



# Older Adult Services Advisory Committee Meeting

**Date:** September 8, 2008

**Locations:** Stratton Building, Springfield  
Michael A. Bilandic Building, Chicago

**Attending:** Stephanie Altman, Darby Anderson, Carol Aronson, Dennis Bozzi, Thomas Cornwell, M.D., Jan Costello, Frank Daigh, Barbara Dunn, Joyce Gusewelle, Robyn Golden, Jonathan Lavin, Phyllis Mitzen, Patricia O'Dea-Evans, Susan Real, Karen Schainker, Maria Schmidt, Terrence Sullivan for Pat Comstock, Kevin Taylor for Myrtle Klauer, Tim Thomas, Dave Vinkler, Cathy Weightman-Moore, Ancy Zacharia, and Nancy Zweibel

**Committee members not in attendance:** Pat Cohen, Flora Johnson, and Margaret Rudnik

**Ex-officio - nonvoting committee members in attendance:** William Bell, Kelly Cunningham (for Theresa Eagleson), Charles D. Johnson, Tara Peele, and Yvonne Clearwater

**Ex-officio - nonvoting committee members not in attendance:** Gwen Diehl and Rob Kilbury

**Observers:** Paul Bennett, Becca Finer, Nancy Nelson, Mary O'Donnell, and Jeremy Schroeder

**Illinois Department on Aging:** Jan Cichowla, Shelly Ebbert, John Eckert, Michael Gelder (afternoon only), and Robin Morgan

## Welcome and Introductory Remarks

Director Johnson welcomed members to the meeting. Members introduced themselves. The Director thanked the members for their efforts to preserve services to Illinois seniors through the budget crisis. He also noted that the purpose of this meeting is to review the work and recommendations of the workgroups, and to confirm the benchmarks for the 2009 OASAC report to the General Assembly.

## Approval of Agenda

Stephanie Altman moved to approve the agenda. Darby Anderson seconded. The agenda was approved.

## Approval of minutes

Phyllis Mitzen moved to approve the minutes. Darby Anderson seconded. The minutes were approved.

## Executive Committee Report

Phyllis Mitzen reported on the June, July, and August meetings. As a follow up to the Full OASAC meeting in June, members reviewed the committee voting procedures at the June 23, 2008, meeting. They found that no changes were needed to the operations manual and that the committee should continue to use Roberts Rules of Order. Benchmarks and policy recommendations were also discussed. The July meeting was canceled. At the August meeting, reports from workgroups and benchmarks were reviewed. Recommendations for the development of the 2009 report were discussed, with a focus of assuring that the resulting report is consistent with the Older Adult Services Act.

*(Continued on next page.)*

## State Department Reports

**Illinois Department of Public Health** – Bill Bell reported that on September 1, 2008, new rules implementing the Home Health Home Services Home Nursing Licensing Act went into effect. More than 400 home services applications have been received; 200 home nursing applications; and 100 placement applications. Provisional or conditional licenses will be issued and when verified, unrestricted licenses will be issued. Bell reported that the budget restrictions have had a large impact on the Department, and hiring freezes have made it difficult to process the applications. In response to a question, Bell noted that a list of provisionally licensed agencies is being compiled and will be on the website.

**Illinois Department of Healthcare and Family Services** – Kelly Cunningham reported that the Money Follows the Person (MFP) Operational Protocol was approved by federal CMS on June 30. The program will be implemented by the participating agencies in various areas of the state, with a projected implementation date of October 15<sup>th</sup>, 2008. Cunningham also reported that the Minimum Data Set rate reimbursement review process went “live” on August 1<sup>st</sup>, meaning that the results of the Department’s review may impact facility nursing rates. The review process was piloted for about 15 months prior to August 1, 2008. Cunningham also reported that the Supportive Living Facility (SLF) program now has 100 operational facilities containing 7800 apartments and that an additional 47 applications (another 4,000 units) are pending certification. Cunningham announced that the Department is accepting applications for new Supportive Living Facility (SLF) development from mid-August, 2008 through mid-January, 2009. Applications are being accepted for senior development in targeted areas of the state. Developments serving persons with physical disabilities will be accepted statewide. See [www.slfillinois.com](http://www.slfillinois.com) for specific details.

