



## Older Adult Services Advisory Committee Meeting Minutes

**Date: February 26, 2024, 1:00 – 3:00 p.m. (Approved May 13, 2024)**

Call in: Dial: #1-415-655-0002 Access code: 2633 399 5250#, then press # again.

WebEx: Please see Outlook invite for Video Option

### **IN ATTENDANCE:**

#### **OASAC Committee Members**

Interim Director Becky Dragoo – Department on Aging  
Paul Bennett – Citizen over the age of 60  
Tracey Colagrossi - Association of Illinois Senior Centers  
Meghan Carter – Legal Council for Health Justice  
Theresa Collins – Senior Services Plus Inc.  
Suzanne Courtheoux – Ombudsman Association- Legal Aid Chicago  
Tom Culberson - Quad County Home Health, Hospice, and DME  
Cindy Cunningham – Illinois Adult Day Services Association  
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  
John Larson– Cantata Adult Life Services  
Sara Jean Lindholm– Citizen over the age of 60  
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana  
June McKoy - Northwestern University Feinberg School of Medicine  
Jay Mukoyama – The Clare  
David Olsen – Alzheimer Association Illinois Chapter  
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  
Jason Speaks – Leading Age IL  
Nicole Spenser – Family Caregiver  
Ancy Zacharia – Home Care Physicians  
Tom Zablocki - SEIU HealthCare – Illinois and Indiana

#### **Ex-officio Committee Members:**

Erin Rife – Department of Public Health  
Lisa Gregory – Department of Healthcare and Family Services  
Kelly Richards – State Long Term Care Ombudsman  
Angela Simmons – Department of Veterans Affairs  
Evan Ponder – Illinois Housing Development Authority  
Lyle VanDeventer – Department of Human Services  
Lorrie Karcher for Christopher B. Meister - Illinois Finance Authority

**Department on Aging staff:**

Mike Berkes, Sarah Carlson, Glenda Corbett, Joe Danner, Selma D’Souza, John Eckert, Sophia Gonzalez, Jennifer Hebel, Jeremy Hostetler, Emily Howerton, Pamela Martinez Ruiz, Lee Moriarty, Sandy Pastore, Brian Pastor, Chelsey Peters, Melissa Schackel, Iris Schweier, Gloria Simmons, Liz Vogt, Roberta Vojas, and Lisa Zurbier

**GUESTS:**

Cameron Castello (Alternatives), Donna Gaines (Sage Collective), Richard Juarez (Solutions for Care), Brycie Kochuyt (Alternatives), Asha Pangrazio (Alternatives) and Erica W. (Sage Collective),

**NOT IN ATTENDANCE:****OASAC Committee Members**

Sherry Barter Hamlin – The Voyage Senior Living  
Michael Koronkowski – UIC College of Pharmacy  
Kimberly Stoerger (Palermo) – Illinois Healthcare Association

**Welcome and Introductions:**

Interim Director Becky Dragoo welcomed everyone to the February OASAC meeting. She mentioned that Director Basta retired in December, and we should be welcoming our new Director Mary Killough in March and she will attend the next OASAC meeting. The Governor has released information throughout the aging network about Mary Killough’s experience at the Department as Deputy Director and prior to that as a Division Manager and of course her experience with the aging network. We are excited to have her come on board.

**Call to Order & Approve minutes from the Full OASAC meeting on November 13, 2023:**

John Eckert asked for a motion to call the meeting to order. Sara Jean Lindholm made the motion and Linda Hubbartt seconded. All members voted in favor. He additionally asked for a motion to approve the minutes from the November 13, 2023, meeting. Gustavo Saberbein made the motion and Linda Hubbartt seconded. There were no additions or corrections noted. The minutes were approved unanimously by members and will be posted to the Department website.

**Public Comments:**

There were no public comments.

