



Older Adult Services Advisory Committee Meeting Minutes

Date: February 27, 2023, 1:00 – 3:00 p.m. (Approved May 15, 2023)

Call in: Dial: #1-415-655-0002 Access code: 2466 370 4856#, then press # again

WebEx: Please see Outlook invite for Video Option

IN ATTENDANCE:

OASAC Committee Members

Director Paula A. Basta – Department on Aging
Sherry Barter Hamlin – The Voyage Senior Living
Paul Bennett – Citizen over the age of 60
Meghan Carter – Legal Council for Health Justice
Tracey Colagrossi - Association of Illinois Senior Centers
Theresa Collins – Senior Services Plus Inc.
Suzanne Courtheoux – Ombudsman Association- Legal Aid Chicago
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
Sara Jean Lindholm– Citizen over the age of 60
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
Gustavo Saberbein – Family Caregiver
Jason Speaks – Leading Age IL

Ex-officio Committee Members:

Sheila Baker – Department of Public Health
Robin Morgan (for Kelly Cunningham) – Department of Healthcare and Family Services
Gwen Diehl – Department of Veterans Affairs
Mari Money (for Christopher B. Meister) - Illinois Finance Authority
Evan Ponder – Illinois Housing Development Authority
Lyle VanDeventer – Department of Human Services

Department on Aging staff:

Mike Berkes, Sarah Carlson, Joe Danner, Becky Dragoo, Selma D’Souza, John Eckert, Sophia Gonzalez, Jennifer Hebel, Karen Kloppe, Chuck Miller, Brian Pastor, Sandy Pastore, Chelsy Peters, Kelly Rice, Michael Sartorius, Melissa Schackel, Iris Schweier, Gloria Simmons, Beth Skeeters, LaRhonda Williams, Chrystal Wofford, Liz Vogt, and Lisa Zuurbier

GUESTS:

Corey Atanda (FEI Systems), Lynn Bergero (Telligen), Colleen Burns (Greater Chicago Food Depository), Chloe Compton (Frontline), Lynn Bergero (Telligen), Pam Jones (Senior Services Plus), Mary Anne Miller (Telligen), Robin Morgan (HFS), Betty Wendford (Telligen)

NOT IN ATTENDANCE:

OASAC Committee Members

Michael Koronkowski – UIC College of Pharmacy
John Larson– Cantata Adult Life Services
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana
Sharon Manning – Family Caregiver
June McKoy - Northwestern University Feinberg School of Medicine
Kimberly Stoerger (Palermo) – Illinois Healthcare Association
Walter Rosenberg – Rush University Medical Center
Ancy Zacharia – Home Care Physicians

Ex-officio Committee Members:

Kelly Richards – State Long Term Care Ombudsman

Welcome and Introductions:

John Eckert welcomed everyone to the meeting and thanked everyone for joining the call. He shared that Director Basta may be joining the call late. He welcomed our new Deputy Director Becky Dragoo and the new Deputy Division Manager for APS Brian Pastor who both acknowledged their enthusiasm in joining the Department. Sophia Gonzalez called off the members and guests appearing on WebEx and all other callers were asked to identify themselves.

Call to Order & Approve minutes from the Full OASAC meeting on November 14, 2022:

John Eckert asked for a motion to call the meeting to order. David Olsen made the motion and Linda Hubbartt seconded. All members voted in favor. He asked for a motion to approve the minutes from the November 14, 2022, meeting. David Olsen 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.

2024 OASAC Priority Areas:

John Eckert asked for a motion to review and approve the Priority Areas for CY 2024, Linda Hubbartt made the motion and Theresa Collins seconded. The ten priority areas on the current list were reviewed and it was noted that there is no number one priority, they were just listed to ensure that OASAC is focusing on rebalancing efforts and identifying services and supports to keep people in their homes to avoid unnecessary institutionalization. There were a couple of things added since the last time these were shared. A small CCU Colbert Pilot that is currently being done with 3 CCUs in Chicago identifying class members that meet certain criteria and may have fallen through the cracks, The Department is also working with HFS on the operational Protocol for MFP 2.0. We will be able to report on these in the future. Karen Kloppe will speak on this later during this meeting, the last State Plan had a strategy to included adding a time limited Legal Services Subcommittee to identify gaps and barriers. We are also adding the PHE and unwinding activities. Eckert asked for feedback and a motion to approve the CY 24 Priority Areas for OASAC. Linda Hubbartt made the motion and Gustavo Saberbein seconded. All were in favor; these priorities will be posted, and we will start working on these to stay on track.

