

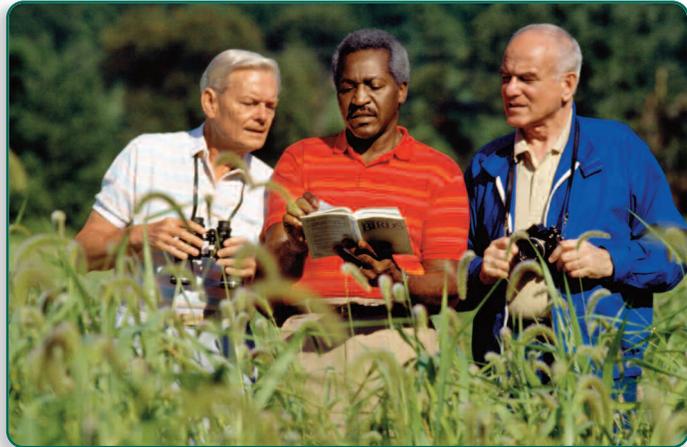


State of Illinois
Illinois Department on Aging

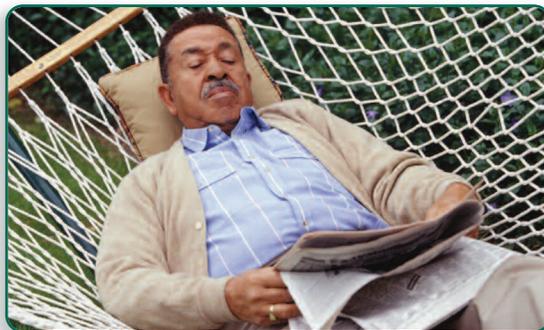


(PA 093-1031)

Older Adult Services Act



2011 Report
to the General Assembly

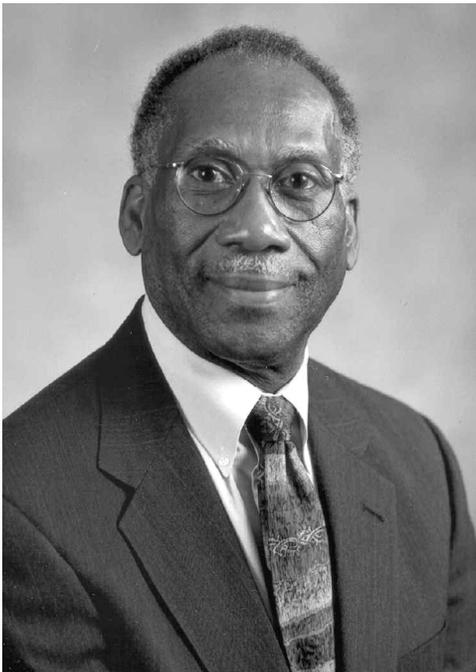


Illinois Department
on **Aging**





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 2010, identifies impediments to such progress, and reflects the recommendations of the Older Adult Services Advisory Committee (OASAC), including items requiring legislative action.

The Department on Aging gratefully acknowledges the members of the Older Adult Services Advisory Committee as well as visitors and guests who participated in meetings and contributed to the process of restructuring the State of Illinois delivery system for older adults.

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. 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 promote 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 Services 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, care coordination, and service coordination for all Illinois seniors regardless of financial eligibility. Currently, the Department participates in national Cash and Counseling, Nursing Home Diversion, and Money Follows the Person demonstration projects. We also are in the second year of a three-year federal grant to expand and enhance Aging and Disability Resource Centers.

The Department on Aging supports the Older Adult 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 (HFS) 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, HFS 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. HFS recognizes that for long term care rebalancing to be successful, it must incorporate strategies that encourage institutional downsizing and encompass all populations as opposed to narrowly focusing on one population. HFS 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, the Illinois Department of Public Health 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 that 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 is currently working with its sister state agencies and other interested parties to draft regulations to implement PA 96-1372, which resulted from the Governor's Nursing Home Safety Task Force. The Department continues to actively participate in the OASAC activities 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 Plan.