Kelly talked about the Medicaid care management program, Your Healthcare Plus. The program has three initiatives: 1) Embedded nurse practitioners in 25 Long Term Care facilities are serving 1200 members with their facilities. 2) A pilot to examine Pharmacy Claims in LTC facilities and review issues related to pharmacy practices 3) Clinical Matrix Pilot: Report on medical conditions by LTC residents and measure wellness indicators (i.e. flu shot, statin drug for cholesterol). Members had several questions regarding Your Healthcare Plus. Terry Sullivan asked if the disease management focus was primarily on nursing homes. Cunningham shared that the program also served a very large cohort of community-residing Medicaid clients, and offered to provide a complete program overview for a future meeting. Carol Aronson asked about outcomes information/cost benefit information—Cunningham indicated this is still under development. She will bring information to the committee when it is available.

David Vinkler asked about changes and reductions in the HFS budget, noting there were cuts to LTC lines. Cunningham responded that the Department would be working to manage its available long term care appropriations while providing for rate increases included in the enacted budget implementation statute. It is likely that the payment cycle to nursing facilities will be affected in order to available appropriations.

**Illinois Housing Development Authority** – Tara Peele reported IHDA is an agency that is independent from the State budget process. Revenues are generated from housing transfer fees into a state trust fund to fund many housing and related programs including assistive technology, and homeless prevention. Requests for funding will be reprioritized since housing transfers have slowed. Peele reported on the Home Modification Request for Proposal that offered \$2 mill in 2008. The process is now closed and recipients will be announced in the fall. Peele also reported that a house search website RFP was released for implementation with Money Follows the Person. There will be an interagency agreement between IHDA, DHFS, IDOA, and IDHS for the funding for this website to continue. It will be open to the public for searching for affordable housing, with special pages for Case Managers to identify landlords who will accept special populations, such as those with a criminal

background. The website will provide a list of housing vacancies, not just waiting lists. Any affordable housing will be listed (HUD, tax credits, plus more).

Shelly Ebbert reiterated the importance of the IDHA work. There is a continued need for affordable housing. This will be important for MFP and any other efforts to empower older people to maintain their own homes and find affordable housing in the community.

**Illinois Department on Aging** – Director Johnson reported that this past month IDOA has been working with OMB to address budget issues with limited success. He stated that there are only three ways to impact spending in the Community Care Program:

- 1) Amount of services each client receives
- 2) Rates per unit of service
- 3) Clients served

The CCP client load has increased from 37,500 (2004) to more than 50,000 in 2008, which represents a 7-8% growth rate. Because of the growing case load, it is difficult to sustain services without an increase in appropriation. The Department estimates there will be a \$41 million deficit in the 2009 budget. This includes the 3% reserve requirement. There is a need for an additional \$3-4 million for other programs such as Ombudsman and Elder Abuse.

IDOA continues to make improvements in data collection and the management of our programs, and is working closely with DHS and HFS to develop a client level/"enterprise" data system.

Members asked several questions regarding the budget crisis and how OASAC members might take action. Director Johnson noted there is a need to educate citizens, legislators and the Governor to increase the revenue sources. He acknowledged that there was tremendous community support for the program when cuts were made, and the Governor's office responded.

In response to a question about fund sweeps, the Director responded that IDOA has no designated funds apart from appropriations.

There was some discussion regarding the number and preferences of older individuals that wish to remain in the community. Shelly Ebbert noted that through MFP the state will be able to track the Medicaid costs of those that go into the community. After further discussion regarding the Wisconsin transition program, Director Johnson summarized that if individuals with higher end DON scores were unable to be served in the community and were served in LTC facilities, the total cost would be greater than the Community Care Program.