Illinois SNAP benefits and Older Adults:

Colleen Burns shared that the Illinois Commission to End Hunger is a public-private partnership dedicated in the belief that no one in Illinois should ever face hunger. They look at enrollment barriers for older adults, families with young children, and families with mixed immigration status. They have completed research and found that federal programs are underutilized. There are many misconceptions regarding these benefits, for example many older adults believe if they ask for SNAP benefits, they are taking it away from others. As part of its effort to improve access and enrollment in federal nutrition programs, the Illinois Commission to End Hunger will be conducting a statewide marketing campaign to promote these programs. They will be using a mixed method of marketing and dissemination strategy that will include materials that local agencies

and community partners can use, a centralized website, and an advertising campaign. They are asking for everyone to help share these materials among communities. There is a toolkit available that includes a blurb, a slide deck, and talking points. Burns thanked the Department for the opportunity to be here. Becky Dragoo stated that this is an exciting initiative for older adults and asked if volunteers are needed from our Aging Network. Burns responded that many of the individuals on this call were the ones that helped them with the research and added that anyone can benefit from this initiative and she would let the Department know how we can help. **(PPT attached)**

All about Adult Day Services Presentation:

Cindy Cunningham thanked the Department for inviting her to speak one of her favorite things in the whole world. She shared that she has been working with Adult Day Services (ADS) since 1988, it was her first job as she was still a college student. Cunningham shared that she will be speaking on the wonderful things that ADS do and some of the ways it can be utilized. ADS are available for seniors and disabled adults and help with functional and cognitive impairments to help them remain in their homes. People go to the ADS in the day and go home in the evening when they can be with somebody else or by themselves if they live alone. All ADS centers provide a social opportunity and help with medical components. Some ADS serve special populations or specific ethnic groups. There are approximately 4,600 ADS centers in the United States and IDoA has about 47 contracted ADS providers. Prior to the pandemic ADS centers were serving over 3,300 clients a month for IDoA. A total of 56% of these ADS providers are not-for-profit.

ADS providers are required to have a nursing staff under IDoA regulations. All are required to provide meals and snacks that are nutritious. Some centers provide physical, occupational, and speech therapy. All IDoA contracted centers are required to provide or contract to provide transportation to and from the center, Health education, evidence-based programming is available to try to make an impact on the diseases that disabilities that the people they serve. The ADS centers also have various miscellaneous services, for example beauty shops, nurses that fill medication boxes, art, music, and entertainment. The distribution of client ages was also discussed and there are a couple of generations, and the services must be flexible. The staff is made up of a Program Director, a program nurse, direct specialist, activity directors, transportation drivers, and direct staff. Cunningham shared that their client to staff ratio is about 6 or 7 to 1. Anytime anyone is present there must be two people that work. She added that finding staff right now is challenging especially in smaller centers so you may see one staff performing multiple functions. The ADS centers are funded largely by IDoA, but some do private pay, and some clients are under Managed Care Organizations that are funded through Medicaid and Medicare programs. In addition, some of the centers may get funding from the Department of Human Services, Division of Rehabilitation Services or with the Veterans Administration long term care insurances.

Community Care Program eligibility requirements were described, and it was explained that the Care Coordination Units complete these determinations. All the ADS centers are open Monday through Friday, and some were open on weekends prior to the Public Health Emergency period and have not gone back to their normal hours. These ADS centers offer Caregiver Support that include onsite support groups. Some of the ADS benefits include that they are the most cost-effective option, they delay more costly long term care placements, and offer working caregivers a safe option among others. Cunningham shared a list of studies that have been completed by agencies on the state to look at outcome measures. A short video was shared to show what clients and caregivers think about ADS centers and a map of all the ADS available in Illinois.

