MINUTES
ILLINOIS COUNCIL ON AGING MEETING

TELECONFERENCE

ONE NATURAL RESOURCES WAY – LAKE LEVEL A CONFERENCE ROOM
SPRINGFIELD, ILLINOIS

WEDNESDAY, DECEMBER 7, 2016
10:30AM – 2:00PM

MEMBERS PRESENT:
Diane Adams-Alsberry, Jane Angelis, Charles Crowder, Anthany Frazier, Ram Gajjela, Paulette Hamlin, Talat Khan, Betty Martz, Mubarak Mirjat, Phyllis Mitzen, Lee Moriarty, Eugene Verdu, Steve Wolf

MEMBERS PRESENT VIA TELECONFERENCE:
Anna Oestreich

MEMBERS ABSENT:
Rev. Melvin Grimes, Senator Mattie Hunter, Margaret Huyck, Representative Dwight Kay, Senator Sam McCann, Senator Julie Morrison, Robert O'Connor, Dana Rosenzweig, Bernarda Wong

VISITORS:
None

DEPARTMENT ON AGING STAFF PRESENT:
Jean Bohnhoff, Director
Jennifer Reif, Deputy Director
Matt Ryan, Chief of Staff
Elizabeth Delheimer, Manager – Div. of Community Relations & Outreach, Council Liaison
Cindy Bushur-Hallam, General Counsel
Jose Jimenez, Manager – Div. of Home and Community Services
Jessica Blood, Administrative Assistant
Brent Ellis, Legislative Liaison
Jim Ofcarcik – Manager, Div. of Finance & Administration
Anna O'Connell – Div. of Finance & Administration

SUMMARY

Opening:
The meeting was called to order by First Vice Chair, Phyllis Mitzen at 10:35am.

Phyllis Mitzen – I really would like to recognize the departure of John Hosteny from the Council due to a conflict of interest. John has made enormous contributions and will be missed. John was introduced to the Council by Jean Bohnhoff. The Council would like to thank Jean for bringing John on board. His ability to negotiate how this Council operates, and to move us into new directions in terms of the roles of the Council was extraordinary. Even the appearance of a conflict of interest was enough for Washington, D.C. to say that John shouldn't be on the board of this Council. I feel this is something that the Council will be exploring more, as we move into discussions surrounding the bylaws. I would like the notes to reflect the contributions that John made to the Illinois Council on Aging.

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

Approval of Minutes:
First Vice Chair Mitzen entertained a motion to approve the minutes of the October 25th meeting of the Council. Talat Khan moved to approve the minutes of the October 25th meeting as presented. Gene Verdu seconded the motion; all members voted aye and the minutes were approved as presented.

Contact Information:
Elizabeth Delheimer requested that members submit their updated contact information by lunch break today.

OLD BUSINESS

Community Reinvestment Program:
Deputy Director Reif presented the Council members with a printout of a program webinar, which is a summary of information on the Community Reinvestment Program (CRP).

Deputy Director Reif – This information is a collaborative webinar presentation that was utilized with the AAAs, CCUs, and Providers. The Department is still receiving some feedback, and working through the rules. The Council will be discussing strong policy issues that we want to ensure the Governor's Office is aware of, and approves. We want to make sure the safety, caring, and well-being of the seniors come first.

Phyllis Mitzen – Deputy Director Reif, what are the policy issues?

Policy issues:
- Asset eligibility issues
- Asset income
- Citizenship
- Adequate staffing to monitor program

- Program launch in collaboration with IT to capture data
- Providing policy information to the Council, and the General Assembly
- Services that are being utilized, and at what degree
- Re-determinations
- Looking thoroughly at care plans
- Person-centered
- Contractual procurement.

Deputy Director Reif – There are a lot of steps that need to be in place, and approved by the Administration. It's a huge lift when you're transferring 43,000 people into a different, but very similar program that has already established a relationship with a lot of the providers, and CCUs. Our seniors will be served by the same people, and the same Network. The structure is already in place. I want to reiterate the point that the services and Networks will remain the same. There will be no changes in the services to our seniors. I'd like to bring your attention to the safety nets for the higher DON scoring clients. We need to make sure all of those services are in place.

Phyllis Mitzen – Jose, can you please send Council members a copy of the DON, and perhaps how the DON is scored, because access to services is through the DON. We need to be able to understand how the scoring is done. Perhaps we should have it on the agenda at the next meeting. Send us enough information so people can understand what the DON is, and how that determination is made.

Jose Jimenez – DHS uses the DON for eligibility purpose only, IDoA uses it to develop a plan of care. I will get the information sent out, and we can discuss during the next Council meeting.

Phyllis Mitzen – Does the Department have the numbers for the DON scores?

Deputy Director Reif – Yes the Department does have the DON scores, and we're looking at those DON scores, per client.

Phyllis Mitzen – The B group is quite large, and that's mid-range well into the 50's and 60's, which is a high level of need, and unavailability of services. Deputy Director Reif agreed.

