



Older Adult Services Advisory Committee

Executive Committee Meeting

Date: January 28, 2008

Location: Illinois Department on Aging, 160 N. LaSalle, Ste. N-700, Chicago;
421 E. Capitol, Springfield; and conference call

ATTENDANCE:

Executive Committee Members:

Stephanie Altman, Health and Disability Advocates
Darby Anderson, Addus HealthCare
Carol Aronson, Shawnee Alliance for Seniors
Dennis Bozzi, Life Services Network
Pat Comstock, Illinois Health Care Association
Kelly Cunningham for Theresa Eagleson, Illinois Department of Healthcare and Family Services
Charles Johnson, Illinois Department on Aging
Flora Johnson, SEIU Local 880
Jonathan Lavin, Age Options, Inc
Phyllis Mitzen, citizen member over the age of 60
Susan Real, family caregiver
Dave Vinkler, AARP
Cathy Weightman-Moore, Catholic Charities Long Term Care Ombudsman Program

Department staff:

Michael Gelder
Shelly Ebbert
Ross Grove
Leann Dolan
Jan Cichowlas
Paul Bennett

Guests:

Jeremy Schroeder, SEIU Local 880
Michelle Gentry-Wiseman, Illinois Council of Case Coordination Units

Absent:

Myrtle Klauer, Illinois Council for Long Term Care

SUMMARY:**Approve Executive Committee Minutes**

Phyllis Mitzen corrected the minutes to reflect Nebraska is the state converting mostly to assisted living not Minnesota. Flora Johnson moved to approve the minutes as corrected. Darby Anderson seconded. The minutes were approved.

Department Updates

Illinois Department on Aging (IDoA or Department) — Director Johnson reported on the transit agreement that provides seniors free rides effective March 17. The program initially allowed for seniors to register with the Department's HelpLine. There are 13 transportation districts throughout the state. This program would be most helpful to those that don't already have a reduced fare program.

Director Johnson explained his reasons for supporting the program.

1. Older persons continue to drive because they do not have an affordable alternative.
2. Anything we can do to take automobiles off the road, we ought to do it.
3. Generally do not see seniors getting on the bus or train at 7:30 in the morning. They usually are on the bus or train at 9 or 10 a.m., when they are empty anyway.

This is a win-win for older persons.

On March 17, the Regional Transit Authority, Metra and Pace will accept the reduced cab fare cards until they develop a new card.

The Department has been involved in pre-registering people. As of 7 pm on Friday, January 25, 7,515 people had signed up. The Department has 36 staff to answer the phone and can have 62 callers in the queue at a time.

The Older Adult Services Advisory Committee (OASAC) report will be sent to the General Assembly and posted on the Department's Web site. Copies will be available at the March meeting and will be taken to future workgroup meetings.

Deputy Gelder reported the Department continues to work with the Office of Management and Budget to develop the final FY 09 budget request that will be submitted to the General Assembly on February 20. The Governor's budget address is at noon on February 20 and the Department's update is at 2 pm.

The Department also continues to work on new procurement efforts to fulfill Medicaid requirements (All Willing and Qualified) and is moving closer to filing the rules. Another meeting is scheduled with the advocacy groups.

The Mandatory Medicaid rule included in HB 652 was filed. The proposed rule may be viewed through a link on the Department's website.

Illinois Department of Public Health (IDPH) — Michael Gelder reported Enrique Unanue has retired from IDPH and will no longer be a member of OASAC or the executive committee. A letter will be sent to IDPH director Dr. Arnold to request a replacement.

Illinois Department of Healthcare and Family Services (IDHFS) — Kelly Cunningham reported on Money Follows the Person (MFP). IDHFS continues to meet with the Illinois Housing Development Authority (IHDA), Illinois Department of Human Services (IDHS) and Illinois Department on Aging (IDoA) to sort through issues surrounding the demo initiative. The Operational Protocol will be submitted in April.

IDHFS has convened a regular meeting with IDHS and IDoA that includes the deputy directors from all three agencies to ensure proper communication.