Kathy Honeywell noted that her CCU promotes ADS and encourage people to take advantage of the socialization, meals, caregiver respite. It was mentioned that the numbers are down, about 50% from prior to COVID and he knows that Chrystal Wofford has worked with ADS sites to try to expand to minority areas. There have been a couple of new contracts but would appreciate any way the Department can help to increase these numbers. She added that this is a valuable service when you look at the nursing services that are provided because it can go a long way for people that have a wound and be able to receive this service at the ADS center. It is also a great resource for family members in terms of Respite, it gives them an opportunity to go out. Wofford encouraged everyone that if they know of a participant out there is willing to go to go one day to learn more. It may turn into a week once they start going and making new friends, they can enjoy the programs and activities.

Director Basta added that she has personally visited centers throughout the state, and it is a terrific opportunity for a continuum of care who want to stay in their community as part of CCP. Also, people can remain in the community for as long as possible instead of family members thinking that their loved one must go to the nursing facility. They can be able to use the ADS services as Respite, as a continuum of care for how you want to care for your loved one. Director Basta added that we would love to have more ADS centers throughout the state, if any agencies are looking to expand, please contact Chrystal or the Director. **(PPT attached)**

HomeCare Ombudsman Program Presentation:

Joe Danner shared that the purpose of the Ombudsman and HomeCare Ombudsman Programs are to ensure that residents of long-term care facilities and participants who live in the community have their rights respected, receive quality care, and live a dignified life at the highest practicable level. He described the program structure and the statutory authority for HomeCare Ombudsman Program (HCOP) that was amended in August 2013 to cover older adults and disabled adults living in the community. HCOP has now expanded and has offices both in Springfield and Chicago; advocacy services are provided statewide. The goal of the HCOP is to provide education and advocacy to participants who receive services through the Medicare Medicaid Alignment Initiative (MMAI) and/or services through select Home and Community Based Services (HCBS) waivers to reduce the risk of placement in a long-term care facility. HCOP educate participants about their rights as recipients of MMAI and HCBS waiver services. They also work to investigate complaints made by or on behalf of these individuals. They engage in participant-directed advocacy, they do not act without the participant's permission. HCOP can help participants file appeals, serve as authorized representatives during the Fair Hearing process, file grievances, provide referrals and all assistance and advocacy is free. The HCOP process was explained different outreach events were listed. Any MMAI or HCBS Waiver participant that feels that their rights have been violated by the MMAI MCO or HCBS waiver program should contact HCOP. Any MMAI or HCBS waiver participant that needs assistance with filing an appeal should also contact HCOP. In addition, any MMAI or HCBS waiver participant that need assistance with filing a grievance against the MMAI MCO or HCBS waiver program or have a question about services offered through the Home Care Ombudsman Program should use the contact information provided. **(PPT attached)**

Sara Jean Lindholm asked what the biggest obstacle is to achieve the HCOP goals. Danner responded that a lot of people first don't know about the program and the advocacy services that are available. Also, another obstacle is the lack of homemakers throughout the state right now. He understands that everyone is trying to figure this out right now, but they are also trying to prepare for the end of the PHE, since it did not allow for any reduction in services. At the end of the PHE, there is a good chance that there might be a high influx of calls for advocacy. Danner stated that there are brochures available on the program and if anyone would like any, they can reach out to him. Eckert shared that he would make a note to invite Danner to one of the ICCCU meetings as they have not presented to them in a while.

