Members Present on the Phone: Mary Callahan, AMAC; Theresa Collins, IACCPHP; Cary Crawford, Chicago Commons; Ella Grays, Gareda, LLC Louis Prado, Home Health Security Services; Robert Thieman, IADSA;; LaShun James, Addus Homecare – Chicago Branch; Tammy Tenton, Premier Home Health Care Services, Inc; Aaron Fortenbacher, Healthcom; Megan Gallegos, VRI; Mary Hemp, Community Care Adult Day Services, Inc;; Dary Mien, Chinese Mutual Aid Association; Sandra Pastore, Mindful Innovation Consulting; Brycie Kochuyt, Alternative (for the Older Adult); Kevin Cosgrave, Guardian Medical Monitoring; Amy Nathan, North Shore Senior Center; Laura Altenbaumer, Active Day; Lori Hendren, AARP Illinois; Gus Saberbein, Help at Home; Richard Juarez – Lawndale Christian Health Center; Marsha Nelson, Shawnee Health,; Marta Pereyra, CLESE; Natasha Belli, DuPage County Senior Services; Robert Spaulding, Healthcare Plus Senior Care; William Wheeler, ICCCU; Aaron Fortenbacher – VRI; Shana Holmes, Southeastern Illinois Area Agency on Aging, Inc; (represented by Lori Cummins and Judy Kleine); Stephanie Garrigan, Philips Lifeline; Joanne Glenn, Comprehensive Quality Care Inc Foundation;

Members not Present at this meeting: Lori Elliott, Williamson County Programs on Aging; Lori Pence, Central Illinois Area Agency on Aging; Beth Menz, SEIU Healthcare Illinois/Indiana; Peter Valessares, Hellenic Foundation; Sherry Hamlin, The Voyage Senior Living; Jill Ohnesorge, Bond County Senior Citizens Center;

Guests Present on Phone: ; Marsha Johnson, CCSI – CCU; Darren Buatti, Critical Signal Technologies/Best Buy; Becky Edwards; Tonia Oberg; Jeremy Hostetler; Lisa Kracht; Linda Hubbart; Chrissy Castillo; Sara Ratcliffe; Jill Hayden; Tara Russo; Jessica Moxey; Christie Kirchhofer; Cindy Hardiek; Pam Jones; Pat Cash; Terrence Simms; Amber Richardson; Nancy Berry; Jessica Money; Lindsay Snelling; Tania Schwer; Pam Jones; Gloria Simmons; Tawnya Scott; Liz Vogt;

Illinois Department on Aging Staff on the Phone: Paula Basta, Director; Mike Berkes; Lora McCurdy, Deputy Director; Selma D'Souza, Chief of Staff; Barbara McConnell; Russ Kemple; Amy Lulich; Mike Dropka; Jim Shovlin; Mary Gilman; Amber Bolden; Rhonda Armstead; Samantha Brill; Chelsey Peters; John Eckert; Chrystal Wofford; Kim Flesch; Michael Sartorius; Sue DeBoer; Teri McKeon; LaRhonda Williams; Sandy Leith;

Call to Order: The meeting was called to order at 10:07 am by Mike Berkes. Attendees were asked to email Barb McConnell (<u>barbara.mcconnell@illinois.gov</u>) so that they may be counted as having attended this meeting.

Introductions of new IDoA staff members: IDoA welcomed Chelsey Peters, Deputy Division Manager HCBS and Desirey Ackermann, HCBS Division Manager. Becky Dragoo accepted a position in another state agency and left IDoA on February 28, 2021.

Approval of January 12, 2021 Minutes

Being so moved by Marta Pereyra and seconded by Cary Crawford, the minutes for January 12, 2021 were unchanged and unanimously approved by the Board.

Public Comments: Marta Pereyra – questioned whether there would be a retroactive payment on the In-Home Rate Increase. The question was tabled pending further discussion during the agenda item.

Agenda Items

In-Home Rate Increase: The In-home rate increase for providers will be effective on April 1, 2021. The date was moved from January 1, 2021 as part of the negotiations with Federal CMS. Technical Waiver Amendment Approval for Federal CMS has not yet been received, but we do not anticipate any problems. IDoA has completed our part of the steps required to secure the increase; Federal CMS has not yet provided information. IDoA as well as our IT department have had all the systems ready to activate once we receive the green light from Federal CMS to do so.

