



## Older Adult Services Advisory Committee Meeting Minutes

**Date: May 17, 2021 1:00 – 3:00 p.m. (Approved August 23,2021)**

Call in: Dial: #1-415-655-0002 Access code: 133 451 8039#, 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  
Amy S. Brown – CRIS Healthy Aging Center  
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  
Kelly Fischer – Pathway to Living  
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  
John Larson– Cantata Adult Life Services  
Sara Jean Lindholm– Citizen over the age of 60  
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana  
June McKoy - Northwestern University Feinberg School of Medicine  
David Olsen – Alzheimer Association Illinois Chapter  
Kimberly Palermo – Illinois Healthcare Association  
Susan Real – East Central Illinois Area Agency on Aging  
Gustavo Saberbein – Help at Home LLC  
Jason Speaks – Leading Age IL

#### **Ex-officio Committee Members:**

Gwen Diehl – Department of Veterans Affairs  
Betty J. Stewart (for Daniel Levad) – Department of Public Health  
Logan Wilhelm (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, Mike Berkes, Sue DeBoer, Selma D’Souza, John Eckert, Sophia Gonzalez, Amy Lulich, Lora McCurdy, Theresa McKeon, Chick Miller, Lee Moriarty, Katherine Ostrowski, Chelsy Peters, Michael Sartorius, Megan Thornton, LaRhonda Williams and Lisa Zuurbier

### **GUESTS:**

Sarah Barney, Thomas Cornwell, Veronica Halloway, and Brycie Kochuyt

**NOT IN ATTENDANCE:**

**OASAC Committee Members**

Susan Hughes – UIC Community Health Sciences School of Public Health  
Michael Koronkowski – UIC College of Pharmacy  
Sharon Manning – Family Caregiver  
Sandra Pastore – Association of Illinois Senior Centers  
Sara Ratcliffe – Illinois HomeCare and Hospice Council  
Jacqueline Rodriguez – SEIU HealthCare – Illinois and Indiana  
Walter Rosenberg – Rush University Medical Center  
Ancy Zacharia – Home Care Physicians

**Ex-officio Committee Members:**

Kelly Cunningham – Department of Healthcare and Family Services

**Welcome & Introductions:**

Deputy Director Lora McCurdy welcomed everyone to the 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. Linda Hubbartt made the motion and Gustavo Saberbein seconded. All members voted in favor.

**Welcome New Members & Staff and solicit members for OASAC Executive Membership:**

John Eckert welcomed new IDoA Legislative Liaison, Katherine Ostrowski and asked her to introduce herself. Katherine shared that she has just started working with the Department a couple of weeks ago and is excited to learn more about the agency and work with our legislative affairs. Eckert shared that the Department is soliciting OASAC Executive members since several members have left the committee and they were also Executive members. The Executive members have quarterly one-hour meetings to prepare for the Full Meetings and discuss priorities. If anyone is interested in joining as an Executive member please reach out to Sophia Gonzalez.

Dr. June McKoy introduced herself and apologized for joining the meeting late. She works at Northwestern hospital and serves patients throughout the Chicagoland area in long term care facilities. Dr. McKoy shared that she has a passion for older adults. She has been an advocate for the past 15 years and is a licensed Illinois attorney, with most of her focus on health law and elder law. She is really pleased to be on the board replacing Dr. Cornwell, representing older adults and being able to contribute in this group. Dr. Cornwell commented that Dr. McKoy is a Rockstar, an amazing lawyer and doctor; he thought it was a great opportunity to resign and have her come on. He had been on this advisory council since 2007 and has learned so much.

**Approve minutes from the Full OASAC meeting on February 22, 2021:**

John Eckert asked for a motion to approve the minutes from the February 22, 2021 meeting. David Olsen made the motion and Dave Lowitzki seconded. Paul Bennett noted that his last name was misspelled in the minutes. Jason Speaks noted that he was on the phone during the February meeting and is noted as not attending. Eckert shared that the minutes will be reviewed for the corrections noted. The minutes were approved unanimously by members with the corrections and additions noted and will be posted on the Department website.

