State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee

Executive Committee Meeting

Date: March 23, 2009

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

Attending: Carol Aronson (Phone, Shawnee Alliance for Seniors), Pat Comstock, (Phone, IL Health Care Council of IL), Robert Kilbury (Phone, DRS), Myrtle Klauer (Phone, IHCA), Jon Lavin (Phone, Age Options), Phyllis Mitzen (Member over 60), Nancy Nelson (AARP), Darby Anderson (Addus). **Staff:** Jan Cichowlas, Kelly Cunningham, John Eckert, Michael Gelder. **Guests:** Dave Vinkler (AARP)

SUMMARY:

Michael Gelder opened the meeting from Chicago. Michael Gelder made introductory remarks.

Vacancies on the Committee include:

- County Representative
- Municipality Representative
- Governor's Representative
- New member: Pat Ahern to represent Hospice and Palliative Care

Approval of the November 24, 2008, Minutes:
Phyllis Mitzen moved and Nancy Nelson seconded the motion to approve the minutes. The Minutes were approved for January 22, 2009.

Department Updates:

Illinois Department of Healthcare and Family Services (IDHFS)

Kelly Cunningham reported about the HFS new budget. She offered to present about Money Follows the Person (MFP) to the full OASAC Committee in the near future.

Illinois Department on Aging (IDoA)

Michael Gelder reported that the budget is available on IDoA's website. We received an increase for Community Care Program (CCP) rate increases and health insurance. There is an overall increase except that our program also has growth in clients (from 55,000 to over 58,000 monthly). We will be working with the Office of Management and Budget, the CCP Advisory Committee and other advisory groups to help constrain the rate of growth to stay within the budget. Changes to the State's pension system and tax increases are also included to help balance the budget and overcome an $11.6 billion deficit.

Pat Comstock asked for a clarification on the budget regarding cuts and conflicting reports with the budget briefing. Gelder responded that cutting services may be necessary to fund the current rate of growth for FY 2010. We've had the option to roll over liability, but this year the budget is based on paying back some of the accumulated liability. This does not leave sufficient funding to maintain everything the same and serve the anticipated number of new frail older adults who will enroll, based on anticipated growth. IDoA will have to come up with a solution that won't jeopardize clients and lead to premature placement in a nursing home.

IDoA is working on ways to reorganize services within the Department. We may streamline functions and decision-making to reduce costs.

There are bills affecting the Elder Abuse and Circuit Breaker programs plus other shell bills that might affect the Community Care Program.

We have an inter-agency effort under way with MFP. The contracting with Care Coordination Units (CCUs) to get MFP underway is being delayed due to closer scrutiny over contracts generally in an effort by the Governor for the State to control spending.

There are some new proposals being submitted regarding Medicare information and enrollment that we are working on with the Area Agencies on Aging (AAAs) and SHIP. We are also working with AAAs on a new venture with the U.S. Veterans Administration to use the aging network to serve both younger and older veterans. Illinois is being added to the second tier of states to engage in this joint effort. Money will be funneled to Illinois shortly.

Red Tape Cutters was not included in the 2010 Budget from the Governor.

Phyllis Mitzen: Kelly, Jean and Phyllis attended an MFP meeting in Washington, D.C. Phyllis would like to share what they learned at the meeting. John McKnight was there and talked about how communities can adapt themselves to people returning home from the nursing home. This was a technical assistance meeting for MFP. Many states are making use of the Ombudsman program to identify those nursing home persons that should return to the community. In the Enhanced Transition Program, the Long-Term Care Ombudsman Program (LTCOP) was not fully integrated with a role in all areas.

Jon Lavin's impression is that Illinois is building the MFP off of existing services available. Other states use Medicaid money for LTCOP, for example.

Pat Comstock surveyed the other states that use Medicaid funds for their LTCOP, and found that many of these states are now backing away from this option.

Gelder will talk to Comstock about what they have researched and work with Sally Petrone on this.

John Eckert: A presentation has been given to the LTCOP, and there are plans to increase their role later in the MFP roll-out.

