



## Older Adult Services Advisory Committee Meeting Minutes

**Date: August 23, 2021 1:00 – 3:00 p.m. (Approved 11/15/2021)**

Call in: Dial: #1-415-655-0002 Access code: 177 652 287#, 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  
Carrie Chapman (for Meghan Carter) – Legal Council for Health Justice  
Theresa Collins – Senior Services Plus Inc.  
Susan Courtheoux – Legal Aid Chicago  
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  
Sharon Manning – Family Caregiver  
June McKoy - Northwestern University Feinberg School of Medicine  
David Olsen – Alzheimer Association Illinois Chapter  
Sara Ratcliffe – Illinois HomeCare and Hospice Council  
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  
Mari Money (for Christopher B. Meister) — Illinois Finance Authority

Kelly Richards – State Long Term Care Ombudsman  
Sara Robinson Torres (for Megan Spitz) – Illinois Housing Development Authority  
Lyle VanDeventer – Department of Human Services  
Pamela Winsel (for Kelly Cunningham) – Department of Healthcare and Family Services

#### **Department on Aging staff:**

Desirey Ackermann, Rhonda Armstead, Mike Berkes, Sue DeBoer, Selma D'Souza, John Eckert, Jessica Klaus, Sophia Gonzalez, Amy Lulich, Lora McCurdy, Theresa McKeon, Chuck Miller, Lee Moriarty, Katherine Ostrowski, Chelsy Peters, Michael Sartorius, Iris Schweier, Megan Thornton, LaRhonda Williams and Lisa Zurbier

### **GUESTS:**

Ali Johnson, Brycie Kochuyt, Bailey Huffman, Gabriela Maroney, Robin Morgan, and Sandy Pastore

**NOT IN ATTENDANCE:**

**OASAC Committee Members**

Amy S. Brown – CRIS Healthy Aging Center  
Cindy Cunningham – Illinois Adult Day Services Association  
Susan Hughes – UIC Community Health Sciences School of Public Health  
Michael Koronkowski – UIC College of Pharmacy  
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana  
Kimberly Palermo – Illinois Healthcare Association  
Jacqueline Rodriguez – SEIU HealthCare – Illinois and Indiana  
Walter Rosenberg – Rush University Medical Center  
Ancy Zacharia – Home Care Physicians

**Ex-officio Committee Members:**

**Welcome & Introductions:**

Director Basta 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. Gustavo Saberbein made the motion and Linda Hubbart seconded. All members voted in favor.

**Welcome New OASAC Executive Members and Staff:**

Director Basta welcomed the new OASAC Executive members; Sherry Barter-Hamlin, Kelly Fischer, Topaz Gunderson-Schweska and David Olsen. Katherine Ostrowski introduced herself, she is the new legislative liaison and Iris Schweier is our new public information officer.

**Approve minutes from the Full OASAC meeting on May 17, 2021:**

John Eckert asked for a motion to approve the minutes from the May 17, 2021 meeting. David Olsen made the motion and Sara Jean Lindholm seconded. No additions or corrections were noted. The minutes were approved unanimously by members and will be posted on the Department website.

**2021 Advisory Group Member Ethics and Harassment/Discrimination Prevention Training:**

Sophia Gonzalez shared that an email has been sent out to all OASAC members informing that the 2021 Advisory group Ethics and Harassment/Discrimination trainings need to be completed and training certificates must be submitted by October 31, 2021. There are two options for completing these trainings; via OneNet or paper format. Additional reminders will continue to be sent until we reach compliance from all members. Any questions please email Sophia.

