



State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee Meeting Minutes

Date: May 22, 2017 1:00 - 3:00 p.m. (Approved August 21, 2017)

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

Jean Bohnhoff, Director & OASAC Chair– Department on Aging

Sherry Barter Hamlin – River-to-River Residential Corporation

Paul Bennett – Next Level Health Partners

William Bell – Illinois Health Care Association

Amy S. Brown –CRIS Healthy Aging Center

Theresa Collins – Senior Services Plus Inc.

Cindy Cunningham – Illinois Adult Day Services Association

Carla D. Fiessinger -Monaham Law Group

Terri Harkin – SEIU HealthCare – Illinois and Indiana

Lori Hendren – AARP

Susan Hughes – UIC Community Health Sciences School of Public Health

Andrew Kretschmar – Alzheimer’s Association, Greater Illinois Chapter

Renae Alvarez (for Phyllis Mitzen) – Health and Medicine Policy Research Group

Sara Ratcliffe – Illinois HomeCare and Hospice Council

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

Gustavo Saberbein – Help at Home LLC

Teva Shirley – Southwestern Illinois Visiting Nurse Association

Louise Starmann – Citizen Member

Cathy Weightman-Moore – Catholic Charities LTC Ombudsman Program

Ex-officio Committee Members:

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

Jamie Freschi – State Long Term Care Ombudsman

Megan Spitz – Illinois Housing Development Authority

Gwen Diehl – Department of Veterans Affairs

Department on Aging staff:

Crystal Alexander, Alex Burke, John Eckert, Sophia Gonzalez, Jose Jimenez, Lora McCurdy, and Anna O’Connell

NOT IN ATTENDANCE: Committee Members

Dr. Thomas Cornwell – HomeCare Physicians

Kelly Fischer – Journey Care Hospice

Kaye Kibler – Willowbrook Memory Support Houses

Dave Lowitzki – SEIU HealthCare Illinois and Indiana

Michael Koronkowski – UIC College of Pharmacy

Patricia O’Dea-Evans – A Silver Connection

Karen Schainker – Senior Services of Central Illinois

Jason Speaks – Leading Age Illinois

Ancy Zacharia – Home Care Physicians

Ex-officio – Committee Members not in attendance:

Debra Bryars– Department of Public Health
Lyle VanDeventer – Department of Human Services
Representative – Governor’s office

Introductions & Call to Order:

Director Jean Bohnhoff welcomed everyone to the meeting and introduced two new members, William Bell and Sara Ratcliffe. Everyone was asked to introduce themselves and indicate what organization they were representing. Director Bohnhoff asked for a motion to call the meeting to order. Susan Real made a motion to call the meeting to order and Teva Shirley seconded. All members voted in favor.

Approve minutes of Full OASAC February 27, 2017 Meeting:

John Eckert asked for a motion to review and approve the minutes from February 27, 2017 meeting. Sherry Barter Hamlin made a motion to approve the meeting minutes, Gwen Diehl seconded. The minutes were approved unanimously by members without additions or corrections.

2017 Ethics Training for Boards:

Sophia Gonzalez reported that only a couple of proof of ethics training certificates are missing and that individual reminders had been sent in the morning. She noted that all 2017 Ethic Training Certificates for Boards are due before May 31, 2017.

Discuss Bridge Program, CARE Act & Other Deflection Initiatives:

John Eckert shared that the intergovernmental deflection workgroup continues to look at increasing the collective efforts to keep people out of Nursing Facilities and prevent short term stays from becoming long term; and will be having its next call on June 14th. Eckert shared that some of the CCUs with Bridge programs currently have contracts directly with the hospitals and it would be good to try to replicate and expand what the CCUs already have statewide. The workgroup will work with both AARP and the Illinois Health and Hospital Association to coordinate efforts and avoid duplication. Amy Brown shared that it is important to keep strong relations with the hospitals. Brown shared that funding is becoming available under Medicare for deflections, but that hospitals are not allowed to subcontract for this, they would need to employ staff to be able to bill Medicare. Eckert asked if she can share more information regarding this issue.

