



Older Adult Services Advisory Committee Meeting Minutes

Date: February 22, 2021 1:00 – 3:00 p.m. (Approved on May 17, 2021)

Call in: Dial: #1-415-655-0002 Access code: 177 562 1023#, then press # again

WebEx: Please see Outlook invite for Video Option

IN ATTENDANCE:

OASAC Committee Members

Director Paula Basta – Department on Aging
Sherry Barter Hamlin – The Voyage Senior Living
Paul Bennett – Citizen over the age of 60
Meghan Carter – Legal Council for Health Justice
Theresa Collins – Senior Services Plus Inc.
Susan Courtheoux – Legal Aid Chicago
Cindy Cunningham – Illinois Adult Day Services Association
Dr. Thomas Cornwell – Village Medical at Home
Topaz Gunderson-Schweska – Molina Healthcare of Illinois
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
Michael Koronkowski – UIC College of Pharmacy
John Larsen – Cantata Adult Life Services
Sara Jean Lindholm – Citizen over the age of 60
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana
Sharon Manning – Family Caregiver
David Olsen – Alzheimer Association Illinois Chapter
Kimberly Palermo – Illinois Healthcare Association
Sandra Pastore – Association of Illinois Senior Centers
Sara Ratcliffe – Illinois HomeCare and Hospice Council
Susan Real – East Central Illinois Area Agency on Aging
Walter Rosenberg – Rush University Medical Center
Gustavo Saberbein – Help at Home LLC
Jason Speaks – Leading Age IL

Ex-officio Committee Members:

Kelly Cunningham – Department of Healthcare and Family Services
Gwen Diehl – Department of Veterans Affairs
Kelly Richards – State Long Term Care Ombudsman
Mari Money (for Christopher B. Meister) – Illinois Finance Authority
Benjamin Fenton – Illinois Housing Development Authority

Department on Aging staff:

Mike Berkes, Becky Dragoo, John Eckert, Mary Gilman, Sarah Harris, Jason Jordan, Sophia Gonzalez, Amy Lulich, Lora McCurdy, Lee Moriarty, Chelsy Peters, Michael Sartorius, Megan Thornton, LaRhonda Williams and Lisa Zuurbier

GUESTS:

Dr. Alan Abrams, Brittany Arnold, Ellyn Byrn, Robert Mendonsa, Julie Sacks, Diane Slezak, Dawn Wells, and Pam Winsel

NOT IN ATTENDANCE:

OASAC Committee Members

Amy S. Brown – CRIS Healthy Aging Center
Kelly Fischer – Pathway to Living
Jacqueline Rodriguez – SEIU HealthCare – Illinois and Indiana
Ancy Zacharia – Home Care Physicians

Ex-officio Committee Members

Daniel Levad – Department of Public Health
Lyle VanDeventer – Department of Human Services

Welcome & Introductions:

Deputy Director Lora McCurdy welcomed everyone to the meeting and informed everyone that Director Basta will be joining late because she is attending another meeting. 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. David Olsen made the motion and Mike Koronkowski seconded. All members voted in favor.

Welcome New Members & Staff:

John Eckert welcomed all new members and asked that they introduce themselves. Kathy Honeywell shared that she is the Director of Senior and Family Services at the North Shore Senior Center and has more than 30 years of experience, she is representing case management. Sara Lindholm shared that she is a retired affordable housing developer and manager. Sara shared that most of her career she has worked for non-for-profit organizations, she managed a program called the Illinois Affordable Assisted Living Initiative and has been a board member of Health and Medicine Policy Research Group board since 2004. Sara represents a Citizen over the age of 60. Suzanne Courtheoux shared that she is a Regional Ombudsmen and Supervisory Attorney with Legal Aid Chicago and has been working with the Ombudsmen Project for the past seven and a half years, and is happy to represent the interests of seniors in Illinois' Long Term Care settings. Kimberly Palermo shared that she represents the Illinois Health Care Association and she is the Regulatory and Legislative Liaison; and that she is happy to join. Lee Moriarty shared that she is the new Deputy State Ombudsman as of February 1st and is excited to be participating on the committee; and noted she is a recreation therapist and has over 30 years of experience working in healthcare.