Illinois Department of Human Services (IDHS)

Robert Kilbury reported that they have a new budget.

Old Business

2009 OASAC Report

The final report is available on the IDoA website.

New Business

Agenda Development for Full OASAC Meetings

1. Six measures in long-term care after meeting with all co-chairs — By June, workgroups should be finalizing their efforts.
2. Waiver discussion (due June 1) — this will make the CCP program look new after all the necessary forms required for quality assurance.
3. Housing Search Website (IHDA) — website should be available to providers in June
4. Veterans benefits for older adults ranked 50/50 in country — the Administration on Aging has developed a working agreement with the Veterans Administration (VA) to determine a way to use more consumer-directed services at home. They would like to subcontract with our network (like AAAs) to provide veterans services. They want to empower veterans and families. The case managers from VA will be able to do the case management. They are looking for a way to provide more services at home for their vets. Many vets don't want to receive services in an institutional setting, so they are looking for alternatives in local communities, preferably through a consumer-directed program (i.e., $2000 to allocate resources as they need it). Michigan has already started doing this. IDoA is to facilitate meetings between OASAC and VA. In our state, VA areas can encompass areas outside of the boundaries of Illinois, which will be challenging for us. The VA represents an opportunity and a challenge. **NancyNelson:** Head injuries and lost limb injuries are a different type of impairment. The VA doesn't want us driving their service selection. They feel their clients are fully able to make these decisions about what they need. In Carol Aronson's Planning and Service Area, there is behavioral health counseling for brain injured Vets. **Darby Anderson:** There are huge increases in veteran caseload in southern Illinois. However, Veterans offices really vary from office to office; and there is a big variance even in Illinois.

   Each VA Hospital gets a budget, and they determine how to spend the money. However, they do have a goal to meet the needs in the community.

   Active duty benefits are different from the Veteran health benefit system. They can receive up to $1800 a month for the purpose of paying uncovered benefits.
5. Tom Prohaska and Sue Hughes will be ready to give an addendum report on the Determination of Neet (DON) Study.
6. Money Follows the Person
7. Project 2020
8. Budget
9. Legislation

Video Conferencing for OASAC-related Meetings
How can we make the workgroups accessible? Carol Aronson has a video conferencing capability. Phyllis Mitzen does not think that phone-only communication is effective. The Finance Workgroup has decided to meet by video conference. The Services Workgroup stepped away from video conferencing because it was distracting — it was easier to work in person. Charles thinks we could connect two or possibly three sites. AARP only connects AARP offices. Jan Cichowlas will continue to work on this.

Legislative Update

Dave Vinkler: Silver Alert bills have passed committee.

ElderAbuse bills have passed committee.

SB1689: (Sen Hunter) Mandated reporter bill passed committee. Banker's Association is opposed to this bill. IDOA will meet with them tomorrow.

The Nursing Home Conversion Workgroup bill is being followed.

HB3923: Health Insurance Reform bill was gutted.

A Circuit Breaker bill regarding income levels that vary from Illinois Cares Rx was proposed. A 5.9% cost of living increase — Should both be indexed to COLA? The House seems opposed. The goal is to get income levels the same for both programs. Curry will introduce new language tomorrow. IDHFS can change level by rule, vs. legislature changing in relation to SS COLA.

Julie Hamos is working on getting a shell bill from Madigan to run on the floor. It would require IDoA to conduct assessments on new nursing home residents who remain in the nursing home for 90 days or more. There is a Governor's Office initiative to have each human service agency (IDoA included) provide rapid reintegration back into the community. Although we spend hundreds of thousands of dollars on assessments, some CCUs don't follow up on those clients who are admitted to the nursing home. How do you institute some care management oversight while in the nursing home to help them leave it when their care level allows them to manage back in the home?

HB2392 (Ester Golar's bill) — 60+ were amended out of the bill because 60+ were not in a pilot project (IDoA will be starting one in Rockford). IHCA was involved in amending out 60+ because the point was to memorialize the existing the pilot projects, which do not involve 60+. Stephanie was the drafter of this legislation.

