



State of Illinois
Illinois Department on Aging

Older Adult Services Advisory Committee Meeting Minutes

To Review/Approve the 2016 OASAC Report to the General Assembly

Date: December 11, 2015 10:00 – 11:30 a.m. (Minutes approved February 22, 2016)

Conference Call Meeting:

Call in# 1-888-494-4032

Access Code: 1254179464

IN ATTENDANCE: Committee Members

Jennifer Belkov- Alzheimer's Association, Greater Illinois Chapter

Jean Bohnhoff- Effingham County Committee on Aging

Jan Grimes – Illinois HomeCare and Hospice Council

Susan Hughes – UIC Community Health Sciences School of Public Health

Jon Lavin- AgeOptions

Dave Lowitzki – SEIU Healthcare Illinois and Indiana

Phyllis Mitzen – Center for Long Term Care Reform

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

Jason Speaks – Leading Age Illinois

Cathy Weightman-Moore – Regional Ombudsman

Ex-officio Committee Members:

Linda Gonulsen – Department of Human Services

Doree Vetter – Department of Veterans Affairs

Department on Aging staff

Rhonda Baer, Alex Burke, John Eckert, Brent Ellis, Sophia Gonzalez, Lora McCurdy, Jennifer Reif, Brad Rightnowar

NOT IN ATTENDANCE: Committee Members

Carol Aronson- Shawnee Alliance for seniors

Darby Anderson – Addus HealthCare

Jonathan Becker –Senior Services Plus

June Benedick – Parish Nurse

Andy Chusid – Health Care Council of Illinois

Dr. Thomas Cornwell – HomeCare Physicians

Cindy Cunningham – Illinois Adult Day Service Association

Frank Daigh – Citizen Member over the age of 60

Kelly Fischer – Journey Care Hospice

Robyn Golden – Rush University Medical Center

Sherry Barter Hamlin – River-to-River Residential Corporation

Terri Harkin – SEIU Health Care – Illinois and Indiana

Lori Hendren – AARP

Michael Koronkowski – UIC College of Pharmacy

Mike Hughes – Lifescape Community Services

Samantha Olds Frey – Illinois Association of Medicaid Health Plans

Patricia O'Dea-Evans – A Silver Connection

Susan Real – Caregiver – East Central Illinois Area Agency on Aging
Geraldine Simmons - Geraldine C. Simmons Attorney at Law
Ancy Zacharia – Home Care Physicians

Ex-officio – Committee Members not in attendance:

Debra Bryars – Department of Public Health
Kelly Cunningham – Department of Healthcare and Family Services
Jamie Freschi – State Long Term Care Ombudsman
Megan Spitz – Illinois Housing Development Authority
Representative – Governor’s office

Introductions and Welcome of New Members:

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

Review OASAC Report to the General Assembly;

John Eckert began reviewing the draft report to the General Assembly by section requesting feedback from OASAC Executive members (the report was sent out to the members prior to the meeting). The Balancing Incentive Program (BIP) grants were extended through September 2017 in order to fully fulfill the BIP pilot projects. One of the BIP requirements is for Illinois to have a 50% benchmark of LTSS expenditures; in 2014 the LTSS expenditures in Illinois were 45.4% and as September 2015 it increased to 45.6%. In 2015, Illinois began work to develop a Uniform Assessment Tool (UAT) to meet the core standardized assessment requirement. The UAT Level I (initial screen) will help identify those individuals that would potentially be eligible for LTSS. The UAT level II (comprehensive assessment) is being designed to determine functional eligibility for LTSS programs. The plan is to pilot both UAT levels will be piloted in early 2016. John noted that the Conflict Free Case Management (another BIP requirement) section is an update of the information reported last year. The No Wrong Door (NWD) is another BIP requirement for a development of a statewide system to enable consumers to access all LTSS through a coordinated network or portal. In November 2015, Illinois formed a NWD Executive Committee which includes high level administrative staff from agencies to ensure that the NWD/Coordinated Point system is being designed around a coordinated system of multiple entry points across the State and agencies. Some of the agencies involved in this committee are from DHS, DOA, and HFS but there is a plan to include Housing and Veteran representatives. Additional staff was hired to expand the Senior Helpline in 2015 to assist in accessing the BIP NWD Call Center. The Department anticipates taking BIP NWD calls beginning in mid-2016. A total of 6 NWD listening sessions were conducted in collaboration from the Lewin Group between December 2014 and September 2015. Feedback obtained from these listening sessions, in which 490 participants were involved, will be used to assist the state in developing a process for NWD point of entry. Lora McCurdy also clarified that the high level executive staff includes Deputy Directors from these state agencies and noted that as a result of the turnover staff with the new administration, new people have had to be re-engaged. OASAC members commented that it is a great idea to have this committee in place, but that there a silo concern still exists. OASAC requested that DOA share department reports to obtain OASAC feedback. Lora McCurdy agreed to share these reports with OASAC.

