacerbated payment delays that threaten the financial viability of all contractual providers, including small business and not-for-profit facilities and home and community-based service providers, whose

services are essential to caring for the frail elderly and achieving the transformation of long-term care in Illinois.

2. The pressures on state revenues are limiting the state's ability to maintain the growth in home and community based care anticipated in the Older Adult Services Act. This situation challenges the Department and the Older Adult Services Advisory Committee to improve the efficiency of home and community based services to assure they are effectively targeted and sufficient to support frail elderly in living safely in the community for as long as possible.
3. Insufficient funding has impeded our ability to fulfill certain mandates of the Act, specifically establishing a designated Web site for Older Adult Services, branding the system of care and coordinated points of entry, and implementing the medication management program. The Illinois Department on Aging is committed to pursuing these recommendations as funding permits.

2010 Recommendations

OASAC and the workgroups have made tremendous progress over the past several years in gathering research and data, analysis of financing and services, and recommendations for services, workforce, coordinated point of entry and service delivery systems. OASAC workgroup reports, accomplishments and recommendations sent to the legislature in the OASAC reports each year reflect their admirable progress.

The OASAC Executive Committee engaged in several meetings in 2009 devoted to redefining their role in long-term care reform in the light of the appointment of Michael Gelder from Deputy Director of the Department on Aging to Senior Health Policy Advisor to the Governor, the passage and signing of PA 96-0248, and the recommendations of the Taxpayer Action Board. The OASAC Executive Committee has carefully considered their next steps and the next steps of the OASAC as a whole, in order to make 2010 as meaningful and efficient as possible.

In September 2009, OASAC approved two motions. One motion was to engage the Executive Committee, in collaboration with the full committee, in a facilitated planning process to develop a plan to rebalance long-term care and recommend the plan to the state before 9/30/2010. Another motion was to suspend the workgroup activities at the end of December 2009 until the facilitated planning process is completed.

Additional workgroup recommendations for 2010 are as follows:

1. Design and implement strategies to reduce the number of Medicaid certified nursing home beds through a nursing home bed conversion program.
2. Implement and evaluate a medication management pilot program in the state.
3. Implement and evaluate a health and social service coordination pilot in the state.
4. Advocate for the continued support of rate increases to achieve a living wage and health insurance coverage for all long-term care and community based care workers in Illinois. Ensure that wages are at least 20 percent above minimum wage.
5. Recommend career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers; support introduction of a pilot career program based on a review of best practices in other states.

6. Recommend the development of a training certificate/accreditation program for all long-term care and community-based workers including core curriculum and safety training.
7. Compile and review results of current caregiver training programs in Illinois and other states. Replicate evidence-based caregiver programs in underserved areas of Illinois.
8. Support an increase in the general revenue funds for services that would benefit family caregivers with specific emphasis on respite care.

Conclusion

Substantial, if incremental, progress is being made toward implementing the Older Adult Services Act. The 2010 OASAC report provides further information regarding the progress and recommendations of the workgroups, a full description of progress toward meeting the mandates of the Act, and the status of long-term care measures that were first developed in 2008.

Background and History of the Older Adult Services Act

The Older Adult Services Act and the creation of the Older Adult Services Advisory Committee (OASAC) are the result of advocacy at many levels to reform the Illinois system of long-term care. The Illinois system of care for older adults has long favored institutional care over viable, adequate community-based alternatives. Efforts to transform this system must include a commitment from the Administration, legislative leaders, advocates, and those organizations representing various provider groups to reallocate existing resources, reduce the supply of nursing home beds, and increase flexibility and consumer direction of home and community-based services. The Older Adult Services Advisory Committee has been established to lead this effort.

Purpose of the Older Adult Services Act

The Older Adult Services Act was enacted in 2004 through Senate Bill 2880 (Public Act 093-1031) by the Illinois General Assembly in order

to promote a transformation of Illinois' comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. Such restructuring shall encompass the provision of housing, health, financial, and supportive older adult services. It is envisioned that this restructuring will promote the development, availability, and accessibility of a comprehensive, affordable, and sustainable service delivery system that places a high priority on home-based and community-based services. Such restructuring will encompass all aspects of the delivery system regardless of the setting in which the service is provided (PA 093-1031 Section 5).

The Act identifies three key areas of concentration:

- 1) Identifying priority service areas where specific services are underfunded or simply do not exist (Section 20);
- 2) Restructuring Illinois' comprehensive system of older adult services with increased emphasis on services that permit seniors to remain active in their communities taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services (Section 25 and definition of "restructuring"); and
- 3) Encouraging nursing home operators to downsize beds and/or convert beds to assisted living and home and community-based services (Section 30).

All three areas of concentration are intended to provide a wider range of service options to allow older adults the maximum choice and control over their care. Services to

be expanded must promote independence and permit older adults to remain in their own homes and communities. Priority is to be given to the expansion of existing services and the development of new services in priority service areas.

Older Adult Services Advisory Committee

The Act established the Older Adult Services Advisory Committee to advise the Directors of Aging, Public Health, and Healthcare and Family Services on all matters related to the Act. The Illinois Department on Aging formed the Older Adult Services Advisory Committee (OASAC) in January 2005 and created five workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry, and Workforce and Family Caregiving. Each year, the OASAC workgroups set priorities and work toward developing short term and long-term recommendations.

OASAC Vision Statement

In April 2006, the OASAC met to review its recommendations from 2005 and to review its statutory responsibilities. Among the activities undertaken by the Committee during the retreat was the development of a vision statement. Through additional meetings of the OASAC Executive Committee, this vision was refined, and it was approved September 11, 2006 by the full Committee:

The OASAC vision is one where older adults across Illinois live in elder-friendly communities, with accessible transportation, affordable housing appropriate for their needs and a consumer-driven array of services nearby. Through the collaborative efforts of local, regional and state service providers, it will be easy for Illinois seniors and the families who care for them to find the right service at the right time in the right place at the right price. This network is designed and implemented to provide high quality services with participation and feedback from the older person, families and the staff.

A coordinated public relations program, including web-based tools, ensures that the public knows whom to call when seeking older adult services. Older persons and their families know what is available and understand that they must take responsibility for meeting the challenges of old age.

Those workers who provide services are offered adequate salaries and benefits at all levels. They are qualified, receive on-going training, and are appropriately recognized for their efforts. The effectiveness of the service programs are assured through regulations, accountability and evaluation, and supported by ongoing data collection and analysis.

Overall, the system maintains a balance between the important values of freedom and safety for every older person while a flexible, reliable funding stream ensures that a variety of services are available with consistent delivery and levels of care throughout the state.

Guiding Principles of OASAC

In 2006, the Older Adult Services Advisory Committee agreed to the following overarching principles:

1. Rights of Older Adults

All services provided to older adults, regardless of the oversight agency, should promote the right of older adults to live out their lives with dignity, retaining their autonomy, individuality, privacy, independence, and decision-making ability. Acknowledgement of these principles is the first step to incorporating them into state efforts to transform long-term care and services for older adults.

2. Consumer Direction

All programming provided for older adults using public funds in Illinois, regardless of the agency providing oversight, should incorporate the concept of consumer direction. This should include the right of an older adult to be fully informed of all options and to choose, decline, and have input into how any and all services are provided for which they are eligible. Through consumer direction, older adults are empowered to make decisions about the services they want and how they wish to receive them, thereby better meeting older adults' needs. In addition, consumer direction is necessary because it is a major key to providing quality, satisfactory services.

