



JB Pritzker, Governor  
Mary Killough, Acting Director

One Natural Resources Way, Suite 100, Springfield, Illinois 62702-1271  
Phone: 800-252-8966 • 711 (TRS) • Fax 217-785-4477

## **Older Adult Services Advisory Committee (OASAC)**

**Meeting Minutes approved 11.17.2025**

**May 5, 2025, 1:00 – 3:00 P.M.**

### **OASAC Committee Members in attendance**

Lisa Gregory, VICE CHAIR – Department of Healthcare and Family Services  
Sherry Barter Hamlin – The Voyage Senior Living  
Paul Bennett – Citizen over the age of 60  
Adam Bursua – University of Illinois - Chicago  
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  
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  
Walter Rosenberg – Rush University Medical Center  
Gustavo Saberbein – Family Caregiver  
Nicole Spencer – Family Caregiver  
Ashley Snavely – Illinois Healthcare Association  
Tom Zablocki - SEIU HealthCare – Illinois and Indiana  
Ex-Officio Committee Members in attendance:  
Evan Ponder – Illinois Housing Development Authority  
Erik Hanson – Department of Human Services

### **OASAC Committee Members not in attendance**

Meghan Carter – Legal Counsel for Health Justice  
John Larson– Cantata Adult Life Services  
Martha “Faye” Meaderds - Citizen over the age of 60  
David Olsen – Alzheimer Association Illinois Chapter  
Susan Real – East Central Illinois Area Agency on Aging  
Becca Reinstorf – Quad County Home Health  
Jason Speaks – Leading Age IL  
Ancy Zacharia – Home Care Physicians  
Ex-officio Members not in attendance:  
Director Mary Killough, CHAIR – Department on Aging  
Erin Rife, VICE CHAIR – Department of Public Health

Respect for yesterday. Support for today. Planning for tomorrow.  
[ilaging.illinois.gov](http://ilaging.illinois.gov)

Corbin McGhee – Department of Insurance  
Christopher Meister – Illinois Finance Authority  
Kelly Richards – State Long Term Care Ombudsman  
Angela Simmons – Department of Veterans Affairs

#### **IDoA and State staff in attendance**

Heather Austwick, David Catlin, Pricilla Chapman, Becky Dragoo, John Eckert, Fabian Eghiabumhe, Monica Farquhar (HFS), Joe Gardner, Mary Gilman, Sophia Gonzalez, Trish Gorda, Ariel Hampton, Jennifer Hebel, Derek Hedges, Justin Heggy, Jeremy Hostetler, Emily Howerton, Iris Huber, Ellen Jennings-Fairfield, Binaya Lohani, Carrie Marcy, Jody Martin, Cynthia Mester (HFS), Robin Morgan (HFS), Brian Pastor, Melissa Schackel, T’Kira Siler-Wilkerson, Beth Skeeters, Roberta Vojas, and Lisa Zuurbier.

#### **Guests**

Bailey Huffman (Coordinated Care Alliance), Richard Juarez, Sr (Solutions for Care), Molly Jenkins (RUSH), Brycie Kochuyt (Alternatives), and Meisha Lyons (Catholic Charities).

#### **Welcome and Introductions**

Deputy Director Dragoo welcomed the committee members and guests and had a brief announcement regarding AI. We'll be recording today's meeting and if you need to turn on the closed captioning, it's in the lower left-hand corner of your screen. You can pull that up there where it says CC. We have received guidance from our IT agency within the state about the AI assistant and so we ask that if you're utilizing an AI assistant to transcribe or record the meeting that you, please disable it. If you don't know how to disable it, our team can remove it from the meeting. If you're utilizing an AI notetaker like Firefly or other software programs, please disable those at this time.

#### **Call to Order**

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 and the meeting was called to order.

