State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee

Executive Committee Meeting

January 25, 2010

Location: Illinois Department on Aging, 160 N LaSalle, Ste N-700, Chicago, 421 E Capitol, Springfield and conference call

In attendance:

Executive Committee Members:
Stephanie Altman, Health and Disability Advocates
Darby Anderson, Addus HealthCare
Carol Aronson, Shawnee Alliance for Seniors
Bill Bell, Illinois Department of Public Health
Pat Comstock, Health Care Council of Illinois
Kelly Cunningham for Theresa Eagleson, Illinois Department of Healthcare and Family Services
Michael Gelder, Governor's Office
Charles Johnson, Illinois Department on Aging
Flora Johnson, SEIU Healthcare Illinois and Indiana
Rob Kilbury, Illinois Department of Human Services
Myrtle Klauer, Illinois Council for Long Term Care
Jonathan Lavin, Age Options, Inc
Phyllis Mitzen, citizen member over the age of 60
Nancy Nelson, AARP
Susan Real, family caregiver
Kirk Riva, Life Services Network
Cathy Weightman-Moore, Catholic Charities Long Term Care Ombudsman Program

Department staff:
Sandra Alexander
Janice Cichowlas
John Eckert
Ross Grove
Tina Chen
Leann Dolan

Guests:
Bob Mollica, facilitator
Dave Lowitzki, SEIU Healthcare Illinois and Indiana
Jennifer Chan, Illinois Housing Development Authority
Kristin Pavle, Health and Medicine Policy Research Group

Welcome and Introduction
Director Johnson welcomed members to the meeting.

Approve November 30, 2009 meeting minutes
Myrtle Klauer moved to approve the minutes. Flora Johnson seconded. All were in favor. Minutes were approved.

Confirm Retreat Logistics
Sandra Alexander reviewed the arrangements for the planning retreat scheduled for April 6-7 in Chicago. Pat Comstock noted that lunch will be provided by Healthcare Council of Illlinois. She asked that the handout regarding the retreat be corrected to reflect this.

Planning Team
The executive committee began discussing the possible need for a facilitator and retreat six months ago in order to advise the state on reforming long term care. Members were asked to submit suggestions to the Department for a facilitator. Bob Mollica was one of those suggestions and rose to the top as someone who could fulfill what we need. There will be at least three conference calls held with Bob Mollica during the regularly scheduled Executive Committee meetings as approved at the last meeting.The Department on Aging now has a contract with him to facilitate these calls and the retreat. He will talk today about the planning process and what is needed prior to the retreat as well as who should be involved in the retreat. He is very familiar with long term care issues and understands his role as facilitator; the process will be driven by the OASAC. He has been provided a variety of information, including the matrix, accomplishments, reports to the general assembly, etc... Following the retreat, he will produce a report that summarizes OASAC priorities and where we are going.

This process will be driven by OASAC and executive committee. While we chose someone knowledgeable about these issues, also it is important that the state agencies be a part of the process. The interagency team met on Friday with Michael Gelder of the Governor's Office and he reiterated that everyone will be a part of the process and they have agreed to do so.

Stephanie Altman introduced Bob Mollica. Bob is retired from the National Academy for State Health Policy in Portland, Maine in December 2009. He held the position of senior program director. He is currently an independent contractor. During his 18 years at NASHP, he conducted long term care policy research and provided technical assistance to state policy leaders on a range of issues that include long term care and assisted living. He has spoken widely on these topics during the past eighteen years. He also served the co-director of the National Technical Assistance Exchange Collaborative at the Rutgers Center for State Health Policy and that assisted grantees of the Centers for Medicare and Medicaid Services Real Choice Systems Change program. He also served as a subcontractor on a CMS project to identify and track strategies used by states to balance their long term care systems and he continues to provide technical assistance to states on the CMS Money Follows the Person Demonstration program.

He has conducted studies of single entry point systems, community based long term care systems and co-authored case studies on Medicaid managed care programs and papers on managed care programs for dually eligible beneficiaries. He recently completed a Long Term Care Financing Study for the state of California that examined the states long term care system and programs.

The Executive Committee suggested that additional perspective is needed in the areas of research, physician, mental health and health care and asked members for suggestions. Members agreed the group should be kept small and would be best if these additional people were current members of OASAC already familiar with the committee and network and also available to participate in the planning calls and retreat.

Kelly Cunningham offered to find someone within HFS that is familiar with aging services that could represent mental health. HFS works closely with the Office of Mental Health on a variety of long term care rebalancing

initiatives and law suits going on at the state level. The staff is knowledgeable of the process even if they are not on the OASAC. Other suggestions were made in the area of mental health.

The committee decided on the following additions to the planning group.
Home health – Jan Costello
Physician - Tom Cornwell
Research - Tom Prohaska
Mental health – Kelly Cunningham will recommend someone.