3. Accountability and Accessibility of Information

All providers of services to older adults should be monitored by their oversight agency to assure they meet contract requirements, all applicable federal and state requirements, and program standards. Appropriate sanctions shall be levied for failure to report complaints, service delivery deficiencies, and failure to meet contract requirements and program standards. Information concerning sanctions should be available for public review and should be taken into account in contract renewal decisions. While performance-based contracting is routinely used by the state, oversight of compliance with contracts, federal and state regulations, and standards varies greatly from service to service. A more balanced approach to oversight must be developed in order to protect older adults vulnerable to sub-standard care, exploitation, and neglect.

4. Standards

State standards should be established that maximize the program participants' quality of care and assure the services shall be rendered in a timely manner to protect and promote the rights of older adults to live in the least restrictive settings. Proposed standards should be assessed to determine validity, the contracted agencies potential for attainment, and the potential effect on program participant's quality of care. Currently, home services have very minimal standards with provider-defined "enhancements" allowed, but not required, as part of the bidding process. This practice has led to little consistency area to area. In areas that simply strive to meet minimal standards, older adults face loss of independence due to sub-standard care.

Each year, the OASAC submits a Report to the General Assembly that summarizes progress toward shifting the balance of long-term care in Illinois, and recommending activities for the upcoming legislative session.

History of Legislation

Based on continuing legislative interest and concern for the growing elderly population of the state, Speaker Michael J. Madigan, announced a series of Summits on Long-term Care to discuss key issues confronting the elderly. The first of the summits held in legisla-

tive districts in January 2003 focused on access to prescription medications. The following year the Speaker again convened legislative district summits focusing on access to long-term care services. The second set of summits culminated in a hearing in October 2003 examining each state government's programs and services to assure affordable, appropriate long-term care services.

Throughout the summer of 2003, senior citizens, care providers, state agencies, senior service organizations and advocacy groups testified on existing senior services and the need for additional programs as well as overall system reform. Specific topics considered were need, consumer choice, workforce, informal caregiving, quality assurance, governance and finance.

Recommendations from the summit were generally embodied in the Illinois Department on Aging *Long-Term Care Reform Proposal*, November 2003. Concurrently the Health and Medicine Policy Research Group convened a Legislative Study Group on Long-term Care, developed briefing papers for legislators on pertinent policy issues, and conducted focus panels with older adults throughout the state, which identified strong political support and consumer demand for expanded home and community-based services options.

At the close of the Speaker's Summits on Long-term Care, AARP continued conversations with home and community-based service and nursing home groups. From these discussions six groups came together to develop a comprehensive system reform bill: AARP, the Alzheimer's Association, the Illinois Coalition on Aging, the Association of Illinois Senior Centers, the Illinois Health Care Association and Life Services Network. The reform bill, the Older Adult Services Act, was introduced in the Senate as SB 2880 by Senator Iris Martinez and a portion of the proposal was introduced in the House as HB 5058 by Representative Susan Mendoza.

Throughout the spring of 2004, more than 40 organizations came together to discuss system reform and language changes to SB 2880. These intense and lengthy negotiations touched every aspect of the long-term care delivery system in Illinois. At passage, nearly every organization, including the Departments of Aging, Public Health, and Healthcare and Family Services, supported the enactment of the Older Adult Services Act.

SB 2880 was sponsored in the House by Representative Julie Hamos (D) of Evanston and Representative Joseph Lyons (D) of Chicago. Co-sponsors included 33 Senators and 63 State Representatives (see Acknowledgements). It was passed overwhelmingly by both chambers (Senate 57 – 0; House 113 – 1) and signed into law by Governor Rod Blagojevich on August 27, 2004, as Public Act 093-1031.

At the same time, the Administration identified the Illinois Department on Aging as the lead human service agency to reform and restructure the state's long-term care spending priorities. In response to the Governor's commitment, the Department on Aging increased provider reimbursement rates and added the emergency home response service as the first new service in recent years. To further fulfill the commitment, the Department sought, received and implemented grants to establish Aging and Disability Resource Centers and My Choices, a Cash and Counseling national demonstration program to expand consumer direction opportunities within the Community Care Program. HB 5057 (PA 93-0902) authorized the Department on Aging to establish the Home Again demonstration program which resulted in 377 participants being returned to the community from nursing home facilities during the demonstration period of July 2005 through November 2008.

In 2007, IDoA added Emergency Home Response Services to its Community Care Program, and implemented a Flexible Senior Services demonstration project. IDoA also initiated a comprehensive approach to needs assessment, case management and services coordination for all Illinois seniors regardless of financial eligibility. The Department also participates in the Nursing Home Diversion and Money Follows the Person demonstration projects.

In 2008, the Older Adult Services Advisory Committee agreed to six long-term care measures to use as indicators of the state's progress toward transforming long-term care. The Illinois Department on Aging, the Department of Healthcare and Family Services, and the Department of Public Health will continue to collaborate to collect data that is consistent over time.

LONG-TERM CARE MEASURE #1: Trends in the percent of Medicaid long-term care dollars spent on institutional and home and community-based care for persons 65+.

LONG-TERM CARE MEASURE #2: Trends in the percent of nursing home residents 65+ that are high acuity based on Multiple Date Set or Resource Utilization Group scores.

LONG-TERM CARE MEASURE #3: Trends in the number of nursing home residents transitioned from nursing home care to Home and Community-Based Services.

LONG-TERM CARE MEASURE #4: Trends in the percent of Home and Community-Based Services (Community Care Program and Supportive Living Facilities) recipients that are high need, as defined by functional and/or financial status.

LONG-TERM CARE MEASURE #5: Trends in services, including nursing home beds, per 1000 persons 65+ by county and/or Area Agency on Aging Planning Service Areas (PSA).

LONG-TERM CARE MEASURE #6: Quality of Life survey data for individuals in residential facilities and Home and Community-Based Services.

In 2009, the Older Adult Services Act was amended by the authorization of PA 96-0248. This public act amends the Older Adult Services Act as follows:

The Department on Aging and the Departments of Public Health and Healthcare and Family Services shall develop a plan to restructure the State's service delivery system for older adults pursuant to this Act no later than September 30, 2010. The plan shall include a schedule for the implementation of the initiatives outlined in this Act and all other initiatives identified by the participating agencies to fulfill the purposes of this Act and shall protect the rights of all older Illinoisans to services based on their health circumstances and functioning level, regardless of whether they receive their care in their homes, in a community setting, or in a residential facility. Financing for older adult services shall be based on the principle that "money follows the individual" taking into account individual preference, but shall not jeopardize the health, safety, or level of care of nursing home residents. The plan shall also identify potential impediments to delivery system restructuring and include any known regulatory or statutory barriers. (PA 96-0248, Section 1)

OASAC continues the important work of advising the directors of Aging, Healthcare and Family Services and Public Health on all matters related to this Act and the delivery of services to older adults in general.

2009-2010 Activities in Compliance with the Older Adult Services Act

Section in the Older Adult Services Act	Mandate	Progress in 2009	Further Activities Planned for 2010
10 ("priority service area")	Determine by rule the criteria and standards used to designate such areas.	<p>OASAC workgroups assisted in the review and determination of Priority Service Areas. The Services Expansion workgroup made service recommendations and defined the groups of people to whom that service would be targeted.</p> <p>The Coordinated Point of Entry (CPOE) workgroup finalized a Survey to Information Providers from which standards were developed, as well as an access point system. Quality assessment should be based on the standards.</p>	<p>The Coordinated Point of Entry workgroup has concluded mandated tasks assigned over the multi-year existence of the group. The CPOE will be prepared to meet on an ad hoc basis in the future as directed by the Older Adult Services Advisory Council.</p>
15(a)	<p>The Illinois Department on Aging (IDoA) shall be the lead agency...shall collaborate with the Illinois Departments of Public Health and Healthcare and Family Services (IDPH, IDHFS)...</p>	<p>The Director of the Department on Aging continues to chair OASAC and the department continues to staff the committee and its workgroups. Since the inception, IDPH and IDHFS have been active partners in the leadership of OASA initiatives. IDoA initiated monthly inter-agency meetings to improve communications among the designated state agencies. The Illinois Housing Development Authority (IHDA) and Department of Human Services (IDHS) are also collaborating extensively.</p>	<p>Collaboration will continue, including the preparation of a mandated planning report (P.A. 96-0248) to restructure the state's service delivery system for older adults by September 30, 2010.</p>
15(b)	Promulgate rules when required.	No rules have been promulgated.	<p>IDoA will promulgate rules associated with General Assembly actions pertaining to long-term care reform and various OASAC recommendations.</p>
15(c)	Report to the General Assembly annually beginning January 1, 2006.	The 2009 report was submitted.	The January 2010 report will be submitted.

