

**State of Illinois** Illinois Department on Aging

# Older Adult Services Advisory Committee Meeting Minutes

## Date: August 25, 2014 1:00pm - 3:00pm

## Locations:

Illinois Department on Aging Conference Room, 160 N. LaSalle St., 7<sup>th</sup> floor, Chicago Illinois Department of Natural Resources, One Natural Resources Way, Springfield (Rock River Video Conference Room – 2<sup>nd</sup> Floor)

## IN ATTENDANCE:

## **Committee Members**

Carol Aronson - Shawnee Alliance for seniors June Benedick – Parish Nurse Jean Bohnhoff- Effingham County Committee on Aging Andy Chusid – Health Care Council of Illinois Dr. Thomas Cornwell – HomeCare Physicians Cindy Cunningham – Illinois Adult Day Service Association Robyn Golden - Rush University Medical Center Terri Harkin – SEIU Health Care – IL and Indiana Mike Hughes- Lifescape Community Services Andy Chusid (proxy for Myrtle Klauer) – Illinois Council on Long Term Care Michael Koronkowski – UIC College of Pharmacy Jon Lavin – Age Options Jay Lewkowitz – Oakton Place Phyllis Mitzen – Center for Long Term Care Reform Susan Real – Caregiver - East Central Illinois Area Agency on Aging Geraldine C. Simmons – Geraldine C. Simmons Attorney at Law David Vinkler – AARP Illinois Legislative Office Cathy Weightman-Moore – Long Term Care Ombudsman

## **Committee Members not in attendance:**

Darby Anderson- Addus Healthcare Jonathan Becker – Senior Services Plus Jennifer Belkov- Alzheimer's Association, Greater Illinois Chapter Frank Daigh – Citizen Member over the age of 60 Jan Grimes – Illinois HomeCare and Hospice Council Susan Hughes – Community Health Sciences School of Public Health Dave Lowitzki – SEIU Healthcare Illinois and Indiana Patricia O'Dea-Evans – A Silver Connection Samantha Olds- Illinois Association of Medicaid Health Plans Jason Speaks – Leading Age Illinois Ancy Zacharia – HomeCare Physicians

#### Ex-officio – non-voting Committee Members in attendance:

Cindy Colwell (Debra Bryars) –Illinois Department of Public Health John K. Holton, Director – Illinois Department on Aging Michael Gelder – Illinois Governor's office Linda Gonulsen– Illinois Department of Human Services Lyle VanDeventer (Sally Petrone) – Illinois Department on Aging - Ombudsman Doree Vetter – Illinois Department of Veterans Affairs

#### Ex-officio – nonvoting Committee Members not in attendance:

Theresa Eagleson– Illinois Department Healthcare and Family Services Ben Noven – Illinois Housing Development Authority

## Illinois Department on Aging staff:

Sandra Alexander Sophia Gonzalez Mary Mayes Lois Moorman Carole Schwartz

## **Guests**:

Bill Bell – IHLA Gail Hedges-IDCEO Tameshia Marshfield- PHI Mari Money-IFA Marsha Nelson-Shawnee Alliance-ICCCU Sharon Post-HMPRG Ruth Wasiukiewicz-IDPH

Welcome and Introduction - Sandra Alexander welcomed everyone to the meeting.

## **Approve minutes**

Mike Koronkowski moved to approve the minutes from the May 19, 2014 meeting. Cathy Weightman-Moore second. Minutes approved.

## **Executive Meeting Update and Discussion**

Phyllis Mitzen provided an overview of the executive meeting discussion on the Governor's Office of Health Innovation and Transformation Office (GOHIT) LTSS workgroups. The Services and Support Workgroup was discussed in detail. This group is composed of 264 stakeholders and has been broken into two subgroups Children's Subcommittee and the LTSS Subcommittee. The LTSS Subcommittee has been further broken down to into 2 'breakthrough' groups; Service Definitions for HCBS Waivers; and Conflict Free Case Management & Person Centered Planning. In addition, Illinois must put into place a transition plan for coming into compliance with the new HCBS regulations on person centered planning, residential and other settings by March 17, 2015. Another discussion was the Home Care Bill of Rights (HB5852) that will require IDoA and DHS to develop a Consumer Bill of Rights that must include specific rights for home care consumers. The executive meeting members continued the discussion regarding stakeholder engagement and best practices for engaging consumers (especially homebound consumers). A new OASAC PA Workgroup has been formed to review the Personal Assistant (PA) consumer-directed service and to make recommendations to the State with regard to this service as it pertains to the 1115 Waiver proposal. The first OASAC PA Meeting will be held on September 24<sup>th</sup> 2014.

## Home Care Ombudsman Expansion

Lyle VanDeventer provided a presentation on the expansion of the Long-term Care Ombudsman Program (LTCOP). On August 16, 2013, the Illinois Act on the Aging was amended to expand the LTCOP to cover seniors and adults with disabilities who are on a medical assistance waiver administered by the State and/or served by a managed care organization providing care coordination and other services. As a result, it is now possible to bring ombudsman advocacy services to consumers of Home and Community Based Services (HCBS). Ombudsman participants include older adults or adults with disabilities aged 18-59 who are eligible for services under a state medical assistance waiver program for the delivery of long-term care services and supports in the home and community or managed care organizations. Medicaid-Medicare Alignment Initiative (MMAI) allows for individuals receiving both Medicaid and Medicare to receive managed care services. Medicaid Waivers provide a variety of supports to enable individuals to remain in their home. To be eligible for waivers, the individual must meet the criteria for nursing home placement.

