

**MINUTES
ILLINOIS COUNCIL ON AGING MEETING**

TELECONFERENCE

**ONE NATURAL RESOURCES WAY – ROCK RIVER CONFERENCE ROOM
SPRINGFIELD, ILLINOIS 62702-1271**

**160 N. LASALLE STREET, SUITE N-700
CHICAGO, IL 60601-3117**

**TELECONFERENCE CALL-IN # - 1 888-494-4032
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**TUESDAY, JUNE 20, 2017
10:30AM – 1:00PM**

MEMBERS PRESENT:

Diane Adams-Alsberry, Charles Crowder, Paulette Hamlin, Margaret Huyck, Talat Khan, Phyllis Mitzen, Anna Oestreich, Bernarda Wong

MEMBERS PRESENT VIA TELECONFERENCE:

Jane Angelis, Anthony Frazier, Lee Moriarty, Dana Rosenzweig, Steve Wolf, Mubarak Mirjat

MEMBERS ABSENT:

Rev. Melvin Grimes, Senator Mattie Hunter, Senator Sam McCann, Robert O'Connor

VISITORS:

None

DEPARTMENT ON AGING STAFF PRESENT:

Jean Bohnhoff, Director

Jennifer Reif, Deputy Director

Janet Dobrinsky, Executive Assistant

Elizabeth Delheimer, Manager – Div. of Community Relations & Outreach, Council Liaison

Rhonda Armstead, General Counsel

Portia E. O'Connor-Riley, Administrative Assistant

Brent Ellis, Legislative Liaison

Anna O'Connell – Manager, Div. of Finance & Administration

Nick Barnard – Chief Internal Auditor

SUMMARY

Opening:

The meeting was called to order by First Vice Chair, Phyllis Mitzen at 10:37am.

Roll call was taken by Steve Wolf, and it was determined that a quorum was present.

Approval of Minutes:

First Vice Chair Mitzen entered a motion to approve the minutes of the December 7, 2016 meeting of the Council. Margaret Huyck moved to approve the minutes of the December 7th meeting as presented.

Elizabeth Delheimer entered a motion to correct the December 7, 2016 minutes. Let the minutes reflect that Diane Adams-Alsberry attended the December 17, 2016 meeting of the Council.

Bernarda Wong seconded the motion; all Members voted aye and the minutes were approved as amended.

RETIRING COUNCIL MEMBERS

Phyllis Mitzen – Before we get started, I want to officially say thank you to 3 Members who have resigned from the Council. That includes Gene Verdu, Betty Martz, and Ram Gajjela who just resigned yesterday. We want to thank them for their extensive service, and for the contributions they've made to the state of Illinois, and the Department.

Director Bohnhoff – On behalf of the Department on Aging, we truly do appreciate their support, attendance, and input. The Department is very sorry to see them leave the Council, but we know that sometimes other things take precedence.

Phyllis Mitzen – Will the departing Members receive something from the Department to acknowledge their contributions to the Council?

Director Bohnhoff – I believe the department provides the departing Members with a plaque, or a certificate. I know we've done that in the past. I'll check into this matter and follow-up with Phyllis Mitzen.

Phyllis Mitzen – Membership is on the agenda, and we're going to talk about membership at some point during this meeting, because we're down to 12 Members officially on the Council. I think we need to talk about memberships, and representation around the State.

OLD BUSINESS

Budget Impact:

Director Bohnhoff – At our last Council meeting, our Chief Financial Officer was Jim Ofcarcik. Jim retired at the end of April, and Anna O’Connell has taken that position. Anna is present today for the Council meeting, and can provide a budget update.

Anna O’Connell – The Department still doesn’t have a budget. The good news is that we’ve seen a small amount of movement. The legislators will be back in Springfield this week on Thursday for a special session. Last week legislators dropped a package of bills that included some of the reforms the Governor has asked for, and it also included a budget bill. The Department has reviewed the bill, and it’s certainly something we can live with. The bill would fund the Department. If anyone wants to review the bill, it’s SB 2214. I don’t expect this to be the final form. We’ve already noted some technical issues in both the 2017, and 2018 spending plan. It is a complete budget that’s going to be discussed. If I include the vouchers that are less than 45 days old, we are paid up to about 60% of what we owe to providers in the network. We are behind in paying 40% of the vouchers that are still outstanding, and some of these bills are quite old. Until we have an appropriation authority, we can’t pay these bills. Unfortunately, there’s not much room anymore to re-appropriate funds. The Comptroller is entirely in control of managing when they pay the bills. The Comptroller has been paying our providers regularly, and we really don’t have any significant number of vouchers that are older than 45 days. Within the Comptroller’s normal voucher process, bills tend to get paid between 30-40 days. We have had providers who have reached out to the Department who are struggling. The bills that are getting paid just aren’t enough to keep them afloat. I don’t have an update on more closures, and we really haven’t had too many closures that were explicitly due to the budget. We have had providers who have closed, as a business decision and have opted to terminate a contract. There are only a few who have done this, and certainly getting paid played a big role in closing the agency. We have seen quite a few providers who have closed intake for the time being, because of the budget impasse. The providers don’t want to expand without getting paid. There were 2 ADS clients who lost services, but it’s my understanding that one client opted not to be transferred to another ADS facility further away. The other client ended up having some additional health complications, which ended with that client going into a nursing home. The client was getting to the point where community care was not an option anymore with, or without the ADS. Other than these two examples, our program division has been doing a tremendous job in getting clients affected by closures, transferred to other providers. So far, we haven’t had anybody lose services.

Phyllis Mitzen – Are you’re saying that one client had to go into a nursing home, because there were no ADS available in the area?

Anna O’Connell – The client didn’t want to go to the ADS that was further away, and didn’t want in-home services. In the meantime, while that was being discussed,

unrelated to anything to do with the Community Care Program, the client had a stroke that put him at a level of need that wasn't feasible in the community, with/without ADS. The client would not have been safe to go home, because his needs were just too intensive. Also, the client didn't have any family nearby so it was a case where regardless of the closure, the client would not have been able to continue in the community care program. It just wasn't safe for the client any longer.