Discussion/Updates on Vaccine Outreach, CVA Outreach & ESS grants, local collaboration and Coordination, Mass Vaccination Efforts – United Center Red Cap Survey, and IDPH vaccine Public Awareness Campaign

Area Agency COVID Vaccination Assistance (CVA) outreach grant: The vaccination assistance grant was submitted. The grant is intended to assist senior citizens with registering for the vaccinations, obtaining transportation, scheduling vaccinations and follow-up vaccinations.

The Emergency Senior Services Grant are funds used for emergency/priority purposes providing accessibility for seniors to locations where vaccinations are being distributed. The 13 AAAs have been allotted a total grant of \$1.2 million which provides further assistance to the AAAs. This helps them provide outreach to non-participants who are receiving home delivered meals and other services from the AAAs as well as ensuring they are also being registered for the vaccines. This has evolved into a coordinated effort across the aging network. As a result, seniors have received numerous shower chairs, grab bars, emergency utility assistance, rent for people who are behind due to COVID-19-related layoffs or job loss. There are collaborative efforts with other gap-filling funds to build ramps and minor home modifications. There has been positive feedback on the grant and local levels are coordinating services.

We have addressed numerous questions through many phone calls. As a result, we generated a Q&A for some of those questions, which was sent to all providers.

In Southern Illinois there has been coordination between the local health departments and AAAs in that PSA. The alliance ensured older adults were able to get to the mass vaccination sites in Cairo, Illinois.

The city of Chicago has created a mass vaccination site at the United Center. FEMA has adjusted the eligibility for appointments at the United Center. The city of Chicago has also instituted a mobile vaccination program through the Chicago Fire Department to help vaccinate home-bound seniors. The city is collecting information about all the targeted populations who are interested in and eligible for receiving the vaccinations. They are making use of a research database called the "redcap survey".

Governor Pritzker has launched an outreach campaign that includes several different resources – videos, links, social media that may be used for outreach and education. The resources are currently translated into English and Spanish.

Local collaboration & coordination Network Provider Input:

There are several current successful activities to serve our senior population re: vaccinations and COVID-19 testing. Participants are encouraged to affix testimonials on a social media wall.

Richard Juarez – Lawndale – They have been busy vaccinating seniors in their community. They have had over 1,000 people each day on site and are in the homeless shelters within a 10-mile radius of Chicago providing vaccinations there. Within the building, they are conducting the COVID testing daily. Their current hours are Monday through Saturday from 7:00 am to 6:30 pm.

Terence Simms & Ella Grays – Gareda is tracking homecare aides, administrative staff to get their vaccinations. With the number of providers opening (Gareda), their numbers are increasing (homecare aides, administrative personnel), as well as clientele. Gareda's offices never truly closed but are starting to increase their services by adding full staffing and services. They are encouraging their full staff to be vaccinated - the request came from a leadership position. They are not mandating the shots, but Ella is leading by example.

Tara Russo – **DeKalb** – Provider has been working with their local health department and staff was assisting with getting seniors vaccinated – assisting with walking or wheeling them into the NIU Convocation Center, assisting with paperwork, etc. Provider was able to work out a vaccination clinic with the health department for the clients. At this date, they have about 120 seniors going to the clinic who have not yet received the vaccination. They have partnered with the Voluntary Action Center to provide transportation for the clients.

Another positive step is that the Homecare Aides and family members are taking the clients to the vaccination site to receive their vaccinations. This action should allow the clients the ability to get out and about again.

LaShun James – **Addus Home Health Care Chicago** - Their agency is focusing on educating their home care aides about COVID and putting out educational information to encourage the staff to be "hands on". They are also focusing on their aides and staff members to get their vaccinations. Their agency is working with a transportation company to assist the clients in scheduling their vaccinations and to manage transportation to the vaccination site.

Amy Nathan - North Shore Senior Center - There are several vaccination sites opening in North Suburban Chicago area. For Glenview residents Glenview High School has opened its parking lot as a vaccination site for Glenview residents. Skokie, Evanston, and Niles have been working to get vaccinations for their residents as well. North Shore Senior Center is waiting on approval to become a mass vaccination site.

Marsha Nelson – Shawnee Health Service - the village of Carroll, Illinois - is one of the most impoverished communities in Illinois. There are very few residents who have the luxury of individual internet service. They opened a clinic on Friday nights from 4pm – 7pm just outside of town. They contracted with their mass transit system so the clients didn't have worry about how they'd get to the clinic. They have a contract with their mass transit to transport seniors 60+ years of age until June 30, 2021 in order to receive their COVID-19 vaccine.