In response to a question regarding the impact of Comprehensive Care Coordination on the number of clients and the care plans, Shelly Ebbert noted that the Department noticed a slight rise in the DON scores. Case managers are also reaching more people with comprehensive assessments, but the program has not been the cause of growth in CCP utilization.

### **Old Business: Elder Economic Security Initiative Follow-Up**

As a follow up to the report provided at the last full OASAC meeting, Shelly Ebbert reported that the full report for Illinois, including policy recommendations is on the HMPRG website. Nancy Zweibel noted that the National Elder Economic Security Initiative report has been used by other states such as California to highlight levels of impoverishment of seniors. Carol Aronson reported that there is a steering committee meeting for the national EESI in Washington D.C. in October, and that the Services workgroup will consider the EESI in its recommendations.

## Workgroup Reports – 2008 Activity and 2009 Recommendations

**Introduction:** Shelly Ebbert opened the discussion with a summary of the elements that have been included in past OASAC reports to the General Assembly. She reminded the group that the legislature provided some feedback to the 2008 report that the activities were interesting, but that there was a need to include more substantive recommendations.

One member questioned why it seems that the OASAC seems to discuss the same material repetitively. It was noted that the purpose of discussing the workgroups reports today is to highlight if the goals as set out in last year's report have been met and to what degree.

Copies of the 2008 OASAC report were distributed. Shelly Ebbert asked that the workgroup chairs report about what was in the last report for 2008, what has actually been done in 2008, and what changes would need to be made for the 2009 report.

**Finance** – Finance Co-Chair Stephanie Altman noted that Terrence Sullivan was serving as a proxy for co-chair Pat Comstock. She reported that the co-chairs met with IDOA executive leadership to develop 2009 priorities. The Finance workgroup's primary recommendation is that reimbursement for care must at least meet the costs of providing LTC, and that they will continue to work with IDOA and HFS to obtain cost data. The workgroup also plans to continue to research best practices in long term care funding. The workgroup promoted the use of LTC Finance Primer and it was considered in the development of the benchmarks, and Stephanie noted that the workgroup did not take any action on global budgeting this year.

Jon Lavin requested an update in the Long Term Care Insurance Partnerships legislation. Yvonne Clearwater from SHIP reported that the Department of Insurance has prepared rules for submission, and noted that there will not be a big difference in the policies and that benefit structures will be much the same as they have been in the past. SHIP will be developing some fact sheets to help clients understand the changes in the program. Stephanie Altman noted that the products still have the same flaws. There is divided thought about enrolling people in Medicaid. Kelly Cunningham will provide more information on the HFS' work on this program at a subsequent meeting.

**Services Expansion** – Co-Chair David Vinkler reported that the workgroup is in the process of finalizing and prioritizing four goals (listed below) There was some discussion by the OASAC members as noted:

- 1) **Improved Coordination of medical services and community services**, including electronic medical records and sharing between systems of service. Stephanie Altman noted that there are unique identifier issues that may limit the implementation of electronic service coordination, including the fact that Medicaid ID and Community Care Program identifiers are different numbers.
- 2) **Implementation and Funding of Medication Management**
- 3) **Expansion of senior nutrition programs** What other mechanisms can meet the unserved/underserved areas with goal towards those "most in need?" Meals should not be the reason a person has to go into a NH.
- 4) **Use of Elder Economic Security Initiative (particularly co-pay issues)**. Use this standard instead of the federal poverty level. There is currently no consideration to out-of-pocket medical costs.
- 5) **Caregiver support, including respite.**

Vinkler stated that the workgroup was unclear about the audience for the workgroup recommendations – are they to target actions for service providers, IDoA or legislature? Shelly Ebbert answered that the OASAC recommendations are part of a report to the legislature as called for in the Act.

