



Older Adult Services Advisory Committee Meeting Minutes

Date: November 14, 2022, 1:00 – 3:00 p.m. (Approved 02.27.2023)

Call in: Dial: #1-415-655-0002 Access code: 245 631 30805#, 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
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
Sara Jean Lindholm – Citizen over the age of 60
Michael Koronkowski – UIC College of Pharmacy
John Larson – Cantata Adult Life Services
Sharon Manning – Family Caregiver
June McKoy - Northwestern University Feinberg School of Medicine
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
Ancy Zacharia – Home Care Physicians

Ex-officio Committee Members:

Sheila Baker – Department of Public Health
Lauren Tomko (for Kelly Cunningham) – Department of Healthcare and Family Services
Kelly Richards – State Long Term Care Ombudsman
Lyle VanDeventer – Department of Human Services

Department on Aging staff:

Rhonda Armstead, Mike Berkes, Sarah Carlson, Glenda Corbett, Selma D’Souza, John Eckert, Sophia Gonzalez, Jennifer Hebel, Emily Howerton, Amy Lulich, Lora McCurdy, Sandy Leith, Chuck Miller, Lee Moriarty, Katherine Ostrowski, Sandy Pastore, Chelsy Peters, Michael Sartorius, Iris Schweier, LaRhonda Williams, and Lisa Zuurbier

GUESTS:

Lisa Gregory (HFS), Bailey Huffman (CCA), Tracey Keene (HFS), Brycie Kochuyt (Alternatives), Lynn Bergero (Telligen), John Holton (UIC), Robin Morgan (HFS)

NOT IN ATTENDANCE:

OASAC Committee Members

Tracey Colagrossi - Association of Illinois Senior Centers
Susan Hughes – UIC Community Health Sciences School of Public Health
Dave Lowitzki – SEIU HealthCare – Illinois and Indiana
Jay Mukoyama – The Clare
David Olsen – Alzheimer Association Illinois Chapter
Jacqueline Rodriguez – SEIU HealthCare – Illinois and Indiana
Kimberly Stoerger (Palermo) – Illinois Healthcare Association
Walter Rosenberg – Rush University Medical Center

Ex-officio Committee Members:

Gwen Diehl – Department of Veterans Affairs
Mari Money (for Christopher B. Meister) - Illinois Finance Authority
Evan Ponder – Illinois Housing Development Authority

Welcome and Introductions:

Director Paula Basta welcomed everyone to the meeting and thanked everyone for joining the call. Sophia Gonzalez called off the members and guests appearing on WebEx and all other callers were asked to identify themselves.

Call to Order:

John Eckert asked for a motion to call the meeting to order. Sara Jean Lindholm made the motion and Mike Koronkowski seconded. All members voted in favor.

Approve minutes from the Full OASAC meeting on August 22, 2022:

John Eckert asked for a motion to approve the minutes from the August 22, 2022, meeting. Paul Bennett made a note that his last name was spelled incorrectly. The name correction will be made, all were in favor of approving the minutes. The minutes were approved unanimously by members and will be posted to the Department website.

Public Comments:

There were no public comments.

PACE Program:

Lisa Gregory (HFS) thanked IDOA for invitation to talk about the Program of All-inclusive Care for the Elderly (PACE Program). She shared that it started in San Francisco back in 1970 and Illinois added PACE as a Medicaid State Plan service in 2003. The first pre-PACE program was operated by Chicago REACH and sponsored by Sacred Heart Hospital. The program did not reach certification and was discontinued in 2012/2013.

SB 2294/ P.A. 102-0043 required HFS to pursue the implementation of PACE. It is a 3-way contract between federal, state government and PACE organization. PACE provides comprehensive medical and social services to certain frail community-dwelling elderly individuals. The comprehensive service package enables older adults to remain in the community rather than receive care in a nursing home. PACE participants are 55 years of age or older, live in the service area of a PACE organization, are certified by the State to be eligible for nursing home care, must be able to live safely in the community, and be dually eligible for Medicare and Medicaid. Gregory noted that they have asked CMS to approve that a PACE participant be enrolled in the same region of service where their provider is located. She noted that CMS takes about 90 days before they answer any questions submitted. Gregory also shared that they have been working closely with IDoA on allowing them to use CCUs as the point of entry for all PACE participants because all these participants must have a Determination of Need at the level that would allow them to enter a nursing home. The instrument to be used to make this determination will be the Community Health Assessment tool. The PACE organization is an administrative team along with an interdisciplinary team of health professionals. This organization contracts with providers to provide the care and each of the organizations that have been selected to move forward have been assigned within a region of service. They are required to have minimally one PACE facility where all the PACE participants would go to receive their healthcare and socialization. Reimbursement for the program is through a Medicare and Medicaid per month

capitated rate. There are a total of 8 PACE organizations in 5 Regions that are set to begin in June 2024. **(PPT attached)**

