Illinois Department on Aging

Bi-Annual CCU Performance
Report Period ending June 30,
2026

State of Illinois
Illinois Department on Aging

Illinois Department on Aging Mission

The mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity, and quality of life.

Illinois Act on the Aging

This Care Coordination Unit performance report is produced to fulfill requirements detailed in the Illinois Act on Aging (20 ILCS 105). The Act provides that the *Department shall continue to provide Community Care Program reports as required by statute, which shall include an annual report on Care Coordination Unit performance and adherence to service guidelines and a 6-month supplemental report*.

Community Care Program Overview

The Illinois Department on Aging (IDoA) is the Operating Agency for the Persons Who are Elderly 1915(c) Medicaid waiver, commonly referred to as the Community Care Program (CCP). CCP provides services to 133,327 older persons through Managed Care Organizations (58,801), Medicaid fee-for-service (40,076), and non-Medicaid (34,450). Services are provided statewide through 34 Care Coordination Units (CCUs) in 59 contracted service areas, 322 In-Home (INH) providers, 46 Adult Day Service (ADS) providers, 9 Emergency Home Response Services (EHRS) providers and 6 Automated Medication Dispenser (AMD) providers. The program serves as an alternative to nursing facility placement by supporting older adults with comprehensive care coordination and the development of person-centered plans of care for eligible individuals, allowing older adults to continue to live and thrive in their home and community with the supports and services they require.

The CCP is one cornerstone of the "Aging Network" that provides a coordinated system of long-term supports and services encompassing programs such as Older Americans Act Services (including nutrition, evidence-based programs tailored to older adults and their caregivers, senior centers, information and assistance, respite, and outreach), the Benefits Access Program (discounted transit and license plates), assistive technology, Emergency Senior Services, and Adult Protective Services. CCUs play a vital role as case managers for older adults, providing referrals to ensure they are connected with the full spectrum of services available to them through the Aging Network.

General Overview

CCUs are contracted with IDoA and serve as the front door for individuals and their families, to learn how to access CCP services and/or other Aging Network services. At the initial in-person meeting, an IDoA-certified CCP Care Coordinator conducts an eligibility assessment and Determination of Need (DON). Individuals must score a minimum of 29 on the DON and meet financial requirements to be eligible for CCP services. The Care Coordinator works with the CCP eligible older adult, and their family, friends or other ''authorized representative(s)" to develop a person-centered plan of care (PCPOC) based on the participant's strengths, needs, and preferences. Additionally, participants are required to apply for, and if eligible, enroll in Medicaid which allows the State to claim Federal Financial Participation (FFP) or Medicaid matching funds on the CCP services provided. Frequently, Care Coordinators assist older adults with navigating the Medicaid application process, serving as their point of contact with the Department of Human Services.

The Care Coordinator uses the PCPOC to facilitate participant connections with providers of services and supports including INH (homecare aides assist with dressing, meal preparation, cleaning, laundry and taking participants to appointments), ADS, EHRS, and/or AMD. In developing the PCPOC, the participant has the option to choose their preferred service provider. The Care Coordinator authorizes services to begin within a maximum of fifteen (15) calendar days.

Six months after the initial assessment and at the time of annual redetermination, the CCU is required to conduct an in-person visit. An update to the PCPOC may be necessary if the participant is presenting with increased or decreased difficulties or needs.

The CCU must redetermine all CCP participants' eligibility and level of need at least annually. At the initial and annual redetermination, the Care Coordinator will conduct the full CCP assessment as well as check for financial eligibility which requires verification of income, assets, and related financial documents.

Under the Choices for Care Program, CCUs screen older adults to determine eligibility and educate individuals in hospitals, nursing facilities, and in the community about all long-term care options, including home and community-based service (HCBS) options. This equips individuals with the information needed to make an informed choice about their options for long-term services and supports to prevent and/or reduce unnecessary institutionalization. Even when an individual chooses to receive care in a nursing facility, the CCU asks the individual if they would like to schedule follow-up with a Care Coordinator within a certain number of days to discuss their possible return to the community and HCBS options. Following person-centered practices, the individual/authorized representative drives this process and has the full authority to accept or decline follow-up.

Successes

- **AAA/CCU Retreat.** In April of 2026, IDoA convened a meeting of CCUs and Area Agencies on Aging (AAAs) to discuss ways CCUs and AAAs intersect with individuals and communities they serve and identify opportunities to support each other. CCU representatives provided feedback in advance of and during the meeting regarding the core components of the work they do, areas for improvement and transformative growth, and priority areas for change.

