



Older Adult Services Advisory Committee Services Work Group

Date: November 19, 2007

Attending: Carol Aronson (co-chair), Paul Bennett, Pat Stacy Cohen, Frank Daigh, Darcia Ferrari, Donna Ginther (co-chair), Joyce (Lony) Gusewelle, Marsha Johnson, Mike O'Donnell, Amy Paschedag, Margaret Rudnik and Dave Vinkler

Guests: Jerry Andrews, Christina Banker, Shelly Ebbert, Jim Merrill, Amy Reeser and Priya Vin.

Discussion Summary:

- Introduction and approval of the October 15, 2007 minutes.
- Amy Reeser and Jerry Andrews from Macon County Health Department presented on their Medication Management program offered to seniors. The Medication Management program started out in 1 housing high rise. Money was added to the clients monthly rent allowance to cover the cost. The program has expanded outside that one high rise and now serves 100 clients at a time with a waiting list at all times. The program uses registered nurses to fill up the medication dispensers and the nurses can also conduct a health history review/assessment on the clients during the home visit. The program has a budget of approximately \$177,000 and is funded mainly through local taxes with some additional funding from the AAA. The program employees three registered nurses and mileage reimbursement. Each RN receives a salary of \$45,000 to \$50,000 a year. The program provides the medication dispensers for the clients to use, and allows the nurses to go out every 2 weeks to fill the medication dispensers (some receive weekly visits if required), handle reorders on prescriptions, deal with pharmacies, and receive referrals from the doctors. The nurses can pre-fill insulin syringes but do not do the sliding scale changes. The client who is receiving the medication must be able to self administer the medication. During the health history review/assessment the nurses check blood pressures, monitor vitals and discuss topics such as fall prevention, nutrition, and identify changes in behavior, look for contraindications with medications and identify other issues that should be reported to the doctor or case manager. Clients are asked to donate to help sustain the program. The suggested donation amount is \$20 a month. They receive about \$6,000-\$8,000 a year from donations.
 - Non compliance issues – client can be terminated after a long time of working with the clients and the physicians to determine an alternative to termination. Nurses can offer locking medication boxes if drug abuse by other household members is an issue. Nurses can also keep the medication at the Health Department for them if they prefer.
 - Liability isn't a huge issue to their insurance carriers because the nurses do nothing invasive. They don't give shots (except for flu shots).
 - Disposal of medication is becoming an issue since there are many environmental concerns related to disposing of medications now.
 - The nurses average an hour a visit. Each RN has 35 clients (one has 30 clients and more administrative duties). They each handle approximately 17-18 visits per week plus dealing with physicians and pharmacists daily.

- Profile of a medication management client:
 - Top 3 diagnoses, diabetes, cardiac and vision.
 - 63 are CCP clients, 37 are non-CCP;
 - Average 10 medications a day
 - 31% are minority
 - 50% are Medicaid enrolled
 - 73% of the CCP Medication Management clients are on Medicaid
 - Average age is 78
- Robin presented brochures and information for members from the current EHRS providers on technology that is available to assist with Medication management through the Emergency home response providers.
- Mike O'Donnell also discussed another medication management programs currently being piloted in the country. One program is entitled Partners in Care. The California model has 615 clients in 3 sites. Mike provided handouts on this project and more stats can be viewed at www.homemedics.org. Mike discussed an Iowa study that is using automated devices through Care Link (the MD2 machine). This is a 6 month study and Karen Ferris is the lead researcher at Iowa. She is working with Millikin University students in the School of Nursing. Mike also provided the group with a handout on the New York state aging well program.
- Shelly Ebbert discussed a handout that listed the activities associated with HB652 which was legislation passed to add services to CCP and increase flexibility of the service cost maximums for clients and it also adds personal assistants to the service mix. She also mentioned that HMPRG will be convening a panel on Mandatory Medicaid on Dec. 5. Also HMPRG will be taking the lead on the DON study with funding through the Nursing home division modernization grant.
- Shelly indicated that she needs the services committee to help the Department determine what we want the DON study to include? How far reaching it will be? And to advise the consultants.
- Consumer direction – she also indicated that she would like the Services committee to act as an advisory group and offer questions and feedback as we move towards consumer direction.
- Comprehensive Care Coordination – Shelly indicated that achievements have been made with this project. A statewide tool has been implemented and all case managers have been trained on holistic case management. All CCUs are utilizing the CCC assessment and are billing through the computers electronic billing system. \$4 million in capacity grants were issued to assist CCUs in getting their data systems up to speed for electronic paperwork submission and to pick up additional staff costs. The 6 month utilization data is currently being reviewed by department staff. The department has been reviewing the tool and making some changes and has reviewed every data element so that business rules could be developed. The department is moving towards a web based tool soon. This new tool will be available on Client forms manager as an interim step. It will eventually populate directly to a web page. Another major accomplishment is the consolidation of the CCP forms from 14 current forms requiring the client to sign their name approximately 7 times down to 3 forms and 2 signatures. The Department has also implemented two new billable services – Intensive case work and intensive case management. Intensive case work is a follow-up to the assessment for those cases that have complicated care plans. Intensive monitoring is a month to month service for follow-up on a complicated care plan. Shelly stated that there are still some concerns like having enough time for the assessment and the rates being adequate to reflect the time, the paperwork related to the demos need to have a reduction in paperwork also, caseloads concerns – do the new rates allow caseloads to be kept small?, and timeframes are difficult to make. Shelly indicated that new rules will need to be filed and a time study will need to be done by consultants.
- Shelly indicated that the next steps include: the next version of the tool and the forms consolidation will be out January 1; intensive monitoring will go to a monthly authorization and monthly billing January 1; the regular monthly monitoring fee of \$12.83 will be paid for all non-CCP clients; and rules will be

submitted next fall. It is still a work in progress. There was a bill introduced to codify CCC and establish a funding source but it hasn't been signed yet.

- Other Business: It was suggested that IDPH be invited to present in Feb on the inspections of licensed areas and on the Health Care Background Check.
- Mike stated that he is worried that there will not be adequate state staff to carry out the duties outlined in recent legislation.

Next Steps:

- The August meeting minutes will be posted on the Department's website. The website address is www.state.il.us/aging/1athome/oasa/committee.htm.
- The Department will be sending out the sign up sheets for members in December. All members wishing to continue on with the Services committee needs to resubmit their membership form. Shelly indicated that an email to Chicago Department on Aging will go out asking Joyce to send a representative and Robin will follow up with Lois about ANE staff involvement.
- The January meeting will be held on the fourth Monday (January 28) due to the state holiday and will include a presentation by Paul Bennett on Service Gaps and Shelly Ebbert on Money Follows the Person and the Home Again program.
- It was suggested that IDPH be invited to present in Feb on the inspections of licensed areas and on the Health Care Background Check.

Recommendation Made: for an evaluation be done of the Macon County Medication Management program and any other models/programs in the state and conduct an inventory of Medication Management throughout the state. Mike committed to developing a written description of a continuum of medication management programs for presentation at the next meeting.

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 January 28 (** This is the fourth Monday of the month due to the State Holiday). Future meeting dates are:

- February 19, 2008 ** (This is the third Tuesday of the month due to the State Holiday.)
- March 17, 2008
- April 21, 2008
- May 19, 2008