



Older Adult Services Advisory Committee Meeting Minutes

Date: November 15, 2021 1:00 – 3:00 p.m. (Approved February 14, 2022)

Call in: Dial: #1-415-655-0002 Access code: 177 032 3751#, then press # again

WebEx: Please see Outlook invite for Video Option

IN ATTENDANCE:

OASAC Committee Members

Director Paula A. Basta – Department on Aging
Sherry Barter Hamlin – The Voyage Senior Living
Paul Bennett – Citizen over the age of 60
Amy S. Brown – CRIS Healthy Aging Center
Meghan Carter – Legal Council for Health Justice
Theresa Collins – Senior Services Plus Inc.
Suzanne Courtheoux – Legal Aid Chicago
Kelly Fischer – Pathway to Living
Topaz Gunderson-Schweska – Molina Healthcare of Illinois
Steve Anderson (for Lori Hendren) – AARP Illinois
Kathy Honeywell – North Shore Senior Center
Linda Hubbartt – Effingham City-County Committee on Aging
Susan Hughes – UIC Community Health Sciences School of Public Health
John Larson– Cantata Adult Life Services
Sara Jean Lindholm– Citizen over the age of 60
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana
Sharon Manning – Family Caregiver
June McKoy - Northwestern University Feinberg School of Medicine
David Olsen – Alzheimer Association Illinois Chapter
Kimberly Palermo – Illinois Healthcare Association
Sara Ratcliffe – Illinois HomeCare and Hospice Council
Susan Real – East Central Illinois Area Agency on Aging
Walter Rosenberg – Rush University Medical Center
Gustavo Saberbein – Family Caregiver
Jason Speaks – Leading Age IL
Ancy Zacharia – Home Care Physicians

Ex-officio Committee Members:

Gwen Diehl – Department of Veterans Affairs
Sheila Baker – Department of Public Health
Robin Morgan (for Kelly Cunningham) – Department of Healthcare and Family Services
Mari Money (for Christopher B. Meister) — Illinois Finance Authority
Kelly Richards – State Long Term Care Ombudsman
Megan Spitz – Illinois Housing Development Authority
Lyle VanDeventer – Department of Human Services

Department on Aging staff:

Desirey Ackermann, Rhonda Armstead, Mike Berkes, Sarah Carlson, Joe Danner, Selma D'Souza, John Eckert, Sophia Gonzalez, Sarah Harris, Lora McCurdy, Theresa McKeon, Chuck Miller, Lee Moriarty, Chelsy Peters, Michael Sartorius, Iris Schweier, Gloria Simmons, Megan Thornton, LaRhonda Williams and Lisa Zuurbier

GUESTS:

Lynne Bergero, Peter Byer, Brycie Kochuyt, and Bailey Huffman

NOT IN ATTENDANCE:**OASAC Committee Members**

Cindy Cunningham – Illinois Adult Day Services Association

Michael Koronkowski – UIC College of Pharmacy

Jacqueline Rodriguez – SEIU HealthCare – Illinois and Indiana

Welcome & Introductions:

Deputy Director Lora McCurdy welcomed everyone to the meeting and informed everyone that Director Basta will be joining the meeting later as she had a conflict. Names appearing on WebEx were called and all other callers were asked to identify themselves.

Call to Order:

John Eckert asked for a motion to call the meeting to order. Gustavo Saberbein made the motion and Paul Bennett seconded. All members voted in favor.

Approve minutes from the Full OASAC meeting on August 23, 2021:

John Eckert asked for a motion to approve the minutes from the August 23, 2021 meeting. David Olsen made the motion and Sherry Barter-Hamlin seconded. Sophia commented that Mari Money reached out prior to the meeting to let us know that she attended the August meeting and need to be added. No other additions or corrections were noted. The minutes were approved unanimously by members and will be posted to the Department website once the one correction is made.

