



Older Adult Services Advisory Committee Meeting Minutes

Date: August 21, 2023, 1:00 – 3:00 p.m. (Approved on 11.13.2023)

Call in: Dial: #1-415-655-0002 Access code: 2460 901 3645#, then press # again.

WebEx: Please see Outlook invite for Video Option

IN ATTENDANCE:

OASAC Committee Members

Deputy Director Becky Dragoo (for Director Paula A. Basta) – Department on Aging

Sherry Barter Hamlin – The Voyage Senior Living

Paul Bennett – Citizen over the age of 60

Tracey Colagrossi - Association of Illinois Senior Centers

Meghan Carter – Legal Council for Health Justice

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

Kathy Honeywell – North Shore Senior Center

Linda Hubbartt – Effingham City-County Committee on Aging

Susan Hughes – UIC Community Health Sciences School of Public Health

John Larson– Cantata Adult Life Services

Dave Lowitzki – SEIU HealthCare – Illinois and Indiana

June McKoy - Northwestern University Feinberg School of Medicine

Jay Mukoyama – The Clare

Sara Ratcliffe – Illinois Home Care and Hospice Council

Susan Real – East Central Illinois Area Agency on Aging

Gustavo Saberbein – Family Caregiver

Nicole Spenser – Family Caregiver

Ancy Zacharia – Home Care Physicians

Tom Zablocki - SEIU HealthCare – Illinois and Indiana

Ex-officio Committee Members:

Erin Rife – Department of Public Health

Lisa Gregory – Department of Healthcare and Family Services

Angela Simmons – Department of Veterans Affairs

Evan Ponder – Illinois Housing Development Authority

Kelly Richards – State Long Term Care Ombudsman

Lyle VanDeventer – Department of Human Services

Department on Aging staff:

Mike Berkes, Sarah Carlson, Glenda Corbett, Joe Danner, Selma D’Souza, John Eckert, Sophia Gonzalez,

Jennifer Hebel, Brycie Kochuyt, Sandy Pastore, Brian Pastor, Chelsy Peters, Melissa Schackel, Iris Schweier,

Gloria Simmons, Liz Vogt, and Lisa Zuurbier

GUESTS:

Lynne Bergero (Telligen), MaryAnn Miller (Telligen), Robin Morgan (HFS), Betty Wendford (Telligen),

NOT IN ATTENDANCE:

OASAC Committee Members

Tom Culberson - Quad County Home Health, Hospice, and DME
Lori Hendren – AARP Illinois
Michael Koronkowski – UIC College of Pharmacy
Sara Jean Lindholm– Citizen over the age of 60
David Olsen – Alzheimer Association Illinois Chapter
Walter Rosenberg – Rush University Medical Center
Jason Speaks – Leading Age IL
Kimberly Stoerger (Palermo) – Illinois Healthcare Association

Ex-officio Committee Members:

Christopher B. Meister - Illinois Finance Authority

Welcome and Introductions:

Deputy Director Becky Dragoo welcomed everyone to the meeting and informed everyone that Director Basta will not be joining the call today. Sophia Gonzalez called the names of the members and guests appearing on WebEx.

Call to Order & Approve minutes from the Full OASAC meeting on May 15, 2023:

John Eckert asked for a motion to call the meeting to order. Sherry Barter-Hamlin made the motion and Theresa Collins seconded. All members voted in favor. He asked for a motion to approve the minutes from the May 15, 2023, meeting. Dave Lowitzki made the motion and Sherry Cindy Cunningham seconded. There were no additions or corrections noted. The minutes were approved unanimously by members and will be posted to the Department website.

Welcome new members:

John Eckert welcomed the four new members to OASAC and asked them to introduce themselves. Angela Simmons is the new Department of Veterans representative shared that she has been with IDVA for over 10 years. Her title is Senior Home Administrator, and she oversees the general operations of Veterans homes statewide. Angela sits on the Commission on Aging with many on the call and is honored to be part of OASAC. Nicole Spenser shared that she is the granddaughter of a 99-year-old and was nominated by her primary care geriatric specialist and is honored to be here. She is a lawyer by training, a Senior Warden for her parish and is thrilled to learn and contribute the best she can. Tom Zablocki shared that he is the Deputy Division Director for SEIU Health Care Illinois and Indiana. SEIU represents over 3000+ homecare members that provide services through the Community Care Program and private agencies. Lisa Gregory noted she has officially joined OASAC as the HFS representative and will be replacing Kelly Cunningham. Lisa stated that she is the new Bureau Chief for Long Term Care for HFS. She has a long career in state government, and this is her third year working closely with Aging to set up a Program for all-inclusive Care for the Elderly (PACE). Eckert stated that the only vacancy left on OASAC is for a Parish Nurse and the Department has been working on legislation to have that removed from the statute. He added that he looks forward on the active participation of all new board members.

Public Comments:

There were no public comments.