Establish OASAC Legal Services Subcommittee:

Karen Kloppe shared that as part of the work identified under current State Plan on Aging the Department is required to considering different strategies to address the goal of enabling older adults in the State and their families and other consumers to choose and access options that will support their ability to stay living independently in their home and community. Kloppe explained that her role is to expand legal services. We are fortunate that in the United States the Older Americans Act does provide limited funding for legal assistance. It is readily recognized that legal assistance provides older adults with a greater ability and the right to exercise choices and benefit from services and opportunities that are authorized by law. A smaller group of older adults maintain their rights of independence in the face of unwanted guardianship. Unfortunately, with legal services we know that there are unmet needs because of limited resources. Under the Older Americans Act legal services are targeted to individuals aged 60 and over and with the highest economic or social needs. The Department is looking at OASAC to establish a time limited Subcommittee to identify gaps and barriers that older adults may experience when attempting to access legal services. The Department has information from the perspective of legal service providers themselves. There are different types of providers in Illinois that are funded through each of the Area Agencies on Aging. These providers run legal aid clinics; they are non-profit organizations. Kloppe will share her information in the chat and asked if anyone is interested in joining the subcommittee, they can

reach out to her or Sophia Gonzalez. John Eckert mentioned that he is aware there is a similar exercise with the AAA's and asked if there was a way to work jointly. Megan Carter and Suzanne Courtheoux stated that they are interested in joining this Subcommittee.

Department Updates:

Legislative Update

Gloria Simmons shared that it has been a very busy season thus far. Aging has its own initiative this HB1826, which is a suspicious death expansion of the mandate report and definition of abuser. The importance in this initiative is that financial exploitation continues to be the most prevalent type of an older adult abuse reported to the Adult Protective Services Division, and this initiative includes financial advisors as mandated reporters. This legislation will help prevent cases of financial abuse against older adults and adults with disabilities. Simmons also shared that cases of abuse, neglect, exploitation, abandonment, and suspicious death are also severely underreported. This legislation will also aim to address cases in which a vulnerable adult case of death may be linked to abuse. The Department also has several pieces of legislation that are going through the bill review process that includes In Home Services and Adult Day Services. The Department is also closely watching legislation that may have an impact on the agency and we are in process of completing position papers and will have an update at a later meeting.

Budget/Fiscal

John Eckert shared that the fiscal team was unable to join today because of a conflicting call. He shared that the FY24 Budget was passed with a slight increase and no major cuts. We did lose some federal funding for home delivered meals. Deputy Director Dragoo added that our network has and continues to deliver over 11 million meals and that is amazing work. There has been reopening of congregate meals which are helpful in terms of social isolation. There are some changes to some changes for our Area Agencies on Aging, some changes to flexibilities as the PHE continues to unwind. She added that she is confident of the support of the network and the Department with respect to ensuring older adults have nutritious meals that are both culturally and medically appropriate.

CCP Enhanced FMAP Incentive 2023 Priority Areas

Mike Berkes the CCP Waiver Manager for the Department shared that the FMAP incentive allows for the 10% increase in the match that is coming from the federal government and tied back to COVID. The Department wrote a spending plan looking at a reinvestment opportunity. The first service description changes are currently sitting with CMS, these are for EHRS. The EHRS will be able to follow the adult throughout their community and include fall detection and GPS. The Department continues to work closely with HFS and CMS anytime there is an amendment. The next area we will be focusing on is home modifications or environmental modifications that will meet the needs of those we serve and prolong their stay in the community. We are still in the planning and research phase for all the other new services and sharing across with our sister agencies. An important date to track is March 25, 2025, is the FMAP last opportunity under the incentive to move forward. Lynne Bergero asked how she can learn more about the EHRS services and she advised to go to our IDoA website. Berkes added that there are brochures available in different languages or she can reach out directly to him. Paul Bennett asked how much benefit might be on the whole modification. Berkes responded that we have not figured that out because we are still on the planning and research phase. Bennett stated that he is hopeful that the Department will add a Respite benefit to the waiver program.