IDHFS is continuing the pilot MDS rate monitoring tool. IDHFS filed rule changes to the rate reimbursement rule to tighten things up in terms of requirements and documentation. They were filed as emergency rules effective January 1, 2008.

The Disease Management Initiative continues with McKesson through a contract with Enhanced Care Initiative. The nurses embedded in the nursing facilities are managing the care of 700 long term care residents.

The Supportive Living Facility program has 90 operational facilities with another 57 applications. Will have 147 facilities with approximately 12,000 units

Old Business

Membership — Deputy Gelder reported Dave Vinkler, AARP, has been named the co-chair for the Services Expansion workgroup and will also be a member of the executive committee.

New Business

Benchmarks — Shelly Ebbert reported on the last interagency meeting, where the development of benchmarks for the OASAC was discussed. The interagency group suggested the following benchmark criteria:

1. Ongoing data consistency for benchmarks, not something complicated that was one time;
2. Any benchmarks need to allow for access to institutional care and differences on a regular basis;
3. Need to be politically viable or have political buy in;
4. Fiscally responsible or neutral.

The interagency group came up with the following ideas for benchmarks:

1. Converting a percentage of nursing home beds.
2. Reducing nursing home population by a specific number or percentage.
3. Using the Money Follows the Person (MFP) reintegration numbers.
4. Using MFP benchmarks regarding the balance of institutional vs. home and community based services spending. For example, in SB 765, the MFP implementation Act, and in the MFP proposal, it says the state will increase the percentage of home and community based services spending from 30 to 37% of long term care spending in Illinois.
5. Other measures and considerations including quality of care.

The interagency group also talked about looking at benchmarks established by the Illinois Disabilities Services Advisory Committee particularly around housing. They have benchmarks and goals they measure every year.

2008 OASAC Planning — Shelly Ebbert reported this is follow up from discussion at the last meeting and inquired if the group thought a retreat to refocus our efforts would be necessary.

Members discussed the need to have more time to discuss OASAC and benchmarks. Members agreed the next executive committee meeting scheduled for February 25 should be an extended, in person meeting to discuss these topics only. Shelly Ebbert will send to members the summary of benchmark discussion that occurred at the interagency meeting.

Coordinated Point of Entry (CPOE) Conflict of Interest Statement — Jon Lavin reported the workgroup wanted to present this work product to the executive committee. The workgroup meets tomorrow and may have some minor changes. A subcommittee has worked on the statement, it has been adopted by the workgroup and now the workgroup is interested in comments from the executive committee. Comments can be sent to Jonathan Lavin, Cathy Weightman-Moore or Martha Holstein.

Centers for Medicare and Medicaid Services (CMS) Case Management Rule — Deputy Gelder reported this is an interim final rule filed by federal CMS and takes effect March 4, 2008. The rule radically redefines case management from the federal perspective. Congress could impose a moratorium that the President would sign but that is unlikely. This rule would affect states in the following ways:

1. It would ban states from getting Federal Financial Participation (FFP) for case management services billed as an administrative cost. The federal government claims if case management is a service, it should be billed that way. If it is a service, clients should have freedom of choice and other requirements imposed on service providers.
2. Case management is defined as service and can not including determining eligibility. That can only be done by state staff. State staff now determines Medicaid eligibility but Case Coordination Units (CCUs) determine eligibility for the waiver services, which might be prohibited under the final rule. Community Care Program (CCP) eligibility determination would also have to be done by state employees instead of CCUs. Case management functions would include developing a plan of care, monitoring, and other activities. State Medicaid agencies are filing a formal comment objecting to the rule and seeking a delay or withdrawal prior to February 3. This would have a large impact in states that have moved in the direction of Aging and Disabled Resource Centers where one-stop shops may be contracting out for services.

Various groups are responding to the rule. The National Association of State Units on Aging (NASUA) is in opposition and has suggested the rule be rescinded to allow the new administration to handle. Dave Vinkler reported AARP's national office is also coordinating a response. Comments can be sent to Dave to be incorporated.

