



Older Adult Services Advisory Committee Services Work Group

Date: September 21, 2009

Attending: Carol Aronson, Eileen Brewer, Betsy Creamer, Diane Drew, John Eckert, Stuart Gaines, Joseph Hart, Marsha Johnson, Myrtle Klauer, Robin Morgan, (IDOA staff), Nancy Nelson (Co-Chair), Amy Paschedag, Susan Real, David Vinkler, Eric Weakly, and Barbra Wylie.

Discussion Summary:

- Introductions, welcome and approval of the May meeting minutes. Minutes for the July meeting were not taken. Members were asked for copies of any notes they may have taken for a short meeting report to be generated.
- Nancy Nelson provided a handout from the CDC on the H1N1 (Swine Flu) update. She encouraged members to take precautions and to explore ways to keep our seniors safe as we work.
- Members heard reports from the 5 subcommittee groups on the status of their recommendations.
- The Medication Management white paper was ready for final approval by members so it can be officially sent to the Older Adult Services Advisory (OASAC) Executive Committee. The full Committee, which met on September 14, was given an unofficial draft copy of the paper for review. Medication management is a key component to keeping seniors at home longer. The changes that members requested to the paper were incorporated on July 20. There was a motion to submit the paper to the Executive Committee for approval. The motion passed with all members voting yes. Questions arose regarding who figures out the cost savings of initiating this program? This will be a decision for the full OASAC committee to determine. It could go back to the Finance group for cost analysis. Nancy reported that after the OASAC meeting on the September 14 that the pharmacist on OASAC contacted her to discuss how he could help with this project. Members discussed the importance of having the pharmacists on board with this program. Members discussed who would be in support of this initiative and who could be in opposition of it. Members sited that it's going to come down to money and how this program will be funded. Robin will place the paper on the agenda for the October 5 Executive meeting.
- The Coordination of Health Care and Social Services report stated that the issue paper is still intact, but they have had some issues developing the white paper. Susan Real stated that there are new regulations in Washington that is making Home Health Agencies be more in touch with the case management units. There is a big push now statewide on behalf of the Home Health agencies to cooperate with the Care Coordination Unites (CCUs). The members of this subgroup have met twice with the Home Health Care association. These meetings have been very informative and well received. There is a law already on record that requires hospitals to notify CCUs when a patient is discharged home with home health services. The Home health association members said they were not aware of such law. The two groups discussed the need for triggers and that a discussion on confidentiality issues needed to occur. This pilot project is recommending launching this project in phases for eventual statewide coverage. Carol Aronson reported that eventually a system could be developed by the Comprehensive Care Coordination (CCC)

computer system to send reports/information back to doctors, hospitals, home health agencies, etc. This was always the long term plan of the group designing the CCC tool. Susan stated that the group has made huge positive steps but they just don't have them down into a white paper format yet, but will by the next meeting. Susan said that a request to provide some training on coordination of services was submitted for the Governor's conference because coordination efforts will happen whether the Services committee moves forward with this recommendation or not. It was also mentioned that the ICCCU submitted a call for presentations at the Home Health Conference in the spring to discuss the Comprehensive Care Coordination tool and process. Susan will send a draft of the white paper when it is completed to Robin for distribution to Services members. Members will be asked to send their comments back in via email so that comments can be incorporated before the November meeting. The hope is that at the Nov meeting the white paper can be approved for submission to the Executive committee.