**Illinois Aging Together: Campaign for a Strategic Action Plan for Aging:**

Sandy Pastore, previous OASAC member, presented on the Illinois Aging Together campaign for a Strategic Action Plan for Aging that creates a long-term cross sector vision for aging equity across the life course for Illinoisans. She shared information on the Illinois Population Distribution by Age results from the 2019 American Community Survey and the health inequities with statewide gaps in life expectancy by county. She talked about the population changes Social and Health Inequities decreasing life expectancy. A review of how Illinois is doing with Long Term Care was provided. The Illinois overall ranking is #18, for Quality of Life and Quality of Care Illinois ranked #40. Sandy went over the differences between the State Plan on Aging and the Strategic Plan for Aging. The State Plan is required by the Administration for Community Living for federal funds every 3 years and requires stakeholder input. The State Plan reports on existing approved and funded services, the status of current plan progress, plans for improvement and is a collaboration with Division of Health and Human Services. The Strategic Plan for Aging is a blueprint that includes planning for 10 or more years, is generally led by a governor with other executive and legislative leaders. It is developed to guide restructuring of state and local policy, programs, and funding geared toward aging well in the community.

It was shared that other states have done this, Massachusetts, Texas and California, all did it with executive orders legislation passed, but Governor vetoed it and the new governor then passed it with an executive order. Colorado did it with legislation They are looking at their master plan for aging, they're looking at housing, health, social, isolation, caregiving, and affordability of aging. They have multiple goals under each of those and they have different agencies and folks that are responsible for that. They also have an indicator of how far along they are in their progress. Sandy shared that her group is looking for local people to be advocates and stories of Aging experience in Illinois. She shared that they are designing an Aging Policy Academy to teach how to be an advisor or ambassador; they will also be talking to legislators soon. The website is currently being designed and it is not up yet but should be by the end of the month. Susan Real thanked Sandy and her staff and shared that they have conducted about 6 or 7 Town halls in her PSA. Susan stated that there is a cross section of different aging advocates, not just the regular players and it has been interesting to hear their perspective. Sara Jean Lindholm shared that she is a member of the Long-Term Care Committee, and she has never seen the members of that Committee be so energized and supportive on an initiative. Sara Jean thanked Sandy for coming on board and leading the effort. She shared that she hopes that we can share the enthusiasm and help mobilize the attention of a very fragmented society on an issue that's facing us all and make Illinois a wonderful place to grow old. Dr. June McKoy echoed what has been said and added that this is a wonderful initiative. She stated that it is a time when all are concerned about equitable care across the board and to see this initiative as it pertains to older adults, is very heartening. John Eckert shared that this dovetails perfectly with what the Department is doing, more outreach to more diverse and be more inclusive to the populations we are serving. David Olsen also thanked Sandy for the presentation and if they are looking at the legislation, just to initiate that process or if there is any additional funding for implementation or anything like that? He also asked what she envisions working on this year. Sandy responded that they must decide that with their committees. Sandy asked if anyone is interested in being a part of any of their 3 committees forming. They will start meeting this fall and are looking to develop a campaign advisory committee, a legislative committee, and an academic advisory. She added that they do need to attach funding to it because oftentimes legislation for aging are unfunded mandates, which impact development and implementation. Lori Hendren asked about the timeframe and what they are envisioning. Sandy shared that they have a timeline to appoint the committee members and then the committee would have a timeline to submit a strategic action plan. Lori suggested having a conversation with AARP regarding the Age Friendly livable communities' framework/plan. Amy Lulich reminded everyone that the State Plan on Aging that is waiting for ACL's final approval does have some objectives and strategies around becoming an age-friendly state, she encourage everyone to go back and revisit those. The plan is for federal fiscal years 2022-2024. Dr. McKoy shared that back in 2013 she worked on putting together a report that was submitted to the city and had a designation by the World Health Organization. She will circulate the report to the group. It focuses on infrastructure issues. **(Sandy's PPT attached)**