Section in the Older Adult Services Act	Mandate	Progress in 2009	Further Activities Planned for 2010
20(b)	<p>IDOa shall expand older adult services that promote independence and permit older adults to remain in their homes and communities.</p>	<p>Over 3,700 clients were served with Flexible Senior Services in FY 09, and 29 clients moved from long-term care facilities to the community through the Enhanced Transition / "Home Again" demonstration program, which ended in 2009. We are now participating in the Money Follows the Person program to track movement from the nursing home back to the community.</p>	<p>The Department will promulgate administrative rules pertaining to Comprehensive Care Coordination (comprehensive case management) and Flexible Senior Services as an ongoing Community Care Program (CCP) service. Pending appropriation, IDoA will establish a medication management demonstration program.</p> <p>Subject to appropriation</p>
20(c)	<p>IDOa shall develop and maintain an inventory and assessment of 1) the types and quantities of public older adult services, including privately provided older adult services, and 2) the resources supporting those services.</p>	<p>The Department is participating in the Illinois Framework Information Technology Group, led by IDHS, to integrate management information systems across all state agencies.</p> <p>In collaboration with IDHS and other state agencies, IDoA is investigating the use of a common database to identify and track referrals.</p> <p>The ESP system and web site is operational although additional appropriation is needed to maintain current data input.</p>	<p>Subject to appropriation</p> <p>In collaboration with IDHS and other state agencies, IDoA continues to investigate the use of a common database to identify and track referrals.</p> <p>Subject to appropriation.</p>
20(d)	<p>Develop "priority service areas" every five years beginning July 1, 2006.</p>	<p>See 10 above.</p>	<p>IDOa will "map" resource data (community and facility-based) by county, together with the population of older adults. OASAC workgroups will assist in the review and determination of Priority Service Areas.</p> <p>Subject to appropriation.</p>
20(e)	<p>Establish an IDoA state projects fund.</p>	<p>No activity based on the absence of an appropriation or identified funding stream.</p>	<p>The Finance Workgroup will examine this issue in 2010.</p> <p>Subject to appropriation.</p>

Section in the Older Adult Services Act	Mandate	Further Activities Planned for 2010
20(g)	<p>Establish a program of demonstration grants to assist in restructuring delivery systems and prescribe by rule the grant application process.</p>	<p>A proposal will be prepared and reviewed in 2009 with the goal of creating a grants program in 2010.</p> <p>Subject to appropriation.</p>
20(h)	<p>Provide information to IDHFS (formerly Public Aid) to enable them to annually document and verify the savings attributable to the nursing home conversion program. [Note: IDPH is responsible for this.]</p>	<p>IDPH will continue to lead this effort and will work through the Nursing Home Conversion Workgroup to accomplish this mandate.</p>
25	<p>By January 1, 2005, IDoA shall commence the process of restructuring older adult services. Priority shall be given to both the expansion of services and the development of new services in priority service areas.</p>	<p>IDoA will prepare standards and rules for these programs in 2010. Priority Service areas will be established by rule in 2011.</p> <p>All of Section 25 is subject to appropriation.</p>
25(1)	<p>Develop a plan based on the principle of "Money Follows the Person" and the identification of regulatory or statutory barriers.</p>	<p>In fiscal year 2010, MFP will be expanded to eight PSAs and go statewide in 2011.</p> <p>The state will be held to various long-term care-related benchmarks, including increasing the overall percentage of long-term care dollars spent on home and community-based services.</p>
25(2)	<p>Establish Comprehensive Case Management to be conducted statewide. The system shall include the identification and implementation of a universal, comprehensive assessment tool to be used statewide to determine the level of functional, cognitive, socialization and financial needs of older adults.</p>	<p>The Department will promulgate administrative rules pertaining to Comprehensive Care Coordination (comprehensive case management) which will include state and federal mandates. Subject to funding, a time/cost study will be conducted to help determine appropriate rates.</p>

Mandate

Progress in 2009

Further Activities Planned for 2010

25(3) Implement and publicize a Coordinated Point of Entry using uniform name, identifying logo, and toll-free number.

Efforts continue toward coordinating entry points to services. The IDoA Senior HelpLine served more than 156,000 callers in 2009. It is estimated that over 700,000 older adults received assistance statewide through the Information and Assistance funded through the Older Americans Act. Three Aging and Disability Resource Centers (ADRC), established by federal grants, are located in suburban Cook County, Decatur, and Rockford. In 2009, IDoA applied for and received a federal grant to enhance and expand ADRC in Illinois. In addition, IDoA has collaborated with IDHS to establish a “welcome center” one-stop service model in suburban Cook County. IDoA is also collaborating with IDHS in a pilot project to establish a 211 line in pilot projects around the state.

IDoA will identify funding to develop the name and logo, as well as develop a process, standards and training for the CPOEs in each PSA, as recommended by the CPOE Workgroup. The Senior HelpLine will continue to respond to more than 156,000 callers each year. IDoA will continue to collaborate with IDHS to implement the “Welcome Center,” and support the Area Agency on Aging and Care Coordination Unit that serve their immigrant older adult clients.

25(4) Develop a public web site that links to available services, resources and reference materials concerning caregiving, diseases and best practices.

IDoA is making an inventory of the variety of web sites that have been developed to link older adults and their caregivers to relevant information. In addition, IDoA, IDHS, IDHFS and IHDA entered an intergovernmental agreement to fund **www.IIHousingSearch.org**, which became operational in 2009 as a resource to search for available rental housing.

IDoA is reviewing the content and accessibility of its web site, and will incorporate necessary changes in 2010.

Mandate

Progress in 2009

Further Activities Planned for 2010

25(5) Expand older adult services to help older adults remain in their homes.

IDHFS accepted applications for Supportive Living Facility (SLF) program development serving older persons in targeted areas of the state and persons with physical disabilities statewide from August 2008 through March 1, 2009. Decisions regarding these applications should be made by late 2009.

IDoA and OASAC Workgroups support efforts to preserve IHDA Trust Fund resources to develop and expand affordable housing options for Illinois seniors and persons with disabilities. The Supportive Living Program — Illinois' home and community-based services (HCBS) waiver— approved model of affordable assisted living — serves older adults and persons with physical disabilities between the ages of 22 and 64. The program now has over 105 facilities (containing over 8,200 apartments) operational statewide and another 40 developments (containing another 3,500 apartments) proceeding toward certification.

The Home Modification program was funded with \$2 million from the IHDA-administered Illinois Affordable Housing Trust Fund. Awards to more than a dozen subgrantees will be announced in Fall 2009, which will assist in providing the necessary physical home modifications to help elderly and persons with disabilities remain in their own homes.

IHDA has initiated, with funding from IDoA, IDHS and IDHFS, a statewide housing locator database to assist older adults and people with disabilities in finding affordable housing with appropriate services.

25(6) Expand consumer-directed home and community-based services to maximize consumer choice.

