**State of Illinois**
Illinois Department on Aging

# Older Adult Services Advisory Committee
# Executive Committee Meeting

**Date: July 26, 2010**
**Location: Illinois Department on Aging, 160 N LaSalle, Ste N-700, Chicago, 421 E Capitol, Springfield and conference call**

**<u>In attendance:</u>**

**Executive Committee Members:**
Bill Bell, Illinois Department of Public Health
Kelly Cunningham, Illinois Department of Health and Family Services
Michael Gelder, Governor's Office
Matt Hartman (proxy for Pat Comstock), Health Care Council of IL
Charles Johnson, Illinois Department on Aging
Flora Johnson, SEIU Healthcare Illinois and Indiana
Myrtle Klauer, Illinois Council for Long Term Care
Jonathan Lavin, Age Options, Inc
Phyllis Mitzen, citizen member over the age of 60
Sam Mordka, Illinois Housing Develoment Authority
Susan Real, family caregiver
Kirk Riva, Life Services Network
Dave Vinkler, AARP
Cathy Weightman-Moore, Catholic Charities Long Term Care Ombudsman Program

**Department staff:**
Sandra Alexander
Janice Cichowlas
John Eckert
Paul Stepusin

**Guests:**
Jordan Kenik, graduate intern with Health and Medicine Policy Research Group
Kristin Pavle, Health and Medicine Policy Research Group
Dave Lowitzki, SEIU Healthcare Illinois and Indiana

**Absent:**
Stephanie Altman, Health and Disability Advocates
Darby Anderson, Addus HealthCare
Carol Aronson, Shawnee Alliance for Seniors
Rob Kilbury, Illinois Department of Human Services

**Welcome and Introduction**
Director Johnson introduced the new Deputy Director of IDoA, Paul Stepusin.

**Approve May 24, 2010 Executive Committee meeting minutes**
Flora Johnson moved to approve the minutes. Cathy Weightman-Moore seconded. The minutes were approved.

**Implementation of Plan**

Sandra Alexander reviewed the 9 goals from the OASAC draft State Plan Report and opened up the discussion to the committee for input.

Discussion
Sam asked about the Housing Goal #6. He thinks clarification is needed regarding an "application process" for housing access. A unified forum for housing is challenging. He thinks it is reasonable to expedite the process for searching for supportive housing. Sandy indicated that about half of persons in the MFP program are moving to Supportive Living Facilities. Michael Gelder thinks this will be the year for focusing on housing.

Paul indicated that this document would next fit into IDoA's planning process internally. So, first we need OASAC to validate the document and then IDoA will come back with how this fits into our planning process.

There was discussion about whether or not the OASAC Executive Committee is still required; according to the Operations Manual (based on the statute), this is the case. The Executive Committee has the responsibility to oversee the structure of the Advisory Committee and to appoint subcommittees. OASAC is required to produce a yearly report to the Legislature due in January. Michael doesn't want the law to hold us back; the cause is dynamic even if the law is not dynamic. Michael said we need to pay attention to the letter of the law as well as the intent of the law.

Currently, all workgroups are suspended but the Services Expansion Workgroup, which has continued to work under the auspices of the Community Care Program Advisory Committee (CCPAC). Susan Real said that the Workgroup intends to return back to OASAC when time allows.

Michael indicated that we are making a commitment to transition into a more numbers-driven way about transforming long term care with a focus on keeping people/returning people to the community. He clarified that this is not at the expense of the nursing home but rather working with them.

Kelly commented that when we look at it from a broad spectrum, the goals of this plan don't go far enough and may be limiting in some ways. Kelly thinks it would be worth taking time from a state agency perspective to offer a broader perspective. For example

"improve funding for home and community-based programs," could be broadened to more than just an aging perspective. We need to look at this from a big picture perspective. Sandy agreed that this should be done with the sister state agencies. These state agencies did participate at the retreat. Jon agrees that Kelly is on the right track with this broad vision. Jon suggested that we need education about provider fees. Jon and Phyllis feel that we should be sure we are advising all the major departments involved with OASAC, not just IDoA. Sandy will submit this summary to the other Departments for input.

Michael thinks the Departments need to determine "where we are now" in terms of this report's suggestions. Michael wonders how we are tracking what we are doing and that maybe a report is not the right way to track this. Michael thinks that there is such a high amount of interest in this transition process that OASAC would probably want to continue to be involved. Michael discussed a "consent decree" that would notify those in long term care that they have the right to go back to the community, for example.

Global budgeting will drive this in many ways according to Paul. Paul said a meeting was held last week about uniform eligibility which would be required for unified budgeting. The Director pointed out that all agencies have a management plan and these elements are in these plans.

