



## Older Adult Services Advisory Committee

# Executive Committee Meeting

Date: May 19, 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  
Carol Aronson, Shawnee Alliance for Seniors  
Bill Bell, Illinois Department of Public Health  
Dennis Bozzi, Life Services Network  
Pat Comstock, Illinois Health Care Association  
Barb Ginder 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  
Cathy Weightman-Moore, Catholic Charities Long Term Care Ombudsman Program

#### **Department staff:**

Michael Gelder  
Shelly Ebbert  
Jan Cichowlas  
Leann Dolan

#### **Guests:**

Jeremy Schroeder, SEIU Local 880  
Joe Hamlett, Illinois Department of Human Services

#### **Absent:**

Darby Anderson, Addus HealthCare  
Myrtle Klauer, Illinois Council for Long Term Care  
Dave Vinkler, AARP

### **SUMMARY:**

#### **Welcome and Introduction**

Director Johnson opened the meeting and welcomed everyone.

#### **Approval of Minutes**

Flora Johnson moved to approve the minutes. Phyllis Mitzen seconded. All were in favor. The minutes were approved.

## Department Updates

**Illinois Department of Public Health** — Bill Bell reported the rule amendments for the home services home nursing program are up at JCAR tomorrow. If the amendments pass, IDPH will have rules and applications for two new services effective September 1, 2008. The new services are home services and home nursing and were added to the home health licensure last session.

The Nursing Home Conversion workgroup developed a survey that was sent to nursing homes statewide through the Health Facility Planning Board with their annual questionnaire. Status of what surveys have been received will be provided to the workgroup.

**Illinois Department of Healthcare and Family Services** — No report.

**Illinois Department on Aging** — Deputy Gelder reported the Department has been working on the Operational Protocol with HFS that was submitted since the last meeting at the end of April. IDOA is currently answering questions from federal CMS on what was submitted.

The Department had appropriation hearings with the General Assembly that went well. Budget increases were requested to support the homemaker rate increase, which the governor amendatorily delayed until July 1. The rest of the increase is to help get current with this fiscal year payments. This budget does not include any extras. The General Assembly is expecting more efficiency from IDOA including more use of Flexible Senior Services (FSS) and adult day service (ADS) to reduce dependence on homemaker service in CCP.

The Department is working to get the \$1.70 homemaker rate increase ready for July 1. The \$1.33 per hour increase for health insurance for home care aides and dependents will require the establishment of separate payments for those home care providers that meet certain criteria, defined as a basic health insurance package already defined by the Department of Insurance. We hope to have this information available soon so providers can review and offer health insurance as close to the start of the fiscal year as possible. SEIU is working on a plan to implement a Taft-Hartley Health and Welfare Fund to offer insurance for home care providers represented by SEIU.

Shelly Ebbert reported the Cash and Counseling demonstration project has enrolled 200 people at the four demonstration sites. Department staff will review those 200 before enrolling any more clients to see who is participating, why, what is included on their Plan of Care. The program began enrolling clients in November and has allowed clients to hire their own worker. Cash and Counseling is consistent with the OASAC recommendation for consumer directed services and HB 652 that instructs the Department to implement a personal assistant program. Cash and Counseling is being used to help us understand what we should be doing with consumer direction.

**Illinois Department of Human Services** — Joe Hamlett attended for Rob Kilbury. DHS is moving forward with Money Follows the Person (MFP) using Centers for Independent Living (CILs) that have reintegration grants. DHS is meeting with the CILs June 2 to inform them of changes MFP will bring. DHS expects to continue to use state funds and money from IHDA to assist those clients that do not meet MFP eligibility. DHS is also looking into how to serve persons not covered by CILs and is trying to determine if existing CILs meet the need. DHS is looking into how cases will be transitioned and the impact of new case management rules from the federal government. Federal CMS informed DHS that during the waiver renewal in 2009 a case management plan will be needed to meet the new case management definition.

An adjustment is expected for personal assistants but the final negotiation has not concluded. SEIU is presenting the information to members.

## Old Business

**Voting Process** — Jon Lavin reported he has been working with Stephanie Altman on a revision to the Operations Manual on voting. A report will be made at the next meeting. The change will include a procedure to allow e mail voting for issues raised at full committee meetings. Deputy Gelder will discuss electronic voting with the Department's General Counsel.

**Benchmarks** — Shelly Ebbert distributed the revised benchmarks prior to the meeting. Benchmarks related to Coordinated Point of Entry (CPOE) and Comprehensive Care Coordination (CCC) have been eliminated based on discussions at the last meeting.

The benchmarks have been discussed at the interagency meeting held monthly. The state agencies have been determining what information can be obtained from existing data systems for the benchmarks.

**Benchmark 1** — For this benchmark, we are focusing specifically on over 65 years of age, without any mental health diagnosis, using long term care resources including nursing homes and related facilities and home and community based services. The primary target of this benchmark is the elderly waiver through Medicaid only. HFS continues to work on the details.