### **Department Updates:**

#### CCUs and Provider FTF Guidance

John Eckert shared that at the CCUs received guidance on returning to FTF visits when possible at end of July, then things changed with the Delta variant and now some hospitals may not be letting people in. The Department is steady that we want FTF visits when possible. If there is a push back due to COVID, we are asking the CCUs document well and continue to complete remote work. People have been out at sporting and concert events and we feel we are not asking much from the Care Coordinators to return to FTF visits. ADS, EHRS and in-home providers have been going FTF all this time and we applaud them. We want supervisors to go back in as well. APS never really stopped going in FTF, they used PPE and continued doing their investigations. Lora McCurdy thanked them and added that maybe we can share a PPT with numbers, that was shared with CCPAC and will be sharing with the AAA's during the next meeting. The PPT is uplifting, as it shows our network has been resilient and we should recognize them. Mike Berkes added that we had guidance for all providers during Phase 5. He added that Delta helped us identify drivers that would kick us back to remote. Ensuring we take into consideration the health, safety & welfare of everyone. There will also be new language that will support the outreach with Delta.

#### Ongoing Vaccination Outreach Activities

Amy Lulich shared that there is COVID summary that shares resources, outreach, and education shared every Friday. The information received from IDPH regarding the booster shots is that the recommendation is that you get a booster shot 8 months after your 2<sup>nd</sup> dose. Information about the booster shot for individuals who are

immunocompromised can access the link to the guidance about the definition for compromise from the CDC. As a reminder we do have resources for talking to older adults about vaccines and vaccine hesitancy on our website. Dr. Mike Issac did an hour-long presentation titled Yikes what's next? where he talked about science, privileged data and brought it to a level that everyone could understand. We also have resources for caregivers on our website. The Department is learning as you are, and we wait for guidance from IDPH. Meghan Thornton shared that the Pfizer vaccine was approved today. Lora McCurdy shared that she hopes that helps. Lulich stated that the Kaiser Foundation had a survey in June/July of people with vaccine hesitancy in January, they followed up in June about emergency vs. fully approved. Mike Berkes shared that the Department sent out a survey to the CCUs and it includes information on vaccine hesitancy. John Eckert stated that it is also important for the aging network to gear up for the flu season and to encourage people to get vaccinated for the flu too.

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

Katherine Ostrowski shared that they are working on proposals for veto session which will be the last 2 weeks in October and working on proposals for next year. One proposal for the fall is to reintroduce one of our initiatives to expand the definition of mandated reporter to include insurance adjudicators. There are also a few different initiatives and are the Department set to meet with the governor's office on September 16th to weigh those out a little bit more and see if they are doable. We will have more updates in the next coming months.

#### Budget/Fiscal

Theresa McKeon shared that we have an FY22 budget and we are starting to let everyone bill for FY22. We are pulling bills and requested that providers submit all FY21. If anyone has any questions, they can reach out to her.