Lori Hendren asked if the PACE assessment conducted will be paired with additional funding for their expanded support. Lisa Gregory responded that there will be an initial payment for the assessment, and they are still working on determining who will be paying for this. She did clarify that additional funding will come from the PACE organization who provides the comprehensive services for the individual. Lora McCurdy shared that the rate for the completion of the comprehensive assessment is still being discussed because it is different from the DOE. There was also a question on how many of the PACE organizations are non for profit. The response was that they would have to go back and check, but it is believed that all of them are non for profit. Paul Bennett asked if Oak Street Health was one of the applicants under a different name. Gregory replied that Oak Street Health formed PACE of Southwest and the organization will be PACE of Southwest. Paul Bennett commented that there was another PACE project on the Westside of Chicago, prior to Sacred Heart Hospital and he believes it was with Bethel New Life, but they were also not successful. He also asked for clarification on what was said about the person's primary care physician and geography. Gregory shared that one of CMS' rules for PACE participants is that they must reside in the region of service for the PACE organization they enroll in. There may be individuals that reside on one PACE region of service, and they would be required to enroll in that PACE organization, but their PACE provider might be in another region of service with another PACE organization and do not want to disrupt the provider/patient relationship. They have asked CMS to waive that rule to allow the PACE participant to enroll with the PACE organization where their provider is located. It was also mentioned that there are two different per member per month capital rates, one for the Chicago region and another for the rest of the state.

Health Benefit coverage for Immigrants Aged 42-64 Update:

Tracy Keen, the aging division administrator for the HFS Division of Eligibility thanked the Department for inviting her to speak about the HFS program for immigrants. She shared that the age group that they have expanded to serve starts at 42 and ends at 64 for those who are eligible at the 138% of the poverty level. The age group 65 years and over are eligible at 100% of the federal poverty level. Recognizing that during the PHE resources are disregarded, they are covering 13,628 individuals in the 42-54 age group, in the 55-64 age group a total of 9,868 are covered, and 14,363 aged 65 and over. There have been quite a bit of individuals applying online. Additional information on how people can apply, who is eligible, and what the requirements are can be found on the HFS website. Keen shared that the best way to apply is online. Individuals that may already be receiving a benefit can apply through the manage my case account. There is also a customer call center and flyers in different languages online that can be of great resource. A popular question that has been asked is if the individuals applying need to supply information on immigration status. The answer is that they would need to know your status to place you in the correct program. There are benefits that can be received through other programs that you would not be eligible for through the immigrant program. Keen shared that the immigrant program is fully state funded. John Eckert asked if there is a cap for the program and Keen confirmed that there is no cap for the program, if eligible. There were no additional questions.

The Future for All Aging Adults in Illinois:

Director Basta shared that last year the Department approached Dr. Holton and the University of Illinois to help the Department do a study on outreach for all the Aging programs with minorities and hard to reach population of older adults throughout the state. Dr. Holton and colleagues agreed and will be sharing some results of this study and some action items that the Department will be taking moving forward. Lora McCurdy added that the population of the older adults in Illinois will become even more diverse over the next 10 years and this data was shared with Dr. Holton. The Department knows that we need to do a better job of outreaching to certain populations. The final report that Dr. Holton will go over is very helpful to the Department in moving to that direction.

Dr. Holton thanked Director Basta and the Department for asking him and his colleagues at the Jane Adams College of Social Work, particularly the Center of Social Policy and Research to take a closer look at the future of Aging Illinois. Dr Holton shared that the issue of age is something that permeates every level and every group within our state, it is something that is part of the identity that people are faced with as an aging adult. He shared that in some respect they used a lens of an online survey and a lens of a focus group to understand what older adults of color, minorities in Illinois, think of the Department services. They were not asked to judge the quality

of the programs, just if they were familiar with these programs offered by the Department. The focus groups were aimed to capture marginalized populations of minority groups. Individuals that have lived experiences that make them outsiders, within the outside of being a member of a minority group they are associated with. Dr. Holton shared that they wanted to learn and listen about what it is like for them to be a minority older adult and what that might look like for them as a person who is further marginalized.

