



Older Adult Services Advisory Committee Services Work Group

Date: March 19, 2007

Attending: Carol Aronson (co-chair), Paul Bennett, Marianne Brennan, Pat Cohen, Ann Cooper, Kelly Cunningham, Frank Daigh, Jill Daigh, Diane Drew, Amy Eubank, Darcia Ferrari, Mary Geis, Cynthia Germain, Donna Ginther, Carol Green, Joyce (Lony) Gusewelle, Carolyn Guthman, Sherry Hamlin, Matt Hartman, Margaret Hastings, Carol Lentz Headley, Julie Hess, Marsha Johnson, Rick Lansdowne, Daniel McCloud, Walt Meyers, Phyllis Mitzen, Robin Morgan, Margaret Niederer, Jennifer Novak, Mike O'Donnell, Amy Paschedag, Sally Petrone, Margaret Rudnik, Karen Schainker, Wayne Smallwood, Tami Lynn Wacker and Debbie Weber.

Guests: Rick Dees and Joe Hamlett.

The February 20, 2007, minutes were approved.

ORS Home Services Presentation:

- Joe Hamlett presented an overview of the ORS Home Services program for disabled participants under sixty years of age. The program currently has three waivers in the program and a total budget of over \$355 million with 32,549 unduplicated clients.
- 27,000 participants utilize Personal Assistants (PA) services. These 27,000 participants are served by over 34,000 different PAs. ORS does not require any specific training for PAs. ORS utilizes a Customer/PA agreement that is completed annually by the customer establishing the standards for PA. The customer assures that the PA meet the established standards.
- PAs current wage is \$8.35 and will be increasing to \$9.35 effective August 2007
- PAs are paid through a payroll system at the comptroller's office twice a month. The state does take out the union dues for all PAs.
- Criminal Background Checks are encouraged but not mandated. If a customer would like to complete a check on a PA ORS pays for the check but never sees the results of the check. The results go straight to the customer for review.
- Counselors or LPNs complete the DON and authorize the customer's service plan. The average cost per customer is \$1043. Joe did not know the average DON score but he did indicate that 30% of their customers fell into the 32-34 DON range and 20% had a DON score of 60 or above. And 1200 cases are vent dependent. These clients are under Medicaid reimbursement and average between \$7000 and \$9000 a month.

- Hours of Service Calendars are checked by the customers and signed by both the PA and the customer.
- ORS allows customers to bank unused service dollars for home modifications. Service Cost Maximums are yearly costs and not viewed as monthly costs so left over monthly amounts are annualized so home mod costs can be paid up front. Members questioned what happens if a client's service needs increase or if they die and the entire year's service max has been spent. Joe stated they have not had a problem with CMS paying for the services after a client's death or termination from the program.
- Medication Management is included under routine health and can be completed by the PAs without supervision except by the customer themselves. Joe stated that PAs are even allowed to do such tasks as vent care. The only requirement is that PAs working with HIV and AIDs clients must be trained on Universal Precautions.
- ORS has a fraud unit that is overseen by 1 staff person and support staff.
- ORS customers can utilize 240 hours a year of Respite care.
- ORS counselors have at least annual contact with their disabled clients and its every 6 months for the brain injury and HIV/AIDS waiver clients.
- The Springfield ORS office reviews the homemaker, adult day service and emergency home response provider agencies every two years.
- ORS just established a quality assurance unit within the last 2 years and all protocols are not in place yet. This unit has 3 part time staff to do all reviews. The program currently has 24 ADS, 81 Homemaker agencies and 5 EHRS agencies.

Housing with Services Presentation:

- Rick Dees, Chief of Long Term Care at Public Health, presented on the housing with services units associated with IDPH.
- Board and Cares: Can't provide care – If a board and care start to describe the services that they provide they are not a board and care they are an assisted living facility.
- Shelter Cares – are licensed under the Nursing home care act and were created in 1979. These are becoming an obsolete level of care. They are basically assisted living facilities with more limitations. They provide maintenance (room and board) and personal care. There are 52 free standing sites and 86 facilities that have beds within their operations operating as a Shelter care. The only service beyond personal care is some medication management. Shelter cares offers private and multi person rooms and are all private pay. Rates vary by region but are generally under \$1,000 a month. The state pays for all shelter care out of the general revenue fund.
- Assistive Living (ALF) – under the assistive living and shared housing act. There are 198 licensed assistive living facilities in operation and 26 more pending application. ALF provide personal care and some nursing services. They cannot provide total assistance with more than 2 Activities of Daily Living (ADLs). They offer a range of nursing services that the client must be able to self direct and manage themselves or pay an outside agency to do it for them. Most common problem reported is with medication administration by unauthorized personnel.