**Review/Approve OASAC Rebalancing & HCBS Priority Areas CT 2024**

John Eckert shared that the CY 2024 Rebalancing & HCBS Priority Areas were listed in alphabetical order and are similar to what we have done in the past year. This list was shared with the Executive members and one thing was added. Lisa Gregory is spearheading the PACE Program at HFS, and it was listed here. The PACE Program is set to begin June 2024, we may invite Lisa Gregory to speak on the pending implementation for the May meeting. Eckert also noted that on the second bullet point Data-driven Program Development & Information Technology, the Aging Cares launch will be starting in mid-March. The launch will start down in Southern Illinois and will work up north. It will initially be primarily only the CCUs and then expanded beyond that. Eckert asked for comments, additions, or corrections on the Priority Areas for this year. He asked for a motion to approve the priority areas. David Olsen made the motion. Lori Hendren shared that AARP has a bill that creates the caregiving portal. She shared that they did a study and a report on caregivers across the state and one of the things they heard was there is not a one stop shop caregiving resource online. Lori added that she thinks that as aging leaders, the Department should be able to offer a one stop caregiver resource online. This should be a priority in the technology information discussion. Eckert agreed that it is an excellent priority to add. John asked if there were any additional thoughts. Dr. June McKoy second the motion to approve the priority areas with the one addition. All were in favor.

**Department of Veteran Affairs Update:**

Angela Simmons shared that she is the Senior Home Administrator for the Illinois Department of Veteran Affairs, and she oversees the general operations of five Veteran homes in the State. Their mission is to empower veterans and their families to thrive. They do this by assisting them in navigating the system of federal, state, and local resources and benefits; by providing long-term care health care for eligible veterans in their Veterans’ homes; by

partnering with other agencies and non-profits to help address education, mental health, housing, employment, and other challenges. They are a 1,300-member team across the state helping veterans obtain earned benefits. There are 5 skilled nursing homes in rural and metro areas, and they connect veterans with VA hospitals and services. There are Veterans' Homes in Anna, Chicago, LaSalle, Manteno, and Quincy. Each of these Homes are unique in setting and united in care. They are fully staffed with professional who provide quality long-term person-centered skilled care and services. Each of the Homes are licensed by the IDPH and certified by the U.S. Department of Veterans Affairs (USDVA) Medical Center of jurisdiction. Simmons shared that these Homes have a different code of regulations code, but they do get surveyed by IDPH. She also clarified that they are not a Medicare certified facility, their certification is through the USDVA and go through a grueling federal survey each year.

The Veterans' Homes philosophy of care is that the homes' comprehensive model of care considers the medical, professional, and emotional needs of each resident. Veterans' needs are evolving, and they are poised to provide the care they need in a compassionate caring environment. Simmons shared that they are seeing more and more younger veterans with comorbidities as compared to WWI veterans, the younger the veterans the more health problems they have. They care for the whole person with medical care nutrition activity programs. The Anna southern Home is the smallest of all with 50 skilled nursing beds and 12 domiciliary, which is another name for independent living. Here are six apartments in that Home that can hold up to two people as far as husband and wife. The Chicago Home is the newest, it just became fully licensed and certified in April 2023 and it has private rooms broken down into neighborhoods. The LaSalle Home is on the northwest side, and it has 190 beds, it is currently undergoing some construction projects. The Manteno Home is 200 acres and has 304 residents in five buildings and is also undergoing construction. They are trying to create more of a home environment instead of contracting out their dietary services. The Quincy Home is the oldest Illinois Veterans' Home that was established in 1886, it houses 386 skilled nursing residents and 88 domiciliary. They are building a brand-new building and shared a slide on what it is going to look like; it is a \$253MIL project.