Approve minutes from the Full OASAC meeting on November 16, 2020:

John Eckert asked for a motion to approve the minutes from the November 16, 2020 meeting. Gustavo Saberbein made the motion and Paul Bennett seconded. The minutes were approved unanimously by members with no additions or corrections. The minutes will be posted on the Department website. Eckert thanked Sophia Gonzalez for her continued efforts in preparing the minutes for OASAC.

HFS Managed Care Presentation:

Lora McCurdy welcomed Robert Mendonsa and Dawn Wells from HFS and shared that we appreciate their time. Mendonsa shared that he would be presenting from a PPT that had been created for the HFS Medicaid Advisory Council and noted they would focus on the Pillars. Dawn Wells began by sharing that the quality strategy roadmap shows how to get to those quality outcomes, and it identifies the five Pillars: Maternal and Child Health, Adult Behavioral Health, Child Behavioral Health, Equity, and Community-Based Services and Supports. HFS has a partnership with Public Health, Aging and DHS. The Quality strategy was required by Federal CMS and it was presented to the MAC Quality Subcommittee. It was also put up to Public Comment and will be sent to CMS for approval. The purpose of the Quality Strategy and mission were explained. It was shared that HFS is

committed on making equity the foundation on everything they do in trying to improve quality. Robert Mendonsa went over the slide that explains that Social Determinants of Health influence 50% of a community's health outcomes. He also shared that for the MCOs there are both pay for performance and pay for reporting measures. HFS withholds a percentage of the capitation that they pay to the plans every year and they reward the plans for good performance. This year they added paying for reporting on various ways including race and geography and are also monitoring other performance measures that may be added in the future. They went over each of Pillars performance and reporting measures. Dawn Wells shared that the Vision for Improvement – Program goals define the outcomes they are trying to get. Dawn shared that there are challenges in breaking out measures by race and geography will play a major role. Amy Lulich asked about the background for the Quality Strategy, if this is included on the MCO contracts and what does HFS envision as the role of older adult service providers. Robert Mendonsa shared that 80% of the Medicaid customers have been moved to an MCOs and HFS is working to help drive the MCOs to improvements by using the reporting and paper performance to track outcomes. He added that looking at key areas and reports by race and geography will help work with the community and invest in key areas. MCOs will be executing and developing these programs themselves. HFS will be working closely with them by having quarterly meetings and reviewing the activities and how they are moving to meet these measures. It will be a team effort working with all of the MCO plans and that they are excited to have these Pillars to focus on improvements and redesign the programs. By redesigning the programs, they can improve people's ability to stay in the community. Dawn added that the quarterly meetings will give them a chance to look at the quality outcomes and use it as a teaching opportunity to give them best practices and pull improvement ideas from MCO staff from different areas. Kelly Cunningham shared that the first slide of the PPT shows how for the last year, HFS has been conducting Strategic Planning and how they have been envisioning an external process. Cunningham also noted that the Quality Strategy is a federal requirement that will additionally look at ways to improve outcomes.

Lora McCurdy thanked HFS for the presentation and added that it is also a positive that HFS is looking at Social Determinants of Health. She noted that IDoA had a call with Robert Mendonsa and his team to discuss areas of mutual interest including MCOs accessing Home Delivered Meals (HDMs). Paul Bennett additionally shared that he has a concern of the volume of HDMs referrals from MCOs. He added that work is needed on food insecurity and Social Determinants of Health. Robert agreed with Paul and shared that after the meeting with IDoA, HFS had a meeting with the CEOs and asked what the problem was with referrals and what barriers they must overcome to complete these HDM referrals and increasing these numbers for clients who need them. Susan Hughes commented that it was a very interesting presentation and asked what the role of evidence-based programs for older adults would be. She shared that there are many evidence-based health promotion programs that have not been brought to scale. There are many populations that both rural and inner-city populations that do not have access to these programs and people are starting to see these programs as being pillars of the Social Determinants of Health. Hughes asked if there is an opportunity to leverage the growth of these programs that have proven to decrease arthritis pain, improve joint function and mobility. Mendonsa shared the MCOs will need to understand evidence-based programs to address needs. Kelly Cunningham added that—related to the Healthcare transformation and the quality strategy, they do have a small pot of money available for Medicaid providers to set up new pilot programs. She shared that they are still designing the application for this program and it will be a multi-year. It will have a focus on Social Determinants and improving outcomes for the Medicaid population and there will be a basis for evidence-based program practices. She shared that there is a link on the HFS external website under Healthcare transformation and there will be opportunities for collaboration. Anyone interested can sign up for emails and all presentations are posted on this website. John added that the PPT used today by HFS will be shared with everyone. **Report attached.**