Deputy Director Reif – During the implementation process, we want to make sure the Care Coordinator goes out and takes the time to look at each client, and their geographic area. We also asked that they look at what services are available. If everything needs to remain the same due to the lack of services, then we'll leave the services in place. The Department is not saying that all services will change, but we need the Care Coordinators to be the experts. They're the ones who are working with those seniors. They're the ones that know what's available in their community, and they have good insight as to what is the best care for their clients. The implementation process is not going to be a light switch. It's going to take time, and we're going to have to be very person oriented, and really rely on the Care Coordinators to understand the process.

Mubarak Mirjat – There needs to be more coordination between the management and clinical sides; he added that the financial component also needs to be present. I'm getting feedback that providers aren't getting paid so we need to include something to have access ability, to find out if a provider was paid. If providers aren't paid they're not going to provide quality care.

Deputy Director Reif – In order for this program to be successful, the financial resources need to be in place. This is a very difficult time to launch a new initiative under the current fiscal climate. Certain steps are going to have to launch before this program can be implemented. We're meeting with our Network about capacity, about payment, and we're really trying to have a pulse on how that impact is going to affect not only this program, but obviously, the seniors from day-to-day, and the services that are in place. We really have numerous issues that we're trying to balance. It's not that we're trying to force this program into an environment that's not ready. We understand that it's not ready at this date, but because it's such a large lift with thousands of individuals, we have to build it as we go. The IT system is being built, and not only for this program, but for the Department so all senior programs will be reflected in this IT system. The financial component needs to be there, as well as the capacity for the Network and our providers.

Talat Khan – Who determines eligibility for CRP? Per Deputy Director Reif, it would be the Care Coordination units.

Anna Oestreich – The same care coordinators and networks are going to be in place, what contractual issues would be in question?

Deputy Director Reif – The contractual issues that we are trying to put in place starts with core services statewide. These are core services that are currently in our waiver today.

Core Services:

- Emergency home response
- Nutrition service
- House hold support service
- Personal care
- Alternative support service

Deputy Director Reif – We're going to have the In-home, Emergency Home Response, and the Adult Day Care as a part of this program. What we would like for the Network to do, is look outside of the core services, and what is offered in the local communities. It could be laundry service, wellness program, pet therapy program, or other alternatives that will provide quality care and comfort to seniors. We've been in our waiver for quite some time, working with the same core services. This will allow us to capture the data with additional services. We can then bring the information back to the Federal Government, and expand our waiver.

Deputy Director Reif – In reference to the contractual issues, we want it to be on-line, and we want the Care Coordinators to really look outside the box, and into their communities to provide diversified option for the seniors. When this program launches, we expect it to look one way in year one, and hopefully in year two, and three it just grows in terms of options for

our seniors to receive services. That's what I mean by contractual. Obviously, we're working with our Legal Department, and our Fiscal Department to not only have it be user friendly, but a very instructional process so there's not a delay of services that can be available to seniors.

Phyllis Mitzen – The Care Coordination Units have been trained to do a certain kind of assessment. It's an assessment to three services. What kind of training are they getting now to take this broader view? I know some CCUs are probably well prepared to do that, but others are much more functional.

Deputy Director Reif – The AAAs were selected to assist in this process, because it's a lot of what they already do. They will assist the care coordinator with not only the services that they're identifying the clients may need, but that they're already utilizing in the Network today. There will be a very large training component to this. This is a gradual process so there's been ongoing education, and discussions with the CCUs, and with the AAAs. We want them to tell us what's in their working community, and what they see as a possible service. That's why we're baby stepping this thought process of "identify what's in the community," and we'll talk about it, and look into how viable the services are. This is very geographically specific. That's why Director Bohnhoff, Chief of Staff Ryan, and I have visited each of the AAAs. We've spoken to them about this vision, and we've asked them to think about it, and to provide their concerns and recommendation. We really want them to be a part of the solution, and help us to create this program. We're not trying to dictate these rules. We're trying to have them be exactly what they are per area, and what the needs are. Obviously, Chicago is going to look much different than Southern Illinois, and we want it to be successful so we're just going to have to have different issues. The Department will have State staff, who will be specifically working with each geographical area. A lot like how the AAAs operate today. They have specific staff assigned to the different geographical areas. They know those AAA Directors. They know those CCUs, and can in turn have very productive conversations about what the service needs are, and how we move forward and look at these services that could help senior in the future. There is a lot of anxiety about this program, but it's just the beginning of where Illinois needs to be. We're just building the framework and the sustainability of care for seniors. Again, in year one, the program will look much different than year 5, because we're going to have the data, and we're going to be looking to our experts that have been doing this for 30 plus years. There will be some hiccups, but what we're trying to do is be as thoughtful as we can, and communicate with regional staff, and have them give us the input that we believe is necessary to be successful when we do launch.

Deputy Director Reif – This launch is going to be in phases so we have determined that an easy transfer example would be the Emergency Home Response. Those individuals won't notice any difference in service. Their funding will come from a different line item, and recognized in the Department differently. We're going to have those individuals move through the transfer first. The individuals that have the higher DON scores, with numbers that you'll see around 93, those will be moved last. It will give us more time for the program to develop, and time for more training, more discussion, more review of the case plan, and more time to be thoughtful about those individual clients who need those very specific services. Again, if it doesn't make sense to change their care plan, then we're going to do our best due diligence to keep it the way it is. From what we're hearing, we might be facing this situation more down state due to the

lack of resources. We have to be prepared budgetary wise to keep those individuals in our community, and in turn communicate that to the administration.

