



Older Adult Services Advisory Committee Meeting Minutes

Date: November 13, 2023, 1:00 – 3:00 p.m. (Approved 02.26.2024)

Call in: Dial: #1-415-655-0002 Access code: 2458 045 2201#, 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
Tracey Colagrossi - Association of Illinois Senior Centers
Meghan Carter – Legal Council for Health Justice
Suzanne Courtheoux – Ombudsman Association- Legal Aid Chicago
Tom Culberson - Quad County Home Health, Hospice, and DME
Cindy Cunningham – Illinois Adult Day Services Association
Kathy Honeywell – North Shore Senior Center
Linda Hubbartt – Effingham City-County Committee on Aging
Michael Koronkowski – UIC College of Pharmacy
John Larson– Cantata Adult Life Services
Sara Jean Lindholm– Citizen over the age of 60
June McKoy - Northwestern University Feinberg School of Medicine
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
Walter Rosenberg – Rush University Medical Center
Gustavo Saberbein – Family Caregiver
Jason Speaks – Leading Age IL
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
Lyle VanDeventer – Department of Human Services

Department on Aging staff:

Mike Berkes, Sarah Carlson, Glenda Corbett, Joe Danner, Becky Dragoo, Selma D’Souza, John Eckert, Sophia Gonzalez, Jennifer Hebel, Brycie Kochuyt, Lee Moriarty, Sandy Pastore, Brian Pastor, Melissa Schackel, Iris Schweier, Gloria Simmons, Beth Skeeters, and Liz Vogt

GUESTS:

Robin Morgan (HFS), Peter Byer (Age Options), Emma Kidder (Age Options), Richard Juarez (Solutions for Care)

NOT IN ATTENDANCE:

OASAC Committee Members

Theresa Collins – Senior Services Plus Inc.
Topaz Gunderson-Schweska – Molina Healthcare of Illinois
Susan Hughes – UIC Community Health Sciences School of Public Health
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana
Lori Hendren – AARP Illinois
Kelly Richards – State Long Term Care Ombudsman
Kimberly Stoerger (Palermo) – Illinois Healthcare Association

Ex-officio Committee Members:

Christopher B. Meister - Illinois Finance Authority

Welcome and Introductions:

Director Basta welcomed everyone to the meeting and thanked everyone for joining the call. It was noted that this will be Director Basta's last meeting, she will be retiring at the end of the year and has provided outstanding leadership to the Department for the last several years. Director Basta shared some of her highlights on the miles and places she has logged. Director Basta shared she has logged over 30,000 miles in the State of Illinois since she was appointed in March 2019. She added that she has seen the incredible work that we have done, and it is everyone on this call, their staff and teams that continue to amaze her every single day. She stated that it has been an honor and privilege and she is humbled to have been with everyone throughout this journey, especially during COVID as hectic as it was. Through the efforts of so many people we expanded home delivered meals, we added family home care aides, and helped keep 140,000 individuals safely at home during the pandemic. Members thanked the Director for her service and dedication. Sophia Gonzalez called the names of the members and guests appearing on WebEx.

Call to Order & Approve minutes from the Full OASAC meeting on August 21, 2023:

John Eckert asked for a motion to call the meeting to order. Gustavo Saberbein made the motion and David Olsen seconded. All members voted in favor. He additionally asked for a motion to approve the minutes from the August 21, 2023, meeting. David Olsen made the motion and Gustavo Saberbein 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.

Age Options Nutrition Innovations Initiative – Meal Box Program (Title III C 1.5) Presentation:

Paul Bennet and Emma Kidder presented on their meal box program at Age Options. Bennett shared that the meal box program was started with federal funding received from the ACL and will be ending on December 31st. The meal box program is called Title III C 1.5. C1 is your congregate meals under Older Americans Act and C2 is your home delivered meals; they believe the meal box fits between these two programs. This meal box kit prepares food for twenty-one meals a week (breakfast, lunch, and dinner). The menus are consumer driven and tested by surveying in terms of what people want to eat. In addition to filling a gap, the overall goal is the modernization of the nutrition infrastructure by targeting an unmet need by providing 21 meals per week at a cost that is less than prepared meals. Additional goals include increasing food intake, decrease food waste, and targeting ethnically, racially, and limited English speaking populations. There are opportunities to provide medically tailored menus (heart healthy, diabetic, and renal). This program targets people who are challenged in going to the grocery store or food pantry; those that have an interest in cooking or have a home care aid that cooks for them. They plan to include Halal and Korean meals in addition to the non-ethnic diet, Latin, African American, and Kosher cuisine that are currently provided.