Expanding Home-Based Primary Care's Value in Illinois:

Dr. Tom Cornwell thanked the Department for inviting him to speak and shared that he has been doing house calls for 25 years and has been on OASAC since 2007; he added that he has learned a lot. Dr. Cornwell started his presentation by going over the Focus Behind the return of the House Call. These included Aging and Chronic Illness: Cost; he shared that the top 1% accounts for more than 1/5th of the spending (a median cost of \$112.395). Dr. Cornwell shared that Technology is another focus. Home-based primary care is 90-95% high touch quality primary care. As diagnostics test were developed people had to go into the doctor's office or the hospital to get these tests done. Now, however with smart phones more can be done in the homes in terms of technology than what a doctor can do in the office. Additionally, Home and Community Based Care has had a dramatic increase, before there was only one option for Long Term Services if you needed government assistance. Now persons

require care in the community and have services like Money Follow the Person that provides NH eligible patients care in the community. Dr. Cornwell shared an example of a patient that he completed a house call for that was going to be going to a NH and ended up receiving many services in the community that shows the value of Home-Based Primary Care (HBPC). He also provided an example of a VA HBPC study that showed that providing HBPC helped reduce NH costs by 87%, reduce hospital costs by 63%, and in 2009 brought the value of HBPC to the attention of Washington. It also showed increased quality, patient satisfaction, and savings and an decrease in Hospital ED visits. He also shared data regarding end of life data from his own practice that showed the value of HBPC. He also discussed Value Based Care Payments and the change from fee for service (looks at volume) to Value Based Pay (looks at outcome). He talked about the four venture capital and HBPC entities: Devoted Health, Oak Street Health, Village MD, and Well Be. Dr. Cornwell noted he is a board member of the Home Centered Care Institute (HCCI) and their mission is to develop the provider/practice network required to scale home based primary care so that those that need house calls get them. He shared that he would like to work together to expand HBPC in Illinois that would provide potential savings to the State. He ended by saying that he hopes we can figure out how to work together to make this happen. Dr. Cornwell thanked everyone for all that he has learned in his many years serving on OASAC. John Eckert asked if there is a difference in successful outcomes if the family members are involved. Dr. Cornwell responded that he does not know of a study that has looked at that. He shared that they require patients to be home bound and he knows of a study that found a 13-month delay when you actively engage. Dr. Alan Abraham added that measuring caregiver stress with home bound patients is something that we need to be cognizant on and we need to free caregivers from burning out themselves. Paul Bennett asked about the demonstration program funding. Dr. Cornwell shared that the they are shared savings program and the care fully funds itself through costs savings. Susan Hughes thanked Dr. Cornwell and stated that he is doing amazing work and has made the economic argument. She is glad that people in the U.S. will be able to get the program and the benefits moving forward. **PPT attached.**

Department Updates:

Diversity, Equity and Inclusion (DEI) Committee

John Eckert shared that Selma D'Souza, Chief of Staff was unable to join the meeting and he will be talking about the Diversity, Equity and Inclusion committee in the Department. This initiative is headed by the governor and the Department had a meeting this morning with staff at a 'coffee with Director' meeting where information on DEI initiative was shared. The purpose of the DEI committee is to implement the IDoA DEI plan. All members of the DEI committee are IDoA staff. The members will meet monthly to discuss progress with the specific goals of the plan. Goal 1 is to ensure programs administered and monitored by the Department on Aging reflect the values of racial equity, cultural competency, and diversity. Goal 2 is to increase staff diversity in the Department. Goal 3 is to develop a work culture that promotes racial equity and diversity. Goal 4 was to create an IDoA Equity Advisory committee. Mike Berkes shared that he is excited on all things DEI and we can make a difference and continue to focus on this area. LaRhonda Williams shared that the work on the committee is very important to all staff. She shared that having these conversations are not easy. The DEI committee started off as a Governor's initiative but is has become part of the mission and focus of the Department.