Mubarak – What is the difference between the programs?

Deputy Director Reif – The reason the Department has introduced this program, is due to sustainability. We looked at national numbers, and we were projecting a 57% growth in our seniors. We're at a billion-dollar budget, and we're not going to be able to sustain that budget. Every year there's a fear of Medicaid only, and that's the last thing that any of us want, is to drop 43,000 seniors off of our care plans because we don't have the financial capacity to sustain them. What the Department did, was look at other demonstration projects. We looked at a Flexible Senior Spending program that was done some time ago. The program was brought to management at the time by our fiscal staff, and program staff to re-evaluate the program again, and to consider it for a sustainability policy decision to give to the administration, and that's what we did. Unfortunately, it wasn't at the best time in the fiscal climate, but it's really about sustaining our population, and giving them some services. These are our non-Medicaid individuals. All of our Medicaid individuals will be served under the waiver, and under the 3 core services. At the same time, we want to use that data from our non-Medicaid launch, to better solidify more services for our waiver population. So really the difference between the two programs is Medicaid, verses non-Medicaid. The IT system is going to give us the data that we really need, and bring the information in-house.

Phyllis Mitzen – Deputy Director, at what step is the IT Department in completing the IT system?

Deputy Director Reif – The Department's CIO, David Weibring has taken 100% ownership of the new IT program, and he's really making it not only sustainable for this program, but for the Department as a whole. Regardless of this initiative, the Department needed a complete IT overhaul. We have constant issues with our system today. The system goes down a lot, and we've been putting Band-Aids on it for years. David has been with the Department for several years. He has done an excellent job of meeting with the Network to find out needs and understand their issues with the system. David has been meeting with CCUs and AAAs, and visiting with providers to try and get an understanding of what is going to not only be will be user friendly for them, as a Network, as a service provider, but then tie it into what the Department needs in terms of the data, quality, and the federal requirements. When the IT program launches, it's going to be in phases. David is trying to not only launch this program at a deadline that keeps moving, but to really have something in place by possibly this summer. He has been working on this project for approximately 9 months. He has a lot of talented staff, and they have been meeting twice a week. This is a large time commitment and a priority for this Department and the administration.

Phyllis Mitzen – Where is the funding coming from for the new IT program? It was mentioned that the Department received a Federal grant for this program.

Deputy Director Reif – The individuals working on the IT program are Department staff. David Weibring is working not only on his day-to-day duties to keep the Department afloat, but working above and beyond his regular daily duties to get this new IT program up and running by this summer. The funding is absorbed in-house, because it's State employees' who are already staff at IDoA.

Per Jose Jimenez – In response to Phyllis Mitzen's question on Federal funding, the grant we received for IT is for the Adult Protective Services program (APS). The Department is in the process of working on how the APS program syncs with our current system. The Federal grant received by the Department was issued for the APS/IT component to be in-line with what David Weibring is building.

Jose Jimenez added that the current system was not designed for what it is now used for so this is a much-needed update. We're building a new system so we'll be able to truly identify what every single older adult in Illinois has received in services. Under our current system, we have to contact the AAA and inquire through the services for Older Americans Act. Under the new IT system, we'll be able to bring this all together on the Internet highway, and it's all going to come into IDoA. We'll be able to track all services through this venue.

Steve Wolf – We need the whole staff for this undertaking. Protecting the data is a monumental task.

Jose Jimenez – The IT system at the Department will cover the waiver program. He added that this update is the only way to have a complete 360 view of seniors' care; IT needs to be built in a way that will keep personal information secure. We're building a secure system with passwords that require you to change your password every so often. All of the personal information will be there, but it will be in the background, and unavailable unless the user has authorizations/passwords. If an individual in our waiver had prior incidents with APS, and is being hired by another waiver participant, we need to know this information. We need to make sure that individual doesn't get to serve in the Network.

Phyllis Mitzen – The Council would like to invite David Weibring to speak at a subsequent meeting. Hopefully we can get him to speak with us before the summer of 2017.

NEW BUSINESS

Conflict of Interest:

Cindy Bushur-Hallam – I am the General Counsel, and Chief Ethics Officer for IDoA. I would like to discussion conflicts of interest and the Council's recent resignation. There are several Powers and Duties relating to by-laws, which I would like to walk the Council through. We will revisit the issues at a later Council meeting. This information will also be sent out electronically to all Council Members. Some Council members are currently looking at these issues in one of the subcommittees.

Cindy Bushur-Hallam – Upon review of the 6 statutory duties and power, John Hosteny's company discovered there was a conflict of interest, and he subsequently resigned.

Gene Verdu – The Council on Aging is an advisory Council, and I don't believe the conflict of interest applies, as the Council is not a policy maker. Gene suggested the Council look into this issue to determine exactly what applies. Per Cindy Bushur-Hallam, this is a very valid point. This is why my office is going to point out issues, statutory previsions, and ethics training with the Council, and come back at a later Council meeting to have further discussion on some of these issues.