Eligibility, cost, and application process was also discussed. Any honorably discharged veteran is entitled to admission if they have served in the U.S. Armed Forces at least one day during a period recognized by the USDVA as a war period or served in a hostile fire environment and was awarded a campaign or expeditionary medal; or entered the service as a resident of Illinois or has been a resident of the state for one year immediately preceding the date of application for admission. A widow or widower of an honorably discharged veteran who was a resident who was a resident of Illinois for a continuous period of one year immediately before making the application, who has no adequate form of support, and is unable to earn a living. The LaSalle, Chicago and Manteno Homes are currently not available for domiciliary. Admission to an Illinois Veterans' Home is based upon availability of a bed and the ability of the Home to provide adequate and appropriate care and services. Residents that have a monthly income will pay a monthly maintenance charge toward the cost of care. Residents who qualify for the Aid and Assistance allowance from the USDVA will pay an additional Aid and Assistance charge. Veterans who received a 70-100% service-connected disability rating from the USDVA do not pay a monthly maintenance fee. The maximum out of pocket cost is currently \$1,695.00. The application process is the same for all five Homes. An application Review Committee approves or denies the applications. Applicants that are approved are either called for admission or can be placed on a waiting list and prioritized on a "first come first served" basis. Simmons advised that any veteran out in the community apply even if they are not ready to move in because of the wait list and added that anyone with questions can contact her. Eckert thanked Simmons for her presentation on how they are serving Veterans in long term care (**PPT attached**).

#### **Discussion on engaging Members to enhance participation:**

John Eckert shared that he has been meeting with Paul Bennett to talk about how to get members more engaged and have identified a short survey to ask members how they feel. He wants to go over the Older Adults Services Act (OASA) mandate to better understand what OASA is supposed to accomplish. Public Act 093-1031, the enabling legislation became effective January 1, 2005, and the main purpose was transformation. To move funding from facility based long term care to community-based services. Originally the threshold was to get below 50%; with more money being spent on community services. Looking at expanding home-community based services but making sure that we have a good pool of skilled and nursing home care. Our Aging population includes seniors that need that level of care, and we need to make sure that quality services are available.

Section 10 looks at definitions of what the Older American Services is and identifies nursing homes, comprehensive case management, consumer-directed, coordinated point of entry, Department on Aging, Family caregiver, older adult, person-centered, priority service areas and many other definitions. The Department on Aging is the leading agency and are required to complete an annual report. Our main collaboration is with HFS and Public Health but also with Governor's office and other sister agencies. Eckert shared that he went back through the first report that was submitted in 2006 and looked at some areas that have already been addressed and other areas that may need to be revisited. The mandate includes a section that looks at priority service areas and service expansions. Clearly the mandate is to keep people in their homes and communities. In the past an inventory of services had been provided that included the types and quality of public services available and types of private services available; this needs to be revisited. The basis for priority service plans needs to be revisited and completed every 5 years. This may already be addressed in the annual report, but we may try to enhance the inventory for our next report. Eckert added that this about looking at ways to expand some of the new services available. The Department been driven by increased appropriations from GRF and The Commitment to Human Services funds, but we were also supposed to look at other ways to receive funds. For example, donations, grants, fees, or taxes accrued from public or private sources and savings attributed to the nursing home conversion program. This program may need to be fleshed out because we want to make sure that we do not lose the good nursing facilities we have now and ensure that quality services are available. Creating State Project funds for priority service areas was also included in the mandate and did not happen. Also, if funds were available, we were supposed to provide demonstration grants to assist with the restructuring of the delivery system.

Section 25 looked at developing a plan to restructure service delivery system and identifying potential impediments to restructuring. Eckert shared that the Department has worked on this since 2006 but will continue to reflect and go back to ensure that reports specifically address this. Section 35 lists the membership requirements for OASAC. Section 91 refers to talking with the Illinois Finance Authority about financing long term care. Eckert shared that he would get back to this section at a later meeting. He talked about how the landscape has changed since 2005, clearly managed care was not in existence when the Older Adult Services Act was put in place. A significant portion of people who are on Medicaid of all ages are getting enrolled. There has been a significant expansion on Supportive Living, Karah Heldon manages that area and there are 157 SLP communities with over 13,000 apartments. There are also 12 Dementia Care settings, which are a nice thing to have: 36 apartments for individuals with dementia. These had been a focus for a lot of people but there was a set back with the PHE. The two consent decrees were also non-existent in 2005. The global event pandemic changed the entire landscape with work shortages. The most recent housing plan to continue to push for the development of affordable and accessible housing units for older adults. We know that in Illinois older adults are not leaving. Eckert stated that he wanted to set the stage and he will be talking to the Executive Committee and look at some of these areas to make sure we are more compliant with the requirement and identify areas where we be able to check off a box on some of those requirements. He asked for questions or comments. Paul Bennett thanked John and shared that the overview was very helpful. He added that there has been a lot of change and growth.

