



Older Adult Services Advisory Committee Meeting Minutes

Date: May 16, 2022, 1:00 – 3:00 p.m. (Approved on August 22, 2022)

Call in: Dial: #1-415-655-0002 Access code: 2468 294 8381#, then press # again

WebEx: Please see Outlook invite for Video Option

IN ATTENDANCE:

OASAC Committee Members

Director Paula A. Basta – Department on Aging
Paul Bennett – Citizen over the age of 60
Meghan Carter – Legal Council for Health Justice
Theresa Collins – Senior Services Plus Inc.
Tracey Colagrossi - Association of Illinois Senior Centers
Suzanne Courtheoux – Legal Aid Chicago
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
Susan Hughes – UIC Community Health Sciences School of Public Health
Sara Jean Lindholm – Citizen over the age of 60
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana
Jay Mukoyama – The Clare
Kimberly Palermo – Illinois Healthcare Association
Sara Ratcliffe – Illinois Home Care and Hospice Council
Susan Real – East Central Illinois Area Agency on Aging
Walter Rosenberg – Rush University Medical Center
Gustavo Saberbein – Family Caregiver

Ex-officio Committee Members:

Gwen Diehl – Department of Veterans Affairs
Pamela Winsel (for Kelly Cunningham) – Department of Healthcare and Family Services
Kelly Richards – State Long Term Care Ombudsman
Evan Ponder (for Megan Spitz) – Illinois Housing Development Authority
Lyle VanDeventer – Department of Human Services

Department on Aging staff:

Mike Berkes, Peter Byer, Sarah Carlson, Glenda Corbett, Joe Danner, Selma D’Souza, John Eckert, Julie Kaschke, Sophia Gonzalez, Sarah Harris, Emily Howerton, Amy Lulich, Lora McCurdy, Sarah McCoy, Katherine Ostrowski, Chelsy Peters, Michael Sartorius, Iris Schweier, and LaRhonda Williams

GUESTS:

Lynne Bergero, Kelly Fischer, Gabriela Maroney (HFS), Janine Brickey (HFS), Pamela Winsel (HFS)

NOT IN ATTENDANCE:

OASAC Committee Members

Sherry Barter Hamlin – The Voyage Senior Living
Michael Koronkowski – UIC College of Pharmacy
Cindy Cunningham – Illinois Adult Day Services Association
John Larson– Cantata Adult Life Services
Sharon Manning – Family Caregiver
June McKoy - Northwestern University Feinberg School of Medicine
David Olsen – Alzheimer Association Illinois Chapter
Jason Speaks – Leading Age IL
Jacqueline Rodriguez – SEIU HealthCare – Illinois and Indiana
Ancy Zacharia – Home Care Physicians

Ex-officio Committee Members:

Sheila Baker – Department of Public Health
Christopher B. Meister - Illinois Finance Authority

Welcome, Introductions, and welcome new member:

John Eckert welcomed everyone to the meeting and introduced Jae Mukoyama, our newest member. Mr. Mukoyama introduced himself and thanked everyone for having him. He shared that he is currently employed at The Clare as a Clinical Nutritionist. He shared that he has over 9 years of clinical experience working with Skilled Nursing and Long-Term Care residents and was employed with a contract food service management company; he has experience in both management and operational sides. Dr. June McKoy asked him if he was interested in joining the committee and he agreed. This is the first time Mr. Mukoyama is part of a committee. Lora McCurdy stated that Mr. Mukoyama will be a valuable resource to the committee and welcomed everyone on the call.

Director Paula Basta joined the call and thanked everyone for joining the call. 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.

Approve minutes from the Full OASAC meeting on February 14, 2022:

Eckert asked for a motion to approve the minutes from the February 14, 2022 meeting. Susan Hughes made the motion and Topaz Gunderson-Schweska seconded. No additions or corrections were noted. The minutes were approved unanimously by members and will be posted to the Department website.