Co-Chair Carol Aronson noted that while the recommendations by Services Workgroup in the 2008 report are still important, the 2009 recommendations represent priority areas that need to be done first.

**Nursing Home Conversion** – Co-Chair Phyllis Mitzen noted that workgroup member Kevin Taylor was serving as proxy for Co-Chair Myrtle Klauer. (see p. 11 from 2008 report) Mitzen reported that the workgroup has interviewed several other states regarding best practices in Nursing Home conversion and buy-back programs, and has prepared a White Paper which may be submitted with their report. The workgroup has examined quality measures used in LTC facilities and is examining regulations that would need to be changed to allow LTC facilities to provide short-term respite care. Kevin Taylor also reported that the workgroup considered a buy-back program similar to the one implemented in Minnesota in 2001 through the Medicaid reimbursement program, in which each bed converted to another use results in the state providing payment to the facility for the loss.

There was some discussion as to whether the workgroup would make any recommendations regarding meals. Terry Sullivan noted that any of the participants are private pay and would not qualify for federally supplied meals.

Phyllis Mitzen noted that the workgroup is conducting a survey of services to the community provided by LTC facilities. There was some discussion regarding the provision of respite services. Terry Sullivan noted that 100% of respite programs in nursing homes are private pay. Jon Lavin noted that Area Agencies on Aging purchase short-term stays in nursing homes with OAA funds. They can pay for daily stays. Kelly Cunningham explained that respite is not a Medicaid-covered service and is not eligible for federal match in Illinois. Dr. Cornwell noted that hospice has a respite benefit and contracts with nursing homes for respite beds.

There was additional discussion of the possibility of adding respite to the Community Care Program Medicaid waiver, as it is included in other Illinois HCBS waivers. Patricia O’Dea Evans asked whether Supportive Living Facilities were prohibited in providing respite stays. Kelly Cunningham responded that this is true because respite is not a covered service under Medicaid.

**Coordinated Point of Entry (CPOE)** – Co-Chair Cathy Weightman-Moore reported that the workgroup’s primary recommendation is the development and promotion of a brand name for CPOE. It rests with IDoA at this point. The workgroup focused this year on surveying current service providers regarding their preparedness to become coordinated point of entry sites. Standards will be developed from the results of this survey.

**Workforce/Caregiver** – Co-chair Susan Real noted that the workgroup will have a major accomplishment in 2008: the Working Caregivers Conference “Supporting Caregiving Employees While Increasing Profitability” will be held December 10 at the Governor’s Conference on Aging, Melissa Isaacson from Chicago Tribune, a caregiver herself, will be the keynote speaker. The Department of Labor’s Women’s Bureau will give some financial support.

Susan Real reported on the progress of the workgroup in 2008

**Workforce(see p. 12):**

1. Minimum wage law impact: The workgroup will continue to advocate for rate increases for LTC and for community-based care workers, above minimum wage.
2. Increasing health insurance for community care workers. The workgroup will continue to promote health insurance for home care workers and other providers of care to seniors.
3. Combined with #1.
4. Use of evidence-based career ladder; pilot pathway program. Not much done in 2008 but will continue. Also, expand to include certificate/accreditation programs for LTC workers. See home nursing licensing act; need to evaluate.

5. The workgroup will continue to develop compendium of training programs.

### **Caregiver (p. 13)**

1. The workgroup continues to support flexible senior services with emphasis on Respite.
2. Depending on the interest in the Working Caregiver conference, there may be a recommendation to replicate the conference downstate in 2009.

## **Update and Discussion of OASAC Benchmarks**

Shelly Ebbert reviewed the progress to date and led a discussion of the revised benchmarks.