IDoA implemented a Cash and Counseling demonstration program in four Planning and Service Areas in November 2007. To date, 185 individuals have enrolled in the program and are directing their service dollars to their own workers and one-time services that support their health and welfare. IDoA is developing a tool to evaluate the Cash and Counseling demonstration program.

IDoA will implement provisions of PA 95-0565 that updates the array of available services permissible in the CCP and allows participants to choose among the preventative services contained in their care plan. In addition, IDoA will publish the results of the Cash and Counseling evaluation, and utilize the findings to make recommendations about a personal assistant program for Illinois seniors.

Section in the
Older Adult
Services Act

Mandate

25(7) Expand a comprehensive delivery system that integrates acute and chronic care.

Progress in 2009

IDHFS contracted with McKesson Health Solutions to manage chronic diseases, such as asthma, diabetes, heart disease or other chronic health problems, among low-income Illinoisans, including older adults residing in their homes and communities as well as in nursing facilities, through its disease management initiative: Your Healthcare Plus. Additionally, IDHFS continues to work with the federal Centers for Medicare and Medicaid Services (CMS) to develop an approved dually capitated rate for the Program of All-Inclusive Care for the Elderly (PACE). IDoA has been meeting for two years with medical and academic experts to consider models of care that integrate medical and community services.

Further Activities Planned for 2010

Efforts to integrate medical care with community services through Medicaid will continue. IDHFS is implementing a Primary Care Case Management program — Illinois Health Connect — designed to improve the health and quality of life for Medicaid beneficiaries. IDoA will continue to explore with IDHFS opportunities to encourage CCP clients to enroll in a managed care organization that assures high-quality clinical care and that is closely integrated with home and community-based services.

25(8)

Implement a program of transition from one residential setting to another and follow-up services, regardless of residential setting, pursuant to rules with respect to 1) residential eligibility; 2) assessment of the resident's health, cognitive, social and financial needs; 3) development of transition plans; and 4) the level of services that must be available before transitioning a resident from one setting to another.

IDoA developed the operational protocol for serving older adults in the Money Follows the Person federal demonstration program. The protocols required by the federal government include many guidelines regarding the assessment of risk and the development of adequate care plans to sustain individuals in the community who have lived for 6 months or more in a residential facility.

Transitions from nursing homes will be monitored closely by HFS to assure that extremely vulnerable clients are not put at risk by transition activities. Money Follows the Person acknowledges that residential care may be the best option for some individuals, and that all may benefit from knowing their options.

25(9)	<p>Establish family caregiver support strategies coordinating both public and private financing.</p>	<p>IDoA continued efforts currently funded under the Older Americans Act to provide respite care and caregiver support. With Southern Illinois University School of Medicine and the Alzheimer's Association – Greater Illinois Chapter, IDoA planned "A Working Caregiver Symposium" in conjunction with the November 2009 Family Caregiver Conference and the Annual Conference on Alzheimer's Disease and Related Disorders. The Workforce and Family Caregiver Workgroup successfully advocated for the addition of a track for employers dealing with issues regarding employees who are caregivers.</p> <p>IDoA obtained a 3-year federal grant to expand and enhance respite services and information across the state to persons of all ages.</p>	<p>IDoA continues to collaborate with AAAs and their Family Caregiver Resource Centers to work locally and regionally to develop and expand private partnerships in support of caregiving strategies.</p> <p>The Lifespan Respite Services grant will provide emergency respite services, training, and respite resources to family caregivers, as well as paid and unpaid caregivers throughout the state.</p>
25(10)	<p>IDoA shall establish a core set of uniform quality standards for all providers that focus on outcomes and take into consideration consumer choice and satisfaction, and IDoA shall require each provider to implement a continuous quality improvement process to address consumer issues.</p>	<p>IDoA has initiated the development of a standardized evaluation process for Home and Community-Based Services demonstration projects.</p> <p>As part of the waiver renewal, IDoA developed a quality management plan. The consumer satisfaction survey tool was validated and tested for reliability. A participant survey was developed which will identify participant overall satisfaction with the program and provide input related to preference in service options. A new critical events tool and database was developed to collect and track service complaints, abuse/neglect issues, critical incidents, and requests for reassessments.</p>	<p>Efforts are underway through the long-term care measures which were developed to better understand how consumer satisfaction and quality of life can inform program development and systems change efforts.</p> <p>IDoA home and community-based demonstration projects will be studied to determine the feasibility for programs to be implemented on a statewide basis.</p> <p>Annual consumer satisfaction surveys will be collected. The critical events tool will be fully automated into a web-based system.</p>
25(11)	<p>Establish workforce strategies that attract and retain a qualified and stable worker pool.</p>	<p>IDoA implemented legislatively mandated increases in home care aide hourly wages and rates, and increased rates to cover healthcare benefits for home care aides, and increased rates for adult day service.</p>	<p>Efforts to improve wages and health insurance benefits for home care aides will continue. The Workforce and Family Caregiver Workgroup will explore standards for certified/accredited training for in-home workers.</p>

Section in the Older Adult Services Act	Mandate	Further Activities Planned for 2010
25(12)	<p>Streamline coordination of services to maximize resources and minimize duplication of services.</p>	<p>Progress in 2009</p> <p>IDHFS held joint training sessions for its staff and operational/approved supportive living providers in Chicago and Springfield on topics of mutual concern.</p>
25(13)	<p>Develop and implement a plan that identifies barriers and provides recommendations on the provision and availability of services.</p>	<p>IDHFS will continue to hold the semi-annual training sessions.</p> <p>IHDA will continue to market www.ILHousingSearch.org, with funding from IDoA, IDHS, and IDHFS; train service providers to use the web site assisting older adults and persons with disabilities in finding affordable housing with appropriate services.</p>
25(14)	<p>Evaluate the current reimbursement and funding practices to implement a uniform, audited provider cost reporting system.</p>	<p>The Finance Workgroup completed research on funding of long-term care — exploring models from other states and summarizing the findings in a PowerPoint presentation.</p> <p>IDoA is continuing efforts to strengthen its cost accountability for federal, Medicaid and general revenue funds provided to support older adults in Illinois.</p>
25(15)	<p>Propose a plan to contain Medicaid nursing home costs and Maximize Medicare utilization. [with IDHFS and IDPH]</p>	<p>The Nursing Home Conversion Workgroup reviewed Nebraska, Michigan, Wisconsin and Minnesota bed reduction plans; Minnesota's plan will provide a model for Illinois' bed reduction.</p> <p>A plan will be developed by IDHFS and IDPH with advice from OASAC, and reviewed through the full OASAC process by September 30, 2010, as required by HB752 (PA 96-0248).</p>
25(16)	<p>Implement a nursing home conversion program to reduce the number of Medicaid certified nursing home beds in areas with excess nursing home beds. [Note: IDPH is responsible for this.]</p> <p>Investigate changes to the Medicaid nursing facility reimbursement system to reduce beds. [Note: IDHFS is responsible for this.]</p>	<p>IDPH continues to work with the Nursing Home Conversion Workgroup to develop a conversion program.</p> <p>Subject to appropriation.</p>

Section in the
Older Adult
Services Act

Mandate

Progress in 2009

Further Activities Planned for 2010

25(17) Investigate and evaluate financing options for older adult services and make recommendations in the report required by Section 15 concerning the feasibility of these financing arrangements.

The Finance Workgroup prepared a PowerPoint summarizing best practices for long-term care financing from various states in the nation.

The Finance Workgroup will examine the impact of mandatory enrollment in Medicaid for eligible CCP participants. Legislation was passed (HB0752, now PA96-0248) requiring that IDoA, IDPH, and IDHFS develop a plan to restructure the State's service delivery system for older adults by September 30, 2010.

25(18) Implement a program of demonstration grants that will assist in the restructuring of the older adult services delivery system, and provide funding for innovative service delivery models and system change and integration initiatives.

