State of Illinois
Illinois Department on Aging

Older Adult Services Act

(PA 093-1031)

2014 Report to the General Assembly

Illinois Department on Aging


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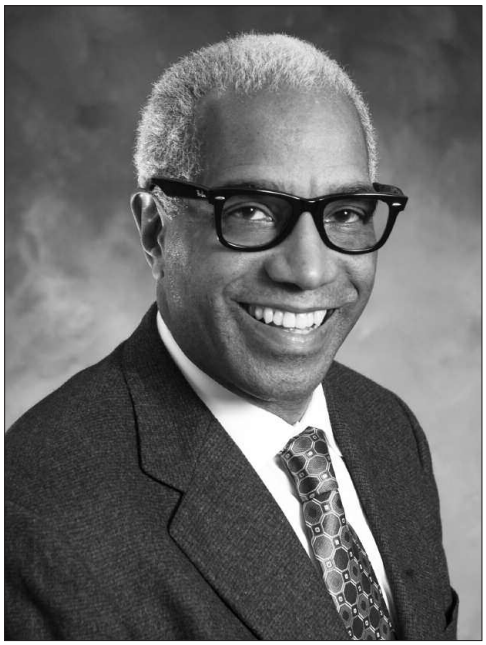
Older Adult Services Act

Message from Director John K. Holton



The following report is submitted as mandated by Public Act 93-1031, the Older Adult Services Act. This Act requires the Illinois Department on Aging to notify the General Assembly of its progress toward compliance with the Act on January 1, 2006, and every January thereafter. This report summarizes the work completed towards fulfillment of the goals and objectives established by OASAC, as well as impediments to such progress, and makes recommendations including legislative action if appropriate.

The Department on Aging gratefully acknowledges the members of the Older Adult Services Advisory Committee as well as the many visitors and frequent guests who participate in meetings and contribute to the process of restructuring the State of Illinois long term care delivery system for older adults.

The overarching goal for these efforts is to assure that older adults across Illinois have accurate information and timely access to high quality services in the community so that they and their families can find the right community-based service at the right time, place and price to continue to live safely in their own homes and neighborhoods.

The Department also acknowledges and thanks the Departments of Healthcare and Family Services, Public Health, Human Services, and the Illinois Housing Development Authority for their thoughtful participation and contributions to the Committee. I am pleased to report that these agencies fully support the goals of the Older Adult Services Act and are assuring that state policies and practices promote the long term care transformation called for in the Act.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Departmental Assessments

Illinois Department on Aging

The Department on Aging is committed to helping older adults remain healthy and independent in their homes and communities. We administer a comprehensive service delivery system for the state's rapidly growing 2.3 million older adults and their caregivers. We coordinate with 13 Area Agencies on Aging and hundreds of contracted service provider agencies at the local level to ensure home and community services are delivered to prevent older adults from prematurely entering nursing homes. Our goal is to fulfill the Department's mission as effectively and efficiently as possible to administer programs that promote partnerships and encourage independence, dignity and the quality of life for older Illinoisans.

IDoA is committed to continuing our efforts to rebalance Illinois' long term care system to enhance services and care options for older adults in integrated home and community settings and enable consumer choice. The Community Care Program (CCP), a Medicaid supported program, is our largest funded program and serves as the State's alternative to nursing home placement. Each month the Community Care Program serves over 96,000 older adults living in their homes; keeping them out of institutional based settings at a cost saving to the State of Illinois. CCP provides immeasurable and reliable assistance to older adults and thousands of family caregivers who depend on these services day-in and day out.

IDoA continues to work collaboratively with our sister agencies, Illinois Department of Healthcare and Family Services (HFS), and Department of Human Services (DHS) to implement managed care for eligible CCP clients. Managed care will allow for better coordination of medical and long term care services within home and community settings. Some CCP participants have already transferred to the Integrated Care Program, and more will be in the future under the Medicare-Medicaid Alignment Initiative.

The Department is also partnering with other state agencies on the Balancing Incentive Payment Program. This initiative will enable the State to receive 2% in increased federal match to improve service capacity and innovations including a No Wrong Door/Single Entry Point system, conflict-free case management services; and a core standardized assessment instrument.

In 2013, pursuant to Executive Order 13-01, the Illinois Department on Aging assumed oversight of the Senior Health Insurance Program (SHIP), from the Department of Insurance on April 1, 2013. SHIP provides one-on-one counseling to Medicare beneficiaries to help them navigate complex health and long-term care issues. This transfer promotes a natural extension of services offered by the Aging network such as Information and Assistance, and Benefits Counseling.

Also in 2013, legislation was passed requiring the Department on Aging to administer the Adult Protective Services Program. This model, which 44 other states currently follow, expands the authority of Aging to investigate abuse, neglect, and financial exploitation allegations involving people with disabilities between 18 and 59 who reside in a community setting.

The Department on Aging supports the Older Adult Services Advisory Committee's recommendations as a guide for short and long range program expansions; recognizing that the state's fiscal condition may limit the extent to which immediate goals can be implemented. The Department on Aging welcomes the advice of OASAC as it proceeds to fulfill the goal of helping the state's older population live their final years in dignity, among their friends and family.

Illinois Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (HFS), in collaboration with our sister agencies/divisions, has prioritized reform of its Long Term Services and Supports (LTSS) by working to ensure that high quality health care, coupled with a range of appropriate and accessible community and facility-based options, are available to Illinoisans in need of LTSS. As the state Medicaid agency and vice-chair of the Older Adult Services Advisory Committee, HFS leads the states' long term care reform and rebalancing efforts through several initiatives, including the federal Money Follows the Person (MFP) Demonstration project, the federal Balancing Incentive Program (BIP), and as lead on the implementation of the Colbert Consent Decree, Through the use of enhanced federal match under MFP and the BIP Programs, the federal government continues to incentivize states to rebalance their LTSS systems. Additionally, HFS is in the process of implementing a number of care coordination initiatives as required by State law. The expansion of managed care will further ensure that individuals in need of LTSS will receive services and supports in the most integrated setting with a continued focus on strengthening the quality of care and improved health outcomes.

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) programs regulate licensed and certified health care facilities servicing the entire population of the state. The older adult population is one component of our charge. Licensed and certified long term care facilities in the state serve a variety of populations in addition to older adult populations.

Since the inception of the OASAC, the Illinois Department of Public Health has been working diligently to enhance its programs to better serve the long term care population in the state. In 2006, legislation was passed and IDPH implemented the identified offender

rules which require that fingerprint background checks be conducted for all new admissions to long term care facilities. Facilities are also required to develop risk assessment and treatment plans for those individuals identified as offenders. The legislation also included many other sweeping changes to promote and improve the quality of care and quality of life in Illinois LTC facilities. The Department continues to actively participate in the OASAC activities where its regulatory expertise can best serve the OASAC mandates.

Illinois Housing Development Authority

The lead agency of the Governor's Housing Task Force, Illinois Housing Development Authority (IHDA) supports housing-related activities of the OASAC, and incorporates strategies and actions to increase the supply of affordable housing and housing options for older adults in the State's Annual Comprehensive Housing Plans.

IHDA supports the mandates in the Older Adult Services Act through development and preservation of housing for low-income seniors. IHDA also supports, through the Illinois Affordable Housing Trust Fund and the State's HOME program funds, the modification of existing single- and multi-family housing to promote aging in place, and living in the least restrictive setting.


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Executive Summary

The Older Adult Services Act was amended in 2009 by the authorization of PA 96-0248. This legislation mandated that the Department on Aging and the Departments of Public Health and Healthcare and Family Services develop a plan and implementation schedule to restructure the State's service delivery system for older adults pursuant to this Act no later than September 30, 2010.

Many stakeholders contributed to the development of this plan including Older Adult Services Advisory Committee (OASAC) members, invited experts, and State of Illinois leadership from the Departments of Aging, Healthcare and Family Services, Public Health, Housing Development Authority, Human Services, Department of Insurance, and the Governor's office. OASAC identified nine priority goals and related objectives, and developed a three year action plan to guide the State of Illinois's long term care rebalancing efforts from 2011 through 2013. A copy of the plan can be found on the Illinois Department on Aging website. The goals are:

Goal #1: Improve funding for home and community based services programs

Goal #2: Improve transition and integration between medical, hospital, and long term care systems and settings

Goal #3: Improve access to long term care services through comprehensive pre-admission assessment screening, and options counseling

Goal #4: Ensure service allocation equity and the service package

Goal #5: Increase caregiver support

Goal #6: Facilitate access to supportive housing options and affordable housing

Goal #7: Improve home and community based quality management systems

Goal #8: Convert excess nursing facility capacity

Goal #9: Maximize the use of technology to support policy development and delivery of long term care services.