CCU Vaccination/Outreach Survey PPT:

Mike Berkes reminded everyone that when the Public Health Emergency started the Department had been charged with outreach and education, specifically on vaccinations that now include booster shots. Some of our CCUs and AAAs were able to leverage some of the money that the Department as able to provide to do outreach and education to older adults, assist with transportation to and from vaccination appointments. The Planning Division created a survey in survey monkey to help us better understand the number of adults that were impacted. Megan Thornton shared that this survey was sent out to the CCUs to give us a gauge about all the work they have done. This information was collected in July so the numbers will have changed. We had a total of 47 unique contract responses from CCUs; 16 did not respond. A total of 95,252 older adults were engaged by the CCUs in vaccination outreach and education. About 14,500 older adults were assisted by a CCU in scheduling their first appointment and 9,000 were assisted with their second appointment. A total of 1,000 older adults were assisted by a CCU with transportation needs for their vaccinations and 1,090 homebound older adults were assisted by a CCU to receive a vaccine. A total of 37 responded that they collaborated with their local public health departments. A total of 16 CCUs reported to have helped organize vaccine clinics and 352 reported co-organizing vaccine clinics. We also asked who they collaborated with and the and many responded that they collaborated with community partners like churches. Other collaborators included AAA's, local public health departments, in-home providers and ADS providers. We were also curious about vaccination hesitancy reasons and we asked that questions. It is broken down in the slide; 43% reported a fear of side effects, 29% reported a general fear of vaccination and 28% reported pre-existing health concerns. Other reasons were religious beliefs, lack of access and that they don't trust the government, the vaccine is too new and waiting. We asked for strategies used to combat the vaccine hesitancy and a big one was encouraging participants to talk to their primary care provider. They also shared that they distributed information, answered questions with data, shared guidance from CDC and local public health departments and percentages of virus cases in specific areas and age ranges. Megan shared that the CCUs were asked if they had in any specific demographic outreach. CCUs responded that they had engaged in low income outreach, rural areas with low vaccination rates, family, caregivers, Latino population with collaboration from community health centers, black and brown communities, and with limited English-speaking adults. Megan

stated that there are additional comments that she will not review that allowed people to see what others were doing and going through that provided some clear advice and pointers about what helped them. Mike Berkes shared that the peer to peer made it clear how beneficial peer to peer information sharing is in managing the Public Health Emergency. We are learning from others and sharing some ways that the CCUs were successful and this may help others, regardless if you are another type of provider because we all have a common goal as we work to serve the vulnerable populations we serve. He added that it has been a team effort by our entire network and there has been a lot of collaboration between the AAA's and the local public health departments and home providers.

Lora McCurdy asked the OASAC members to share their experiences with any collaboration that they have had with others to assist with getting older adults vaccinated and asked if there is anything that the Department can help with. Kathy Honeywell shared that the booster has been easier to access but they did receive a call from their local pharmacy asking them for help with online scheduling because they were understaffed and have had a lot of walk-ins. Paul Bennett shared that AgeOptions has a contract with a home healthcare entity to provide shots to individuals that are confined to their homes. He also shared that they have observed that many of these individuals do not have a primary care physician and they are trying to link them as well. In addition, AgeOptions is collaborating with the local CCUs to do more clinics particularly with populations that represent the ethnic diversity of suburban cook county. Dr. June McKoy shared that they have seen a rise in older adults taking the initial vaccines and some reluctance to take the booster. This may be due to being in the flu vaccine season and some seniors are experiencing a vaccine overload. We need to continue providing vaccine education on getting both the flu and the booster because some seniors may still be vulnerable and there is still some hesitancy. Linda Hubbartt shared that in some counties where she serves there is vaccine hesitancy and the vaccination rates remain low, but there are other counties where that she is involved with that are easier. She shared that when she scheduled her appointment she just answered some questions on the phone and went into Walmart. She believes that sometimes it is the process that seniors need help. Susan Real stated that they represent some of those counties that are still low and perhaps some of their efforts were not as successful with the homebound population, but the hospitals have stepped up. They were able to make connections and expanded their outreach through the home delivered meal program this summer. Some of the hesitancy is due to the anti-vaccine messaging that is prevalent in some areas. They are slowly trying to break the barriers and making everything much more available and more accessible. They have also been able to share additional funding like the American Rescue Plan funding that will help continue those efforts and promote boosters. Dr. McKoy stated that IDPH did a great job. John Eckert shared that IDoA and IDPH are going to distribute a flyer on the booster. Amy Lulich is leading the charge and coordinating with IDPH. Mike Berkes shared that the Department held a webinar on Do's and Don'ts on the vaccine. A link to the webinar will be shared with OASAC.