There was a second vaccination clinic held in Compton – a highly populated migrant farm worker area. The workers were able to get their vaccines under the agricultural essential workers category. There were over 216 persons vaccinated. Following the clinics, each client was called to see if they'd had their shots, and if not at the same time, they were registered.

Brycie Kochuyt: Alternatives for the Older Adult - Quad Cities. On February 15, 2021 an 800-number vaccine support center opened with the help of local community foundation funds. They hired two temporary staff members who were supported by volunteer staff members. Community volunteers served to monitor the phones to handle the vast influx of calls. To date, the line has received over 3200 calls.

Due to their partnership with the Rock Island County Health Department they have been able to secure roughly one-third of those individuals on the wait list. They are also coordinating efforts to try to get the transportation secured with their focal points.

Their campaign was opened to the remainder of their 10-county area, and are receiving calls for other counties; however, many calls are from the Quad Cities. The 200-person slot for shots was initially set aside for vaccinations. That number has increased to 400-person slots for older adults on Thursdays.

IDPH vaccine Public Awareness Campaign

There was an online public town meeting March 9, 2021 with Governor JB Pritzker and Dr. Ngozi Ezike to present information on COVID vaccine availability and to answer questions from the public.

Training Updates – Mary Gilman

a. Mandatory Trainings – The In-Home Providers have been advised that the mandated 2.5 hours of in-service required of all Homecare Aides must be completed by the end of the first quarter (March 31, 2021). For the two webinars a verification form must be completed after viewing. All materials that have been sent out are available from the IDoA home page in the Partner Portal Section under policies. We have tried to email the translated materials, but the email blocks documents that are too large. That's why we decided to put them on the Partner Portal for easy access.

We are continuing to work with the Home Service Providers Pre-service Workgroup. Once those training materials are developed, we will begin translating those documents, making them mandatory as well.

Another question was whether other providers or CCUs may use those developed training in their in-service. The answer is yes, please take advantage of those. If you need instructions on where to find those, please email Aging. I will send you the specific screenshots for where they're located on the partner portal (emailed March 12, 2021).

- b. Virtual Conference #2 March 30, 2021 "Blending Health, Mind, & Community" There will be five speakers presenting at this conference including a professor from the SIU School of Medicine in Springfield. There will be an email to all participants listing the titles of each session. The invitation for the Conference was sent out about two weeks ago. If you missed that email, please let me know and I will provide the link.
- c. Provider portals In reviewing the Provider Profiles on the IDoA website, we note that there are some profiles that need updating and completion. Many of your profiles have been loaded into the system within the past two years since the Portal has been active. We are developing a policy that, when it is released, we will require all providers to create and provide IDoA with a

generic email agency address to which all staff members at your agency will access for information coming from the IDoA. CCUs have already done this.

d. Quality Improvement Reviews for EHRS - The Office of Community Care Services staff has been doing quality improvement reviews for emergency home response service providers. We found that some providers did not have current first responder sheet to complete. The form has not been updated since 2006. Training will be sending an email with the updated form in the future.

IDoA Translation Efforts - CCP brochures & training – The IDoA has all the CCP brochures now translated into Hindi, Polish, Russian, Spanish, Traditional and Simplistic Chinese. These brochures may be accessed by the CCUs on the IDoA website https://www2.illinois.gov/aging/programs/ccp/Pages/default.aspx. The translations are part of the DEI plan which we will discuss at a future meeting.

Quality Webinars are still going strong and are successful. The department is working on adding closed captioning to the webinar recordings to accommodate those with disabilities so that they may also benefit from the webinars.

Waiver Renewal Update – IDoA is working on streamlining the list of performance measures; we have removed about 10 of those measures. It is IDoA's intent to have all the waiver renewal information packaged by mid-May. We removed some of the duplicative performance measures. We are projecting the number of people and costs for all the services under the waiver, tying some dollar amounts to those and sending them to CMS. It is in our plan over the next 12 to 18 months to take the opportunity to do one waiver amendment bringing some of the other services or enhancement to a given service into the waiver that we were unable to address initially due to COVID-19 downtime.

Though we don't anticipate doing a face-to-face, the monies are already budgeted for both CMS and Federal CMS allowing us to do a 6-month face-to-face contact. We are not doing the face-to-face yet, but this will be in the future. Kudos to Lora McCurdy for having the foresight at the horizon. We are currently working hard internally to draft a service to fill a nutritional gap. This will not duplicate services and programs that are currently being offered.