The Department asked Jane Adams Center for Social Policy and Research to address two concerns: 1) to expand and ensure equitable access to programs that address social determinants of health with a focus on identifying and understanding the needs of underserved and diverse populations and; 2) to help develop a program to identify the special needs and problems of minority senior citizens and evaluate the adequacy and accessibility of existing programs and information for minority older adults. Dr. Holton shared that they used the Everyday Discriminatory Survey, in which people are asked a set of questions to attempt to capture that same sense of what might occur as an everyday discriminatory behavior, including the frequency. Questions like “Are you treated with less respect than others”. They are also asked what the main reason for this experience was. They asked individuals if they were familiar or unfamiliar with IDoA programs. In-home services had the highest level of familiarity and Alzheimer’s & Dementia, LTC, I&A and Nutrition all tied with a 50% familiarity. Adult Day Services had a 43% of familiarity and 38% were unfamiliar. The top unfamiliar IDoA programs included HomeCare Ombudsman, Senior Community Service Program, Benefits Access, Legal Assistance, AMD, Senior Companion, CCP, and Veterans Services. Overall, the percentage of people saying I am familiar with the program was no different than the percentage of people saying they were unfamiliar. They were also asked if they were comfortable contacting a provider of Aging services and the response was that 26% said yes and 68% said neither comfortable nor uncomfortable. This suggests that work needs to be done to help older adults of color feel comfort in discussing Aging topics.

Dr. Holton shared some “‘gems” (quotations and submissions) from the five focus groups that included people who had been incarcerated for many years, predominately Latinos, people who had migrated to the US and worked all their life and are now retired, people who lived outside metropolitan areas, and a group of Native Americans with dual citizenship. The conversation topics included not understanding what it is like to grow in society because the only place they grew was when they were incarcerated. Other topics discussed were aging in place and caregiving. These individuals were extremely vocal and were manifested being advocates for themselves and other individuals in their community. Ageism exists in every community, within every family and it is important to understand that Ageism exists and needs to be considered as part of anything the Department does. Inclusive programming is important, there is a need for more staff who are familiar with lived experiences. Some recommendations include taking staff through ACL trainings, share the vision that Aging is a family affair, reach out to and continue to collaborate with other state agencies. Older adults showed that they are an optimistic population, they are positive and have a positive outlook. A total of 61% of older adults agreed that “as they get older, things are better than they thought they would be”. Dr. Holon clarified that there were 38 individuals that responded to the online survey. **(PPT attached)**

SHIP/SHAP Update:

Sandy Leith shared that she will be talking about Medicaid and the busy season due to open enrollment and she will be sharing information on new laws going into effect. She shared that the Senior Health Insurance Program (SHIP) has been around for 36 years, they have about 1,000 trained counselors that do one-on-one counseling, in person or via phone, in 300 different sites. These sites are non-for-profit entities that want to give service through their organization. SHIP is funded by Medicare through ACL grants and state funding. Medicare basics were reviewed; Part A is hospital insurance, Part B is medical insurance, Part D is prescription drug coverage, and Part C, as well as Medicare advantage (managed care). A 2023 chart that showed deductibles and copayments was provided explaining the Part A Hospital coverage that has been around 50 years. Leith shared that the inpatient deductible of \$6,500 is kind of steep and people have Medicare supplements to help with this cost. Original Medicare Part B was also covered, which is medical expense coverage that includes a premium and a deductible of \$226. Some people are taking their Medicare Advantage, which is privatizing Medicare through a company that will also roll in Part D (drug coverage). These Medicare Advantage plans are not standardized, they get money from the government to offer this Medicare and charge copayments as you use the benefits. Medicare Part C is a more pay your premium and have a deductible as you start using the service. SHIP counselors assist during open enrollment to help everyone look at what is being offered for the following year in January, open enrollment

occurs every year from October 15th through December 7th. There is also 1-800-Medicare assistance line that is available to help with plan finders and enrollments 24 hours a day, 7 days a week. The Medicare Advantage plans have a forgiveness provision enrollment every from January through March, in case people forget to make changes during the open enrollment period. Part D which can be rolled into Part C is prescription drug coverage that is covered by private companies under a 12- month contract. The best drug plan company is the one that covers 100% of the drugs at the lowest cost. You can use the [Medicare.gov](https://www.medicare.gov) plan where you enter the drug names, zip code, and choose pharmacies to find the lowest cost plan.