Case Management at Molina Healthcare of IL:

Topaz Gunderson-Schweska provided an overview of case management at Molina HealthCare of Illinois, she shared that she is the supervisor and will be sharing what they do and how they do it. Managed Care Organizations (MCOs) help manage costs to ensure utilize and get quality Medicaid services. MCO's assist the primary care provider create a care team as needed to keep track of medical history and help members help themselves. This care team together create a universal plan to help patients get what they need. MCO's started in California in the 1980's and expanded to Illinois in 2012. Molina is 1 of the 7 active MCO's active in the 102 counties in IL. Molina serves the Medicare/Medicaid enrollees and Medicare opt out enrollees with LTC or Waiver benefits (MLTSS). They provide services to both non-waiver members and waiver members. Molina provides service by teams depending on the area. IL Client Enrollment Services (ICES) notifies HFS Medicaid clients about a health care option and they are voluntary and auto assignments. Molina identifies members are enrolled/disenrolled close to the 1st day of the month. Internal reports are run weekly. For Aging, the CCUs send an email with the initial DOE/DON score to a dedicated email that is monitored regularly, there is a 1/2-day turnaround time. Non-waiver members are outreached for initials depending on the risk level and sent to case management is needed or requested. Waiver and LTC members are assigned automatically for case management to start the process, paperwork and build a relationship with member. The case manager works with the member's Interdisciplinary Care Team (ICT); completes the assessment and works with the member to create an Individualized Care Plan. For waiver members the case manager also develops a service plan. A timeline for follow up is also developed to ensure the member is receiving the right care by the right providers at the right time. Outreach is ongoing for those enrolled in case management at the 30 day and 90 day intervals to help with setting up appointments, transportation, medical, dental and vision. For waiver members, they watch waiver

services and the service plan to keep track of everything that needs to be addressed. For non-waiver members the case manager monitors for appropriate waiver referrals. Case Manager also monitor daily hospitalizations and ED reports to ensure follow up care.

Linda Hubbartt asked about the percentage members in the elderly waiver that have a case manager and how case management is broken up. Gunderson-Schweska responded that all waiver members have a case manager, it is required. She clarified that when she indicated that if members are not high risk, they do not go out, she was referring to non-waiver members only. Gunderson-Schweska added that case management is broken up regionally, ideally within 1 hour of where they live. This is done this way in an effort for the case managers to know the resources available in the area. They have a good network where case managers will reach out to each other for resources and sometimes to CCUs and AAA's for reassurance. Lora Mc Curdy asked if MCO's are required to have Individual Back up plan for each waiver participant. For example, if there is a house fire, which happened and IDoA had to assist. Is it the responsibility of the MCO to ensure that the participant has what they need, not the CCU's responsibility? Gunderson-Schweska responded that they are required to have a backup plan of emergency contacts and have it on the care plan and service plans so that members have a copy and any team member has access to it via the electronic file. Sara Jean Lindholm asked via chat what the rate of Molina's success in keeping seniors out of institutionalized care. Gunderson-Schweska shared that they have a specific program in place with their long-term care team, the move out program. They look for members who are in LTC but would be better suited for the community and meet other requirements. There are a lot of people that would like to be in the community but would not be safe. In this program once it is determined that they are suitable for the community they assist with securing housing, finding resources and generally setting them up with waiver services. She is not sure of the numbers, but shared that the target goal for this year, of being able to get people back in the community, has already been doubled. Gunderson-Schweska responded to a question about the average caseload by stating that they try to generally keep caseloads of no more than 75. Kathy Honeywell asked when Molina thinks they will be returning to FTF visits. Gunderson-Schweska responded that they have received no direction on when they will be going back. They were informed that they would receive a 6-week notice to get ready once approved. They also had a vaccine requirement go into effect on November 1st, which is the first step to people getting back into the homes and keeping the case managers safe. Honeywell also asked how they address financial and social needs through case management of clients. The response was that it depends on what the person needs, for example if they are not able to manage their finances, they are referred to a Money Management program. Another example is to help them with Social Isolation care plans include things like calling their daughter more often, this has been a big one lately. For those that have internet access, they are assisted with finding support or social groups. McCurdy asked Gunderson Schweska to speak about the broader person-centered planning. For example, linkages to home delivered meals and all other kinds of services that are not provided in the community and are not covered under the Community Care Program that are very beneficial to seniors. McCurdy added that the person-centered planning requirement that the federal regulations address for Medicaid talk about not just waiver services but also other issues like social determinants of health and food insecurity. Gunderson-Schweska shared that they do a lot of education and training with their non-waiver case managers to make sure that they can do the universal assessment and make these referrals. Eckert thanked Schweska-Gunderson for the presentation. **(PPT attached)**

Department Updates:

Elderly Waiver Renewal

John Eckert shared that the Persons who are Elderly Waiver renewal was approved for a full 5 years, effective on October 1st. He also stated that with the FMAP Incentive enhancements that are being planned, there will be a need for Waiver amendments in the future.

