



Older Adult Services Advisory Committee Meeting Minutes (DRAFT)

Date: May 16, 2016 1:00 - 4:00 p.m. (Approved August 22, 2016)

Locations:

Illinois Department on Aging, 160 N. LaSalle St., 7th floor, Chicago

Illinois Department on Aging (at the DNR bldg.), One Natural Resources Way, Springfield

IN ATTENDANCE: Committee Members

Carol Aronson- Shawnee Alliance for Seniors

Amy S. Brown –CRIS Healthy Aging Center

Carla D. Fiessinger – Monaham Law Group

Kelly Fischer – Journey Care Hospice

Antoinette “Toni” Gerencir – Community Care Systems, Inc.

Jan Grimes – Illinois HomeCare and Hospice Council

Sherry Barter Hamlin – River-to-River Residential Corporation

Terri Harkin – SEIU Health Care – Illinois and Indiana

Lori Hendren – AARP

Kaye Kibler – Willowbrook Memory Support Houses

Susan Hughes – UIC Community Health Sciences School of Public Health

Jonathan Lavin – AgeOptions

Dave Lowitzki – SEIU Healthcare Illinois and Indiana

Phyllis Mitzen – Health and Medicine Policy Research Group

Susan Real – Caregiver – East Central Illinois Area Agency on Aging

Louise Starmann – Citizen Member

Cathy Weightman-Moore – Catholic Charities LTC Ombudsman Program

Ex-officio Committee Members:

Jean Bohnhoff, Director – Department on Aging

Jamie Freschi – State Long Term Care Ombudsman

(Dan Holden for) Kelly Cunningham– Department of Healthcare and Family Services

Megan Spitz – Illinois Housing Development Authority

Guests:

Sara Ratcliffe – Illinois Homecare & Hospice Council

Department on Aging staff:

Alex Burke, Cindy Bushur-Hallam, John Eckert, Mary Gilman, Karen Kloppe, Sophia Gonzalez, Lora McCurdy,

Jennifer Reif (Deputy Director), LaRhonda Williams

NOT IN ATTENDANCE: Committee Members

June Benedick – Parish Nurse St. Paul Lebanon & St. Mark Lutheran

Jennifer Belkov- Alzheimer’s Association, Greater Illinois Chapter

Andy Chusid – Health Care Council of Illinois

Dr. Thomas Cornwell – HomeCare Physicians

Cindy Cunningham – Illinois Adult Day Service Association

Robyn Golden – Rush University Medical Center

Michael Koronkowski – UIC College of Pharmacy

Patricia O’Dea-Evans – A Silver Connection

Samantha Olds Frey – Illinois Association of Medicaid Health Plans

Jason Speaks – Leading Age Illinois
Ancy Zacharia – Home Care Physicians

Ex-officio – Committee Members not in attendance:

Debra Bryars – Department of Public Health
Linda Gonulsen – Department of Human Services
Representative – Department of Veterans Affairs
Representative – Governor’s office

Introductions:

John Eckert called for a motion to call the meeting to order. Carol Aronson made a motion and Sherry Barter Hamlin seconded. All members voted in favor. Introductions were made.

Approve minutes of Full OASAC Meeting:

Eckert asked members for a motion to review and approve the minutes from the February 22, 2016 meeting. Lori Hendren noted that the minutes needed corrected to reflect that she attended the meeting. Eckert noted that this correction will be made and asked if there were any additional corrections needed. No additional corrections were noted. Amy Brown made a motion to approve the February 22, 2016 meeting minutes with the correction and Sherry Barter Hamlin seconded. All members voted in favor.