This report summarizes the work completed during the plan period (CY11 – CY13), as well as challenges and recommendations.

Major Accomplishments

The State of Illinois received approval for its Balancing Incentive Program (BIP) application which will provide Illinois with a 2% enhanced federal match on all of its Home and Community Based Services (HCBS) Waiver programs and Mental Health Rule 132 State Plan Services (community mental health services) in exchange for making structural changes to its service system, including the establishment of a coordinated point of entry/No Wrong Door for its Long Term Care Services and Supports system, the implementation of a Core Standardized Assessment process, and the provision of conflict free case management services. The project period is July 1, 2013 through September 30, 2015. Illinois will

receive an estimated at $90.3 million in enhanced federal match during the project period. Illinois will also be required to shift its spending from institutional care to home and community based services and supports to meet the benchmark of 50% expenditures on community based services and supports by 2015.

HFS is working collaboratively with IDoA and DHS to implement Medicaid and Medicare managed care initiatives that are supported through the Affordable Care Act (ACA) and by Illinois's Medicaid reform legislation (Public Act 96-1501). It is expected that managed care models will create an integrated delivery system, bringing together primary care physicians, specialists, hospitals and a wide variety of other providers who are focusing on the health, behavioral health and social needs of Medicaid clients in order to achieve improvements in health.

HFS, along with its sister agencies, continue to make progress towards transitioning individuals out of institutional care, including nursing homes and ICF/DDs, to community based services and supports through the Money Follows the Person (MFP) Demonstration Program, branded as Pathways to Community Living in Illinois. Illinois established a successful Money Follows the Person Program in 2008. The number of transitions has increased on an annual basis. As of August 29, 2013, Illinois has transitioned 932 individuals from nursing homes and ICF/DDs to the community since transitions were initiated in 2009.

IDoA received federal funding from 2011 – 2012 to implement the Bridge Model transitional care service to facilitate transitions from hospital to home for persons with disabilities (18-59) or vulnerable adults age 60+ at three hospitals in suburban Cook County. A total of 1758 individuals were served by the project; 1629 older adults and 129 individuals younger than 60 with disabilities. Many positive outcomes were realized through this intervention.

In 2012 the Governor's Office of Management and Budget, in conjunction with HFS, DHS, and IDoA, contracted with a consulting firm to develop or acquire a Uniform Assessment Tool that will serve as the functional eligibility assessment for Illinois home and community-based and institutional program of long term services and supports (LTSS), and which will replace the state's existing Determination of Need (DON) tool. The assessment system includes a Level 1 screening tool, and a subsequent more comprehensive Level 2 tool that will allow the determination of support and need for the customer based on the outcome of the Level 1 screen. It is expected that the new tool will develop triggers and linkages to address the holistic needs of customers.

Illinois has received multi-year funding from the Administration for Community Living (ACL) to participate in a collaborative process to develop federal minimal standards for Options Counseling. Options Counseling assists older adults and individuals with disabilities who request or require immediate long term support services, as well as those who are planning for the future.

Effective October 1, 2013 the IDoA service cost maximums were changed to more evenly distribute

dollars among the scoring levels ensuring that participants at the high end of the DON range have sufficient dollars available to meet their needs.

IDoA is on track to implement an Automated Medication Dispenser (AMD) service with an effective date of February 1, 2014. The medication dispensing machine is programmed to notify participants when it is time to take their medication, along with monitoring by the provider that notifies the caregiver if a dose has been missed.

IDoA has received multi-year funding from the Administration on Aging to provide respite services to caregivers of children with special needs and adults with special needs; improve the coordination and dissemination of respite services; identify gaps in service delivery and address the unmet respite needs of family caregivers across the lifespan. Additionally, in 2013 IDoA was awarded a three-year grant from ACL to create and sustain dementia-capable service systems for people with dementia and their family caregivers, and to implement the Savvy Caregiver program in select regions of the state.

With the signing of P.A. 97-0892 into law on August 3, 2012, the State's Rental Housing Support Program Act was amended to allow for local administering agencies and developers to create preferences and set-asides for persons with disabilities using program funds. IHDA received HUD Section 811 Project Rental Assistance Demonstration Grant funding to create more permanent supportive housing units in Illinois for persons with disabilities.

In 2012 the Governor's Office created two new housing coordinator positions to identify strategies to enhance housing opportunities for special needs populations.

The 2009 elderly waiver renewal required a number of new quality data systems to be developed. To date, the Department has created and implemented an on-line case notes system that is used to ensure financial accountability in cases of intensive case work and intensive monitoring of participants. Annual participant satisfaction surveys have been created, distributed and tabulated. A database was created for the collection of responses to the Participant Outcomes Satisfaction Measurement (POSM) that surveys participants' Quality of Life. The Department is in the final stages of completing a series of management reports that will capture data from all the systems. The training tracking database is in its final stages of testing as well. Implementation of an electronic database for collecting critical response incidents is in progress.

The Illinois Framework Initiative is charged with the development of an enterprise solution to achieve an integrated human services delivery system that will expand service access to customers, improve customer satisfaction, mitigate fraud, and increase employee productivity. The Illinois Department of Human Services (DHS) is the lead organization and works in close partnership with IDoA, DCFS, HFS, and other agencies. The Framework project will provide governance for the creation of an enterprise approach to supporting healthcare and human services, promote a culture of interoperability among Illinois' health and human service agencies, and leverage the federal and state investments in the

Health Information Exchange, the Illinois Eligibility System, the Health Insurance Exchange and the Medicaid Management Information System upgrade.

Challenges

The settlement of three *Olmstead* lawsuits within two years of each other has created a huge demand on the community infrastructure. Although the Governor's budget for FY 2014 includes significant funding increases for the community system to implement the three consent decrees and the facility closures, the capacity of the community infrastructure needs to be strengthened to respond to the increased demand for services and gaps in Illinois' current delivery model need to addressed.

Each of the three *Olmstead* Implementation Plans addresses their own specific processes for outreach and referral and overall system design. The implementation of the BIP will require coordination amongst the state agencies/divisions that are responsible for the implementation of the three consent decrees. Additionally, Illinois is undertaking the expansion of managed care models throughout the state. These models include for-profit managed care organizations as well as non-for-profit, provider driven models.

The aging and disability community infrastructure is undergoing massive change simultaneously. These changes are all positive and address some of the shortfalls of Illinois's current structure; however, the provider community is struggling to determine how they fit into the new system specifically, the expansion of managed care models for LTSS, the rebalancing initiatives that are underway, and the anticipated expansion of Medicaid resulting from the ACA implementation.

The shift towards viewing individuals in a holistic manner, outside of the traditional silos and funding streams, will require additional training of the State's workforce. Additionally, the movement away from fee-for-service reimbursement towards performance based contracting models and funding based on outcomes will require additional training for the provider community.

With greater assistance from HUD grants, more opportunities are available for persons with disabilities and the aging population to find affordable accessible housing. Illinois has accelerated its focus on the development of housing resources over the last several years; however; the creation of housing alternatives, especially the development of four bed group homes for individuals with intellectual or developmental disabilities and the development of Housing First models continue to be a high priority.

Recommendations

Home and community based services continue to serve as a cost effective alternative to institutional care to the extent that service recipients are eligible for nursing home placement. It is recommended that existing HCBS waiver services be fully funded.

Additional funding is needed to develop and support the required services and resources that enable transitions of persons from institutional to community based settings. This includes an adequate supply of affordable housing resources, as well as community mental health resources sufficient in scope and intensity to meet the needs of formerly institutionalized consumers statewide. Illinois must continue to look at funding opportunities similar to Section 811 and BIP, and look at ways to maximize housing resources to create long term sustainability.

Stakeholders working in silos will limit Illinois' capacity to achieve rebalancing which improves health care, improves population health, reduces costs and addresses social determinants of health. In regards to LTSS, without formal channels for LTSS non-governmental stakeholder engagement, LTSS consumers are at risk for poor health care and poor health outcomes. Illinois should go beyond innovation *within* silos and look to creating accountable partnerships across silos. Meaningful stakeholder engagement is essential through all phases of the transition to the Medicaid managed care (MMC) system.

