Older Adult Services Advisory Committee Meeting

Date: September 26, 2005
Location: Illinois State Fire Marshal, Springfield, Illinois

IN ATTENDANCE:

Committee Members:

- Stephanie Altman – Health and Disability Advocates
- Darby Anderson – Addus HeathCare
- Paul Bennett - Central West Case Management Unit
- Dennis Bozzi – Life Services Network
- Pat Comstock - Illinois Health Care Association
- Ann M. Cooper – Illinois Association of Nutrition Programs
- Thomas Cornwell, MD – HomeCare Physicians
- Donna Ginther – AARP
- Alicia Weber for Flora Johnson – family caregiver and SEIU Local 880
- Jonathan Lavin –Suburban Area Agency on Aging
- Linda Leone – Prairieland Home Care
- David Lindeman – Mather LifeWays Institute on Aging
- Joyce Lony – Eden United Church of Christ
- Jean McCain – Livingston Manor
- Phyllis Mitzen – citizen member over 60
- Harriet O'Connor – Illinois Hospice and Palliative Care Organization
- Steven K. Rothschild – Rush University Medical Center
- Brian Schwarberg – Alzheimer's Association
- Tim Thomas – SEIU Local #4
- Cathy Weightman-Moore – Catholic Charities Long Term Care Ombudsman Program
- Cynthia Worsley – Association of Illinois Senior Centers

Committee Members not in attendance:

- Sydney Bild – Metro Seniors in Action
- James R. Donelan – The Township Officials of Illinois
- Larry Frang – Illinois Municipal League
- Marion Hanks-Bell – registered nurse
- Myrtle Klauer – Illinois Council on Long Term care
- Patricia O'Dea-Evans – B A Place for Mom
- Ruth Rankin – Sarah Bush Lincoln Health System
- Karen Anne Rose – Institute of Physical Medicine and Rehabilitation
- Carmen Velasquez – Alivio Medical Center
- Cheryl Woodson – Woodson Center for Adult HealthCare

Ex-officio – non voting Committee Members in attendance:

- Charles D. Johnson – Illinois Department on Aging
- Kelly Cunningham for Ann Marie Murphy – Illinois Department of Healthcare and Family Services
- Enrique Unanue – Illinois Department of Public Health
- Gwen Diehl – Illinois Department of Veterans Affairs
- Sally Petrone – Illinois Department on Aging, Long Term Care Ombudsman
- Teri Dederer – Illinois Department of Human Services
- Jennifer Novak – Illinois Housing Development Authority

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

- Jared Thornley – Office of the Governor
- Bert Gisi – Illinois Finance Authority
- Sinead Rice-Madigan – Illinois Department of Financial and Professional Regulation, Division of Insurance

OBSERVERS:

- Frank Daigh – AARP
- Peg Keeley – AARP
- Carol Aronson – Shawnee Alliance for Seniors
- Debbie Witt – Illinois Home Care Council
- Frank Price – AARP
- Susan Pawlicki – Precision Research Link
- Vada Repta – Precision Research Link
- Kim Cox – Addus Health Care
- Karen Schainker – Association of Illinois Senior Centers
- Amy Paschedog – AARP
- Carolyn Guthman – AARP
- Mary Patton – AARP
- Heather O'Donnell – Center for Tax and Budget Accountability

State Agency Representatives:

- Michael Gelder - Illinois Department on Aging
- Rance Carpenter - Illinois Department on Aging
- Betsy Creamer - Illinois Department on Aging
- Molly Spengler – Illinois Department on Aging
- Joseph Lugo – Illinois Department on Aging
- Dave Vinkler - Illinois Department on Aging
- Robin Morgan - Illinois Department on Aging
- John Eckert - Illinois Department on Aging
- Leann Dolan - Illinois Department on Aging
- Kathy Barnhart – Illinois Department on Aging

SUMMARY

Welcome and Introductory Remarks:
The meeting was opened by Director Johnson who welcomed the participants and thanked everyone for their hard work.

Approval of Minutes:
David Lindeman moved to approve the minutes from the August 8th meeting. Paul Bennett seconded the motion. The minutes were approved as distributed.

Executive Committee
Director Johnson reported for the executive committee. The executive committee discussed attendance and the use of proxies at meetings of the full OASAC. The executive committee passed two items:
1. Committee members are expected to attend 80% of meetings in person. An absence will be subject to review by the Department.
2. Members may send a proxy to meetings of the full OASAC if the member writes to the Department in advance and receives approval. The proxy would be permitted to vote as a member. An e-mail to the Department would be acceptable.

Pat Comstock moved to accept the two items. The items were approved by the committee.

Workgroup Reports/Presentations on Top Priorities for FY 07 Consideration:
The agenda was amended to allow for voting on each item after it is presented. State agencies also will be given an opportunity to respond throughout the meeting.

