



Older Adult Services Advisory Committee Meeting

Date: November 8, 2007

Location: Capitol City Training Center, Springfield, and
Michael A. Bilandic Building, Chicago

IN ATTENDANCE:

Committee Members:

- Stephanie Altman – Health and Disability Advocates
- Carol Aronson – Shawnee Alliance for Seniors
- Dennis Bozzi – Life Services Network
- Pat Stacy Cohen – Illinois Adult Day Service Association
- Pat Comstock - Illinois Health Care Association
- Ann M. Cooper – Illinois Association of Nutrition Programs
- Thomas Cornwell, MD – HomeCare Physicians
- Flora Johnson – family caregiver and SEIU Local 880
- Myrtle Klauer – Illinois Council on Long Term Care
- Jonathan Lavin –Age Options
- David Lindeman – Mather LifeWays Institute on Aging
- Phyllis Mitzen – citizen member over 60
- Margaret Rudnik - Illinois Hospice and Palliative Care Organization
- Karen Schainker – Association of Illinois Senior Centers
- Cathy Weightman-Moore – Catholic Charities Long Term Care Ombudsman Program
- Ancy Zacharia – HomeCare Physicians

Committee Members not in attendance:

- Darby Anderson – Addus HealthCare
- Melanie Chavin – Alzheimer’s Association
- Jerry Crabtree – The Township Officials of Illinois
- Frank Daigh – family caregiver
- Joyce Gusewelle – Eden United Church of Christ
- Michael Koronkowski – University of Illinois at Chicago
- Nancy Nelson – Illinois HomeCare Council
- Patricia O’Dea-Evans – Northwest Community Hospital
- Steven K. Rothschild, M.D. – Rush University Medical Center
- Tim Thomas – SEIU Local #4
- Carmen Velasquez – Alivio Medical Center
- Cheryl Woodson, M.D. – Woodson Center for Adult HealthCare

Ex-officio – non-voting Committee Members in attendance:

- Charles D. Johnson – Illinois Department on Aging
- Kelly Cunningham for Theresa Wyatt – Illinois Department of Healthcare and Family Services
- Enrique Unanue – Illinois Department of Public Health
- Tara Peele for Jennifer Novak – Illinois Housing Development Authority
- Joseph Hamlett for Teri Dederer – Illinois Department of Human Services
- Gale Hedges for Maureen Palmer – Illinois Department of Commerce and Economic Opportunity

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

- Sally Petrone – Illinois Department on Aging, Long Term Care Ombudsman
- Jared Thornley – Office of the Governor
- Yvonne Clearwater – Illinois Department of Financial and Professional Regulation
- Gwen Diehl – Illinois Department of Veterans Affairs

OBSERVERS:

- Jeremy Schroeder – SEIU 880
- Nancy Zweibel – Retirement Research Foundation
- Kurt DeWeese – Illinois House of Representatives, Speaker’s Office
- Donna Ginther
- Dave Vinkler - AARP
- Bonnie Lockhart – Illinois Foundation for Quality Healthcare
- Jean Summerfield – Illinois Department of Healthcare and Family Services
- Marianne Brennan – Health and Medicine Policy Research Group

Illinois Department on Aging:

- Michael Gelder
- Shelly Ebbert
- Mary Killough
- Ross Grove
- Leann Dolan
- Robin Morgan
- Paul Bennett

SUMMARY

Welcome and Introductory Remarks:

Director Johnson welcomed members to the meeting and introduced Mary Killough, Manager, Division of Home and Community Services.

Approve Agenda

Pat Comstock moved to approve the agenda. David Lindeman seconded. The agenda was approved.

Approve September 10 minutes

Paul Bennett reported the minutes should be amended to reflect he attended the September 10th meeting and his report to the OASAC should reflect he surveyed 555 people.

Jonathan Lavin moved to approve the minutes as corrected. Karen Schainker seconded. The minutes were approved as amended.