**COVID vaccination outreach:**

Veronica Halloway from IDPH introduced herself and thanked the Department for the invitation to talk about the updates with vaccination efforts with seniors and the Health Equity Team work completed. She shared that the Health Equity Team is made up of other agencies and community partners, including institutions and community-based organizations. The Department on Aging is one of the agencies on the Health Equity Team, Amy Lulich is part of the senior workgroup. The senior workgroup currently meets monthly, it is led by Dr. Arnold. Halloway stated that this workgroup has been very instrumental in making sure that they stay connected and focused on senior outreach efforts. Halloway shared that slightly over 12.5 million of population in IL of which approximately 10.4 million have received at least one dose of the vaccine and about 38% of the IL population is fully vaccinated. A total of 70% of seniors have been vaccinated at this point and the death rates due to COVID have been reduced, which shows that the vaccine is working. Seniors are the highest population that have been

fully vaccinated to date. Director Basta shared that the last data she had heard on Friday was that over 85% of older adults in IL were vaccinated but added that the data may not have been referring to fully vaccinated. Halloway acknowledged that the data shared by Director Basta may be a little more updated than the data she shared because it changes quickly. She also shared that the senior workgroup has been exploring other strategies to communicate with seniors about the vaccine. The workgroup knows that seniors can be very influential within their social networks and may be able to encourage their families to get vaccinated. They have also met with youth to get them to help with providing vaccine information to grandparents. The workgroup is also looking at seniors that have not been vaccinated and trying to find out what barriers exist that prevent them from getting vaccinated. Other strategies being reviewed are incentivizing seniors, mobile efforts, getting the message to those that are not convinced and communicating with health care providers. The first mobile effort equity roll out occurred in February and March when vaccines were scarce. The senior workgroup worked with AAAs in Southern IL on the vaccine roll out at Senior Care Centers; a lot of lessons were learned from the AAAs. IDPH looks forward to continuing to partner with the Department on Aging on senior outreach. Additional discussions on making vaccines available in the workplace and in senior living apartments have been started. Now, IDPH has their own contained vaccination administration group where they partner with the organizations and the community-based partners to host the vaccine clinics in the location of their choice. They are working with DHS on their SNAP program to register and do vaccination codes for vaccination clinics for their SNAP recipients. Education is another topic that has been discussed, IDPH would love to work with the group on how education on vaccines can be provided to seniors and pre-seniors (age 45-50), as they prepare to move on to be seniors. IDPH is happy to know who they can partner with the Department on Aging on these efforts. Halloway welcomed input from the group on any strategies for communicating with seniors. Director Basta shared that the Department loves the fact that we have IDPH fully involved; the partnership is very important as we move forward. Sister agencies working together on outreach and education is the key. Director thanked Halloway for providing the update during the meeting and working with the CCUs to get vaccines to those who cannot leave their homes, she noted that she hopes to see more of this. Susan Real asked Halloway if she could share some of the successful efforts experienced from serving the homebound elderly from a statewide perspective. Halloway shared that through the local health departments and mobile testing teams who have their own partnership with IEMA, they have all been making that homebound outreach. She shared a story of one of the clinic events in McHenry County in which someone came in to get their vaccine that had two aging parents in the home that could not come into the clinic and asked if someone could schedule a vaccination time in the homes. She added that IEMA and the local health departments have many similar stories, especially in the rural areas. Eckert thanked Halloway for the information and stated that he hopes to continue to maintain a working relationship with IDPH.