Workforce and Caregivers
David Lindeman presented the priority items for the workgroup.
The workgroup has three priority goals.
1. Provide funding for health insurance for employees of vendors through the Community Care Program as well as develop recommendations for wages and benefits adequate to attract and retain a qualified and stable worker pool across care settings.
2. Identify evidence-based career ladder/lattice models, assess applicability to Illinois (including costs), and recommend a priority program for introduction/expansion in 2006.
3. Identify models that support career pathways to improve staff retention and the quality of long-term care through training and recommend a priority program for introduction/expansion in 2006.

The workgroup explained the three workforce goals. The workgroup's first priority is to provide money for health insurance. Providing insurance for CCP workers first is a short term goal to be acted upon in next several months. The workgroup would like the full report to include providing insurance for the entire spectrum of long term care workers. Right now, the focus is on homemakers of the Community Care Program (CCP).   The workgroup already has the data for the homemaker workforce resulting in the decision to focus on that population first and then add to the group as we move forward. The workgroup has the data to support the initiative.

It was suggested that the workgroup continue to research this issue including looking at other state models. The committee discussed the methods that insurance could be provided. The workgroup is not focusing on only one option but is looking at all options. Concerns were raised that it may be difficult to bring on other groups and that it may be better to do one large group. One possible outcome of only covering CCP workers would be workers not covered leaving other services to get benefits as a CCP provider. The workgroup's action plan document includes actual dollar amounts to be discussed before the item is actually put forward.

IDPH is working on career ladders and lattice models. The workgroup wants to expand existing programs but also wants to look at broader lattice models. The workgroup would like to use the next few months to review other options and bring them back to the full committee. IDPH offered to put a staff person on the workgroup.

Regarding career pathways, the workgroup has been focusing on front line workers but could include graduate programs and etc. David will take it back to the workgroup and look at it across the spectrum of gerontological services.

The committee voted and amended #1 to include the words "homemaker vendors" after CCP. This was passed with two voting against it. Two members stated they would vote for this item if it were more inclusive.
The workgroup clarified that we have to start somewhere on this issue and we know the most about this group. It would take longer to include everyone. This is an immediate goal. The long term goal is to include everyone. The workgroup is looking for approval from the committee to move forward in this first step.

Priority goals 2 and 3 were approved unanimously.

The Workforce/Caregiver workgroup also has five items under family caregiver for consideration.
The committee discussed the items to be voted on. They are:
1. Improve the level of funding from the Older Americans Act for respite care from state and federal sources.
2. Review best practices for providing respite care and expand the availability of alternative respite services to provide flexibility to family caregivers, including home care, kith and kin, vouchers and other services.
3. Conduct a study in Illinois to provide a benchmark of family caregiver demographics, needs/assets and service utilization approve.
4. Promote awareness and visibility of the needs of family caregivers, especially working caregivers.
5. Expand individualized training for family caregivers through partnerships between aging network and other specialized training organizations.

The workgroup explained the family caregiver goals.
The fourth item to promote awareness and the needs of working caregivers is to show that the impact of caring for older adults is being felt by working children and spouses. The workgroup has included in the

action plan a consensus conference, a meeting to identify issues and strategies. There is not a specific model at this time but the workgroup did want to bring this issue to the attention of committee. Committee members have had experiences where an employer has not been sympathetic for employees using FMLA time, needing a quick absence to care for a relative. The workgroup wants to identify this issue in the short term with the long term goal being to create family friendly work places. The workgroup has been working with the family caregiver alliance in San Francisco to gather information.

The family caregiver priority goals were voted on and all were unanimously approved.

Services Workgroup

Donna Ginther presented the services workgroup report. The workgroup has one priority goal for fall of 2005 and five priority goals for spring of 2006.
The priority goal for 2005 is:
Assistance to alleviate the transportation burdens associated with higher gasoline prices (fuel tax).
The committee discussed the first item and decided to remove the words fuel tax. **The item was unanimously approved.**

The five priority goals for the Spring of 2006 are:
1. Implement Comprehensive Case Management
    a.   Adopt and implement a statewide tool.
    b.   Funding to implement statewide
    c.   Funding to case coordination units to handle the additional follow-up contact with clients resulting from a more comprehensive assessment process
.
The committee discussed this issue and what is currently being done. The Outcomes Measurement Committee was established to look at all of the tools used for assessment. A comprehensive tool is being used by 40% of all the Case Coordination Units (CCU) in the state. The goal is to have a standardized tool to be consistent statewide and allow for a review of outcomes statewide and to insure that all assessments are the same quality assessment. This would not be used by nursing facilities. The determination of need (DON), which is currently used looks only at the need for the CCP and does not address other needs the client may have. This would not affect services for those under 60 years of age. Members requested to see a comprehensive tool before moving forward. The executive committee will look into this issue.   **The committee voted on this issue and it was approved unanimously.**

2. Address transportation issues with adult day service, senior companion and RSVP
    a.   Mileage reimbursement
    b.   Liability insurance
The committee discussed expanding this item to include all agencies that provide transportation. The workgroup chairperson explained that all transportation issues are on the long term goal of improving transportation, this is just a start. Transportation is not adequately funded. Adult Day Services costs are three times what they are actually being paid.