Aging & Disability Resource Centers (ADRCs) are a coordinated-point-of-entry/no-wrong-door system of access to long term services and supports, and include aging and disability network stakeholders. As Illinois develops the work plan for the BIP, the ADRC network will become part of an important entry portal for the MMC system. ADRCs have expertise in community-based social services that include Medicaid funded services, but also include other funded services like those provided through the Older Americans Act.

The State must be prepared to provide a level of oversight to the managed care organizations (MCOs) that is greater than in the fee for service system. Therefore, Illinois' state agencies must be knowledgeable about managed care in order to provide appropriate oversight of MCOs. For long term services and supports, this requires multiple State agencies to have trained staff and appropriate organizational structures. These agencies include DOA, HFS, and DHS.

Legislative governance is essential in order to ensure consumer protections and quality assurances in Illinois' MMC system. OASAC welcomes the development of a Medicaid managed care legislative subcommittee under the auspices of the Human Services Committee.


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Background & History of the Act

The Older Adult Services Act was enacted in 2004 through Senate Bill 2880 (Public Act 093-1031) by the Illinois General Assembly in order

> *"to promote a transformation of Illinois' comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system, taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services. Such restructuring shall encompass the provision of housing, health, financial, and supportive older adult services. It is envisioned that this restructuring will promote the development, availability, and accessibility of a comprehensive, affordable, and sustainable service delivery system that places a high priority on home-based and community-based services. Such restructuring will encompass all aspects of the delivery system regardless of the setting in which the service is provided." (PA 093-1031 Section 5)*

The Older Adult Services Act and the creation of the Older Adult Services Advisory Committee (OASAC) resulted from advocacy at many levels to reform the Illinois system of long term care. The Illinois system of care for older adults has long favored institutional care over viable, adequate community based alternatives. Efforts to transform this system must include a commitment from the Administration, legislative leaders, advocates, and those organizations representing various provider groups to reallocate existing resources, reduce the supply of nursing home beds, and increase flexibility and consumer direction of home and community based services. The Older Adult Services Advisory Committee was established to lead this effort. The Act also established the Older Adult Services Advisory Committee to advise the Directors of Aging, Public Health, and Healthcare and Family Services on all matters related to the Act. The Illinois Department on Aging (IDoA) formed the Older Adult Services Advisory Committee (OASAC) in January 2005.

In 2009, the Older Adult Services Act was amended by the authorization of PA 96-0248. This public act amended the Older Adult Services Act as follows:

> *"The Department on Aging and the Departments of Public Health and Healthcare and Family Services shall develop a plan to restructure the State's service delivery system for older adults pursuant to this Act no later than September 30, 2010. The plan shall include a schedule for the implementation of the initiatives outlined in this Act and all other initiatives identified by the participating agencies to fulfill the purposes of this Act and shall protect the rights of all older Illinoisans to services based on their health circumstances and functioning level, regardless of whether they receive their care in their homes, in a community setting, or in a residential facility. Financing for older adult services shall be based on the principle that "money follows the individual" taking into account individual preference, but shall not jeopardize the health, safety, or level of care of nursing home residents. The plan shall also identify potential impediments to delivery system restructuring and include any known regulatory or statutory barriers." (PA 96-0248, Section 1)*

In 2011, the Older Adult Services Act was amended again by PA 97-0448 which mandates the Department to investigate the cost of compliance with developing and maintaining an inventory and

assessment of (i) the types and quantities of public older adult services and, to the extent possible, privately provided older adult services, including the unduplicated count, location, and characteristics of individuals served by each facility, program, or service and (ii) the resources supporting those services, investigate the cost of compliance with this provision and report these findings to the appropriation committees of both chambers assigned to hear the agency's budget no later than January 1, 2012. If the Department determines that compliance is cost prohibitive, it shall recommend action in the alternative to achieve the intent of this Section and identify priority service areas for the purpose of directing the allocation of new resources and the reallocation of existing resources to areas of greatest need. If cost is prohibitive, then the Department shall recommend an alternative to achieving this intent.

A separate report fulfilling this mandate was submitted to the appropriations committees of both chambers assigned to hear the Department's budget in January 2012.

Work Completed

GOAL #1: IMPROVE FUNDING FOR HOME AND COMMUNITY-BASED SERVICES PROGRAMS

Objectives:

a. Evaluate options to establish a Medicaid HCBS provider fee

b. Review and prepare options for a unified budget

c. Determine which programs and agencies would be included in the unified budget

d. Evaluate different options to phase in a unified budget

e. Develop a cross program/agency budget process

f. Evaluate options to establish fees for Community Care Program (CCP) homecare providers

g. Develop caseload and utilization forecasting methodology to establish the level of appropriations for long term care services

h. Advocate that the House and Senate Appropriation Committees hear the long term care budget as a whole from the relevant State agencies (e.g., Department on Aging, Healthcare and Family Services, Department of Human Services, etc…)

i. Evaluate the impact of the state balancing incentive program and prepare an application which will be submitted to CMS

j. Evaluate the impact of adopting the Medicaid state plan attendant services option authorized by Section 1915 (k)

k. Review the results of the long term care insurance partnership program

l. Develop strategies and an implementation plan to increase participation in the partnership program and other long term care insurance programs

m. Analyze opportunities presented through the CLASS Act, and develop a strategy to promote participation in the CLASS Act

Progress:

- Healthcare and Family Services (HFS) determined that federal law does not allow the establishment of a provider fee for Medicaid home and community-based (HCBS) providers.[1]
- In recent years, Illinois has prioritized rebalancing its long term care system under the leadership of Governor Pat Quinn and the legislature as evidenced by the passage of significant Medicaid reform legislation (Public Act 96-1501). The Act requires the state human service agencies to create an annual Uniform Budget Report with a breakdown of expenditures for both institutional care and community care. The Act provides the Governor with the authority to transfer up to 4% of funding from one line item to another. Additionally, PA 96-1501 requires 50% of Medicaid enrollees to be served under coordinated care models by 2015 – equating to 1.5 million consumers. The goal of the Act is to redesign Illinois' healthcare delivery system to create a more consumer centered system with a focus on improving health outcomes, enhancement of consumer access to care, and a new focus on improvement of quality of care. In addition, state human service agencies are working collaboratively to explore common processes that are shared across agencies to reduce redundancy, increase efficiency, and improve customer service including, but not limited to tracking the long term care cost per client across the various programs, developing a common statewide assessment tool, evaluating new waiver options and demonstration projects under the Affordable Care Act (ACA), developing a common client intake/record and assessment process, and implementing Aging and Disability Resources Centers (ADRCs) statewide.[2]
- IDoA develops an annual budget request for the State funded (and Medicaid supported) Community Care Program (CCP) which is submitted to the Governor's Office of Management and Budget. Illinois Department on Aging (IDoA) conducts routine expenditure tracking and variance analyses, as well as budget forecasting measures for each CCP service. The methodology is predicated on determining the monthly utilization of service units by service type to project future costs taking into account the number of work days in a month, unit rate per hour for each service, and any approved policy or legislative changes to arrive at the estimated total liability and annual budget request. Federal Older Americans Act (OAA) funds are obtained in accordance with population data. These services (which are also supported by State general revenue funds) are distributed to the Area Agencies on Aging (AAAs) through an intrastate funding formula that includes six weighted factors: 60 plus population, 60 plus minorities, 60 plus living in poverty, 60 plus living in rural areas, 75 plus population, and 60 plus population living alone. In recent years, the House and Senate Appropriation Committees have coordinated budget hearings for Aging, Healthcare and Family Services and the Department of Human Services (DHS).[3]
- In June 2013, the State of Illinois received approval for its Balancing Incentive Program (BIP) application which will provide Illinois with a 2% enhanced federal match on all of its HCBS Waiver programs and Mental Health Rule 132 State Plan Services (community mental health

[1] Goal #1 - Objectives a and f

[2] Goal #1- Objectives b, c, d, and e

[3] Goal #1 - Objective g and h

[4] Goal #1 - Objective i

services) in exchange for making structural changes to its service system, including the establishment of a coordinated point of entry (CPoE)/No Wrong Door for its long term care services and supports (LTSS) system, the implementation of a core standardized assessment process, and the provision of conflict free case management services. Additionally, Illinois will be required to shift its spending from institutional care to home and community based services and supports to meet the benchmark of 50% expenditures on community based services and supports by 2015. The project period is July 1, 2013 through September 30, 2015. Illinois will receive an estimated at $90.3 million in enhanced federal match during the project period.[4]