### **Cantata Adult Life Services Presentation:**

John Larson shared that the mission of Cantana is to orchestrate innovative solutions, connections and services for older adults and their families as they seek to achieve their best lives. Cantata was established in 1920 as a single site, fee for service not for profit CCRC in Brookfield, IL. In 1988 they established HCBS services off campus that included handy man, companion, in home and licensed home nursing services. He discussed in detail all the community-based offerings and how they have expanded the services. Cantata serves middle income and lower middle-income seniors within 10 – 25 miles of Brookfield. He talked about the middle market senior needs, as the majority cannot afford services and do not qualify for subsidized programs. Information on the need to innovate due to the current caregiver shortage and how this shortage will get worse in the future. The need to innovate home and community-based services, the hourly based home care model. An overview of the Cantata Take2 model program was provided. This model provides services by day vs. hours, visits are from 10-15 minutes, and provides all services that private duty caregiving agencies and assisted living facilities provide. Larson shared that this model provides a win for clients by being a better value and less intrusive. Also, a win for caregivers by set schedules and hours, more benefits and better wages. The agencies win by providing better margins, a better workforce solution, more sustainability and high customer satisfaction. Challenges were also discussed that included industry habits and reluctance to change, government slow change and outdated regulations, consumer awareness, software and technology. Cantana will continue to pilot new technology and bring the Take2 model to new markets. Susan Real thanks Larson for the innovative presentation and shared that she loves the idea and asked about the satisfaction rates of clients that transition from the old model. Larson shared that those are the hardest transitions especially in the beginning, but it generally takes a few weeks to get used to not having their own caregiver. He also added that there have been a couple of these clients that have returned to the old model because they wanted to return to their caregiver, and they couldn't afford the new model. Sara Jean Lindholm asked what neighborhoods this model is more appropriate for in terms of social and economic profiles. Larson

shared that it is more appropriate for higher densely packed neighborhoods, middle-income groups. Amy Brown shared that she knows of an agency in Champaign with this model and asked Larson to talk about the staff profile. Larson shared that the staff earns \$2-\$3 more, many do not have a background in caregiving, they need to have a compassion for Aging individuals, and have good time management skills. Dr. June McKoy stated that this is an interesting program, but it downplays relationships, which she thinks are important for older individuals like building relationships and trust. Larsen shared that he has been doing this work for more than 30 years and they are all about relationships. However, on the other hand, we have seen many seniors go without care, relationships or companionship because they don't have money, so this model is not making relationships worse but better by making them more affordable. He added that maybe if this works, money can be saved, and relationships can be added moving forward. Partners will be needed and maybe this is where the state and federal government can help. Linda Hubbard commented that this model is intriguing; she could see how it could be very efficient and a good option. She asked how the one could be in the program and how a person who needs groceries or needs to go to a medical appointment be handled. Larson responded that all the models are not for everyone and they have many clients that use both this model and the traditional model. Kathy Honeywell asked they have tried doing this model in combination where the village model is available because that would be an amazing partnership. Larson responded that that they have not tried that combination but agreed that it would be a great partnership. Eckert thanked Larson for the presentation and all the new information. **PPT Attached**

### **DRS Waiver Customers over age 60+) HSP, TBI, & HIV/AIDS:**

John Eckert asked Lyle VanDeventer if he could provide an update on seniors and the three DHS waivers. Lyle shared that the latest data he could obtain is a few months old. Lyle shared that they serve about 30,000-32,000 a year in HSP. Of that number, currently customers age 60 and over are about 11,000. Lora McCurdy asked about the median age. The median age is in the mid 50's now, which is a significant increase from 15 to 20 years ago. He shared that people tend to stay in the Home Services Program after they turn 60 but are still given the option to be referred to Aging's program. Many individuals do move to the Aging program, one reason being that they can access transportation services which are not available in HSP. 63% of HSP's population is between the ages of 0 to 59, with 37% aged 60 and above. This 65 plus group is the one we are talking about now and the breakdown is not always equal across all three waivers. The general home services program cannot accept applications if the individual is over age 59. The other two waiver programs, the brain waiver and the HIV AIDS waiver programs can take applications from people aged 60 and over. The general home services program serves about 9,000, the HIV/AIDS waiver about 300, and the Brain Injury waiver about 800-850. Lyle will share the median age data when it becomes available. McCurdy thanked Lyle for the data and stated that it is very helpful. Susan Real asked if the service cost maximum is higher for the three waivers than it is for the community care program. Lyle responded that it is hard to compare the two service cost maximums because they are organized differently. He shared that the HIV/AIDS and brain injury waivers' service cost maximums are higher than the general population for two reasons. For brain injury cases, it is more expensive to serve people in nursing facilities than the general population. For the AIDS waiver they had to factor in medical care in the increase to determine service cost maximum. Lyle stated that Susan is correct in saying that the service cost maximum is higher for those two waivers. Berkes confirmed that the service cost maximum is the nursing cost. Eckert stated that originally they tried to discouraged making the connection of stroke qualifying for the brain injury waiver because they were trying to get the program for people who had a more traumatic injury, but it is available for seniors if they have a stroke. It appears that they are trying to push that as an option for people who had strokes because of a higher service cost maximum. Lyle shared that they could inform the customer that they can apply for the Aging service. Lyle thanked everyone for the opportunity.