PASRR (3/14) & SLP/SMHRF (4/18) Launches

Eckert introduced Gabriela Maroney from HFS, who has been working on the Preadmission Screening Annual Resident Review (PASRR) redesign. She has been working with new contractors on deliverables and keeping State agencies working together. Maroney thanked the Department for inviting her and shared that she would provide an overview of the PASRR processes, include a little on what has been done with the redesign and how they have been managing operationally. PASRR was put into place in the 1980's by CMS to ensure that individuals are not inappropriately placed into nursing homes. The regulations that govern PASRR are in the Code of Federal Regulations. There are some State regulations that go back to 1987 for nursing homes only. Specialized Mental Health Rehabilitation facilities (SMHRFS) and Supportive Living Program settings (SLPs) were added later. There have been compliance and best practice issues for some time because these processes require that all applicants to Medicaid certified Nursing Facilities, regardless of whether they are Medicaid eligible, be given a preliminary screening to determine if they might have a PASRR condition. There are two different types of tests or conditions, Severe Mental Illness (SMI) and Intellectual Disability or related conditions referred to as DD. This determination is a Level 1 screen. If a Level 1 is completed and it indicates a suspicion of SMI or DD, a more thorough Level 2 is completed. The results determine if the settings are appropriate for the individual and identifies services and supports for the plan of care at the NF as needed. IDoA's contracted CCUs

are responsible for the Choices for Care consultation process and determining the official Determination of Need. HFS is trying to coordinate all these processes. Both the American Disability Act (ADA) and the US Supreme Court Olmstead Decision and subsequent Colbert and Williams Consent Decrees identified that Illinois has been needing a more robust preadmission screening and assessment process in place to bring us better compliance. The federal regulations give the State Mental Health Authority; the State of authority is the Division of DD (DDD), and both have responsibilities for the Level 2 assessment. DDD in this redesign, is the office that delegates the responsibility for that Level 2 assessment to the HFS selected PASRR/SMHRF/SLP vendor, Maximus. For the time being the DD Level 2 remains the responsibility of the DDD and their Independent Service Contract coordinators. An implementation team was assembled that consist of team experts from all agencies that would be impacted by this (HFS, DHS-DDD/DRS/DMH and Aging). This team started working with the vendors last December and had two different implementation dates. They went live with the new PASRR Level 1 screening, the new Level 2 approach, and the new platform (Assessment Pro) on March 14th. The Assessment Pro is an online technology tool set used to support a lot of communication and documentation related to the new PASRR process. They also redesigned the assessments for the Level 1, they now have a specific process for assessing an individual for appropriateness for placement in a SMHRF and SLP admissions, this went live on April 18th.

Gabriela Moroney continued noting that Assessment Pro users have been trained and are now able to access the system when they are working with individuals who are applying for nursing home placement. Assessment Pro will be used to trigger the next step using an algorithm that will be used to flag any issues the individual may have. If the algorithm picks up something, then Maximus will have a clinician review the information and decide if level 1 is complete or if the individual must go on to a level 2 assessment. It is important to note that patient preference is a very important piece of what is being worked on. If SMI or DD is suspected a Level 2 will be used to confirm or rule out the presence and identify supports and services and if the settings are appropriate and necessary for the individual. The additional workflow management allows for the completed assessment to be recorded in the system and be picked up by the admitting facility. There is also a trigger for the coordination with the CCU Choices for Care and Determination of Need during the Level 1 process to what the individual received in the past. There CCU network has brought a lot of expertise and enthusiasm in this area, as well as concerns on how this new system will impact relationships with hospitals and facilities. They have been trying to mitigate any kind of coordination challenges that we are seeing in this area. The other part of this is that we need to make sure that we are giving individuals that want placement the option of a different choice to receive services in the community. An example of when a referral for the SMHRF assessment is received for someone was provided. This referral seeks to get basic information of the individual and also confirm that community options have been explored with the individual because they want to prioritize community placement for individuals with a serious mental illness. Once Maximus received this referral, they must have their team of clinicians go into a very detailed assessment using the IM+CAMS the standard assessment tool covered for assessment services under Medicaid Mental Health services. This tool seeks to ensure that any individual who wants to explore community options can do that. If there is a sense that the individual can be supported, or it may be that the individual simply wants community placement, and it may be their judgement that the individual is better off in an institution. However, under the Williams Consent Decree, that is not what was agreed. There is a Front Door Diversion Program where contracted providers complete an additional assessment that is placed into AssessmentPro that determines what type of setting is appropriate and what services may be necessary.