Some individuals may be enrolled in both a Medicaid waiver and an MMAI managed care plan. The ombudsman will distinguish between participants (home care population group) and residents (those individuals in nursing homes) receiving ombudsman services. The Ombudsmen will continue to be to provide their advocacy to residents in nursing homes and to the home care participants. The Ombudsman will continue their collaboration with federal agencies, other state LTCOPs and State LTCOP MMAI demonstration grantees. Additional levels of Ombudsman training will be provided via conferences and webinars. Ombudsman pamphlets, bill of rights, and an information video will be disseminated to increase public awareness.

OASAC members requested that the language used to describe waiver eligibility be changed from "*being at risk* of nursing home placement" to "being *eligible* for nursing home placement." A request to share the Ombudsman training curriculum with OASAC members was made. Clarification was provided that any service related complaints would not be handled by the ombudsman but instead by the CCU or MCO. Lastly, the possibility of creating a FAQ's document regarding the Ombudsman program was discussed.

## **Adult Protective Services (APS)**

Lois Moorman's presentation on the Adult Protective Services of Illinois began with an explanation of the recent legislation change (PA 98-0049) that took effect on July 1, 2013, which transferred the responsibility for the investigation in cases of suspected abuse, neglect and financial exploitation of adults with disabilities who live in the community from the Department of Human Services (DHS) office of Inspector General (OIG) to Aging. The single Adult Protective Services Agency in the State is administered by the Department on Aging through 12 regional Area Agencies on Aging and 42 community agencies throughout the State. A total of 150 active cases were transferred over from OIG to Aging on July 1, 2013. Approximately 2,600 reports were received in FY 2014, from which less than 20% involve adults with disabilities. The overall purpose of APS is to educate the public by working with and on behalf of individuals to investigate reports of alleged abuse; intervene to prevent further mistreatment and allow the individual to remain independent to the maximum extent possible. There are five components for the APS services which include: Intake, Comprehensive Assessment, Case Plan and Interventions, Follow-up Monitoring, and Multi-Disciplinary Teams (determination of the abuse being substantiated is completed during the Comprehensive Assessment). For APS eligibility there must be the following: a person age 60 years of age or older or age 18-59 with a disability; at least one allegation of abuse, neglect, or exploitation; an identified abuser and the victim must reside in a domestic setting at the time of the report. Currently Self-Neglect is not funded but is part of the Act. APS does not handle reports scams or fraud, these are referred to OIG. There are specific

investigation timelines based on the priority assigned on each case and a 30 day limit to complete investigations. APS provides casework and follow up to prevent further abuse/neglect; follow up activities may occur up to 12 months after casework, as long as the participant agrees to continue to work with the APS caseworker. Some of the early intervention services provided by APS caseworkers include medical care and expenses, legal assistance and fees, housing and relocation services, minor environmental aid, respite care, adult day service, in home care, counseling, and translation services. The Adult Protective Service department also identifies and reviews suspicious deaths; they work with abuse fatality review teams, an advisory council, and regional review teams. Information was provided regarding Limited Mandatory Reporting, Rights and Responsibilities as a Reporter, and how to report abuse.

Effective January 1<sup>st</sup>, 2015 IDoA must report to the Abuser Registry the identity and administration finding of a verified and substantiated decision of abuse, neglect, or financial exploitation of an individual under the APS Act that is against any caregiver. During the discussion session it was clarified that the Abuser Registry purpose will be to prohibit someone who comes to the Abuser Registry system from becoming a caregiver. One of the OASAC members asked if assistance with housing was part of the APS services and it was clarified that protective housing may be provided for emergency situations.

## **New OASAC Group**

The new OASAC Personal Assistant (PA) workgroup was created as a request from the OASAC Executive meeting; this group will be co-chaired by Dave Vinkler (AARP- Illinois Legislative Office and Dr. Susan L. Hughes (Ph.D professor at the University of Illinois at Chicago). The group will meet 5-6 times between September and December 2014. Director Holton has invited several OASAC Members (including State OASAC members), but all meetings are open to the public. The OASAC PA workgroup will make recommendations to IDoA, DHS, and HFS for consideration of a PA self-directed model program in Illinois as proposed in the 1115 waiver. An information sheet has been sent to the Full OASAC group with more details.

#### **Announcements & Updates on OASAC Strategic Priorities**

Michael Gelder from the governor's office announced that the Governor signed the bill today regarding Ombudsman. He thanked OASAC for all of the work accomplished. Mr. Gelder is the chair for the Integrated Delivery System subcommittee that will be looking at how to close or downsize LTC facilities that are no longer needed and he reported that his group will be looking for input from OASAC. He believes that OASAC members are experts in this subject and recognized that previous work has been done by OASAC workgroup members pertaining to the Nursing Home Reform Conversion application. Sandra Alexander will provide Mr. Gelder with information on the previous work that was done by OASAC.

Sandra Alexander welcomed Geraldine Simmons, OASAC's new legal representative. Ms. Simmons has over 30 years of experience as a lawyer.

Linda Gonulsen is another new OASAC State member that replaced Robert Kilbury from the IL Department of Human Services Division of Rehabilitation Services.

Sandra announced that Jean Bohnhoff received an award for Outstanding Community Long Term Care Ombudsman at the APS Conference.

The Consumer Bill of Rights has been signed into law.

The meeting was adjourned at 3:05pm.