Charles Crowder – Do you prioritize your bills that go to the Comptroller?

Anna O'Connell – Everything that we get in, and everything that we can voucher, we voucher. The vouchering process is what sends the bills to the Comptroller's Office. I know there has been some confusion, especially for providers that also work with our sister agencies, because they handle their vouchering process differently. The Department doesn't keep any bills in-house that have an appropriation that we can use. Everything that comes into the Department is vouchered. All the bills that we can pay under the court order, we send to the Comptroller to be paid. Any bills pending at the Department are not pending because we're holding the bills. The bills are pending, because we don't have authorization to send them to the Comptroller's Office. With our billing system, we are unable to prioritize our bills.

Charles Crowder – When you say authorization, who and what constitutes your authorization?

Anna O'Connell – Most the bills that we're paying under the Community Care Program, are being paid under court orders. The court order gives the comptroller the authority to establish the appropriation, outside of the normal appropriation process. The court orders are based on the Beeks vs. Bradley, and Memisovski Consent Decrees. These decrees aren't the Department's Consent Decrees, but they are related to Medicaid payments. These are the two consent decrees that the court order derived from, and then the court order allowed the Comptroller to establish the appropriation.

Phyllis Mitzen – I know that when agencies are closed, the clients are referred to other agencies. When they close the intake department of some agencies, are there certain areas that are more stressed than others? Does it mean that we're extending the time before some individuals can get the services they need? What's the snapshot of what's happening out there with intake? There are also re-assessments going on.

Jennifer Reif – What we're hearing at the Department is that the Network has done an excellent job of trying to maintain the capacity of individuals in the community, and all intakes. We've seen some CCUs who have capped intakes so we're looking at other network providers to serve seniors in other forms. Whether that's through the Older Americans Act, or the AAAs so we are seeing some coordination of services. The communication has increased to address individual's needs. I think the example of only the two individuals that we have cited, as losing services is a snapshot of what's going

on in the network. The Department is very concerned about the duration of the budget impasse. Obviously, each day, every week, and month we're out there trying to find the pulse of the Network and how we're serving our seniors. We're at a critical state, and we're very hopeful that the General Assembly will work with the Governor's Office to pass a budget as soon as possible. Again, the Network has done a tremendous job holding all of this together.

Phyllis Mitzen – I worry a lot about the clients we serve, and the stability of the workforce. There is a big concern about the people we serve, and the people who serve them. The Council is concerned about the payments to the workforce. The stability of the workforce has always been very important to the Council. We try to maintain the wages of the workforce, and this payment issue for the agencies is a real concern. I've heard rumors about people not getting paid, and agencies having to delay payroll. Most of the workforce lives check-to-check so there's great concern to ensure timely payments for our workforce.

Anna O'Connell – The Department is very concerned about workforce payments as well. Even though we did have some closures, we have been able to get new contracts in place so we're not just shrinking. That's been a testimony to the Network. I have heard from some providers that it's been very difficult. We don't have any verified instances of homemakers not being paid. It's not something we can condone, or comment on, but it's certainly concerning. You rightfully pointed out that we're not talking about people who can necessarily sustain themselves over an extended period-of-time, without having a paycheck in-hand so it's a grave concern. We're just hoping that we'll get a budget very soon, and return to a regular payment cycle to help stabilize the Network.

Bernarda Wong – As we're talking about intake and qualification, CASL has sent the Department a letter, regarding CCUs providing interpreter services. We're being told that some clients aren't getting served, because there aren't any interpreter services available to them. We were told that 1 family had to bring their own interpreter. It's important that interpreter services are provided for the limited English speaking clients.

Director Bohnhoff – I received the letter from Castle today, and they are referencing one of our CCUs, Health Care Consortium of Illinois (HCI). They have some concerns that we need to address, relating to interpreter issues. We must find a solution. I'm going to work on these issues, and I'll get results reported to the Council ASAP. I know there are interpreter services that the Department provides, and I'm sure the Care Coordination Units do as well. Interpreter services are a part of the contract. I'm not sure why HCI isn't utilizing the interpreter services we already have in place. It could possibly be that HCI has new staff members who are not familiar with the procedures for addressing individuals who have a language barrier. The Department will look at this issue.

Phyllis Mitzen – There is one other question under this topic, regarding monitoring. What is the capacity of the Department to maintain monitoring, in terms of the work that is being done out in the field.

Director, Jean Bohnhoff – The Department has hired 2 additional staff members in Chicago to increase our monitoring efforts to all our providers, CCUs, as well as provider agencies. The staff at the Department have been going out in the field to conduct audits. We do have some corrective action plans that have been in place. We're addressing, and making sure the providers have contracts with the Department, and the federal waiver requirements are being met. The monitor efforts have increased over the past year and a half. Jose is on vacation this week, but Deputy Reif can give us an update on the monitoring efforts.

Deputy Director Reif – In summary, the Director has covered the facts that we are increasing our monitoring efforts. When we're in the field, we're noting issues for increased training, and quality assurance. Going into the next fiscal year, monitoring is certainly a priority. We do have a division that's handling the managed care transition, but we hope to also re-purpose some of those staff to be able to compliment the monitoring by doing some desk audits, in addition to Jose's Home and Community-Based Services Division staff that go out into the field to conduct on-site visits. We're hoping to ramp up, and increase our efforts for quality assurance. We're seeing increased involvement from the federal government with their new regulations. We're partnering with them to make sure we're falling within compliance.

Phyllis Mitzen – There is a question on the roster, regarding dismantling of services. Will the Network survive?

Director Jean Bohnhoff – Anna O'Connell can provide additional information on this subject, but we do have new providers who have come forth, and expressed interest in expanding their footprint. We have a RFP that went out for the Chicago area, and I believe it's been closed, as far as anyone submitting a request for proposal. We're looking to take one area and divide it to accommodate more CCUs. We recently added a new EHRS provider so we do have new providers who are coming in, and they're interested in doing business with Illinois. It's great for our clients to have additional choices, and for the Department to have additional providers responding to clients concerns in a timely manner.