PHE Update & Communication with Medicaid enrollees

Mike Berkes shared that the Department is looking at the CCP participant's health, safety, and welfare with the conclusion of the PHE. We want to ensure that people are receiving services they should and maybe move people off the program that shouldn't. The conclusion of the PHE will be May 2023, we have our Appendix K which provides us with our operational flexibility for CCP during the covered period. There are several components, the federal level with Medicaid eligibility for the Medicaid benefit and the secondary component is sunseting or keeping the Appendix K flexibility. We have a 6-month grace to from the end of the PHE which would take us to November 11th to sunset Appendix K. The Department is watching 3 things, the federal level HCBS eligibility, the waiver and then sunseting Appendix K. We have a lot of things to track internally, and various components of what communication needs to go out to our network providers. We are also tracking some good toolkits that

HFS has provided specific to the current address changes for Medicaid. The Department is also going back to review the scores of guidance updates that went out to CCUs, AAAs and Providers during the PHE and pulling out those that no longer apply to communicate to everyone. Jennifer Hebel added that the Department anticipated at this point to stick to the timelines that we have outlined that HFS has outlined and will be sending further updates as we get them.

Long Live Illinois Campaign

Jennifer Hebel shared that the Department received a federal grant to work with a marketing campaign to increase vaccine uptake, especially among zip codes populations that have had very low vaccine uptake. We have been working with them for about 6 months and we are in the final months of the contract. Kivvit our contractor has created some tool kits, new radio, and online ads. The link to the toolkits was shared and Hebel noted that these are available in different languages. These are free to use, share and let people know about. She stated that if you are working with an outreach campaign and would like some of the Long Live Illinois materials available, please let us know. Eckert added that we will have Kivvit present during our next FULL OASAC meeting in May. Hebel reminded everyone that new materials are available in the Friday COVID updates that are sent out, Liz Vogt will be sending these out as we receive them.

IDoA Workforce Stabilization Workgroup

Sandy Pastore shared that the workforce stabilization workgroup is a combination of both CCPAC, OASAC and others. Our next meeting is on March 15th, before then she hopes to talk to Jessie Lava from HFS and see if Aging is going to get any of the money from the Health and Human Services initiative and have more discussions with them to bring more information to the March 15th meeting. Pastore added that she will probably have more results from the AAA and provider surveys.

Emergency Senior Services

John Eckert shared that the Department is pleased with the impact the ESS program has provided. He added that we now have Melissa Schackel that has joined the Planning Division and will help take the lead, monitoring, and day to day operations of managing all the requests and activity coming in. She is also helping Planning updating some policies and our goal is to share them in May, prior to FY24, we are revising guidelines, procedures. Mike Berkes stated that he would like to speak on the big impact that ESS has had, ESS summary reports for FY21 and FY22 were shared. Berkes shared that we have seen an increase in spending from FY21 to FY22 which is good. We also saw an increase in the total number of participants that received ESS funds. The average spending per individual was \$387. Lower cost and higher impact. Berkes stated that he is pleased to share that we will continue with ESS to meet nutritional needs, personal hygiene items and assistive technology. Many more requests for rental assistance and mortgage have been seen. He added that respite care is also listed, and he think it is important as bennet mentioned and we would like to learn more about it. This is our ESS demonstration, and the take home message is that of you do a good job spending and you know your spending is hitting the intended targets and you're making a difference, then you pave forward the path to allocate the same amount of dollars and sometimes more to that initiative. Eckert added that Schackel will track the usage a little closer and it is always good to track state funds to help seniors stay in the community regardless of the payer source. We are also trying to increase referrals coming from the AAA's and the providers.

Other Issues & Announcements:

Liz Vogt who joined the Executive Team within the Department introduced herself and stated that she looks forward to working with everyone. She shared that she has attended OASAC meeting in the past and is excited to participate in her new role. Lynn Bergero announced that Telligen is a quality improvement organization and has been charged by CMS to provide education and resources to organizations that serve Medicare populations in Illinois. On March 8th, Telligen will be offering a 30-minute webinar titled Beyond Meds, meeting the needs of older elders. The link was shared in the chat.

Motion to Adjourn

John Eckert asked for a motion to adjourn the meeting; David Olsen made a motion and Linda Hubbartt seconded. The motion to adjourn was approved unanimously. The meeting was adjourned at 2:38 p.m.