#### **Review and Approve OASAC Meeting Minutes for February 24, 2025**

John Eckert asked for a motion approve the February 24<sup>th</sup> meeting minutes. David Olsen moved to approve the minutes from February 24, 2025, meeting as presented. Kathy Honeywell seconded the motion. John Eckert asked if there were any additions or corrections. Hearing none, asked for a vote to approve the minutes as submitted. All members voted in favor. The minutes were approved unanimously by members and will be posted to the Department website.

#### **New OASAC Members**

John Eckert introduced our new Ex-Officio Member from the Department of Insurance, Corbin McGhee who was asked to share a little about himself to the group. My name is Corbin McGhee. I'm with the Illinois Department of Insurance. I lead our consumer education and protection work. I lead a team in the state to help folks teaching about insurance issues. Teaching them about insurance terminology, helping them understand how insurance works. I'm happy to be here today representing the Department and hopefully I can be a resource.

### **Public Comments**

Paul Bennett is very concerned about the proposed budget in Washington in terms of wiping out the nursing home Ombudsman program, LIHEAP, and threats to other programs and services impacting older adults.

Susan Hughes stated that in collaboration with Age Options, a letter has been put together to Congress and also a letter to the editor of local newspapers about proposed cuts. We'd be happy to share a template with people on this committee or elsewhere if that would be useful in terms of generating a response.

### **Member Presentation – Care Coordination Unit, Linda Hubbartt, ECCOA**

Linda Hubbartt facilitated a presentation on Care Coordination Units. The presentation was made available to members and guests and is posted on the OASAC website.

Discussion followed presentation with questions involving funding resources, staffing patterns, the number of individuals being served through these great programs and the impact of MCO's affected the ability to serve in the region.

### **RUSH-IDoA Grant, Erin Emery-Tiburcio, Molly Jenkins**

Molly Jenkins is a social worker and the program manager for the RUSH Center for Excellence in Aging, at RUSH University Medical Center in Chicago. RUSH is working with the Illinois Department on Aging on the Direct Care Worker Educational and Training Development Grant. It's actually very fitting that this presentation follows the Linda's as this grant very closely aligns with the work that you're doing at the CCU level. The presentation was made available to members and guests and is posted on the OASAC website.

Discussion followed based on the how to involve OASAC members as part of the process was to engage stakeholders. Training, curriculum, big picture outcomes, what is it the state wants to demonstrate, metrics, length of stay in the community before and after. Decrease length of stay for hospitalization or longer time in the community, as opposed to a nursing facility or institutional level of care. These are all things that show why the state should continue to invest in direct care workers in the homemaker services.

### **Program of All-Inclusive Care for the Elderly (PACE) Updates, Lisa Gregory, HFS**

Lisa Gregory presented a short refresher on PACE preceding the updates. In August of 2022, the Governor announced PACE organizations at Senior Day at the State Fair. To date there are 88 individuals that have enrolled in PACE. There are 3 PACE organizations that are operational: OSF and Peoria became operational in June of 24, Esperanza Community Health Centers, and Lawndale Community Health Center became operational in July of 2024. A new PACE organization, Bold Age, will be located in Crestwood. Kinship in West Chicago will become operational in the first quarter of 2026.

Annie's Place in Chicago and Stella's in East St. Louis will be making application to CMS on June 30<sup>th</sup>. They will not be finally approved until they actually have their center open and ready for operation. Anticipate that both would become operational in about 1 year. More information regarding PACE organizations is available on the HFS website that includes a zip code search to find out if you have PACE service availability.

Discussion followed with questions regarding operational locations operating under a capitated rate, clarifying that it is not state funded, enrollment is intentional and those previously covered by MCO or aging waiver services.

### **OASAC Operations Manual Revision**

Paul Bennett provided a brief update on the first review of the OASAC Manual revision. I volunteered to help the staff at IDoA review the Operations Manual. To just briefly just to let you know that any revisions that, are in the process of occurring, they'll first go to the Executive Committee for approval and then they'll go to the Full Committee for a vote. In large measure, the review that I looked at had some cosmetic changes needed and clarifications in regard to definitions and so forth, ensuring that we are doing what we say we're doing in the Operations Manual, as it really defines how we operate, the Preamble it talks about our role and what we should be doing. So, there'll be more to follow.