Engagement of Legislators:

Phyllis Mitzen – I spoke with Anna Moeller, the Representative just outside of Chicago, and she heads up the Aging Committee. She did express interest in the Council, and I believe I mentioned that, Director Bohnhoff. The Council hasn't had any engagement with Legislators since Gene Verdu, which was quite some time ago. My thoughts were to have a discussion with Council members, regarding how we can engage Legislators

with the work that needs to be done, and make them aware of Aging issues within the Department.

Talet Khan – Are the Legislators required to serve on the ICoA Committee?

Phyllis Mitzen – We can talk to any legislator, but we don't have anybody who has been officially named to serve on the Council.

Director Jean Bohnhoff – Currently we have Senator Mattie Hunter, and Senator Sam McCann. Neither Senator has really been involved with the Council in quite some time.

Phyllis Mitzen – I believe we're supposed to have 3 members from the Houses, and 2 members from the Senate. The request for legislator participation should go to the Speaker of the House. We should have Democrats, and Republicans involved with the ICoA.

Bernarda Wong – Do we have to send names of the legislators?

Alex Burke – We would need 3 legislative members from the House of Representatives, and 2 legislative members from the Senate. We'll need to send a letter to the Speaker, and Minority Leader reminding them that they should be naming legislative members to the Council.

Phyllis Mitzen – I would suggest that the members, who are named, should be members who are on the Aging Committee. We've got Anna Moller, and several other members who I recognize, as being knowledgeable. I hope they're not just names being pulling out of a hat.

Director Bohnhoff – Did the Aging Committee just convene recently? From my understanding the Aging Committee has been defunct for a while. Is that correct?

Alex Burke – Yes, the Aging Committee just reconvened in 2017 after a long hiatus.

Phyllis Mitzen – Maybe Theresa Mah would be a likely person, and Anna Moeller would be 2 people who the Council would suggest, but I believe they are both Democrats.

Bernarda Wong – I spoke with Theresa yesterday. She is active on the Aging committee, and I think she would be a good fit.

Phyllis Mitzen – The legislators who are named should come from the Speaker.

Director Jean Bohnhoff – We need to have strong members who do engage, and are familiar with the responsibilities and obligations as a member. We've worked very hard to try and spur the conversation to get more involvement from them.

Phyllis Mitzen – The action should come from the Department. I would encourage you to ask for specific names. They can say no, but we must suggest people whom we know can handle the position. Requesting Theresa and Anna for the Council is a great idea.

Alex Burke – Perhaps the Department can reach out to Senator Hunter who has not attended in a long time.

Phyllis Mitzen – We're looking at what role the legislators will play within the Council. If they can't come to the meetings, then is there something that we should be doing with them to further their engagement with the Council? Perhaps having a breakfast meeting in Springfield twice a year and inviting the legislators to attend would help to spur interest.

Bernarda Wong – Perhaps I can speak with Anna to gauge her interest in serving on the Council. I know that she works on a lot of human service issues.

Phyllis Mitzen – Bernarda, please speak with Anna and report back to the Council.

Diane Adams-Alsberry – So what is this Aging Committee, and what have they done. Are they a part of the General Assembly?

Alex Burke – The Aging Committee has been defunct for a long time, but was revived in 2017. Anna Moeller is now the Chair. There should be 2 legislators from each caucus to serve on the Aging Committee.

Medication Management Demonstration:

Deputy Director Reif – We started the program with 4 CCUs, and we have expanded to 7. The original 4 were Lake County, Northwest Suburban, Northeast Older Adult Services, and South Suburban. We have added DuPage, Southeastern Visiting Nurses Association, and Autonomous Case Management in Peoria. Autonomous Case Management will go live July 1, 2017. We were looking to allow for diversity of the program, rural verses urban. It's also allowed us to increase our numbers. Some of the preliminary data that we're seeing looks like there's a decrease in cost of re-hospitalization of 69,000. There's a decrease of number in medication of 1.2, and a decrease in medication cost of \$2,209. The program overall is seeing \$130,000 savings so our numbers are growing. Some of the issues that we're having with this program are that we're focusing on our non-Medicaid population, and with any new thing, change is difficult. The CCUs are going in and talking to our participants, and they have to re-adjust their prescription services. We believe this is definitely in our best interest, but sometimes change is difficult. By the Department expanding these efforts, our numbers are growing.

Anna Oestreich – When you say there’s \$130,000 worth of saving, does that take in to account the expense of the program?

Deputy Director Reif – Right now the expense of the program is free. It’s a donation through APC, as a part of the demonstration.

Anna Oestreich – To continue the program, is that contingent on additional funds through APC?

Deputy Director Reif – We’re taking this one step at a time. APC approached the Department with this effort. They have shown great success in other states. We obviously took them up on their nice offer, and right now our focus has been offering the program to our participants. Again, we’ve seen some stress with the change, and the capacity of our numbers. In terms of the longevity of the program, we haven’t really discussed how we’re going to move forward. We’re hoping the data speaks for itself, and this is something that the Department can look toward partnering with APC and possibly putting together some real efforts. I believe this is a good program for seniors. To have APC go in and quarterback all their medications, and really look at the efforts/reactions verses minimizing the number of prescriptions. That’s what we’re seeing national trends showing so we’re hoping that Illinois can look toward that success as well.

Diane Adams-Alsberry – Who is doing the surveys to get this data, and who are they surveying?

Deputy Director Reif – We’re partnering with our CCUs. When the CCUs visit a participant’s home, this is one of the services they’re talking with our seniors about. This is obviously an optional service for them, and it’s for our non-Medicaid participants. HFS has a Managed Care Program, and they’re serving our Medicaid participants. This is an outreach to our non-Medicaid participants.

Diane Adams-Alsberry – I’m referring to the survey, not the services. To obtain the data you need for the savings, who is collecting the data, and who are you surveying, or who are you giving questionnaires to? How are you getting this data?