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

In 2009, the Older Adult Services Act was amended by the authorization of PA 96-0248. This public act amended the Older Adult Services Act by mandating that the Department on Aging and the departments of Public Health and Healthcare and Family Services develop a plan and implementation schedule to restructure the State's service delivery system for older adults pursuant to this Act no later than September 30, 2010.

The OASAC Executive Committee engaged Dr. Robert Mollica to facilitate the planning process. Dr. Robert Mollica is the former Senior Program Director at the National Academy for State Health Policy. He has conducted several studies on long term care reform and has published a number of articles, reports and case studies on the topic. Dr. Mollica also has experience with rebalancing efforts in other states (e.g., California, Oklahoma, New Mexico, Pennsylvania, Vermont, Washington and Kansas).

The planning process consisted of a series of meetings, followed by a 2-day retreat. During this time, the following activities were completed:

- Reviewed the vision and guiding principles of OASAC
- Outlined the accomplishments of OASAC for the period 2008 – 2010
- Identified outstanding issues that had not been fully addressed
- Discussed each of these issues in detail, including the prior work of OASAC on each issue, the gaps that still exist, and why the issue is still important
- Prioritized the issues by importance and by feasibility
- Engaged in a 2-day retreat to further discuss the priority issues in greater detail and to develop an implementation plan

This process culminated in the September 2010 publication of the Plan to Restructure the State of Illinois Service Delivery System for Older Adults. The plan includes the following priority areas, which will guide the work of OASAC and the Department for the next three years.

Priority #1: Improve funding for home and community based services programs

Priority #2: Improve transition and integration between medical, hospital and long term care systems and settings

Priority #3: Improve access to long term care services through comprehensive pre-admission assessment screening and options counseling

Priority #4: Ensure service allocation equity and the service package

Priority #5: Increase caregiver support

Priority #6: Facilitate access to supportive housing options and affordable housing

Priority #7: Improve the home and community based quality management systems

Priority #8: Convert excess nursing facility capacity

Priority #9: Maximize the use of technology to support policy development and delivery of long term care services

Background & History of the 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 Older Adult Services Act and the creation of the Older Adult Services Advisory Committee (OASAC) resulted from 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 was established to lead this effort.

The Act also 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 (IDoA) 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. The OASAC workgroups set priorities and work toward developing short term and long term recommendations.

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

Three Year Summary of Accomplishments

The Department on Aging, in collaboration with OASAC, has made substantial progress in the past several years to expand service options and increase the quality of care for frail older adults. The following table summarizes the accomplishments in each of the areas mandated by the original legislation (PA 093-1031).

Summary of Accomplishments (2008 - 2010)

Area	Status of Initiative	Ongoing Activities Related to the Initiative
Comprehensive Care Coordination	<p>Comprehensive Care Coordination and an assessment instrument were implemented in April 2007. The assessment assists older adults to access services regardless of funding source.</p> <p>Training was provided to care coordinators, AAAs, nursing home administrators and professional registered nurses and social workers.</p>	<p>Rules will be promulgated.</p> <p>Subject to funding, a time cost/cost study will be conducted to determine appropriate rates.</p>
Coordinated Point of Entry	<p>Efforts continue toward improving coordination of entry (CPoE) points to services through the IDoA Senior HelpLine, I&A funded through the Older Americans Act, and Aging & Disability Resource Centers operating in suburban Cook County, Decatur, Rockford, Kankakee, Belleville, Rock Island and Peoria.</p> <p>IDoA collaborated with IDHS to establish a “Welcome Center” one-stop service model in suburban Cook County and to establish 211-line pilot projects around the state.</p>	<p>IDoA will identify funding to determine the name and logo and develop a process, standards and training for the CPOEs in each PSA.</p> <p>IDoA will continue to collaborate with IDHS to implement the “Welcome Center,” and support the Area Agency on Aging and Care Coordination Units that serve their immigrant older adult clients.</p>
Public website	<p>IDoA is constructing an inventory of websites that link older adults and their caregivers to relevant information.</p> <p>A housing registry – www.ILHousingSearch.org – became operational in 2009.</p> <p>IDoA developed a web-based resource database using a common format and taxonomy (2008).</p>	<p>IDoA is reviewing the content and accessibility of its website and will incorporate necessary changes.</p>