### **Department Updates**

#### **ACL Changes at Federal Level**

Becky Dragoo gave an update that the Department of Health and Human Services recently underwent a restructure and in doing so, they dismantled the Administration for Community Living (ACL), our federal partner that helps us navigate Older Americans Act programs, rules, statutes, and funding. In dismantling ACL, they also indicated that most of those functions were going to be moving to different areas of the Department of Health and Human Services. We're still waiting for some final word on where they might be situated at, but I want to let this group know that we have a close eye on that. We're working really closely with the employees of ACL that are still employed.

This caused quite a bit of concern among our Area Agencies on Aging (AAA), their providers, including nutrition providers and those that provide direct service to older adults in the aging network. We have received our federal awards in the same manner that we've received them in the past to date. We do expect that the balance of our federal awards, which usually come in installments from the federal government to be received by the agency soon. We do provide a significant amount of State funding to our AAAs to fill in the gap. Federal has historically not met the needs, for example home delivered meals, and many discretionary grants that help our area agencies out with things like caregiving and transportation and the need in rural areas. We do expect those to continue in full force and effect, and you might also be aware that the IDoA has a State Plan on Aging that is due to be filed very soon with the administration.

For community living. That's our strategic plan that is based predominantly on the Area Agencies on Aging Area Plans and the aging network as a whole too, and how our CCP Program braids with our Older Americans Program braids with our Adult Protective Service Program and with the waiver. We will be proceeding and receiving some updates soon. Our plan has been submitted to the leadership of the administration on community living and Public Hearings in May.

#### **Aging Cares Phase I**

John Eckert shared an update on Aging Cares. As of today, 14,177 assessments have been entered into Aging Cares. As a comparison, last month at this time there were 11,500 assessments entered. Of the 14,177 there are 11,639 showed as paid, note that some of the 11,639 are "no bill" because it's an activity that they don't get paid for. Currently, this is for Phase 1 of Aging Cares Implementation for Planning and Service Areas (PSA) 8, 9, 10 and 11, with 4 CCU's under 5 contracts. Mary Gilman and others in her staff continue to have weekly calls with the CCUs. We've also had calls with providers, have had very few problems with providers working, being able to navigate Aging Cares. Mary and Megan do a lot of one-on-one calls with CCUs to work on specific issues, and there's a dedicated Aging Cares email for specific questions. They've made great progress in getting some of the kinks worked out.

The big question is, what are we doing with future expansion? We are in the process of developing a plan and timeline for moving forward with Aging Cares upstate. It's getting close on having something to share.

#### Persons Who are Elderly Waiver

Derek Hedges provided an update on the waiver. This is my first time in front of this group, and so I want to quickly introduce myself. I'm Derek Hedges. I'm new Division Manager for the Planning, Research, Development and Training Division. My predecessor was Mike Berkes. I got here on March 1<sup>st</sup> of this year, so I'm just at my 2 months at this point. Prior to IDoA, I spent the last 6 years with the Division of Developmental Disabilities under the Department of Human Services, and prior to joining the state, I spent 13 years in the skilled nursing world, so I've got a little bit of experience with the elderly population.

For those who aren't aware, our Persons Who are Elderly Waiver will be expiring on, at the end of September 2026. So we're in the process of starting the renewal application for that. We need to have the application to federal CMS 6 months prior to the expiration date. Approximately, April 1, 2026, is when we'll want to submit that document to federal CMS. We are in the process of starting the development of the waiver renewal application. There are a few things that we're absolutely anticipating capturing, and I'll go over a few of those right now. One of those is, the opportunity for tele-assessment for the CCUs to do some of their visits through virtual means. We do plan to limit that a little bit. We want them to still get in-person visits with them. I think we're looking at really the 6-months visit as, as one for the tele-assessment opportunity. We want to ensure the health safety and welfare of individuals in the community. There will be some scenarios where the virtual option is, is not an option. We want to ensure the waiver or the language in the waiver captures Incident Management System and Critical Incident Reporting that are required as part of the Access Rule. We have done an evaluation of the Access Rule requirements, and which apply to the waiver that we need to make sure we're capturing. We're going to systematically review the waiver and ensure we capture all that but at least on this waiver renewal, the Critical Incident Reporting is going to be in there. We want to make sure the Memorandum of Understanding language is captured in the waiver as well. The rule was recently done for adding that language, so we want to make sure waiver language aligns. There are a couple potential items that we're looking at. They're part of the conversation for the waiver. I'll be honest and say, I do not think they'll be captured in this waiver renewal, but we're looking at some things for future additions to include Assistive Technology, Money Management Program and then as previously mentioned, Respite.