- Average cost of ALFs are \$2900-\$3000 a month. Some facilities offering luxury models can charge anywhere from \$5000-\$7,000 a month.
- Hospice Care can be provided in an ALF.
- **Kelly Cunningham, Healthcare and Family Services, presented on Supportive Living Facilities (SLFs)**
- SLFs are not a licensed. Rather, they are certified by the Department of Healthcare and Family Services, and authorized within the Illinois Public Aid Code. Currently there are 74 operational SLFs, and another 73 approved to proceed toward certification. HFS allows an approved SLF applicant two years to reach operational status, though extensions in this timeframe are allowed.
- SLFs operate under a Medicaid home and community-based waiver. However, facilities are not limited to serving only Medicaid-eligible residents. Private pay residents may also reside in SLFs. Currently, approximately 60% of SLFs residents are Medicaid clients.
- The first facility opened in 1999. Medicaid-eligible SLF residents are allowed to retain a \$90 per month personal needs allowance.. The rest of their income goes towards their room and board (the state cannot pay for room and board) and to offset their cost of care. The state pays for their service package. Facilities are reimbursed a flat rate of 60% of the nursing home rate & geographical rates vary by region. Current SLFs rates range from \$64.16/day in the Chicago area to \$47.44/day in the southern part of the state. Private pay rates are established by the facilities themselves.
- Currently a rule making process is underway to allow SLF rates to be updated twice a year to more accurately reflect changes in nursing facility rates..
- There are no staffing ratios mandated, but facilities must have sufficient staff to meet both the scheduled and unscheduled needs of their residents. HFS requires that CNAs provide personal care. If a facility chooses to do medication administration, the facility must utilize licensed nurses, in accordance with the Nurse Practice Act..
- The goal for SLFs is to serve a lighter care resident (DON range of 29-47), though this is only a guideline and some providers do accept higher DON score residents if the facility is able to meet the resident's needs..
- The SLF waiver allows two distinct populations to be served: 65 years and older and physically disabled between the ages of 22 and 64.
- SLFs require a score of 29 on the DON (ALF do not require a DON) and the residents cannot have a serious and persistent mental diagnoses of mental illness or primary or secondary diagnosis of a developmental disability. diagnosis of mental illness.. SLFs are required to provide transportation for shopping and community outings, EHRS, health promotion services, medication management, assistance with activities of daily living and other assisted living-related services.
- HFS utilizes 45 nurses located across the state to conduct SLF reviews, as part of their assigned job duties.. Facilities have to go through a pre-certification process 3-6 months prior to opening and a final certification and annual certifications.

- Common complaints of SLFs relate to food, resident rights, medications, and lack of adequate staff. Abuse, neglect and exploitation calls go to HFS for investigation to ensure police are notified..
- HFS is currently not accepting new applications for SLFs. There is a cap on the number of SLFs slot available.
- Hospice can be provided in an SLF.

Medication Management: (example of how each facility differs)

- **Assisted Living** – Allows for self administration and supervision/assistance with self medication. Supervision does not need to be by licensed personnel. Staff can open bottles, ask if medication was taken, etc. Dispensing of medication is an option that a facility can provide as one of their services, but it is not required.
- **Shelter care** – allows medication management only if it is done by licensed personnel.
- **SLFs** – Allows for staff to remind residents to take their medications. Staff can hand it to them and they can open the bottles. Medication administration can only be performed by licensed nurses..

Next Steps:

- The February meeting minutes will be posted on the Department’s website. The website address is www.state.il.us/aging/1athome/oasa/oasa.htm.

Meeting Schedule:

- This committee meets on the third Monday of the month from 10:30 am – 3:00 pm at the AARP office in Springfield. The next meeting is scheduled for April 16. The presentation on Housing with Services will continue at the April meeting with a presentation on the Department’s CRRS (formerly the CBRFs) demonstration project and will view the issue from the client’s perspective. The meeting will also discuss the food stamp program and Mike O’Donnell will give an update on the Nutrition Summit.

Future meeting dates are:

- May 21
- June 18
- July 16
- August 20
- September 17
- October 15
- November 19