Update from Director Bohnhoff:

It was noted that Director Bohnhoff was unable to join the meeting due to another conflicting meeting, but may be able to join the meeting late in Chicago. Director Bohnhoff wanted to provide the group with an update and Eckert read the following:

Director Bohnhoff has been traveling throughout the state meeting with AAA’s and providers on the exciting new initiative for the Department on Aging, the Community Reinvestment Program (CRP). This program brings added flexibility of services to all those non Medicaid participants who do score a 29 on the DON and have a need. CRP was designed to meet the true needs of the participant in a more person centered approach and in alignment with federal CMS requirements. Director Bohnhoff has been traveling with Deputy Director, Jennifer Reif; Chief of Staff, Matt Ryan as well as CFO, Jodi Becker to meet with the Aging network partners. Director Bohnhoff wanted to share that everywhere they have gone to the momentum grows as providers are thinking out of the box about what type of services they can provide outside of the core services that will be available to assist in keeping the participant in their homes, where they want to be. The Director and the entire Department are very excited to be part of this innovative program that is truly an advance for the State of Illinois in how we work to assist all persons, those with Medicaid status and those without.

In addition to these visits the IT Division has also been traveling to AAA’s, CCU’s and direct providers of services to learn more about what they do from the IT side and all their processes as a new IT system is being developed. The Departments current system is over 30 years old. The new IT system will meet the needs of all providers and will truly benefit the Aging network, as we will be able to have that true 360 degree view of all participants (e.g., knowing where they have been, which of our sister agencies have possibly assessed them in the past, and what types of services they have received from others as well).

The CARE Act (PA99-0222) Presentation:

Lori Hendren shared that AARP has been working in partnership with the Illinois Hospital Association to advocate on improving the care for hospital patients and provide education for family caregivers. The CARE Act recognizes the critical role family caregivers’ play after hospital discharges and facilitates coordination with hospitals by the following three provisions: a) the hospital must record the name of the family caregiver when a loved one is admitted to the hospital; b) the hospital must notify the family caregiver if the loved one is discharged home or transferred to another facility; and c) the Hospital must make an effort to provide an explanation and instructions of the aftercare tasks that the family caregiver will perform at home (including medication management, injections, wound care and transfers). Hendren shared that currently family caregivers perform complex caregiving tasks with little or no medical or nursing training. The CARE Act went into effect on January 27th and AARP will be working on educating the people about the Act’s requirements. It was also shared that CCUs will be involved, as well as other partnerships. AARP has a publication which is a detailed fact

sheet on the CARE Act. Louis Starmann asked the CARE Act applied to “admitted patients” only or if the Act would apply to “observation patients” as well? Hendren responded that at this time it would only apply to those patients admitted to the hospital but that AARP plans to continue to push forward to include all patients. Carol Aronson asked Lori how the training aspect for caregiving would be ensured. Hendren responded that the plan was to talk to the hospitals and help them recognize that that this information is needed but that there is no specific mandated training requirement. Lora McCurdy added that the Nursing Home Deflection pilot is also looking at lack of awareness issues. Susan Hughes had questions about Medicare clients and teaching family caregivers in the hospital versus in the home. Jan Grimes clarified that if a patient is in a skilled home care then the training would be independent. Grimes also shared that the Illinois Homecare and Hospice Council has an online Directory Discharge available on their website that references to the CARE Act and other resources. There was discussion regarding who is being kept in the loop regarding these trainings, if physicians are involved and regarding the need to have materials available if there is a skilled need identified. Phyllis Mitzen asked if hospitals were mandated to provide these training. Hendren responded that they are not but added that hospitals are looking to reduce hospital re-admissions and providing these types of trainings will assist them in reaching that outcome. Susan Real mentioned Care Transitions and the Bridge Program and asked if AARP had reached out to anyone from these programs. Hendren responded that she had not surveyed anyone from these programs. Mitzen asked if the Bridge Program could be linked to The CARE Act provisions. McCurdy also asked if the Nursing Home Deflection pilot could be linked. Aronson mentioned the possibility of Title III E –Caregiving funds being used for the development of a train-the-trainer course. Hendren stated the lines of communication need to be enhanced and perhaps with partnerships they could build on the findings of AARP.