Emma Kinder shared that research has been utilized every step of the way. Food preference surveys and pilot program surveys have been administered. Different community organizations throughout Suburban Cook County serving different racial and ethnic minority groups were approached and a series of 2-week pilot programs were developed. The Kosher Pilot program was an 8-day menu. Participants from the pilot programs filled out a survey documenting their experience to help finalize the boxes and move forward with the project. Surveys were

administered to grocery delivery recipients. During the pandemic they started funding a pandemic relief grocery box that was a random assortment of proteins, produce, and grains without any menus. This program grew tremendously over two years; over half of these individuals indicated that they were unable to go to the grocery store on their own or needed a shopping escort because of lack of transportation, limited access, and limited access to a grocery store. Over 40% reported that they would be “food insecure” if they were not receiving a food box. Kinder shared that the new meal box program menus offer comprehensive nutrition and cover 100% of the daily nutrition. Three quarters of the respondents reported they would not be able to eat a well-balanced diet without these deliveries. All the meal box program menus meet the same requirements as HDM and congregate meals.

Bennett shared that they worked with three models; a Single Source provider that could source, pack, and deliver the meal box kits. A Hybrid model, that was tested with a couple of ethnic providers, that would help source the food from multiple providers, pack and deliver the food. This model is a bit of a challenge because the provider must have the capacity to store the food. A Grocery Store Model where food is sourced and packaged by the grocery store and delivered by another entity. The Kosher menu requires a strict supervision in the sourcing, but they did identify a grocery store that is able to source the food and it is also the single source provider that is doing the delivery. Bennett shared they learned that both storage and capacity were a challenge. Eligibility for this program includes being age 60 or older, live in the Age Options service area, and be homebound for a period of 3 days or more. They also found it to be a challenge to do short-term programs because of the need to get on the schedule and delivery. They are also looking at persons that are socially isolated, who have the inability or limited access to transportation or no reliable source of transportation for shopping, those that are unable to participate in the congregate meals and not receiving HDM, those willing and those that are able to prepare meals. If they have a homecare worker with robust service plan of care or limited or no other options to obtain food, they are also eligible.

Kathy Honeywell shared that the participants in her area who have been on this program cannot say enough nice things about it; this program gives more choice and control. Sara Lindholm stated that she believes it is a fabulous way to give seniors more control and excited about cooking. She also mentioned that during the pandemic the blocks in Hyde Park prepared lists things for those willing to go out shopping for them. If these list for these menus were published and people could download them, and neighbors could shop for them. Bennett shared that when the toolkit comes out, all the information will be available to the public. He mentioned that top box does a meal box program in the city, and they have a waiting list. Jay Mukoyama noted in the chat he would reach out to Bennett offline because he can offer support with his experience with older adult nutrition. Kinder shared that the recipes are simple and uncomplicated because they did not want to intimidate the older adults and as a cost saving measure (most are 10-40 minutes for cooking and prep). Bennett added that most recipes are in bulk, and they try to encourage people to try some new things. Pete Byer shared that he is part of the Age Options team for the meal box program and reaches out to the participants to see what is working for them. He shared that he will also be participating post analysis with all the information that is collected. Director Basta stated that it was an excellent presentation and program. Bennett asked that everyone help them in terms of advocating that this program be expanded and watch for their toolkit, which will be publicized once it has been approved by ACL and can be shared.

Discussion on engaging Members to enhance participation; survey planned:

John Eckert shared that Paul Bennett reached out after an Executive committee meeting about a research paper on boards and looking at ways to re-engage members. He asked everyone if they are feeling like they are offering recommendations and helping us drive how we work towards rebalancing and keeping you updated on the Department activities. The Department wants to make sure that all the members feel like they are part of the committee and feel comfortable sharing when they have something to offer. We do have rebalancing mandates that need to be met but want to know if there are any thoughts on this. Bennett shared that Age Options is putting together a survey to use in their area. Bennett shared that member of his team, including Pete and Emma are writing brief survey of five to six questions that will be used for their Area Agency Advisory Council. We can adapt the same questions for OASAC membership that can be shared once it is ready. It speaks of the role, how you feel about your participation, and what else you feel you would be able to contribute. Eckert asked if there are any other thoughts, or you can email him or Sophia after everyone has a chance to think about this.

It was noted that OASAC is helping to identify and advocate for ways rebalance Illinois, to make sure as many people receiving services in the community, as they can in lieu of long-term care. He added that we need to make sure that the nursing facilities that are open provide quality services and that they are fully staffed because it has been a trend with a lot of nursing facilities closing in smaller communities, which impacts health care and what is provided in areas. Cindy Cunningham shared that she understands what Eckert is saying, she lives outside a smaller community, and they have lost a lot of nursing homes in the Champaign and Urbana area. People are looking to receive rehab services and they must go out of town now and that is frustrating. She shared that she is concerned about having options and what needs to be done because nursing facilities are not viable in certain areas. Cunningham stated that we need to have an overarching goal and look at how we can address rehab needs.