- HFS and the Governor's office continue to evaluate the opportunities and challenges afforded under the Community First Choice Option. With this initiative, States have the option to file a State Plan amendment to create an entitlement to personal attendant services. States would receive a 6% increase in federal match for personal attendant services provided under this option. Illinois currently provides personal attendant services through a number of its HCBS Waivers, not under its State Plan. Illinois has engaged a consultant to review the Community First Choice State Plan option and provide an analysis of the impact to Illinois. This analysis is expected to be completed shortly. Additionally, Illinois plans to develop an 1115 waiver and submit this to CMS in early 2014. This waiver will consolidate Illinois' nine separate waivers and provide the funding and flexibility to build upon the work that has already been started to reform long term care, address our delivery systems and fully implement Medicaid reforms.[5]
- Rules are being drafted for the long term care insurance partnership program.[6]
- In October 2011, U.S. Health and Human Services (HHS) informed congressional leaders that it will not move forward on implementation of the Community Living Assistance Services and Supports (CLASS) Act. The State of Illinois awaits direction from the federal government as to whether there are other options that HHS may explore to implement provisions proposed under CLASS.[7]

[4] Goal #1 - Objective i
[5] Goal #1 - Objective j
[6] Goal #1 - Objective k and l
[7] Goal #1 - Objective m

GOAL #2: IMPROVE TRANSITION/INTEGRATION BETWEEN MEDICAL/HOSPITAL AND LONG TERM CARE SYSTEMS AND SETTINGS

Objectives:

a. Review results from the nursing home transition and Money Follows the Person programs and formalize processes that improve transition efforts (i.e., implementation of MDS 3.0, Section Q)

b. Provide training to CCU staff on relevant medical conditions and terms

c. Develop strategies to prepare individualized transition plans for older adults leaving a hospital or nursing facility

d. Examine and improve the Choices for Care screening process to improve discharges and successful placement in appropriate settings

e. Identify assessment data that will trigger referrals for a health assessment

f. Review CCU care coordinator caseloads and set standards

g. Develop interventions based on health and social characteristics or chronic conditions

h. Explore methods to ensure that Home and Community-based Services, and aging and disability networks are coordinated as Patient Protection and Affordable Care Act (PPACA) is implemented

Progress:

- HFS, along with its sister agencies, continue to make progress towards transitioning individuals out of institutional care, including nursing homes and ICF/DDs, to community-based services and supports through the Money Follows the Person (MFP) Demonstration Program, branded as Pathways to Community Living in Illinois. Illinois established a successful MFP program in 2008. The number of transitions has increased on an annual basis. As of August 29, 2013, Illinois has transitioned 932 individuals from nursing homes and ICF/DDs to the community since transitions were initiated in 2009. HFS has also strengthened its support of this program through the initiation of a stakeholder group, the development of monthly webinars to train transition coordinators on a variety of quality focused topics, established a Mortality Workgroup to review all deaths of MFP participants to determine the root cause and develop strategies to mitigate the risk among this population, developed a web-based referral form, and disseminated communication to all nursing homes outlining the requirements under Minimum Data Set (MDS) Section Q and the online referral process. Additionally, a pilot project utilizing Engagement Specialists at three (3) ADRC sites has been implemented to increase referrals and collaboration between nursing homes and transition coordinators. MFP rebalancing funds were also utilized to expand MFP for individuals with serious mental illness to Springfield, Peoria, and DuPage County. The MFP Operational Protocol was revised and approved by Centers for Medicare & Medicaid Services (CMS) effective February 1, 2013 and includes the addition of the Traumatic Brain Injury (TBI) and HIV/AIDS waivers as eligible population groups under the MFP program. The addition of TBI includes the expansion of Department of Rehabilitation Services (DRS) brain injury waiver services to persons who are 60 and over and will provide the opportunity for eligible older adults to receive a robust service package to support their transition back to the community.[8]
- IDoA received federal funding from 2011 – 2012 to implement an ADRC Bridge Model transitional care service to facilitate smooth transitions from hospital to home for persons with disabilities (18-59) or vulnerable adults age 60+ at three hospitals in suburban Cook County. All hospitals had community-based organization partners from the Aging Service Network. A total of 1758 individuals were served by the project; 1629 older adults and 129 individuals younger than 60 with disabilities. Overall, satisfaction surveys revealed a very high level of satisfaction with the Bridge Program by patients and their caregivers. Qualitative evaluation of the Bridge Program from stakeholders was also positive. Through this project various community groups organized with hospitals, and partnerships between the aging and disability networks were formed and strengthened. This funding also positioned the community-based organizations and their hospital partners to receive funding through the CMS Community-based Care Transitions Program (CCTP) for further care transitions work in Cook County.[9]
- Currently, the IDoA Comprehensive Care Assessment includes indicators that would trigger referrals to Home Health including Section II (Physical Health History and Assessment); Section

[8] Goal #2 - Objective a, b, c and g
[9] Goal #2 - Objective c

III (Determination of Need); Section IV (Medications); and Section XI (Care Coordinator Goals of Care). In 2012 the Governor's Office of Management and Budget, in conjunction with HFS, DHS, and IDoA, contracted with a consulting firm to develop or acquire a Uniform Assessment Tool that would serve as the functional eligibility assessment for Illinois home and community-based and institutional program of LTSS, and which will replace the state's existing Determination of Need (DON) tool. The assessment system would include a Level 1 screening tool, and a subsequent more comprehensive Level 2 tool that would allow the determination of support and need for the customer based on the outcome of the Level 1 screen. It is expected that the new tool will develop triggers and linkages to address the holistic needs of customers.[10]

- IDoA has drafted amendments to the administrative rules for Comprehensive Care Coordination (CCC) that includes recommendations for Care Coordination Unit (CCU) care coordinator caseloads and standards. These amended CCC rules will become the basis for the procurement of the agencies responsible for eligibility determination and care coordination delivery.[11]
- The ACA provides opportunities to improve the delivery of long term services and support systems for Medicaid and Medicare populations. HFS is working collaboratively with IDoA and DHS to implement the foundation for future Medicaid and Medicare managed care initiatives that are supported through the ACA, as well as Illinois's Medicaid reform legislation (Public Act 96-1501). In Illinois, care coordination is provided to Medicaid recipients by "managed care entities," a general term that includes Coordinated Care Entities (CCEs), Managed Care Community Networks (MCCNs) and Managed Care Organizations (MCOs). Included in the expansion of managed care is the population of Seniors and Persons with Disabilities (SPD) – approximately 434,492 individuals. In 2013, IDoA commissioned Health & Medicine Policy Research Group (HMPRG) to work in collaboration with the Older Adult Services Advisory Committee (OASAC) to identify lessons learned from other states that have transitioned to managed care and to highlight opportunities for Illinois to take advantage of these best practices to ensure a smooth transition to a Medicaid managed care (MMC) system. That report, The Transition to Medicaid Managed Care in Illinois: an Opportunity for Long Term Services and Supports Systems Change, and subsequent recommendations made by OASAC will guide the activities of OASAC in the coming years and are referenced in the Challenges and Recommendations sections of this report.[12]

[10] Goal #2 - Objective d and e; and Goal #4 - Objective j
[11] Goal #2 - Objective f
[12] Goal #2 - Objective g and h

GOAL #3: IMPROVE ACCESS TO LONG TERM CARE SERVICES THROUGH COMPREHENSIVE PRE-ADMISSION ASSESSMENT SCREENING; OPTIONS COUNSELING

Objectives:

a. Improve the pre-screen process to direct people in the most appropriate and least restrictive long term care setting.

b. Develop and implement options counseling standards

c. Implement Coordinated Point of Entry standards

d. Determine standards and regulations for common intake systems

e. Develop a branding campaign for the Coordinated Point of Entry

Progress:

- Illinois is committed to enhancing its current standardized assessment tools for determining eligibility for non-institutionally based long-term services and supports across disability populations. The goal is to develop a uniform, person centered tool that can be used consistently across the State to determine an individual's needs for support services, medical care, transportation, and other services. Illinois is committed to implementing an initial standardized Level 1 Screen for long term services and supports, ensuring that consumers do not have be assessed multiple times and that consumers experience the same process regardless of where they reside. Illinois will also ensure that consumers are linked to the appropriate entity for completion of the Level 2 comprehensive assessment. Additionally, Illinois will focus on providing a single 1-800 phone line dedicated specifically to providing individuals with the option of talking to a trained professional, over the phone in order to complete the initial Level 1 screen.[13]
- Illinois has received multi-year funding from the Administration for Community Living (ACL) to participate in a collaborative process to develop federal minimal standards for Options Counseling. Options Counseling is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Options Counseling assists older adults and individuals with disabilities who request or require immediate long term support services, as well as those who are planning for the future. ACL has identified Options Counseling as one of the core components of an ADRC. IDoA, working with AgeOptions and the Suburban Cook County ADRC, submitted Illinois draft standards to ACL in June 2011. The draft standards were implemented in two Planning and Service Areas (PSAs) beginning in October 2011. The second year of the grant focused on testing and evaluating those standards in three Planning and Service Areas (PSAs). Participants in the effort included AAAs, CCUs, and Centers for Independent Living (CIL). IDoA received supplemental federal funding to extend the Options Counseling grant another year to train partners throughout the state on the standards, as well as determining how to best incorporate Options Counseling in the service delivery system. In 2013, the Governor signed an executive order transferring the Senior Health Insurance Program (SHIP) to IDoA. SHIP provides one-on-one counseling to Medicare beneficiaries to help them navigate complex health and long-term care issues and is fully funded by a grant from CMS. The transfer further promotes a natural extension of services such as Information and Assistance and Benefits Counseling, and furthers IDoAs ADRC efforts. IDoA received general revenue funding to implement Options Counseling on a statewide basis. On August 29, 2013, IDoA conducted a retreat with the 13 Area Agencies on Aging on the implementation of Options Counseling and the development of ADRCs on a statewide basis.[14]
- Illinois has a network of state and community-based agencies that serve as the entry points for accessing LTSS depending on an individual's specific needs. As discussed earlier, Illinois is

[13] Goal #3 - Objective a and d
[14] Goal #3 - Objective b

committed to establishing a coordinated entry process that will allow individuals to participate in the same Level 1 screening process regardless of where or how they access the LTSS. The Coordinated Entry Process in Illinois encompasses a total of 747 agencies, each designated as Coordinated Points of Entry, which are located throughout the state. Each agency that is designated as a Coordinated Point of Entry will have the capability to administer a uniform Level 1 Screen to individuals requiring LTSS. All Coordinated Points of Entry will have access to a real time, centralized database that will allow sharing of the data collected in both the Level 1 Screen, and, if applicable, the Level 2 comprehensive assessment. This statewide database accessible by all CPoEs will assist in the coordination of appropriate services, as well as increase the efficiency of care planning for individuals. IDoA worked with OASAC to develop Coordinated Point of Entry standards. These standards were developed to complement the core components of an ADRC as defined by ACL.[15]

- Illinois will conduct statewide outreach to educate individuals about the enhanced resources for community-based LTSS made available through the BIP. As a result of the numerous rebalancing initiatives that are occurring simultaneously, as well as the expansion of managed care models, HFS, its sister agencies and stakeholders will need to coordinate outreach efforts in order to reduce any potential confusion amongst consumers. HFS and its sister agencies plan to work with a stakeholder group that is inclusive of the populations served under both LTSS community-based programs and institutionally-based programs.[16]

[15] Goal #3 - Objective c
[16] Goal #3 - Objective e

GOAL #4: ENSURE SERVICE ALLOCATION EQUITY AND IMPROVE THE SERVICE PACKAGE

Objectives:

a. Clarify the tasks that may be performed under homemaker services which include hands-on assistance with activities of daily living, and provide training to enable workers to meet the needs of the clients they serve as well as identify health triggers that require reassessment

b. Evaluate the existing Cash & Counseling demonstration project and explore the feasibility of expanding this program model throughout the State

c. Implement a medication management services program

d. Determine the characteristics that predict admission to a nursing facility for older Illinoisans in general, and in the CCP population in particular

e. Develop triggers and linkages for care coordinators and service staff to obtain health and medical care consultation, and mental health consultation. Develop training to recognize the need for such consultation

f. Create a profile of IDoA clients and their needs

g. Develop plans to maintain the level of service for high DON score participants

h. Update and maintain an inventory of services and providers

i. Disseminate information about changing demographic trends and demand for services

j. Develop an assessment module that identifies caregiver needs for supports and respite services

Progress:

- Homecare aides can assist participants with a wide spectrum of tasks meant to meet the needs of the participants they serve. Homecare aides are required to follow the plan of care established by the Care Coordinator. Any deviations from the established plan of care must be reported to the CCU. Homecare aides are also required to report to the CCU any changes in a participant's status or health. IDoA has increased the number of training hours required by workers who serve older adults. IDoAs quality assurance reviews ensure that trainings are completed on a timely basis. Homecare Supervisor Training (also known as HOST) is required for all new homecare supervisors and continues to expand the topics offered to new supervisors. IDoA is developing a certification for Homecare Supervisors which will be implemented in late FY 2014. Trainings were expanded to a web-based format to increase accessibility to supervisors statewide and provided a means of improved communication and a greater number of topics without time restrictions. The Illinois Community Care Program Homecare Association recommends training topics for its members. Through an educational grant by IDoA, the Association has developed presentations for homecare supervisors and homecare aides on Difficult Clients with Special Health Issues, Blood Borne Pathogens, Disaster Preparedness Evaluations, Communications, Homecare, and Hospice. Regional trainings were offered followed by a web-based formatting of each topic for continuous availability. In addition, IDoA offers DVDs through the IDoA Lending Library on medical topics including Death & Dying, Managing Diabetes, Suicide Prevention, Depression, Advance Medical Directives, Blood Pressure Measurement, Alzheimer's disease, Preventing the Spread of Infection, Bathing, Feeding Techniques, and Problem Behaviors. The same lending library is offered for use by Care Coordinators. Through an educational grant by IDoA, the Illinois Council of Case Coordination Units developed presentations on completing assessments with different types of participants. The DVDs are available to CCUs statewide. IDoA also sponsored trainings for Care Coordinators on over- medication, Traumatic Brain Injury, Power of Attorneys, Managed Care Units, the Colbert Program, and Service Authorizations.[17]
- IDoA completed the feasibility review for the Cash & Counseling program during CY 11. Enrollment in the program has steadily been decreasing over the years. In FY 13 the program had an average enrollment of 140 participants. Due to the fact that all participants in this program are required to be Medicaid eligible, it is expected that this demonstration program will naturally phase out once all the State's managed care initiatives are in place.[18]
- IDoA is planning to implement an Automated Medication Dispenser (ADM) service with an effective date of February 1, 2014. The medication dispensing machine is programmed to notify participants when it is time to take their medication, along with monitoring by the provider that notifies the caregiver if a dose has been missed. IDoA has conducted research, drafted standards for the dispenser machines, prepared a waiver amendment and drafted policies for this new service. The waiver amendment has been submitted and is awaiting federal approval.[19]

[17] Goal #4 - Objective a
[18] Goal #4 - Objective b
[19] Goal #4 - Objective c

- The MFP quality assurance vendor, the University of Illinois at Chicago College of Nursing (UIC CON), completes annual MFP reports that include strengths and weaknesses of the program, analysis of successful transitions and unsuccessful transitions, recommendations for improvement and other data trends that inform HFS and the MFP Implementation Team in making policy decisions regarding the program. This past year, HFS requested that UIC produce a report that more closely examined individual characteristics associated with sustainability in the community and the identification of risk factors that were associated with reinstitutionalization. Additionally, UIC CON has identified individuals that are "high risk" for reinstitutionalization and are in need of additional supports the first few months post transition. These high risk factors were reviewed with the transition coordinators during a quality webinar held in September, 2012. HFS has strongly encouraged a more intensive case management model for high risk individuals with more frequent contact during the first few months post transition.[20]
- Illinois' Medicaid Reform efforts are consistent with the principles of the Affordable Care Act which envisions moving to an integrated care system, keeping people healthy through quality, coordinated care. It is expected that managed care models will create an integrated delivery system, bringing together primary care physicians, specialists, hospitals and a wide variety of other providers who are focusing on the health, behavioral health and social needs of Medicaid clients in order to achieve improvements in health. Each client is assigned a care manager to coordinate his or her care and ensure that the needed services and supports are provided while avoiding unnecessary healthcare procedures.[21]
- IDoA maintains profile data for all clients served by our programs, including the CCP; Older Americans Act services (for registered services); Long Term Care Ombudsman; and Abuse, Neglect and Exploitation services. The State Plan on Aging provides census data by Planning and Service Area, including population, gender, minority, living alone, rural and poverty figures. On a national level, HHS - Administration on Aging publishes an annual Profile of Older Americans which includes data on the growth of the aging population by geographic distribution, marital status, living arrangements, racial and ethnic composition, income, poverty, housing, employment education, health care, health insurance coverage, and disability and activity limitations.[22]
- Effective October 1, 2013, the service cost maximums were changed to more evenly distribute dollars among the scoring levels ensuring that participants at the high end of the DON range have sufficient dollars available to meet their needs.[23]
- On January 1, 2012, a Report from IDoA to the House and Senate Appropriations Committees in Fulfillment of Public Act 097-0448 was submitted. This report researched, summarized, and provided recommendations with regard to the development of an inventory of services and priority service areas. This report can be found on the IDoA website.[24]