Members continued in a discussion regarding the hospital making the arrangements to provide the aftercare information for the family caregiver. Louise Starmann brought up transferring with home health agencies and hospital discharge planners. It was also mentioned that there is a high discharge planner turnover and that the goal of discharge planners is sometimes to move quickly with a discharge. Amy Brown stated that they have 30 days to complete the assessment from the discharge from the hospital. Carol Aronson mentioned that with a new referral, they do have the presumptive eligibility. Jan Grimes stated that the universal prescreening is supposed to help the advocate or family member understand the needs of the participant. Starmann added that outcomes need to be studied. Phyllis Mitzen asked if OASAC wanted to do anything as a group to ensure that the CARE Act is implemented. Mitzen also asked Hendren how the implementation will happen, specifically, how they can ensure that the hospitals comprehend the provisions of this Act and see it as a benefit. Mitzen also asked what kind of mechanisms could be used to build on what has already been achieved. Hendren responded that everything that has been discussed is important to AARP and they will be looking at how the hospitals respond in the first year and involving the media to ensure that people understand (including hospitals and caregivers). AARP will also be looking at other resources such as the Bridge Program. Mitzen mentioned that it will be important for AARP to know in which hospitals the Bridge Program operates in. The group also mentioned the importance of key partnerships and coordination related to the CARE Act provisions. Hendren stated that AARP can partner with others and provide education. John Eckert reported that he would convene a meeting to begin to look at coordinating the activities of the CARE Act, Bridge Model and NH Deflection pilot.

Update on Home and Community Ombudsman:

LaRhonda Williams provided a presentation the expansion of the Long-Term Care Ombudsman Program to cover seniors and adult with disabilities living in the community effective August 2013. Williams reported that the Home and Community Ombudsmen (HCO) provide information to and investigate complaints by and on behalf of participants. A participant is defined as an older person aged 60 and over or an adult with a disability aged 18-59 who is eligible for either a medical assistance waiver or a managed care organization providing coordination and other serviced for seniors and persons with disabilities. Williams explained that the Medicare-Medicaid Alignment Initiative (MMAI) voluntary enrollment was rolled out in Greater Chicago (6 counties) and Central Illinois (15 counties) in March 2014 for individuals that are recipients of Medicare and Medicaid. Passive enrollment in MMAI began in June 2014 and has continued in phases. The roles of the HCO includes the following: Empower participants to resolve problems, investigate and work to resolve participant problems with managed care plans and LTSS services, to coordinate with other entities when necessary and collect data on complaints and outcomes. It was explained that some of the HCO activities include responding to inquiries (via telephone and emails), community education sessions (including community health fairs), one-on-one outreach, and facility staff in-services. Expansion Data from April 2015 through March 2016 was shared; they have answered 107 MMAI complaints, 117 HCO complaints, 342 inquiries, 393 community education sessions, and

517 HCO one-on-one contacts. Williams shared that some of the most common inquiries include customer service issues and benefits access issues, as well as budget impasse issues. The HCO is working with HFS and the MCO's on spreading the word with on the expansion. For example, adding Ombudsmen information to letters going out to beneficiaries, increasing partnerships with the community, adding information to the Department website, and creating membership handbooks. Williams also went through case examples to share with the group the types of cases that are handled by HCO. Williams asked Cathy Weightman-Moore if she could share some information on the types of inquiries received in her area. Weightman-Moore shared that her area only had ICP enrollments but that some of the inquiries received were related to re-determinations for the DHS DRS program and client being dropped for services. Some of the activities included outreach to CCUs, DRS, and Senior Housing. Susan Hughes asked if HCO was staffed adequately; if there have been any staffing issues present? Williams responded that there are currently no staffing issues. Weightman-Moore added that all Ombudsmen staff has been trained for both LTC and HCO. Jon Lavin asked about LTSS roll out and what kinds of notices are being sent to participants. Jamie Freschi stated that HFS is working on a draft letter that will be sent out to participants that had opted out of LTSS. Susan Real asked if anyone was looking at reasons why participants were withdrawing from MMAI. Williams responded that HFS was looking at trends but that it has been difficult to obtain this information because some of the enrollment brokers are asking these questions but others are not, as well as some beneficiaries chose not to answer this question. Freschi added that entire facilities have been recommending beneficiaries not to enroll in MMAI. Also, some people were scared to enroll because they did not understand MMAI. Louise Starmann stated that in Suburban Cook County people are still confused and that the word needs to be out regarding the Ombudsman Program and the advocacy work that is available for community people. Lavin stated that there may be some cross messages sent by promoting complaints and that there is gap of where we are and where we need to be. Starmann added that the beneficiaries do not have an option not to enroll in MMAI anymore. Freschi responded that the Ombudsman could be contacted for questions and not necessarily only complaints.