Jon Lavin stated that Red Tape Cutters should be memorialized; Carol Aronson said statewide.

Rapid Reintegration: How do you target those that go into the nursing and help them come out if they are able? They are especially likely to want to come out and the nursing home is interested in helping when their Medicare benefit runs out.

Pat Comstock doesn't think it was supposed to touch the people b/w 90 days and 6 month stays at the nursing home. Can we be respectful of the rehab only population, which is 40% of the nursing home population? How can this be done without being disruptive of the goals of the individual?

Amend existing legislation to have IDoA to work out the details of the legislation in rule.

Workgroup Reports

Services Workgroup

The group is not meeting until next week; Trend #4; Trend #5. Paul Bennett reports…one report submitted to Lucia is still awaiting her release. In terms of reporting on service gaps, you need the full inventory of services. Gaps can't be determined until we have all the services in the ESP system. Southern IL isn't inputting to ESP system. AAAs agreed to use ESP; not all are entering it. Invite Lucia to come to meeting and let them know what is needed from the system. Charles will talk about this tomorrow at the AAA summit.

Finance Workgroup

Pat Comstock reported a refocus on looking at financing options. Researching funding systems from other states. A list of questions have been developed to ask different states. Nicole Seyller, student intern, is working on this project and will be reporting at next week's meeting.

Workforce/Caregiver Workgroup

Darby reported a refocus of efforts. Retention of the workforce issues, recruitment side is more difficult (% of service statistics). Training focus on quality assurance and ability to communicate new standards to providers. Career ladder opportunities at entry level positions and professionalizing those positions.

Caregiver — respite funding for caregivers; possible caregiver conference related to employers with caregiver employees in southern Illinois; Susan to write up a small proposal. Add a measure about employers who offer benefits to caregiver employees. Susan will explore connecting the conference idea to the Alzheimer's conference in Springfield.

Coordinated Points of Entry Workgroup

Jon reported that they are scheduled to meet on Monday in Bloomington. There is a survey that was completed. They will be talking about a plan to analyze the survey results.

Nursing Home Conversion Workgroup

Phyllis Mitzen met at the end of February. Bill having to do with adjusting the rate for nursing homes that convert beds. At the workgroup meeting, Bill Dart and Bill Bell didn't think legislation was needed to do this. How do we determine a rate? Also talked about respite, which is another way for the community to use nursing homes. In some AAAs, there is respite money available to use for respite nursing homes. An MFP conference epiphany: It should include developmentally disabled and mentally impaired along with older adults. The act itself includes public health, etc.

There was a question about how to revamp the questionnaire — a one pager, that will go out with HFPB's annual questionnaire. There were some questions about culture change, but they were removed since it is not the focus of this group. There are questions about what nursing

homes are doing around the state. It's an inventory of services that nursing homes provide to their communities. Kevin broke it down by PSAs. This has nothing to do with the Attorney General's questionnaire going to nursing homes, although the Workgroup reviewed the questionnaire and made recommendations. The two questionnaires had a different intents, but both are supposed to be publicly available.

Phyllis Mitzen and Myrtle Klauer will check into it again at the next Nursing Home Conversion meeting. It is supposed to be posted on the State Ombudsman's website.

Overlapping Workgroup Issues for 2009

More will be discussed about overlapping workgroup issues at a future meeting, especially in relation to the six trends:

1. Trends in the percent of Medicaid money spent on institutional care and Home and Community Based Care for persons 65+
2. Trends in the percent of nursing home care residents 65+ that are high acuity based on Minimum Data Set or Resource Utilization Groups
3. Trends in the number of nursing home residents transitioned fro nursing home care to HCBS each year
4. Trends in the percent of HCBS (CCP and SLF) recipients that are high need, as defined by functional or financial status
5. Trends in services, including nursing home beds per 1000 persons 65+ by county or AAA
6. Quality of life survey data in residential facilities and community-based services.

Meeting adjourned at 5 p.m.