[20] Goal #4 - Objective d
[21] Goal #4 - Objective e
[22] Goal #5 - Objective f
[23] Goal #4 - Objective g
[24] Goal #4 - Objective h

- IDoA has prepared briefings for legislators throughout Illinois in order that they have a better understanding of the aging population, as well as their constituents who utilize aging programs and services. The Department has also produced a number of maps depicting the growth of the population in each county across Illinois, numbers of older adults eligible for various managed care initiatives, and the geographic location of Colbert class members. In addition, all human service agencies are developing performance metrics to track de-institutionalization, deflection from institutionalization, and length of stay in the community.[25]

[25] Goal #4 - Objective i

GOAL #5: INCREASE CAREGIVER SUPPORT

Objectives:

a. Seek increased funding for respite services for family caregivers
b. Explore strategies to integrate the social and medical model (See Goal #2.a.)
c. Clarify Federal regulatory requirements for completing the minimum data set (MDS) tool in nursing facilities for respite clients (See Goal #8.b.)
d. Document the gaps in the availability of respite services
e. Explore improvements to the assessment tool to identify caregiver needs
f. Establish guidelines to improve the consistency in respite services programs statewide
g. Explore the role of nursing facilities as respite providers
h. Explore the role of hospitals as respite providers in rural areas
i. Assess the impact of adult day care services as a respite option
j. Increase outreach and education to family caregivers to increase their awareness of and access to services.
k. Utilize ADRCs and CPoEs to increase access to family caregiver services
l. Study options to expand the availability of home health services, home services and home nursing care
m. Explore evidence based caregiver programs and best practices
n. Incorporate a nurse consultation model into the delivery of services for caregivers and clients
o. Compile and provide information to legislators on the social and economic value of family caregiving
p. Study the benefits and challenges of developing a caregiver assessment module
q. Explore how the state is using the National Family Caregiver Support Program funds

Progress:

- In 2009, IDoA was one of 12 states awarded a three-year, $200,000 grant from the AoA to provide respite services to caregivers of children with special needs and adults with special needs; improve the coordination and dissemination of respite services; identify gaps in service delivery and address the unmet respite needs of family caregivers across the lifespan. An Emergency Respite Program has been established and funded through the Lifespan Respite Grant award. Administered by the Illinois Respite Coalition, the Emergency Respite Program provided funding for more than 100 caregivers of children and adults with special needs who are in need of respite in emergencies. Subsequent grant proposals were submitted in 2011 and 2013, however these were not funded. In 2013, IDoA was awarded a three-year grant from ACL to create and sustain dementia-capable service systems for people with dementia and their family caregivers, and to implement the Savvy Caregiver program in select regions of the state.[26]
- Through the implementation of managed care in Illinois, it is expected that there will be greater integration of the social and medical models of care. With the expansion of the Integrated Care Program (ICP) and Medicaid Medicare Alignment Initiative (MMAI), managed care organizations will have responsibility for providing medical and behavioral health services to the aging and disability populations, and will have access to the home and community based waiver services to address the social needs of members.[27] It is also anticipated that the medical and social models of care can be addressed at the assessment level with the development of a uniform assessment tool (UAT) that is under development (see Goal #3; objective a). Also, IDoA will advocate for the inclusion of a caregiver assessment tool as a component of the UAT.[28]
- HFS has clarified that the federal Resident Assessment Instrument (RAI) Manual provides that the first assessment of the resident must be completed by the 14th day of the resident's stay in the facility. Stays less than 14 days (i.e., for respite) do not require the resident to have an RAI assessment.[29]
- The Department has established and convened meetings of the Lifespan Respite Task Force, comprised of representatives from the Department of Children and Family Services (DCFS), DHS, AAAs, and disability advocacy groups to identify existing respite programs and gaps in service. The Department has surveyed the 13 AAAs, DHS and DCFS regarding their respite programs and prepares an annual report that is shared with the legislature.[30]
- Federal and state requirements are already in force for respite services under the OAA.[31]
- Illinois Department of Public Health (IDPH) notes that many long term care facilities currently provide respite care services. The issue is that persons needing respite care are handled/processed the same as other long term care admissions. There are no current or proposed rules to set up a different/modified admission process for respite care. The long term

[26] Goal #5 - Objective a
[27] Goal #5 - Objective b
[28] Goal #5 - Objective e, n and p; and Goal #4, Objective j
[29] Goal #5 - Objective c
[30] Goal #5 - Objective d and o
[31] Goal #5 - Objective f

care facility must be responsible for the proper care and treatment of all its residents. Respite care admissions must also be thoroughly and properly evaluated to protect the person, the staff and other residents.[32]

- Through on-going Area Plan reviews, IDoA works closely with the AAAs to ensure training and educational opportunities are provided to caregivers. The Department has created a Statewide Caregiver Advisory Committee which meets quarterly to assess caregiver programs, share best practices, discuss barriers to service, identify gaps in service, provide training and improve the dissemination of resources. As part of the Lifespan Respite grant, IDoA has been instrumental in the expansion of the Illinois Respite Coalition web site to include a statewide database of respite providers and an extensive training/workshop/caregiver event calendar. Conference calls with caregiver specialists at the 13 AAAs and the Illinois Respite Coalition are scheduled to discuss respite services, the Emergency Respite Program and collaborating on caregiver training opportunities. IDoA is working closely with advocacy groups such as the Illinois Life Span Project and the Institute on Public Policy for People with Disabilities to increase caregiver awareness and improve access to services.[33]
- The Home Services Program (HSP) administered under Department of Human Services offers respite care of up to 240 hours/year to eligible families who face substantial burdens of providing care. HSP offers adult day care, homemaker, home health, and personal assistants as respite providers dependent on the specific needs of the family.[34]
- Since the inception of the National Family Caregiver Support Program, the Department has through Area Plan reviews, monitored the designation and use of Title III-E funds. AAAs are funding all service categories of the National Family Caregiver Support Program. Federal allocations under Title III-E were 5.6 million in FFY 11 and FFY 12. In FY 2013, the federal allocation was reduced to $5.3 million due to federal budget reductions.[35]

[32] Goal #5; objective g and h
[33] Goal #5; objectives i, j and m
[34] Goal #5; objectives k and l
[35] Goal #5; objective q

GOAL #6: FACILITATE ACCESS TO SUPPORTIVE HOUSING OPTIONS/AFFORDABLE HOUSING

Objectives:

a. Advocate at the federal and state levels for the addition of rental assistance funding for special needs populations

b. Design strategies to improve collaboration between IHDA, ADRCs, CCUs, AAAs and local public housing authorities.

c. Expand Comprehensive Care in Residential Settings (CCRS) and explore using the model across populations.

d. Train and register transition coordinators working on Money Follows the Person to use the Case Worker Portal feature of ILHousingSearch.org

Progress:

- With the signing of P.A. 97-0892 into law on August 3, 2012, the State's Rental Housing Support Program Act was amended to allow for local administering agencies and developers to create preferences and set-asides for persons with disabilities using program funds. Illinois Housing Development authority (IHDA) applied for, and received HUD Section 811 Project Rental Assistance Demonstration Grant funding to create more permanent supportive housing units in Illinois for persons with disabilities. This will allow IHDA to apply Section 811 rental assistance dollars to lay over units in existing or proposed developments. These units cannot make up more than 25% of the development and must be filled through a referral partnership with the Statewide Referral Network (SRN).Currently, a cooperative agreement is being negotiated between IHDA and HUD in order for the program to commence.[36]
- In 2012, the Governor's Office created two new housing coordinator positions to identify strategies to enhance housing opportunities for special needs populations. An intergovernmental agreement has codified the responsibilities of the various agencies (HFS, DHS, IDoA and the Office of the Governor) with respect to these positions. The Housing Coordinators have expanded networking opportunities, partnerships and relationships thereby facilitating the expansion of housing resources including Permanent Supportive Housing (PSH), access for Pathways to Community Living/MFP, housing opportunities for Class Members of the Consent Decrees and management of the referral flow to IHDA's Statewide Referral Network (SRN) Units.. A portion of IHDA's Low Income Housing Tax Credit units are targeted to persons with disabilities and referred through the SRN.[37]
- IDoA increased the number of Comprehensive Care in Residential Settings (CCRS) units authorized for each of the existing CCRS projects currently in place.[38]
- IHDA continues to manage the ILHousingSearch.org contract with SocialServe on behalf of its partners, IDoA, DHS, and HFS. The Illinois Housing Search web-based search engine is an available resource that contains thousands of units to rent in the private market place. This website contains a caseworker portal that allows Care Coordinators to search a subset of housing options wherein landlords have expressed a specific willingness to rent apartments to persons with disabilities. The Caseworker Portal, a tool to help caseworkers better refine their searches on ILHousingSearch.org, is open for MFP and other transition coordinators including those working with the Williams and Colbert consent decrees. Numerous online training sessions were held for hundreds of participants, and case workers working on MFP, and the Williams and Colbert consent decrees were trained to use the ILHousingSearch case worker portal. As of September 1, 2013, 164 people were registered on the Caseworker Portal to ILHousingSearch.org. In August of 2013, the Statewide Referral Network (SRN) Units were added as a sub-component of the Caseworker Portal.[39]

