

ILLINOIS COUNCIL ON AGING

MEETING MINUTES

TUESDAY, JUNE 25, 2024

10:00 a.m. to 12:00 p.m.

ILLINOIS COUNCIL ON AGING (ICoA) MEMBERS PRESENT:

Julie Bobitt, Anthony Frazier, Paulette Hamlin, Christina Hardin-Weiss, Kim Hunt, Talat Khan, Britta Larson, Susan Lawler, Sylvia Mahle, Patricia Marton, Mubarak Mirjat, Phyllis Mitzen, Crystal Odom-McKinney, Edgar Ramirez, Kate Schwartz, Susan Vega, Meijan Linda Yu, Representative Rita Mayfield represented by Areli Barrera, Representative Maura Hirschauer represented by Kat Maggio

ICoA MEMBERS ABSENT:

Melvin Grimes, Senator Mattie Hunter, Senator Laura Fine, Senator David Syverson

VISITORS and GUESTS:

Travis Trumitch, Illinois Senior Medicare Patrol Coordinator, AgeOptions

ILLINOIS DEPARTMENT ON AGING (IDoA) STAFF PRESENT:

Mary Killough, Director
Selma D'Souza, Chief of Staff
Rhonda Armstead, General Counsel
Mike Berkes, Division Manager of Planning, Research & Development
John Eckert, Deputy Division Manager of Planning, Research & Development
Brian Pastor, Division Manager of Advocacy & Prevention Services
Glenda Corbett, Special Assistant to the Director on Community Engagement & Equity
Liz Vogt, Senior Policy Advisor
Chelsey Peters, Deputy Division Manager of Home & Community Services
Michael Schumacher, IDoA Older Americans Act Regional Coordinator
Kelly Richards, State Long Term Care Ombudsman
Gloria Simmons, Legislative Liaison
Iris Schweier, Public Information Officer
Emily Howerton, Budget & Finance Manager
Roberta Vojas, Legislative Administrative Assistant
Lisa Zuurbier, Division Manager of Community Relations & Outreach
Shauna Kalaskie, Benefit Access Program Admin., Division of Community Relations & Outreach
Lisa Dupoy, Administrative Assistant, Division of Community Relations & Outreach

SUMMARY

OPENING:

The meeting was called to order at 10:00 a.m. by Chairperson Susan Vega. Roll call was taken and it was determined that a quorum was established.

APPROVAL OF MINUTES:

The Chair asked Council members for a motion to approve the minutes from the April 4, 2024 meeting. Kim Hunt entered a motion and Britta Larson seconded the motion; all members voted aye, and the minutes were unanimously approved.

ILLINOIS SENIOR MEDICARE PATROL (SMP): Empowering Consumers to Prevent Healthcare Fraud:

Travis Trumitch, Illinois SMP Coordinator with AgeOptions, talked to the Council about how to detect and prevent Medicare fraud. Medicare estimates that \$60 billion is lost each year to fraud, errors, and abuse. SMP partners with the Illinois Area Agencies on Aging (AAAs) to reach as many people as possible with their message and education about fraud detection and prevention. The Coalition of Limited English Speaking Elderly (CLESE) supports outreach efforts to those needing translation and interpretation services. In 2023, SMP began a statewide multimedia outreach campaign to raise awareness about Medicare fraud and how to report it through the SMP Hotline.

Travis reviewed the most common types of Medicare fraud. The first, and largest, is the durable medical equipment (DME) scam. DME scams involve things like braces, walkers, canes, oxygen tanks and more. Typically the beneficiary receives a phone call from the scamster, pretending to be Medicare. The beneficiary is asked to confirm their Medicare number and other personal information. The scammer then sells that information to a DME company who pays a doctor to sign off on a prescription for the equipment. The scammer will then bill Medicare. Knee braces are the most commonly scammed product, as they are easy to mail to the beneficiary. The beneficiary may think they are getting free knee braces, but they are not free at all. A few months later, the beneficiary will see the charges on their summary notice for all of these products. These fraudulent charges can range anywhere from a few hundred dollars to tens of thousands of dollars per Medicare beneficiary.

The second most common Medicare fraud is the genetic testing scam. Typically, the scammer will set up at a county fair, similar event, or contact the beneficiary through the mail. They misrepresent themselves by advertising free testing for Medicare beneficiaries through companies such as *23andMe* or *Ancestry*. They gather the beneficiary's Medicare number and personal information, as well as complete a cheek swab. The scammers then fraudulently bill Medicare for cancer or cardiovascular screenings ranging from \$5,000 to \$25,000. Since the test advertised is never actually performed, the beneficiary will either never receive results or the results will be nonsensical but charges will be included on their Medicare summary notice.

The third most common Medicare scam is for urinary catheter kits. The scam works the same way as the DME scam, where the beneficiary's information is gathered but with this scam all of the personal information has come from a past data breach. A doctor signs the prescription and

the product is billed to the beneficiary's Medicare account. These billings are also for tens and thousands of dollars per beneficiary per month.

Some older scams that are still reported include the Medicare card scam where a caller poses as a Medicare representative and tells the beneficiary that they need a new gold colored plastic Medicare card with a chip in it, which in reality does not exist. The scammer obtains the beneficiary's information and fraudulently bills the account. In addition, there is COVID-19 diagnostic test scam that bills the beneficiary's Medicare account for tests supposedly ordered through the post office. Medicare is billed fraudulently again and again for these tests.