It was suggested that this issue be looked at from a broader point of view. A suggestion was made to include nursing facility residents. Currently, nursing facilities are not obligated to get residents to doctor appointments.
The majority vote was to move forward with modifications.

3. Improve Information and Assistance infrastructure
     Annualize upgrades to the Senior HelpLine 800#
The committee unanimously approved this item and added an item under it to replace federal Medicare Modernization Act funding with state funds.

4. Home-delivered meals.
   a. Expand un-served and underserved areas to 3 meals a day/ 365 days a year and special and shelf-
       stable meals.
   b. Address production and delivery issues
The goal of this item is to expand service so every senior who qualifies for home delivered meals could
receive service including those in difficult to reach locations. It was agreed to change 3 meals/day to 2
meals/day. Currently home delivered meals are provided once a day, not including weekends or
holidays. Different methods of improving this service were discussed including additional money,
upgraded equipment, reimbursement fees, and frozen meals delivered 1-2 times/ week.
The importance of the case manager's assessment was also discussed. **This item was unanimously
approved.**

5. Fund the Senior Center Grant Program ($6 million)
It was agreed to remove the dollar amount. The committee will be reviewing the grants and determining
which comprehensive senior centers to fund, based on needs, with planning done in conjunction with the
Area Agencies on Aging. This item was unanimously approved as amended.

Finance
Pat Comstock reported for the finance workgroup. The workgroup decided not to put forth any
priorities for the short term. The finance workgroup believes it is their role to support priorities coming
forward from other workgroups. They do have a project going forward to map out funding,
requirements, who is served, costs, and expense levels for all programs regardless of which agency
houses it. They have had a presentation on this issue, agreed on the format for the project and are
moving forward.

Point of Entry
Jonathan Lavin presented for the workgroup.
The priority goals are the following:
1. To develop Coordinated Points of Entry (CPEs) throughout the state (with a minimum of six pilot
    sites). This initiative includes the following interdependent tasks:
       a. A statewide system of holistic comprehensive case management to support the full range of
           long-term support options and a coordinated point of entry to public and private long-term
           support programs and benefits.
       b. An interactive Department on Aging website with a statewide management information
       system that can identify service gaps and provide current information that can be accessed by
       consumers and providers
       c. Implement and publicize the newly branded statewide coordinated point of entry using a
       uniform name, identity, logo, and toll-free number. To assure that older people in the state are
       aware of the new system's "branded" name and how and where they may go to access
       information about resources, services and other information they need to make decisions about
       long term care. The brand will serve as a "Good Housekeeping Seal of Approval."
Long – Term Goals/ Funding Initiatives
2. To design and implement a system of access points throughout the state that allows older people to
    gain entry into the aging service system in multiple ways.
3. Create means to evaluate a CPE system on an ongoing basis that incorporates and tracks client
    satisfaction, outcomes of services, and gaps in the service system.
4. Funding for the development of a statewide certification and approval, monitoring and training
process to be designated as a CPE into the long-term care system.

The committee discussed the proposals for a coordinated point of entry (CPE). Jonathan explained that a comprehensive assessment does not have to be provided at a CPE. Jonathan also discussed the workgroup's work on branding. The workgroup is looking for input from the network and long term care field. A CPE could be in all types of settings and all types of fields. The workgroup has not determined how many CPEs the state needs. They would like to start with a few and determine what the scope will look like in various areas of state, and then it will be up to the Department to make decisions on the venue for CPE. The goal is to get some sites up and running and standardized. It will be up to the Department to make sure all the materials and organization of the sites are as they should be and to determine the number of needed sites and who will operate them. Jonathan explained that all CPE will not look alike. Instead they will be allowed to be different for each community to meet the needs of the community. They will have the same brand and logo. The vision of a CPE is laid out in the statute. CPE must have certain components. That is what the workgroup is focusing on. There can also be various access points. A full blown CPE may not be needed in every county. Each center will be identical and responsive to individual needs.

Of the current CPE sites, one is at an AAA and the other is at a CCU. Each is serving all the needs as a CPE.

The committee voted on the workgroup's priority items. The committee decided to vote on each sub comment under the first item as an individual goal and to change the first long term goal to a short term goal.

Jonathan agreed to remove the statement "with a minimum of six pilot sites" from the first priority item and instead leave the number open since two are already in existence. **The first item was approved as amended. Letters a, b, and c were changed to numbers 2, 3, and 4 and unanimously approved. Number 2 was changed to the fifth priority goal and approved unanimously**.