Summary of Accomplishments (2008 - 2010)

Area	Status of Initiative	Ongoing Activities Related to the Initiative
Expansion of older adult services	IDHFS is expanding the number of Supportive Living Facilities (SLF).	Preserve use of IHDA trust fund to expand affordable housing options.
	The Home Modification program received \$2 million from the IHDA-administered Illinois Affordable Housing Trust Fund.	Support SLF program.
	PA 95-0535 established medication management services statewide as a stand-alone service available to all care coordination clients.	
	A white paper on medication management was prepared on using pharmacists to review cases from CCUs for drug-related issues due to prescriptions written by multiple physicians.	
	Legislation (PA 95-0565) restructured the Community Care Program to: evaluate service cost maximums, allow home care aides to perform personal care tasks, require intermittent, night and weekend hours for all subcontractors of in-home and care coordination services, and provide consumer direction and the availability of personal assistant services. (2008)	
	Obtained \$2 million to expand home delivered meals (2008).	
Consumer-directed HCBS	<p>IDoA implemented a Cash and Counseling demonstration program in four PSAs in November 2007.</p> <p>An external evaluation of the Cash and Counseling demonstration has been completed.</p>	<p>IDoA will conduct a feasibility review of the Cash & Counseling demonstration program and utilize the findings to make recommendations about a personal assistant program for seniors.</p> <p>IDoA will update the array of CCP services and allow participants to choose among the preventative services contained in their care plan (PA 95-0565).</p>

Summary of Accomplishments (2008 - 2010)

Area	Status of Initiative	Ongoing Activities Related to the Initiative
Comprehensive delivery system (integrated acute and chronic care)	<p>IDHFS contracted with McKesson Health Solutions to manage chronic diseases, such as asthma, diabetes, heart disease or other chronic health problems through a disease management initiative. (2009)</p> <p>IDHFS is working with the CMS to implement a PACE program.</p>	<p>IDHFS is implementing a Primary Care Case Management program to improve the health and quality of life for Medicaid beneficiaries.</p> <p>IDoA will continue to explore with IDHFS opportunities to encourage CCP clients to enroll in MCOs that assure high-quality clinical care and that is closely integrated with HCBS.</p>
Enhanced transition and follow up services	<p>IDoA participates in the Money Follows the Person demonstration program for Medicaid beneficiaries who have lived for 6 months or more in an institution.</p>	<p>Transitions from nursing homes will be monitored closely by HFS to assure that extremely vulnerable clients are not put at risk by transition activities.</p>
Family caregiver support	<p>IDoA continued funding under the OAA for respite care and caregiver support.</p> <p>“A Working Caregiver Symposium” was organized and held during the November 2009 Family Caregiver Conference and the Annual Conference on Alzheimer’s Disease and Related Disorders.</p> <p>IDoA obtained a 3-year Lifespan Respite Services grant to expand and enhance respite services and information to persons of all ages.</p> <p>\$16 million in general funds was applied to flexible senior services in the FY 2008 IDoA budget that supported funding for respite care in accordance with the Family Caregiver Act (PA 93-0864) and expanded alternative respite services such as home care, vouchers, transportation assistance, emergency respite and other services.</p>	<p>IDoA continues to collaborate with AAAs and its Family Caregiver Resource Centers to work locally and regionally to develop and expand private partnerships in support of caregiving strategies. 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> <p>Support increase in general funds for services to family caregivers.</p>