APC is doing a lot of the data work, and they’re partnering with the Department’s Planning Division, as well as the CCUs so it’s definitely a collaborative effort. This information is coming through our CCUs, as they’re working through the program. It’s the CCUs, APC, as well as the Department collecting the data.

Phyllis Mitzen – When you’re talking about savings, would that imply that it’s Medicaid that is looking at for the savings?

Deputy Director Reif – With some of the more specific questions, I apologize that I’m not able to respond to you today. We can follow-up with you. Mike Berkes is in our Planning, Research and Development area of the Department, and he had another obligation today. I’m just reporting on the information today, but we can certainly get you more detailed information to reference how the data is collected.

Phyllis Mitzen – Let’s put that on the agenda for the July meeting. We’d really like to know a little more extensively how the data is collected, and what data they’re collecting. I’m looking at the data points that Diana is questioning. I know how hard it is to get that information out of the system so I’m just wondering who’s giving us the data. Also, how is that data requested and collected. I think it’s important in terms of the Department making decisions in the future on continuing the program.

Deputy Director Reif – I thought that Mike, or Laura had done an overall presentation, and even Matt had presented to the Council on this subject. APC is the pharmacy and will be the only program that touches the medication component; all direction will come from the clients’ physician. The pharmacist goes into the home and does an extensive assessment to help determine the best care plan. This isn’t necessarily the Department staff making these health care decisions. This is clearly from the pharmacists and physician initially.

Phyllis Mitzen – I think a more extensive report during the July meeting will be very helpful, because I think the last report on this subject was before the program started. By July, you’ll have 7 areas participating in the program, which should provide a more in-depth report on how the program is progressing. You’ll have more data, and I think that would be a good time to have a more in depth discussion.

PUBLIC COMMENTS

No Public Comment.

NEW BUSINESS

Legislation / Rules:

Director Jean Bohnhoff – The Department’s Legal Counsel, Rhonda Armstead is in attendance today to give us an update on legislation and rules.

Rhonda Armstead – What I’d like to focus on is the CCP and CRP rule making and where we are with that process. As you may be aware, we did file a rule making, and it was published on March 31, which opened a 45-day comments period where we received quite a few public comments. We also held 4 public hearings during that time. On May15th we had hearings in Springfield for CCP/CRP. On May18th we had hearings in Chicago for CCP/CRP. We are in the process of preparing our 2nd notice filing, which will address the comments that we’ve received. As well as potentially making any

changes to the proposed rules, and then that will be filed with the Joint Committee on Administrative Rules (JCAR). JCAR will have 45 days to review our filing. I imagine that we'll have additional exchanges of information between the Department and JCAR. At the conclusion, JCAR can accept the rules, reject the rules, or accept in part, the rules we have proposed. JCAR is a by-partisan Legislative Committee, and it will be a very thorough process.

Phyllis Mitzen – You spoke about a 2nd notice. When will the 2nd notice come out, and when the 2nd notice comes out, are you saying there's an additional 45 days after that?

Rhonda Armstead – We're working very diligently, and hope to get our filing by the end of June 2017. This will start the 45-day clock. JCAR does have the opportunity to request an extension so it could go beyond the 45-days, but hopefully we will have addressed their concerns in our 2nd notice when we file. We're looking at completion by mid-August, if all goes well. We can't send out any RFPs until the rule making is concluded, and CRP is adopted. We sent out letters of interest to try and gauge what AAAs would be interested in participating in CRP.

Rhonda Armstead – During the rule making process, there's what's called ex parte communications. If there are ex parte communications they must be recorded, and reported to me, as the Chief Ethics Officer. Once it's recorded, and reported to me, I send them on to the Ethics Commission. We're trying to be very mindful of any potential ex parte communications. Ex parte communications are an exchange of information between a third party, and the Department where that exchange is intended to influence the rules/make changes to the rules. I think there has been some confusion about what ex parte communications are, but we can send communications out to educate the public, and our providers. If third parties respond back, and are asking for changes in the rules, then that's something that the Department needs to document and report to the Ethics Commission.

Director Jean Bohnhoff – How do we sustain the programs for everyone, as we see our aging population exploding? This is of great concern to the Department. We anticipate 57% growth between now and 2030. That's only 13 years away. We use to quote those numbers in 2010 that we've got this explosion of baby boomers coming aboard, and now we see that window narrowing. We're trying to figure out how can we, as the state of Illinois continue to provide all we do. We've looked at other States, and we've shared our information with this aging committee as well. There are 40 other states that have programs where they provide, not only strictly services for their Medicaid clients, but they also provide some form of services to the non-Medicaid clients. At the end of the day, it's not about saying we can provide these services for you. It's all about, what do you need to be able to keep you in your home. I think the dialog is very different. Change is hard. When we've done things the same way for a long time, it's hard to adjust, and we do see that in aging as well.

Phyllis Mitzen – What I've heard from legislators is a concern that this is being done thru rules, as opposed to being done through the legislative process.

Director Jean Bohnhoff – I've read quite a bit about the JCAR process, as well as it going before the legislative process. Rhonda Armstead can delve further into the issue, but the JCAR process is bipartisan so it's input from both sides. Me personally, I don't understand the concern, because it's still bipartisan at both levels. It's bipartisan at the legislative process, and the JCAR process.

Phyllis Mitzen – The JCAR program, as it exists today is evolving, because we have the Managed Care Organizations involved. This program was really created by a legislation. I think therein lies some of the tensions, and I think a sense from stakeholders that the process hasn't included more collaboration with the stakeholders, as well as the legislators. That's what I've been hearing, and I'm very concerned about this issues.

Director Jean Bohnhoff – Deputy Director Reif, and the Department's previous Chief of Staff, and myself traveled the State. We met with every Area Agency on Aging where we exchanged conversations and ideas. We brought providers to Springfield, and held a large round-table forum for providers. They all identified the need to cap services in Illinois, because we can't sustain the growth we're seeing so what do we do? How do we address that? We brought our providers in, and I think we've done a good job of engaging. Again, I think a lot of this involves change, because change is difficult. There's always fear of the unknown, but I think the Department has done a great job in developing this program, and looking at every single individual. I know there's a myth out there that 43,000 will go into nursing homes if this program is adopted, but that's just not true.