IDoA worked with the Governor's Office, IDHFS and IDHS to begin the Money Follows the Person program, a federal long-term care rebalancing initiative.

Legislation was passed (HB0752, now PA96-0248) requiring that IDoA, IDPH, and IDHFS develop a plan to restructure the State's service delivery system for older adults by September 30, 2010. IDoA will continue the implementation of Money Follows the Person, which will yield important data toward other State efforts in restructuring long-term care.

25(19) Update the bed need methodology for long-term care and provide this to the Health Facilities Planning Board [IDPH, IDHFS, and IDoA]

A sub-committee of the Nursing Home Conversion Workgroup, which includes representatives from IDHFS and IDPH, has developed strategies for determining bed need methodology. The recommendations went to the Nursing Home Conversion Workgroup for review and then to the OASAC Executive Committee.

Subject to appropriation.

30(a) Establish a nursing home conversion program. [IDPH, IDHFS, and IDoA]

The Nursing Home Conversion Workgroup has studied the issue and prepared its recommendations.

Subject to appropriation.

30(b) Provide grant monies and other capital related to nursing home conversion.

See above.

Subject to appropriation.

Section in the Older Adult Services Act	Mandate	Progress in 2009	Further Activities Planned for 2010
30(e,f,g,h,i)	Establish by rule the bed reduction methodology by nursing homes that receive grants.	IDPH and IDHFS are examining Bed Need Methodology, with advice from the Nursing Home Conversion Workgroup.	IDPH and IDHFS will continue to examine Bed Need Methodology.
35(b,c,d,e)	Comprise the Older Adult Services Advisory Committee (OASAC) members as described.	OASAC was fully staffed with just one vacancy for a municipality representative. Its five workgroups that involved more than 100 interested parties met on dozens of occasions to develop their recommendations.	In 2010, IDoA will continue to staff OASAC and assure that its membership reflects the categories mandated in the Act. IDoA will identify workgroup chairs and designate members based on interest expressed to the Department. The Executive Committee will review the mandated membership and recommend legislative changes for the 2010 session.

Workgroup Reports

Coordinated Point of Entry Workgroup

2009 Objectives and Progress

Objective #1: To develop recommendations utilizing data from the Coordinated Point of Entry (CPoE) Survey for the upgrade of information and assistance services statewide.

PROGRESS: The Survey to Information Providers was completed and CPOE standards were developed based on the survey results. Information and Assistance recommendations were also developed.

Objective #2: To develop recommendations for the designation and support of access points in all areas of the state. Incorporating results of the survey and other information, the workgroup will prepare preliminary recommendations to assure that current and future access points throughout the state are viable, visible and useful to older adults seeking to gain access to the aging service system in multiple ways.

PROGRESS: Through review of the survey results the work group recommends the access point system be developed by the designated CPOEs. A list of potential access points developed by the work group is attached to the standards.

Objective #3: To develop a process for an ongoing assessment of quality in the system including the tracking of client satisfaction, outcomes of services and the identification of gaps in the system.

PROGRESS: The CPOE work group recommends that the quality assessment process be based on the standards.

Priority Objectives for 2010

The Coordinated Point of Entry workgroup has concluded mandated tasks assigned over the multi-year existence of the group. The CPoE workgroup will be prepared to meet on an ad hoc basis in the future as directed by the Older Adult Services Advisory Council.

Finance Workgroup

2009 Objectives and Progress

Objective #1: The Finance workgroup will use the data and analysis in its Primer on Long-term Care Financing in Illinois to concentrate our efforts on gathering and analyzing data comparing the demographics, funding and services for long-term care in Illinois to other states around the nation.

PROGRESS: The Finance workgroup gathered and analyzed data from several states on long-term care services and funding. A summary was prepared of products from the University of Minnesota Rebalancing Research Project.¹ A PowerPoint presentation was made to the Finance workgroup showing various options for funding long-term care in different states including, but not limited to waivers, long-term care insurance, nursing home care, health savings accounts, life insurance, reverse mortgages, family loans, and long-term care annuities. Some successful strategies identified by the Office of Legislative Research include global budgeting, consolidated long-term care agencies, single point of entry, consumer-directed care, reducing institutional capacity, nursing home transition and diversion programs, and standardized assessment tools.

Objective #2: The Finance workgroup will provide a report to OASAC on how Illinois compares to other states in the provision and funding of long-term care.

PROGRESS: The Finance workgroup has provided a summary of their research, reports and PowerPoint materials on how Illinois compares to other states in the provision and funding of long-term care to the full OASAC.

Priority Objectives for 2010

The Finance workgroup has concluded its mandated activities.

Nursing Home Conversion Workgroup

2009 Objectives and Progress

Objective #1: Design and implement strategies to reduce the number of Medicaid certified nursing home beds through a nursing home bed conversion program.

- a. Identify barriers to nursing home bed conversions such as existing state and federal laws and regulations. Reconcile any regulatory conflicts.

PROGRESS: IDHFS and IDPH have not identified any state or federal laws or regulations that will be a barrier to the initial project of converting to single bed rooms.

- b. Develop a pilot nursing home bed conversion program, that will include, but is not limited to, a bed buy back component for nursing homes converting licensed and/or

¹*Research on State Management Practices for the Rebalancing of State Long-Term Care Systems: Final Report.* Rosalie A. Kane, Robert L. Kane Reinhard Priester, and Patricia Homyak. August, 2008, www.hpm.umn.edu/ltresourcecenter/research/rebalancing/attachments/final_report.pdf. The Rebalancing Research was performed by the University of Minnesota Division of Health Policy and Management as a subcontract to the CNAC Corporation, under a Task Order from the Centers for Medicare and Medicaid Services (CMS) to CNAC. Rosalie A. Kane was the Principal Investigator for Minnesota and, during the period of the preparation of these case studies, Linda Clark-Helmes was the CNAC project manager. Site visitors to the various states included Rosalie A. Kane, Robert L. Kane, and Donna Spencer (all from University of Minnesota), Robert L. Mollica (National Academy for State Health Policy), Charlene Harrington and Martin Kitchener (UC San Francisco), Dann Milne (consultant from Colorado), Charles Reed (consultant from the State of Washington), and Linda Clark-Helmes (CNAC). Quantitative analyses for the baseline and 2006 Update were performed under the leadership of Robert L. Kane, Donna Spencer, and Terry Lum, data analyst from the University of Minnesota School of Social Work. The conclusions in these reports are those of the research team members and do not necessarily reflect the opinions of CMS or its staff members or the staff at the 8 participating states. The CMS project officer receiving these reports was initially Mary Beth Ribar, then Dina Elani, and finally Kathryn King, all with the CMS Division of Advocacy and Special Initiatives.

Medicaid certified nursing home beds to single bed rooms and/or other community-based services. The workgroup recommends using components of the Minnesota model and other models to accomplish this. The goal is cost neutrality.

PROGRESS: On July 21, 2009, the workgroup approved a motion to start the conversion program with converting licensed and certified Medicaid nursing home beds to single bed rooms and will be developing the plan to be initiated in 2010. On November 9, 2009, the full OASAC approved a motion to accept a white paper issued by the Nursing Home Conversion workgroup: The Nursing Home Bed Reduction and Resource Conversion Program: Expanding Health Care Service Options to Benefit Illinois Seniors.

Objective #2: Recommend to the Task Force on Health Planning Reform that OASAC participate in the discussion, or make recommendations regarding the development of the bed need methodology for long-term care facilities. The workgroup recommends that any bed need methodology take into consideration the new trends in elder care.

PROGRESS: The Health Facilities Planning Board (HFPB) has included the provision to consider new trends in elder care into its methodology. The workgroup recommends that OASAC is a participant or advisor to the Task Force on Health Planning Reform regarding development of a bed need methodology.