Summary of Accomplishments (2008 - 2010)

Area	Status of Initiative	Ongoing Activities Related to the Initiative
Quality standards and quality improvement	<p>Adopted rules for All Willing and Qualified requests for proposals and CCP standards.</p> <p>IDoA initiated a standardized evaluation process for HCBS demonstration projects. The waiver renewal includes the development of a quality management plan.</p> <p>The consumer satisfaction survey tool was validated and tested for reliability.</p> <p>A participant survey was developed that will identify participant overall satisfaction with the program and provide input related to preference in service options.</p> <p>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>Long-term care measures were developed to better understand how consumer satisfaction and quality of life can inform program development and systems change efforts.</p>	<p>IDoA HCBS demonstration projects will be studied to determine the feasibility of statewide implementation.</p> <p>Annual consumer satisfaction surveys will be collected.</p> <p>The critical events tool will be fully automated into a web-based system.</p>
Workforce	<p>In 2008, IDoA implemented legislatively-mandated increases in home care aide hourly wages and rates (\$1.70/hour), and increased rates (\$.33/hour) to cover healthcare benefits for home care aides, and increased rates for adult day service.</p>	<p>Continue support for improved wages and health insurance benefits for home care aides.</p>

Summary of Accomplishments (2008 - 2010)

Area	Status of Initiative	Ongoing Activities Related to the Initiative
Coordination of services	<p>IDHFS held joint training sessions for its staff and SLF providers in Chicago and Springfield on topics of mutual concern.</p> <p>The OASAC subcommittee designed a pilot program that would certify home care aides, health care aides and CNAs to work with high risk clients; create a regional system of experts to provide direct services to high risk clients and training for staff; provide technical assistance to the pilots; study how CCUs may monitor home care and health care workers employed by other entities.</p>	<p>IDHFS will continue to hold the semi-annual training sessions.</p>
Barriers to services	<p>Housing was identified as a barrier to allowing older adults to live at home. ILHousingSearch.org was implemented with funding from IHDA, IDHS, IDHFS and IDoA to assist service providers and consumers to find available, accessible rental housing.</p>	<p>IHDA will continue to market www.ILHousingSearch.org and train service providers to use the web site.</p>
Reimbursement and funding	<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>
Medicaid nursing home cost containment	<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>In 2008, OASAC developed measures to monitor nursing home census trends and increases in the number of HCBS participants.</p>	<p>IDHFS and IDPH will develop a conversion plan with input from OASAC.</p>
Bed reduction	<p>The Nursing Home Conversion Workgroup made progress in addressing the issues of a capital rate conversion that will meet the criteria of budget neutrality while not adversely impacting the facility's Medicaid capital rate component.</p>	<p>Subject to appropriation, IDPH will initiate a pilot for single occupancy rooms in three areas of the state using the capital rate adjustment as an incentive to participate.</p>

Summary of Accomplishments (2008 - 2010)

Area	Status of Initiative	Ongoing Activities Related to the Initiative
Financing	<p>The Finance Workgroup prepared a PowerPoint summarizing best practices for long-term care financing from various states in the nation.</p> <p>In 2008, IDoA required older adults who received services under CCP to enroll in Medicaid if eligible. The State FY 2009 Budget Implementation Act established a mechanism for IDoA to receive funds from IDHFS to cover the increased expenses of home and community-based services caused by the transfer of long-stay nursing home residents to the community via an interagency agreement for MFP.</p> <p>The Finance Workgroup completed research on best practices including policy analysis and recommendations on estate and asset recovery under Medicaid and its effect on long-term care.</p>	<p>The Department continues to examine the impact of mandatory enrollment in Medicaid for eligible CCP participants.</p>
Older Adults Services Demo grants	<p>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.</p>	<p>IDoA will continue the implementation of MFP demonstration and apply the experience to other State efforts to restructure long-term care.</p>
Bed need methodology update	<p>A sub-committee of the Nursing Home Conversion workgroup 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.</p>	<p>Subject to appropriation.</p>
Nursing Facility conversion program	<p>The Nursing Home Conversion Workgroup recommended developing a pilot conversion program based on Minnesota's bed buy-back program and other models to convert to single occupancy. The goal is cost neutrality.</p>	<p>Subject to appropriation.</p>
Housing	<p>See Barriers and Expansion of older adult services (above)</p>	

