

Testimony for the

**The Public Forum on the
Transformation and Continuum of
Long Term Care in Illinois**

Prepared by

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My name is Walter Meyers. I am the Manager of the Community Planning Division for the Northeastern Illinois Area Agency on Aging. The Area Agency on Aging began in 1972 as a model project and was formally designated by the Illinois Department on Aging in 1974. The agency plans and funds services for older Americans and caregivers in the eight county area of DuPage, Grundy Kane, Kankakee, Kendall, Lake, McHenry and Will. This service area includes over 482,000 older adults.

My comments will focus on how the Affordable Care Act and the CLASS Act provide opportunities for the Aging Network to assist in the transformation and continuum of Long Term Care for the people of Illinois:

- Health promotion and disease prevention across the lifespan,
- Home and community-based services for older adults and persons with disabilities,
- Successful care transitions for patients from hospital to home,
- Medication Management, and
- Community Living Assistance Services and Supports - a voluntary insurance program for long term services and supports.

I would like to share our experiences in providing several services that are consistent with recent legislation in the hope that we and the rest of the Aging Network can contribute to the successful implementation of these Acts in Illinois.

Health Promotion and Disease Prevention

Northeastern Illinois Area Agency on Aging is dedicated to encouraging a sense of community and belonging among older adults and offers grants to community centers to address senior's basic needs, access to resources, and staying connected to the community. Beginning October 1, 2009, these "Community Connection Center" grants have been used to support center programming and for evidence based programs.

Along with the delivery of diverse programming, these sites are also implementing evidence based health promotion programming. Evidence-based programs provide solid evidence of effectiveness. These programs were developed, tested, and reviewed with the goal of improving interventions provided to older adults for greater health benefits. The following evidence based programs are covered:

1. **Chronic Disease Self-Management Program** – The Area Agency on Aging has received a sub-contract from the Illinois Department of Public Health to offer Communities Putting Prevention to Work funded Chronic Disease Self-Management Programs (English as well as Spanish - Tomando de su Salud) and Diabetes Self-Management Programs (English) at the

designated Community Connections Centers located in the Planning and Service Area and at the Metropolitan Family Services of DuPage.

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries, clinics, and hospitals. The program was developed with and for people with chronic health problems and their significant others. People with different problems attend the same workshop together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with at least one chronic condition.

2. **Active Living Every Day** - a 20-week behavioral change program for sedentary adults. Active Living Every Day was developed by the Cooper Institute and researchers from Brown University with the objective of encouraging people to overcome any barriers to becoming more physically active.

Eating Better, Moving More - designed to encourage older adults to eat healthier and increase their physical activity by walking. The program is part of the You Can! Steps to Healthier Aging Campaign, which is designed to help older adults improve their lifestyle in nutrition and physical activity.

3. **Fit and Strong** - a multiple component exercise program with group problem solving/education using a curriculum designed to facilitate arthritis symptom management, confidence in ability to exercise safely with arthritis, and commitment to lifestyle change.

The Affordable Care Act includes new initiatives under Title IV focused on health promotion and disease prevention including Section 4002, which creates a new Prevention and Public Health Fund to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that the State engage Area Agencies on Aging in implementing the Affordable Care Act. We recommend that the State include Area Agencies on Aging in planning discussions and engage AAAs as prominent partners to bridge health and human services on behalf of older adults.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that State agencies collaborate with Area Agencies on Aging to build the capacity of the Illinois Aging Network to sustain and expand the dissemination of evidence-based healthy aging programs to empower adults across the lifespan to lead healthier and more meaningful lives. Ultimately this investment in prevention and chronic disease management will result in fewer hospitalizations, shorter rehabilitation stays in nursing homes, and control the growth of Medicare and Medicaid expenditures.

Home and Community-Based Services for Older Adults and Persons with Disabilities

Northeastern Illinois Area Agency on Aging has developed an **Aging and Disability Resource Center (ADRC)**. In the past, individuals in need of service, caregivers and the network staff that assist them cross boundaries in search of services and benefits. But there has been minimal coordination between the disabled and aging service networks at the administrative level; the state systems require independent intake and eligibility determinations; and state resources are in a period of decline.

