



Older Adult Services Advisory Committee Meeting

Date: September 14, 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
- Stephanie Altman – Health and Disability Advocates
- Darby Anderson – Addus Healthcare
- Carol Aronson – Shawnee Alliance for Seniors
- Melanie Chavin – Alzheimer’s Association of Greater IL
- Pat Cohen – Illinois Adult Day Service Association
- Thomas Cornwell – Home Care Physicians
- Jan Costello – Illinois Homecare Association
- Donna Ginther (subbing for Pat Comstock, IL Healthcare Association)
- Joyce Gusewelle – Parish Nurse
- Flora Johnson – SEIU Local 880
- Myrtle Klauer – Illinois Council on Long-Term Care
- Michael Koronkowski – UIC College of Pharmacy
- Jonathan Lavin – AgeOptions
- Phyllis Mitzen – Citizen member age 60 and older
- Nancy Nelson – AARP
- Melissa O’Brien, Nutrition Services
- Patricia O’Dea-Evans – A Silver Connection
- Eli Pick – Ballard Healthcare
- Tom Prohaska – University of Illinois Chicago
- Dave Lowitzki– SEIU Local 4 (subbing for Tim Thomas)
- Kirk Riva (replacing Dennis Bozzi), Life Services Network
- Cathy Weightman-Moore – Catholic Charities Rockford
- Ancy Zacharia – R.N., Nurse practitioner, Homecare Physicians

Committee Members not in attendance:

- Jerry Crabtree – Township Officials of Illinois
- Frank Daigh – Caregiver
- Barbara Dunn – Community Health Improvement Center
- Robyn Golden – Rush University Medical Center
- Susan Real – Caregiver, Eastern Illinois Area Agency on Aging
- Karen Schainker – Association of Illinois Senior Centers

Ex-officio – non voting Committee Members in attendance:

- William Bell – Illinois Department of Public Health (designee for Director Damen Arnold)
- Stuart Boldry, Illinois Finance Authority (designee for Director John Filan)
- Kelly Cunningham – Illinois Department of Healthcare and Family Services, (designee for Medicaid Director Theresa Eagleson)
- Joseph Hamlett - Illinois Department of Human Services, (designee for Director Robert Kilbury)

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- Margaret Huyck, Illinois Council on Aging
- CHAIR: Charles Johnson – Director, Illinois Department on Aging
- Sally Petrone – Illinois Department on Aging, State Long-Term Care Ombudsman
- Pat Taylor – Illinois Council on Aging

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

- Yvonne Clearwater – Illinois Department of Professional Regulation, Senior Health Insurance Program
- Gwen Diehl – Illinois Department of Veterans Affairs
- Tara Peele – Illinois Housing Development Authority

Observers

- Marsha Nelson, Shawnee Alliance
- Kristen Pavle, Health and Medicine Policy Research Group
- Ken Schog
- Wendy Thornton, Medicaid Matters

Illinois Department on Aging:

- Sandra Alexander
- Janice Cichowlas
- John Eckert
- Ross Grove
- Mary Killough
- Robin Morgan
- Andrea Standley
- Lisa Zuurbier

SUMMARY

Welcome and Introductions

Director Johnson welcomed members to the meeting, especially our new member, Melissa O'Brien, representing nutrition programs.

Approve June 15, 2009, OASAC Minutes

Flora Johnson noted that she was listed as a non-voting committee member instead of a voting committee member. Eli Pick noted a correction needed as to the spelling of his name, and a correction as to a comment he made regarding workers and background checks.

MOTION: Eli Pick moved to accept the minutes with those changes. Flora Johnson seconded. The minutes were approved with corrections.

Executive Committee Report

Stephanie Altman reported that the Executive Committee had a series of meetings with the co-chairs of the workgroups. The Executive Committee is bringing two motions to OASAC for their approval. It was discussed that the workgroup structure has been the same for 4 years. Some workgroups were finishing their tasks, others had more to do. The Executive Committee reported feeling some frustration with not moving along further. HB752 passed. This law will require a new sense of momentum and efficiencies. Although the workgroups have had many good ideas, they cannot be implemented without a budget. It's time now to prioritize and move ahead.

MOTION: Stephanie read the motions:

- 1) To suspend the workgroup activities at the end of December 2009 until after the facilitated planning process is complete; and
- 2) To have the Executive Committee, in collaboration with the full committee, engage in a facilitated planning process to develop a plan to rebalance long term care and recommend the plan to the state before September 30, 2010.