### **Department Updates:**

#### **Communication with network on Reopening, returning to FTF and Vaccination Activities**

Lora McCurdy shared that the Department has been working on updating the guidance during the bridge phase for the Aging network. Some guidance has already gone out, like the senior center guidance and other guidance is still being worked on. The Department wants to make sure that last weeks' mask announcement is blended into the guidance. We also want to ensure that we follow both CDC and IDPH guidelines. She added that this has been a very fluid and everchanging environment. The good news is that the state is beginning to reopen. Amy

Lulich confirmed that she has been working on updating the guidance and the screening tool, as well as other documents that were created earlier last year to help service providers as they are going back into facilities or participating in services. Mike Berkes shared that the Adult Day Service (ADS) providers have re-opened with a limited capacity for quite some time. He stated that these providers had shifted to the delivery of remote services under Appendix K, when the COVID 19 came upon us. Some of the remote services offered by ADS providers include ADS nurse stopping by to check vitals and diabetes management. He shared that an additional 3 or 4 ADS providers have been brought on board during the pandemic and that is very exciting. Now we have 73 or 74 ADS providers, pre COVID we had 70. About 64 or 65 are open and providing face to face services under limited capacity, following the Bridge phase guidance. He shared that he doesn't think that we should be pulling off masks off with this vulnerable population that we serve. The Department had been making sure that updated guidance is provided to all the providers. The ADS providers have been submitting reopening plans to the Department that include videos showing us the center and site looks like. The EHRS and AMD providers have also moved from a direct FTF to a drop off approach and will also be resuming to the direct FTF visits. All in-home providers never stopped FTF visits, thanks to all of you, that guidance will also be updated. The CCUs had been completing the initial and redeterminations remotely, we are currently looking at guidance for them and updating the COVID 19 screening tool. Lulich shared that several links were sent via the chat and reminded everyone that the Department has a resource page for COVID vaccines with great information. There has been feedback from the AAAs, CCUs and providers that they are getting past the individuals that are willing and wanting to get the vaccine. The challenge has been to get the vaccine to the homebound. She highlighted that there are links for Suburban Cook County and the City of Chicago and every Friday a summary of resources are sent out. Last Friday a list of homebound resources was sent out that was shared by IDPH. Some of these resources go beyond the Cook County, Suburban Cook County and the City of Chicago. That document can be included when any follow up documents go out for this meeting. Also, to follow up on Holloway's presentation, there is a link to request a vaccine clinic for those organizations or providers that want to host a vaccine clinic in their organization. The Department will also be working with Northwestern Center for Health and Communication to record a training class video where a scenario will be provided to walk through vaccine scenarios of vaccine hesitancy among older adults and persons with disabilities. Director Basta added that something will be done in Spanish. The Department also shared that data on vaccine hesitancy is also being collected.