### **IDoA Proposed Legislation:**

Roberta Vojas provided the update for the IDoA legislation on behalf of Gloria Simmons. She shared that we have two initiatives this year for the legislative session. The first one is HB4338, companion bill SB 2799 it is our Aging Self-Neglect report which is going to be amended to the Adult Protective Services (APS) Act and then updating the language. The second bill is HB4346 (SB 2760) the Aging Community Care Program and it amends the Illinois Act on Aging. The purpose of this legislation is to update certain areas of the Act on Aging by removing outdated language and clarifying confusing sections. This legislation will address several areas that have resulted in audit findings for the agency. Lori Hendren shared that AARP met with the Department and asked if there is an amendment for addressing the concerns leading aging providers had on the Departments' Self-Neglect bill. Hendren also asked if the Ombudsman group could do an overview on their bills as well so that all aging providers and advocates could hear the significance of those bills that need to be discussed in this meeting. Brian Pastor shared that we have not made any determinations on any changes as far as amendments. They are working on some amendment language as was discussed in that meeting and may be meeting later this week. Paul Bennett added that he hopes that the Department is looking at the changes for APS Act with the lense that older adults are adults. Just because a person might be self-neglecting doesn't mean that they are not adults. He added that we were being very paternalistic towards older adults or victims of self-neglect. He advised that when

looking at the piece of legislation you should think of why self-neglect was included in APS. Pastor thanked Bennett for his comments and responded that he could rest assured that we would treat all their clients as adults. He added that is our charge to do so by legislation and by the program's mission. He added that APS is being more proactive in the provision of service to these older adults. They are working now on some concerns, questions, they are moving in that direction.

Kelly Richards responded to Lori Hendren that the Ombudsman program has five bills they are working with. The first one is HB4427 (SB2650) which is Ombudsman representation to the Assisted Living and Shared Housing board. HB4249 (SB2957) will modify the Illinois Act on Aging language to include language specifying Ombudsman access to facility incident reports and allows for consent in means other than writing. HB4261 (SB2715) modifies the Illinois Act on Aging to clarify release of Ombudsman resident records. HB5012 (SB3723) amends the Nursing Home Act and the Assisted Living Shared Housing Act, and they are working to strengthen related discharges. HB5095 (SB3256) amends the Nursing Home Care Act to close a loophole in relationship to distinct part discharges. David Olsen asked if IDPH is supportive of those pieces of legislation or at least neutral. Richards shared that they have had many different conversations with IDPH, specifically about the discharge legislation and they landed in neutral. Roberta Vojas clarified that she believes they went to support it because they did have extensive conversations. David Olsen thanked both for the response and added that these are all exciting pieces of from their perspective and want to support. He wanted to make sure there was consistency across state agencies. Olsen asked if the Department has a fact sheet that can be shared. Richards confirmed that she will share the Ombudsman fact sheet.

## **Department Updates:**

### **FY25 Proposed Budget**

Interim Director Becky Dragoo shared that following Governor Pritzker's budget address last week, the Health and Human Services portfolio provided their budget of overviews and included among those the Illinois Department on Aging. The Department has a maintenance budget, overall while our budget increased by 9% for a total or proposed budget of \$1.7BIL, the budget maintains programs that we already provided an increase of \$3MIL. Home delivered meals to account for the cost of increasing costs of food and delivery. The balance in our Community Care Program of \$162.5MIL was to account for the unfunded rate increases for our in-home providers and Care Coordinators. \$58.1MIL that was a supplemental request that the Department made to cover those rate increases. In FY25, the increase under the CCP program \$104.4MIL is to annualize the January 1, 2024 rate increases and account for a slight increase in utilization in caseload and finally to annualize the EHRS enhancements that were put in place under the Medicaid waiver. Dragoo added that the Department's FY25 goals and objectives are to reduce workforce shortages, to collaborate with our partners to build career ladders in the Aging field, to enhance the visibility of the Aging network services to ensure equity and aging to embrace opportunities for transformative growth. Meaning fully expanding waiver services, those include having age friendly and dementia friendly communities, adequate housing, and transportation. Expanding Adult Day Service community outings and transportation. The Department is also looking at Assistive technology, Respite, and environment modifications in the waiver. The Department is also committed to supporting Family Caregivers,

### **2023 OASAC Report to General Assembly**

John Eckert reported that the 2023 Report was filed on time as required. He thanked members and agency partner for their timely assistance.