Summary of Work Completed by OASAC in 2010

In order to comply with the mandates of PA 96-0248, the OASAC approved the following actions:

- 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 9/30/2010.
- To hire a professional facilitator to provide an objective perspective for our efforts in Illinois. Dr. Robert Mollica, who recently retired as Senior Program Director at the National Academy for State Health Policy, was identified as an ideal candidate for this project. He has conducted several studies on long term care reform and has published a number of articles, reports and case studies on the topic. Dr. Mollica also has experience with rebalancing efforts in other states (e.g., California, Oklahoma, New Mexico, Pennsylvania, Vermont, Washington and Kansas).
- To suspend the workgroup activities effective December 2009 until after the planning process was complete in order to allow time for workgroup members to participate, and to determine if changes would be recommended to the structure of OASAC.

During the course of 2010, the following activities were completed by OASAC:

- Reviewed the vision and guiding principles of OASAC
- Outlined the accomplishments of OASAC for the period 2008 – 2010
- Identified 9 outstanding issues that had not been fully addressed
- Discussed each of these issues in detail, including the prior work of OASAC on each issue, the gaps that still exist, and why the issue is still important
- Prioritized the issues by importance and by feasibility
- Engaged in a 2-day retreat to further discuss the priority issues in greater detail and to develop an implementation plan
- Drafted, reviewed, and approved a 3-year plan and implementation schedule to restructure the state's service delivery system for older Illinoisans
- Obtained feedback from the Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services and Illinois Housing Development Authority to further refine and prioritize the recommendations of OASAC
- Published the Plan to Restructure the State of Illinois Service Delivery System for Older Adults in September 2010
- Approved changes to the structure of OASAC committees and workgroups to facilitate implementation of these recommendations

Priority Goals and Objectives

During the planning process, the Executive Committee of the Older Adult Services Advisory Committee identified the following top five priority areas:

1. Finance and funding
2. Transitions & integration between medical and long term care systems and settings
3. Access to the long term care system through comprehensive pre-admission screening/options counseling
4. Service allocation equity and the service package
5. Caregiver support

The Executive Committee further identified four additional areas that are important:

6. Supportive housing options/affordable housing
7. Quality assurance
8. Conversion of excess nursing home capacity
9. Use of technology, electronic access, data sharing

OASAC identified multiple objectives for each of the priority goal areas. The Executive Committee recommended that the Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services and Illinois Housing Development Authority review and prioritize the objectives recommended by OASAC. The feedback from the state agency review is incorporated into the remainder of this report.

GOAL #1: IMPROVE FUNDING FOR HOME AND COMMUNITY-BASED SERVICES PROGRAM

Objectives:

High Priority:

- Evaluate options to establish a Medicaid HCBS provider fee
- Review and prepare options for a unified budget
- Determine which programs and agencies would be included in the unified budget
- Evaluate different options to phase in a unified budget
- Develop a cross program/agency budget process

Additional Priorities:

- Evaluate options to establish fees for Community Care Program (CCP) homecare providers
- Develop caseload and utilization forecasting methodology to establish the level of appropriations for long term care services
- Advocate that the House and Senate Appropriation Committees hear the long term care budget as a whole from the relevant State agencies (e.g., Aging, Healthcare and Family Services, Department of Human Services, etc...)
- Evaluate the impact of the state balancing incentive program and prepare an application which will be submitted to CMS
- Evaluate the impact of adopting the Medicaid state plan attendant services option authorized by Section 1915 (k)
- Review the results of the long term care insurance partnership program
- Develop strategies and an implementation plan to increase participation in the partnership program and other long term care insurance programs
- Analyze opportunities presented through the CLASS Act, and develop a strategy to promote participation in the CLASS Act