Sandy Leith additionally shared that there are some changes in 2023 due to the Inflation Reduction Act of 2022 that will impact future Medicare Part D prescription drug plan coverage and costs. Drug companies will be required to pay rebates to Medicare if a retail price drug rises faster than inflation. Medicare Part D beneficiaries will have no cost sharing for vaccines that are recommended by the Advisory Committee on Immunization Practices. Leith shared that there are many people that cannot afford their insulin, and beginning in 2023, Medicare drug and health plans must not charge over \$35 per insulin prescription per month. Plans can offer certain insulin at lower costs that 35 per month through special Senior Savings model plans. There will also be the elimination of the 5% coinsurance for the catastrophic coverage in Medicare Part D in 2024, as well as other changes in the future, an implementation timeline was shared. **(PPT attached)**

Department Updates:

Legislative Update

Katherine Ostrowski shared that it is veto session for the next two days and then they reconvene the week after the next, the 29th. The Department does not have any legislation that will be introduced or working during veto session this year but are reviewing and monitoring a few legislative efforts that might impact the Department. Ostrowski shared that she has a couple of calls and has been in touch with legislators about potential legislation that is still being reviewed internally. There are some efforts to create an Advisory Council on In-Home Care and other services available to older adults. She is looking ahead at 2023 finalizing the legislative agenda, hopefully they will be more updates to share during the next meeting.

Budget/Fiscal

Emily Howerton shared that the Department has developed the FY24 budget, they have been meeting with the Division Managers to get the needs of all the areas of the agency. The budget is embargoed until the Governor presents it to the General Assembly in February. No discussions on the budget can be made until then.

CCP Enhanced FMAP Incentive

Mike Berkes reminded everyone the 10% increase in response to the PHE, the Federal Medicaid Assistance Match (FMAP); this match allowed us to write a spending plan to focus on reinvestment areas for the Community Care Program (CCP). The Department is working through that plan, some of this included rate increases, various payments, and a workforce retention grant. The Department will be working on an Adult Day Service (ADS) grant soon to support field trips. There is also the expansion of the Emergency Home Response Service (EHRS), and moving away from the landline and adding GPS, in addition to fall detection. The Department is working with HFS to prepare and submit changes to federal CMS for approval. The Department has shared this information with various stakeholders and are working on a draft definition to submit to CMS for a response. Berkes shared that the waiver is open right now going through technical rate adjustments, but as soon as it closes again, Aging and HFS will submit for these adjustments. In addition, the Department is also working on the administrative rule to support the service expansion with the Legal team. He added that this is not the last chance to provide feedback, anytime there is a formal waiver amendment there are mandatory comment periods.

PHE Update & Communication with Medicaid enrollees

Mike Berkes shared that state's need a 60-day notice anytime a 90-day PHE extension expires, and we just ran through a 60-day advanced notice the last couple of days. He added that things can change, and the PHE could sunset, but the 60-day notice has been a good indicator that there will be an extension. It is looking like March now, even though it has not been confirmed. Amy Lulich confirmed that the PHE will likely be extended past mid-January 2023. Berkes added that we are here to manage unwinding when ready. Lulich reminded everyone that even though we are still in the PHE, the Department is supporting HFS in asking our providers to partner to

take steps to make sure that clients, customers, all the people served that are enrolled in Medicaid, update their addresses. So that when the PHE ends, HFS has accurate information on them to send these redeterminations. She added that this is very important because we want to help as many people as possible to keep their medical coverage. Lulich shared a toolkit and different resources in the chat.

Long Live Illinois Campaign

Amy Lulich shared that Long Live Illinois campaign has been discussed in the past, it is the Department's COVID messaging on vaccinations, boosters, and outreach campaign. It was launched during the State Fair in August, and there are new campaign materials that are seemed around the Fall and holiday season. The Department is asking partners and the Aging network to help continue to message the importance of getting boosters and COVID vaccinations for older adults. The Department has a great toolkit, that the vendor Kivvit, a public affairs marketing firm is helping with. Kivvit put together all sorts of resources that can be utilized on social media on the Department's site. There are also newsletters that can be emailed to be used as talking points if you are doing calls to older adults. These newsletters are available in English and Spanish. In addition, there are radio and digital ads available in multiple languages. A Town Hall meeting in the planning process. The Department appreciates the continued partnerships with getting the word out to older adults. John Eckert added that Director Basta also sends out a constant contact email blast providing information and encouraging older adults to get those vaccines and ongoing education. He added that there have been many people with flu cases this year too because people are reluctant to get those shots as well.

Workforce Recruitment/Retention

Sandy Pastore shared that a workforce survey for providers was sent out and it has demonstrated a need for additional workers. The Department is putting back together the Workforce Stabilization Workgroup that was originally under OASAC and that will now include CCPAC, because we need representation from our entire network. We will also be including our state partners like DCEO, HFS, IDPH, and IDES. Please reach out to Sandy if you are interested in joining this workgroup.

Other Issues & Announcements:

No issues or announcements were made.

Motion to Adjourn

John Eckert asked for a motion to adjourn the meeting; Linda Hubbartt made a motion and Susan Real seconded the motion. The motion to adjourn was approved unanimously. The meeting was adjourned at 3:00 p.m.