Objective #3: Develop an accessible and affordable in-facility respite service model that will support people who provide care to older adults living in the community.

a. Analyze the types of respite care services currently available for the elderly in Illinois (Medicaid eligible individuals, low income/non-Medicaid clients and people who pay privately.) Determine which AAAs offer in-facility respite care as part of their service package. For those AAAs that do not offer in-facility respite care, determine the reason. Analyze existing models used by the AAAs to make these services available for clients across Illinois.

PROGRESS: IDoA surveyed the 13 AAAs on respite services on costs, needs, and types of respite service funded.

b. Determine which CCUs are utilizing in-facility respite care for caregivers (clients), how it is being funded, and the average lengths of stay (e.g., 1-5 days; 5-10, 10+ days).

PROGRESS: The workgroup has requested this information from the Department on Aging.

c. Identify regulatory and other barriers that prevent nursing homes from providing in-facility respite care services.

PROGRESS: IDPH and IDHFS will be reporting to the workgroup on their findings at both federal and state levels and will recommend strategies to enable Illinois to offer in-facility respite for private pay, Medicaid and CCP clients throughout the state.

d. Submit recommendations for a statewide, in-facility respite care program to be initiated in 2010.

PROGRESS: The Nursing Home Conversion workgroup has submitted recommendations for a statewide in-facility respite care program to be initiated in 2010.

Priority Objectives for 2010

1. Design and implement strategies to reduce the number of Medicaid certified nursing home beds through a nursing home bed conversion program.
 - a. Initiate a pilot for a single occupancy room bed conversion program in three areas of the state (north, central and south) utilizing the capital rate adjustment as an incentive for facilities to participate.
 - b. Based on IDoA's/OASAC's analysis of unmet/underserved needs in communities across the state, and utilizing the statistics from the 2008 Health Facilities Planning Board (HFPB) survey of services already being provided by nursing homes, OASAC (in collaboration with local AAAs, nursing home providers, Care Coordination Units (CCUs), consumers, and other stakeholders in the un-met and underserved areas) will discuss ways a nursing home bed conversion program can address the unmet or underserved needs.
 - c. Present recommendation to OASAC for implementation of either a pilot or a state-wide in-facility respite program for private pay, Medicaid and CCP clients.

Services Expansion Workgroup

2009 Objectives and Progress

The Services Expansion workgroup provided oversight for The Determination of Need, Service Cost Maximum Study which was completed by the University of Illinois at Chicago (UIC) and Health and Medicine Policy Research Group. This study analyzed how the DON relates to service cost maximums in the Department's Community Care Program and the Division of Rehabilitative Services' Home Services Program. The study also provided an analysis of aging and disabilities services in six best practice states.

In addition, the Services Expansion workgroup made progress on the following objectives:

Objective #1: Provide financing for a program for collaborative care between health and social services, to be phased in over 3 years, which will establish necessary services and communication mechanisms between the Comprehensive Care Coordination (CCC) system and the health care/allied health systems for all CCC clients identified as high risk.

PROGRESS: The Services Expansion workgroup sub-committee on Coordination of Health and Social Services conducted research and met with the Illinois Homecare Council, the association of home health nursing agencies. An issue paper to address the establishment of a pilot project for health care and social services has been completed and reviewed by the members of the Services Expansion workgroup, and a program design recommendation for implementation in pilot sites is nearing completion. The design has six components: 1) to establish an Advisory Group for the Coordination of Health and Social Services; 2) to develop a certification or endorsement program for home care aides, health care aides, and Certified Nursing Assistants (CNAs) that prepares them to work with high risk clients; 3) to establish a regional system of experts to provide direct services to high risk clients and training for personnel responsible for

these individuals; 4) to establish through a grant or some other means, staff and resources to provide technical assistance to the pilot projects; 5) to require that state agencies involved in the OASAC process, especially the Department of Healthcare and Family Services (IDHFS), authorize and initiate a state working group of the leaders of the associations such as the Illinois Nurses Association (INA) and the Illinois Hospital Association (IHA), that will be part of this coordination effort and 6) to study how the Case Coordination Units, primarily responsible for the coordination of health care and social services to ensure that older adults can receive long-term care in a community setting, can operate with the necessary authority (official power) to effectively monitor home care and health care workers (direct care providers to the client) when these workers are employees of other entities.

Objective #2: Replace the Federal Poverty Index with the Elder Economic Standard Index, a geographically sensitive measure of the actual cost of living for Illinois elders, using a formula based on statewide averages to calculate cost sharing obligations for individuals eligible for the Community Care Program.

PROGRESS: The Services Expansion workgroup considers poverty and economic security a major barrier to an older adult's ability to remain in their own home and receive community based long-term care services. The workgroup is in the process of studying the Elder Economic Standard Index and how it could be used to calculate cost sharing and the impact on elders and the state.

Objective #3: Provide funding to Public Act 095-0535 to establish medication management and medication audit services statewide as a stand-alone service available to all clients identified as high risk.

PROGRESS: The Services Expansion workgroup conducted research, reviewed a series of drafts, and finalized the *Medication Management Issue White Paper*, which was approved by the full OASAC on November 9, 2009. Efforts have focused on developing a medication audit program that will utilize licensed pharmacists for review of referred cases from Case Coordination Units to identify drug-related problems such as adverse reactions, patient non compliance, overdose, under-dose and lack of necessary drug therapy. The CCC assessment component provides a tool for case managers to assess basic medication management needs. The program will address the needs of client who may have four specialist doctors prescribing twelve different medications from two different pharmacies. This example reflects a high risk situation which has been shown to be manageable and improved upon with appropriate, timely intervention. Two levels of medication management are being recommended including medication audit services (tier 1) and medication management services (tier 2).

Objective #4: Increase funding for home delivered meals to offset increased costs associated with fuel, raw food cost, and minimum wage cost. Investigate additional public funding sources and alternative distribution systems to permit expanding the program to unserved/underserved areas and unmet needs.

PROGRESS: The Services Expansion workgroup continues to conduct research and collect statewide information relative to nutrition services.

Objective #5: Provide funding for respite services (including emergency respite services) to enable family and other informal caregivers to meet the caregiving responsibilities that they have assumed by providing support.

PROGRESS: The Department on Aging received a 3-year, \$200,000 Lifespan Respite grant from the Administration on Aging. Among other things, this project proposes the development of an emergency respite fund.

Priority Objectives for 2010

1. Implement and evaluate a medication management pilot program in the state.
2. Implement and evaluate a health and social service coordination pilot in the state.

Workforce and Family Caregiver Workgroup

2009 Workforce Objectives and Progress

Objective #1: Advocate for the continued support of rate increases to achieve a living wage for all long-term care and community-based workers in Illinois. Ensure that wages are at least 20 percent above minimum wage. Provide funding in all programs to support these increases through FY 2011.

PROGRESS: Rate increases were provided for both in-home and adult day services in calendar year 2009. Home care aide wages were increased \$0.70 per hour and although improved, do not meet the objective of being 20 percent over the minimum wage. However, the state minimum wage was also increased to \$8.00 per hour. Due to state budget shortfalls no additional increases were secured for other home and community-based services.

Objective #2: Support legislation and budget increases targeted at increasing health insurance for all long-term care and community-based workers.

PROGRESS: In 2008, the Illinois Department on Aging and Illinois Department of Human Services, Office of Rehabilitation Services, initiated an enhanced rate to fund health insurance coverage for home care aides serving both seniors and persons with disabilities. One of the options in developing a health insurance plan is through a Health Insurance Trust plan under the Taft-Hartley Trust Act. Seven employers representing approximately 18,800 employees are participating in the SEIU Health Insurance Trust plan, which also offers insurance to nursing home employees organized by SEIU. Enrollment as of July 2009 within the seven participating employers' 14,285 eligible home care aides is 36 percent.