Kelly Cunningham reported IDHFS is coordinating comments from state agencies that are impacted by the rule. Greg Wilson from IDHFS is the point person and has asked for impact statements to be included in comments to federal CMS. There is great concern due to the potential loss of federal funds.

There is also a great impact on the MFP initiative. IDHFS is trying to sort out what that is and look for alternative ways to offer case management as a demonstration project or supplemental services for that one year period of time.

Kelly Cunningham pointed out eligibility determination has always been a state function. The Federal CMS is looking at restricting the eligibility period for which a client can receive case management and other services. Eligibility determination for CCP has always been a function of CCUs. Medicaid eligibility has always been a function of IDHFS.

Workgroup Updates

Services Expansion — Carol Aronson reported the workgroup met today and focused on a presentation by Paul Bennett on service gaps. Shelly Ebbert also reported on MFP. The next meeting is February 19. Board and Care and other types of housing with services will be discussed. The workgroup will also discuss the focus of the workgroup, what has been accomplished so far and where the workgroup wants to go in the future

Finance — Pat Comstock reported the workgroup will be meeting on February 7 by conference call. At that meeting, the schedule for the year will be established. Last year the workgroup focused on Medicaid estate recovery and mandatory Medicaid enrollment. Legislation was introduced to lessen estate recovery. Other bills have been introduced including HB 4449 which would expand Illinois Cares Rx to cover a larger group of medications for older adults and disabled. SB 1925 would provide medical coverage for those under 100% of the poverty level.

AARP and Health and Disability Advocates are sponsoring a breakfast at AARP offices in Springfield to discuss the initiative to cover the uninsured. This is a legislator led initiative.

Workforce and Caregiver — Susan Real reported the workgroup last met on January 14 and discussed setting up the working caregiver conference. Wilma Schmidt, Area Agency on Aging of Southwestern Illinois, has secured space for the 2008 Governor's Conference to pull together major employers. The objective will be to convene a meeting of public and private stakeholders to identify key issues and recommend specific strategies for the public and private sectors to address the issues. The conference will also look at smaller businesses as well as large employers in the Chicago area. The next meeting of the workgroup is February 11.

The workgroup is also working on the homecare aide increased rate for CCP and looking at what we learned from the Workforce Caregiver Conference in Baltimore.

The workgroup will be inviting the Coalition of Limited-English Speaking Elderly (CLESE), the Alzheimer's Association and Northwestern University to speak about limited-English speaking clients and how to improve in that area.

Coordinated Point of Entry (CPOE) — Cathy Weightman Moore reported the workgroup will be meeting tomorrow in Bloomington. Paul Bennett will present as well as IDOA staff presentations on the Department's webpage and the Roadmap from Deloitte. The Conflict of Interest Statement will also be discussed as time allows.

Nursing Home Conversion — Phyllis Mitzen reported the workgroup will be meeting tomorrow and will decide on a meeting schedule for the year. Bill Bell, IDPH, has been involved in the workgroup as a replacement for Enrique. The workgroup is putting together a white paper of what nursing home conversion is and what it could be in Illinois.

Systems Change Update

Paul Bennett reported there is less than 60 days left on the grant and he is working on the final deliverables. The report on service gaps will be available soon. An overview of the report was presented to Services and will be presented to the CPOE workgroup.

Paul met with Andrea Mansfield of the Department to determine what reports should be produced from data in the service inventory. The reports will be produced with assistance from the Northeastern Illinois Area Agency on Aging in February or March. Paul has also met with Shelly to discuss refocusing the last deliverable to help with MFP.

Announcements

Phyllis Mitzen announced the Health and Medicine Policy Research Group is holding sessions on April 14, May 5, and June 2. The idea for the series came from discussions from OASAC having to do with where Illinois is going. National and local leaders will be in attendance

Deputy Gelder agreed to provide the Finance workgroup with information from the NASUA conference and a presentation by Frank Burns regarding consumer choice and evidence based health.

The next meeting is February 25, 1 pm-5 pm.

These minutes were approved on February 25, 2008.