Review Choices for Care Post-Screen Data:

Lora McCurdy shared that the Choices for Care Policy has been updated as a result of legislation. Pre-screens are now required to be completed in hospitals, prior to a person going to a Nursing Facility. The CCUs are now required to respond to a referral for a pre-screen within 24 hours and hospitals are required provide a 24-hour notice when sending a referral for a pre-screen. The Department is collecting data on post-screens from the CCUs and from January 1st through April 24th a total of 2,125 referrals for post-screens were completed and a total 951 post-screens were not completed due to the following three reasons: (i) 349 post-screens were not completed because the CCU did not receive any notification prior to discharge (this involved 77 different hospitals); (ii) 317 post-screens could not be completed in the hospital (these were community transfers from other areas); and (iii) 285 post-screens were not completed because the notice received was not within the 24 hour timeframe (this involved 73 different hospitals). McCurdy stated that these numbers are tapering off as hospitals and CCUs are adjusting to the new Choices for Care policy pursuant to PA-99-0857 and its new timeframes. In addition, McCurdy noted that the Department has had productive meetings with the Illinois Health and Hospital Association (IHA) that will be following up with hospitals regarding this data and plan to offer trainings and speak at regional meetings. HFS will also be working with the Department and IHA to assist. Jose Jimenez shared that the Department has had several customized webinars available regarding the Choices for Care Policy; one for the CCUs, one for the hospitals and one for the NF’s. McCurdy shared that another webinar on Mental Health: what constitutes a serious mental illness available on June 5th for the CCUs based on the feedback received. OASAC members asked if there were any hospitals that were not completing post-screens in all three categories. McCurdy shared that the Department did share names of hospitals not completing post screens with the IHA with the permission of HFS and Executives from hospitals were made aware. There was also a discussion regarding other post-screens not completed for legitimate reasons (e.g., out of state) should be included in the post-screens not completed data. Suggestions regarding obtaining data on NF length of stays was discussed.

For example, finding out where people that leave CCP go to (e.g., NF's), do they go to a NF directly or what happens in between the time that the person leaves CCP and goes to a NF? Asking the person if they want someone to follow up with them within 60 days could make a difference from the stay becoming short term vs. long term. OASAC members also discussed how information on pre-screens would be shared with the MCO's. It was determined that the OASAC workgroup could consider how this information could be shared with the MCOs.

Discuss CCP Critical Events Policy

Lora McCurdy in response to some Federal requirements, Mike Berkes from the Department drafted policy on Critical Events for the CCUs and offered a webinar explaining this policy. An additional webinar is also scheduled. This policy enables the CCUs to document in a reporting system, what is going on with participants. This reporting will help keep people in the community— for example— by alerting if a person has had numerous falls, the CCU can assist in making sure that it does not occur again by developing a mitigation plan. McCurdy shared that APS, CCU, and MCO coordination needs to occur. It was agreed that during the August Full Meeting, the policy can be further discussed. It goes into effect June 1st. It was clarified that EHRS providers already share this type of data with the CCUs but through multiple systems. Jose Jimenez added that these critical events are one reason why people go on to the next level of care and the intent is to coordinate better to help mitigate concerns in their homes before a higher level of care is required. Jimenez also shared that with the previous methods of reporting, SIPS, both the CCUs and the providers would work out to resolve the problem but now the Department will be more involved. This information will be entered in eCCPIS. McCurdy mentioned that the MCOs are also required to report critical incidents. Paul Bennett shared that the MCOs are required to send HFS a Quarterly Report. OASAC members asked how the Department created the list of critical events. McCurdy shared that the Department created the list from looking previous work from Steve Lutsky, other states and added “falls” as a reportable category. The Department may be able to share this data and will be using the data to create future trainings. Also, there will be an FAQ document available answering all the questions that were received from the webinars.

