State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee

Executive Committee Meeting

February 22, 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
Terry Sullivan for Pat Comstock, Health Care Council of Illinois
Barb Ginder 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
Cathy Weightman-Moore, Catholic Charities Long Term Care Ombudsman Program

Department staff:
Sandra Alexander
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
Thomas Cornwell, M.D., HomeCare Physicians
Jan Costello, Illinois HomeCare Council
Thomas R. Prohaska, University of Illinois at Chicago, Center for Research on Health and Aging
David Vinkler, AARP
Jennifer Rice, Health and Disability Advocates

Absent:
Bill Bell, Illinois Department of Public Health
Kirk Riva, Life Services Network

Welcome and Introduction

Sandra Alexander welcomed members to the meeting.

Approve January 25, 2010 Executive Committee meeting minutes

Cathy Weightman-Moore moved to approve. Myrtle Klauer seconded. All were in favor. Minutes were approved.

Discussion of Issues

Bob Mollica asked members to review the OASAC Summary of Initiatives handout. Changes can be made to the document as needed.

Members discussed the priority issues developed at the last meeting. Members received a summary of each item prior to the meeting.

1. Funding – Stephanie Altman summarized this issue. The Finance workgroup mapped the long term care services in Illinois focusing on the public streams of money. Financing is one of the key issues in reforming long term care. Illinois also needs to look at how to most efficiently and flexibly pay for services while maximizing all available federal dollars.
2. Supportive Transitions - Carol Aronson reported this was a primary point of consideration for the Services Workgroup. Studies show that 40-50% of readmissions are linked to social problems and a lack of community resources. Social needs and services are primary to the success of remaining in the community. The Services Workgroup is now able to continue work as a subcommittee under CCPAC which was formed last week. The subcommittee will initially focus on the improved communication between CCP and home health agencies. The white paper the services workgroup was working on has been tabled although the work continues in concept. Medicare is considering no longer paying hospitals for readmissions within 30 days of discharge. Some hospitals are providing the CCU with space to allow case managers to assist in these transitions as they know there may be an incentive to provide improved transitions.
3. Service Allocation Equity – Phyllis Mitzen reported clients in CCP do not receive the same resources as those clients in the program through DORS. Both groups also have different service cost maximums (SCM). The DON study resulted in recommendations including adding medication management to the CCP services, provide short term respite and link CCP SCM with the Medicaid nursing component of the nursing home rates. The two waivers also have differences in eligibility. The focus should be what the population needs and what is fair in terms of the service package and financial eligibility.
4. Service Package Flexibility – Darby Anderson reported the service package and SCM do not meet the needs of higher acuity, higher need participants. Comparing CCP and ORS Home Service Program shows many gaps in the services offered despite the groups having similar assessed needs.
5. Website access and branding – Jonathan Lavin reported these activities are required in the Older Adult Services Act (OASA). The CPOE workgroup has suggested approaches to branding to the Department. The CPOE workgroup also focused on access to information and hope for a “no wrong door” approach to information that moves the inquirer to the right place for responding to questions and providing information. Funding is needed to meet these mandates.
6. Access to system – Carol Aronson reported the comprehensive assessment tool was implemented in 2008. All CCUs now have the ability to do an assessment on a laptop and upload the information. The problem now is a funding issue. Funding for comprehensive work has decreased as numbers being served increase. Issues exist relative to access to comprehensive assessment. Access systems are not consistent statewide. The Illinois Choices for Care Program was implemented in 1996 similar in purpose to Options Counseling.
7. Technology – Jonathan Lavin reported on the importance of technology as we expand services to seniors. EHRS is an example of security being provided for a minimal cost. Other examples include GPS, 211, warm

transfers, and centralized medical records. Privacy issues are also a concern in regards to technology and sharing information

8. Conversion – Myrtle Klauer reported the OASA requires conversion. The Nursing Home Conversion workgroup studied several different states and determined the easiest first step would be to convert multi bed rooms into single occupancy rooms. This proposal was approved by the OASAC Executive Committee and the OASAC. Legislation seeking an adjustment to the Medicaid Capital Rate was written and introduced in the State legislature. The workgroup also examined the need for respite care for Medicaid and low income seniors living in the community. Private pay respite care is common. This option needs to be made widely accessible to more people. Barriers to respite care include federal mandates. Institutional respite is not a waiver service.
9. Integration of Health and Social Services - Susan Real reported the Services workgroup has worked closely with the home health association. The HomeCare Council brought together triggers within the OASIS-C Assessment Tool that would be an automatic trigger to make a referral to the CCU. The same was done for the CCC assessment tool to determine automatic triggers for a home health referral. Work needs to continue with other allied fields like discharge planners. Support is needed from IDOA and IDPH. The group discussed the importance of nurses and additional coordination and communication between various groups including government agencies.
10. Supportive Housing Options - Jennifer Chan reported the Housing Task force created a Supportive Housing Working Group and report that specifies "service enriched housing" which includes supportive living facilities for the elderly. IHDA continues to work with CILS and AAAs on programs for home modification, rental housing support, and tax credit referral networks. There is a demand for rental assistance and affordable housing. Housing has not been fully explored by the OASAC. Housing is a critical issue in keeping people in the community and those issues are being looked into and continue to be worked on. IHDA is also forming a Rural Housing Institute to increase capacity for rural housing development.
11. Caregiver support – Susan Real reported the Workforce/Caregiver workgroup examined issue of working caregivers and conducted workshops dealing with issues facing employers and working caregivers. The workgroup supports the implementation of the LifeSpan Respite Care Act which will bring infrastructure for coordination. Funding continues to be needed to provide respite services.
12. Financial Accountability Across Systems – Terry Sullivan reported the Finance workgroup reviewed the reporting requirements for all service levels across the continuum and determined that as funding for programs increased, the need for financial accountability also increased. The workgroup acknowledged an "imbalance" in the requirements for financial reporting across programs and recommended a standard financial accountability and reporting system should be developed across all programs.
13. Quality Standards – The HCBS waiver is required to have six areas of assurances including health and safety and physical accountability. The biggest barrier is we do not have a way to collect this information electronically. The states that have successful quality assurance systems have ways of electronically running reports and using technology to collect and analyze data.

Next Steps — Members agreed to combine items 2 and 9, and 3 and 4. A link to a survey for members to rank the above issues by impact and feasibility will be sent to members. Please complete the survey by Wednesday, March 3, 2010.

Approve March 8 agenda for full committee

Stephanie Altman moved to approve the agenda. Myrtle Klauer seconded. The agenda was approved.

Meeting adjourned at 3:45pm.