We're in the process of starting a rate study for the, the Community Care Program (CCP) services as well as the CCU services. We're trying to determine if we're required to do an RFP to find a vendor. There is a vendor who is currently under contract with the state who is doing a rate study for another agency. Our rate study would fall within scope of that. So potentially if we determine that this vendor can meet our needs and they have the experience to be able to do a study for our waiver, then we could contract with them. We could add ours onto the contract that they already have with the state. So that would save us potentially months in the timeline if we don't have to go through the RFP process. We're currently vetting them right now to look at their experience to see if they'll meet our needs.

#### Budget

Emily Howerton provided a budget update. There isn't much right now on the State side. There are budget negotiations going on, so there's not much that we know from the introduced budget as to what talks are currently happening. But we've had our Appropriations Hearings with the House and the Senate, and both seemed to go really well, so hopefully our introduced budget is what we get. In the final long run, and then as Becky talked about with the federal funding being unknown, we are closely watching it, so we'll continue keeping an eye on what's happening and try to keep whatever funding we can for all of the aging network

programs. Teri McKeon asked to include a Fiscal update that all the payments are flowing, so if you are having any issues with payments, just be sure to reach out to her and she can look into it if there's something that is missing that you're waiting for.

#### Legislative Initiatives

Roberta Vojas shared the Legislative updates. We have two bills that have crossed chambers and have been out of the Senate: HB1280 is to the floor of the Senate, which is the AEDs and skilled care facilities. Nursing homes are going to put AEDs into their facilities, giving them a five-year phase-in period, allowing them time to purchase them. HB 1587, which is the transfer and discharge bill that we tried to get through last year. Now through the House and on the Senate floor unanimously. Earlier this year discussed that we were going to clean-up the BAA Initiative that is on hold. The Long-Term Care Ombudsman had an outdoor access bill that we decided we needed to do a lot some more work on it. So that will probably be coming back next year. Senator Murphy introduced SR214, and it designates November 2025 as Caregiver Month. Hopefully will be in committee this week.

Acting Director's Killough's appointment was scheduled to go last week when she was out of town, so we're hoping that the middle of May she will be confirmed.

#### Adult Protective Services

Brian Pastor shared APS update. Lots going on in APS, we are currently supporting, SB 1551, which is centered of stable and representative so that is currently in the house, and what this bill would do was it would allow for a temporary hold on withdrawals that the bank representative suspects that there may be financial exploitation or scams taking place, so this would allow them to kind of take that pause, contact a protected individual, make an APS report or report to the AG if it were fraud. So that's very exciting. It also would add broker dealers to the list of metadata reporters for APS. We've had the opportunity to testify and do the press conference with it. So that's very exciting Hopefully we see that go across the finish line.

The only other update I have is our RFP update for our provider agencies. This is now complete. All of our provider agencies are now selected for the next three-year contract cycle, which will begin on July 1<sup>st</sup>. We did have one new provider coming into APS who has never served as an APS provider before in PSA 5. That would be Coles County Council on Aging, covering Coles and Douglas counties. We're obviously working with them to get established and set up. If you're in that area, you may see a new provider agency for the APS program there.