#### Legislative Update (State and Federal activities)

Katherine Ostrowski shared that SB 700 would require mandated reporters to report suspected abuse in cases that in cases that ended in a death. This bill passed the human services committee, the sponsor Representative Stuart has agreed to add in one of our initiatives that got held up into this bill; it will include an expanded definition of mandated reporter that would include insurance adjusters and investment advisors. This amendment is scheduled to be heard on Wednesday. HB 2566 would be a demonstration on average to minority seniors, this has had been held up in the house and we are looking for a shell bill to get it through. SB 2133 requires additional data collection for hospitals, this one passed the Senate and is scheduled to be in the house. HB158 was the healthcare pillar of the Illinois Legislative Black Caucus, passed both the house and the Senate and was signed by the governor. Ostrowski stated they are working with the Alzheimer's Association on a Dementia training that would be required for Adult Protective Service by that bill. Ostrowski shared that she spent the last few years working with the House of Representatives and has some legislative background and is happy to make the move over to the Department on Aging. Director Basta noted that Gloria Simmons filled in between when Samantha Brill left and Ostrowski started and did an amazing job filling in for a couple of months.

Lora McCurdy followed up on the American Rescue Plan, she stated that many may be familiar with the federal legislation that President Biden signed into law back in March this year with his plan. Under this plan States are receiving a lot more resources and this is good news. Our Department on Aging is receiving \$50 million through this American Rescue Plan, a lot of this funding is for our Older American services, for example Home Delivered Meals, Congregate Meals, Social Isolation, Caregiving, COVID Vaccination Outreach, Ombudsman and APS. The Department has been working to get a better understanding of this guidance from federal ACL as well as from the Federal Centers of Medicaid and Medicare services. In addition to all this funding, just for the Older American Act programs, we are also receiving what is called an Enhanced FMAP, which is the Federal Medicaid Assistance Percentage. Our Medicaid Waiver program is going to receive an enhancement of 10% in FMAP from April 1, 2021 through March 31, 2022 for expenditures during this time period. The good news is that we have until 2024 to spend those enhanced FMAP dollars, this enhanced money will be for the community care program.

McCurdy shared that the 26-page guidance just came out last Thursday and they were on a call today at noon to go over the guidance. The Department is trying to work on this as quickly as they can, but the good news is that there is a lot more funding. The Social Isolation grant alone is 16.7 million dollars and this grant is through 2024, these ACL grants require a state match; they are working with the office of management budget to ensure we have a budget to meet the requirements. The Department needs to talk to the Medicaid State agency, and they are over all the Medicaid Waiver Programs and they are the main agency that works with CMS. Everything that the Department does with the enhanced FMAP has to go through the Department of Healthcare and Family Services. Kathy Honeywell asked if coordination is under the enhanced FMAP. McCurdy responded that when the guidance was reviewed earlier on the call, it seemed like the enhanced FMAP is for direct services and not the services that we claimed under administrative related claims. The Department will follow up and ask those type of questions.

### Budget/Fiscal

Theresa McKeon shared that we do not have our FY22 budget yet, they are still working on it. We need to keep our fingers crossed that everything we asked for is approved, but we will not know until we get it. As far as payments, we are currently getting payments out the door. We encourage everyone to bill daily, as we are sending bills to the Comptroller daily.

### Outreach with HFS on MCOs and HDMs

Lora McCurdy shared that over the last several months the Department has been working with the managed care staff at HFS to see if we can improve the number of HDM referrals from MCOs. The AAA's and the CCUs reached out to the Department concerned about not seeing as many referrals from MCO's for HDM. We have had several calls looking at the HDM referral form and revised the form to include some better data points to make sure we are able to track whether we are getting these referrals from the MCO's. AgeOptions had some helpful data that we were able to add. McCurdy stated that nutrition and access to food is very important for older adults and we are trying to make this an easier process to make referrals. We are hoping to that the revised referral form is going to help with that, it is close to being finalized. McCurdy shared that Paul Bennett, Susan Real and Linda Hubbartt are part of this group and asked if anyone wanted to add anything. Bennett stated that the referrals are an issue. Linda Hubbartt thanked the Department for the efforts and hopes that the referrals will increase. She shared that the HDM are not only important in food and nutrition but also may be the only contact that a senior have for weeks at a time, especially during COVID, so it is a priority. Susan Real commented that with the rate of turnover it has been difficult to establish continuous relationships. Bennett shared that AgeOptions just completed a training and it is not just HDM referrals that there is an issue with. He stated they received a referral that should have gone to the City and another referral that should have gone to Age Guide. The issue may be the changing staff, turnover and so forth so they may just benefit from training on the aging network. Gustavo Saberbein agreed. McCurdy thanked everyone for the points shared.

