



Older Adult Services Advisory Committee

Executive Committee Meeting

Date: February 25, 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
Susan Gardiner for 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
Myrtle Klauer, Illinois Council for Long-Term Care
Jonathan Lavin, Age Options, Inc
Phyllis Mitzen, citizen member over the age of 60
Susan Real, family caregiver
Dave Vinkler, AARP

Department staff:

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

Guests:

Jeremy Schroeder, SEIU Local 880

Absent:

Bill Bell, Illinois Department of Public Health
Dennis Bozzi, Life Services Network
Cathy Weightman-Moore, Catholic Charities Long-Term Care Ombudsman Program

SUMMARY:**Welcome and Introduction**

Director Johnson opened the meeting and welcomed everyone. He thanked members for taking the time to attend this longer meeting of the Executive Committee to discuss the development of benchmarks.

Approve Executive Committee Minutes

Jonathan Lavin corrected the minutes to change metro to Metra and correct the spelling of PACE. Jonathan Lavin moved to approve the minutes as amended. Darby Anderson seconded. The minutes were approved as corrected.

Discussion of Benchmarks

Shelly Ebbert reported several documents were distributed to members prior to the meeting for the benchmarks discussion. Those documents are the 1) interagency discussion summary, 2) long term care reform proposal summary, 3) DSAC benchmarks, 4) summary of possible benchmarks from the mandates section of the report and the law, and 5) rebalancing benchmarks for Money Follows the Person (MFP).

The goal is to move from having general goals that we currently have to more specific goals that are systems level recommendations for the transformation of long term care. During the Department's appropriations hearing, Representative Hamos complimented the OASAC report but said it does not tell the legislature what to do.

Members discussed the handouts and the Governor's proposed budget.

Members discussed using the MFP benchmarks for rebalancing long term care expenditures. The goal would be to shift total Illinois spending on long term care from 30% - 37% spent on home and community based services by 2011. The starting numbers need to be determined as well as what is included in the 30%. It was noted that federal guidelines for MFP are Medicaid only, while HCBS includes more than Medicaid spending. There was some clarification of which departments keep what statistics. The MDS applies to anyone in a nursing facility, not only those on Medicaid. IDPH maintains information on nursing facility beds. HFS maintains occupancy.

Additional benchmark ideas were discussed. A second suggested benchmark was to convert the percentage of nursing home beds and/or reduce the nursing home population over sixty by a number or percentage.

Phyllis Mitzen reported the Nursing Home Conversion workgroup has discussed estimates of the ideal number of nursing home beds in Illinois. The workgroup has had several questions come out of their discussions including: what is the target nursing home beds; what is the fiscal impact to the state of the bed tax; what is the current occupancy rate; how many empty beds have been converted; what is the savings to the nursing home line; and fiscal impact when beds are taken off line and not used.

Kelly Cunningham reported on the Medicaid portion of waiver spending for HCBS and institutional spending. SLFs are included in HCBS. All waivers are in the HCBS. Kelly will check to see if the institutional spending includes non-long-term-care ancillary spending like doctor visits, hospital utilization associated with a nursing home resident.

Kelly also reported Medicaid pays for 60% of the people in long term care nursing facilities in Illinois. The other 40% is short term Medicare, private pay and private insurance. The numbers of nursing home beds are decreasing because nursing homes are closing. There are not a lot of new nursing homes opening.

Susan Gardiner suggested the committee look at what the community needs, not just closing beds and expecting that money to be spent in the community.

Jonathan Lavin suggested an additional benchmark to address the service mix and the list of things that can help an individual remain in the community. What is it that we can bring into a home that would allow a

person to stay there? The committee should not argue with the general assembly about closing beds, but rather should get a sense of the appropriate balance between HCBS and institutional services and where Illinois may be on target.

Members discussed the need for nursing facilities and that some residents are in a nursing facility because they cannot afford to live in the community.

Kelly Cunningham explained the Community Home Maintenance Allowance. To qualify, a resident must be certified by a doctor as likely to be a short term stay (which is defined as less than six months) and have a home to return to. The current amount a resident is allowed to keep is \$87 per month. There have been discussions of raising that dollar amount. It would increase the state cost and that is federal match if Medicaid eligible. HFS has been in discussions with the Governor's office and the Office of Management and Budget regarding increasing the dollar amount and expanding outreach.

Members discussed a benchmark that would state there should be less low need people in nursing homes and include strategies. This would be a systems level goal that would not restrict choice. On average, nursing home residents should have a higher average DON score than other older adults in the community.

The committee members also suggested benchmarks regarding quality measures that address standards and quality improvement. An additional benchmark was suggested that would incorporate Coordinated Point of Entry (CPOE) as a way to reduce nursing home use and increase prevention efforts in the community and Comprehensive Care Coordination (CCC).

For a benchmark on CCC, could look at Flexible Senior Services (FSS) to see how those gap filling services helped delay nursing home placement for that client.

The Outcomes Measurement Committee is meeting at the end of March. Shelly Ebbert was invited to attend to discuss benchmarks related to CCC.

Members discussed the possible need to have a benchmark related to family caregiving and needed respite and the worker shortage.

The committee discussed establishing the following benchmarks:

1. Expenditures on home and community based services will increase from 30% in '07 to 37% in 2011.
2. Increase people in nursing homes that are "high need" as defined by ADLs and IADLs in the MDS.
3. Increase the number of people utilizing new services at appropriate levels.
4. Increase diversions and diversion rates.
5. Meet the quality assurance measures outlined in CMS Quality Initiatives and assure administrative capacity.
6. Coordinated Point of Entry
7. Comprehensive Care Coordination
8. Caregivers

Review OASAC Structure

Shelly Ebbert discussed the current structure of OASAC which includes the full committee, executive committee and the five workgroups. Do the workgroups fit the benchmarks we've been talking about and is there a need for a data workgroup?

Stephanie Altman discussed the finance workgroup and the low participation they are currently experiencing. The workgroup has possibly filled its purpose with the Primer. The workgroup does not have agreement on major issues and has been focusing and collecting data and learning best practices. The finance workgroup has one researcher. If the workgroup's responsibility is data collection, that could be difficult if she cannot devote much time to future projects. The finance workgroup needs rejuvenation, data and evaluation. Membership has

been a problem. People see it as an abstract committee. The workgroup has had new members sign up for this year. Stephanie suggested the workgroup's mission be revisited before the 2009 workgroup sign up period.

Other workgroups were discussed. Jonathan Lavin mentioned the workgroups are difficult for staff to support. Are we using the right approach to providing support? Is it possible all three state agencies could lend support to workgroups?

There was no resolution or recommendations for changes to workgroup structure.

March 10 Agenda

A draft agenda was distributed to members prior to the meeting. It was suggested the benchmark discussion be removed from the agenda to allow the executive committee to meet again before presenting to the full committee. Paul Bennett should be included on the agenda to discuss the gap report.

Flora Johnson will present the executive committee report. State agency reports should include a budget update.

It was also requested that items including rapid reintegration have an explanation on the agenda as to why they are relevant for the meeting.

Meeting adjourned at 5:10pm.

These minutes were approved on April 7, 2008.