- The Caring for the Caregiver group reported that the Lifespan Respite grant that IDoA applied for was approved. It was for approximately \$300,000 over 3 years. However, Betsy pointed out that this grant is to be used for training for family caregivers and to develop a web system. It will not provide funding for expanding respite services. It was noted that the Respite program funding does not seem to be growing at the national level. Diane Drew graciously volunteered to take over as chair of this sub-committee due to the departure of Maria Schmidt from the Services committee. Robin will send an email to all Services members asking for volunteers to serve on this committee. Susan reported that expanding respite is also a goal of the Workforce/Caregiver committee. The Illinois Respite Care Act which is a law on the books, but it was never funded. It was amended a few years ago to tie it to the Family Caregiver act, but funding was still not provided. Betsy will provide more information at the next meeting on this act. Members were cautioned to keep in mind who the client is? The client is the family receiving the respite not the senior that the family is caring for. It was recommended that we should be building off the existing legislation already in place.
- The Nutrition committee stated that the Illinois Association of Nutrition Providers is looking at new nutritional standards and what those have done to the programs. Providers are concerned about the changes to Community Care Program (CCP) and how that will affect their programs. They are anticipating an increase in clients and need for services. They are already noticing a decrease in client donations. They are having discussions on the spending of the ARRA funds since most of it went to congregate meal sites, not home-delivered meals. The association will be starting to develop a strategic plan soon. Once the plan is established Barbra will present it at a services meeting. The plan should be in place by the end of the year, but that maybe overly ambitious. It was reported that those sites that have been making menu changes are getting good feedback from the consumers.
- The EESI subcommittee discussed the changes the Department is making to the copay structure. The new copay structure does not reflect the EESI recommendation that the Services committee submitted. Dave reported that the Alliance is opposing the copay changes. The EESI is being used in 6 states. Illinois is 1 of the first states to have the standards designed. The EESI looks at what it truly costs a senior to live in the community and costs are figured by individual counties. EESI states that 179% of the Federal Poverty Level, at a minimum, is necessary to live in Illinois. The poverty index was developed when 60% of our income went to food. This is no longer the case, so using the poverty index level is not a good idea. The Dept's new copay structure uses 120% of the FPL. People under this will have no copay. Clients from \$25,000 below would not see an increase in their copayments & for some it might actually go down. However, no out of pocket expenses are figured into this structure. Members voted to have the EESI chair, Martha Holstein, write a letter to the Department stating that the Dept did not consider the committee recommendation when designing the copay structure.
- John Eckert provided information on the Veteran's Consumer Directed Program being started at IDOA. This program is a consumer directed program for veterans that is model after the Cash and Counseling program. The program will work through the AAAs in conjunction with the 4 Veterans Integrated Service networks (VISNs) that cover Illinois. Provider agreements will be between the AAAs and the VA medical centers. The program anticipates about 25 participants per VISN to start out with, but is

hopeful that expanding that number will be possible soon. The program will allow for flexible individual budgets and the participants will be able to hire and fire their own workers which can include family members. Referrals will be received from the VISNs by a case management agency. A care coordinator will then work with the veteran to develop their service package. A comprehensive assessment will be completed on each veteran. A fiscal management service will be used for providing reimbursement to service providers and for completing all the required FUTA, SUTA, FICA, and unemployment insurance paperwork for the veterans. The Department has been working closely with the Veteran's Administration, AoA, Illinois AAAs, and Boston College to develop this program. There will be a tiered payment/service package system. The average veteran will receive approximately \$2000-\$2500 a month in services.

- Members received an update on the OASAC motions that were passed. There was a motion to the Executive OASAC group that stated, "1) to suspend the workgroup activities at the end of December 2009 until after the facilitated planning process is complete; and 2) to have the Executive Committee, in collaboration with the full committee, engage in a facilitated planning process to develop a plan to rebalance long term care and recommend the plan to the state before September 30, 2010. The co-chairs stated that this recommendation came from the frustrations that many workgroups were feeling that they were giving recommendations and then having them go nowhere. It is time to regroup and see where we are going. The report is a lot of work and each year has been required to be done earlier and earlier in the year. Some even questioned if the legislature was even reading it? The fact that the report was costly was considered, as was the fact that the report was beginning to take on a life of its own and the chairs had ended up writing the report. Members cautioned members for Executive committee to not lose site of the steps that have been made. Progress has been made. Workgroups will be suspended for the next year. No new call for membership will occur in January. The planning retreat "plan" may or may not include continuing workgroups or creating all new workgroups. Its just a wait and see thing.

Next Steps:

- The May meeting minutes will be posted on the Department's Web site at www.state.il.us/aging/1athome/oasa/wg-se.htm.
- Robin will place the Medication Management paper on the agenda for the Oct. 5 Executive meeting.
- Susan Real will submit the draft of the white paper on Coordination of services prior to the November meeting. This will be sent to all Services members so comments can be incorporated prior to the Nov. meeting.

Meeting Schedule:

This committee meets on the third Monday of every other month from 10:30 a.m. – 3:00 p.m. at the AARP office in Springfield. The next meeting is scheduled for November 16. Future meetings have been suspended due to a motion passed by the Executive Committee.