#### ARP Enhanced FMAP

Lora McCurdy shared that she is very excited to share that the Department on Aging collaborated closely with our sister agencies to submit a proposal under the American Rescue Plan for states to get a 10% enhanced match. It is \$98MIL for services that we are hoping to include under our Elderly Medicaid Waiver. Services like assistive technology, modifications, EHRS fall detection, GPS and ADS community outing/community integration and additional funding for our providers for expansions of services to keep people in the community and in their own homes. McCurdy stated that most know that our waiver currently offers 4 core services. We will receive \$7.2MIL for fall detection in the 1st year, \$3MIL for environmental modifications, \$2MIL for offset payments. The second piece is that the FMAP is going toward the Workforce Stabilization and Staff Retention. Many of you saw Amy Brown's email response earlier today, she is the director of CRIS Healthy Aging in Champagne and Danville. She had to miss the meeting today because she had to go out to provide direct services, direct casework. We have been hearing from pretty much all our entire network that COVID they have been having issues. They have shared that COVID has negatively impacted our providers ability to recruit and retain staff. We are happy and hopeful that this enhanced FMAP funding will be helpful, it is not approved yet. CCUs will receive a (one-time bonus payment) up to \$175,000 per CCU, that will be used toward retention and recruitment of Care Coordinators. The rate study completed one year and a half ago had also recommended a rate increase and we also plan to receive \$9MIL for rate enhancements. As shared before, we know that our in-home providers and our ADS providers have also been really struggling to retain their staff. We have been working with HFS to move up the January 2022 rate increase to Nov. 1<sup>st</sup> 2021, we will have \$7MIL to do that. Mike Berkes has also been working on the Waiver Amendment with his team. We also have \$48MIL from ACL that is going to go out to our AAA's. McCurdy added that these funds will focus on Social Isolation, Caregiver Support, HDM and Congregate Meals, Prevention Health, Ombudsman and Elder Justice, and COVID vaccination outreach assistance. We also have the Elder Justice Act which provided funding to some our agencies. Pam Winsel (HFS) shared that they have submitted our initial spending plan to CMS, and they are still waiting their approval. She added that she is sure CMS is overwhelmed with all the state spending plans received. The guidance received indicated that states would receive feedback within 30 days, which have passed already. The spending plan was submitted on July 6, 2021. McCurdy mentioned that maybe in a later meeting Eckert can set up a meeting to discuss lessons learned from COVID pandemic. For example, the assistive technology expansion was based on its success. She shared that we just received a nice report from Willie Gunther at the Illinois Assistive Technology Program and maybe at a future meeting, we could talk a little bit more about the success of that program. Also, in a future meeting we can go into detail on how ESS influenced the assistive technology and environmental home modifications and CERA falls data. Gustavo Saberbein asked for an update on MCO hours and the one-time bonus payments. McCurdy shared that this will need to be addressed by HFS as they oversee MCOs. Dave Lowitzki stated that all in-home providers will receive payment regardless of payment source.

### Emergency Senior Services

Mike Berkes shared that ESS was the gap filling funds that originated from the PHE in March 2020 and continued through 2021. The Department is currently working on the 2-year contracts for FY22 and FY23 within Amplifund. For this multiyear grant there will be \$5MIL for FY22 and \$5MIL for FY23. Berkes commented that we do not see ESS funds going away anytime soon because the needs are high. John Eckert shared that he likes the fact that with the emergency senior services we have pivoted a little bit to include emergency gap filling as well. He asked everyone to be keep in mind that these funds are available for people that are missing something and can't get a service or support quickly. These funds can be utilized, and it does not necessarily have to be directly related to COVID.

### Elderly Waiver Renewal

Mike Berkes thanked Pam Wenzel and Robin Morgan from HFS for their collaboration with submitting the Elderly Waiver renewal and shared that they heard back last week and received only 5 pages of questions this time. He shared that the Department has received more questions in the past but this time they were proactive in cleaning up the questions they thought they would have. Pam stated that she was glad to only receive 5 pages of comments and was glad that they partnered to be proactive. She is glad that CMS will be able to see that they have learned from experiences. She appreciates the help and partnership with the Department.