**Benchmark #1:** Percent of public long-term care dollars spent on institutional vs community care for persons 65+.

See OASA Benchmark Analysis (July 23, 2008) Handout

There was considerable discussion and debate about the inclusion of this information, its interpretation, and how it may be used. Terry Sullivan observed that Benchmark 1 seems to set up an “oppositional benchmark.” We are already seeing success in increasing spending on home and community based services and a decrease in the number of people served in nursing homes. Stephanie Altman noted the reality is that the LTC spending “pie” will always have to be divided one way or the other. We are choosing to divide the pie differently with a greater percentage going to HCBS as opposed to facility spending. Measuring the balance of the pie is important. Measuring the number of nursing home beds is also important. David Vinkler emphasized that Benchmark #1 is not an arbitrary number. There are many federal initiatives and mandates for states to reduce long term care spending on nursing home care. Phyllis Mitzen added that it is important to have this comparison internally in order to measure how Illinois compares against the national average. Kaiser measures us against other states and AARP also published a state-by-state report.

Michael Gelder provided references within the Older Adult Services Act, and reported that Section 20 emphasizes the expansion of services. Section 25 charges us to restructure the philosophy of the provision of long term care services. Section 5 talks about funding moving from facility-based to community-based services.

Shelly Ebbert noted that the chart provided by HFS shows the number of Medicaid residents in nursing facilities vs Medicaid clients in the community and the total spending by setting. The information on this chart is not necessarily a bad story for any of us to tell. Nancy Zweibel emphasized that legislators need to know that although there may be shifting of where the monies go, there are quality services and measures of those services in each area. The OASAC and legislators need to also consider the growth of the aging population in the next 10 years.

There was also a discussion regarding the overall purpose for the benchmarks. Terry Sullivan asked what we want to communicate strategically. Jon Lavin offered that considering the political ramifications of the information may be premature without answering a few core questions: What would be a good way of showing whether or not we are succeeding? How are we doing in terms of providing the best service to the older folks? Are we serving higher acuity levels?

Stephanie Altman stated that the OASAC chose the data that demonstrates Illinois’s status of certain long term care measures. Thomas Cornwell agreed that this data seems to tell us what we are doing. Terry Sullivan emphasized that the numbers need to be very clear for the legislators.

Maria Schmidt asked why Benchmark 1 refers to individuals 65 years of age and older. Kelly Cunningham clarified that 65 is the minimum age for Medicaid eligibility under the Aid to the Aged, Blind and Disabled program.

**Benchmark #2:**

Benchmark #2 and the alternative Benchmark #2 were discussed briefly. The relative merits and considerations regarding the use of MDS data and reported nursing home transitions were debated. The Chair and members noted that time was short and that many of these discussions took place at previous meetings.

A Motion was made by Jon Lavin and seconded by Thomas Cornwell, to accept all five Benchmarks from the Executive Committee.

**Discussion:**

Kelly Cunningham asked for a modification to Benchmark #5, noting concern with naming a specific tool. Terry Sullivan spoke in support based on a Life Services Network has a tool that goes across all services.

Shelly Ebbert provided in response to a question from Patricia O'Dea Evans that Section 25 directs IDoA to work with IDPH to determine if there are enough beds in each area for people who need them. Sec 20 looks at priority service areas.

S Altman offered a friendly amendment to the motion, and recommended that Benchmark 1 be adopted as written, Benchmark 2 be adopted as two benchmarks (2A as written but with "high" acuity and 2B the alternative), Benchmark 3 as written, alternative Benchmark 4 adopted, and Benchmark 5 adopted as written. This amendment was seconded by Phyllis Mitzen, and accepted by Jon Lavin.

A vote was taken of the OASAC members present at 2:52 p.m., and the motion passed with 12 yes votes, three no votes, and one abstention.

**The next meeting** is scheduled for November 3 by video conference. Chicago, Michael Bilandic Building, 160 N. LaSalle, Room N-700, and Springfield, Stratton Building, 401 S. Spring, Room 349-C.

The meeting adjourned at 2:53 p.m.