



State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee

Executive Committee Retreat

Date: June 22, 2009

Location: Illinois Department on Aging: 160 N. LaSalle, Suite N-700, Chicago, and 421 E Capitol, Springfield

Attending: Stephanie Altman, Darby Anderson, Pat Comstock, Flora Johnson, Myrtle Klauer, Jon Lavin, Phyllis Mitzen, Nancy Nelson, Sharon Post, Susan Real, Cathy Weightman-Moore, and Josh Wolfson. **Staff:** Sandra Alexander, Janice Cichowlas, John Eckert, Michael Gelder, and Director Charles D. Johnson.

Welcome and Introductions

Charles Johnson opened the meeting and welcomed everyone in attendance.

Determination of Need (DON) Study — *Phyllis Mitzen*

Phyllis summarized how the DON translates into services: 1) CCP service mix be expanded to include increased hours for personal care assistance to allow for people with high-end needs to hire their own workers to go into their homes, 2) Medication management is explicit in the recommendation. A health assessment is needed, to see whether there is a mix in patients' medications. 3) There is a need for short term respite care.

Other recommendations:

- Expand services, link funding to nursing home reimbursements, and establish a way to evaluate the program in an ongoing way.
- The six top performing states (Ohio, Washington, Vermont, Arizona, Wisconsin, and Minnesota) only served Medicaid-eligible people. We should not start cutting our populations, but we need to reevaluate this Medicaid eligibility.
- We don't want to keep people out of nursing homes if they need to be there. We just want to make sure there is an array of services available for people who prefer or could utilize home and community-based services (HCBS).

Governor's Office and Department on Aging Expectations of OASAC

— *Charles D. Johnson and Michael Gelder*

- Agencies are preparing "doomsday budgets." Departments will follow this budget if legislators do not vote for the tax increase or if the Governor vetoes the budget presented to him before July 1. There is a growing consensus for the better utilization of resources. Legislators want expensive resources to be used for what they are intended. Legislators have taken on the task of saving money and improving care through the creation of a task force made up of eight legislators. They primarily look for Medicaid reform but also recommend greater emphasis on HCBS.

- Michael reiterated that nursing homes are a partner to HCBS and that they are a huge part of an array of services that people need.
- Thus far at OASAC the group has worked a lot on infrastructure, but now we need to actually carry out objectives.
 - Workforce — How are we to get trained staff with benefits?
 - Finance — How is this going to be funded?
- Reliance on General Fund appropriations will not get us there. The bottom line is that many people with disabilities can live out their last years pleasantly in their own home. Our challenge is figuring out how to pay for this.
- How do we achieve the capacity to carry out objectives? How do we grow our staff? There are a lot of good opportunities for us out there but many cannot be taken advantage of because we lack resources. This includes not having the IT infrastructure to carry out objectives.
- Charles addressed that we are in a recession but this might provide an opportunity to restructure our human service agencies and goals.
- Budget update: If a budget does not get signed, a one month budget that is 1/12 of FY 2009 budget will be in place. The committee (OASAC) has not spoken to one person yet who is going to change their vote to raise income taxes. No one is budging on the issue; legislators who are not voting for a tax increase don't believe anything serious could happen. These decisions seem to be tied to upcoming elections, in terms of who is announcing they will be running for a state government position.

Results of the Brainstorming and Ranking Activity

Strengths (not ranked)

- Collaboration of agencies
- Collaboration of stakeholder groups
- Studies (i.e., finance primer, Bennett studies)
- Having a “table/forum” for discussion
- Reported recommendations
- Basis for communicating w/legislature — refer to OASAC report
- Recommendations to IHDA, DHS, Aging
- Flexible Senior Services
- Leverage for aging services
- Analysis and study resulting in recommendations from Workgroups
- Greater rates for home care workers (leverage)
- Consistency with comparisons to other states
- Learning from mistakes
- Volunteer/staff time and effort
- Awareness of issues/expertise
- Trends baseline
- Executive Committee works well together
- OASAC enhancing change

Weaknesses/Challenges (in rank order)

1. Aging can't proceed without other agencies — Comments included: a) OASAC cannot make decisions in a vacuum and is too isolated from the Illinois Department of Public Health (IDPH - nursing homes), Money Follows the Person, etc.; b) Need greater leadership from IDPH in the Nursing Home Conversion Workgroup, and c) Spending when HCBS doesn't meet the need for mental health.
2. Lack of progress on key objectives, such as rebalancing long-term care (LTC) — Comments included: a) lack of direction on how to use funding for LTC; b) no progress on conversion piece; c) missed the boat on inventory of services (HCBS and institutionalization); and d) Bennett report not on target.
3. Identity crisis — Comments included: unclear role; advisory vs. action.
4. Structure of OASAC — Comments included: a) Workgroup reports to whole committee; b) duplication of meetings for some (i.e., WG then Exec then Full); and c) too much reporting/writing reports.
5. Need for more IDoA staff — Comments included: a) need for data analysis staff and b) capacity of IDoA
6. OASAC Authority — Comments included: a) IDoA Department vs workgroup actions; b) authority of OASAC vs. IDoA
7. No Timeline (group noted that HB 752 passed both houses and gives us a 9/30/10 deadline for a plan to transform LTC)

Other Comments: Turnover crisis ahead with the volunteers getting burned out. Mediation system needed via paid consultant (see Ohio model).

Recommendations

- 1) Executive Committee members are willing to meet independently to work on a long-term care plan to be in place by 9/30/10, with IDoA as a liaison.
- 2) The OASAC annual report to the General Assembly is too long and should be streamlined.
- 3) Roles/responsibilities need to be clarified.
- 4) It's the burden of IDoA to report on mandates, not OASAC.
- 5) A paid mediator is needed (see the Ohio model).

Review of Workgroup Progress

Workgroup co-chairs agreed to provide updates on progress for the final report to the General Assembly by July 31. There was no break-out time remaining to work on crossover issues with other workgroups.

Group has set a follow-up meeting date for July 13 at Baby Bulls in Pontiac, 11 a.m. – 3 p.m. [Note: this was not an official IDoA meeting but rather a gathering of the Executive Committee members on their own.]

The retreat ended at 5:00 p.m.