Budget/Fiscal

Director Paula Basta shared that she had presented to budget along with other Human Services agencies and that the PPT should be available on the Department website. She also shared that Aging is pleased with the budget for IDoA during these difficult times. Lora McCurdy shared that there was an increase in funding for the Home Delivered Meals. There were 11.3 million HDMS delivered last year, including over 10 million meals were provided between April and December. The month of June had the highest increase, 1.16 million meals were provided. McCurdy made a shout out to the Aging network. There were also increases to the in-home and ADS providers and the minimum wage increase adjustments were included for the Older American Service program.

Outreach with network on Vaccinations & Reopening Activities

Lora McCurdy shared that there was \$1.2 million dollars in funding for AAA's to assist with vaccination outreach including scheduling and coordinating transportation. Susan Real shared that an example of collaboration was that 2,000 seniors were getting vaccines at an AgeOptions event in Riverside. Paul Bennett commented that they try their best to reach out to vulnerable populations including Korean, Hispanic and African-American communities. Linda Hubbart shared that in her area there was a slow down with vaccines and there has been a wait list for some time and added that they have used ESS funds for crisis situations. Kathy Honeywell shared that it has been a blessing to have ESS funds. She shared that they used Amazon Fresh to deliver meals. In Evanston and Skokie,

they have their own Public Health Department and in Cook County they are learning when and where appointments are available. They are also working with AgeOptions when more vaccines become available. The Caregiver Resource Center has also been providing Family Caregivers a letter, needed to get the vaccine and they will be following up to make new connections. Director Basta stated that we have seen so many more people and organizations out there than the Department and the Aging Network have identified and are working with to help older adults to access vaccines. Mike Berkes shared that they are working on reopening the ADS that were closed in March. They are working with HFS to develop remote services. In some cases, some ADS had reopened but closed again. They are working closely with IDPH to reopen February 8th but not all ADS have provided a re-opening plan.

Public Health Emergency & Elderly Waiver Appendix K

Mike Berkes shared that he is working with Amy Lulich and Pam Winsel (HFS) on the PHE Appendix K. Pam shared that the Appendix K offered certain flexibilities and that the PHE has been extended through the 2021 calendar year. The Appendix K expiration date is now 6 months after the PHE ends. Berkes added that this is a critical period to step back and look at the way we operated pre pandemic.

Illinois Care Connections

Amy Lulich shared that the ACL Aging Care Connections grant was launched in conjunction with the Illinois Assistance Technology Program and the Division on Rehabilitation Services and the Division of Developmental Disabilities to provide tablets and wi-fi access to address Social Isolation and Loneliness during COVID-19. As of February 6th, we have received over 1,641 deliveries; 660 Aging participants. She shared that post surveys will be completed to help understand the impact of the devices. The UCLA Loneliness Survey will also be administered.

Amplifund

Sophia Gonzalez shared that the Department has begun using a new grants management system that is a centralized platform to be used for all grant opportunities. She shared that Department staff have been receiving training for the past year and recently released three grants to test the system. Everything related to the grant funding will be completed on this platform (applications, awards, monitoring, and reporting). The Federal Senior Companion Grant was one of the three grants used in the test and we have received positive feedback from the grantees so far.

Public Comments, Other Issues & Announcements:

Dr. Alan Abraham introduced himself and shared that he is a friend of Dr. Cornwell. He is with Eden Bridge Health and is part of the Medicaid Advisory Program. John Eckert asked for an update on the IHDA Housing initiative on rent and mortgage assistance. He added that there was a new pot of funds going to be available in April. Ben Fenton (IHDA) shared that \$245 million dollars had been provided for the rent assistance and \$120 million dollars had been provided to homeowners.

Motion to Adjourn:

John Eckert asked for a motion to adjourn the meeting. Dr. Cornwell made a motion and Sara Lindholm seconded the motion. The motion to adjourn was approved unanimously. The meeting was adjourned at 3:05 p.m.