Gabriela Maroney opened it up for questions. Paul Bennett asked how the Level 1 assessment tool determines your eligibility with the DON tool. It was clarified that the DON is the Choices for Care and the PASRR Level 1 determines a PASRR conflict only, which would be an SMI or DD presence. John Eckert added that the Level 1 replaced the OBRA 1. Linda Hubbartt shared that as a CCU, she believes that the PASRR redesign has been implemented successfully, but there are some bumps that the CCUs would like to see revised. For example, the responsibility for entering the information into the system and then the once there is a trigger, Maximus picks it up if a Level 2 is needed. Kathy Honeywell shared they have done a lot of work on the system, and she believes that once all the bugs are worked out, it will be amazing because all the paperwork that is needed from the CCU to the nursing home will be in one place. She believes it is just a matter of getting all hospitals and nursing homes trained so that everyone knows what is expected from each player. Hubbartt added that information on the individuals will be available when someone moves from a nursing home. Maroney stated that she appreciates all partners. Bennett asked if there is anything in the system that will trigger a resident review, the follow up review once the resident is placed in the institution regardless of if it is aging or disability. Maroney responded that the

federal guidelines require that an individual has a status change, and they also require a resident review. The resident review is conducted by Maximus, the vendor. Individuals that are admitted to a nursing facility would get a follow up visit between 30- and 60-days post admission. There is some internal work being done on the timeline. Maroney thanked Aging and sister agencies.

Older Adult Programming at Rush

Walter Rosenberg provided an overview of the work being done with older adults at Rush Hospital under the Department of Social and Community Health; he shared that when he started 14 years ago it was called Older Adult Programs. The Rush Center for Excellence in Aging's (CEA) has an ambitious vision for the Center to be is that Rush an unparalleled destination for older adults and family health and well-being. Their 5 cores include research, older adult and family care, education, community health equity and health policy. Some of the CEA projects include Age Friendly Health Systems (IHI), CATCH-ON Geriatric Workforce Enhancement Program (HRSA), E4 Center of Excellence for Behavioral Disparities in Aging (SAMHSA), Caring for Caregivers and Schaalman Senior Voices. The Age-Friendly Health System Dashboard follows the 4M's; what matters, mobility, medication, and mentation and mind. Rosenberg shared that the challenge for them has been to try to figure out how do they track all these things and operationalize them. Some of the data points were shared and they include wellness visits and nursing home readmissions. The Caring for Caregivers is supported by The John A. Hartford Foundation, and they have been testing intervention with sites nationally. They have been coaching on how to become Age-Friendly communities and how to take care of caregivers a little better. The CATCH-ON collaboration action team is training for community health and the older adult network. There are many free online modules available. Another program discussed was the Safe Home Opium Management Education (HOME) in which they have partnered with UIC College of Pharmacy. The CATCH-ON Connect program provides cellular-enabled tablets to community older adults with individual training to decrease loneliness, enable Tele-Health and enable individuals to have access to mental health appointments via the computer tablet. The Schaalman Senior Voices is a program where older adults share stories; these are recorded videos in a library that is easy to navigate. These recordings are legacies on they want to leave (what is important to them). More information can be found on the CEA website. The Dementia Friendly Communities is an interesting initiative, it is something anyone can do. There are 2 modules that can be listened to and there is a team within CATCH-ON trying to get more people to become friends. The Foundation Competencies in Older Adult Mental Health is an online ongoing education certificate program on different topics and lessons with the E4 Center. The E4 Center foundational competencies include depression, suicide, substance use, and severe mental illness. There is a focus on advanced training and to work with populations that are most in need and every state has had participation. Rosenberg asked everyone to reach out to him if anyone wants to learn more on any of these programs. Susan Real thanked Rosenberg for helping ICRN and all their support and guidance. Susan Hughes congratulated him on all the wonderful programs and keeping it going. **(PPT attached)**

AAAs use of ARPA Funds

Susan Real presented on the statewide perspective on the American Rescue Plan Act (ARPA) funding for the Illinois Association of Area Agencies on Aging (IAA) for FY22-FY24. Real shared that the AAAs were authorized by the Older Americans Act and they have built a network of aging services since the 1970's. The AAA's served 564,425 adults over age 60 and over during FY21; that is 20% of the senior population in FY21. They assist older adults, their caregivers, grandparents/relatives raising grandchildren/children, people with disabilities and veterans. AAA's have launched an initiative to reduce social isolation among older adults and have engaged older adults in vaccination education and outreach. Several challenges during COVID-19 were shared that include age as a risk factor, nursing homes, social isolation, caregiving challenges, suspension of in-person trainings, and vaccination hesitancy. IDoA allocated a total of \$50,854.934 for Title III, \$363.998 for Title VII Ombudsman, and \$ 1,829.138 for ARPA VAC-5 Expanding Access to COVID-19 vaccines in FY22 from the ARPA funds. The Title III services include Community-Based Services, Congregate Meals, Home-Delivered Meals, Evidence-Based /Healthy Aging Programs, Family Caregiver Support Programs, and the Illinois Long-Term Care Ombudsman Program. The ARPA VAC-5 Expanding Access to COVID-19 vaccines funding was intended to conduct outreach to promote COVID-19 vaccines and boosters, educate to reduce vaccine hesitancy, assist older adults in scheduling vaccine/booster appointments, to provide transportation, and collaborate with health professionals to help homebound older adults obtain vaccines and boosters. Real shared that the congregate nutrition program services were an immediate response to COVID-19, they worked with the local health departments to open sites to invest, improve and enhance nutrition. Participants were provided with two