Stephanie moved that both motions be approved. Eli Pick seconded. The motion passed. Donna Ginther registered a “no” vote for Pat Comstock.

Membership

It was noted that the Municipal Representative vacancy continues to be unfilled. Jan reported that the Executive Director of the Illinois Municipal League [Larry Frang] wrote that their league does not have any affiliate of the Illinois Municipal League that is qualified to serve on OASAC because members are also registered lobbyists. Jan did try to clarify that OASAC was not a decision-making board but rather an advisory committee thus there is no such conflict, but that is the stand that the Municipal League has taken.

Department Updates

Illinois Department of Public Health (IDPH) – Bill Bell reported that IDPH is trying to maneuver within limited funding. Several initiatives have been delayed. There have been no layoffs but vacancies are not being refilled. H1N1 is the main focus along with seasonal flu. Vaccines should be available in mid-October. They are working through local health departments and hospitals for the vaccines. The H1N1 vaccination will consist of two doses administered three weeks apart. He expressed their concern about the three weeks separating the two-part shot, and how to get the person back in for second shot.

Illinois Department of Health and Family Services (IDHFS) – Kelly Cunningham reported that there have been no layoffs yet but there are no hires for vacancies. Regarding the ARRA funds, there are some short term issues with the payment cycles. Rulemaking limits coverage of group psychotherapy in nursing facilities to two days per week. There are new rules regarding the payment system and rate-setting. HFS is adjusting to new reimbursements for ventilators.

Minimum Data Set activities: Since October 2008, staff have conducted record reviews in 76 facilities. The process is going well. There is a new MDS 3.0 data assessment instrument.

Supportive Living Facilities: There are 215 operational facilities; 31 in approval status. They are currently interviewing all applicants. New rules have been adopted for SLFs. There is also a Dementia Care Pilot which will begin soon.

Illinois Housing Development Authority (IHDA) – Tara Peele was unable to attend the meeting.

Illinois Department of Human Services (IDHS) – Joe Hamlet reported that they are expecting layoffs and state facility closings in FY 2010. ARRA monies require that they operate at same level as before. They are expected to serve a small increase in customers. They are working to develop consistency statewide, and to provide service parameter training. Procedures have been put in place. Rules are not yet approved with Joint Committee on Administration Rules (JCAR). Personal Assistant training for Centers for Independent Living continues although only 80% of this budget has been restored. Regarding the Money Follows the Person (MFP) program, the home service program has submitted revisions to the protocol; a clinical assessment component has been added so program can continue.

Illinois Department on Aging (IDoA) – Mary Killough provided copies of handouts which will be discussed at the Community Care Provider Advisory Committee tomorrow. The handouts included draft new procedures affecting a revised Service Cost Maximum (SCM) format and procedure, and a new Participant Co-payment Calculation.. The Department is proposing a SCM per Determination of Need (DON) score rather than for the DON range. Mary noted that there is a less than 3% savings on

the total budget for the Community Care Program (CCP). This is not about saving money saving but to make the program more efficient. The co-pay methodology system is also changing. The current co-pay calculation has not been adjusted since 1983. Members of the committee wanted to know the number of seniors that will be affected by the new co-pay. Andrea Standley from IDoA indicated that of the approximately 50,000 seniors who receive CCP service, about 30,000 pay no co pay. The proposed co-pay system will calculate co-pay based on income. It will represent a percentage of the monthly cost of the client plan of care but will be calculated based on actual utilization. IDoA determined to make changes so that those with higher income would pay a higher co pay. It was recommended that examples of how this will affect different people at different DON score ranges be included in tomorrow's discussion at CCP Advisory Committee.

There was discussion about service utilization vs. the service cost maximum authorization. Currently, most clients only utilize 75% of their SCM. It is estimated that about 30% of clients will be impacted by the change in SCM. The most affected would be those at the bottom DON score range (those needing the least service). Tom Prohaska indicated that this change may cause a person to dropout of the program if they are expected to pay more; only to return to the program when they have greater needs.

Dave Lowitzki requested that utilization data be provided. Carol Aronson noted the discrepancy of average DON scores around the state. She indicated that the proposed change to the SCM does not address this. It is anticipated that the new method should reduce the variances seen throughout the state. Tom noted that the DON study addresses some of these issues. For example, resources available in different regions might vary because of what services are available.