GOAL #2: IMPROVE TRANSITION/INTEGRATION BETWEEN MEDICAL/HOSPITAL AND LONG TERM CARE SYSTEMS AND SETTINGS

Objectives:

High Priority:

- Review results from the nursing home transition and Money Follows the Person programs and formalize processes that improve transition efforts (e.g., implementation of MDS 3.0, Section Q)
- Provide training to CCU staff on relevant medical conditions and terms

Additional Priorities:

- Develop strategies to prepare individualized transition plans for older adults leaving a hospital or nursing facility
- Examine and improve the Choices for Care screening process to improve discharges and successful placement in appropriate settings
- Identify assessment data that will trigger referrals for a health assessment
- Review CCU care coordinator caseloads and set standards
- Develop interventions based on health and social characteristics or chronic conditions
- Explore methods to ensure that home and community based services, and aging and disability networks are coordinated as the Patient Protection and Affordable Care Act (PPACA) is implemented

GOAL #3: IMPROVE ACCESS TO LONG TERM CARE SERVICES THROUGH COMPREHENSIVE PRE-ADMISSION ASSESSMENT SCREENING; OPTIONS COUNSELING

Objectives:

High Priority:

- Evaluate and select a preadmission screening/options counseling model

Additional Priorities:

- Implement Coordinated Point of Entry standards
- Determine standards and regulations for common intake systems
- Develop a branding campaign for the Coordinated Point of Entry

GOAL #4: ENSURE SERVICE ALLOCATION EQUITY AND IMPROVE THE SERVICE PACKAGE

Objectives:

High Priority:

- Clarify the tasks that may be performed under homemaker services, which include hands-on assistance with activities of daily living, and provide training to enable workers to meet the needs of the clients they serve as well as identify health triggers that require reassessment
- Evaluate the existing Cash & Counseling demonstration project and explore the feasibility of expanding this program model throughout the State
- Implement a medication management services program
- Determine the characteristics that predict admission to a nursing facility for older Illinoisans in general, and in the CCP population in particular.
- Develop triggers and linkages for care coordinators and service staff to obtain health and medical care consultation, and mental health consultation. Develop training to recognize the need for such consultation.

Additional Priorities:

- Create a profile of IDoA clients and their needs
- Develop plans to maintain the level of service for high DON score participants
- Update and maintain an inventory of services and providers
- Disseminate information about changing demographic trends and demand for services
- Develop an assessment module that identifies caregiver needs for supports and respite services

GOAL #5: INCREASE CAREGIVER SUPPORT

Objectives:

High Priority:

- Seek increased funding for respite services for family caregivers
- Explore strategies to integrate the social and medical model
- Clarify Federal regulatory requirements for completing the minimum data set (MDS) tool in nursing facilities for respite clients

Additional Priorities:

- Document the gaps in the availability of respite services
- Explore improvements to the assessment tool to identify caregiver needs
- Establish guidelines to improve the consistency in respite services programs statewide
- Explore the role of nursing facilities as respite providers
- Explore the role of hospitals as respite providers in rural areas
- Assess the impact of adult day care services as a respite option
- Increase outreach and education to family caregivers to increase their awareness of and access to services
- Utilize ADRCs and CPOEs to increase access to family caregiver services
- Study options to expand the availability of home health services
- Explore evidence based caregiver programs and best practices
- Incorporate a nurse consultation model into the delivery of services for caregivers and clients
- Compile and provide information to legislators on the social and economic value of family caregiving
- Study the benefits and challenges of developing a caregiver assessment module
- Explore how the state is using the National Family Caregiver Support Program funds