### **Waiver Changes/Amendments**

Mike Berkes shared that the Emergency Home Response (EHRS) expansion grew not only from the increase of our Federal Medicaid Assistance Percentage during Public Health Emergency (PHE) but also from the data analysis completed from the reports received in our Critical Event Reporting (CERA). He reminded everyone that the Department implemented the CERA policy back in 2018 and 14.4% of all CERA reports received were tied to falling. As a waiver manager of the Department, he must implement and take steps towards systematic intervention. Berkes shared that the Department tried to do as much robust training for our network partners as possible on this expansion. After receiving approval from Federal CMS, as of February 1<sup>st</sup>, 2024, we have launched the EHRS service with enhancements. The original EHRS 24-hour emergency communication link to an external support center is available via a 2-way communication using a base unit activated using a landline,

cellular, and/or internet-based access and a water-resistant activation device worn by the customer. However now the changes in EHRS options include EHRS with Global Positioning Service (GPS) which allows EHRS activation to be answered by the call center when the participant is away from home. EHRS with Fall Detection which technology is used to gauge a person's movements and will detect sudden movement that would indicate a fall. If a fall is indicated, the EHRS call center will check on the participant and assess the situation. A third option includes both options the EHRS with Fall Detection and GPS. Other changes in the EHRS installation forms, equipment operation, and authorization forms were reviewed. Berkes shared that the Department is using data to drive our decisions. He believes this is important because ever single individual that comes to our waiver is at increased risk for falling. The policy has been updated a new brochure was created to reflect the new services. Paul Bennett asked if the data shared on CERA included MCO's. Berkes clarified that it is does not include MCO data, only data received from our CCUs, ADS providers, and in-home providers. He shared that when Aging Cares our new case management systems rolls out the last phase is to bring in MCOs and be able to see some of those assessments to better understand the MCO side. Bennett commented that it would be great if MCOs used the same system because he is curious to see if the MCO care plans are like Care Coordination care plans and if there is a difference in the use of services.

Mike Berkes discussed another waiver change which is having Legally Responsible Individuals (LRIs) serve as homecare aides due to the current workforce challenges. For many years our Persons who are Elderly waiver have had family care aides which is different. Our Appendix K operational flexibilities that were allowed during the PHE. The Department has received the approval from federal CMS to continue having LRIs serve as homecare aides and currently are working to get that policy through. The next step is to have new billing codes to track and better understand who is being served by an LRI so stay tuned. The first step will be moving that closed group of individuals that we had during the PHE over to the 025 code and then like what we did with the EHRS rollout, we will trainings, information, and forms. Mike Koronowski shared that he would be interested in seeing the falls data trend and is excited about the expanded waiver services, good job! Berkes stated that the with our new case management system we will have all our comprehensive assessments loaded and we can better start to think holistically and through layers of our person-centered approach and understand the need that is driving the older adults that come across our desk and the needs that re more prevalent to them.

### Illinois Care Connections

Jennifer Hebel provided a quick update on the IL Care Connections FY24-25 grant that was started as a federal grant to address social isolation through technology and is now fully state funded. The Department partnered with the IL Assistive Technology Program. In FY24 this program expanded from tablets and hotspots to durable medical equipment and assistive technology. Participants must be 60 years of age or older, reside in IL, and be referred by a CCU, Area Agency on Aging, ADS, or a AAA funded agency. Hebel shared that they continue to send referrals through proper channels, a FACT sheet is coming soon in English and 11 different languages. They are also working on an updated training and details will be forthcoming soon. Hebel reminded everyone that this is a needs-based program and updated demographic information on ICC recipients will be shared during the next meeting. Susan Hughes asked about eligibility for spouses and caregivers of a CCP participant. She shared that she is working with a program Fit and Strong with IDPH and they are working on disseminating the program right now with the AAA's. They are thinking of that an online version would be wonderful for caregivers of people on CCP that are unable to go out to the community site to participate. Hebel clarified that the recipients do not have to be on CCP but do have to meet the eligibility discussed previously. Hebel stated that she did meet with Willie Gunther, IATP Director to discuss Hughes email and will be responding to meet to try to integrate the program.