The Council shall have the following powers and duties:

- Review and comment upon the reports of the Department to the Governor, and the General Assembly.
- Prepare and submit to the Governor, General Assembly, and the Director, an annual report evaluating the level of quality of all programs, services, and facilities provided to the Aging by State agencies.
- Review and comment on the comprehensive State plan prepared by the Department.
- Review and comment upon disbursements by the Department of public funds, private agencies.
- Recommend candidates to the Governor for appointment as Director of the Department.
- Consult with the Director, regarding the operations of the Department.

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report with the Speaker, the Minority Leader and the Clerk of the House of Representatives and the President, the Minority Leader and the Secretary of the Senate and the Legislative Research Unit, as required by Section 3.1 of "An Act to revise the law in relation to the General Assembly," approved February 25, 1874, as amended, and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act. (Source: P.A. 84-1438.)

2016 Ethics training by the OEIG:

- There were several sections pertaining to ethics for the boards and councils. Cindy's office will point these out when her office emails the information to Council members.
- The OEIG training guidance doesn't really distinguish between recommenders verses mandatory so that's something the Council needs to further discuss with the OEIG
- There's a membership grid that was sent out for the Council members to complete. Cindy mentioned to Elizabeth Delheimer that we may need to tweak the grid, in light of recent activity.

Best practices:

- Expectation that the board members would disclose, or raise any conflict, or appearance of a conflict, to the Chairman of the Board, as well as the Chief Ethics Officers, which would be Cindy Bushur-Hallam. This is the recommendation of the OEIG.
- Disclosure by appointed Board Members/Council Members of any contracts or agreements that they have with the state. Cindy's office is going to tweak the membership grid so we'll have the information readily available.

Ways to address conflicts:

- Council will try to resolve conflicts internally to final resolution.
- Limited recusal from the subject matter at hand.
- Resigning from the Council

Per Cindy Bushur-Hallam – Instead of the wholesale recusal, IDoA, OEIG, and the Governor's Office, are looking more toward a limited recusal when necessary, if there's a conflict the Council can't solve. The membership grid will be adjusted to add disclosure of any existing contracts. The OEIG has opinions out there with regard to other Councils, and appointments. My office will work to have some of those opinions available for the next Council meeting. I would like to have a follow-up conversation at the next Council meeting. The Council will go over some of the documents Cindy's office will provide, which includes the OEIG training, statutory authorities, bylaws, and some other issue in regards to statutory authorities. If there are any questions, Council members are welcome to reach out to Cindy by email, or phone. Council members can also reach out to Elizabeth Delheimer.

Phyllis Mitzen – This information is helpful in getting the Council on the right track. What we're trying to do is figure out how we can make this Council more effective, and what we want to be able to do, first of all, is set the standard for that, but also not make them so restrictive that we don't have the right people on this Council operating to the best interest of the Department. We don't want to make it so restrictive that none of us can serve on this Council. The Council will look to the General Counsel and the OEIG for guidance.

Budget Update:

Phyllis Mitzen – Mubarak started with his first question, where are we with the budget? We all heard, or listened to the news so we know they had a meeting yesterday. I don't know what's going to come out of that meeting, but the Council needs to know the impact of the Stop-gap Budget.

Director Bohnhoff – I am in constant communications with the Governor's Office weekly, if not more through Chief of Staff Ryan, and Deputy Director Reif, as well as our Fiscal office. Jim Ofcarcik is our new CFO, whom started with the Department on Friday. In the interim, Anna O'Connell has been the Interim CFO for us, and I've invited Anna to come today to give us the update, and answer some of your questions, and let you know where we're sitting at as a Department. I do apologize, I thought I had invited Anna, but then it dawned on me this morning that I forgot to tell her. I do apologize, but that just goes to show you that our dedicated staff shows up on a dime.

Anna O'Connell gave the following updates:

- Stop-gap bill expires the end of December 2016
    - Commitment to Human Services funding being sent to Network, but is not much
    - Vouchering all Medicaid; falling behind at the Comptroller's Office
    - $10.5 billion backlog at Comptroller's Office
    - Sister agencies are in the same situation
    - Colbert being paid due to language in their contract

- Department is working to pay out hardship requests
- APS Providers are mostly caught up in their billing
- January 1st – down to just direct billing

Phyllis Mitzen – There has been discussion, regarding reduction in service areas. What impact has this had on the service providers? Service providers are hurting, but how many of them have had to actually re-track, or reduced the amount of clients, or close intake? Are there any particular geographic areas that are harder hit than others? I'm referring to areas both geographic, as well as service areas.

Per Jose Jiminez – Providers can reduce their area of service; no one in CCP has lost services, some had to transfer to comparable services. He added that some providers continue to expand. CCUs and providers are absorbing clients after closures. Contracts for the most part have a 30-day closure, and it's a lot to do in 30 days, and we have some providers that, depending on their financial situation, they may need more than 30 days.

Phyllis Mitzen – How many clients have been impacted? We need to know the impact of this, and what's happening. That also becomes a tool for us, as ambassador to IDoA. What does this mean? This means that X number of clients are being transitioned. Transitions are hard, and moving from one worker to another is hard, as well as moving from one agency to another.

Matt Ryan - Anything the Council members can do to influence their legislators to pass a budget would be beneficial; Network is fragile and can't go another year without a budget. The IDoA Fiscal Department is getting calls much sooner than we did the first time around; providers asking for expedited payment; threating shut-down of agencies.