Donna expressed concern about transitioning the clients. Mary Killough assured that the Case Managers will work with the client transition. Donna said that one should take into account the package of services needed, not an artificial score. Scores may have to increase because they need the package of services.

Mary responded that if the integrity of DON score holds true, it should be the same for all.

Jon Lavin expressed concern about 30% of CCP having a reduction in their SCM — that 15,000 people will have a change. Will they have fewer hours of service?

Charles stated that some will have a reduction in service (i.e., 1-2 hours); but clients could either lose an hour or two, or risk losing service to those not on Medicaid if some cuts were not made. Mary plans to send a list of the current utilization amounts and the new amount to the Case Managers. Appeals are possible as described in the Administrative Rules for the program.

Carol pointed out that on the DON, some clients can't be alone and thus being alone should be weighted more heavily. There are no projections on the SCMs for next year.

Donna asked that of the \$18 million hole, how much will this change fill? Charles replied that he hoped for half of it. He also indicated that no legislators seem willing to vote for tax increases.

Tom said that we should assume uniform stability over time. Instability will require more redeterminations and there is a cost to that.

Sandy Alexander said that the Division of Planning will be conducting a feasibility study of all demonstration projects. This effort is being coordinated with the Divisions of Home- and Community-Based Services, and Fiscal. This is an internal process and will consist of comparisons of the demonstration project to traditional CCP in terms of client demographics, cost, compliance with

policies and procedures of each demonstration, as well as CMS domains for waiver programs, and client satisfaction data.

Sandy noted that all members received drafts of the workgroup progress reports, and status of our compliance with the mandates. This material will be included in the 2010 OASAC report. Members were encouraged to review the material and send comments to Sandy. The drafts have not yet been approved by the Executive Committee. This is expected to happen in October, and the final draft will be presented to the Full Committee in November.

Charles discussed some conversation with Michael Gelder about a possible collaboration of the Disability Services Advisory Committee and OASAC. The next goal is to determine how to collaborate. This will be discussed at the next Executive Committee meeting.

Reports and Discussion

Amendments to the Older Adult Services Act (PA 96-0248) – Sandy reported that HB752 requires that Aging, Public Health, and HFS develop a plan to reform health care in Illinois no later than September 30, 2010.

Money Follows the Person - Kelly Cunningham discussed the five year demo grant which started in May 2007. The goal is to support long term care reform. The demo will test ways to increase the amount of community services and quality; to support those who would otherwise need nursing home care. The transition program requires a person to have spent a minimum of six months in a nursing home and then transition back to the community. Enhanced Federal Match (FMAP) is received for these persons in the grant. The Illinois goal is to transition over 3400 persons over a five year period (including Developmentally Disabled (DD), Elderly, Physically Disabled, and Mentally Ill). All transitions have started except for DD, which has been busy responding to a lawsuit. To date, 29 individuals (3 elderly clients) transitioned thus far. The system reform focus is on quality management/improvement and how it impacts each individual. UIC College of Nursing is tracking for this strategy for the first year. They are measuring quality of life, service delivery, etc. The Federal government will be requiring this of waiver programs as well. It includes reasons for participating and barriers for not participating. Outreach lists are being provided to sister agencies by using MDS data for people that have characteristics that would lead them to be successful in the community. Also, there are self-referrals and ombudsman referrals. Illinois had its first federal site visit in June; it went fairly well. The sister agencies met and there were visits with transitioned clients. They also reviewed our new IDHA housing locator program. This is year 2 of 5 years. The first year was a year of pre-planning and design work. We have until 2012 to finish. Phyllis pointed out that this is a LTC reform program and not just a nursing home program. Joe Hamlet stressed the rapid reintegration, and the importance of figuring out what is working.