Deputy Director Reif – Phyllis, some of the points that you've raised are very broad, and somewhat generalized. When you talk about hearing some feedback, we've heard similar feedback. I've reversed that question back to the providers, asking them to "help us help you." When we hear feedback stating there wasn't enough information out there, or the Department didn't share information, or the process wasn't transparent, I would respectfully disagree with those statements, because we did tour the State. We did bring in individuals for the rules process at length, and that was also monitored. At our Aging Subject Matter Hearing, I listed 8-9 suggestions that came directly from the Network on rules changes we've specifically implemented, because of their thoughtful suggestions. I respect the comments and feedback, but we don't know how to move forward, when we're discussing why the rules process should go through JCAR verses the legislative process. JCAR is a part of the legislative process. When we talk about transparency, and information related to CRP in general, not only did we tour all the AAAs, we had our IT staff in the field also. We hosted AAA meetings, CCU meetings, and a provider meetings. We opened our doors and our phones for a year and a half. We've also asked for other cost savings, or changes that could be put in place. We haven't really had anything fruitful to consider with the sustainability issue

that we're facing. I hear repeatedly, "how can the Council help." The Council can help by giving us suggestions, and advisement on how we can communicate this type of initiative effectively. Also, how do we help the Council discuss the issues as well? This is a situation where the Department has reached out for feedback, and we've implemented just about every change that has come forth. We're just trying to maintain the services for older adults. My fears since I've come to the Department since 2010 centered on Medicaid only, because we haven't had a budget for so long. That has been a discussion that I have been actively a part of since 2010, in both Administrations.

Bernarda Wong – After all the hearings, can you name a couple of key things the Department is going to do before this 2nd notice filing?

Rhonda Armstead – The Department has received quite a few comments from the caregivers' who are concerned about losing their jobs. We've received inquiries, regarding the 2nd notice filing, using the rule making process, as opposed to going through the full legislature. We have also received a lot of feedback about the potential impact on the Non-Medicaid seniors that are currently in CCP. When we do file our 2nd notice, we will publish it on the Department's webpage.

Phyllis Mitzen – There has been some concern about providers who are participating in CRP. There seem to be questions/concerns, regarding quality of work, and workforce issues. Clients aren't served well, unless there's a workforce behind the services who are being treated with decency. It's got to be a job where people can sustain themselves, to be able to give quality services to the people whom they're serving. There are some very strict requirements built into CCP that we're not seeing in CRP. Are the requirements of the providers coming into CRP the same standards that CCP requires?

Deputy Director Jennifer Reif – Just to bring clarity, the requirements of CCP, and CRP are the same. Please note that these other services are going to go through our AAAs. As they identify needs in the community for other flexible types of services, our AAA Directors will be working with specific staff to do that outreach. That's something that the Department would not be able to do, because they are geographically specific. We would hope they would have their list all ready to go, as to the concerns they're hearing from the communities, and these are some of the gaps that they can fill. They now have a funding source to be able to service these individuals. We've incorporated into the draft rules, background checks. The quality assurance is going to be driven by our Aging Network. The Department will be monitoring the process, but they are going to be the individuals securing the contracts.

Anna Oestreich – In terms of the proposed budget and the proposals under CRP, does the Department feel comfortable with what can be done for not just the Medicaid clients, but also for the non-Medicaid clients under CRP?

Deputy Director Reif – That's a tough question to answer, because I don't know what that budget is going to look like. We feel very comfortable with our proposed budget. Our budget office has projected the number of participants, as well as the service cost allocation to those individuals based on the DON score, and we would anticipate those care plans being very acceptable in meeting the needs of those clients. Not knowing what our budget would look like, I wouldn't be able to provide an answer. Regardless of the budget given to us, we would in turn communicate any concerns to the Governor's Office. We would also communicate other measures, where we could go back in for supplemental. It just depends on what is appropriated.

Anna Oestreich – Do you have an idea of what percentage of the projected CRP clients would be non-Medicaid?

Deputy Director Jennifer Reif – The percentage of our projected non-Medicaid is around 50%.

Anna Oestreich – Moving forward is that the Department's goal, to keep the percentage of non-Medicaid to around 50%?

Deputy Director Reif – The Department has developed a new initiative working with our sister agencies to qualify those individuals who might qualify for Medicaid. We are being very aggressive, and we are bouncing up our records to make sure that if someone is Medicaid eligible, we're getting them enrolled in Medicaid. It just depends on the population in Illinois. If clients qualify for Medicaid, we want to make sure they're not falling off Medicaid. We want to make sure they're enrolled in the program, if that's what we see is necessary for them. Those enrollment numbers are very fluid, and they change month-by-month. When someone is enrolled in the program, if they're Medicaid eligible, we're not going to see the back and forth. They will remain on the program for that year until they're re-determined. The re-determination will be on a yearly basis, unless there's a major life event that would cause hospitalization and disrupt the services.

Phyllis Mitzen – I would like to discuss an issue that has plagued the aging system for years. It's also something that was expressed when I went to hearings. It's regarding the issue of collaboration between the departments, in terms of determining people's eligibility for Medicaid. For many years, we've talked about having dedicated people in the Public Aid Office to determine need. We need to speed those things through, and I think also that there are levels of variability. There are levels in which certain people are on Medicaid, and then they're not on Medicaid. Isn't that one of the issues? Sometimes people are eligible for Medicaid, and then their finances change, and they're no longer eligible. It begs a very close collaboration between the CCUs, and the people who determine their Medicaid eligibility. Is there anything being done to fix the problems that I know has been going on for a long time?