### Emergency Senior Services

Mike Berkes reminded everyone that ESS is the pot of money, GRF funds, that went to the CCUs in form of a grant back in March 2020 when COVID came upon us. This money was to be used to meet any unmet needs resulting from COVID, we all know ways in which COVID didn't have a direct impact but impacted households or employment. The list includes paying monthly bills, utilities and things of that nature. He shared that we have been very successful with ESS, without looking at numbers he shared that has touched over 10,000 lives but there may be duplication there. This includes grocery delivery, food, assistance with medications, and durable medical equipment. We are currently working on getting FY22 and FY23 grants available through Amplifund, which is the new grants management system. Berkes asked if any CCUs on the call would like to take 1 or 2 minutes to talk about their experience with ESS funds. Linda Hubbartt shared that ESS has had such a wonderful meaningful impact on people's lives. She shared that groceries are critical in nature and they provide services in 9 counties and their Care Coordinators are just wonderful with that. In Effingham, if someone needs groceries, they have a list going and they can get groceries delivered within 2 hours. Where in Marion County they must rely on a pick at Walmart. She shared that they are always learning something new, she didn't know that Walmart offered setting up breadboxes and that it can just be added to the cost. Berkes thanked Hubbartt for sharing and stated that he understands that these funds are meeting the needs of older adults. He understands that there has been collaboration to make this work and thanked everyone. He also mentioned that Hubbartt has done a lot of work with ramps.

### Elderly Waiver Renewal

Mike Berkes shared that his Aging team has been working very hard to submit the Elderly Waiver renewal to HFS by May 21<sup>st</sup> to allow their administration to have one week to review before posting it for public comment on June 1<sup>st</sup>. The public comment period will run from June 1<sup>st</sup> through July 1<sup>st</sup>, when the 30-day public comment period closes, the waiver will then be submitted by HFS to Federal CMS. They will have a 90-day window to review and get it back in the beginning of the federal fiscal year, October 2021. Berkes shared that the Department is submitting a blanket waiver renewal because COVID has made things very tricky and we do not want our waiver as we know it to be in jeopardy. We will be renewing our waiver with the addition of the 6-month FTF visit with older adults, which is a wonderful thing. Currently our initial assessments are completed and our annual redetermination of need and now we are going to be seeing all our older adults in our caseload between months 4 and 8 to adjust their plan of care and address goals; and to follow up on Critical Events. Berkes shared that the Department plans to submit the waiver renewal now and then turn around go back to CMS to submit an amendment when ready.

### Public Comments, Other Issues & Announcements:

John Eckert shared that Megan Spitz from IHDA just jumped off the line but has shared information on the chat regarding the press release from the governor's office today related to the rental and mortgage assistance. We will make sure that it is circulated to everyone on the call because they have a lot of things coming on related assistance for rent, mortgage, and utility assistance that could the older adults that we serve.

Eckert asked if anyone has any agenda items or topics you would like discussed in upcoming meetings please let him or Sophia know. We are open to new ideas and thoughts. Also let us know if your interested in serving on the Executive committee. Director Basta thanked everyone for their dedication in serving older adults and looking at how we can continue with our work to rebalance Illinois.

### Motion to Adjourn

John Eckert asked for a motion to adjourn the meeting; Gustavo Saberbein made a motion and Kathy Honeywell seconded the motion. The motion to adjourn was approved unanimously. The meeting was adjourned at 3:02 p.m.