Anna O'Connell – We're in an acute crisis that we're managing. We need to get back to a sound budget, which will stabilize the Network and services. It seems like a bad time to roll out a new program, but it's needed to manage this type of crisis. Not having a budget for this long is unprecedented, but being so far behind in payment by months, and going into years is something we've been dealing with at the Department for a really long time. Part of that has just been the growth in the Community Care Program. In the last 15 years we've gone from an appropriation line of about $300 million to about a billion dollars a year. That is just due to a demographic change, and we've just started in the baby boomers. We've just started with the populations that at some point and time will need some help. We're talking about situations where you don't always have the large families any more who, can buffer that support. We really want to get to a point where we can have a more sustainable program that we can operate, and have a little bit of room to maneuver so that we can rely and provide services. The only way to do that is to be able to pay our partners in the community.

Mubarak – The programs we have now are taking away sense of responsibility from community. If we do not have some kind of program, we'll never be able to sustain the Network. Perhaps we should create co-pays; small amounts to bring them back in Network. We could then subtract the same co-pay, and we'll have 30% less budget.

Matt Ryan – With the new program, CRP, we've been looking at all types of different scenarios, as far as income. In the past we've seen co-pays. There are a lot of challenges around income issues. How do we determine income? This is an elderly population, and most of these individuals don't even provide income tax returns anymore, and we're not allowed to look at their Federal income tax return. So how do we, in an efficient manner, find out what someone makes? It's this patchwork system that you have to try and put together with the help of other agencies, and it's not perfect.

Matt Ryan – Collectively, when you asked your purpose in finding your role, I think your role can be big in being a voice. What we face from the unions, SEIU, and from the media, nobody takes this into account. We're dealing with internal struggles of the budget issues, and everything else. For example, we go to launch a new program, and we know the fight. The reason they're fighting us is because they see potentially a reduction in homemaker hours, and a reduction in homemaker hours, is a reduction in union fees. The truth is this new program is opening us up to all of these services that are out there, like Medication Management. A flyer was provided to all Council members, regarding the Medication Management program. We know that 36% of all ER visits, and hospital admissions, and re-admissions are due to medication management problems. At $200, for the lifetime of a client, we can reduce those percentages historically by almost 20-25%, with programs that we're looking at demonstrating. The fiscal impact is enormous, but no matter what we say, and no matter how much evidence is put in front of them, they push back. We have to get a voice out there to counter-balance what they're saying. We need the Council to be a voice to counter negativity in the media. We're going to present you with all of the data, and all of the programs. We're going to let you know why we know, and believe in our hearts that CRP is the right thing to do. That it gives us options to truly build a ramp, to modify their home, to do a medication management program. Currently in CCP we can give them three things. For 30 years we've been providing Homemaker services, Emergency Home Response, which does nothing for them, unless God forbid, a person falls. The third and most underutilized CCP service is Adult Day Care, which is only available in some parts of the State. I know that we can do better. We know that there are programs all across the county that has proven to keep people in their home safely, and longer.

Volunteer Respite Network:

Matt Ryan – As much as we do, there is a larger Network of millions of families taking care of their own. There are neighbors, and communities that take care of their own without depending on the State in any way. We have to be thoughtful of those Networks, and we should be spending some of our efforts to make sure we can provide relief to these Networks when we can.

Matt Ryan – We're working with CNSC, Senior Services, RSVP, and some of the big volunteer groups to develop a Volunteer Respite Network throughout the State. Through coordination of these volunteer groups, we're going to be launching a "train the trainer" day. These large volunteer groups have a lot of able bodies, healthy seniors. These seniors are looking for things to do, and things to get into in their community. We're going to pick 3-4 areas in the State, and we're going to conduct a "train the trainer" day. A non-profit that is certified in this program will train these individuals in Respite care. They will get all the

materials, and a number. They can take the information back into their community. RSVP is going to train their people, and their seniors. They will arm them so they can go back to their churches, VFW, local junior colleges, and start building a base of Respite services. These new Respite services will be a venue for families to call and get some help. Leading up to the Volunteer day, about a month out, we'll start advertising.

Jane Angelis – Matt, in reference to the Volunteer Respite Network, Director Bohnhoff has held meetings with, Jim Applegate, the head of **IBHE**; Tony Smith, the State Superintendent; and Scott McFarland with the Serve Illinois Commission. I think that's something that the Serve Illinois Commission would be very interested in supporting, and working with you to develop some ideas when you're looking at the whole volunteer project for support families. It just makes sense. Mainly it's just publicity, getting the idea out there that families need help, and we can do something simple. Our faith-based organizations do such a superb job at this type of volunteering. The Department's Volunteer Day fits in with the Governor's Volunteer Day in April 2017.

Matt Ryan – Veronica Vera, who heads up our communications division, has touched base with the Serve Illinois Commissions. I was surprised we all could see the response that we're getting. There are a lot of groups out there that have an infrastructure to help us, and it's just a matter of giving a few resources to get the ball rolling. That's something we can do fairly inexpensive, and will have a big impact. The Governor's Volunteer Day is kind of what got this all started. The Department's Volunteer Day training will be coordinated with the Governor's Volunteer Day in April 2017.