Lora McCurdy – We’ve been working with HFS for the past year, to make sure CCUs received adequate training on the new HFS systems that they’ve put in place. Systems like the Integrated Eligibility System - we wanted to make sure the CCUs had up-to-date training on how to access those systems. HFS last fall, agreed to start sending us the names of current Medicaid recipients that had an upcoming Medicaid re-determination due, within the next 60 days. It’s my understanding that back-in-the-day, our participants would get a letter in the mail saying “your re-determination is due in 60 days, and you need to fill out this paperwork.” I believe they also sent letters to the CCUs as well. That all stopped with the Smart Act. HFS is sending the Department a list of names every month, and we are posting those names in our ECCPIS systems so our CCUs can get in there and look at their clients that have an upcoming/pending re-determination. The CCU can assist the client with filling out that paperwork, and mailing it back in so they stay on Medicaid, and they’re not falling off Medicaid. That’s kind of a big breakthrough that HFS agreed to do that. We’ve also had a request from our providers to assist with that as well. We’re trying to enter those names in our Participant Search Screen, to allow providers that are in the home more frequently than our CCUs, to give them the list of names so they can also help our clients fill out the paperwork and stay on Medicaid. When we researched other states, when looking at CRP, there are several states that are very aggressive in requiring clients to apply for Medicaid. If the client refused to apply, then they did not have access to their non-Medicaid program. It was not an optional type of deal, where people could say “I just don’t want to go on Medicaid.” I’m sure the feds required this information to get a federal match on people that really do qualify for Medicaid. We held 2 webinars last summer for all CCUs, and we’re talking about having another webinar, because HFS has made even more changes to their on-line eligibility system.

Anna Oestrich – What about allowing access to your in-home providers, or some of your SHIP comrades, because we did a lot of those for individuals who had been dropped. Even last fall, I know we had people who we had to assist with enrollment into Medicaid. If those in-home providers could have access to that information, it would be helpful as well.

Margaret Huyck – I had a question about providing these services. It’s said that they will go through the Area Agencies on Aging. Is that the process? Did I hear that correctly?

Deputy Director Jennifer Reif – Yes, we are asking our Area Agencies on Aging to identify the gaps of service, and those flexible services in the community, and partner with the CCU providers to identify those needs, and they would be the individuals to secure those contracts. This is something that they do now, so it’s not a new process for the CCU providers.

Margaret Huyck – Do the AAAs regulate these services, supervise them, evaluate them, or have any control over them?

Deputy Director Jennifer Reif – It's all via contract. This is a contract that goes to our Fiscal Office, and those rules are required in the contract; background checks; quality measures; what the Department expects. The Department, alongside the AAAs, will be monitoring the quality assurance, and making sure that those quality services are in place.

Margaret Huyck – Are you saying that the AAAs will get contracts per the type of services? So, AAAs can have many contracts. Is that correct, and do the AAAs get to choose which contracts? Is it the Department who's hiring these individuals, or is it the AAAs?

Deputy Director Jennifer Reif – Correct, AAAs can have many contracts. The AAAs will be hiring these individuals.

Balance Incentive Program (BIP) -/ UAT and Initial Screen:

Lora McCurdy – The State is moving with trying to implement the UAT. It is now being called the Long-Term Care Assessment (LTCA). It has a new acronym. We've been working with HFS, DHS, and the software vendor, Momentum, to try and get the tool rolled out this summer. The plan is still to hopefully roll it out in waves, not a statewide implementation all in the same day. It's going to be a phased-in approach. We plan to start in Southern Illinois with our 3 CCUs in that area. We ran into some barriers with the software program. We hadn't worked out with Momentum the capacity with the Care Coordinators to work off line. We're working on the issue with our IT Department, and we hope to have resolutions soon. HFS is contracted with the University of Michigan. They own the license to the interRAI assessment tool. We've asked them to do a comparative type of analysis of the DON, and the new assessment tool, LTCA. We don't have the results yet, but we're hoping to get the results in the next few months. We're not sure how those 2 assessments are going to match up. The DON is an eligibility tool, it determines if an individual is eligible for our waiver. The new assessment tool is really to be used to build the plan of care. There's still a lot of discussion going on, and how this is going to roll out, and how it's going to impact our clients.

Anna Oestreich – If the new assessment tool is more of a plan of care, then what has been the discussion on making the determination of eligibility?

Lora McCurdy – What we're trying to map out here at the Department, is really what is going to happen, if the DON doesn't match up to the new tool. We're trying to figure out how a Care Coordinator would be able to do all those activities, and the plan of care, and not spend hours upon hours with our clients. We're waiting on that analysis to come back from the University of Michigan, but there are a lot of questions, and your question is a very valid one. IDoA already had a comprehensive assessment. Some of our sister agencies did not, like DORS. They had the DON, so for them this new tool

may be very beneficial to help them develop their plan of care. Hopefully in the next few months, we'll have some answers but there are a lot of unknowns right now, and some concerns as to how this is really going to roll out.

Phyllis Mitzen – In the hearings I heard a lot of concern, about the whole issues of the assessment, and the IT capacity to be able to manage a whole new program. That was a theme that kind of ran through a lot of the testimony I heard in the hearings. How soon will the new system be up and running?

Deputy Director Reif – This will be a system for the Department, and it will roll out in phases, but to be able to address a new initiative, for example like CRP, it would have to have the same component. CRP/CCP will roll out on the same IT system. Director Bohnhoff, I, and key staff hold meetings with our IT Department once a week. We don't have an exact date yet, but we're close. We need our IT Department to be really educated about the programs. That's why we had our IT Division Manager, David Webring, sit down with the billing departments to hear what is painful for them, and how the care plan could be more user friendly. They spent well over a year sitting with every AAA, some CCUs and some providers. David has done a good job of representing our department at some of these statewide meeting, and understanding the holistic portion. He's not just sitting in his office, building some magic system that's going to address all. David must understand the concerns in the community to build a system that will handle the needs of the Network.

Phyllis Mitzen – When do you anticipate this new initiative to go live?

Deputy Director Jennifer Reif – We must have a budget, rules, and the initiative in place.