3-Year State Plan Approval

John Eckert stated that Amy Lulich could not be here today to go over the 3-year State Plan PPT that was shared with the meeting invite, but he will go over some key talking points from Amy. The plan was submitted on December 30, 2020 and was approved by ACL on September 21st effective through September 30, 2024. This is a requirement under the Older American and is a companion planning document to be followed in conjunction with the individualized AAA area plans. It meets mandate as State Unit on Aging, incorporates elements of Area Agency on Aging area plans, and recommends innovative strategies to address the diverse needs of older

adults. It incorporates lessons learned from the COVID-19 pandemic and addresses needs of diverse populations with a focus on equity and inclusion. We are currently in the implementation phase and Amy is presenting at different Advisory committees and with non-traditional Aging outreach to identify different minority groups and culture to expand outreach; especially with low income minorities and older adults previously incarcerated and work with the Department of Corrections. We are also able to use American Rescue Plan Act (ARPA) funding to implement some of the objectives and strategies in the plan. A copy of the PPT and 3-year plan can be found on our website, let us know if you would like to partner and collaborate with the Department. Also, please share link to state plan on your website, newsletter, and social media.

Enhanced FMAP

John Eckert reminded everyone that the Enhanced FMAP Incentive is a federal CMS initiative that provides an additional 10% match. For Aging it was \$98M over the next 3 years. These additional funds will be used to expand existing waiver services and add new waiver services. The Department is still waiting for approval from CMS and HFS. The spending areas include one-time funds and others that need to be looked at for sustainability. For example, Amy Brown had to leave early again because of they have low staff at her CCU. This funding will provide \$10.5M, that is \$175,000 for each of the sixty CCU contracts to be used to look at areas to incentivize staff retention. This grant application is ready to go out when approved. This funding also includes \$10M for the next 3 years for Assistive Technology. We will be looking at making a permanent program like the IL Care Connections program that provided devices to older adults and expand to look at ADL's and IADL'S. funds for grab bars and other small ticket items. There will be funds for Environmental Modifications, \$1.5M for this year and \$2.5M for the next 2 years. These modifications be for things like lift chairs and ramps, it is amazing how many people can benefit from these. We will be adding Fall Detection to our current EHRS service and this will require a waiver amendment. Also, there will be one-time allocations for rate increases for CCU's and ADS providers and a special Dementia rate. Funds for ADS outings to have older adults go out to the community and do other things. For year 3, there will be incentives for a home services component with CCP. Having a nurse go out to the home for a limited amount of time instead of older adults going out into rehab for short term. We are also looking into expanding the Money Management Program and increasing targeted caregivers beyond respite. We will be adding positions even though it will take time because we need staff to manage all these programs.

ARPA Funding

Desiree Ackerman shared that they are still waiting for some of the applications for the ARPA funding to be returned by the AAA's, the deadline is December 1st. Some have been received already and they are in the process of reviewing them and the budgets. We received \$60M in ARPA funding, and we have a lot of ideas on how to spend the funds that will be divided into different categories. We have money allocated for Title III Family Caregiver, Ombudsman and APS, HDM which is Title III D for preventive healthcare. We also have Social Services, Congregate Meals, Social Isolation, a lot of these funds are what we see in the AAA area plan budgets. Our AAA's are expanding programs that are already in place with their area plan and what we are already doing in the community already. The ARP funds will be an extension of what you see in the community already. For example, the T-CARE program is expanding to additional areas. For Social Isolation and HDM, we will be able to add some new route drivers for grab and go meals. We will be able to provide new services in rural areas that should eliminate waiting lists. More information can be provided during the next OASAC Meeting.