Lisa Gregory is now OASAC's HFS representative and she is spearheading the efforts to increase the PACE model in seven areas of the state which will be discussed further next year. Gregory is also looking at making sure that there is quality long-term care. She is looking at it through the lense of long-term care facilities and with their partners in Bureau of Waiver Operations; it is part of the continuum of care. Director Basta shared that if we look at the continuum of care, especially everyone one on this call, we all have a piece of where it is that we fit into the continuum. She added that she believes that hospitals play an important but when you go to rehabilitation, they should have an investment ton how that is going to look in their communities. She is thinking how they can sustain and grow the rehab piece of the care. Susan Courtheoux shared how private equity firms are buying these nursing facilities and charging higher rents for the properties. Lisa Gregory shared that she would be happy to share in a future meeting that last year in nursing facility reform, one of the things that was included was an incentive payment for the hire and training of certified nursing assistance. After a year, they have seen a significant positive outcome and she would be happy to share more information in a future meeting.

Northwestern University Feinberg School of Medicine Presentation:

Dr. June McKoy stated there are approximately 8,000 Americans that turn 60 each day and the population that is growing the most are those age 85+ and it is amazing. We want to make sure that our society provides to seniors so that they can age well. A lot of things happened in our country during COVID, and the worst was for people living in Skilled Nursing and Assisted living facilities. She saw many awful things happen to older adults during the pandemic, like being ignored and isolated while being protected. Their autonomy was taken away and Dr. McKoy saw a lot of people die; she thinks from loneliness and isolation. Dr. McKoy shared that when she talks about safety discharges, she warns that these facilities are strange environments; patients fall and get fractured. These are independent older adults, and they sense of loss of dignity when they go to these facilities. During COVID, Northwestern Medicine started looking at revamping programs; they had no admissions to nursing homes. Some were not taking any people, people were requesting to be sent home, and hospitals were sending them sent home. There was a dramatic increase in numbers going into skilled nursing homes. Some reasons were that sending people home meant that they were not safe because of lingering residuals from COVID.

Dr. McKoy shared that at Northwestern Medicine her primary role is to keep seniors out of long-term care. The life alert can help older adults stay out of nursing facilities. It is important for older adults to age in place and people want to age in place. Most people do not want to go to nursing homes but there are times when they must go; they are being told that it is a safe place. The increase in admissions previously discussed were a result of diagnosis like dementia, depression and many physical therapists sending everyone to the institution. Some older adults that did not want to be in the nursing home fought back and went home. Hospitals were trying to empty their beds because they had a space problem during the pandemic. There are two services at Northwestern Medicine, the hospital service, and the teaching service. Dr. McKoy shared that she is part of the teaching service. They are seeing a reversion of fear of going into a nursing home and not going back home. Dr. McKoy wants to keep older adults out of long-term care and if they do go in, she to make sure it is a safe short term stay. The teaching service provides consultations, they look at wants medication reconciliation to prevent patients from being at risk. Dr. McKoy shared that hospitalizations and readmissions and the lack of an exit strategies put patients at risk.

One of the two programs at Northwestern Medicine is Safe Transitions, in this program you stay home. Older adults in this program have a home but may not have anyone living there with them. This program evaluates their home and determines what needs to be done to make sure they enter safely. They send a home health to the home, if needed, and they connect the patient with a home care provider that goes out into the home to assist with the medical portion of the care. They are sometimes seen once a week, or they may do telehealth. They make sure

that if the patient cannot cook, then meals on wheels are sent. The program makes sure that there is coordination of services. The other program at Northwestern Medicine is called Hospital at Home, where patient comes to the hospital in the emergency room, is evaluated and their diagnosis is reviewed. If they meet one of the qualifying diagnosis criteria, they are admitted to the hospital but sent home in an ambulance to receive hospital-level care needed in the home. Once they are home, a doctor will see them every day and they will receive follow up with a nurse or nurse practitioner and have doctors available for emergencies 24/7. When patients recover, they can be discharged, just like in the hospital at home to home. This program helps decrease costs to the system, decreases a lot of errors that occur in hospitals in terms of medication errors, and it decreases delirium confusion that older adults sometimes get when they are in unfamiliar spaces. Both programs intend to decrease hospital length stays and send patients home, instead of sending them to a skilled nursing home. With these programs older adults can have a home-based geriatric provider support at home or receive hospital level treatment at home, without the fear of not returning home.