We know that this is going to be a system that not only addresses CRP, it's going to also address CCP, and we want it to be holistic. We want the Older Americans Act in there. We want all aging programming in one system. We're hoping it will roll out in a fashion that will meet the basic needs of case management, and billing. It's going to have the main structure in place, and then enhancements will come along the way. When all the components come together, an IT system will be in place. The Director and I had a very long meeting with our information and technology Statewide DoIT yesterday, along with David. They are all on board, and it's all hands-on deck. It's not going to be a complete system as it rolls out, but it must have those basic functions in place, in efforts to be productive. We've seen some of the screens as it's rolling out, and they're developing it so the main components will be in place. We can't put out a system that's not ready to at least address the billing/case management contractual piece. When that becomes clearer, I think it would be advantageous for David to do a presentation to the Council.

Phyllis Mitzen – Will the IT presentation be in July, or should we wait until the 1st of the year?

Deputy Director Jennifer Reif – I would say later in the year around December.

Performance of Care Coordination Units (CCUs):

Lora McCurdy – The Department has stepped up its use of data to track the performance of our CCUs. We go on-site and do monitoring visits of all our CCUs, but we've also been looking at data that we receive through our billing system, and tracking compliance with the Federal/State requirements that every participant be re-evaluated on an annual basis. Federal CMS has certain performance benchmarks in our Medicaid waiver, and one of those is around re-determination. They also have a threshold for compliance that's 85%. We've been sharing that data on re-determinations, and Participant Outcome Status Measures (POSM) completions, which is the quality of life survey that we've talked about at OASAC. It's a quality of life type of survey that our CCUs go over with our clients at the initial assessment and then at re-determination. It's a federal requirement that we continue to track. It's runs across several different domains, and we can discuss the different domains if the Council is interested. We've been trying to use data to track performance, and I think it's really helping us at the Department. We share that data with Jose, and his monitoring staff who go out and do the site visits. We compare what they find on their monitoring visits with the data that we're tracking in the Planning Division, and sure enough there's consistency most times in those findings. We've been following up with some of our CCUs, and asking for some corrective action plans where we see non-compliance, or insufficient progress made. Federal CMS is excepting States to step-up their monitoring.

Phyllis Mitzen – Are there trends that you see in terms of the data. Are there particular issues that you find coming up, or are there regional differences?

Lora McCurdy – There are some regional differences, as far as compliance, and we are seeing some trends. We're trying to look at the data we get, and we look through our billing system to compare that to the monitoring site visits. We also compare it to the HFS Program, KEPRO. KEPRO is another outside monitoring group that is responsible on the behalf of HFS, to go out and monitor the aging waiver providers. When we compare all three of those, and we see the same problem areas, I think that give us more confidence. We've been going on-site for extra monitoring at a few of these CCUs to validate all the different reports. Most of our CCUs are compliant. We're not at 85%, but most CCUs are following the monitoring policies.

Bernarda Wong – On the site visits, how do you communicate with the non-English speaking clients? Do you get an interpreter, or do you get someone who also advises you on some of the culture pieces that you might not be able to pick-up?

Lora McCurdy – Jose Jimenez is not here today, but we will follow-up to inform the Council how the non-English are handled in this situation. We can get back to you with additional information for the next meeting.

Director Jean Bohnhoff – The State of Illinois has a Master Contract for interpretation services, and that is something that's used by the CCUs. The interpreters do attend the site visits, KEPRO also monitors. KEPRO came into my agency and did an evaluation. They monitor, and pull charts, and look at certain elements within those charts for individuals who are non-English speaking. They go into the home and talk with the client, and discuss their homemaker, and the services they're receiving.

Talat Kahn – Sometimes the family brings in their own volunteer interpreter.

Lora McCurdy – The Department sends out a client satisfaction survey on an annual basis, and we've worked with CLESE in the past to translate that survey into several different languages, and to assist us with the evaluation of that feedback. We have tried over the last few years to make sure we're communicating with, and properly serving the non-English speaking clients.

Colbert Consultants Recommendations:

Director Jean Bohnhoff – Dennis Jones, Colbert Court Monitor hired a consulting firm from out East to come in to look at Colbert, and evaluate the program. When the evaluations came back, the implication was that the population they're currently serving under Colbert truly doesn't fit within the Department's mission. The populations are changing so the average age of the individuals is 53 or 54 years old. The recommendation has been made that Colbert transitions to DHS. A transition team has been identified. Individuals from the Department, and DHS, as well as staff from the Governor's Office, have been involved in transitioning Colbert to DHS. The transition is moving along well. Lora and her staff have been involved in the transition as well, and will now give the Council an update.

Lora McCurdy – Four, or 5 years ago, the State settled the Colbert Consent Decree. The original Consent Decree covers people in Cook County who are residing in Cook County nursing facilities under the Illinois Department on Aging. The individuals must be between 18-59, and over 60 with a physical disability, and serious mental illness. It does not cover people with a developmental disability, but it basically ties into the Olmstead line of thinking that people should have an opportunity to live in the least restrictive environment in the community. The State needs to give all those individuals in Cook County nursing facilities the opportunity to transition out of the nursing facility, and back into the community. HFS was originally the lead agency on Colbert, and then the program transitioned to the Department a few years ago. The Plaintiffs and everyone agreed that the majority of the Colbert Class members are people in their 50's who have a serious mental illness, and chronic health conditions. This is what we saw under MFP as well, and we shared those findings a number of years ago. What they're thinking is that there are a lot of efficiencies that overlap with the Williams Consent Decree. Williams covers people in IMDs that have a serious mental illness. Whether they have 2 contracts with the same vendor, it makes more sense to have one contract, if Colbert

moves over to DHS. I think they were looking at how we can be more efficient, and have one contract, for example to address training. If we're training on the same population, it makes sense to just have one contract rather than 2 separate contracts. I think they're going to still contract with the Managed Care Organizations with Aetna, and IlliniCare. The transition is scheduled to take place in October. HFS is working on an informational notice that's going to soon go out to the nursing facilities. The notice will address MFP, as well as Colbert. Whenever we receive the final copy, we can send that to Elizabeth to share with the Council. We've been providing feedback to HFS on the notice.

Director Jean Bohnhoff – When the program came to Aging, there were benchmarks given to Aging on transition individuals. The Court Monitor did note that Aging had successfully exceeded those benchmarks. Colbert will be transitioning to DHS with about 8 employees.