Veteran's Consumer Directed Program - John Eckert reported that this is an initiative to tack on to our Nursing Home Diversion Grant. Illinois will partner with AAAs and Department of Veteran Affairs. There are five VA medical centers: Marion, Danville and 3 in Chicagoland. Chicagoland is the first phase. Danville is the second phase. Veterans will get a package of services. The VA Medical Centers will identify candidates to the AAA for services to be provided in the community. There will be new programs, new sources of funds, but funding will only cover 25 veterans per medical center at first. If great progress is made, and we show the need to expand beyond the initial grant amount, there is room for growth. We are building off of our Cash and Counseling demo (consumer directed training). The program allows family members/friends to be paid as personal assistants. The package includes such services as Home-Delivered Meals, Respite, Adult Day Service, and Personal Care. Addus Healthcare is interested in exploring the fiscal management role. The service package for veterans is generous; approximately \$2500. The medical centers are the purchasers of service. There will be a higher level package for people needing more, as well as a special needs level (e.g.,

traumatic brain injury, etc). Jon Lavin stated that serving only 75 people in Chicagoland is going to be a challenge. This program was developed nationally between the U.S. Administration on Aging (AoA) and the U.S. Veterans Administration. Michigan is participating in this program. Illinois will also be looking at provider agreements with other states.

[LUNCH BREAK]

DON Study Report Status – Copies were made available to OASAC members. It is also available on the IDoA website.

Workgroup Updates and Approvals Needed

Coordinated Point of Entry (CPoE Standards) –

Jon Lavin discussed the Coordinated Point of Entry Standards, and other related attachments as provided. These standards were four years in the making. Cathy Weightman-Moore explained that these standards resulted from a survey of information providers. The attachments (based on work of workgroup over the last 4 years) included: a) branding, b) neutrality and conflict of interest statement, c) information and assistance, d) access points (naturally occurring). Organizations would have to agree to the branding; the departments would identify a branding strategy and move with it.

MOTION: There was a motion that the 21 standards be recommended to IDoA by Jon Lavin. Tom Prohaska seconded.

In the discussion, Carol emphasized the need for longer hours of service in a day. Donna asked some questions to which Jon and Cathy responded that the document looks at neutrality and conflict of interest (see handout). There is no prohibition to uncertified/unlicensed agencies. Jon said this is an implementation issue. Donna will have Pat Comstock send their issues in writing. LTC options counseling was left out. (See #14 in the standards.)

AMENDMENT TO THE MOTION: Donna moved that a standard be added that would prohibit the CPoE from making referrals to agencies that are unlicensed, unregistered, uncertified agencies if such agencies are required to be licensed, certified or registered. Eli Pick seconded the motion. The Amendment to motion passed unanimously.

Pat O'Dea Evans noted that payment was not considered although private agencies sometimes charge for this service. There was discussion about a conflict of interest when a private agency is involved in this public service. If an organization is designated by IDoA as a CPoE, they should meet these minimum standards. The standards in this document are to advise IDoA. The Motion was approved as amended. Pat O'Dea Evans abstained.

Finance - no report

Nursing Home Conversion (White Paper: Nursing Home Bed and Resource Conversion Program) –

MOTION: Myrtle Klauer moved that OASAC accept their White Paper as an overview of what bed conversion will look like. Tom Cornwall seconded. Motion passed.

MOTION: Myrtle then moved that a Pilot be recommended for North, Central and Southern IL to look at adjusting capital rates in order to make multibed units into single bed rooms. It was seconded by Tom Cornwall. The motion passed unanimously.

Pat Cohen asked why this would help. Donna pointed out that Section 20 of the Older Adult Services Act (OASA) lays out what must happen. Dave asked if the savings are supposed to be shifted to the home and community-based service system, and what kind of adjustment to the capital rate this would mean. Adjustments would have to be legislated. Charles said that a pilot would demonstrate a concept worthy of study. Kelly Cunningham noted that IDHFS has worked closely with the Nursing Home Conversion Workgroup for some time. She said it is incredibly difficult to downsize the nursing home industry. IDHFS is comfortable with this first step. It will help to know what the incentives/capital rates need to look like. IDHFS is looking at taking empty beds out of circulation. This pilot is a place to start.

Services Expansion (White Paper: Medication Management)

Nancy Nelson reported that the Services Workgroup will bring their white paper to next meeting. She stated that home-delivered meal and economic security needs further research. They will also be exploring caregiver needs assistance.

Workforce and Caregiver Support

Dave reported for Darby and Susan. Wages were increased \$.70/hour, though not 20% because it was complicated by the minimum wage increases. Career lattice programs were reviewed with reference to rebalancing the workforce. A training event is coming up for workforce caregivers.

Additional:

Carol stated that if the CCP co-payment is adjusted to provider rates, it will impact client co pays. We should put more thought into this.

Announcements

The meeting adjourned at 2:00 pm.