State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee

Services Work Group

Date: May 18, 2009

Attending: Pat Stacy Cohen, Kelly Cunningham, Diane Drew, Rebecca Finer, Mary Pat Frye, Jan Costello, Diane Drew, Mary Pat Frye, Joyce Gusewelle, Sherry Hamlin, Joseph Hart, Marsha Johnson, Robin Morgan, (IDOA staff), Nancy Nelson (Co-Chair), Margaret Niederer, Mike O'Donnell, Mary Patton, Sally Petrone, Susan Real, Karen Schainker, David Vinkler, Eric Weakly, Stuart Gaines, Jennifer Wick, and Barbra Wylie.

Discussion Summary:

- Introductions, welcome to new members and approval of the March meeting minutes.
- Members discussed the Long-term Care Measurements #4 & #5 from the Older Adult Services Advisory Committee (OASAC) report. Measurement #4 is primarily for the Services workgroup and the Services workgroup has a shared responsibility on the #5 measurement. Members discussed how the recent restructuring of this committee has addressed these measurements. The committee does not have a definition of what "responsible" means in regards to the #5 measurement. Members held a discussion on the need to begin looking at the FTE staff for each service to see if its adequately staffed. For example, AIRS certified staff, Case manager staff to client ratios, ombudsman staff to resident rations (1 paid FTE for every 2000 residents). The Coordinated Point of Entry (CPOE) committee looked at staffing ratios in prior years and it was felt that the services committee needed to resurrect that information for review.
- Medication Management final recommendation was also discussed. The Determination of Need (DON) Study report validated the need for this service. Members were reminded that there is an Act on the books, but funding was never made available to implement the Act. Comments were made that the Comprehensive Care Coordination tool is great and that it allows the pharmacists to have all the information they need when reviewing the medication lists. It was reported that in the Champaign demonstration project (Evidence based medication programs), clients are resistant to signing up for the program. Reasons seem to be 1) they don't want their doctors to be upset, 2) they have a mistrust of the process, 3) and they have a mistrust of sharing their personal information. There was a discussion about the estimates for the two tiers being too low. Care Coordination Units (CCUs) are seeing a trend in younger people on a lot of medications. We would hate to restrict people due to no hospital stay or emergency room visit even though they meet the other requirements. Some members wanted the see the program be more preventative. If the Medication management program as embedded into the Comprehensive Care Coordination tool could tier 1 be available for all clients? If this occurred then Tier 2 could be used for more targeted clients. The discussion ended with the recommendation that we send it to the full OASAC with the recommendation to send it to the Finance committee to work on gross cost, savings overall, and funding strategies.
- The Coordination of Health Care and Social Services presented their recommendations for this project. The next steps would be to present this pilot project to the full OASAC to see if they would be interested in moving it forward. If the CCUs already have an RN on staff then this model works well. The pilot would call for an advisory group that would work like an M-Team (multidisciplinary team) does in the

elder abuse program. The members recommended that more work occur on this recommendation to formalize what this project would end up looking like. What the staffing structure would entail and members considered the need to have the Workforce committee offer feedback on the staffing issues. The plan proposal handout that was given out is the next step from the white paper that the committee developed. The number of sites chosen would affect the financial costs for the program. Decisions that would be needed include pilot vs. non pilot and rate structure questions. The finance committee could flush this out more. Members also indicated that the DON study validated this recommendation. Members cautioned about using the term "pilot". They preferred to refer to it as an "implementation of promising practices from CCUs". The next step for this sub-group is to meet in June and report back to the Services committee in July.

- **Respite sub-group:** It was reported that the Conversion group looked at this recommendation through the nursing homes. There is federal legislation that would require respite programs (Lifespan Respite). Certain states would get $300,000 more. It is a grant for all ages. It was reported that the Area Agencies on Aging did a survey on respite, and they are hoping to release another survey as well.
- Members discussed current legislation, ARRA funding, and questioned how do you increase services without assurance of increase funding in future years? You cannot make long term changes without funding.

Next Steps:

- The March meeting minutes will be posted on the Department's Web site at www.state.il.us/aging/1athome/oasa/wg-se.htm.

Meeting Schedule:

This committee meets on the third Monday of every other month from 10:30 a.m. – 3:00 p.m. at the AARP office in Springfield. The next meeting is scheduled for July 20, 2009. Future meeting dates are:

- September 21
- November 16