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## Older Adult Services Advisory Committee Services Work Group

Date: February 19, 2008

Attending: Carol Aronson (Co-Chair), Marianne Brennan, Eileen Brewer, Jan Cichowlas, Ann Cooper, Sharon Wood (for Kelly Cunningham), Frank Daigh, Diane Drew, Rebecca Finer, Donna Ginther, Joyce Gusewelle, Marsha Johnson, Carol Lentz Headley, James Merrill, Robin Morgan (IDOA Staff ), Margaret Niederer, Michael O'Donnell, Amy Paschedag, Mary Patton, Tarry Plattner, Margaret Rudnik, Karen Schainker, Maria Schmidt, Wayne Smallwood, Dave Vinkler (Co-Chair) and Debbie Weber

Guests: Rick Dees (IDPH) and Jennifer LaFever

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### Discussion Summary:

- Introduction and approval of the January 28, 2008 minutes.
- Robin updated members that there were several new members that enrolled and that a finalized list of members will be emailed out next week.
- Donna Ginther led the discussion on the review of previous recommendations by the Services committee. Members reviewed both short and long term goals from the 2007 and the 2008 OASAC reports. There was a recommendation to have the DON study workgroup review the vignettes used by the Training division on scoring the DON. The Nutrition summit did occur and the report is due in 2009. Mike O'Donnell shared information on the home delivered meals program. As of December 2007 there are 1130 people on the waiting list for HDM and there are 3653 unserved and underserved areas. The FY 08 projections for HDM will require \$60.4 million. This would serve 42,514 persons and provide 7.1 million meals. The FY08 projections for Congregate meals will require \$23.5 million and will serve 77,261 person and provide 2.3 million meals. The average cost of a HDM in FY06 was \$5.89, the average cost in FY07 is \$6.18 (an increase of 5%). Mike informed the group that the \$1.9 million GRF appropriated for the HDM program has been allocated in the fall of 2007. In addition, the Department has released a new planning allocation letter to the AAAs which incorporates the FY08 federal allotment of Older Americans Act funds to Illinois. The letter also indicates that the Department plans to use only \$50,000 of the \$100,000 budgeted for a registered dietician and has allocated that remaining \$50,000 to the AAAs for HDMs. Karen Schainker stated that nothing has happened with the recommendation for Senior Centers. The recommendation was carried into the 08 report but she would like to know how we can proceed with this?
- Members would like to have a representative from the DHS Division of Mental Health attend the Services meetings and to attend OASAC in general. The Chairs will request time at the next full OASAC meeting to go over this recommendation with the full OASAC committee.
- Presentation on Housing with Services – Wayne Smallwood, Sharon Woods (HFS) and Rick Dees (IDPH) discussed the differences between the various assisted living facilities in Illinois. Supportive Living Facilities (SLFs) were stated as a demo in 1996 in Beardstown. Currently there are 91 operational facilities with 7000 apartments. SLFs are located in 71 out of the 102 counties in Illinois (in either operational or developmental stages). There are currently 56 in developmental stages with an