diet options, they contracted with hospitals and restaurants in offering medically tailored and cultural/ethnic meal options. They also contracted with registered dieticians to provide nutritional counseling for those with diet and chronic conditions. There was an 80% increase in home-delivered meals and these numbers continue to grow. Real shared that they are thankful that IDoA and the federal government increased funding to states. Real noted that the AAA she is Executive Director of-- East Central Illinois AAA was able to provide a second meal for participants that were at high nutritional risk. Under Title III-D Healthy Aging/Evidence-Based Programs many programs could not be provided on a virtual platform, and they are working on converting these into virtual programs. This funding will help invest and expand in T-Care, which is a tailored caregiver assessment and referral program tool tailored to caregiver specific needs. The goal of T-Care is to reduce caregiver burden (stress). They also need to invest in the LTC Ombudsman Program and ensure that they have staff to be able to make those FTF visits and work with residents and respond to their concerns. The public educational part is also important.

Susan Real shared that her presentation on the funding showed what is being done in different areas of Illinois and what the funding may be used for in the next 3 years. Real shared that she is very excited by this opportunity and believes this will help the AAA network, elevate its ability to serve older adults and caregivers. Sara Jean Lindholm asked what kind of enhancement is being put in the workplace to create and support this expansion and are you being handicapped by the workforce shortage in your area. Real shared that in 2021, East Central Illinois AAA operated their caregiver advisory program with only half in 2021, they had 9 caregiver advisory programs and only 5 were staffed. This funding will retain staff, they will be providing one-time staff retention payments. She shared that all their caregiver advisory programs are fully staffed and now they need to be trained. Regarding sustainability, this funding could have not come at a better time because it gives them the confidence to move these programs on and the nutrition program, the HDM, will help continue that 2nd meal to those in higher risk. For some programs, they will have to scale back on some of the information and assistance infrastructure. Some of these areas will always be on their radar to make sure that they advocate at the federal level. Real gave a shout out to Diane Siezak from Age Options, their premier advocate in making sure they have the proper investment in those other service areas where they have not seen increases for a while.

Lora McCurdy thanked Real for providing the statewide perspective presentation and shared that the Department is trying to come up with outcome measures that can be shared back with stakeholders regarding will show the benefit of the \$50 MIL. that is going out to the AAA's. There is a new data workgroup, and we want to be able to tell the whole story. We need numbers and specifics on what the AAA are finding; we will make sure we share all the positive outcomes in 2-3 years. Amy Lulich added that the Department is excited to see the APA plans are in place with what was recommended in the State Plan and DEI goals. There have been regional meetings to talk about the State Plan and give each area time to talk about their ARPA plans. **(PPT attached)**

Department Updates:

End of '22 Legislative Update

Katherine Ostrowski provided an overview of the Department initiatives. SB4024 removes a requirement for the Long-Term Care Ombudsman's Consumer Choice webpage to be labeled "Resident's Right to Know." This clarification will help individuals and families looking for long-term care options to find the Consumer Choice search tool more easily, which can assist in finding a facility that meets each person's unique care needs. HB4572 for APS, this initiative aimed to add suspicious death reporting to the Adult Protective Services Act, list insurance adjusters and investment advisors as mandated reporters and clarify the definition of abuser. This initiative met opposition, but the Department will reintroduce this one next year. Other third-party initiatives include HB246 the Nursing Home Rate Reform includes increased funding for Medicaid-funded nursing homes, which includes funds for increasing staffing levels, annual wage increases for CNAs and more. HB900 includes the FY23 state budget. HB4343 the Medicaid Omnibus includes numerous provisions including a CNA intern program to help meet health care workforce staffing needs, plans to streamline enrollment in the Medicare Savings Program, ex parte redeterminations for older adults and those with disabilities and more. HB5186 is the Budgeting for Results Commissions' general mandates omnibus bill. Provisions in the measure include the repeal of an outdated bi-monthly reporting requirement on the Department's Community Care Program reforms as outlined in P.A. 98-0008. SB702 creates the Senior Housing Residents' Advisory Council, which will be administered by the Department. The Council aims to connect older adults with resources in their community, look for ways to

