



Older Adult Services Advisory Committee Meeting

Date: June 15, 2009

Illinois Department on Aging Conference Room, 160 N. LaSalle St., 7th Floor, Chicago
Stratton Building, 401 S. Spring, Room 349-C, Springfield

IN ATTENDANCE:

Committee Members

- Pat Ahern (Hospice)
- Carol Aronson (Case Management)
- Stephanie Altman (Advocacy)
- Darby Anderson (CCP)
- Dennis Bozzi (Nursing Home)
- Melanie Chavin ((Alz Disease and Related Disorders)
- Tom Cornwell (Gerontology/Health Care)
- Frank Daigh (over 60)
- Robyn Golden (Health Care Facility)
- Joyce Gusewelle (nurse)
- Matt Hartman (sub, non-voting, for Pat Comstock, Nursing Home)
- Flora Johnson (SEIU)
- Myrtle Klauer (Nursing Home)
- Mike Koronkowski (Pharmacist)
- Jonathan Lavin (AAA)
- Phyllis Mitzen (over 60)
- Nancy Nelson (AARP)
- Patricia O-Dea-Evans (Family Caregiver)
- Eli Pick (Nursing Home)
- Tom Prohaska (Gerontology Knowledge)
- Susan Real (Family Caregiver)
- Karen Schainker (Senior Center)
- Cathy Weightman-Moore (LTC Ombudsman)
- Ancy Zacharia (Advance Practice Nurse)

Committee Members not in attendance:

- Pat Cohen (Adult Day Service)
- Pat Comstock (Nursing Home, Matt Hartmann substituted)
- Jan Costello (Home Health)
- Jerry Crabtree (Township)
- Barbara Dunn (Primary Care Service)
- Carol Green (Nutrition)
- Mary Reed (County)
- Tim Thomas (SEIU, Dave Lowitzki was present)
- Municipality Rep (vacant)

Ex-officio — non voting Committee Members in attendance:

- Bill Bell (IDPH)
- Stuart Boldry (IL Finance Authority)

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- Kelly Cunningham (IDHFS)
- Charles Johnson (IDOA, Chair)
- Rob Kilbury (DHS)
- Sally Petrone (State LTC Ombudsman)
- Leticia Reyes (IDPH)
- Michelle Saddler (Governor's Office)

Ex-officio — non voting Committee Members not in attendance:

- Gwen Diehl (Veteran Affairs)
- Maureen Palmer (Dept of Commerce and Econ Security)
- Tara Peele (IHDA)

Observers

- Sue Hughes (Co-Presenter, UIC)
- Barbara Rabyne (CJE SeniorLife)
- Ziv Sabin (Elder Care Services)
- Wendy Thornton (Medicaid Matters)
- David Vinkler (AARP)
- Josh Wolfson (Addus Student Intern)

Illinois Department on Aging

- Sandra Alexander
- Janice Cichowlas
- John Eckert
- Michael Gelder
- Ross Grove
- Rob Kilbury
- Mary Killough
- Robin Morgan
- Lisa Zuurbier

SUMMARY

Welcome and Introductory Remarks

Director Johnson welcomed members to the meeting, especially new members Pat Ahern and Leticia Reyes. He also introduced Sandra Alexander, division manager for planning, research and development. Michael Gelder is going to be senior policy advisor on long term care health reform in the Governor's office.

For Distribution:

- Distribution and signing of Ethics Form
- Distribution and signing of Time Sheets

Approval of March minutes

Eli Pick moved to approve the minutes. Stephanie Altman seconded. The minutes were approved.

Executive Committee Report

The Executive Committee continues to meet regarding issues with OASAC as well as budget issues, especially in light of changes with the last legislative session. There will be a retreat next Monday to look at OASAC in the 4th year including benchmarks, the workgroups, and meeting structure. Coordination with other workgroups is a priority.