The NEIL ADRC model is a “no wrong door” approach where aging and disability access centers such as the NEIL Aging Resource Center (ARC, which provides consumer Information & Assistance services), designated Care Coordination Units and the Centers for Independent Living (CILs) partner together to create an ADRC system. Each organization in the partnership will use a common intake form and information and assistance procedure and can access the same resource and services database.

Title II of the Affordable Care Act contains provisions aimed at strengthening home and community-based services for older adults and other persons with chronic diseases and disabilities. This can be accomplished through a mix of changes in infrastructure including Aging and Disability Resource Centers (ADRCs), altering payment arrangements, such as Money Follows the Person, and addressing barriers to community living.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that the State engage Area Agencies on Aging in planning discussions to pursue opportunities under the Affordable Care Act that will sustain and expand home and community-based services and supports for older adults and persons with disabilities.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that the Department on Aging engage Area Agencies on Aging in the development and implementation of Coordinated Points of Entry/ADRCs and home and community-based services and supports in Illinois.

Successful Care Transitions for Patients from Hospital to Home

The **Nursing Home Diversion Grant (NHD)** is funded through the Administration on Aging as part of the Older Americans Act reauthorization and the Deficit Reduction Act of 2005. The goal is to provide frail elderly who are at risk of nursing home placement with additional flexibility of services across available funding streams. NHD funds provide services needed to remain at home for older persons that are not eligible for the Medicaid Waiver program but need assistance with: personal care, housekeeping, transportation, minor home modifications or repairs, medical care, medical equipment or supplies, assistive technology, and/or other similar services. NHD also provides respite care and other services to assist the client and the caregiver. This project is administered through Senior Services Associates in McHenry, Kane, and Kendall counties.

The **Money Follows the Person (MFP)** is a national initiative that targets persons who have lived in skilled nursing facilities, are on Medicaid, have the potential to return to community living, and desire to do so. In Illinois, the initiative focuses on older adults, persons with mental illness, and

persons with disabilities. Persons that qualify receive enhanced care coordination and will have access to additional funds to assist with the transition to community living.

These successful initiatives have focused on diverting older persons from unnecessary placement in long term care facilities through intensive community-based interventions. Similarly, the Aging Network has begun to address the acute care transition needs of older patients in hospitals. Area Agencies on Aging are critical partners in bridging health and social services for older adults.

Beginning in FY2013, Section 3025 of the Affordable Care Act would adjust payments for hospitals paid under the inpatient prospective payment system based on the ratio of each hospital's payments for potentially preventable Medicare readmissions.

Section 3026 of the Act, authorizes the HHS Secretary to establish a Community-Based Care Transitions Program to improve care transition services to high-risk Medicare beneficiaries.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that the Illinois Department on Aging engage Area Agencies on Aging in the pursuit of opportunities to collaborate with hospitals and other healthcare providers to help older adults make successful care transitions from hospital to home across the state of Illinois.

Medication Management

For several years, the Area Agency on Aging has funded Medication Management services in our eight county area. Medication Management is defined as services that educate and assist older persons to use medication properly, to manage health problems, and to prevent incorrect medication use and adverse interactions.

The Area Agency on Aging has developed a relationship with the Visiting Nurses Association (VNA). The VNA conducts a medication management assessment of each client referred by the Care Coordination Units. This assessment includes education on how to use medication properly and alerts of possible incorrect medication use and/or adverse interactions. The VNA also sends a letter to the physician with similar information and then follow up with the physician in 3 months to report outcomes of the assessment.

The most recent Outcome Measurement Report confirms the critical importance of this service. 29 older persons referred to Medication Management were sampled for the 3 month period. The average number of medications was 18 while the average number of medical conditions was 10. There were 8 Emergency Room visits and 6 hospitalizations within the last 6 months for the 29 persons in the report. 4 of the 29 persons had experienced falls in the last 6 months.