Executive Committee Report — Carol Aronson reported the executive committee met on September 24 and October 22. Both meetings included reports from the three state agencies and each of the workgroups. Members discussed the previous OASAC meeting and the need for more time on the agenda for discussion. Jonathan Lavin had reported the CPOE workgroup would like the Department to take the next steps in the branding process by November. Donna Ginther had requested members submit to her any information that should be included in the survey AARP will be conducting. Shelly Ebbert had reported on MFP and discussed upcoming vacancies on OASAC and the executive committee.

State Agency Reports

Illinois Department of Healthcare and Family Services (IDHFS) — Kelly Cunningham reported that prior approval for non-emergency medical services long term care facility residents began October 1, 2007. IDHFS is working closely with its prior approval vendor, First Transit, to resolve issues related to the transition.

Your Healthcare Plus, the Department's disease management initiative administered through McKesson Health Solutions, is operating in approximately 12 long term care facilities and is managing the care of nearly 300 residents. They are seeking to outreach to as many nursing facilities in the state as possible. Further efforts will focus on the suburbs and downstate. IDHFS is interested to hear any ideas on publicizing the program.

The Supportive Living Facility program has 85 operational facilities with over 6000 units and another 62 applications proceeding toward certification.

IDHFS set nursing facility rates for July 1, 2007, and October 1, 2007. New rate sheets were mailed out and should be arriving at nursing facilities this week. The new statewide average per diem rate is approximately \$105.00 per day.

IDHFS is busy with the Money Follows the Person (MFP) demonstration implementation, particularly work on the Operational Protocol. IDOA and other state agencies are working with IDHFS on the process.

Illinois Department of Public Health (IDPHA) — Enrique Unanue reported the first grants for the innovative grants have been awarded. The grants were specifically for long term care programs and program designs that would improve the quality of life for clients in long term care facilities. \$2 million was awarded this round.

IDPH is working closely with AARP and provider associations to pass a healthcare worker background process. The new process is fingerprint based. Illinois was one of twelve states who participated in a pilot program. The Illinois State Police and IDPH were able to streamline and upgrade computer systems and programs in order to provide an updated version of the background check process for direct access workers. The new process takes two days instead of seven.

IDPH also operates the Identified Offenders Program. The program has been successful in identifying offenders in nursing facilities. The program was implemented with assistance from provider associations and AARP.

The legislation that creates the Assault and Disaster Review Team has become law and will require twelve individuals with expertise in various areas to review identified confirmed cases of abuse or death in nursing facilities. Team members will review the cases based on their expertise and make recommendations to

IDPH on how to improve the process. Changes could include training, or modifications to the law or statutes.

IDPH recently completed the rule development process for licensing home care agencies. The rules are ready to be introduced to JCAR. Home health rules were modified two years ago.

Illinois Department of Human Services (IDHS) — Joseph Hamlett reported for Teri Dederer and Rob Kilbury. The Division of Rehabilitation is responsible for the rehabilitation program which integrates residents of nursing facilities back into the community. IDHS is looking at the program to determine what changes are necessary for the MFP initiative. The program has been using general revenue funds (GRF). Some of the current flexibility may have to change as part of MFP. To be eligible for the current program, residents must have resided in the nursing facility for ninety days. MFP would require 180 days. IDHS has always served residents that scored below a 29 on the Determination of Need (DON). Those clients were capped at 2% of outcomes. IDHS determines that they do not need traditional long-term care support once in the community and work with the Centers for Independent Living to provide the necessary care. Those residents that score over a 29 on the DON are transitioned to regular field office. IDHS is finding there are more residents in nursing facilities that do not score a 29 on the DON. IDHS is looking at the population and revising rules. Extensive training is being completed for reintegration case managers.

Illinois Housing Development Authority (IHDA) — Tara Peele reported IHDA's conference is December 10-11 and that brochures are available on IHDA's Web site. The conference has a track on senior housing including SLFs and non-SLF senior housing and a track on supportive housing including elderly with special needs with a session on fair housing particularly aging in place.