Cindy Cunningham asked about the John Hopkins Hospital at Home program success. Dr. McKoy shared that the outcomes of the program shared are from the Hopkins program, the concept they started in 1995. They have worked on it and refined it, studied it, and found out it was viable. It has decreased costs, delirium, and the adverse events that would happen in hospitals were taken away. Also, the percentages and costs mentioned are outcomes from the Hopkins Hospital research. Northwestern just launched the program and there are other hospitals with similar programs, like Mount Sinai and University of Chicago. Dr. McKoy stated that we must come up with innovative strategies as our population ages. We have a responsibility to start thinking on how we can ensure that the quality of life is great and that our patients continue to live. Dr. McKoy shared that whenever she speaks about aging, she brags about what Illinois is doing and what the Department on Aging is doing for our older adults. Mike Koronkowski shared that UIC is also involved with Hospital at Home.

Nicole Spencer thanked Dr, McKoy and shared that she is a caregiver to her 100-year-old grandmother, and she could not agree more of the importance of having coordinator for the transitions. In December of 2022 her grandmother fell and injured her femur, and she had a wonderful recovery. They were very fortunate to have a hands-on caring doctor who happens to be Dr. McKoy. She thanked Dr. McKoy for her assistance and shared that her advocacy and the assistance of Dr, McKoy gave them a sense of stability and safety. Spencer is willing to assist and advocate; she recognizes that everyone does not have a caregiver and coordination is crucial.

Department Updates:

Illinois Care Connections FY24 Grant Enhancements.

Liz Vogt reminded everyone that Illinois Care Connections is up and running and accepting referrals for this fiscal year. The Department on Aging has partnered with our colleagues at Illinois Assistive Technology Program (IATP), and they are able to accept referrals into the program using an online referral form. The referral has been consistent for the past couple of years but there are some change since questions this year to collect additional data. There is an expansion of the program beyond just tablets, hotspots and the accessories that go with the tablet. Assistive technology and devices are now included, like vision devices, magnifiers, hearing devices, and things that are targeted toward individuals suffering from memory disorders. Smart home type devices have also been included. The IATP office in Springfield have their own 3-D print shop and mobility devices. In addition, IATP provides training and follows up with the older adults that participate in the program. They can also provide tech support over the phone, by Zoom, or facetime, and they will even go out in person when the adult needs it. Any question on the Illinois Care Connections Program can be directed to Liz Vogt and there is also information on the IDoA website. Referral sources for the program currently include AAAs and ADS providers. She asked everyone to keep this program in mind, to help meet these critical needs to help older adults stay active and social and encourage socialization in their communities.

EHRS Expanded Waiver Services.

John Eckert reminded everyone that the new GPS service is going to follow people beyond the home and include fall detection. EMS responders will be able to follow people in the community, we are adding this change as part of the waiver service that was approved. Many staff have been working behind the scenes, the policy has been completed, the billing code for fall detection has been put into place, and the forms have been updated. We will be notifying the network of the go live dates and additional information. Deputy Director Becky Dragoo shared that we are very excited about this addition to the waiver, the enhanced fall detection and the GPS have taken a

little bit of time to ensure that we had everything in place. The approval of the waiver from CMS, the regulations were filed that will help shape how this will look on a provider level. She shared that as Dr, McKoy mentioned earlier the importance of mitigating, falls is one of the number one reasons for nursing home admissions. Having this enhanced EHRS system in place for our older adults is terrific.

*2019 – 2022 OASAC Reports to the General Assembly

John Eckert asked for a motion to approve the 2019 -2022 combined OASAC reports in the finalized version that has been shared. Susan Real made the motion and Linda Hubbartt seconded. All were in favor and the reports were approved unanimously. The report will be printed, and we will get the process started to have this report generated and circulated with the members of the General Assembly and filed. We will also have the 2023 report ready for your review and approval so we can get that filed in time for the first of the year.

Other Issues & Recommendations:

Susan Real stated that the OASAC committee wants to express appreciation for Eckert's work and the work of the Department on Aging and completing these reports. Eckert thanked everyone and stated that there were other folks involved and we appreciate that.

Lyle Vandeventer share that he is interested in learning more on the EHRS enhancements for applicability to younger individuals with disabilities who are being served under the Home Services Program. They offer EHRS to their customers who need that as well and would want to learn more about the new system.

Motion to Adjourn:

John Eckert requested a motion to adjourn the meeting; Gustavo Saberbein made a motion and Dr. June McKoy seconded. The motion to adjourn was approved unanimously. The meeting was adjourned at 2:56 p.m.