



## Older Adult Services Advisory Committee Meeting Minutes

**Date: November 16, 2015 1:00 - 3:00 p.m.** (Minutes approved February 22, 2016)

**Locations:**

Illinois Department on Aging, 160 N. LaSalle St., 7<sup>th</sup> 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

Jean Bohnhoff- Effingham County Committee on Aging

Dr. Thomas Cornwell – HomeCare Physicians

Cindy Cunningham – Illinois Adult Day Service Association

Kelly Fischer – Journey Care Hospice

Jan Grimes – Illinois HomeCare and Hospice Council

Sherry Barter Hamlin – River-to-River Residential Corporation

Lori Hendren – AARP

Susan Hughes – UIC Community Health Sciences School of Public Health

Michael Koronkowski – UIC College of Pharmacy

Dave Lowitzki – SEIU Healthcare Illinois and Indiana

Phyllis Mitzen – Center for Long Term Care Reform

Susan Real – Caregiver and for Jon Lavin – East Central Illinois Area Agency on Aging

Cathy Weightman-Moore – Regional Ombudsman

Ancy Zacharia – Home Care Physicians

**Ex-officio Committee Members:**

Jennifer Reif, Deputy Director – Department on Aging

Jamie Freschi – State Long Term Care Ombudsman

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

Megan Spitz – Illinois Housing Development Authority

Doree Vetter – Department of Veterans Affairs

**Guests:**

Carrie Blakely (Phone) - Lewin Group

Christine Bredfelt (Phone) –Lewin Group

Sharon Post – Health and Medicine Policy Research Group

Lauren Tomko – HFS Bureau of Managed Care

**Department on Aging staff**

Alex Burke, Betsy Creamer, John Eckert, Sophia Gonzalez, Jose Jimenez, Lora McCurdy, Brad Rightnowar

**NOT IN ATTENDANCE: Committee Members**

Darby Anderson – Addus HealthCare

Jonathan Becker –Senior Services Plus

Jennifer Belkov- Alzheimer’s Association, Greater Illinois Chapter

June Benedick – Parish Nurse

Andy Chusid – Health Care Council of Illinois

Frank Daigh – Citizen Member over the age of 60

Robyn Golden – Rush University Medical Center

Terri Harkin – SEIU Health Care – Illinois and Indiana  
Myrtle Klauer – Illinois Council on Long Term Care  
Mike Hughes – Lifescape Community Services  
Samantha Olds Frey – Illinois Association of Medicaid Health Plans  
Patricia O’Dea-Evans – A Silver Connection  
Geraldine Simmons - Geraldine C. Simmons Attorney at Law  
Jason Speaks – Leading Age Illinois

**Ex-officio – Committee Members not in attendance:**

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

**Introductions:**

Deputy Director Jennifer Reif called the meeting to order, welcomed everyone to the meeting and introductions were made.

**Approve minutes of Full OASAC Meeting:**

After review by members, Carol Aronson moved to approve the minutes from the August 24, 2015 meeting. Susan Real seconded the motion. Minutes were approved unanimously.

**Annual Ethics Training:**

Department staff noted that several members have not submitted their 2015 Ethics acknowledgement forms. An email reminder was sent to those individuals that have not provided their completed forms. Brad Rightnowar, Chief Legal Counsel informed all members that the Ethics training is mandatory and advised to contact his office if assistance is needed with obtaining all Ethics acknowledgment forms.

**OASAC Vacancies and Membership/Terms:**

Department staff noted that there are four OASAC vacancies and asked members to provide the Department with recommendations for these vacancies. Representatives from the following categories are needed: (1) a Nursing Home or License Assisted Living establishment (Myrtle Klauer has retired); (2) a Senior Center Associate (John Becker has resigned); (3) an organization engaged in advocacy or legal representative (Geraldine Simmons will not be renewing her membership); and (4) a Community Care Program Homemaker Service (Darby Anderson will not be renewing his membership). Additional members that are due for renewal this year have received invitation letters from the Department.

Regarding members/terms, it was noted that prior to the meeting the department sent out detailed information regarding member terms and years of service on the OASAC, in response to a request from members. It was noted that Department Administrative staff were considering changes regarding the number of terms that OASAC members can serve. OASAC currently has members that have been serving since the initiation of the advisory committee in 2004. The Department would like to provide others an opportunity to join the advisory committee. John referenced to the draft revisions on the Operations Manual document shared with everyone which will be taken back to the Executive members for discussion. One change appears on page 4 – section C. Terms, no member shall serve more than *three (3 year) successive terms*. Another change on page 7- section G- Executive Committee, number 5, terms on the Executive Committee will run concurrent with each member’s term on the advisory committee. A concern was raised regarding the institutional knowledge that these members provide, specifically losing all this knowledge all at once if all members are replaced. Members suggested that the Department keep track of renewal dates and initial membership and try to avoid replacing all of these members at once. OASAC Members were also informed that previous OASAC members have the option to come back on the committee after they have been off a term, if interested. Brad (the Departments Legal Counsel) noted that the OASAC meetings are all open to the public and that the Department will continue to reach out to others that may be interested. There was also discussion regarding the Department’s plan of bringing new members on board and a concern regarding filing vacancies in OASAC. The Department was advised to look at membership attendance and participation upon renewing memberships and the members were informed that the Department did take this

into consideration and sent out two different types of renewal invites (the letter for those with low participation were asked to re-commit to participate).