### Colbert/Williams Decree Presentation:

Ali Johnson thanked Director Basta for the opportunity to present and shared that she is happy to be available to talk about anything regarding the Williams and Colbert Consent Decrees to improve and mitigate violations of the ADA and Olmstead Supreme Court Decision. She shared that the Williams Consent Decree was entered in 2010 and the parties agreed that all persons with SMI in SMHRFs have the right to choose to live in community-based settings; be offered HCBS services, and the State has an obligation to expand the community-based service system to support the class member's needs. The Colbert Consent Decree was entered in 2011 and the parties agreed that the State is responsible for informing the members of their eligibility for community-based services, provide a comprehensive assessment, and as appropriate provide class members with housing, waiver services and supports in a community based a setting. Johnson went over the differences between the two Decrees and shared that high level required activities for both that include outreach, evaluation, service planning, transitions, and reporting. She shared that there are roughly 4,000 Williams class members in the 23 SMHRFs in Illinois, most of those SMRFs are in the Cook County area. There are close to 19,000 Colbert class members in the 190 plus Cook County nursing facilities and the one exception in the Colbert Consent decree that does allow for exclusion criteria. These class members with the confirmed diagnosis of dementia and all other cognitive impairment deem them excluded from the assessment and service planning process of the program. There also is an FY22 Implementation Plan that contains over 100 separate strategies, and each has an action, performance metric, expected outcome, and due date. The Department of Human Services, Department on Aging, the Department of Public Health and the Department of Health Care and Family Services came up with different strategies to move the state forward in becoming into compliance with these consent decrees. She noted that the Williams Consent decree has a required activity, Front Door Diversion and that to meet this requirement, the prime agencies must first offer community -based settings and services to an individual before they are admitted into a SMHRF. In February 2020 the Comprehensive Class Member Transition Program (CCMTP) pilot was introduced, that combines operations of both Williams and Colbert. The goal is to streamline and standardize the process; to use the same agency from start to finish for all services, in the past we had different providers. Outreach, assessment, service planning, transitions, housing and post transition follow up for 18 months are included. In FY22 the goal is to transition 400 class members for Williams and 450 Class members for Colbert. This will take attention and collaboration from everyone; we may be serving the same individuals. Johnson shared that she looks forward to collaborating with everyone. There are 13 "Prime Agency" CCMTP providers that include Trilogy, LSSI and Grand Prairie Services among others. Other partners include UIC College of Nursing for the day to day oversight, data and reporting. The rental assistance subsidies are Bridge Subsidy Administrators (IACCA, HACC, CC). NAMI for Peer Ambassador Program and In-Home Recovery Support. Johnson added that other helpful resources were also shared in the PPT that was shared with the invite.

Sarah Lindholm asked how many persons have benefited from these programs since 2010 and 2011 and what is your assessment of why momentum declined? Johnson shared that she does not have exact numbers but for William there were about 4,500 transitions and for Colbert less than 4,500. She added that there was a decrease 18,000 staffing and the service delivery system was not keeping up with needs and it needed to be streamlined. This negatively impacted staffing at the provider agencies contributed to that also and just that the service delivery system wasn't keeping up with the exact needs of class members that that disjointed model really wasn't working in the interest of the class members. John Eckert shared that LaRhonda Williams and Kelly Richards are present, in case they have anything to add. Kelly stated that they have had several meetings their Regional Ombudsman to discuss the Colbert and Williams Decrees. They have also met with Johnson to have questions answered and they are monitoring the discharges. During the resident council meetings that these Ombudsmen are going to explain the ombudsmen program and share any information with the class members in terms of what it is they do, and how we can assist and advocate for them. Paul Bennett asked if there is anything happening on the Colbert side for diversion, like the diversion activities going on the Williams side. Johnson responded that it is not strictly diversion from individuals being admitted into SMHRFs because they rely on the PASRR screen. Some individuals may still be in route to a skilled nursing facility but have a PASRR level 2 screen and they are still eligible to be referred to the front door diversion program. She added that with the home services they are preventing people from being admitted into facilities but there is no specific diversion or front offer to be diverted requirement under the Colbert Consent Decree. Eckert stated that he thinks that when we get a discharged from a hospital, you get a 24-hour notice and it is not impossible, but it is very difficult to try to set up community-based services in 24-hours. He added that they are working on how they can deflect more people that way. They are working with Johnson on the updated service selection and certification form. This form is used when someone is going to a hospital or a nursing facility for a short-term rehab. It has places for contacts, the participant family members and interested parties, so that we can follow up coordinate with the MCOs and DRS soon. In short-term, we are trying to make sure that those short-term rehab stays don't turn into long term, rapid re-integration is our most successful right now. Deflection is going to continue to be problematic, but I think we do it as best as possible. In the long-term, we are hoping that with the expansion of waiver services we will be able to keep a lot of people in their homes a lot longer with some of the new services and supports that are going to be added to the waiver. Lora McCurdy shared that Gabriela Moroney at HFS is looking at how we can improve the PASRR process. The Lewin Group looked at deflection in the past and identified barriers. One being that the doctor will call the CCU to do a prescreen and they have already decided that they will go to a NH and it is a very short notice to try to do any type of deflection. We need to build those relationships with the hospitals. Bennett clarified that when he used the word deflection, he was also referring to intervention. He shared that years ago there was a proposal that didn't go anywhere in our general assembly, but it was a proposal to mandate a visit within 20 days of the admission so that these short-term stays, didn't turn into long term stays. Gabriela Maroney shared that they are redesigning the PASRR to be more standardized, streamlined, and more compliant with the Consent Decrees. They are also working on a platform for sharing information to be used by transition and advisors to be able to do a better job at serving individuals. She hopes to have more news to share moving forward. Eckert shared that we must look at the choices for care screening as a state mandate for 60 and over and to have an agreement with DRS for those aged 18 - 59 that is aimed at people's mental health and intellectual development. He added that he is most excited that we are going to have an inter-governmental agreement on data sharing. Eckert added a couple of comments related to Johnson's presentation, they are working with Johnson to try to help identify prime agencies that had individuals and did not keep their contract. There are 11 people who were not followed up on and we are seeing if we can assist these individuals to move back into the community. We are also looking at some of the transitions from people leaving nursing facilities that might be in there for 10 days in and out to try to identify some individuals that have been in their longer term and then have come out through CCP and should be counted as cobra transition. This may help increase those transition numbers. There was a comment in the chat that there could be deflection of people who go to skilled nursing for rehab from staying for long term care and it would also really help if Medicaid would pay for an apartment in the community, if they needed to stay for a little longer. John shared that for Colbert class members, there's up to 4,000 dollars for transition costs, to pay for your rent deposit and furniture studio. You also have an average subsidy that will help Colbert and Williams members. Bennet shared that AgeOptions noted as a suggestion to the waiver renewal that there could be some consideration in the future to enable a person to at least keep their apartment for a longer period of time before they lose it in the community, if they have to go into a long term care facility. **(Ali's PPT attached)**