[36] Goal #6; objective a
[37] Goal #6; objective b
[38] Goal #6; objective c
[39] Goal #6; objective d

GOAL #7: IMPROVE THE HCBS QUALITY MANAGEMENT SYSTEM

Objectives:

a. Implement a 24-hour backup system for CCP participants.

b. Implement a critical incident reporting system.

c. Design and implement a risk mitigation process for CCP participants.

d. Incorporate evidence based practices and models into our service delivery system (e.g., strict adherence to recommended measurement of performance procedures). (See Goal 2.c.)

Progress:

- The 2009 waiver renewal required a number of new data systems to be developed. To date, the Department has created and implemented an on-line case notes system that is used to ensure financial accountability in cases of intensive case work and intensive monitoring of participants. Annual participant satisfaction surveys have been created, distributed and tabulated. A database was created for the collection of responses to the Participant Outcomes Satisfaction Measurement (POSM) that surveys participants' Quality of Life. Care Coordinators complete the POSM with participants on an annual basis. The Department is in the final stages of completing a series of management reports that will capture data from all the systems. The training tracking database is in its final stages of testing as well. The Department is also preparing to file the CCC rules for the CCUs. These rules will formalize the use of the consolidated CCP forms that were introduced in December 2010. The new forms streamline the assessment process and reduce duplication in information gathered. The next system that needs to be finalized and implemented is the Events database that will track critical incidents, grievances and complaints and requests for reassessments. Initial trainings have been held statewide for all care coordinators on the systems. Back up plans are not recorded or required by CCP rules/regulations at this time. Care Coordinators are trained to discuss back up plans to the entire service package with participants. IDoA currently has a critical incident reporting system. Implementation of an electronic database for collecting critical response incidents is in progress. The Aging waiver is required to be renewed on October 1, 2014. The new renewal application will require additional quality assurance measures to be in place for all Medicaid waivers to ensure the health, safety and welfare of waiver participants. States will be required to conform to new reporting guidelines for ensuring quality assurance.[40]
- HHS awarded Illinois a $24 million grant to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and control health care spending. The award, $4.8 million per year over five years, was an initiative of the ACA. IDPH received these funds to implement proven methods to improve health and wellness. The grant focuses on three priority areas: tobacco-free living; active living and healthy eating; and quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol. The grants support planning and implementation of state and community projects proven to reduce chronic diseases. During 2012 IDPH awarded almost $3.5 million in grants to communities across Illinois to reduce heart disease, cancer and diabetes. Local coalitions consisting of community organizations, local health departments, school districts, municipalities, chambers of commerce, hospitals and health providers will receive funding to increase the availability of healthy foods, promote physically active lifestyles, reduce exposure to second-hand smoke and implement other health-focused programs. These coalitions will cover 60 Illinois counties and will impact an estimated three million people.[41]
- In FY 2013, all OAA Title III-D services can only be allocated to fund evidence-based services that comply with AoA's graduated set of criteria for defining evidence-based services. The Title III-D

[40] Goal #7; objective a, b, c
[41] Goal #7; objective d

services must comply with the Minimal Criteria, Intermediate Criteria or the Highest-Level Criteria. During FY 2013 and FY 2014, the AAAs must work with Title III-D funded service providers to ensure that all Title III-D funds will only be used for services that can be classified as the Highest-Level Criteria by the beginning of FY 2015 which is the start of a new Area Plan cycle. AAAs are encouraged to comply with the Highest-Level Criteria by FY 2014 if possible.[42]

- IDoA has worked in partnership with IDPH, AAAs, and our CCUs to encourage evidence-based health promotion programs including Chronic Disease Self-Management Program, Fit and Strong!, Healthy IDEAS, Matter of Balance, and the Bridge Model care transitions program.[43]

[42] Goal #7; objective d
[43] Goal #7; objective d

GOAL #8: CONVERT EXCESS NURSING FACILITY CAPACITY

Objectives:

a. Obtain funding to implement the bed conversion pilot project

b. Explore the role of nursing facilities as respite providers

Progress:

- The Nursing Home Conversion Workgroup researched conversion programs attempted in Minnesota, Michigan and Nebraska, with the Minnesota program the most conducive to our State. Subject to appropriation, long term care facilities can apply to the Department of Public Health for grants and incentive payments to aid in converting existing Medicaid certified beds to home and community-based services required under the Older Adults Services Act. A draft application was developed; however, this project is solely dependent on adequate fiscal resources to be able to be implemented. With no monies appropriated, this objective is on hold.[44]
- IDPH explored whether a capital grants program for long term care facilities could be established for nursing home conversions to reduce Medicaid-certified nursing home beds pursuant to the provisions in the Older Adult Services Act. As conceived, the program would be administered jointly by IDPH Offices of Healthcare Regulation & Policy, Planning & Statistics. Key features considered include a competitive application process, consideration of the AAAs in the applicable local area, and all components required by the Act. Some factors to be assessed when determining a grant award would have included: the unique needs of older adults, caregivers, and providers in the geographic area of the State the grantee seeks to serve; whether the grantee proposes to provide services in a priority service area; the extent to which the conversion or transition will result in the reduction of certified nursing home beds in an area with excess beds; any other relevant factors identified by IDPH, including standards of need. Regrettably, capital funds have not developed. IDPH will maintain the concepts crafted that would direct the nursing home conversion program consistent with the intent and requirements of the Act, however, these plans are on hold.[45]
- The objective to explore the role of nursing facilities as respite providers has been addressed earlier in this report under Goal #5.

[44] Goal #8; objective a
[45] Goal #8; objective a

GOAL #9: MAXIMIZE THE USE OF TECHNOLOGY TO SUPPORT POLICY AND PROGRAM DEVELOPMENT AND DELIVERY OF LONG TERM CARE SERVICES

Objectives:

a. Design and implement information technology initiatives that support access to services

b. Explore technological innovations to streamline the application and assessment process including a universal instrument or process that populates applications with existing information

c. Implement the information technology framework

d. Ensure representation of aging interests on the Illinois Framework project, and in each Health Insurance Exchange (HIE) advisory committee

Progress:

- IDoA participates in the Illinois Framework Initiative to seek an enterprise solution to achieve an integrated human services delivery system that will expand service access to customers, improve customer satisfaction, mitigate fraud, and increase employee productivity. DHS is acting as the lead organization and works in close partnership with IDoA, DCFS, HFS, and other agencies. The Framework project will provide governance for the creation of an enterprise approach to supporting healthcare and human services, promote a culture of interoperability among Illinois' health and human service agencies, and leverage the federal and state investments in the Health Information Exchange, the Illinois Eligilbity System, the Health Insurance Exchange and the Medicaid Management Information System upgrade. [46]
- DRS has been working collaboratively with IDoA to computerize the pre-screening of individuals with disabilities by CCUs. Since November 1, 2011, the pre-screens for clients in the Home Services Program are being processed electronically in real-time, increasing program efficiency and providing for a faster payment process for the CCUs. There will be further opportunities to streamline the application and assessment process when the State of Illinois finalizes the UAT which was discussed in an earlier section in this report (See Goal # 3).[47]
- The Departments of Human Services and Aging have met to discuss challenges participants in CCP face while enrolling in Medicaid, and have identified a number of strategies for improving coordination and communication. These include granting the Care Coordination Units access to DHS data systems in order to track the status of Medicaid applications in the system, and the development of an online application system. This new online application, Application for Benefits Eligibility (ABE), was implemented on October 1, 2013.