The committee did not vote on the two remaining long term goals.

Nursing Home Conversion

Enrique Unanue presented for the workgroup. The workgroup's goal is to have a methodology to effectively reutilize current service models in order to provide multiple options for housing and services. The workgroup's priority goals are:

1. Work on Conversion Bond Program with Illinois Housing Development Authority and The Department of Public Health for funding of Nursing Home Conversions
    a. Establish Bonding Authority through IHDA.
    b. Establish Grant application and criteria for awards following the Innovations in Long Term Care Grants Legislation.
    c. Utilize the Innovations in Long Term Care Grants program, account, and awards panel to review and issue awards.
    d. Establish an assessment tool to monitor grants awards.
2. Develop a Continuing Care License (floating licensed and certified units) to allow for flexibility in housing and services.
    a. Develop rule language to establish license program under Public Health
    b. Develop rule language to establish financing options under IHDA.
    c. Establish an assessment tool to monitor and measure quality improvements in delivery of care.
    d. Work with the Centers for Medicare and Medicaid Services to provide reimbursement of licensed units
3. Develop a Short Term Care conversion strategy.
    a. Create Branding program to convert long term care facilities to specialized short term rehabilitation and transition facilities.
    b. develop list and criteria for branded services
    c. establish protocols for branding conversion and monitoring.
    d. Tie Grants to Branding conversion strategy

The committee discussed the workgroup's first priority goal for a bond program. The Department of Public Health has a bond program which is currently limited to $1million per year.
Enrique explained that this program would pay nursing homes to take beds out.

The Department of Public Health has a program titled Innovations in Long Term Care Grants. There is only one million dollars available in that grant for use in innovations for long term care facilities. Only programs that provide a direct benefit to residents of certified and licensed long term care facilities in the State can receive grants from this fund.

The conversion program which the legislation requires was discussed. (There is no money available to the knowledge of the committee members at this time.)
A program in Maryland was discussed. It allows the rate paid to the nursing facility to follow the client into the community.
The workgroup's second priority goal of a floating license was discussed.

Jennifer Novak of the Illinois Housing Development Authority (IHDA) responded to the workgroup's proposal. IHDA does not have a specific designated program that funds only nursing home conversion projects. IHDA has funded independent elderly developments and supportive living facilities. They ensure development through set asides of resources such as the elderly and special project set asides of Low Income Housing Tax Credits. In addition, the first Annual Comprehensive Housing Plan, which the Governor approved in January, shows 25% of all housing resources going to the elderly. The housing task force is currently working on the 2006 AP which will be discussed along with IHDA resources for elderly housing development at the next workgroup meeting. Bond financing depends on the availability of bond cap, the feasibility of individual projects and, due to the size of projects needed for a bond transaction, over $1 million worth, it may require multiple developments to be ready simultaneously. The IHDA has restrictive enabling legislation which strictly relates to affordable housing. IHDA cannot finance health facilities therefore IHDA cannot do conversion of a wing, floor, or portion of a nursing home. Each project must stand on its own merits. The private investment market is not totally convinced, and therefore has not overwhelmingly bought into development where federal or state appropriation serves as an income stream to retire debt service. Regarding the proposed continuing care license program, it is important to note that IHDA is not an appropriated agency. IHDA would need more information to seek clarification on whether IHDA is allowed to finance housing that requires state licensing. IHDA fells more research is needed that may keep the general assembly from enacting legislation this coming session.

Enrique responded that the workgroups were required to come up with priorities and stated that more research is needed.
The committee discussed the second priority item of developing a continuing care license. This would be a three year program. The third item, develop a short term conversion strategy, may be occurring in nursing homes already.
There was some concern that these ideas would affect persons under 60. The Disability Services Advisory Committee (DSAC) is looking at the same things.
The long term care grants program is funded with civil monetary penalty and cannot be used for anything other than programs that provide a direct benefit to residents of certified and licensed long term care facilities.
Donna Ginther motioned to change #1 to "work on a nursing home conversion program and seek funding for it." The committee approved the change.
Donna Ginther motioned to change #2 to "explore changes that would permit aging in place in all residential sites". The committee approved the change.

The committee agreed that the third item of developing a short term conversion strategy now fits into #1 and is no longer needed as a separate item.

Work Plan
A subcommittee was formed to look at the work plan. This will be discussed at the next executive committee meeting and will be brought back to full committee.

Next Meeting
The executive committee will meet on Monday, October 3, 2005.   The results will be circulated to the full committee electronically for review.
Future meetings will be decided at executive committee meeting. Information on the Governor's Conference will be sent to the full committee.

The meeting was adjourned at 4:30.

These minutes were approved as amended on December 7, 2005