Serving Non-Medicaid:
Matt Ryan – We serve some 40,000 or more non-Medicaid clients. How long will we be able to sustain that number? We'll have to start drilling down closer, to make sure we're serving the right individuals. We'll have to start checking income to make sure, because we can't continue to widen the net. We serve more non-Medicaid people than anyone in the country. California serves almost zero. The only other State that even comes close is Florida. Our surrounding states, Indiana, Wisconsin, Minnesota they serve a hand full, about 7-10 thousand non-Medicaid. Illinois spends three times the national average on non-Medicaid seniors, and yet that's not enough. In the same argument, they tell you we don't want that, don't change a thing, and, by the way, we need a rate increase that will take our program from 1 billion, to 2 billion in a single swipe.

Phyllis Mitzen – In response to the non-Medicaid clients, I recall how hard we fought to bring some of those non-Medicaid people, because we knew that Medicaid was a very, very sharp drop-off. The limit was $10,000, and we fought hard to get it up to $17,500. Now here we are saying it's unsustainable. Fighting for those older adults in need is something that the Network has always done, and we need to continue to do that. It's a new world, and what we created 35 years ago was a different world than what we're living in now.

Creating New CCUs:
Director Bohnhoff – One of the things that I'd like to discuss, in terms of how it affects our Network is the CCUs. We would like to have new CCUs, because some of our CCUs have such a large client base, and when the MCOs came in, many of the Care Coordinators left and went to work for the MCOs. In order to create and invite new CCUs, we have to change the procurement processes, and that's not an easy task, especially with what's been introduced to Illinois with GATA. Everyone has to become pre-qualified, and there's so much information that they have to do in order to do business with Illinois, which also makes it difficult for us. We have current CCUs who would like to expand their footprint. Even during difficult times, our Network is still coming forward to help. When we talk about providers, and any of them possibly closing their doors, or being impacted, we're still working way ahead of those issues. We still need to come up with another way where we can actually open up the procurement process, and divide up some of these regions where you have one provide trying to serve 20,000 clients. Maybe we need 5 providers there, each doing 4,000 clients. Think of the quality of the one-on-one care that they would receive from those care coordinators out in the field. That's some of the things that we're also challenged with.

Medication Management:
Matt Ryan gave the following information regarding the Medication Management Pilot Program:

- Outcome driven demonstration program to provide an alternative service through the Community Reinvestment Program
- Will be collecting data at six months and at the end of the program at year one
- Four CCUs will pilot the program in the Chicago area – mix of Medicaid and non-Medicaid – Arlington, Lake County, Harvey and Chicago Catholic Charities
- APC is the pharmacy and will be doing the pilot pro-bono and will work with Medicare; no cost to the state
- APC will be the only program that touches the medication component; all direction will come from the clients' physician
- Minimum of 1,000 enrollees; maximum of 2,000
- Pharmacist goes into the home; 3-hour assessment
- Statistic – 30-66% of clients are taking medications incorrectly; this is the primary reason for nursing home placement at a $14 billion cost to the country
- Must be 60 years old; DON score of 29; enrolled in CCP or CRP; reside in the demonstration area
- Must meet at least one of the following: diagnosis with 2 or more chronic illnesses; scheduled to take 5 or more prescriptions daily; have documented cognitive impairment disorder; struggle with the cost of medication; are reluctant to take medication due to side effects; are prescribed 2 or more psychotropic medications; have one diagnosis of a serious mental illness
- Client has a choice; the only way this happens is if they chose to enroll in the program
- APC does review of medications – interactions; contacts all clients' physicians for recommendations for changes in medications; updates medication list with all doctors
- Prescriptions delivered to home in proper dosages, placed where convenient
- Studies shows 36% decrease in emergency room admissions; two fewer prescriptions on average

- $135 for the initial assessment; $35 per month for the first two months for intensive monitoring; then free for lifetime
- Continues to monitor clients' medications for added/discontinued medications
- APC works with Medicare, Medicaid, and all of the major MCOs, and insurance companies

Ram Gajjela – Along with medication, diet and nutrition is also important. Will APC also monitor the client's diet and nutrition? Matt Ryan responded that the pilot program will provide educational material on the medications during the consultation. Matt will make an inquiry to APC to find out if diet and nutrition will also be a component of their program with the State.

Phyllis Mitzen – the Council needs to see the 6-8 domains for this program. The program sounds like a good opportunity for a University of Illinois study.

Diane Adams-Alsberry – What is the workflow model for the Program?

Medication Management Workflow:

- CCUs will perform their normal duties; as clients come in for a new DON score assessment, or a re-assessment
- If the CCU sees one of these criteria they will flag the client, and inquiry if client wants to participate in the medication management program
- If client wants to participate in the program, a home assessment is scheduled
- During the home visit the CCU will get a consent form signed by the client
- Signed consent forms will give us permission to share the client's data with APC for outcomes; we're not sharing names, just background data
- Once the consent form is signed, APC is the case manager that's assigned. APC is designating one-person to each CCU, as a direct contact
- Pharmacist will leave one week's worth of medication with the client; counsels client on side effects
- APC will be updating the case manager to the CCUs
- APC will communicate all medication changes to doctors, clients, insurance companies, and pharmacy; within 24-48 hours; no medication will be wasted; unused medication will be recycled

Phyllis Mitzen – Is there a research component to this program? Matt responded that there isn't a research component to the program, but the Department will be doing outcome and evaluations of the program to see if we're getting the returns that have been seen in other studies. Some of the reporting will be self-reporting. We're working with HFS, because ½ of the populations will be Medicaid. HFS is going to share with us, to give us a baseline. They know who's been in the ER, and who's been in the hospital.