prevent isolation and how to make housing options more accessible and livable. SB1405 ensures that nobody will die alone, like during COVID-19, it helps prevent the isolation of individuals in health care and long-term care facilities by requiring such facilities to ensure the opportunity for residents or patients to have at least one visitor during public health emergencies. SB3490 is an initiative that includes several exciting updates for the LGBTQ Older Adult community, including the creation of the Illinois Commission on LGBTQ Aging, an LGBTQ Older Adult Advocate within the Department and a training and curriculum requirement for Department staff, as well as entities that contract with or receive funding from the Department. SB3707 3707 is an important initiative of the Alzheimer's Association. The Department worked with the Alzheimer's Association on this measure that will require Community Care Program providers to complete an annual training on dementia patients.

Budget/Fiscal

Sarah Harris shared that Emily Howerton would be proving the update since everything has been signed and they are having progress. Howerton shared that the Governor signed, HB900 that includes the FY23 budget, and it was identical to what was introduced in February. There was just over \$14 MIL in additional funding for home delivered meals, \$4 MIL. for caregiver support, the additional funding for the proposed new Waiver services using Enhanced FMAP and the rate increases that will be effective January 2023 for in-home providers.

CCP Enhanced FMAP

Mike Berkes reminded everyone that when the Department (or other state Department operating the other HCBS Waivers) spends a state dollar, they get some money back in federal dollars, AKA a match. In response to COVID-19, the Department received a 10% increase in their FMAP. This 10% increase is a nice sizable amount of funding, about \$100 MIL. that the Department wrote a spending plan for rate increases and workforce grants. The Department hopes to have these out by next week. There are also plans to expand Waiver services as we know it and enhance current services such as EHRS by adding a fall detection functionality and GPS. Providing IPADS for older adults as was done with the Illinois Care Connection grants. Home modifications to ensure that older adults can remain in the community in lieu of LTC placement. This money helped support ADS providers offer community outings and rate increases across the board for all providers.

Lora McCurdy suggested focusing on discussing the new services (assistive technology, home modifications, fall detection, others) that the Department plans to add during the next FULL OASAC meeting. She would like to hear feedback from the OASAC members. Mike Berkes agreed and added that stakeholder feedback is a requirement. McCurdy shared that she hopes the rate increases will help with the retention of employees.

Ongoing Vaccination Outreach Activities

Mike Berkes shared that federal public health emergency period has been extended to July and HFS would need to be notified 60 days in advance if it were ending and that would be now. Pam Winsel from HFS stated that she had not heard anything and had nothing to add. Lulich added that there is still Appendix K to be used if needed. Berkes stated that the Appendix K will continue and there is still the unwinding process.

Fall Conference

John Eckert shared that there is no date for the Fall Conference yet. Mike Berkes confirmed and added that they are looking at a CCP, APS, and Ombudsman large agency conference, so stay tuned.

IDoA/HFS/MCO Coordination

Amy Lulich shared that on March 3rd the Department sent out two documents, one for CCUs to use to get some direction on how to address urgent or emergency MCO client issues. The second document was for in-home, ADS, EHRS, and AMD providers on the new process for how to resolve systemic billing issues. She shared that there is 3-step process and how to address those issues. There were many questions, and a provider meeting was held to address those questions.

Public Comments, Other Issues & Announcements:

Susan Hughes announced that they have just received notification that a very substantial contract coming from IDPH will allocate funds and will enable them to disseminate the FIT Strong throughout the state. They will be

identifying 40-50 lead agencies that can identify 2-3 other CBO collaborators and this will run very short term. It will be from July 1st through June 30th, 2023. They are going to have two workgroups that will convene: a referral group (community group) and a sustainability workgroup. They are looking for anyone interested in working together to come up with plans, strategies, and outcomes. This will provide \$4,000 per lead organization for free licensing, training, and equipment. They believe this will remove some of the barriers that individuals are dealing with, especially during this time. Anyone who is interested can reach out to her by email.

Motion to Adjourn

John Eckert asked for a motion to adjourn the meeting; Susan Hughes made a motion and Sara Jean Lindholm seconded the motion. The motion to adjourn was approved unanimously. The meeting was adjourned at 3:04p.m.