Other Long-Term Care / Home and Community-Based Service Employees

The workgroup initiated a second informal survey among trade associations representing other long-term care and home and community-based service workers in Illinois. To date the workgroup has not received a sufficient volume of responses to further review and propose solutions to providing wage and benefit increases among

these provider groups. The workgroup will work with the Department on Aging in 2010 to gain insight and information into the rate structure and make-up of employees in these sectors.

Objective #3: Research career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers; support introduction of a pilot career program based on a review of the research.

PROGRESS: The Workforce and Family Caregiver workgroup recently became involved with another state project led by Department of Commerce and Economic Opportunity (DCEO), Illinois Center for Nursing, and Metropolitan Chicago Healthcare Council. Spearheaded by Paraprofessional Healthcare Institute National (PHI National), these organizations, including our sub-committee members, are working and have made notable progress toward goals similar to the Workforce and Family Caregiver workgroup. The sub-committee will continue this collaborative effort with this project as the efforts to establish career ladders to improve the recruitment and retention within the health care workforce is consistent and complimentary to the effort within OASAC and long-term care.

In addition to continued leadership in the PHI National and DCEO effort, the workgroup reviewed a number of similar ladder/lattice programs in other states. Many lessons learned from other states can and will be carried over to the effort in Illinois to prepare for a rebalanced workforce in long-term care.

Objective #4: Recommend the development of a training certificate/accreditation program for all long-term care and community-based workers.

PROGRESS: As Illinois moves forward in rebalancing long-term care services, our workgroup is challenged with making recommendations regarding standardized and documented training for all long-term care providers. Standardized training programs endorsed or certified by state agencies will ensure a more consistent level of quality services. Each individual provider will be trained in the same core elements of its positions. All standardized training programs endorsed or accredited must also contain training in the area of workplace safety as well as job and life skills training.

Objective #5: Monitor the progress of private duty nursing licensing under the Home Health, Home Services, and Home Nursing Licensing Act.

PROGRESS: In late 2008, Illinois Department of Public Health expanded licensing of in-home service providers and developed rules and procedures for licensing and monitoring an additional four types of agencies in addition to Home Health Agencies. Listed below are the licenses issued for home services, home nursing, home nursing placement, and home services placement according to the Illinois Department of Public Health. Some licenses may be issued to the same entity within the categories listed.

JANUARY 2009 – PRESENT	<u>Licenses Issued</u>
Home Services	354
Home Services Placement	49
Home Nursing	126
Home Nursing Placement	9

The workgroup recommends that the Illinois Department of Public Health provide, through its web site, a searchable database for use by the general public to obtain the current licensing status for all types of in-home care entities.

Objective #6: Continue to develop a compendium of information regarding training programs for Illinois home care aides.

PROGRESS: To date, the workgroup has reviewed state and national trade association training programs for in-home and adult day services. It is more difficult to find documented training programs for other home and community-based services. The workgroup will broaden its participation in this area with other associations and training resource agencies through work with DCEO and PHI National led efforts to identify standard training programs. The resources developed for in-home and adult day services will be reviewed and revised with each association with a formal recommendation on a standard training package to be made to Department on Aging. The National Association for Home Care and Hospice (NAHC) developed a nationally recognized home care aide certification curriculum. The Workforce workgroup, in conjunction with the Illinois Association of Community Care Program Homecare Providers (IACCPHP) will examine NAHC's "Homecare Aide National Certification Program" and its applicability to CCP.

2009 Caregiver Objectives and Progress

Objective #1: Support an increase in the general revenue funds for services that would benefit family caregivers with specific emphasis on respite care in the FY 2009-FY 2010 IDoA budget.

PROGRESS: The Illinois Department on Aging, serving as lead coordinating state agency, submitted and was awarded a 3-year, \$200,000 Lifespan Respite Care grant from Administration on Aging. Lifespan respite care funds will be used to provide a coordinated system of accessible information, caregiver training, and community-based respite care services for family caregivers of children and adults with special needs.

Objective #2: Analyze results from the December working caregiver event, Supporting Caregiver Employees While Increasing Profitability, and make policy recommendations. Implement a similar event in downstate Illinois.

PROGRESS: The 2009 Family Caregiver Conference and the Conference on Alzheimer's Disease and Other Related Dementia took place on November 16 and 17, 2009, in Springfield. The conference is co-sponsored by Southern Illinois University School of Medicine, Center for Alzheimer Disease and Related Disorders, Illinois Department on Aging and the Alzheimer's Association – Greater Illinois Chapter. The OASAC Workforce and Family Caregiver Workgroup successfully advocated for the addition of a track for employers dealing with issues regarding employees who are caregivers.

Objective #3: Compile and review results of current caregiver training programs in Illinois and other states. Replicate evidence-based caregiver programs in underserved areas of Illinois.

PROGRESS: Survey work on a compilation of caregiver training programs in Illinois and other states began in September 2009.

Workforce Priority Objectives for 2010

1. Advocate for the continued support of rate increases to achieve a living wage and health insurance coverage for all long-term care and community-based care workers in Illinois. Ensure that wages are at least 20 percent above minimum wage. Provide funding in all programs to support these increases through FY 2011.
2. Recommend career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers; support introduction of a pilot career program based on a review of best practices in other states.
3. Recommend the development of a training certificate/accreditation program for all long-term care and community-based workers including core curriculum and safety training.

Caregiver Priority Objectives for 2010

1. Compile and review results of current caregiver training programs in Illinois and other states. Replicate evidence-based caregiver programs in underserved areas of Illinois.
2. Support an increase in the general revenue funds for services that would benefit family caregivers with specific emphasis on respite care in the FY 2010 IDoA budget.

Older Adult Services Advisory Committee

Long-term Care Measures

In 2008, the Older Adult Services Advisory Committee and its work groups responded to requests from legislators and advocacy groups to develop more specific measures and actions to assess the Older Adult Services Act's impact in transforming long term care. These efforts resulted in the development of six specific measures that will allow state departments, advocates, and legislators to examine the progress made toward increasing home and community based services for people over the age of 60 in Illinois. These measures also provide a guide to the progress being made toward transforming the system of long term care in Illinois. The Executive Committee was charged with ensuring that the measures selected were consistent with the purpose of the Older Adult Services Act.

The six long term care measures are:

Long-term Care Measure #1:

Trends in the percent of Medicaid long-term care dollars spent on institutional and home and community-based care for persons age 65+.

Long-term Care Measure #2:

Trends in the percent of nursing home residents age 65+ that are high acuity-based on Multiple Date Set or Resource Utilization Group scores.

Long-term Care Measure #3:

Trends in the number of nursing home residents transitioned from nursing home care to Home and Community-Based Services.

Long-term Care Measure #4:

Trends in the percent of Home and Community-based Services (Community Care Program and Supportive Living Facilities) recipients that are high need, as defined by functional and/or financial status.

Long-term Care Measure #5:

Trends in services, including nursing home beds, per 1,000 persons age 65+ by county and/or Area Agency on Aging Planning Service Areas (PSA).

Long-term Care Measure #6:

Quality of Life survey data for individuals in residential facilities and Home and Community-Based Services.

At the time that this report to the General Assembly was prepared, a full year of comparison data on the measures was not yet available. However, all six long-term care measures have been incorporated into the Illinois Department on Aging's State Plan on Aging for FY 2010 – FY 2012; and they will also be incorporated into the state plan to reform the delivery of services to older adults, as mandated by PA 96-0248.