SMP's motto is "Prevent, Detect, Report" and their advice to beneficiaries for avoiding Medicare and Medicaid fraud is to never give their Medicare, Medicaid, or Social Security numbers to anyone they do not know and trust. SMP educates beneficiaries to not sign blank forms, accept medical supplies they did not order, and to read their Medicare summary notices to understand all charges. SMP encourages individuals suspecting Medicare fraud to call the SMP Hotline at 1-800-699-9043. More information regarding SMP may be found at www.illinoismp.org.

OLDER AMERICANS ACT (OAA) FEDERAL FISCAL YEAR (FFY) 23 REVIEW:

Michael Schumacher, IDoA Regional Coordinator, presented to the Council regarding Older Americans Act (OAA) services provided by the Area Agencies on Aging (AAAs). In Federal Fiscal Year 2023 (FFY23), 471,104 clients received OAA funded services. This is a 15 percent increase from the number of individuals served in FFY22. With regard to nutrition services, there was a slight decrease of five percent in the number of home delivered meals but there was an increase of 88 percent in the number of units, or individual congregate meals, served.

In FFY 23, legal assistance, chore, transportation, and nutrition counseling categories saw increases of 16 percent, 3 percent, 16 percent and 14 percent, respectively, from the previous year. The AAAs also provided 778,627 units of service in the information and assistance category, a four percent increase from FFY22. Caregiver services also increased by 18 percent. The older relative caregivers program, formerly known as grandparents raising grandchildren, showed a very large increase of 94 percent in total clients from FFY22 to FFY23. Michael shared that federal funding sources have generally stayed the same so the AAAs are making funding go farther to serve more participants. AAAs are also raising awareness of the services available by holding public education campaigns using various methods including advertising. Council members discussed ways to facilitate more participation in OAA services, including generating more awareness and continuing to target services delivery to those most in need.

DIRECTOR'S REPORT:

Emily Howerton, IDoA Budget and Finance Manager, provide an update on the FY25 enacted budget. The final FY25 budget is just under \$1.9 billion, an increase of 11.6 percent from the previous year. Budget highlights include a \$3 million increase for home delivered meals to support the increased costs of food and delivery. The Community Care Program (CCP) received an increase \$182.7 million for rate annualization, utilization and growth in caseloads, as well as Emergency Home Response Service (EHRS) enhancements. Also included was \$48 million in FY24

supplemental money to cover unexpected expenses incurred with rate increases for in-home providers and adult day services, and an unexpected increase in service hours.

Kelly Richards, IDoA State Ombudsman, updated ICoA members on legislative initiatives that passed the General Assembly and are pending Governor's signature. These include: 1) HB4427 to add a resident representative to the Assisted Living and Shared Housing Board; 2) SB2957 that modifies the Act on Aging to include language specifying ombudsmen access to facility incident reports and allows for consent in means other than writing; 3) SB2715 that modifies the Act on Aging by clarifying the release of ombudsman resident records; and 4) HB5095 that amends the Nursing Home Care Act by closing a loophole concerning distinct part discharges. A final initiative, HB5151, to amend the Nursing Home Care Act and the Shared Housing Act to strengthen rights related to discharges did not pass during this past legislative session. However, Kelly shared that it is expected to be brought back during the veto session.

Liz Vogt, IDoA Senior Policy Advisor, shared information regarding Community Care Program (CCP) training needs and recent survey results. The Community Care Program Advisory Committee (CCPAC) established a training subcommittee to better understand how current training meets the needs of home care aids. A survey, which was translated into ten languages, was recently made available to home care aids throughout Illinois seeking their input. To date, more than 3600 responses have been received. The training subcommittee plans to provide a summary of feedback to consider and potential enhancements for implementation.

Liz shared that the Centers for Medicare and Medicaid Services (CMS) granted approval to continue to use Legally Responsible Individuals (LRIs) as paid caregivers. This approval was granted under the waiver during the Public Health Emergency (PHE). IDoA sought to continue to allow for LRIs to serve participants although the PHE ended to help address worker shortages and add a measure of comfort to those receiving services by being able to employ someone they know and trust. The Council members discussed caregiver standardized training, the different approaches currently utilized to meet training requirements, as well as how to keep trainings relevant and current.

Liz Vogt briefed the Council on the Direct Care Workforce Peer-Learning Collaborative. Earlier this year, the Administration for Community Living (ACL) posted an opportunity for states to apply for a technical assistance grant relating to the recruitment and retention of direct care workforce staff. Illinois was awarded that technical assistance opportunity. Part of the focus is looking at the direct care workforce as a whole, and developing a core curriculum that could be used to train direct care workers across the board. Over the next six months, a state collaborative group will be meeting to discuss how to shape a core curriculum, areas of focus, certifications, and innovative ways to reach improved outcomes for all caregivers no matter where they are employed.

NEW BUSINESS:

Lisa Zurbier thanked ICoA members who volunteered to serve as judges for the Senior Illinoisans Hall of Fame. She also reminded the Council of the upcoming Illinois State Fair to be held Augst 8 to 18. She noted that Senior Day was on Monday, August 12 and encouraged Council members to visit IDoA in the Illinois Building.

ADJOURNMENT:

A motion to adjourn was made by Susan Vega and seconded by Phyllis Mitzen.

The meeting adjourned at 11:57 a.m.

Julie Bobitt, Secretary

Illinois Council on Aging