Phyllis Mitzen – The Colbert Consent Decree came at an interesting time too because it was when the nursing home began to focus more on rehab. Older adults tend to go into nursing homes for brief periods of time, and then come out rather quickly. It's amazing that Aging was able to reach those benchmarks. Do we still have benchmarks, and will the Department be working in collaboration?

Director Jean Bohnhoff – Through the Ombudsman program, and the Care Coordinator Program we'll continue to monitor clients. We have Care Coordinators who'll know when pre-screens are done, and when individuals are going into nursing homes. There are follow-ups to make sure those individuals are seen, and afforded the opportunity to live independently in the community if they meet criteria.

Home Delivered Meals:

Director Jean Bohnhoff – In the Department's introduced budget, there was an increase for home delivered meals. This list would eliminate anyone from being on a waiting list. Early on we were hearing that the providers were experiencing some struggles, but things have smoothed out. With the home delivered meals, all areas of the State are still providing meal service. Some of the facilities that provide home delivered meals were closing temporarily for a couple days a week, but all have re-opened with normal hours. Anna will be able to give more of an update at our next meeting.

ANNOUNCEMENTS

Director Jean Bohnhoff – I had announced earlier that my CFO retired, and I lost my Chief of Staff, Matthew Ryan. He left the Department in March, and I have a new Chief of Staff starting the first week in July, and her name is Lauren Shiliga. Veronica Vera, our Communications Director is leaving at the end of this week, and we'll be getting a new individual to fill that position. Janet Dobrinsky, Administrative Assistant in the Executive Office has announced her retirement effective June 30, 2017. We have a

new Internal Auditor, Nick Bernard. I'm very excited to have Nick as a part of our team, as well. I believe Rhonda Armstead was already with us at our last Council meeting. Rhonda is our new General Counsel. I'm really excited about the new staff. They bring in new ideas and talents.

Deputy Director Jennifer Reif – Each transitioning individual that Director spoke about, has their own individual story. Matthew Ryan was asked by the Governor's Office, to go to the Department of Insurance. Veronica Vera is looking to change her career, and we've got some retirements occurring. We've had a lot of transitions, but as you know, change happens. We are going to miss our key staff, and we do wish them well in their new endeavors. We've been very fortunate to work with our colleagues who have since left.

Interview with the AAAs:

Jane Angelis interviewed John Smith from the Egyptian AAA in Southern Illinois and asked the following questions:

1. What are the top three challenges for older people in southern Illinois (other than fiscal)?
2. What are the greatest barriers in fulfilling your mission?
3. Could you tell me about the history of aging services in southern Illinois?
4. How could the Illinois Council on Aging help EAAA?

Brief Summary:

In rural areas, some of the greatest challenges are transportation, getting information about services to those who need them but aren't aware and keeping elders independent and living in the community. One of the most interesting responses was that networking with others is so important. Often AAA staff can't afford to attend the big national Aging conferences, so it would be beneficial to bring back the Governor's Conference on Aging.

An ongoing need is getting information to elders and to begin preparing younger generations for their retirement. In many rural areas, there are no services. For example, in Cairo the Social Security office is open only one day a week.

Another challenge is a way to stretch income. There may be a way that the AAA can help by covering some expenses.

Another critical challenge is to educate legislators and the public about aging.

Diane Adams-Alsberry – I'm on the Advisory Council of AgeOptions, and we're almost 30 strong. We're a part of the Executive Board responsible for policies and the State Budget. We come from the North, South, and Western Suburbs of Cook County. Our main job is to be out there in the community with all our different perspectives, to

bring back to AgeOptions, the services and be the eyes and ears of what the community basically needs. The Advisory Council meets every other month, and we will sometimes get presentations on some of the services that are changing within AgeOptions. Most times they will need our input to approve their service needs. We participate in their fundraisers, and we realized a long time ago that we couldn't continue to rely on State and Federal funds so we began to fund raise. I believe this is our 6th or 7th year fundraising. Last year we managed to raise over \$125,000. We moved from the Blue Cross/Blue Shield building to the Hyatt. The meetings are very well attended, and everything is high tech. The many volunteers keep the Council active in the community.

Phyllis Mitzen – I think what Jane Angelis did with the Egyptian AAA; we should assign to ourselves as well. Jane went in and interviewed the AAA. We might want to think about doing something like this in the future. Maybe we could send these questions out to our members, and see who would like to volunteer to go out and interview other AAAs along these lines. It's a good starting framework for interviewing our AAAs, including our Chicago AAAs. Maybe a couple of our members could go out to conduct interviews.

ASA Conference:

Phyllis Mitzen – I'm going to ignore the ASA Conference. It was a long while ago. Was anybody else at the ASA Conference? Does anybody have anything to say about ASA?

Phyllis Mitzen – I think what's important in the Chicago area, is that ASA has a strong presence here in Chicago over at Rush. Every other month they do have meetings, and if you're in Chicago, I encourage you to attend. You should get on the email distribution list for the ASA meeting. If you want to get on the email list for these meetings, we can make sure you get on the list. They're 2 hour meetings on a Friday, and they're well attended.

Orientation Manual:

Diane Adams-Alsberry – Anthony, do you have the orientation manual handy to present to the Council? If not, maybe we can present the manual at the next Council Meeting.

Phyllis Mitzen – Let's put the orientation manual on the agenda for the next meeting. Anthony can send out the draft orientation manual prior to the next meeting. Does everybody intend to attend the July 26th meeting?

Elizabeth Delheimer – The agenda from the April meeting was twice as long as it is now, so we split the agenda. Phyllis and I decided that we would be using the July meeting to discuss the by-laws, membership, anything that related to the infrastructure of the Council, instead of worrying about programs. I've finally gotten the last bit of information from one of the Council Members for that grid we've been

working on for membership. During the next meeting, we will work on just the Council itself.

Phyllis Mitzen – I think our discussion about the legislators’ involvement fits into that agenda also.

Motion to Adjourn:

s/Steve Wolf

Steve Wolf, Secretary
Illinois Council on Aging