Legal Council for Health Justice Presentation:

Megan Carter shared that she is the Senior Staff Attorney for Legal Council for Health Justice. Legal Council is a legal services organization, and they serve individuals primarily in Cook County. Megan will talk a little about the work that Legal Council for Health Justice has done with older adults in the Medicaid program. Legal Council provides free civil legal services to clients with low-income throughout Cook County. Their goal is to provide legal services to help clients reach their full potential for well-being. They were founded 30 years ago as AIDS Legal Council and now serve clients with complex physical and mental health issues across the lifespan. Clients are referred to them through medical centers and health partners. Megan shared that one of their focus areas is helping individuals access Medicaid and making sure they receive the services they are eligible for and

working through issues with managed care. They assist with other public benefits, social security issues, immigration eligibility for public benefits and many other areas including Medicare Savings program. Legal Council for Health Justice also advocates task force formation and was recently involved with the public charge rule that started in 2018 and 2019, that requires HFS to prepare a report and implement changes to streamline enrollment. Legal Council for Health Justice has been looking at the Medicaid Estate Recovery process in Illinois. Megan shared states can implement flexibilities and they wrote a white paper recommending changes and drafted legislation that was passed in 2021-22. This legislation will require HFS to no longer place liens on the homes of people in nursing homes and to implement a cost-effectiveness threshold before pursuing estate recovery (**PPT attached**).

John Eckert asked Megan Carter if they are looking at partnering with other legal services to see what is available out there, since she is sitting in on the Legislative Subcommittee. Megan shared that the bulk of their clients are between the ages of 45 and 64 years old, 42 % of the clients they serve. A total of 10% of their clients are age 65 and older and they tend to come from their medical legal partnerships. She clarified that they are not only traditional medical providers, but also behavioral health centers and organizations that focus on people. Susan Real asked how Legal Council for Health Justice interacts with Area Agencies on Aging and Care Coordination Units. Megan shared that they tend to work with a lot of folks at Age Options because of the overlapping area and are always looking for partnerships. Megan thanked for the opportunity to present and shared that the work she does impacts everyone in the state and is always happy to have these conversations.

Department Updates:

Legally responsible individuals (LRI) as home care aides

Deputy Director Becky Dragoo shared that she had given a brief update on the expiring flexibility around LRI's during our last OASAC meeting. She explained that the CMS granted Aging the authority to allow legally responsible individuals, such as spouses to be to serve as paid caregivers during the pandemic. Individuals coming into the homes during COVID were limited and Illinois took advantage of the 6-month extension of that flexibility at the time. It expired on May 7th, and we closed new entry to that group, but the Department allowed those individuals to continue in that path through November. The team began a lot of work around understanding legally responsible individuals and those that came off as caregivers during the pandemic so that we can move forward very thoughtfully in terms of considering permanency in the Elderly waiver. The Department continues to do research and work closely with partners at HFS and CMS to ensure we have an informed perspective when we consider crafted permanency.

Mike Berkes added that November 11th takes us to that 6-month Appendix extension. The Department is working on a permanent solution which requires proposed rules for a waiver amendment. Instead of waiting on the longer process, the Department has pivoted to drafting emergency rules and accelerated all the good work that we need to do to amend the waiver. We have a waiver amendment coming up for in-home service and adult day service rate movement January 1st and we are moving all LRI work within the same waiver amendment. Berkes shared he thinks this can help with the workforce issues and some of the more complex older adults and the need for scheduling and an LRI really understands their care. We also need to distinguish between ordinary care that is currently provided and extraordinary care that an LRI could provide. He shared that any decision that is made with consultation with the subject matter experts at the federal level. We are learning through the good work that we are doing as a Department and what other states are dealing with. Deputy Director added that the proposed changes will be posted for public comment once they are ready and that this group will be notified once the public comments are open.

PHE Unwinding efforts.

Mike Berkes shared that the Public Health Emergency (PHE) changed everything we did to help keep older adults safely during the COVID-19 Pandemic. Now that we are coming out of the PHE, we are looking at Medicaid eligibility very closely with HFS because we have the Medicaid continuous enrollment conditions that are now sunseting. We are looking back at our Aging network with our providers at waiver eligibility. Unwinding of the PHE comes to the forefront, and this is right when the PHE expired we saw big changes in the Medicaid asset to \$17,500 the Department has done as much outreach as possible and gone back to HFS, our State Medicaid agency to ensure that our network is well informed. We had a call with the HFS Bureau of Operations Management and the Aging Network in August to go through the changes with the Estate Recovery and our mandatory Medicaid

policy. Overall, the PHE has affected all work areas at the Department. Mike asked if anyone has heard of an uptake in COVID-19 cases. He shared that he is asking because he wants to be proactive and keep COVID-19 away from us. Deputy Director Dragoo shared that there is a bi-weekly newsletter that includes updates and includes information on obtaining free testing kits.

Record Retention Policy

John Eckert shared that the Record Retention policy was launched, and it is a policy for our providers providing fee for service for our waivers. This policy includes a form checklist, and these requests go to our Office of General Counsel, and they get formal sign off from the Secretary of State. The policy includes three broad areas 1) getting permission to destroy boxes of paper copies of anything 5 years or older, 2) requesting to convert a document to PDF for any files that are less than 5 years, and 3) permission to destroy PDF files that are over 5 years. Liz Vogt added that if there are any questions on this policy there is a specific email on this that goes directly to the Office General Counsel.