The Nursing Home Diversion Pilot (NHDP) has been extended by Federal CMS through September 2016 and additional partners have been funded. There are now 14 funded lead agencies under this project, however, other partner agencies are also involved (e.g. CILs, Community Mental Health Centers, AAAs, CCUs and housing partners). The goal of the NHDP is to offer a core service package to individuals in the hospital at time of discharge to reduce the length of stay in nursing facilitates for short term placements. The Lewin group provides DOA with technical assistance and supports the ongoing implementation and evaluation of this pilot and has provided a presentation for OASAC members in the past and the Department has shared reports from Lewin group regarding this project. Lewin group reported that a total of 610 individuals were screened and 380 individuals enrolled in the program. They also reported that a total of 84% of enrollees are age 60 and over and that a high level of satisfaction has been reported by enrollees (95%). Comments from OASAC members included that this pilot program looks positive. The plan is to possibly continue to expand and rebuild this pilot project. Additional reports will be compiled by Lewin group and these reports can be shared with OASAC for feedback. In addition, Lora McCurdy noted that the Department has learned that assisted technology and home

modifications are critical and that there is a need take a closer look. OASAC members commented that this would be great and assured that OASAC would like to be more involved. The need to look at recidivism was also discussed because it was noted that it is important to understand why individuals are going back to Nursing Homes. In response it was mentioned that the Option Counseling Process is intended to look at the individual while the person is still in the hospital and before they make the decision to go to a Nursing Home. As a result, the Department is learning why these decisions are made to go to a Nursing Home. A member noted that most of the time these decisions are related to timing, finding and availability of beds. Additional information requested from OASAC included; who is providing the Options Counseling (OC), where is OC being provided? Members noted that a discussion should be planned with Robyn Golden to discuss the Bridge Program. Someone noted that perhaps the Lewin group should also be invited to this discussion. Lora McCurdy reinforced that the objective of the NHDP is to develop a relationship with the hospital and Care Coordinator which would enable the Options Counselor to get involved quicker with the individual.

The report will note that Illinois has met the required 50% benchmark of Medicaid clients enrolled in some type of care coordination program by January 1, 2015 (more than 60% have been enrolled into a care coordination program). The Care Coordination section includes descriptions of the following: Managed Care Organizations (MCOs), Managed Community Care Networks (MCCNs), Integrated Care Program (ICP), Medicare/Medicaid Alignment Initiative (MMAI), Family Health Plans (FHP), Accountable Care Entities (ACEs), Care Coordinated Entities (ACEs), and Care Coordinated Entities (CCEs). As of October 1, 2015, there are ten MCO/MCCNs and three CCEs with contracts serving the ICP population. Enrollment for ICP is over 120,500, which includes 5,669 elderly waiver enrollees. HFS provided a presentation for OASAC during the August meeting regarding the 3rd quarter CMS performance measures record review report findings. This report included seven ICP MCOs/MCCNs and was prepared for HFS by the Health Services Advisory Group. The compliance averages of the 12 CMS performance measures ranged from 84%-100% with four of the MCOs scoring 90% or above. Comments regarding the need to look at the quality and outcomes of the program were discussed by OASAC. Lora McCurdy stated that HFS has a quality advisory committee in place and will follow up with them regarding OASAC's question. In 2015 MMAI was operational in 21 counties (including Greater Chicago and Central Illinois); enrollment in Oct 2015 totaled 48,779. There has been an opt-out issue that has delayed the service delivery of MMAI. Dual Eligible (Medicare and Medicaid recipients) can opt out of MMAI at any time and re-enroll at any time. However, enrollees that receive LTSS will be required to participate in the Managed Long term Services and Supports (MLTSS) program, beginning in the summer of 2016. Clarification regarding the opt-out option and state required lock was provided; dual eligible will be required to lock into the Medicaid LTSS portion but the Medicaid can remain fee for service? Lora McCurdy informed the members that HFS has additional information under Care Coordination on their website (the link can be sent to the group). John Eckert noted that ACEs and CCEs will be phased out in 2015 and 2016. OASAC asked what will happen to ACE/CCE enrollees and how many elderly waiver enrollees are under this program. John agrees to add more information on where these persons will go after these two programs are phased out. DOA acknowledged HFS staff for helping with this section of the report and providing these informative updates.

