State of Illinois
Rod R. Blagojevich, Governor

Illinois Department on Aging
Charles D. Johnson, Director

Older Adult Services Advisory Committee

Services Work Group

Date: July 18, 2005

Attending: Donna Ginther (Chair), Paul Bennett, Sue Bohenstengle, Cohen, Cindy Cunningham, Darcia Ferrari, Karen Freda, Rebecca Friedman Zuber, Chloe Frooninckx, Lynda Frystak, Mary Geis, Matt Hartman, Carol Headley, Marsha Johnson, Linda Leone, Joyce Lony, Hellen McDonald, Walter Meyers, Phyllis Mitzen, Scott Musser, Margaret Neiderer, Mike O'Donnell, Amy Paschedag, Lester Robertson, Kristin Ruda, Molly Spengler, Terry Sullivan, and Jan Sweikert

Introduction

Donna Ginther (AARP) reviewed the minutes from the meeting on June 6, 2005.

Short and Long Term Goals

Donna Ginther (AARP) discussed a recent phone conference between the Department on Aging, various groups and Representatives Hamos and Feigenholtz on SB 2880 and the overhaul of the long-term care system. The Representatives asked that the groups identify short and long term goals to pursue during the upcoming Veto Session in October and the Spring Legislative Session in January.

The committee discussed the following issues and identified the short-term and long-term goals.

Transportation

- ADS vehicles and rate (SHORT-TERM)
- Expanding transportation to 30 counties (LONG-TERM)
- Door to Door and through the Door services (SHORT-TERM)
- Suburban transportation (LONG-TERM)
- Support existing volunteer transportation programs (SHORT-TERM)
- Examine liability and gas issues (SHORT-TERM)
- Medical transportation within Medicaid

Transition between facilities – services and coordination

DON Study

Funding for Point of Entry

Assisted Living Oversight

Housing – affordability with or without services

Home Delivered Meals
- Waiting lists
- Transportation – drivers and vehicles
- Type of food – culture change

Case Management
- Funding for Comprehensive Assessment
- Culture change

Respite Care for families – statewide assessment

Rate increase for elder abuse

Medicaid funding for Home Health

Non-homebound elderly with skilled needs

Senior Help-Line – problems with getting calls (SHORT-TERM)

Sexual predators in nursing homes – residents and employees

OASIS – Outcome Assessment Information Set (Nancy Nelson, Rebecca Zuber, and Lynda Leone)

Nancy Nelson, Rebecca Zuber, and Lynda Leone (Homecare Council) gave a presentation on the Outcome Assessment Information Set (OASIS) – *see handouts*. OASIS is a standardized assessment used on Medicare patients 18 years of age or older, who are non-maternity. The assessment is given during in-take, transfer to an in-patient facility, after 60 days, for changes in circumstance, and at discharge. The assessment is given by RNs, physical therapists, speech therapists, or occupational therapists. The individual receives the perspective patient payment, with payment based on 25 items in the assessment. Medicaid and Medicare collect the data which is used for Quality Improvement Outcomes. They are required to do adverse event outcome reviews. Rebecca stressed that that assessment is not perfect, but provides a lot of information.

The committee asked if OASIS is not compatible with the MDS assessment. They explained that OASIS is similar, but it is not a comprehensive tool, it was developed as a science-driven assessment tool to provide a set of data items to measure outcomes and for quality improvement.

They also discussed the Medicare Home Health Benefit and how referrals are made (written permission from physician, exam, order and services). They explained that referrals for home health services are not always in the form of orders from a physician. Lynda also informed the committee that the average stay was less than 60 days – 48 usually and 15 to 16 visits. Rebecca and Lynda informed the committee that often the referrals don't stick.

The committee discussed situations where a patient might need more services and how are referrals done. They explained that social workers can set-up services. Yet, social workers are limited and are not covered by Medicaid.

Comprehensive Assessment Tool (Hellen McDonald)

Hellen McDonald (Provena Covenant CMU) continued the discussion on the Comprehensive Assessment Tool. The tool scheduled to be finalized by August 2nd and the Outcomes Committee (DoA, AAA, and CCU) have been looking at case management for the tool statewide, caregivers referred, gaps in senior independence and ensuring all frail seniors are targeted for services.

The tool committee designed the Comprehensive tool using other tools, looked at MDS (home care) – similar to OASIS. They decided to incorporate some parts of MDS such as, compare scores and track transition. They also liked that the MDS allows clients to express goals of care and looks at various factors. She mentioned that the tool is missing ADL/IADL and instead uses the DON.

The committee discussed who gets the Comprehensive Assessment tool, who gets the information and what can be done to make it more efficient.

A map of the Area Agency on Aging regions was distributed with areas having been trained on using the tool highlighted in yellow (Areas 2, 5, 9, 10, 11 and Fulton County) – of those area 2 is not current using the tool, but has been trained. Area 3 which is pending training was highlighted blue.

As a result of the signing into law of HB 5057 to create a demo program to transition patients from nursing homes to communities $2 million has been transferred to the Department on Aging. Six areas have been selected for the enhanced transition, 1 – Winnebago and Boone Counties, 3 – Rock Island and Knox County, 6 – area wide, 11 – area wide, 12 – north side of Chicago, and 13 – North Suburban Cook County.

Task Groups Meetings

The Quality, Conversions, and Inventory Task Groups met during lunch to review and discuss their short and long term goals. Molly Spengler (DoA) is sending each Task Group the format to use to report their goals to the Older Adult Services Committee and the Department on Aging.

Short and Long Term Goal Wrap-up (Donna Ginther)

Donna Ginther (AARP) led the committee in reviewing the issues discussed in the morning and determining the short-term goals to pursue.

Housing Affordable
- With services
- Without services
- Oversight funding for assisted living
- Home modification funding

Home Health
- Medicaid rate – Medicare
- Non-home bound

Nutrition – 7 days/week 2meals/day
- Home Delivered Meals – waiting list
- Drivers/ vehicles/ volunteers
- Culture change

Respite care – state wide

Elder abuse rate increase

Help-Line – separate lines, add staff
- Elder Abuse / CCP service calls
- Other calls (Circuit Breaker, I-Save Rx

Case management
- DON study
- Coordinate services
- Facilitated transition
- Comprehensive tool funding and state-wide application
- Culture change-up
- Pre-screening funding
- Follow-up funding for case management
- Follow-up funding to ensure clients get needed services

Marketing for the Point of Entry

Nursing Transition Bond Program

Caregiver support (non-supplant funds)
- Gap funding for energy assistance
- Home repair/modification
- Rental assistance
- Assistive devices (dental, hearing aides and eyes)
- Caregiver counseling and training, education and support

Homemaker funding for family members
Transitional – secure package
- Remain and return
- Sustain and grow

Short –Term Goals:
- Help-Line
- Elder Abuse calls
- DON study
- Comprehensive tool funding
- Home modification
- Energy assistance
- Caregiver counseling, training, and support
- Home Delivered Meals – waiting list and expanded meals

Next Meeting

The Services Committee will meet on Thursday, August 4, in Pontiac from 1 a.m. – 3 p.m.

- Performance Out-come Measurement Program (POMP) – have Mike O'Donnell discuss what is currently being done.
- Centers for Medicare & Medicaid protocol for evaluating states' Medicaid Waivers for quality assurance and improvement – Molly Spengler will provide an overview.