DON Study – Tom Prohaska

Dr. Prohaska reported that the DON study examined the nature of the DON score as it relates to service issues, and to compare it to DRS data. Key research areas were identified such as the cost effectiveness of the program, and whether it does a good job of helping individuals maintaining independence. Individuals at the higher end DON scores are getting the services they should be receiving. Research was able to document that the cost effectiveness of CCP was quite efficient. It costs less for people to be in the community than in a nursing home. Part two of the DON study was to compare the 2nd data set (DRS) to see if there was an explanation for the difference between the CCP and DRS programs. It appears that both groups have similar level of impairment; they should have access to the same set of services at the same price and with the same amount of resources. There is a disparity with regard to access to CCP program services between these two populations. Monthly service costs are similar between 60+ DRS and all DRS participants. Within both programs, you are still getting a good deal. The whole system is cost effective for both groups.

Department Updates

IDHS – Sent out letters Friday to various entities that will be impacted by budget cuts. Often times the people who need the services are the least likely to call.

IHFS – Nursing homes and hospitals caught up to time frames to draw down enhanced federal match through stimulus program.

IHDA – Will provide a demo of the web site ilhousingsearch.org.

IdoA – Severe budget cutbacks may impact CCP program. The impact is unprecedented. It is important to speak to your representatives to let them know what you think. The Department will notify providers. It is anticipated that calls to the Senior HelpLine may increase. Legislators have unanimously supported these programs over the years; now we have to find a way to pay for it. This group needs to keep forging ahead on the fact that this program is cost effective. People are not opposed to paying taxes for programs that are a good use of their dollars. Eli Pick expressed a concern that he understood that some healthcare workers who had allegations of abuse or were identified to have problems with their background checks were being reassigned to non-CCP clients. Mr Pick raised the objection that it should not matter whether the clients are CCP funded or not. Clients need the same protection and agencies should follow a consistent practice of restricting access to vulnerable clients.

Reports and Discussion

CCP waiver was submitted to CMS on 6/1. HFS hoped to submit the waiver this week, must be submitted within 90 days of our re-application date (July 1st). No new services added at the waiver at this time; still need to develop programs and wanted to take appropriate time to do this right. CM is considered an administrative service and hasn't been touched.

Aid & Attendance VA Benefit - Illinois is 50 out of 50 states to use it. It is a federal program; some other states have dedicated people to help consumers get this benefit. Vet is entitled to approximately \$1000+ month, tax free.

VA Home and Community Based Services – Veteran's Administration is interested in doing community based services through VA hospitals because they are encountering younger vets who qualify for institutional care, but want to remain in community. AoA has a demonstration

project to give \$10 million, to 20 states. Applicants can only be State Units on Aging. IDOA will apply and work with the existing CCP network.

Money Follows the Person Program - CMS completed site review last week. They were pleased with infrastructure put in place for the populations being transitioned. To-date 10 people have transitioned through DRS, 1 through mental health; and aging is just getting started. Our transitions have been slow, but the infrastructure is going well. The major question is the impact of the budget on this program. Dr. Cornwell suggested that technology can increase the amount of medical care that can be done at home. We need to incentivize providing this kind of care at home.

Work Group Updates

Services Expansion Committee – Medication management report been in the works for a few years, and sent to Finance Committee. Need is there based on statistical and anecdotal data. A two tier program is proposed. Tier 1 – medication audit Medication Management Information System ; screening of CM client conducted to screen for multiple meds, specific types of meds, multiple hospitalizations, dizziness; contraindications. Will work with pharmacist to assist. Tier 2 – hands on assistance by a nurse in setting up meds; communication with physician as needed. It is anticipated that a higher percentage will need Tier 1 services. Projected costs are \$8.75 million program cost for Tier 1; \$4.9 to \$5.0 million for Tier 2.

Some states have a stratification of the CCP program services where a higher level professional is coordinating more complex cases (e.g., Health Care Plus).

Coordinated Point of Entry - No action items. Analyzing data from service providers and used this for standards for CPOE. Have many standards to move forward, and are developing the access plan and outcome measures.

Finance - In the report

NH Conversion - Looking at respite care. Pilot project held in 3 parts of state (population, central, rural) looking at single-bed occupancy; tried introducing legislation; looking at how to finance this to move the capital rate. Respite care is needed; some CCPs are doing it, or AAAs are doing it.

Workforce/Caregiver Workgroup - In the report

Reminders

- 6/22 – Executive Committee Retreat from 1:00 – 5:00 p.m.
- 9/14 – Older Adult Services Committee from 11:00 a.m. - 2:00 p.m.

The meeting adjourned at 5:00 p.m.