#### Satisfaction Surveys

Jody Martin presented an overview of the Quality Satisfaction Surveys. They fall under the Medicaid waiver as a quality assessment tool for the Community Care Program. Between 16,000 to 20,000 participants are randomly chosen on an annual basis via formula using their active status and service use from earlier in the same year. This survey has been validated already and its use approved by Medicaid. Every survey sent out includes a letter from our Director at IDOA, a Case Management Survey, and one of the CCP services surveys: In-Home Service, Adult Day Service, Emergency Home Response Service or Automated Medication Dispenser. There's also a self-addressed, stamped envelope included so there's no cost passed on to the participant. The surveys are to remain anonymous to the network. It was decided early on, so NO ramifications would follow up on the recipients for any negative comments. It is also the reason that CCP agencies are not to assist with filling out the surveys, but the senior helpline staff is available to help with that for them to call in and get assistance.

In December of 2024, approximately 17,755, new surveys were mailed out in English, Spanish and Russian. Cutoff date for receiving surveys is either the end of March or the end of April, depending on the rate of return each month following, distribution. Based on previous years, expectations for the return of these completed surveys are between 6,000-7,000. Once scanning of these surveys is complete, the number of surveys returned to IDOA will, then be known and data can be run per PSA, per agency, or per contract number. Results are usually released at both OASAC and CCPAC within the same time span for review. Scores can then be examined for each agency by each agency for ways to improve those scores and keep the high scores within that same range for years to follow.

The presentation on the survey program was given during CCPAC meeting in February 2025. Members asked Acting Director Killough if additional languages could be added. The department's actively fulfilling this request. As mentioned before, the top three languages are currently being used in the survey. This includes English at 80 % of CCP participants, Spanish at 7 % and Russian at 3 % of CCP participants. This makes up about 90 % of our participants that was as of January of this year, the active participant list. The next ten most used languages: Gujarati 2 %, Arabic 1 % Korean 1%, Polish 1%, Urdu %, then we actually drop, Greek less than 1 %, Hindi less than 1 % Khmer less than 1 %, Chinese less than 1 % and Vietnamese less than 1 %. Note that even the top five have very low percentages of the CCP participants. These languages won't have a significant data because of the low percentages but may give some small indications of service satisfaction for those serving them.

The survey has been translated into the languages I had just mentioned. Approximately 1,700 surveys are anticipated to be mailed out at the end of May through early June. These are the translated surveys. Results will be presented upon completion of surveys received. Which of the additional languages from follow up surveys, these translators' ones, maybe added to the main survey and will be determined at the time we have all the surveys received.

#### Annual Training Requirements

Beth Skeeters provided status on the annual training requirements. Members received an email last week containing the electronic version of all the training that's required for the year, as well as instructions if you have a OneNet account. The training that you're required to do does get reported through our Legal office because it is a requirement to be a board member through the Illinois Boards and Commissions and status is reported annually to the Governor's Office. Thank you again for all your support on getting that training done throughout the year.

#### Other Issues & Recommendations:

Paul Bennett communicated the passing of a very dear friend and a colleague of ours this past week, Dan Kuhen. He was a real light in the field of Alzheimer's who passed away from cancer. His funeral is this Friday.

Reminder our next meeting is in-person on August 25<sup>th</sup>. To accommodate both our upstate and downstate members, we have locations in Springfield and Chicago secured for the in-person meeting that will be connected through video conferencing. The location in Chicago is the IDOA office on the 4th floor, and Bennie Davies who works with Acting Director Killough has secured the room for us. In Springfield, we have a room at the IDoA building that we've secured as well. I was told for the Chicago office; we do have to have a list of names and contact information ahead of time to be able to enter that building. Please email [beth.a.skeeters@illinois.gov](mailto:beth.a.skeeters@illinois.gov) and let me know if you are attending in the Chicago office, and I can take coordinate with you from there.

#### Motion to Adjourn:

John Eckert requested a motion to adjourn the meeting. Susan Hughes made a motion and David Olsen seconded. The motion to adjourn was approved unanimously and the meeting was adjourned.