GOAL #6: FACILITATE ACCESS TO SUPPORTIVE HOUSING OPTIONS AND AFFORDABLE HOUSING

Objectives:

High Priority:

- Advocate for the addition of rental assistance funding for special needs populations

Additional Priorities:

- Design strategies to improve collaboration between IHDA, ADRCs, CCUs, AAAs and local public housing authorities
- Develop a web-based system to expedite the application process for subsidized housing

GOAL #7: IMPROVE THE HCBS QUALITY MANAGEMENT SYSTEM

Objectives:

High Priority:

- Implement a 24-hour backup system for CCP participants

Additional Priorities:

- Implement a critical incident reporting system
- Design and implement a risk mitigation process for CCP participants
- Incorporate evidence based practices and models into our service delivery system (e.g., strict adherence to recommended measurement of performance procedures)

GOAL #8: CONVERT EXCESS NURSING FACILITY CAPACITY

Objectives:

High Priority:

- Obtain funding to implement the bed conversion pilot project
- Explore the role of nursing facilities as respite providers

GOAL #9: MAXIMIZE THE USE OF TECHNOLOGY TO SUPPORT POLICY AND PROGRAM DEVELOPMENT AND DELIVERY OF LONG TERM CARE SERVICES

Objectives:

High Priority:

- Design and implement information technology initiatives that support access to services

Additional Priorities:

- Explore technological innovations to streamline the application and assessment process including a universal instrument or process that populates applications with existing information
- Implement the information technology framework
- Ensure representation from aging interests on the Illinois Framework project, and in each Health Information Exchange (HIE) advisory committee

Next Steps

As a result of the planning process that occurred during 2010, and to streamline and increase the effectiveness of OASAC, the following changes were recommended and approved for implementation in 2011.

1. The Full OASAC will continue to meet quarterly to provide feedback and recommendations to the Department as the objectives outlined in the plan are implemented.
2. The Executive Committee will meet quarterly, to oversee and structure the operations of the Advisory Committee, to create and appoint subcommittees and members when necessary. Workgroups that were suspended during the planning process will be discontinued and may be resumed as determined by the Executive Committee.
3. The Department on Aging will meet quarterly with the Illinois Department of Public Health, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services and Illinois Housing Development Authority (OASAC Interagency Committee) to discuss the recommendations, to identify and plan for the implementation of those objectives that are shared among Departments, to determine strategies to implement other recommendations into each Department's priorities, and to report on progress made to the Executive and Full OASAC Committee.

The first OASAC Interagency Committee meeting was held on September 27, 2010. The following areas were identified as shared goals for the coming year.

- a) Advocate through our legislative liaisons that the House and Senate Appropriations Committees hear the long term care budget as a whole from the relevant state agencies.
- b) Increase our knowledge about the provisions of the Affordable Care Act, analyze the opportunities of the Act and the impact on home and community-based services.
- c) Increase our knowledge about the Aging & Disability Resource Centers grants recently awarded to the State, and develop strategies to ensure that options counseling is provided to individuals of all ages and abilities across the LTC continuum.
- d) Explore ways to improve the transition process of individuals between medical, hospital and long term care systems and settings through Money Follows the Person, Rapid Reintegration, as well as other care transition model programs.
- e) Increase our knowledge about the provisions of SB 326, and work collectively to address those that overlap across Departments (e.g., Pre-Admission Screening/Resident Review, Determination of Need, etc.).

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 the legislation's sponsors in the Illinois General Assembly for their leadership in the passage of this landmark legislation.

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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 decision making 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 follow up to ensure that referrals and services are accessed. (Section 10)

Department(s) 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)

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 less served 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 based 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)

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Older Adult Services Advisory Committee Meeting Dates for 2010

Meetings were held in 2010 on the following dates in Chicago and Springfield locations by video conference.

March 8, 2010

June 14, 2010

September 13, 2010

November 15, 2010

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





2011 Report to the General Assembly

**State of Illinois
Department on Aging**

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