Next week starts Homeowner Outreach Days and will include three days in Chicago, three days in Champaign and visits to Rockford and East Saint Louis. Information will be available on different types of products that can be obtained for the home. Handouts will be e-mailed once they are available.

IHDA will also be conducting a series of workshops around the state November 15 - December 15. Information will be sent out once it is available.

IHDA is charged with the Annual Comprehensive Housing Plan and also runs the Governor's Housing Task Force. The FY 08 plan is being drafted. Some items that will be in the report include a lack of housing preventing residents from leaving nursing homes and resources needed to remain in the home.

IHDA has been a large funder of the Supportive Living Facilities (SLF) program, independent elder housing and others, including Comprehensive Care Residential Settings (CCRS).

IHDA has been working with HFS on the MFP implementation. IHDA is concerned with where people will live if they are able to leave a nursing facility. Others will need affordable housing that doesn't yet exist. IHDA is also working on grant subsidies. IHDA is interested in input from OASAC.

IHDA is working on a housing locator that will be a statewide affordable housing database. It is a long-term project early in the development stages and will list all available affordable housing in the state. It is a free service. Consumers can search by rent range, access to transit, etc. The database can also be used to encourage landlords to post vacancies. One example is North Carolina's database, which can be found at www.nchousingsearch.com. The site was developed by Socialservice.com, a nonprofit organization.

IHDA also has a referral network as part of the FY08 annual plan. IHDA administers the state low income housing tax program that produces supportive housing and other units every year. The program adds points

to developers who will target 10% of their housing to very low income, homeless, at risk or disabled. IHDA is charged with working with the referral networks to access the units.

Illinois Department on Aging (Department) — Deputy Gelder provided an update on membership. OASAC has two new members: Ancy Zacharia, representing advanced practice nurses, and Melanie Chavin from the Alzheimer's Association replaces Jonathan Lackland. Terms are expiring for the following members: Dennis Bozzi, Joyce Gusewelle, Flora Johnson, Jonathan Lavin, Patricia O'Dea Evans, Steve Rothschild, Carmen Velasquez and Cheryl Woodson. Letters will be sent to the appropriate association encouraging them to reappoint the current member or appoint someone who can meet the attendance requirement of 75% of meetings.

The OASAC continues to have vacancies in the areas of county officials, nursing facility or assisted living, municipality, hospital and over sixty or caregiver.

David Lindeman is relocating and has resigned. Donna Ginther no longer represents AARP. The Department has asked both workgroups affected by these changes to identify someone on the workgroup who would be appropriate to serve as the chair.

Deputy Gelder reported on the Department's interest in developing a demonstration to link CCP clients with healthcare. The Department recognizes that all of its CCP clients are patients of physicians treating them for one or more chronic conditions. Home care aides who attend to these older adults sometimes on a daily basis know very little about their medical conditions and have little opportunity to share what could be important information with their medical providers. Recent studies have documented the cost savings and better patient outcomes when medical care is more closely integrated with social support systems. Health and Medicine Policy Research Group convened a group last year including advocates and stakeholders, Rush and Carle Clinic to begin to explore options and best practices. At a meeting last Friday, IDHFS and the Governor's office learned about a model that is successfully improving patient outcomes, reducing institutionalization, and providing significantly enhanced home and community based services under capitation rates from Medicare and Medicaid in southern California. The head of the physician group practice that takes risk from Medicare Advantage plans described success in outcomes where they invested in home and community based services through savings derived from reduced utilization of hospitals and nursing facilities. Nursing facilities were used for short term rehabilitation, not long term. Deputy Gelder agreed to schedule some time on a future OASAC meeting agenda to discuss this.

Shelly Ebbert reported on the Department's Cash and Counseling program, which started Nov. 1. The program has 29 clients enrolled and receiving services in Decatur and Peoria.

Pursuant to a recommendation from the Coordinated Point of Entry (CPOE) workgroup, the Department held a branding retreat in August. The consultant's report has been reviewed and internal discussions are taking place at the Director level. The Department will bring information back to the CPOE workgroup on next steps.