Lora McCurdy informed everyone that HFS has a Medicaid advisory committee (MAC) and a Public Education sub-Committee if anyone was interested. Information is available on the HFS website and meetings are open to everyone. Phyllis Mitzen shared that Health & Medicine had written a report regarding Nursing home resident rights and how it is mandated for information signs to be available to residents. Phyllis Mitzen asked how this information will be made available for community residents and how the information will be shared and if it will be mandated that this information is shared. Jamie Freschi shared that she had attended a conference in Washington D.C. with LaRhonda Williams, in which there was discussion on where these posters would be placed considering the differences in serving a small population in the community. It is easier to provide information to persons in a Nursing Home versus directly reaching out to beneficiaries, perhaps making packets available in hospitals. John Eckert stated that perhaps the Senior Helpline should be trained to provide this information to callers. Carol Aronson added that Area Agencies on Aging, Information and Assistance staff need to be trained. Susan Real asked about the BEAM unit. Freschi added that the plan is have posters and brochures available and that there are plans to expansion in other states. Williams added that her contact information is available at the end of the Power Point Presentation, if anyone has any further questions.

Update on Medicaid Enrollment

Lora McCurdy shared that the Department has been looking at data on CCP clients not enrolled in Medicaid with income under the Medicaid eligibility standard. She also shared that Department has always required Medicaid enrollment for CCP clients but now they working closer with the CCUs to find out why these participants are not currently enrolled. The Department shared the lists of individuals not enrolled in Medicaid with the CCUs and asked them to look back at why these individuals were not enrolled and if they had ever applied. McCurdy also noted the Department has coordinated with HFS on examining these numbers to determine the reasons why individuals have been dropped from Medicaid. HFS staff provided a mandatory training for the CCUs on the Medicaid application process. The Department will continue to work with HFS to provide additional trainings and information for the CCUs regarding Medicaid. It was determined that some of the reasons for participants not enrolling in Medicaid were due to Spenddown, never having applied and not following up with completing the Medicaid redetermination process as required. Participants are sent a notice when there redeterminations are due and are given 30 days to complete and submit required documentation. The Department is working with HFS to obtain a list of redeterminations due for CCP participants to enable case managers to alert and assist CCP participants to complete them. Many questions were received from the CCUs during the first webinar and the Department is hoping to offer additional webinars. Carol Aronson shared that DHS local offices follow different

office procedures and some are better than others; however, it is important for CCUs to establish a go to person in each DHS office. McCurdy stated that another list of couples not enrolled in Medicaid will be sent to CCUs to determine why they are not enrolled in Medicaid. Louis Starmann asked if MCOs are required to work with their enrollees on applying for Medicaid. McCurdy clarified that the MCOs help their enrollees with the same issues, including applying for Medicaid. Mary Gilman also added that the MCOs are required to help them fill these forms. Jon Lavin asked how many CCP participants under the income eligibility standard are not enrolled in Medicaid. McCurdy replied that there were approximately 4,000 persons that had an RIN number but that also self report income and they have always been required to apply for Medicaid. Susan Real asked if the Department had been able to tell if CCP participants were potentially eligible for Medicaid before. McCurdy shared that the Department has a new system in place that can provide this information now. Gilman added that having an RIN number does not mean that they are eligible for Medicaid or on Medicaid, there are different types of RIN numbers and the Department is getting better at looking for this information.