[46] Goal #9; objective a, b, d
[47] Goal #9; objective b

Challenges

As outlined in the report *The Transition to Medicaid Managed Care in Illinois: an Opportunity for Long Term Services and Supports Systems Change*, as well as the State of Illinois' Balancing Incentive Program application, Illinois faces several major challenges in rebalancing long term care. Primary among these are:

- The settlement of three *Olmstead* lawsuits within two years of each other has created a huge demand on the community infrastructure. Although the Governor's budget for FY 2014 includes significant funding increases for the community system to implement the three consent decrees and the facility closures, the capacity of the community infrastructure needs to be strengthened to respond to the increased demand for services and gaps in Illinois' current delivery model need to be addressed.
- Each of the three *Olmstead* Implementation Plans addresses their own specific processes for outreach and referral and overall system design. The implementation of the BIP will require coordination amongst the state agencies/divisions that are responsible for the implementation of the three consent decrees. Additionally, Illinois is undertaking the expansion of managed care models throughout the state. These models include for-profit managed care organizations as well as non-for-profit, provider driven models.
- The aging and disability community infrastructure is undergoing massive change simultaneously. These changes are all positive and address some of the shortfalls of Illinois's current structure; however, the provider community is struggling to determine how they fit into the new system specifically, the expansion of managed care models for LTSS, the rebalancing initiatives that are underway, and the anticipated expansion of Medicaid resulting from the ACA implementation.
- The shift towards viewing individuals in a holistic manner, outside of the traditional silos and funding streams, will require additional training of the State's workforce. Additionally, the movement away from fee-for-service reimbursement towards performance based contracting models and funding based on outcomes will require additional training for the provider community.
- With greater assistance from HUD grants, more opportunities are available for persons with disabilities and the aging population to find affordable accessible housing. Illinois has accelerated its focus on the development of housing resources over the last several years; however; the creation of housing alternatives, especially the development of four bed group homes for individuals with intellectual or developmental disabilities and the development of Housing First models continue to be a high priority.

Recommendations

- Home and community-based services continue to serve as a cost effective alternative to institutional care to the extent that service recipients are eligible for nursing home placement. It is recommended that existing HCBS waiver services be fully funded.
- Additional funding is needed to develop and support the required services and resources that enable transitions of persons from institutional to community-based settings. This includes an adequate supply of affordable housing resources, as well as community mental health resources sufficient in scope and intensity to meet the needs of formerly institutionalized consumers statewide. Illinois must continue to look at funding opportunities similar to Section 811 and BIP, and look at ways to maximize housing resources to create long term sustainability.
- Stakeholders working in silos will limit Illinois' capacity to achieve rebalancing which improves health care, improves population health, reduces costs and addresses social determinants of health. In regards to LTSS, without formal channels for LTSS non-governmental stakeholder engagement, LTSS consumers are at risk for poor health care and poor health outcomes. Illinois should go beyond innovation within silos and look to creating accountable partnerships across silos. Meaningful stakeholder engagement is essential through all phases of the transition to the Medicaid Managed Care (MMC) system.
- Aging & Disability Resource Centers (ADRCs) are a coordinated-point-of-entry/no-wrong-door system of access to long term services and supports, and include aging and disability network stakeholders. As Illinois develops the work plan for the BIP, the ADRC network will become part of an important entry portal for the MMC system. ADRCs have expertise in community-based social services that include Medicaid funded services, but also include other funded services like those provided through the Older Americans Act.
- The State must be prepared to provide a level of oversight to the managed care organizations (MCOs) that is greater than in the fee for service system. Therefore, Illinois' state agencies must be knowledgeable about managed care in order to provide appropriate oversight of MCOs. For long term services and supports, this requires multiple State agencies to have trained staff and appropriate organizational structures. These agencies include DOA, HFS, and DHS.
- Legislative governance is essential in order to ensure consumer protections and quality assurances in Illinois' MMC system. OASAC welcomes the development of a Medicaid managed care legislative subcommittee under the auspices of the Human Services Committee.

Appendix A

Older Adult Services Act:
Terms and Definitions

Advisory Committee means the Older Adult Services Advisory Committee. (Section 10)

Aging Services Projects Fund means the fund in state treasury that receives money appropriated by the General Assembly or for receipts from donations, grants, fees or taxes that may accrue from any public or private sources for the purpose of expanding older adult services and savings attributable to nursing home conversion. (Section 20)

Certified Nursing Home means any nursing home licensed under the Nursing Home Care Act and certified under Title XIX of the Social Security Act to participate as a vendor in the medical assistance program under Article V of the Illinois Public Aid Code. (Section 10)

Comprehensive assessment tool means a universal tool to be used statewide to determine the level of functional, cognitive, socialization and financial needs of older adults, which is supported by an electronic intake, assessment and care planning system linked to a central location. (Section 25)

Comprehensive Care Coordination means a system of comprehensive assessment of needs and preferences of an older adult at the direction of the older adult or the older adult's designated representative and the arrangement, coordination and monitoring of an optimum package of services to meet the needs of the older adult. (Section 10)

Consumer-directed means decisions made by an informed older adult from available services and care options, which may range from independently making all decisions and managing services directly, to limited participation in decision making based upon the functional and cognitive level of the older adult. (Section 10)

Continuous Quality Improvement Process means a process that benchmarks performance, is person centered and data driven, and focuses on consumer satisfaction. (Section 25)

Coordinated Point of Entry means an integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral, assistance in completing applications, authorization of services where permitted and follow up to ensure that referrals and services are accessed. (Section 10)

Department means the Department on Aging, in collaboration with the Departments of Public Health and Public Aid (renamed Department of Healthcare and Family Services) and other relevant agencies and in consultation with the Older Adults Services Advisory Committee, except as otherwise provided. (Section 10)

Departments mean the Departments on Aging, Department of Healthcare and Family Services, and other relevant agencies in collaboration with each other and in consultation with the Advisory Committee, except as otherwise provided. (Section 10)

Enhanced Transition and Follow-up Services means a program of transition from one residential setting to another and follow up services, regardless of residential setting. (Section 25)

Family Caregiver means an adult family member or another individual who is an uncompensated provider of home based or community based care to an older adult. (Section 10)

Fundable Services (see Aging Services Project Fund). (Section 20)

Health Services means activities that promote, maintain, improve or restore mental or physical health or that are palliative in nature. (Section 10)

Older Adult means a person age 60 or older and, if appropriate, the person's family caregiver. (Section 10)

Older Adult Services Demonstration Grants means demonstration grants that will assist in the restructuring of the older adult service delivery system and provide funding for innovative service delivery models and system change and integration initiatives. (Section 20)

Person-centered means a process that builds upon an older adult's strengths and capacities to engage in activities that promote community life and that reflect the older adult's preferences, choices, and abilities, to the extent practicable. (Section 10)

Priority Service Area means an area identified by the Departments as being less served with respect to the availability of and access to older adult services in Illinois. The Departments shall determine by rule the criteria and standards used to designate such areas. (Section 10)

Priority Service Plan means the plan developed pursuant to Section 25 of this Act. (Section 10)

Provider means any supplier of services under this Act. (Section 10)

Residential Setting means the place where an older adult lives. (Section 10)

Restructuring means the transformation of Illinois' comprehensive system of older adult services from funding primarily a facility based service delivery system to primarily a home based and community based system, taking into account the continuing need for 24 hour skilled nursing care and congregate housing with services. (Section 10)

Services means the range of housing, health, financial and supportive services, other than acute health care services, that are delivered to an older adult with functional or cognitive limitations, or socialization needs, who requires assistance to perform activities of daily living, regardless of the residential setting in which the services are delivered. (Section 10)

Supportive Services means non medical assistance given over a period of time to an older adult that is needed to compensate for the older adult's functional or cognitive limitations, or socialization needs, or those services designed to restore, improve, or maintain the older adult's functional or cognitive abilities. (Section 10)

Uniform Quality Standards means standards that focus on outcomes and take into consideration consumer choice and satisfaction and includes the implementation of a continuous quality improvement process to address consumer issues. (Section 25)

Appendix B

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Appendix C

Older Adult Services Advisory Committee

Meeting Dates for 2013

Meetings were held in 2013 on the following dates in Chicago and Springfield locations by video conference.

February 25

May 20

August 19

November 18

To view the minutes and a schedule of future meetings, visit **http://www.state.il.us/aging/1athome/oasa/oasa_ac.htm** on the web.


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2013 Report to the General Assembly

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