The group considered looking at nursing home data back to 2000 or 2003, to show that a positive trend has already begun. **Benchmarks 2 and 4** still need to be refined. The group also recommended looking at the change in the rate structure to support long term care if facilities the people they are serving are higher need, facilities could get different rate. These elements could be captured as benchmarks.

The group then discussed Illinois Profile document and benchmark information from Minnesota that was distributed prior to the meeting.

Minnesota's first benchmark was the same as the OASAC proposed Benchmark #1; the percentage of public long term care dollars spent on institutional verses community care for persons 65 and over.

**Benchmark 3** — Deputy Gelder clarified that the benchmark refers to both services in the community and nursing facility. Jonathan Lavin emphasized cost is important but quality should also be included as well as client choice.

Pat Comstock added the benchmark has to include safety issues. If higher acuity care is going to be provided without 24-hour staff, efforts have to be taken to ensure care is delivered properly.

Carol Aronson responded that is already occurring in the community. We already know many people are being cared for 24 hours by family. The DON score doesn't necessarily indicate a higher need for nursing facility placement and not necessarily medical needs that result in nursing facility placement. We need to determine what those needs are that result in nursing facility placement.

Deputy Gelder clarified federal CMS is requiring states to have back up systems if the homemaker doesn't show up, another can be assigned immediately. The state has to have that level of quality assurance no matter where the client is being cared for. Federal CMS is addressing that through the waiver process and MFP.

**Benchmark 4** — Carol Aronson suggested we look at the percentage of population and not total population over 60 as that number will increase. Minnesota's fourth benchmark measures current number of nursing home beds and computes the ratio of nursing home beds to current population over 65. This shows there are fewer beds.

**Benchmark 5** — Phyllis Mitzen emphasized we need a standard way to measure bed reduction.

Shelly Ebbert reported benchmark number five may need rewording. The goal is to say something about quality of life.

Susan Real suggested the Administration on Aging survey on quality be used to measure this benchmark. It can be found at [www.gpra.net](http://www.gpra.net).

Phyllis Mitzen suggested the group use federally mandated standards that have been tested. Those would mean more to the legislature.

Barb Ginder added MFP is using a quality of life survey on clients prior to transition, one year after and annually. The survey measures quality of life areas like how is your life now, do people treat you well, do your workers show up for work etc. There will be certain outcomes measured in four areas of experience including community integration, health and safety, free of abuse and neglect. The surveys will be used to measure the success of the transition and how things change over time for individuals. It will be voluntary but highly encouraged. There is an alternative form that must be filled out and submitted if the client refuses to participate.

**Benchmark 6** — Shelly Ebbert reported the sixth benchmark concerns caregivers. Shelly suggested the group agree to the first five benchmarks and approach caregiver issue in the philosophy we use to approach each benchmark. We may want to make a statement that 85% of care is provided by families and we are interested in building and supporting a system that supports families and does not penalize families for providing care.

Members agreed to keep in mind the caregiver issues but not include it as a benchmark.

Shelly Ebbert agreed to revise the benchmarks with background, rationale and baseline and will distribute to the executive committee prior to the June 9 meeting. The benchmarks will be presented to the full committee on June 9 with the goal to get them approved.

## **New Business**

**Draft Agenda for June 9 meeting** — Members discussed the draft agenda distributed prior to the meeting. Jonathan Lavin will give the executive committee report. Director Johnson agreed to extend the meeting until 2:30 to allow more time for the benchmark discussion.

## **Workgroup Updates**

**Services** — Carol Aronson reported the workgroup had to cancel a meeting and has not met since the last executive committee meeting.

**Finance** — Stephanie Altman reported the workgroup has not met since the last executive committee meeting.

**Workforce/Caregiver** — Susan Real reported the workgroup met May 12 and was working to finalize plans for the working caregiver event planned in December when they learned the space available would not be adequate to hold the number of people expected to attend. The workgroup will proceed with the event but schedule it for sometime in 2009.

**Coordinated Point of Entry** — Jonathan Lavin reported the workgroup has a version of the survey that can be tested and has asked 11 agencies to review and provide feedback. The workgroup will ask the Department to distribute the survey to a wider group with the goal being to identify how people view standards and ideas we have been discussing and additional costs to go statewide. At the last CPOE meeting, there was a branding discussion. The workgroup has asked what can be done to move branding forward. A branding retreat was held and the workgroup has been awaiting follow up from the Department. The workgroup feels branding is an important issue that will benefit the network.

Shelly Ebbert responded senior staff have met with the facilitator from the branding retreat but have not developed a plan for branding. This requires money and time to create standards and definitions. These are items the Department needs to address.

The next CPOE meeting is June 6. Joseph Lugo from AOA may present on ADRC development.

**Nursing Home Conversion** — Phyllis Mitzen reported the workgroup has not met and is scheduling the next meeting in June.

### **Announcements**

Director Johnson asked members that any issues related to the OASAC and legislation should be brought to the executive committee for discussion as a courtesy.

Meeting adjourned at 5:10.

These minutes were approved on June 23, 2008.