- **Medicaid Enrollment of CCP Participants.** The overall Medicaid population supported through the Persons who are Elderly Waiver (Medicaid fee-for-service and MCO) is 98,877 participants, or 74% of the total CCP population. Since August 2019 when IDoA was mandated to work with the CCUs to enroll eligible participants in Medicaid, the percentage has increased from 69% to 74% as of June 2026. This percentage includes Medicaid fee-for-service and MCO participants.

Data as of June 30, 2026: IDoA billing system compared to daily eligibility file from HFS.

PSA	Waiver Services provided by an MCO (all Medicaid)	Community Care Program (CCP)			Total CCP and MCO Participants
		Medicaid	Non-Medicaid	Total CCP Participants	
01	1,912	1,914	1,261	3,175	5,087
02	9,196	6,016	4,353	10,369	19,565
03	1,239	1,074	834	1,908	3,147
04	1,035	865	435	1,300	2,335
05	2,304	2,150	1,155	3,305	5,609
06	291	306	94	400	691
07	1,345	1,547	717	2,264	3,609
08	1,886	1,755	1,015	2,770	4,656
09	436	527	58	585	1,021
10	410	485	58	543	953
11	1,293	1,147	298	1,445	2,738
12	24,096	13,230	14,592	27,822	51,918
13	13,358	9,060	9,580	18,640	31,998
Total	**58,801**	**40,076**	**34,450**	**74,526**	**133,327**

- **Six-month Review.** In 2022, to fulfill the requirement of the six-month review under the Persons Who Are Elderly Waiver, IDoA, as the Operating Agency, implemented this mid-year formal touch base with participants to ensure services are meeting participant needs. As of June 10, 2026, 83% of participants received their six-month review. IDoA monitoring staff continue to work with the CCUs who are behind in meeting the requirement.

- **Choices for Care.** The CCUs play a pivotal role in ensuring older adults know their community care options when being discharged from hospitals, admitted to nursing facilities, and discharged from nursing facilities. As of December 26, 2025, 61,061 pre-screens and 2,605 post-screens have been completed across the State for FY26.

PSA	Pre-Screens FY25	Pre-Screens FY26 YTD (July 2025 through March 31, 2026)	Post-Screens FY25	Post-Screens FY26 YTD (July 2025 through June 30, 2025)
1	9,965	6,112	601	458
2	36,530	24,168	1,606	1,764
3	5,768	3,571	561	450
4	5,606	3,829	110	162
5	9,853	6,900	226	184
6	1,514	1,061	50	41
7	5,986	4,139	254	198
8	7,205	4,738	525	449
9	2,187	1,894	304	317
10	966	759	259	281
11	3,025	2,443	571	569
12	24,523	16,152	416	260
13	37,441	24,916	981	941
Total	150,569	100,682	6,464	6,074

- **CCU Participation in PACE.** The Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive and integrated Medicare and Medicaid program administered by the Department of Healthcare and Family Services (HFS) which gives people age 55+ additional choice in how they access health care as needs change with age, allowing more older adults to continue living at home safely, for longer. CCUs have a critical role in PACE as they complete the federal CMS mandated Determination of Eligibility prior to PACE enrollment and serve as a referring source to older adults who are candidates for the PACE program. There are currently 195 people served through the 4 PACE sites currently in operation with 9 CCUs collaborating with the PACE sites to complete the Determination of Eligibility.

- **CCUs and Medicaid Application Assistance.** CCUs assist countless older adults with enrollment in Medicaid. Participant application to Medicaid is a requirement for CCP and services under the Persons Who Are Elderly 1915(c) Medicaid Waiver. While CCU assistance preparing and submitting an application is optional for older adults, many coordinate with the CCU to navigate complex applications and gathering the required documentation. In addition to completing the Determination of Eligibility for individuals receiving services through Managed Care Organizations (MCO), CCUs also assist MCO participants with Medicaid renewal applications.

- **Collaborative Meetings and Retreats.** IDoA, the CCUs and their representative organization the Care Coordination Alliance (CCA) held two retreats in 2025 to identify goals, objectives, and strategies to address challenges while also planning for growth in case management. Topics of common interest include workforce shortages, competitive compensation, innovation and technology, and systems changes. Monthly meetings continued in the first part of 2026, and an additional retreat is being planned for September 2026 as we continue to ensure a system of long-term care services and supports is prepared to meet the growth in the older population.