OASAC Report to the General Assembly

Shelly Ebbert reported the Department has been working on the report with the goal to distribute it at the Governor's Conference in December. Distributed prior to the meeting were the following sections of the report: Department Assessments, Executive Summary, OASA Background and History, OASA Mandates and OASA Workgroup Findings and Goals.

The Executive Summary includes recommendations by the workgroups and proposed recommendations for next year. The workgroup chairs received a copy of the Executive Summary and had an opportunity to

comment on it prior to the meeting. The background and history has been pulled out of the executive summary and will be included in a separate section. Also included in the report are the 2006 accomplishments.

Committee members discussed the report and made suggestions.

Committee members discussed the importance of including benchmarks in the report and what benchmarks currently exist that could be used for this year's report.

Kurt Dewese encouraged members of the committee to remember that we are known as a heavily-institutionalized state and there needs to be a way to determine what kind of progress has been made in becoming less so. The committee has a lot of initiatives but it is not clear what impact they are having on the choices people are making. The report does not include any numbers on utilization, caseload or expenditures or any information that shows this law has had an impact.

Nancy Zweibel suggested the Department review the Keiser Family Foundation website which routinely updates state by state comparisons, number of beds and other metrics that show how long term care services are used in various states. That may be a way to see if overtime if more money and more people are being served in consumer settings.

Jonathan Lavin suggested the workgroups or executive committee make sure we establish benchmarks as to what we accomplish next year.

The committee discussed if they are a political body or if they should be lobbying. Director Johnson said the group should identify issues legislators ought to address. This is a report to the General Assembly. They are the audience.

Kurt Dewese responded that the legislator is looking for guidance on what to do next. They need to know if what was started is making an impact or not. If we need to do more or if there is a fiscal requirement to rebalance portion of spending as a long term goal, it may be good for this group to identify that. The legislator is looking for a statement from OASAC on gaps, unmet need, funding requirements, etc. This group has the capacity to accomplish rebalancing. Substantial commitments and investing in the system have to be made to accomplish that.

It does not seem like OASAC is prepared this year, but next year, the report should provide leadership to the General Assembly. The legislator needs to know the long-term goal, not just \$2-3 million requests. Next year's report should be a more aggressive document. A report to the General Assembly should focus on goal setting. More workgroups may be necessary to accomplish this.

Comments on the report should be submitted to Shelly Ebbert by November 16.

Money Follows the Person (MFP) Presentation

Jean Summerfield from IDHFS updated the committee on MFP. MFP is creating a process for people in a nursing facility for six months or longer to return to the community using a special package of services. The five year federal demonstration requires that there be advisory groups and very specific goals and standards are established.

Jean Summerfield is the lead on MFP for the state of Illinois. A group of state staff from several agencies meet every Wednesday to discuss MFP.

MFP has two components. The first is the nursing facility transition program where the federal government gives enhanced match for some services to qualified people who transition from a nursing facility to a qualified setting. Enhanced match is for one year. The focus of MFP in nursing facility transition is on longer stay residents. The federal government requires a six month stay although individual states could require a longer stay to be eligible. Illinois will require six months. This will have a big impact with aging because most seniors in the Home Again demonstration have had a shorter stay in a nursing facility.

With the nursing facility transition program through MFP, Illinois can implement demonstration services that Medicaid would not ordinarily cover. This is an opportunity to try out services that might be added to the waiver. Residents will be transitioned into the community and can receive enhanced services for one year but after one year, they are expected to no longer need those extra services. Illinois must demonstrate to federal CMS that those residents transitioned will be stable without demonstration project services.

To qualify as a MFP participant, the resident must live in a qualified setting which includes a nursing facility, state developmental center, state hospital or other institute for mental disease setting if over the age of 65. Participants must reside in an institutional setting.

The participant must transition to a qualified setting which include their own home or apartment, an assisted living if it meets certain qualifications (complete unit with bathroom, kitchen, lockable door and rental agreement) or a group setting with no more than four units. Supportive living facilities would also qualify.

There are three buckets of service.