Vision Statement

Bob Mollica reviewed the vision statement with members to be sure it is still relevant. Members agreed the vision statement still captures the vision of the OASAC.

Accomplishments

Bob Mollica asked the group what some of the major accomplishments are what is left undone and needs to be considered a priority and what could be done that would be primary focus of work in the next few months. What are the accomplishments of the committee thus far in relation to the legislation?

Members agreed to forward various reports capturing the groups' accomplishments for review.

Members were asked what issues still need to be addressed to make a difference in long term care in the state. Once it is determined the issues that need to be addressed, they can be prioritized in order to see what is necessary to focus on at the retreat.

- Funding was suggested as an issue to focus on including the way funding is organized, flexibility, and how it allows people to move through the system. OASAC's vision statement indicates that "funding should be flexible and reliable" but some believe the current system is fragmented. Stephanie has provided OASAC with a report on funding strategies used by other states.

- Another issue suggested is how people transition through the long term care system, especially integration and coordination from the medical system to the home care system and all points in between keeping in mind clients social needs and avoiding becoming a medical model. During these transitions, residents develop relationships even when in a nursing home for a short time. It is necessary to look broadly at how a transition is handled to allow opportunities for facility staff to be involved in after care. Clients go from hospitals to nursing homes to rehabilitation and could have short term or long term stays. Paul Bennett has completed two reports that outline these issues and the improvements that could be made.

- Equity of receiving services was also discussed to the extent that Aging and DRS do not have the same SCMs. It was suggested to look at the DON study conducted by UIC and HMPRG.

- The available service package may also be an issue to look at. Services such as medication management, personal care, coordination of healthcare and home health and social services and following up with clients are issues that often come up. Our current service package is limiting and there is not a core service package that is available to everyone in the state. We need to make sure services are available to everyone no matter where they reside. There may also be other services that could be available in areas as needed. Consumer direction should also be included as we talk about the needs of people, where they live and the kind of services available. The issue is how that need gets met as opposed to the service package available to everyone across the state.

- Branding and web access were identified as ongoing issues, as well as the need for an inventory of services that are available.

- The importance of a comprehensive pre-admission screening process that is the same for everyone in order to have the most comprehensive information available to assist clients in choosing the best setting was suggested. Options counseling would be included in this area of discussion which includes eligibility and access features. Preadmission screening is a term used when admitting to a nursing facility. Multiple instruments are being used by multiple entities with various skill levels. Preadmission screening is required for the HCBS waiver.

- Use of technology was also identified as an issue including data sharing and integration. We should build on what is available. How does this fit in with the comprehensive assessment issue?

- Financial accountability across the system was another area that was discussed including cost reporting and rate setting.

- Nursing Home conversion is another unresolved issue for the committee.

- Coordination and integration of healthcare in long term care was identified as an issue. McKesson has a program that incorporated nursing care and medical care in a pilot for the aged, blind and disabled and not dual eligible.

- Appropriate housing was mentioned as an issue the group needs to look at. Affordable housing is sometimes not available for a resident wanting to leave a facility.

- It was suggested caregiver support also be considered. Unpaid caregivers are an important part of returning residents to the community.

- Workforce issues were raised, but it was agreed that the system would define the needs of the workforce and that workforce issues should be addressed after the plan is prepared.

- A significant issue which underlies all of our actions is quality assurance, and the importance of evidence-based programs.

Michael Gelder, Governor's Office reported that the state is being sued by several entities regarding client choice and placement in appropriate settings. The expected result of these court cases is a timetable enforced by the courts to transition individuals from nursing homes to home and community services, to improve the referral process and to place individuals in integrated settings with the appropriate resources and the ability to treat people with a higher standard of care. The courts will monitor the implementation of any decision.

The Governor's Office wants to comply with the law and expand services. OASAC is in a position to set the structure for what a reformed long term care system will look like. The consent decrees could be weeks, months, or even a year away. It is not expected that the State will have the consent decrees prior to the retreat.

Next Steps

Bob Mollica suggested there be a way for members to review these broad priorities, and to rank those that the Department should focus on. The legislation did not stipulate a time frame for the plan (e.g., 1-year, 3-year, 5-year plan). It was discussed that we need to consider not only impact, but what is feasible to accomplish especially in the State's current fiscal environment which is likely to be with us for at least the next several years.

At the next call(s) we will have a discussion to describe the issues in more detail and them to rank them based on importance and feasibility. It was suggested that at the next meting members of OASAC could provide a brief summary of each of the issues, what has been done, what information gaps still exist, and why the issue is important. Bob will develop a form to capture the group's feedback.

The retreat will allow more time to continue this discussion as needed, to identify tasks that need to be accomplished, address the priorities, responsibilities and timeline for implementation.

Sandy will follow-up with Phyllis Mitzen and Nancy Nelson to invite the 4 new members to participate in the planning process and to bring them up to speed on what we have been doing so they are well prepared for the next call.

The meeting was adjourned at 3:45 p.m.