Discussion on Community Reinvestment Program:

John Eckert noted that the next item on the agenda was the Community Reinvestment Program (CRP) and began by sharing with the group that Phyllis Mitzen and Susan Real represented OASAC at a meeting last week with Director Bohnhoff regarding the CRP draft rules. Eckert asked Real for feedback regarding the meeting. Real shared that other OASAC members were at this meeting representing other entities such as AAA's, CCU Council, and AARP. Real added that the meeting was well organized and showed that the Department had an official commitment to hear the recommendations of the network and that the agenda included verbal and written feedback in the morning and more of a dialogue and discussion in the afternoon. Real also noted that the Illinois Association of AAAs submitted comments three days prior to the meeting. Phyllis Mitzen stated that she believed that the rules were presented in a form that was not structured for dialogue as OASAC had advised the Department. Mitzen added that she was concerned that the rules were presented as a done deal. Real added that the Department did note they would respond to the input and bring everyone back together but that no date was provided. Lora McCurdy stated that written comments were requested within 2 weeks and those should be sent to Jessica Blood. McCurdy asked everyone to specify the section in the rules when submitting comments. Carol Aronson shared that she had collected comments from the CCUs and will be submitting those comments in writing. Jon Lavin stated that the Department did not have to come to the network with the presentation of what the goals are. Lavin added that the Department should be given credit for bringing the information to network during this past week's meeting. Terri Harkin stated that OASAC purpose has been to advise on new initiatives that the Department is considering; this proposed budget includes a \$200 million cut and affects 44,000 seniors. Harkin added that she believes that OASAC was not given an opportunity to provide feedback on CRP. There are many questions regarding this new program which include; persons excluded from CRP, waiting lists, no current standards to protect clients (workforce & provider standards). Harkin added that if the Department moves forward with this initiative that it will cost the State more money and seniors will be forced to go into Nursing Facilities. McCurdy reinforced that everyone was encouraged to submit feedback. Real mentioned that she had verbally commented on CCUs also being direct service providers. Susan Hughes stated that this was a huge step backwards from CCP; for example having a waiting list, and added that she does not understand what this program is trying to achieve. Hughes added that she is having difficulty understanding why the waiver participants are being carved out and that it seems to her that a bunch of lawsuits are waiting to happen. Louis Starmann shared that looking at the CRP rules is complicated due to the CCP structure. Starmann added that there is a need to look at the streamlining process and that having assets over the Medicaid eligibility requirement does not mean that they are not in need and that they will be kept out of Nursing Facilities. The Director shared that coming from the provider network herself and having been through 9 budget addresses, she can relate to always having the question about what would happen if CCP became a Medicaid only program. The Department provided a thoughtful approach in which no one will be left out of the opportunity to have their needs met. This program will have additional services and flexibility. An example would be that EHRS will be available as a core service, but other added technology that can be offered (such as GPS, Fall Prevention) may be covered by CRP, which will enable the participant to live in their home. Director Bohnhoff asked the group to look at CCP as the foundation and CRP as complimenting CCP; and help identify what will keep people in their home. Everyone was reminded that feedback on the CRP draft rules is being requested within 2 weeks and added that cost-savings ideas are also welcomed. Director Bohnhoff asked everyone to think about how we are going to sustain these services considering the population growth of age 60 and older and their needs. The Director also added that she would like to hear feedback from OASAC on other services out there and assured everyone that the draft was only the beginning of a long process. Lori Hendren had questions regarding sustaining a population; she asked what percentage of individuals that are currently enrolled in CCP would be eligible for this new program and what is the estimated number of those that will enroll? Lora McCurdy stated that the Department would need to look up those numbers. Jon Lavin asked about the estimated cost for the rules would be a budget summary, a cost impact, and/or an analysis that should have been part of the rulemaking process.