Mubarak Mirjat – We have something called Deliver of Care with Blue Cross Blue Shield; nursing component not in this program; who will be the responsible party? We need to know the data for this program; are they qualified to assist the patient pharmacist to take vitals, check medical history for falls and important medical information for them? If they aren't qualified to

assist the patient pharmacy, then we need to find out from the Office of Professional Regulations and DHS.

Matt Ryan – In response to Mubarak's question, APC isn't going to be doing anything on the physician/medical side; only prescriptions; managing the medication part in no way removes the need for the physician, or the client/patient to stay in touch with their health care needs from the physicians; anything that APC is learning/gathering is strictly about the medication the client is taking; all direction is coming from client/patient physicians. If a medication is changed, I assume the doctor will call the patient in for a follow-up before prescribing medication; pharmacy alerts the doctors of new medication to make sure doctor is aware. Matt agreed to meet with Mubarak after the meeting to discuss this issue further.

Charles Crowder – Matt mentioned that no medication will be wasted. If there is a change in medication APC will come in and replace the new medication, and pick up the old. What do they do with the old medication?

Matt Ryan – In response to Charles question, the APC collects the old medication, recycle the medication back to the client/patient; medication won't be recycled to other patients; obsolete/expired medications are destroyed.

Charles Crowder – How is APC interfacing with the programs that a person should have from a prescription company?

Matt Ryan, in response to Charles question, the APC has an APP that a lot of the doctors/hospitals are already using. Everything is going through the APP. The APP has all the options, and the patient info. APC does interface, and work with the insurance companies. There is one insurance company that does their own medication management, and they won't work with the prescription management companies.

Lee Moriarty – They do medication management in nursing home with the packets. This is how medication is disbursed in the nursing homes. Since this is a demonstration project, I would encourage the Department to speak with the long-term care community, regarding road bumps they may have experienced with this type of system. There are medication management systems out there that use the punch card. If medication has to be taken 3 times a day, do I go back to that system 3 times a day with each new packet, or is all my medication for the entire day in that one packet? How do we measure adherence for people taking the medication?

Matt Ryan – In response to Lee's question, if client/patient is on 2 medications, APC delivers to home in proper dosages, placed where convenient for client/patient. On the question on adherence, that's a concern. We're making life easier, but it's not bullet proof yet. With the Automated Medication Dispenser (AMD) that's coming out, it actually does give live time feedback when client/patient removes the medication from the bin, but again, they don't know if they put it in their mouth. APC will be doing all of the case management, checking with pharmacy, cycling meds together, quarter-backing with doctors, and then you have the AMD that's giving us live data. It's a growing process.

Phyllis Mitzen – Matt, please share any articles/presentations, or other information regarding APC with the Council on Aging members; would like to have a representative from APC speak with the Council at the June, or September meeting. May I make the assumption that as you're evaluating this, you're also doing client satisfaction as well? Matt Ryan responded that APC will do a survey going into this, and a survey after the demonstration project has ended. Matt will send the Council members a PowerPoint.

Anna Oestreich – Is this a volunteer program, or can anyone who's involved in the CRP program can be mandated to do? Matt responded that this is voluntary. This demonstration will only be in the 4 CCU regions in the beginning. The goal is to roll it out and make it a viable service for our CRP program. I'm inclined to think that there's a bigger goal. I believe the number will be powerful enough that one day we'll see the program in our waiver, and HFS has shown some interest. Who knows where it may go? It could become part of how we manage our Medicaid individuals in Illinois.

Jose Jiminez – The Automated Medication Dispenser (AMD) language is in the waiver that we just renewed. We're in the process of finalizing the rules, and we've shared the rules with HFS. They have provided some good feedback, and suggestions and we're changing those as we speak. We're going to be ready soon to go through JCAR for the dispenser component, which is just the device. There are several of these dispenser units throughout the country. Some of the Department's staff went to a conference, and the AMD system was on demonstration. These units have a locking device that moves with the times, and it triggers a mechanism that only dispenses those drugs to eliminate the human component of error.

Role of the Illinois Council on Aging:

Phyllis Mitzen – We had a subcommittee meeting 4 weeks ago to discuss the role that the Council plays in advising the department. Our Council is in the original bill that established the Illinois Department on Aging. The Council has to exist so the issue is what role do we play as advisers? Our meeting was quite lively and I think we came out with a few things I think will be very help for us to discuss.

Phyllis Mitzen – One of the first things we need to discuss is the Orientation, and how we're orientated to the Council. The Orientation Guide hasn't been updated since 2008. I'd like to turn it over to Anthany, and Diane to talk about the notion of the orientation that we would like to provide for new members of the Council. It also generated ideas of what we needed in terms of information from all the Council members.