- **Gap-Filling Referrals.** The CCUs play a critical role in connecting older adults with gap-filling resources including Emergency Senior Services (ESS funding) and assistive technology through the Department's funding of the Illinois Care Connections Grant to the Illinois Assistive Technology Program (IATP). In FY26, in partnership with the state's Office to Prevent and End Homelessness, ESS funding was prioritized for older adults at risk for or experiencing homelessness. Overall, ESS funding assisted older adults in crisis, with 363 requests fulfilled to address homelessness. In FY2025, CCUs referred 1,072 (812 and 260 non-CCP) older adults to the Illinois Care Connections program, connecting them with technology to mitigate loneliness and social isolation, and other assistive and adaptive technology that supported independence, dignity and quality of life. CCUs continued to submit referrals in FY2026, with 1,057 (848 CCP and 209 non-CCP) older adults referred for services through Illinois Care Connections.

- **Aging Cares.** Aging Cares, a case management system develop by IDoA with the assistance of the Department of Innovation and Technology (DoIT) was launched in December of 2024. During calendar year 2025 four CCUs participated in Phase 1 of go-live. In May 2026, CCUs in an additional four PSAs (4, 5, 6, 7) of the state began using Aging Cares. Aging Cares will use innovation and technology to transition a paper-based system to electronic based, facilitating real-time communication between the CCUs, in-home providers, and other stakeholders. Importantly, the system will also serve to collect additional data for CCP that can be leveraged to inform policy changes, improve quality of care, and reduce administrative burden. CCUs included in the first phase of the launch of Aging Cares are serving as mentor and peers to CCUs that transitioned to Aging Cares in May of 2026.

- **Comprehensive Rate Study.** In the fall of 2025, IDoA contracted with a highly experienced vendor to conduct a comprehensive rate study of waiver services. While not required under the Persons Who Are Elderly Waiver, IDoA is seeking a comparable analysis of rates paid to CCUs to ensure wages are competitive and able to attract and retain new Care Coordinators to the field. As part of the rate study, all providers and the Care Coordinators

  had opportunities to provide valuable feedback to the vendor. IDoA is working with the vendor to finalize

the study and will engage the CCUs and others in determining next steps based on the results of the study.

Challenges

As discussed previously in this report, there have been numerous successes during the last year. However, there is no shortage of challenges facing the Aging Network and the CCUs in the future. These include changes to Medicaid eligibility, new quality metrics under recently implemented federal rules, continued growth in home and community-based services, implementation of new systems, and budgetary constraints.

- **Aging Cares.** In 2026, IDoA implemented planned phases of Aging Cares to onboard additional CCUs and providers. IDoA held numerous meetings with CCUs and AAAs in advance of this implementation to understand potential impacts of using the Aging Cares system that may be unique to the new PSAs. For the most recent cohort and for future cohorts, IDoA recognizes these significant systems changes will require CCUs to stand up new processes, train staff, and transition all records from paper to electronic. Several CCUs will serve as mentors to new CCUs during the transition processes. Additionally, IDoA is preparing for significant staffing transitions due to retirement, working to ensure that critical knowledge is transferred to other staff.

- **Annual Redetermination Rate.** The annual redetermination rate is determined by the number of participants who are reassessed within twelve months of the last assessment. The chart below shows the annual redetermination rates for FY16 - FY26 YTD. During the public health emergency (PHE), for a short period of time, CCUs were able to complete remote assessments. This led to an increased redetermination rate for FY21, the highest in the lookback period cited below. Since FY21, the CCUs moved back to in person assessments in the participant's home. Upon the lifting of the PHE flexibilities, the CCUs were flooded with redeterminations in the face of significant workforce challenges, along with the incorporation of the new asset limit for Medicaid increasing the number of Medicaid-eligible participants and Medicaid applications. Currently, the CCUs are at 68.6% for FY26 YTD. This represents a 22% increase in compliance over FY 24. In discussions with CCUs, workforce challenges cited as the persistent barrier to meeting the goal. Currently, IDoA monitoring staff are working with the CCUs with redetermination rates below 86% to develop corrective action steps to meet current performance measures through ensuring delinquent redeterminations are completed, data clean-up, and filling Care Coordinator vacancies.

Fiscal Year	Percentage of Assessments completed timely annually
FY16	70.2%
FY17	71.3%
FY18	69.8%
FY19	73.5%
FY20	76.6%
FY21	82.7%
FY22	73.3%
FY23	65.1%
FY24	61.1%
FY25	70.0%
FY26 (as of 4.15.26)	72.7%

Summary

The CCUs continue to meet the needs of tens of thousands of older Illinoisans through assessment for services, development of a person-centered plan of care, and comprehensive care coordination. A 2% increase in CCP enrollment is anticipated for FY27.

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Senior HelpLine: 1-800-252-8966, 711 (TRS)
8:30 a.m. to 5:00 p.m. Monday through Friday
24-Hour Adult Protective Services Hotline: 1-866-800-1409, 711 (TRS)
ilaging.illinois.gov

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