Susan Hughes commented that this is a fantastic opportunity to increase engagement and provision of evidence-based programs. AAA's have met with AgeOptions to increase footprint in programs like Fit Strong. Linda Hubbartt asked if all the AAA's have gap funding or discretionary funds and how are those allocated. Ackermann responded that she is probably not the best person to answer this question because she is still going through a learning process. Susan Real shared that the thirteen AAA's respond to local needs and many AAA's do create Flexible Spending Services, Title III and require gap filling funds for Dementia. They have different pots; it is a AAA decision and services differ. She shared that it is a process and advised that if there is a need, you should let your AAA know. Grandparents Raising Grandchildren has been a big help. Linda Hubbartt stated that HDM's get cancelled because the senior cannot donate. Susan Real shared that the Older American Act requires Title III-C, to ask for donations for HDM's. Even if someone has been unwilling or cannot donate, they cannot be denied HDMs. There is a concern about that miscommunication. Ackermann agreed that there is a concern.

Legislative Update (State and Federal activities)

Gloria Simmons shared that the Department is still waiting on approval for legislation initiatives. The Governor's office should let us know by the end of the month. In the meantime, we will be contacting sponsors and have fact sheet ready by the first week of December. One of our priority initiatives is the sunset of one of CCP reporting requirements, this is a report that we do in conjunction with HFS and DHS. She shared that she will be working with Desirey Ackerman and hopefully get the language together that. Our second priority is the suspicious death mandated reporting. This is a bill that had passed but was not concurred because it was in draft form and it has been pushed to the Spring '22 session. Working on this bill communicating with the National Association of Mutual Insurance Companies. We have the language that they wanted to build on and have sent the draft language to the House and ant Senate. Simmons will be getting in touch with the NAMIC person to ensure the language is correct. Our third initiative is the Nursing Home Care Act transfer and discharge initiative. The Governor's office has asked for additional language because they wanted to know how this aligns with federal guidelines, they want us to describe/define some rules intended to amend the NH Care Act and Shared Housing Act. The Department has already informed them that it is like the HB2531 filed, it outlines the \$1,250 daily fine for failure to readmit a resident as well as provisions regarding the involvement of LTC. We have also met with Senator Gillespie to discuss ongoing issue with case management. Also, Equity IL language, the purpose of this bill is to establish a 3-year commission to LGBTQ an older adult advocate at the Department frond Aging and codify the Department's practice for providers and to provide competency training. Simmons stated that she had sent out an invite this morning to collaborate with the IL Department of Veteran's Affairs (DVA), and DHS to collaborate regarding a better referral process between agencies, this going back to the NWD policies. The intent is for agencies to learn more about eligibility process and have a warm hand off approach. They are also looking at how DVA can get engaged maybe with Adult Day Service programming at the Veteran homes and facilities throughout the State. Marla Fronczak from Age Guide testified last week at a hearing on how veterans want to stay in their homes instead of going into skilled nursing facilities. Illinois was notified that all programs and services still prioritize individuals with the greatest social need using a definition in the IL Act on Aging.

Budget/Fiscal

Sarah Harris, CFO shared that we are still in the budget process right now and they will be meeting with GOMB. She added that the FY '23 budget does not look as dire as it has been in the past, this is a positive note for us. We currently cannot give too many details at this time until the Governor speaks to this during his budget address. There will probably be some changes that will happen with our budget. We did close out last year well, we survived even though we had a lot of issues with switching over to new accounting systems. She thanked everyone for their patience and working with fiscal knowing that it was not an easy process. The Department is also looking at a lot of new grants this year within the next 4-6 months. We have been fair with payments, for the most part there is always a day or two delay between us and the Comptroller, otherwise payments are flowing on a daily basis.

Public Comments, Other Issues & Announcements:

Paul Bennett shared that there is an increase in homelessness in older adults and there is a grant available; he is glad that the Department is keeping this on the radar. Director Basta stated that the Governor's office announced they have a new Director for Homelessness Services, Christine Haley. Susan Hughes shared that she has been working with Michael Gelder at UIC on an analysis of COVID-19 death cases in in skilled and nursing facilities in Cook County; they have a paper that has been accepted by public health reports. Hughes can share the report if anyone is interested. John Eckert shared that there is a IHDA housing task force meeting to look at priorities for next year and housing for low income seniors is one of them. Eckert will make sure the Department is at the table to discuss building more affordable and accessible housing for seniors.

Motion to Adjourn

John Eckert asked for a motion to adjourn the meeting; Linda Hubbartt made a motion and Kathy Honeywell seconded the motion. The motion to adjourn was approved unanimously. The meeting was adjourned at 2:44 p.m.