Appendices

A: Acknowledgements

B: Terms and Definitions

C: Older Adult Services Advisory Committee Members, 2009

D: Older Adult Services Advisory Committee Workgroup Members, 2009

E: Older Adult Services Advisory Committee Meeting Dates and Locations

Acknowledgements

The Older Adult Services Advisory Committee (OASAC) applauds the more than 40 organizations that negotiated and advocated for SB 2880 and offers sincere appreciation and thanks to Governor Blagojevich and the legislation's sponsors in the Illinois General Assembly for their leadership in the passage of this landmark legislation.

Senate Sponsors:

Sen. Iris Y. Martinez, Kathleen L. Wojcik, Adeline Jay Geo-Karis, Dave Sullivan, Mattie Hunter, M. Maggie Crotty, Carol Ronen, Jacqueline Y. Collins, Louis S. Viverito, Antonio Munoz, Debbie DeFrancesco Halvorson, Ira I. Silverstein, Denny Jacobs, Lawrence M. Walsh, James A. DeLeo, Kimberly A. Lightford, William R. Haine, Christine Radogno, Miguel del Valle, Gary Forby, James F. Clayborne, Jr., Wendell E. Jones, Pamela J. Althoff, Don Harmon, William E. Peterson, Richard J. Winkel, Jr., Rickey R. Hendon, Todd Sieben, Dale E. Risinger, David Luechtefeld, Dale A. Righter, Deanna Demuzio and John O. Jones.

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Older Adult Services Act Terms and Definitions

Advisory Committee means the Older Adult Services Advisory Committee. (Section 10)

Aging Services Projects Fund means the fund in state treasury that receives money appropriated by the General Assembly or for receipts from donations, grants, fees or taxes that may accrue from any public or private sources for the purpose of expanding older adult services and savings attributable to nursing home conversion. (Section 20)

Certified Nursing Home means any nursing home licensed under the Nursing Home Care Act and certified under Title XIX of the Social Security Act to participate as a vendor in the medical assistance program under Article V of the Illinois Public Aid Code. (Section 10)

Comprehensive assessment tool means a universal tool to be used statewide to determine the level of functional, cognitive, socialization and financial needs of older adults, which is supported by an electronic intake, assessment and care planning system linked to a central location. (Section 25)

Comprehensive Care Coordination means a system of comprehensive assessment of needs and preferences of an older adult at the direction of the older adult or the older adult's designated representative and the arrangement, coordination and monitoring of an optimum package of services to meet the needs of the older adult. (Section 10)

Consumer-directed means decisions made by an informed older adult from available services and care options, which may range from independently making all decisions and managing services directly, to limited participation in decisionmaking based upon the functional and cognitive level of the older adult. (Section 10)

Continuous Quality Improvement Process means a process that benchmarks performance, is person-centered and data driven, and focuses on consumer satisfaction. (Section 25)

Coordinated Point of Entry means an integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral, assistance in completing applications, authorization of services where permitted and followup to ensure that referrals and services are accessed. (Section 10)

Department means the Department on Aging, in collaboration with the Departments of Public Health and Public Aid (renamed Department of Healthcare and Family Services) and other relevant agencies and in consultation with the Older Adults Services Advisory Committee, except as otherwise provided. (Section 10)

Departments means the Departments on Aging, Public Health and Public Aid (renamed Department of Healthcare and Family Services), and other relevant agencies in collaboration with each other and in consultation with the Advisory Committee, except as otherwise provided. (Section 10)

Enhanced Transition and Follow-up Services means a program of transition from one residential setting to another and follow-up services, regardless of residential setting. (Section 25)

Family Caregiver means an adult family member or another individual who is an uncompensated provider of home-based or community-based care to an older adult. (Section 10)

Fundable Services (see Aging Services Project Fund). (Section 20)

Health Services means activities that promote, maintain, improve or restore mental or physical health or that are palliative in nature. (Section 10)

Older Adult means a person age 60 or older and, if appropriate, the person's family caregiver. (Section 10)

Older Adult Services Demonstration Grants means demonstration grants that will assist in the restructuring of the older adult service delivery system and provide funding for innovative service delivery models and system change and integration initiatives. (Section 20)

Person-centered means a process that builds upon an older adult's strengths and capacities to engage in activities that promote community life and that reflect the older adult's preferences, choices, and abilities, to the extent practicable. (Section 10)

Priority Service Area means an area identified by the Departments as being underserved with respect to the availability of and access to older adult services in Illinois. The Departments shall determine by rule the criteria and standards used to designate such areas. (Section 10)

Priority Service Plan means the plan developed pursuant to Section 25 of this Act. (Section 10)

Provider means any supplier of services under this Act. (Section 10)

Residential Setting means the place where an older adult lives. (Section 10)

Restructuring means the transformation of Illinois' comprehensive system of older adult services from funding primarily a facility-based service delivery system to primarily a home and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. (Section 10)

Services means the range of housing, health, financial and supportive services, other than acute health care services, that are delivered to an older adult with functional or cognitive limitations, or socialization needs, who requires assistance to perform activities of daily living, regardless of the residential setting in which the services are delivered. (Section 10)

Supportive Services means non-medical assistance given over a period of time to an older adult that is needed to compensate for the older adult's functional or cognitive limitations, or socialization needs, or those services designed to restore, improve, or maintain the older adult's functional or cognitive abilities. (Section 10)

Uniform Quality Standards means standards that focus on outcomes and take into consideration consumer choice and satisfaction and includes the implementation of a continuous quality improvement process to address consumer issues. (Section 25)

Older Adult Services Advisory Committee Members, 2009

Voting members:

Patricia Ahern, Rainbow Hospice and Palliative Care

Stephanie Altman, Health and Disability Advocates

Darby Anderson, Addus HealthCare

Carol Aronson, Shawnee Alliance for Seniors

Dennis R. Bozzi, Life Services Network*

Melanie Chavin, Alzheimer's Association- Greater Illinois Chapter

Pat Cohen, Illinois Adult Day Service Association

Pat Comstock, Health Care Council of Illinois

Thomas Cornwell, M.D., HomeCare Physicians

Jan Costello, Illinois HomeCare Council

Jerry Crabtree, Township Officials of Illinois

Frank Daigh, Citizen Member over the age of 60

Barbara Dunn, Community Health Improvement Center

Carol Green, Lifescape Community Services*

Robyn Golden, Rush University Medical Center

Joyce Gusewelle, Eden United Church of Christ

Flora Johnson, Service Employees International Union, Local 880

Myrtle Klauer, Illinois Council on Long-Term Care

Michael Koronkowski, University of Illinois at Chicago, College of Pharmacy

Jonathan Lavin, AgeOptions, Inc.

Dave Lowitzki, Service Employees International Union, Healthcare Illinois and Indiana

Phyllis Mitzen, Citizen Member over the age of 60

Nancy Nelson, AARP Illinois

Melissa O'Brien, Senior Services Center of Will County
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Eli Pick, Ballard Healthcare
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Tim Thomas, SEIU Local #4*
Susan Real, East Central Illinois Area Agency on Aging, Inc.
Mary Reed, Mercer County Health Department*
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Cathy Weightman-Moore, Catholic Charities, Diocese of Rockford
Ancy Zacharia, HomeCare Physicians

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* served through September 2009

Older Adult Services Advisory Committee Workgroup Members, 2009

Coordinated Point of Entry

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Mark Westenberger
Joseph Zanoni

Older Adult Services Advisory Committee Meeting Dates for 2009

Meetings were held by video conference at Chicago and Springfield locations on the following dates:

March 9, 2009

June 15, 2009

September 14, 2009

November 9, 2009

To view the minutes and a schedule of future meetings, visit www.state.il.us/aging/1athome/oasa/oasa.htm on the web.

oasa

Older Adult Services Act



Older Adult Services Act
2010 Report to the General Assembly

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www.state.il.us/aging

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