Legislative Updates:

Alex Burke, Legislative Liaison reported that there are three more weeks in session and that he would have a full list of legislative updates for the next Full OASAC meeting. Burke shared that **SB 2047** and **SB 2048** would release funds for education and social services. **HB 5924** requires guardians use reasonable efforts to notify the ward's adult children (who have requested to be contacted and provided contact information) of any admissions to hospitals, hospice programs, the ward's death and funeral arrangements.

SB 2929 will require CCUs that prescreen certain individuals for HCBS services and inquire if the individual is in need of assistance with the cost of nursing home care and provide assistance if the individual is unable to secure financial documents to prove financial eligibility. Lora McCurdy shared that the Department advocated on behalf of CCUs but did not reach an agreement on the final language. McCurdy noted that the CCU will be submitting documentation directly to the NF. Carol Aronson stated that this requirement takes us back to how things were done before a 2014 law change; hospitals and CCUs would fax documentation to NF's and instead of providing it to hospital discharge staff. Aronson also shared that the current practice ends up being a problem with lost documentation.

Burke shared that **SB 2610** requires the development of a licensure system for continuum of care facilities in accordance with specified purposes. Lora McCurdy added that the Department is working on site validation visits to ADS providers using a heightened scrutiny process to comply with the CMS waiver regulations. This bill gives a new licensure category to one DD facility. **SB 4351** states that individuals with a DON score of 29 or higher remain eligible for LTC services until the State receives federal approval and implements an updated assessment tool. **SB 2781** and **HB 5764** propose that the reimbursement rate for CCP is increased from \$17.14 to \$25.08 over the next four years. **HB 4826** reduces the minimum number of times that the APS Fatality Review Team meets a year from six to four. **HB 4552** adds the State's Attorney's office to the list of persons and agencies who may request access to Adult Protective Services records. **SB 2322** removes the requirement that Circuit Breaker information be on all Illinoisans' property tax bills.

IDoA Quality Assurance Activities:

Lora McCurdy shared that the Department has been working on different ways to increase the Participant Outcome Status Measure (POSM) responses. The Department was not at the federally required response level. The Department anticipates being able to share these responses during the next OASAC full meeting. The Department is looking at timelines for redeterminations, strategies for low performers, quality improvement, and critical incident reporting (SIP). Federal CMS requires Waiver Programs to have in place a Critical Incident management system in coordination with Adult Protective Services (APS). The Department has also been working with new monitoring staff. The Department has been answering questions from CMS hoping to get the Medicaid waiver renewed. Automated Medication Dispenser (AMD) requirements are being internally revised as the Department did not have a qualified provider and our Legal Counsel is rewriting a section of the CCP rules. Jon Lavin asked for an update on UAT. McCurdy shared that pilot testing has been going on; the Lewin group has been going out to certain CCUs. There have been some issues with the vendor software. Susan Real asked if the current comprehensive assessment tool and level of impairment DON will be incorporated and if the eligibility score will be the same? McCurdy responded that Mary Mayes and Mary Gilman had been working on the UAT. Jon Lavin mentioned that there are other OASAC members involved with UAT that are not present and asked about the UAT and Power of Attorney (POA) for property and healthcare and a discussion on all acronyms. A representative from HFS will be asked to provide a UAT update during the next meeting.

Motion to Adjourn:

John Eckert asked for a motion to adjourn the meeting. Jon Lavin made a motion to adjourn. Susan Real seconded the motion. All were in favor, the motion was approved unanimously. The meeting was adjourned at 3:39 p.m.