EHRS Waiver Amendment

John Berkes shared that EHRS has been one of our core waiver services for many years and we have decided to expand the service definition to benefit the older adults that we serve. The current EHRS are more of a land unit that only function when you are within a certain distance from the base unit, at the individual's home. We are taking a step further to allow service for units or pendants, wristwatches that have fall detection capability. This ties back to the Critical Event Reporting; we know the experience that older adults have with falling with or without injury. We know that there is a fear of falling and we have received the approval from federal CMS for this service. The Department is working on the proposed rule changes. We are in the first phase, and we have a green light on the waiver side. The administrative rule work is not completed, and we will pivot to an emergency rule to allow us to get approval for the expansion much quicker. Berkes thanked Robin Morgan, Pam Winsel, and other members of the HFS Bureau of Waiver Operations for working closely with the Department on all amendments. Berkes added that this will allow older adults to go out and participate in their communities with their pendants with the GPS option. It was noted that Jennifer Hebel has done significant research on other state waivers related to EHRS which has greatly assisted with our efforts.

Paul Bennett asked who the clients would be for CCP, now that the asset limit has increased for Medicaid. He asked if there are any individuals with assets under \$17,500. Deputy Director Becky Dragoo responded that the CCU completes the determination of need; these individuals must be eligible for nursing home placement and must file for Medicaid, which is a precursor to being included on the CCP program. The CCUs coordinate care and we have tracked numbers carefully; John will be speaking about the sunset of the OASAC Medicaid Oversight Enrollment Subcommittee that was part of that track. She stated that there may be a significant shift in participants and the Department is coordinating with our sister agencies and will update this committee as soon as we can. She added that pilot projects like PACE that Lisa Gregory mentioned earlier, and Money Follows the Person and other pilots are pivotal. Bennett asked for further clarification on who qualifies for these programs that would not be in managed care. Robin Morgan stated that ACA us always going to have the largest population that qualifies for Medicaid but won't be enrolled in a managed care. She added that she believed that Bennett is asking if the CCUs will have a caseload if more people qualify for Medicaid. The answer is yes they will have a caseload because a lot of our seniors have a pension that through their employers have health coverage and those individuals are excluded from managed care. Robin Morgan added that when they did the data on how many seniors would transfer to the waiver, it was not that extensive. It was a shift of maybe 5,000 people and it's a lot of dollars but when you spread it all over the state it is not a lot of customers. Bennett stated that Robin's explanation helps but he is still looking for a list of who these people exactly are. Eckert shared that when the Medicaid Oversight Committee started the number of individuals on all categories have gone up, but he does not have that data to share at this time. He also added that the Aging population is increasing. Linda Hubbartt shared that her agency is tracking the numbers because they are concerned about the impact, specifically with the billing. She shared that since the Medicaid expansion or eligibility they have had an increase of 2% over the last few months. Bennett shared that many of his nutrition project clients have been reassessed and he would appreciate further education.

Medicaid Enrollment Oversight Subcommittee Sunsetting

John Eckert shared that the last OASAC Medicaid Enrollment Oversight Subcommittee is scheduled for September 5th because the intent of the legislation has been met. He shared that the Department would continue to track this data and share with OASAC every 6 months to continue to watch the enrollment trends. There was great work with people getting enrolled on Medicaid and creating awareness. He added that it was refreshing to have a Subcommittee that is mandated by statute and have a sunset date. Once you meet your objectives, we can say that we have accomplished and as a Subcommittee and continue to move forward. The intent was to make sure that everyone that qualifies should apply. We also tried to educate adults on Medicaid to let them know that they paid taxes all their lives and the help is available. Dave Lowitzki commented that he is glad to hear that the data will continue to be shared during the Full OASAC now that the Subcommittee will no longer meet. He added that he is excited to that a mandate he helped create, has worked and we have seen an increase in Medicaid enrollment. He hopes to continue seeing an increase.

Other Issues & Announcements

Mike Berkes shared that the Aging's October conference is coming up and the registration link will be shared. The Department is planning for about 550 individuals to attend this conference which will be held in Springfield on October 3rd and 4th. The Department will be celebrating 50 years. Berkes clarified that this will be a face-to-face conference only.

Sandy Pastore shared that Caregiver roundtables will be starting this week up in Waukegan. They will be held across the State, and she will send out a list to this group. She asked if anyone has family caregivers in their area that they are working with, they would like to hear from them at these roundtables. Chelsey Peters shared that they currently have 15 roundtables scheduled but are aiming to have a total of 21. Pastore added that they are going to be doing a general SWAT analysis of caregiver resources just to try to figure out how many people are accessing the visibility. What is going well and what could be better and those types of things.

Motion to Adjourn: a motion to adjourn the meeting; Dave Lowitzki made a motion and Paul Bennett seconded. The motion to adjourn was approved unanimously. The meeting was adjourned at 2:10 p.m.