



---

## Older Adult Services Advisory Committee Services Work Group

Date: August 18, 2008

Attending: Carol Aronson (Co-Chair), Paul Bennett, Eileen Brewer, Pat Stacy Cohen, Betsy Creamer, Kelly Cunningham, Diane Drew, Rebecca Finer, Donna Ginther, Carol Green, Martha Holstein, James Merrill, Robin Morgan (Department Staff), Margaret Niederer, Amy Paschedag, Tarry Plattner, Susan Real, Maria Schmidt, Dave Vinkler (Co-Chair), and Debbie Weber.

---

### Discussion Summary:

- Introductions and approval of the July meeting minutes.
- A review of the recommendations that the sub-committees came up with occurred. Carol announced that the Coordination of Services recommendation was to include Medication Management but as the group was working on the recommendation it became hard to keep them as 1 recommendation so it was broken out into its own recommendation. Carol stated that after the group reviews both recommendations it could discuss whether or not to keep them separated or to combine them into one recommendation again. It was pointed out that only the recommendations would be listed in the report but that the entire "white paper" for lack of a better word will be available to give to the Department and to legislators.
- **Coordination of Health and Social Services Objective:** Margaret and Martha were the sub-group leaders on this recommendation. The goals stated in this recommendation are stated as outcome goals and they were based on numerous focus groups. There was a discussion on shortening the dates to FY09 so this isn't pushed out further than 2011. The members also wanted "phasing in" language instead of "demonstration" language used. It was mentioned that physicians and other members of the health care provider network will need a directive to get them to cooperate with this initiative. Kelly stated that they are working on this issue with physicians now. "Messaging" or how to get the information health care providers need to them in a language they understand and how to get information back to clients in a language they can understand is a difficult issue. Maria urged the group to not just use the terms "physicians and doctors" but to use "primary health care providers" which would include Nurse practitioners, physician assistants etc. Members suggested that this be available for high risk clients and then triggers for identifying high risk can be included in the white paper that goes along with the recommendation. Recommendations by the full group will be taken back to the Coordination sub-committee for redrafting. Recommendations must be submitted to the Department by the end of August so there will not be time for the entire committee to vote again but the changes will be emailed out to all members before they are submitted to the Department for the report. Martha will be in charge of rewriting the sub-committee's recommendations and Donna and Kelly will review it.
- **Medication Management Objective:** Susan worked on this recommendation that became an off shoot of the Coordination recommendation. Susan stated that the recommendation was written as the Cadillac of Medication Management programs including staff involved in an ongoing program. The Macon County model is similar to this with staff actually going into seniors homes and setting up medications. Susan reported that there are two systems currently being piloted in the state which are

using a less hands on approach. A pharmacist is involved in reviewing information and medications and then communicating their concerns with the health care system. It was stated that there is Medication Management legislation (Public Act 95-0535) that was passed but it was subject to appropriation so nothing has been done with it. There were concerns about the recommendation asking for a demonstration project. Donna stated that PA95-0535 does not call for a “demonstration project” so our recommendation should be consistent with the legislation. The legislation also calls for it to be only for CCP clients not all seniors. It was noted that by establishing this program, it will build the infrastructure to allow private pay clients to also access this service. The members agreed that recommendations should remain consistent so this recommendation will also begin in FY10. Susan will make the changes to this recommendation for the group.

- **Nutrition Objective:** Carol Green and Debbie Weber served as leaders for this workgroup. Carol reported that no matter what we do with services if a person doesn't have good nutrition they aren't going to have good health. The nutrition workgroup recommends that a minimum 2 meals a day 7 days a week are required. The group also recommended that a cost of doing business has to be tied in also. There was a discussion about the groups recommendation on requiring an annual cost of living increase. Members felt that if this was offered for 1 program it would need to be built in for all programs and this would be a very costly recommendation. A discussion on waiver services related to HDM occurred. Robin reported that HDM and EHRS were both in prior waivers but during the last review process, in 2004, the federal government told us that we had to start implementing these programs or remove them from our waivers. At that time, the decision was made to begin offering EHRS services and to remove HDM from the waiver due to costs. Betsy stated that a study was done that indicated that adding HDM to the waiver would cost the state a large amount of federal funding, client donations, local match, etc. This loss of funding would more than equal any amount of federal Medicaid match that we could possible receive by adding HDM to the waiver. The committee mentioned that the recommendation is not just for HDMs programs, but for all nutrition programs including congregate meal sites. Additional funding sources needs to continue to be looked for along with new and innovative ways to provide this service, different service delivery methods, etc. It was mentioned that while frozen meals is a good idea in some respects, it also removes a daily contact that sometimes is the only contact a senior has that day. Debbie will work on making the changes to the recommendations for this group.
- **Caring for the Caregiver Objective:** Paul served as the lead for this group. Paul reported that the goal was to help caregivers meet their responsibilities and help with added costs of caregiving for example the cost of detergent for incontinent care, etc. Members wanted to know if this “allowance” would be above and beyond the Flexible Senior Services funds? And if it would be viewed as taxable income? Members pointed out that currently CCUs can use FSS funds to off set some of these caregiver costs and for respite services. Betsy pointed out that Caregiver and Respite needs were specifically included in the FSS design by the Department. Whether or not it would be viewed as taxable income would be determined by the Federal Tax Code and the State would have no control over that. Members discussed the need to try and expand FSS to address this on a larger scale. It was recommended that the paper needs to make it clear that respite can be increased homemaker hours, NH stays, ADS services, etc. And that the respite services needs to be flexible. Paul will rewrite the recommendations based on the changes the group recommended..
- **Elder Economic Security Initiative Objective:** Martha served as the lead for this group. Martha reported that the recommendations for this objective were viewed as one immediate goal and two longer term goals. The immediate goal would be to have CCP utilize the Elder Economic Security Index (EESI) to figure copayments on rather than the Federal Poverty index which is currently utilized by the Department. The Federal Poverty index does not take into consideration the out of pocket expenses of seniors. The EESI assesses the basic income needed for economic security of single elders and couples for each of the 102 counties in Illinois. This index was developed jointly by the Wider Opportunities for Women in Washington DC and the Gerontology Institute at the University of Massachusettes. Illinois is one of the first 5 states to have a complete standard. Martha reported that the averages are very modest. Martha reported that we're beginning to address, through a couple of our recommendations,

that people enter NF due to economic reasons vs. just medical needs. Martha will work on making the recommended changes for this recommendation.

- Members agreed that only the recommendations would go to the Department now for the report. The white papers will go to the Department at a later date. They will need to be done by the Spring legislative session. We need to figure out what to do with other items that were in the prior reports so they are not forgotten.
- Robin announced that the Department will be presenting at the September meeting and the October meeting on the DON study that was required in HB652. Language in that bill required that the Services committee oversee the study.

**Next Steps:**

- Each subgroup will need to submit their new language for their recommendations to the Department by the end of the week. Robin will forward all new recommendations to the members for review. Carol and Dave will present the recommendations to the Department by the required submission date of the end of August.
- The July meeting minutes will be posted on the Department's website. The Web site address is [www.state.il.us/aging/1athome/oasa/wg-se.htm](http://www.state.il.us/aging/1athome/oasa/wg-se.htm).

**Meeting Schedule:**

This committee meets on the third Monday of the month from 10:30 a.m. – 3:00 p.m. at the AARP office in Springfield. The next meeting is scheduled for September 15, 2008. Future meeting dates are:

- October 20, 2008
- November 17, 2008