### **2016 OASAC Report:**

A draft was shared of the 2016 OASAC report table of contents page to the group and explained that the report is still being worked on. A draft 2016 OASAC report will be shared with OASAC for review, feedback and approval prior to it being filed with the General Assembly. During this meeting there was one recommendation to add two sections to the report one for *Impediments* and *Recommendations*.

### **LTC Ombudsman Program Expansion Update:**

Jamie Freshi introduced herself as the new State Long Term Care Ombudsman. Previously she has worked as a Community Ombudsman; Regional Ombudsman and also has been part of several Advisory committees including the LTC Council. Jamie referenced the update she had provided prior to the meeting and noted that the Ombudsman program is has undergone many program and staff changes and is currently under transition. As of 2015, there have been 5 new Regional Ombudsman that are currently being mentored by the State Office. In addition, the State Ombudsman office has had two long time staff retire and new staff has been hired, including LaRhonda Williams as the Deputy State Managed Care Ombudsman. The following program changes related to LTC Ombudsman were noted. The dual eligible Medicare-Medicaid Alignment Initiative (MMAI) began in the summer of 2014 for 21 counties in Greater Chicago and Central IL and then spread statewide in January 2015. Also in January 2015 the Home and Community Ombudsman Program (HCOP) was expanded to provide advocacy and support for individuals receiving Medicaid waivers and living in the community. HCOP provides advocacy for persons receiving a Medicaid waiver anywhere in the state under the Department's CCP Elderly waiver program and the Department of Human Services' (Persons with disabilities, persons with HIV or AIDS, and persons with Brain injuries waivers). Examples of issues that HCOP will assist with include problems with services being cut, denied, and/or appeal decisions. The Regional Ombudsman and DHS staff has been working together to increase communication among their Departments. The Regional Ombudsmen have also been working with advocacy organizations to increase awareness of HCOP.

Discussion on the Ombudsman updates included a question regarding the effect that the HCOP has had on the LTC Ombudsman. Jamie responded that some LTC Ombudsmen's have been cross trained depending on the areas that they operate in. Overall, additional funding has been provided and there have been no negative effects noted. Some questions regarding how information is being disseminated to the public regarding MCOs and HCOP were asked. It was clarified that several methods are being used including; letters goes out to the participants, information is available on the website, and brochures and posters are in process. However, there have been some struggles with getting the word out. The Department has also reached out to other states for ideas. Another question asked was whether we have proof that the MCO's are putting the HCOP information on the participant letters that go out and how the Department is making sure that the participants understand this information. A suggestion was to make available refrigerator magnets with HCOP information and phone numbers.

Lastly, the Regional Ombudsman Annual Service Plans were discussed. Due to the budget impasse, the Regional Ombudsmen were instructed to complete 3 month plans indicating any changes they have made to services provided, staffing, and travel. The latest 3 month plan will that covers October through December indicate that some Regional Ombudsman Programs are unable to meet the benchmarks and they have already began to cut staff, services, and travel due to the budget impasse.

### **MCO Updates:**

Lauren Tomko from HFS provided an update on Managed Care Organizations (MCOs). HFS has been working with the Department's BEAM unit. Illinois was required to enroll 50% of Medicaid clients into some type of care coordination program by January 2015. Illinois has enrolled about 60% of the Medicaid clients into the following three programs; Integrated Care Program (ICP), the Medicare Medicaid Alignment Initiative (MMAI), and the Family Health Plan (FHP). An estimated 120,000 seniors and persons with a disability have been enrolled into ICP and another 50,000 have been enrolled into the dual eligible MMAI program. Enrollees can opt out of MMAI at any time; however, those enrollees that receive LTSS will be required to participate in the Managed Long Term Services and Supports (MLTSS) program. MMAI was a demonstration that was going to be available from March 2014 through December 2017, but HFS has asked CMS for a renewal.

There are currently 8 plans available in Greater Chicago and 2 plans in Central Illinois (Molina and Healthcare Alliance). Effective December 31<sup>st</sup>, MMAI will not be served by Health Alliance. That means that there will only be one health plan available in Central Illinois. Health Alliance has notified MMAI enrollees via letters and community newspapers. At this time, no other health plan has informed HFS of intent to terminate their contract. There are a total of 10,000 participants in Central Illinois and about 60% of these participants were served by Health Alliance. The reason for termination that Health Alliance provided for their termination of services was that they were losing money. It appears that Molina health plan has reported that they are prepared to take over all of the Health Alliance participants, but there will be some participants that will choose to remain in fee for service.