Requirements of the Council Members:

- Provide proper contact information
- 60% of the Council has to be 60 or older
- Balance between Democrats and Republicans
- Balance of representation across geographic sections of the State

Council Orientation Manual:
Diane Adams-Alsberry – Anthany Frazier and I are in the process of developing the Illinois Council on Aging Orientation Membership Manual. During a conference call, Anthany and I agreed that when new members are selected for the Council, some background information should be provided to the new member. The Council should provide the members with information on activities within the Council; activities within the Department; activities within the Aging Network. When a person comes onto the Council, they'll have a good working knowledge of what they're dealing with. Anthany and I agreed to put together a manual for the Council. Elizabeth Delheimer sent us the orientation manual that Eugene Verdu developed previously. It had a lot of information on the Illinois Department on Aging, Administration on Aging, Network ideas and information. Anthany and I decided to develope an outline, which we would then bring back to the Council to garner additional ideas and input from Council members.

Manual Outline:

- Organizational chart of Department on Aging
- List of programs
- By-laws
- Engagement of Legislators
- Paragraph on each Council Member, detailing the members' qualifications

Will have outline at next meeting. Lee Moriarty added that the manual should include information about engagement of legislators.

Phyllis Mitzen – There were five areas of interest that the Council members must follow.

- Gather data from committees, and share information with the Department
- Look at a shared vision with the Department and update that vision, as the needs of older adults, and their families continue to evolve
- Act as conduit for innovation from the outside
- Consider the needs of special groups
- Provide advice giving to the department emanating from evaluation

Phyllis Mitzen - If you noticed on the agenda, Council members were invited to respond to three questions during the Council meeting:

- What expertise do you bring to the Council?
- What role do you think you should be playing on the Council?
- What do you need from the Council to accomplish that?

<u>Council Member Qualifications:</u>
Phyllis Mitzen asked each Council member to state his or her qualifications for being a member of the Council. Each Council member should prepare a paragraph to be added to the new Council Manual. Phyllis will ask the absent members to write a paragraph on their qualifications. Today we'll get started with question number one. What expertise do you bring to the Illinois Council on Aging?

Charlie Crowder:

- Midland AAA for many years with seniors; in-home care
- Currently working with fraud situation in the Chicago area
- Mayor – knows economics of implementing new programs

Diane Adams-Alsberry:

- Physical therapist by trade
- Worked in nursing homes and home health community
- Council member for AgeOptions
- CCU Director of Healthcare Consortium

Eugene Verdu:

- Leadership role in the Dept. on Aging, St. Clair County
- Viewed as expert in the field of aging
- Served on numerous boards
- Experienced fund raiser

Ram Gajella:

- Medical background; focus on nutrition
- Experience in home health, and senior day care

Steve Wolf:

- Served seniors his whole career
- Owned and operated nursing homes

Lee Moriarty:

- Looking at quality of life in institutionalized settings
- Changing environments/culture change
- Serves on the IL Pioneer Coalition who are advocates for person centered care/person directive care in Illinois
- Oversaw a consumer project looking at the consumer that is making the tough choice to stay in the community, or go into a nursing home

Betty Martz:

- Human Resources Manager for over 35 years in St. Clair County

Talat Khan:

- Neuroscientist
- Works with aging in the community
- Educates and brings awareness of diverse cultures
- Working to create cultural competency with the Department on Aging
- American Association of Retired Asians

Paulette Hamlin:

- Community Action Agency
- Works in home health with concentration in lower income

Anna Oestreich:

- Served 34 years as the Executive Director, Bond County Senior Center
- SHIP coordinator
- Past President of the Association of Illinois Senior Centers
- Charter member and organizer of the Area 8 Providers Association
- Served on Advisory Council for the Wolf Transit Assistant program
- On the Board of the Illinois Public Transit Association; help to set-up public transit in Bond County
- Serves on the Public Health Board for Bond County

Mubarak Mirjat:

- Physical therapist
- Hospice home health
- Business, development and community service

Anthany Frazier:

- Volunteer
- Worked on all types of legislation with City of Chicago; State of Illinois; Federal government
- Worked in both Chambers of the United States Senate
- Worked for two senators
- Worked for a congressman who was the first Trade unionist in the history of Congress, with a constituency of 92.1% African American, 1st Congressional District of Illinois
- Worked with NASA and served as Chair of the Assistant Technology Physically Disabled Committee, under the Northern Business Resource Advisory Committee, which is sponsored by the space Technology Committee
- Fund Raising
- Community Organizing
- Mental health/wellness
- Musician

Jane Angelis:

- Started as volunteer for Senator Mansfield in Washington, D.C.
- Outstanding ability to make connections between all facets of the community; worked to make connections between the generations, State agencies, Republicans/Democrats, and the General Assembly; Aging Networks

Phyllis Mitzen:

- Worked as nursing home Activity Director
- Worked for the Council for Jewish Elderly (CJE)
- Worked for the Health and Medicine Policy Research Group (HMPRG)
- Works for the University of Chicago, School of Social Service Administration; Coordinates the Older Adult Studies program
- President of Village movement; if there is interest, we can do a presentation on this group

Motion to Adjourn:

s/Steve Wolf
Steve Wolf, Secretary
Illinois Council on Aging