additional 4500 apartments. Once these are completed there will be 147 facilities with over 11,000 apartments available for seniors & persons with disabilities. The state can serve 9,000 clients this year under the Medicaid cap for reimbursement. The current waiver expires in 2012 and at that time the cap will be at 11,000. Private pay persons can also stay in SLFs. 60% on the operating building are Medicaid, 40% are private pay. SLFs are proving to be a better financial model because you can project your revenues better. There is an average 12 month spend down for private pay persons to Medicaid. The process is seamless and no one needs to know that a person is converting to Medicaid. The program is not open for new facility enrollment right now. DHS is talking about opening it up again with advance warning this time. Some areas do have waiting lists for apartments. Wayne explained that its hard for a Nursing home to market itself as an SLF unless they have separate entrances, staff, buildings, etc. Studies have found that a facility needs a minimum of 10 apartments to be financial feasible. The average number of apartments statewide is 77. Downstate facilities average about 50-60 units while Chicago averages 120-150. The allowable maximum number of units is 150. Each unit must be a minimum of 300 square feet, but every facility is over or they wouldn't fill the apartments. Rates average \$62/day statewide (\$67 in Chicago and \$52 downstate). Average Nursing home daily rate in 2008 is \$112. Facilities also get food stamp money for Medicaid clients and the room and board component is approximately \$2,700 in Chicago a month and \$2,200 a month downstate. Medicaid residents are allowed to keep \$90 a month for incidentals. The Service package for SLFs include nursing, personal care, housekeeping, medication management, laundry, social activities, maintenance and nursing oversight. RNs do not have to be on staff. Most facilities maintain an RN because medication management is needed. There is no threshold for discharge. It is left up to the provider to say if a client needs discharged. This is a difference between SLF and ASL. Clients can appeal by requesting a hearing by HFS. SLFs must provide 3 meals a day plus snacks and the apartments must contain a kitchen. 7% of the current apartments are double occupancy (requires a minimum of 450 square feet) and there is a 3 to 1 ration of female to male occupants. Hospice and Home Health services can go in to SLF. Prescreening is required prior to admission, and the ombudsman program has jurisdiction for the residents.

- Rick Dees, from the Department of Public Health, presented a presentation on Assisted Living (ASL) facilities. There are currently 230 facilities with 9932 apartments. This represents 30 shared housing and 200 assisted living facilities. And there are 20 pending applications. ASL are private pay facilities that are licensed and have staffing regulations that are different from SLFs. If a facility offers nursing services it must have an RN on staff. Home Health services are encouraged. There are limits on what nursing services can be provided. ASLs have involuntary discharge policies and patients can be discharged for exceeding the care requirements. Currently IDPH only has 1 surveyor to review all 230 buildings. IDPH is requesting an increase in license fee to cover more staff. The proposed increase would increase fees from \$300 and \$5 a unit to \$1000 and \$10 a unit. ASL intended to make shelter cares obsolete. ASL can offer all services available in Shelter care and can even go farther. Occupancy in ASLs is quite high eventhough its only private pay. One noted obstacle in further growth is that ASLs have a limit in the amount of care an ASL can provide. The ceiling, established by statue, is that if skilled nursing care is needed the resident must move. There is 1 provision to this statue, if a client needs hospice care they can stay if there is an outside source to pay for the hospice care. Clients can die in place, but they cannot age in place. Rick indicated that there is a niche in the market for Alzheimer care for those individuals that may not need nursing care yet but need increased supervision and personal care. There is a point at which nursing needs increase and they would have to go to a nursing home facility. You cannot receive home health services from any agency that has any fiduciary ties to the ASL.
- Members also discussed Estate Recovery (HB4574) and how this bill made some limited changes. Members indicated that some potential changes might be coming in the future. There have been groups meeting to discuss this topic. Federal regulations require that Estate Recovery occurs on nursing home, home and community based waiver services, but Illinois goes further than the federal regulations. CCP clients are subjected to estate recovery. It was recommended that many we should try to establish a minimum threshold for what they would go after (ie \$3000-\$75,000).

**Next Steps:**

- The January meeting minutes will be posted on the Department's website. The website address is [www.state.il.us/aging/1athome/oasa/committee.htm](http://www.state.il.us/aging/1athome/oasa/committee.htm).
- Robin will send out an updated list of Service members and their contact information to all members.
- A recommendation was made that the full OASAC members consider requesting that a representative from the Division of Mental Health be placed on the full OASAC meeting and specifically on the services committee. So many of the issues that the services committee addresses deals with mental health issues. Carol and Dave will take this recommendation to the full OASAC group.

**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 March 17, 2008. Future meeting dates are:

- April 21, 2008
- May 19, 2008
- June 16, 2008
- July 21, 2008