One of the members requested clarification regarding the opt-out option under MMAI. It was explained that for the LTSS (Medicaid) portion there will be no opt-out option, the participants would be locked –in to a health plan for these services probably effective July 2016. For their Medicare services they would have an option. There are also no plans for further expansions, actually the ACE and CCE will be phased out soon. Members also had questions regarding how enrollee outcomes are being tracked for these health plans. In response, the members were informed that these health plans have measures but that each state has their own reporting requirements (e.g. client satisfaction, nursing home admissions). Lauren Tomko noted that she could obtain a list of the health plans outcome measures for OASAC. It was also noted that during the last Full OASAC meeting Silvia Ripperton-Lewis provided some materials related to outcomes. OASAC members reinforced their concern for (a) Quality (b) health plans meeting goals and (c) Person Centered Planning. A member of OASAC shared that he has come across information that the supports that the care plans are being reviewed by MCO's and that they are doing a good job.

#### **Nursing Home Deflection Program Update:**

Christine Bredfelt and Carrie Blakely from the Lewin group reported on the demonstration pilot project Nursing Home Deflection (NHD) than began in 2014. The purpose of this project is to reduce the number of initial nursing facility placements at the time of hospital discharge. Specifically, one to one counseling and additional support is provided to those at risk of NH placement at the hospital, immediately after discharge, and a follow up. This one-to-one counseling engagement may be conducted in person or by phone and it is open to anyone. Some of these additional services provided include; the use Options and Person Centered counseling models, include Mental Health assistance and rapid response home modifications. There is no income requirement to participate in this pilot project. This project is testing the impact that these additional services will have on NH placements.

*An Illinois Nursing Home Deflection Pilot Project Evaluation Report* has been shared with OASAC, which tracks what the program is providing and how (e.g. enrollee participants, engagements, impact of the program). The report shows that a total of 610 persons were screened and 380 persons enrolled in the program. These reports on demographics of those enrolled; age (older adults age 60-69); reports of Dementia; and information regarding the caregivers (proximity to participant). The services most frequently provided have been completed with demonstrations funds (59% environmental modifications, 26% in –home LTSS and 15% behavioral health). A total of 93% of persons receiving services under this pilot program reported that the program helped them live in their desired setting (in the home). Other services include housing assistance which assists participants in obtaining permanent housing. The engagements include follow up on the PCP (to make sure that the items on the PCP were addressed. Almost all engagements were completed in the person's home (94% in the home and 6% in a skilled nursing facility). A question was asked regarding the availability of preliminary numbers on how much money could be saved by providing these services to the participants and the average cost per person for the pilot project. Also the types of specific home modifications that are being made and they were opening doorways, building ramps, creating accessible bathrooms. Most of these home modifications were one time cost and not ongoing.

#### **Update on Waiver Renewal:**

Lora McCurdy noted that the Aging Waiver Renewal was due to HFS this week; all of the language that spoke regarding the DON score increase to 37 was removed. Language was added to address Person Centered Planning (PCP). CCPAC's Quality subcommittee is reviewing language and looking at gaps in where training is needed for Aging networks. Integrated settings in Adult Day Services need to be addressed to comply with the CMS new

regulation requirements. This new regulation requires that individuals receiving HCBS services have an opportunity to interact with others and not be isolated (including volunteer availability and integrated employment). The Department is reviewing site validation tools to be used in the evaluation of the ADS sites currently operating. CMS has provided the Department with specific examples of what is considered an integrated setting and what is not. The Department is required to provide a 4 year transition plan to come into compliance. Public comment regarding the CMS Regulations has been taken and this information can be shared with OASAC.

**Balancing Incentive Program (BIP) Update:**

Lora reported that the Universal Assessment Tool (UAT) is still moving forward. Contract problems have been encountered but HFS is currently working with these issues. The UAT level 1 is expected to begin in 2016. Some of the CCU pilot sites questioned whether the UAT launch will be on hold until there is a budget.

**No wrong Door (NWD) Updates:**

Lora reported work for the NWD is being coordinated with the Lewin group and a newly-formed Executive Committee composed of executive staff from DHS, GOMB, and the Department to work on the 3 year plan. Community input has been provided via listening sessions and a draft report has been created. Jose Jimenez shared that the report is available for everyone in the Aging and Disability Network. He also noted that there has been work with new Directors and staff in the higher level Executive Committee.

**Legislative Updates:**

Alex Burke noted that the HB 2482 did not pass and as result the DON score will not increase. Other Legislative updates are available on the Department's website. He also noted that during the first week of December the House will not meet.

**Other Updates:**

Jennifer Reif, Deputy Director reported that GOMB is still taking candidates for an Aging Director. Currently Kris Smith is still Acting Director.

**Adjournment:**

Jean Bohnhoff made a motion to adjourn. Thomas Cornwell Seconded. The motion approved unanimously. The meeting was adjourned at 3:00 p.m.