The Pharmacist identified a total of 120 drug interaction problems, 17 instances of drug duplication, 8 instances where medication was needed to be added for a medical condition, 4 instances where a medication was being used which is not recommended for the elderly, and 3 instances of excessive use of medication.

Title III, Section 3505 authorizes the HHS Secretary, acting through the Patient Safety Research Center, to establish a program to provide grants or contracts to eligible entities to implement medication management services provided by licensed pharmacists, as a collaborative, multi-disciplinary, inter-professional approach to the treatment of chronic diseases to targeted individuals, to improve the quality of care and reduce overall costs in the treatment of diseases.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that the State engage Area Agencies on Aging in pursuing opportunities under the Affordable Care Act to develop and implement a statewide Medication Management program to prevent incorrect medication use, adverse drug interactions, and promote appropriate and effective medication therapy for older adults.

The CLASS Act

Senate Bill 2098 created the **Senior Health Assistance Program (SHAP)** within the Department of Aging. The Senior Health Assistance Program provides outreach and education to senior citizens and younger disabled adults on available prescription drug coverage and discount programs. This program also operates a clearinghouse for all information regarding prescription drug coverage. The Illinois Department on Aging provides state General Revenue Funds to Area Agencies on Aging for Outreach to seniors who could benefit from the Illinois Cares Rx and Circuit Breaker and other public or private Rx assistance program.

With the passage of the Affordable Care Act in March 2010, **the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)** was amended in Section 3306 to provide additional funding for Medicare outreach and enrollment activities. This legislation builds upon 2008 MIPPA legislation which provided for beneficiary outreach and included funding to State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs) and Title VI Native American Programs, Aging and Disability Resource Center programs (ADRCs), and for a resource center to help coordinate efforts to inform older Americans about available Federal and State benefits available. The 2010 Affordable Care Act provides additional federal funding to be administered by the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) for these outreach and resource center activities.

Area Agencies on Aging use MIPPA funds to inform eligible elders about the benefits available to them through Medicare Part D, the Low Income Subsidy, the Medicare Savings Program or Medicare prevention benefits and screenings.

The Affordable Care Act includes provisions of the CLASS Act – Community Living Assistance Services and Supports. This is a new federally administered voluntary insurance program for long term services and supports to be available by 2014.

Area Agencies on Aging administer and coordinate a network of local provider agencies that educate, counsel and assist older adults and their families in accessing a variety of programs, benefits and services. Area Agencies on Aging and local provider agencies will be critical partners in educating individuals and families about this new voluntary insurance program and providing

options counseling to help them select long term services and supports that best suit their needs, preferences, and budgets.

Recommendation: Northeastern Illinois Area Agency on Aging recommends that the State engage Area Agencies on Aging in planning discussions for the implementation of the CLASS Act in Illinois.

The Northeastern Illinois Area Agency on Aging appreciates the opportunity to present testimony and looks forward to working with the Illinois Long Term Care Council and the Illinois Coalition on Mental Health & Aging to transform the Continuum of Long Term Care in Illinois.

The following is a transcript of the Q & A period that followed the testimony.

Question: Medical Management is a system of activities to identify potential medication errors...is there a need to consult with pharmacists, provide a mentoring function, and a monitoring function through technology or some type of realistic system. In terms of creating a program, is the inventory function for all older adults?

Answer: Have identified high risk character screening, i.e., eight or more medications; falls, etc. Partners in Care are implementing a medication management system to everyone who enters the Case Coordination Unit system through a medication review.

Initially started with that as a model; however, medication changes very quickly and chances for screenings should be improved. Barriers include costs. As we work to improve medication management and provide an integrated process, there is a need to use the information which has been collected.

Question: Nursing facilities need to look at person-centered care, lack of subsidized housing, and more respite care. Money Follows the Person found a lot of individuals and does have some who are ineligible for the program.

Answer: There is really no easy answer. We need to advise government about the evolution of policies, opportunities of sharing information, and thoughts and ideas. Conversation could be facilitated, on issues such as housing, in order to learn from other States and other models – supportive housing, etc. Some States have developed specified housing for persons with mental illness, or they provide contracted services.