1. The state plan and home and community based services which include regular services offered and those that qualify for enhanced federal match.
2. The demonstration services which are things that could be waiver services but are not currently and are being tested for transitions.
3. Supplemental services which are one-time services and are not eligible for enhanced match. Those services include the security deposit, furniture, etc. There is an option where some of these one-time costs could be built into the waiver.

For the nursing facility transition program, federal Center for Medicare and Medicaid Services (CMS) must approve the Operational Protocol. The Operational Protocol must include extreme detail on the program including staff qualifications, case studies, and a description of the entire process from the participant's point of view. Illinois has until May to submit the final document. Residents cannot be transitioned under MFP until the Operational Protocol is approved. Stakeholder involvement is critical to complete the Operational Protocol. OASAC and the Illinois Disabilities Services Advisory Committee (DSAC) will be used instead of creating a new committee.

MFP requires the resident to be Medicaid eligible and score 29 on the Determination of Need (DON). The state will continue to get people out of nursing facilities that score below a 29 on the DON, they just will not qualify for MFP.

Jean Summerfield explained IDHFS has a contract and has heard a presentation on how to identify participants. The data will be used to identify residents to do further assessments on as candidates for transition under MFP. HFS is trying to determine how to drive a resident review. Then there has to be a more in person transition assessment. There are common elements for disability and aging.

A new federal requirement is going to require states participating in MFP to implement a risk assessment and mitigation. This will be part of the screening process to determine if a person is eligible. The risk assessment and mitigation plan must also include a 24- hour back up system that cannot be 911.

MFP also requires an incident investigation and management system. Quality management requirements are being pushed up to and beyond what are already being done to meet Medicaid waiver requirements.

Jean explained MFP has some required follow up time periods. Part of the risk assessment and mitigation may determine the required follow up. After a year, the participant transitions onto regular waiver services. They should not need demonstration services after one year.

Shelly Ebbert noted that MFP will coincide with the Department's addition of new Community Care Program (CCP) services, and the renewal of the Medicaid waiver, for example medication management is mandated to be added by law. The CCP waiver is up for renewal in 2009 and we are looking at adding it at that time. Currently medication management is being paid for through Flexible Senior Service (FSS) funds. The personal assistant option can also be added into the act and will become part of CCP where a client can hire their own worker. Benchmarks will be included to show how long we can keep people safely in the home.

Jean Summerfield explained there will be six workgroups. One workgroup will focus on the Operational Protocol development. The Service Design workgroup will be chaired by specific aging and disability staff. Members from OASAC and DSAC will be included in this workgroup.

There will also be a Money Follows the Person Consumer workgroup to address the concerns related to consumer involvement. This workgroup will include members of OASAC, DSAC, and MFP consumers.

Other workgroups will be created on Transition Candidate Identification and Assessment, Outreach and Education, Housing and Transportation which will be chaired by Michele Piel. Housing is a big focus for MFP. Housing is critical and IDHFS is committed to taking a serious look at it. There will also be a workgroup on Quality Management and Evaluation.

There will be some specific people recommended for workgroups and others will be volunteers from OASAC and DSAC.

Once we submit the Operational Protocol and federal CMS approves it, we will move forward with the long term project that involves the second piece of what is required. MFP is the project that induces states to focus on rebalancing. We were obligated to set rebalancing benchmarks in the RFP. We also have to demonstrate a rebalancing of spending. The state is required to increase the percentage of money spent on home and community based services versus nursing facility spending. The baseline is 28%. We are striving to achieve 37% by the time the demonstration project is complete. The percentage is based on the states Medicaid budget for long term care. The federal government has backed of any specific requirement; they just want to see more spending in the community.

We are also required to determine other rebalancing bench marks. MFP focuses on the longer stay resident. We know rebalancing is not just long stay but diversion and rapid reintegration.

IDHFS is also looking at what can be done for different income retention policies. Income issues are serious for those in a long term care facility. This would facilitate reintegration into the community.