### Ongoing Policy Revisions

Liz Vogt shared hat the Department is in the process of revamping our policies, going through taking back what has been updated and looking at what needs changes and procedures over the years. This is an ongoing process; we have tackled a handful already and will be continuing to work through our policy library. The last time we talked about this, we shared the new policy coversheet which was a modernized version and now we are adding version histories. The Partner Portal is also being reviewed and making sure that all the resources on there are important, useful, relevant, and accurate. We are also organizing CCP policies and will be adding a training folder with recordings and PowerPoints that our training team put together. We are excited; it will take some time, but we think all these improvements will positively impact our providers and partners. Vogt also shared that the updated Choices for Care Policy will be going out to the network soon, it has taken several months to get to a good draft. It is currently at HFS in the review process and hopefully out within the next month. The Freedom of

Choice Policy is also being revised, we want to make sure that our CCUs are educating and informing participants and allowing them to choose their providers with CCP. The policy on conflict free case management has been cleaned up to line up with federal requirements. The MCO policies which always need improvement in communication between our network and MCOs. The MCO policies are being consolidated into one policy. We are trying to really streamline communication when those transitions happen from MCO to CCU Coordinated care or vice versa and minimize any pitfalls or disruptions of service. Vogt asked everyone to reach out to her with any questions or suggestions.

### 3-Year State Plan Development (ACL)

Sandra Pastore shared that this year the Area Agencies on Aging are going through their new 3- year State Plan on Aging. She explained that the Area Agencies on Aging are the leaders relative to aging issues on behalf of all older persons in the Planning and Service Area. The Area Plans are developed for 3 years using community needs assessment findings to serve older adults and caregivers in their PSA targeting older Illinoisians in greatest economic need. The Area Plans detail how each AAA will implement planning, service delivery, and/or service monitoring activities that meet the Statewide Initiatives objectives as well as other how programs developed, and services fund under the Older Americans Act program met identified needs within the region. Pastore shared an overview of all the services that are encompassed into the area plan and the funding amounts expected to be received statewide. The form on targeted populations is new form that defines greatest economic and social need from the new rules that came out on the 13<sup>th</sup>. Initiatives that include increasing statewide visibility, driving continuous quality assurance and improvement activities, and increasing public awareness and knowledge of caregiver needs were reviewed. Pastore shared the goal of the State Plan on Aging which is to integrate the overarching findings and goals from the regional area plans to create a comprehensive actionable statewide plan with data driven performance measures that moves Illinois forward and better supporting older people and family caregivers. Information was shared on opportunities for stakeholder feedback and a timeline for FY26-28 IL State Plan on Aging. Dr. June McKoy asked where these stakeholder meetings would be held because she is concerned that we have a lot of minority older adult populations and wants to make sure that we are going into those neighborhoods. Pastore shared they would be doing what was done for Caregiver Roundtable meetings, in which they will out to and include targeted populations.

### Other Issues & Recommendations:

John Eckert shared that the GOAL initiative will be discussed during the next meeting due to time. This is regarding looking at working with older adults that are leaving incarcerated settings to make sure they can access services in the community.

Dr. June McKoy commented that it was a great meeting today.

Susan Real announced that they are putting together their FACT sheet for their legislative advocacy and that comes out in NAPUS report, the area agency network that served over 3,500 older adults in FY2, 17.5% of the senior population in Illinois.

### Motion to Adjourn:

John Eckert requested a motion to adjourn the meeting; Dr. June McKoy made a motion and Gustavo Saberbein seconded. The motion to adjourn was approved unanimously. The meeting was adjourned at 3:08 p.m.