**Public Comments, Other Issues & Announcements:**

John Eckert asked Bailey Huffman from CCA to introduce herself, she is a new executive director of Coordinated Care Alliance (CCA). Bailey shared that she was recently appointed as the Executive Director to CCA. She has worked with aging services for a long time, with AgeOptions for several years, and lots of different programs. She is currently working on an ACL grant in partnership with AgeOptions as a subcontractor for the whole program. She added that everyone may hear more about this soon. She reminded everyone that CCA is a network for Care Coordination Units across Illinois. Eckert added that Bailey has met with Aging staff a couple of times to talking about data elements on this new Home Meds initiative. This initiative will look at getting the medication that a person needs and not having medications that once contradict with each other. Bailey added that the Home Meds initiative is a 3-year contract and during the 1<sup>st</sup> year they will be working with 8 CCUs and by the end of the 3rd year they will we have 15 CCS, engaged, providing a total of 5,000 assessments. Eckert commented that the efficiency and advocacy of an initiative like this is something that can possibly be considered as a future waiver service.

Amy Lulich provided an update on the IL Care Connections report. She stated that we do have funding for FY22 to continue the program and they are in the process of working revising the referral form and doing a couple of tweaks-based lessons in terms of purchasing bundles, hot spots and technical assistance. They are excited to be able to continue the program and she asked everyone to stay tuned. A formal email and announcement will be sent with additional information.

Director Basta shared that the Chicago office will be moving to 555 W Monroe on September 10<sup>th</sup>. Director hopes that we will be able to meet in-person soon.

**Motion to Adjourn**

John Eckert asked for a motion to adjourn the meeting; June McKoy made a motion and Gustavo Saberbein seconded the motion. The motion to adjourn was approved unanimously. The meeting was adjourned at 2:50 p.m.