Shelly Ebbert reported the Department proposed 278 residents transitioned each year statewide. That number was build off the Department's Enhanced Transition/ Home Again program. The goal is to expand Home Again statewide but that does not have to be completed until next July. That issue will be looked at in the Service Design workgroup.

Shelly suggested the OASAC Finance Workgroup be involved in setting benchmarks for rebalancing since they have already completed some background work. This also builds off Paul Bennett's report on nursing home transition. That report also became part of the MFP proposal.

There are specific requirements in the Operational Protocol for consumer direction. Some of this has been piloted through the Department's Cash and Counseling Program. The Department and six sites involved in the Home Again program will be involved in the service design workgroup. The Department will also play a role in the workgroups on housing and transportation and identification and assessment.

Shelly agreed to send a list of the workgroups to OASAC. The workgroups need to include people with interest at the systems level and consumer level.

Workgroup Reports

Services Expansion — Carol Aronson reported the workgroup had some items for discussion. The Services workgroup would like to request reports and information from other state agencies and would like guidance on that process.

Director Johnson suggested the staff person for the workgroup request information from state agencies on behalf of the workgroup. If that does not work, other staff including the Director may get involved to assist.

The Services workgroup would like to know if they have a continued role in the planning and implementation of HB 652. Some of the items in that bill were priority recommendations from the workgroup. Should the workgroup move on and develop new recommendations or is there an ongoing role related to those developments for the workgroup?

Shelly Ebbert explained HB 652 contains a recommendation that the Services workgroup be involved in the DON study and Service Cost Maximum. IDOA will be retaining a consultant to assist in this process. The workgroup could be helpful in identifying those parameters.

Follow up from September Meeting

Deputy Gelder reported there were a lot of questions that did not get answered at the last meeting. We wanted to make sure we had time at this meeting to follow up on any of those questions.

Enhanced Transition Presentation — Members discussed follow up required in the Home Again program. Robin Morgan explained the follow up requirement is, at a minimum, follow up with the client in the first week they return home, and then follow up is required at least annually. The frequency is being tailored to the client's needs. The Department is also running data to determine how many Home Again clients went back to the nursing home.

The program started in July 2005. Some clients returned to the nursing facility due to social issues. They missed the community in the nursing facility. They did not like living alone in an apartment where they didn't see anyone.

Phyllis Mitzen explained Home Again has implications for the MFP grant. There are distinctions between aging and developmentally disabled clients. The Home Again program can help set benchmarks.

The average DON score for Home Again clients is ten points higher than for the average CCP client. Higher functioning seniors with low DON scores are choosing to stay in the nursing facility.

Carol Aronson added client's economic situation affects their decision to stay in the nursing facility. Many cannot afford to live in the community. Affordable housing is also a challenge.

Money Management presentation follow up — Paul Bennett reported this report and the nursing home report will both be presented at the Governor's conference. That will be an additional opportunity for questions. Paul encouraged the workgroups to look at both reports.

Stephanie Altman reminded workgroups to review the Primer. The *Primer* contains trend data with a three year look back.

Members discussed how to tailor the meetings to allow more time for discussion and to further work on the transformation effort. Members are also interested in more information on the work the workgroups are doing. It was suggested a workgroup be featured at each meeting to allow for analysis and discussion.

Other Business and Announcements

Shelly Ebbert reminded members of the next meeting that is being held in conjunction with the Governor's Conference. The reception is immediately following the OASAC meeting.

Phyllis Mitzen reported Health and Medicine Policy Research Group is sponsoring a study group to look at mandatory Medicaid enrollment which is embedded in HB 652. The group will meet on Wednesday, December 5, 9 am – 12pm at the U of I, School of Psychology at 1603 West Taylor.

Stephanie Altman reported Disability Advocates worked on three reports over the summer. The Model for Long Term Care Insurance was submitted to the Department. The other two reports are on asset recovery and barriers to mandatory Medicaid enrollment. A draft report has been circulated.

Members were reminded to turn in their signed ethics time sheets.

These minutes were approved on December 12, 2007.