Michael pointed out the home services programs in DD and HFS are much smaller in comparision to the IDoA CCP program. In DD, they are cutting rates to providers while Aging is increasing their rates to providers.

Jon would like the departments to identify what they want to take on first, second and third. He thinks we should see if we have the resources (like hiring Bob Mollica, consultant to the retreat) to do what would be required of OASAC.

**State Agency Reports**

Illinois Department of Public Health – Bill Bell reported that the focus is on implementation of SB 326. IDPH is also pursuing a nursing home federal healthcare record background check pilot program (FBI, etc). We now have one of the leading programs in the country. There is a new pilot to move toward a national background check program. This program requires state match however. There was a phone conference on disparities issues and a work agreement with a national disparities program. The next meeting is August 12th to pick some facilities for this program. There's a new MRDD program which is now under their own Act so implementation plans need to be developed in conjunction with the federal requirements.

Michael indicated that a bill signing will be held July 29th, 2 p.m. at the Thompson Center 15th floor press room.

Illinois Department of Healthcare and Family Services – Kelly Cunningham reported that SB326 has a component for a committee to look at nursing home issues. She also

discussed the Integrated Care Initiative. HFS is currently reviewing proposals that were submitted; the project starts in the fall.

The Money Follows the Person program has 143 transitions to date, mostly through the Division of Mental Health and some from IDOA. HFS is continuing to move ahead while we have enhanced federal match through ARRA for Medicaid.

There are 122 facilities operational with 42 moving toward certification. Solicitation for a dementia pilot (up to 5 facilities) has gone out. There is a differential rate for the pilots selected. There are some physical building requirements and staff changes required. It is a 3-year evaluation period. The deadline is July 31st and although HFS has not received any applications yet, they are expecting submissions before the deadline. This is a statewide project.

Illinois Housing Development Authority - Sam Mordka talked about the Tax Credit enhanced funding program. He indicated that the 10% units at or below median income program has been very successful. These are great units for persons transitioning out of nursing home care. Michael inquired about the quarterly/annual housing reporting from IHDA. Sam said there is a housing task force but it is not his area of expertise.

Illinois Department on Aging – Charles Johnson reported that on July 1st IDoA started daily billing, hoping this will increase our Medicaid match. We eliminated the copay for CCP clients because this is not allowed for Medicaid clients. Service Cost Maximums have been realigned which might save us a little money. We increased the rates for home care aides. We don't have a Medicaid only program but we are making certain that clients are applying for Medicaid and it is to their benefit and the State's benefit that clients become eligible for Medicaid. IDoA is challenged especially with the mandated 24 furlough days for management.

Last year we received $300 million of set aside monies. This year we received $325 million but we were asked to hold 10 million in reserve. Meanwhile the program continues to grow so the costs are going up. The cost savings we enunciated aren't enough. We need to figure out a way to get all Medicaid eligible clients to sign up and participate. This year's budget (by line item) is funded like last year. The issue remains that we cannot pay our bills on time (we are currently 5 months behind).

Charles said there is not enough money to fund CCP fully for the whole year. This year we were able to pay bills through June 15th but we still owe people back to February.

Michael said we are still fighting for appropriations but there isn't enough cash in the bank for these appropriations. Title III is less of a problem since those programs are paid by Federal monies. OMB is not trying to say a program is not worthy of being funded. We did not get a tax increase from the Legislature. We can continue to promise to pay services but the delayed payments are getting worse.

Three ADRC related grants and a Veterans grant are being submitted to Washington this week:

1) MIPPA
2) Evidence based care transition intervention that will expand services to 600 under 60 individuals in the Chicago area in order to reduce hospital readmissions.
3) National standards for Options Counseling (AgeOptions and NWern IL AAA)

**Veterans Independence Program** – July 1st three partners started. Each medical center will have funding for up to 25 veterans to live independently in the community and they can have consumer directed care (paying family members if they choose). We have five referrals so far. Danville starts Aug 1 and next is Marion and some partners in other states like WI and MO.

**Review of Agenda for September 17th Full Committee meeting**

Susan Real summarized the current work of the Services Workgroup. They are looking to improve working relationships with health organizations. It was suggested that maybe we could have Jim Varpness speak to the Full Committee about what is happening at the national level with regard to the Affordable Health Care Act. An ASA meeting will be held on August 6th, 8:30 a.m., with speakers about some of these issues.

Jon Lavin moved to approve the minutes with the addition that the agenda also include information/guest speakers to address the Affordable Health Care Act. Phyllis seconded. The full committee agenda was approved.

**Adjournment**

The meeting adjourned at 3:50 p.m.