Update on Legislation:

Alex Burke, Legislative Liaison provided an overview of pending bills. SB 707 requires State agencies to notify of any breach on data that involves 250 Illinois residents. The stop-gap budget is on its third reading. SB1319 that would allow the use of video conferencing equipment in any adult guardianship hearing will be heard on Wednesday, May 24th at 9:00 a.m. SB 1936 is part of the Budgeting for Results Commission and would remove the incorrect circuit breaker information from property tax bills. SB 84 creates an Intellectual and Developmental Disability Home and Community-Based Services Task Force. HB 223 allows a facility to employ identifying wristlets on any resident of an Alzheimer's disease unit with a history of wandering, and can be ordered to be removed by a resident's guardian or power of attorney. Burke shared that during the next meeting an update could be provided on the bills that were signed into law. John Eckert shared that Director Bohnhoff wants to perhaps consolidate existing advisory committees; Eckert will be meeting with Burke to discuss this. Director Bohnhoff shared that some of the councils are not meeting the quorum and have been unable to meet.

Update on Universal Assessment Tool & BIP Call Center

Lora McCurdy shared that the Department is working with HFS to roll out the new tool. It will be rolled out in waves in Southern Illinois followed by Central Illinois. Three CCUs have received trainings from UIC - College of Nursing. The start date for the first wave is June 15th. UIC is also training on the initial screen. The Department will begin taking calls at the BIP Call Center beginning July 1st. Teva Shirley shared that her CCU received training last week and she looked at the level one screening which looked easy and the webinar made sense, but there was confusion regarding on how to complete the document not on the implementation. Jose Jimenez shared that the Momentum software has not been shared. McCurdy shared that there will be an Aging supplement that is not included on the CHA. OASAC members asked if the Initial Screen could be shared. McCurdy will check with HFS.

Update on Budget:

Anna O'Connell, CFO shared that the budget component bill passed but has not been implemented. O'Connell shared that she has been working with GOMB regarding ongoing communication with the Comptroller on the prioritization of payments. The Department is vouchering everything they can and payments have been getting caught up. A total of 17 entities have terminated contracts due to lack of funding during the current budget impasse. She also noted that at least 12 providers have had difficulty making payroll. O'Connell clarified that

even though there have been closures, no services have been lost by clients. Jose Jimenez added that there were two individuals that could not receive services due to ADS closures; one went to a NF and the other to a Supportive Living apartment.

Update on Automated Medication Dispenser Implementation

Lora McCurdy shared the Department plans to update the AMD rules in August, as there are currently no providers for this service that has been listed under the waiver for the past 3 years.

Other Issues & Announcements

Director Bohnhoff shared that the previous CFO retired and Anna O'Connell was placed as the new CFO, as she did such a good job during the interim period. The Department also has a new general council, Rhonda Armstead. She noted with sadness that the Department lost a long-time employee, Bert Weber who will be sorely missed for his dedication and by his colleagues both within the Department and Aging network. Director Bohnhoff additionally noted that the Colbert Consent decree and Colbert Department staff will be transferring operations to DHS. The transition/transfer is tentatively set for October. The Colbert consent decree population is primarily on average ages 50-55 with a serious mental illness diagnosis and/or a disability and do not meet the Department's mission. Director Bohnhoff asked members if they had any Hall of Fame nominations, and noted that more information is available on the Department website. Susan Hughes asked if OASAC members were interested in looking at Older Adults that are healthy in addition to those with LTC issues and in CCP. Hughes shared that the group could look at what is happening in Illinois with prevention, public health, and Title III funds that are available to keep people in the community healthy. She shared that evidence based health promotion programs exist that can be used. Everyone agreed to consider the health older adults in Illinois. Renae Alvarez asked if the Department plans to follow up on the questions received from the public hearings on CCP and CRP. Director Bohnhoff informed that the Department's general council was unable to attend this meeting and therefore she is unable to respond to that question now.

Motion to Adjourn:

John Eckert asked for a motion to adjourn the meeting. Amy Brown made a motion to adjourn. Paul Bennett seconded the motion. The motion was approved unanimously. The meeting was adjourned at 2:41 p.m.