The Pathways to Community Living/Money Follows the Person was extended through September 30, 2016. HFS has also submitted a Sustainability Plan to CMS that will authorize MFP-funded transitions through December 31, 2017. John Eckert added that it has been approved; he also noted that the persons under this program will be followed through 2020. HFS and DOA are working on the possibility of adding MFP activities to waiver services. CMS has also completed a monitoring site visit for MFP and has met with Department Executive staff and MFP leads. CMS provided feedback to the Departments regarding their visit. OASAC committee was interested in learning more about the feedback provided by CMS. Incentive payments were implemented effective August 27, 2015 for MFP funded agencies involved with MCOs and for CCUs transitioning MFP participants. As of December 8, 2015, the state has met 90.9% of its transition goal (580 individuals). This percentage includes 403 Colbert Consent Decree - MFP eligible individuals. The report will note that on November 30, 2015 the Consent Decree's requirement that 1,100 Colbert Class members be transitioned was met. A final cost analysis report will be completed by April 1, 2016. OASAC members asked if the report could be shared with OASAC and John responded that he would talk to the Colbert Lead.

A renewal of the Aging waiver to federal CMS has been submitted to CMS that includes significant changes that will assist the State in complying with the new Federal HCBS regulations. A Statewide Transition Plan has been developed in collaboration with HFS, DHS and stakeholders, in which the State has 5 years to come into

compliance if approved by federal CMS. DOA anticipates initiating the site validation process for Adult Day Service providers in early 2016. An email was sent out to OASAC regarding the feedback currently being requested from. OASAC members asked what specifically should the group be looking at in this Transition Plan. Lora McCurdy suggested looking at the validation tool that will be used to go out on the site visits for ADS agencies; some of the ADS agencies in the state are located on the grounds of a NF or hospital and it will be up to the State to make a case to federal CMS that these ADS agencies are in the community.

The Impediments to Progress section highlights new challenges existing in LTSS which includes unanticipated challenges, Aging and Disability community massive changes, managed care expansion, and the shift from viewing individuals in a holistic manner to person centered planning. John Eckert asked members if there were any suggestions on any other items that should be added to this section. A couple of suggestions were to add sections on the general budget impasse and one on transitions. The budget impasse affects all of these initiatives, including transitions, needs to be added under impediments. A discussion was initiated regarding whether the transition section would be best if placed under the recommendations section and if the NHD was considered a transition. It was agreed also suggested that multiple types of transitions are occurring and it would be a good recommendation to add something regarding how these transitions can be coordinated and perhaps share lessons learned.

It was noted that the Home Care Ombudsman Expansion wording under the Successes and Recommendations was provided by Jamie Freschi. A correction was noted for the last sentence on stakeholder engagement process. It was also noted that this year the report would include a Legislation section that would highlight legislation that would have a positive impact on rebalancing efforts in the State. The Department's legislative liaison, Alex Burke provided an overview of the listed acts (Public Act 99-272, Public Act 99-181, Public Act 99-184, Public Act 99-163, and Public Act 99-222). A discussion regarding Public Act 99-163 which expands the list of people that are able to pick up a prescription order for a patient was initiated; the members asked why social workers are not on this list. Also regarding Public Act 99-122 which will require that hospitals provide "after care assistance" trainings, upon request, to designate caregivers based on a patient's discharge plan. Alex clarified that these trainings will be of no cost to the state. A member noted that this training will relieve some of the burden on the family members that are the designated caregivers. Alex noted that there is an AARP study regarding this topic. OASAC agreed that it was a good idea to add this section to the report.

Approval of the 2016 OASAC Report to the General Assembly:

Following the review and discussion, John Eckert asked OASAC members for a motion to approve the 2016 OASAC Report to the General Assembly, after the slight changes discussed are completed. The following recommendation from OASAC will be addressed under the Recommendations section; a) Stakeholder engagement b) Coordination among different transition initiatives c) Quality and Managed Care d) Budget impasse effects on services and e) a need to address the growing workforce and caregiver supports. Dave Lowitzki motioned to approve the 2016 OASAC Report to the General Assembly. Jean Bohnhoff seconded the motion. The report was approved unanimously.

Adjournment:

The meeting was adjourned at 11:30 a.m.