IDoA is currently working with the enhancements of fall detection and for a definition of assistive technology. IDoA has received monies necessary for assistive technology; we are trying to secure not only the assistive technology but any type of adaptive equipment or devices.

We are being allowed additional time to operate under Appendix K if we so choose. This was submitted to CMS and we have been approved to have our Appendix K wind down or conclude in those 6 months following the conclusion of the Public Health

Emergency. Appendix K includes the family homecare giver, family ACA or legally responsible adult.

The National Academy for State Health Policy (NASHP) with generous support from the John A. Hartford Foundation is seeking state applications to participate in its State Medicaid Policy Institute on Family Caregiving. The institute will engage up to five teams of state leaders for one year to develop and/or strengthen health policies and strategies that support family caregivers, with a focus on home- and community-based approaches for older adults.

Best practices and lessons learned from the policy institute's work will be shared with other states and contribute to the national discussion on family caregiving fostered by the RAISE Act, a federal initiative led by the Administration on Community Living to develop the first national strategy on family caregiving.

Legislative Update: Because of COVID-19, the legislature is not expected to pass as many bills last year or this year as in previous years, however they are still holding committee meetings. HB 3918 Aging-Mandated Reporters and HB 0043 Aging-Suspicious Death Reports Aging are two pieces of legislation that focus on Aging. Both HB 3918 - Mandated Reporters expands the definition of mandated reporters to include investment advisors and insurance adjusters and HB 0043 Aging – Suspicious Death Reports protects mandated reporters who report suspicious deaths, abuse or neglect of eligible seniors from discrimination any reporting employee. HB 2566 corrects some details including the reporting date on our Minority Report extending the date the report is due.

Senate bill SB 272 is being closely monitored by IDoA. The focus of this bill is to promote rebalancing and to support older adults' ability to remain in their own home and to increase the DON score to 37 for admission to nursing homes. DON score will remain at 29 for home and community services. The state of Illinois would have to move towards a different approach than what we currently have now with our 1914C Medicaid Waiver which requires the level of care score to be the same for institutional care and community-based care. There would have to be more analysis to move forward with this.

A suggestion was made by a board member that the bills need to do more research and analysis with perhaps the top five states' DON scores to determine the appropriate DON scores. Are there other options that we could look at that have provided successful outcomes that we might adopt?

ADS providers resume in-person programming: The ADSs that were previously approved to reopen have reopened. There are now 41 of 71 sites that have reopened. About 60% of the sites have reopened at a 50% capacity or no more than 50 persons. Staff members have received their vaccinations. Participants have received at least the first dose or are registered for the first dose.

HFS Quality Strategy and Healthcare Transformation Initiative:

In November 2020 the Department of Health Care and Family Services announced a health care transformation plan during the Medicaid Advisory Committee Meeting. The healthcare transformation collaborative is an opportunity and HCFS will be announcing the new information. In order to implement this healthcare transformation initiative, they needed to have legislation passed in the general assembly. (The legislation was passed in late January 2021).

The goal of the collaborative in the four components of the plan is to 1) focus on community needs for all levels of healthcare emphasizing addressing social and structural determinants of health; 2) improve health and wellness for individuals and communities; 3) tailor solutions to meet the unique needs of individual communities, invest in projects, and learn large and small that improve outcomes; 4) decrease disparities that are sustainable over time.

The initiative is to invest about \$150 million per fiscal year beginning fiscal year 2021 to fund the collaborative, specialty care hospitals, mental health/substance abuse to become services and community-based entities that address the social determinants of health.

IDoA encourages aging providers to locate and contact safety net/critical access hospitals and healthcare providers in your area and create a collaboration with them and with community partners. The application process is opening. Application period is open and due not later than April 9, 2021. There will be a second round of applications due September 1, 2021.

This aligns with IDoA's mission to make sure that we're addressing social determinants of health and aging services. This is a major priority in our State Plan.

Discussions with HFS re: HDM referral from MCOs: IDoA and HFS met recently to discuss and brainstorm how IDoA can ensure that the MCOs are referring older adults for home delivered meals. The AAA association has expressed concerns about low referral numbers. Chelsey Peters and Melanie Kluzek and a group of nutrition providers and AAAs have been looking at our Home Delivered Meal referral form. We included a box to check if the referral is from an MCO; this check box is provided so that we can gather better data to better track this information. CCUs continue to work with seniors to assist them with completing the form so that the older adults are not dropped from receiving home delivered meals.

Adjournment: Theresa Collins adjourned the meeting at 12:05 pm.