



# Older Adult Services Act

(P.A. 093-1031)



Report to the General Assembly  
January 2006

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Older Adult Services Act

# Message from Director Charles D. Johnson

The following report meets the requirements of Public Act 93-1031, the Older Adults Services Act, which requires the Illinois Department on Aging to notify the General Assembly of its progress toward compliance with the Act on Jan. 1, 2006, and every January thereafter. The Act further requires the Illinois Department on Aging to identify impediments to such progress, recommendations of the Advisory Committee, and recommendations requiring legislative action. This initial report contains a summary of the work completed in 2005 and the 2006 workplan.



The Department on Aging acknowledges the efforts of the members of the Older Adult Services Advisory Committee and all those who participated with its Workgroups. The Chairs of the Workgroups deserve special recognition for their leadership in achieving consensus on the recommendations for action in 2006. These recommendations, approved by the Advisory Committee, reflect the thoughtful deliberation of advocates, providers, older Illinoisans, direct care workers, family caregivers, and the staff of the Departments on Aging, Public Health, and Healthcare and Family Services.

# Acknowledgements

The Older Adult Services Advisory Committee (OASAC) applauds the more than 40 organizations that negotiated and advocated for SB 2880 and offers sincere appreciation and thanks to Governor Blagojevich and the legislation's sponsors in the Illinois General Assembly for their leadership in the passage of this landmark legislation.

## **Senate Sponsors:**

Sen. Iris Y. Martinez, Kathleen L. Wojcik, Adeline Jay Geo-Karis, Dave Sullivan, Mattie Hunter, M. Maggie Crotty, Carol Ronen, Jacqueline Y. Collins, Louis S. Viverito, Antonio Munoz, Debbie DeFrancesco Halvorson, Ira I. Silverstein, Denny Jacobs, Lawrence M. Walsh, James A. DeLeo, Kimberly A. Lightford, William R. Haine, Christine Radogno, Miguel del Valle, Gary Forby, James F. Clayborne, Jr., Wendell E. Jones, Pamela J. Althoff, Don Harmon, William E. Peterson, Richard J. Winkel, Jr., Rickey R. Hendon, Todd Sieben, Dale E. Risinger, David Luechtefeld, Dale A. Righter, Deanna Demuzio and John O. Jones.

## **House Sponsors:**

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The Department on Aging respectfully submits  
this initial report to the General Assembly.



# Executive Summary

This report is submitted to the Illinois General Assembly by the Illinois Department on Aging for the purpose of complying with the Older Adult Services Act (Public Act 093-1031). This report presents specific recommendations for action in 2006 to promote a transformation of Illinois' comprehensive system of older adult services as specified by the Act and includes a review of the progress made in 2005. The Illinois Department on Aging is committed to working in conjunction with the Departments of Public Health and Healthcare and Family Services to implement the recommendations outlined in this report, subject to appropriate funding by the General Assembly.

## **Purpose of the Older Adult Services Act**

The Older Adult Services Act was enacted by the Illinois State 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 Act identifies three key areas of concentration:

- 1) Identifying priority service areas where specific services are under funded or simply do not exist (Section 20);



- 2) Restructuring Illinois' comprehensive system of older adult services with increased emphasis on services that permit seniors to remain active in their communities taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services; (Section 25 and definition of "restructuring"), and
- 3) Encouraging nursing homes operators to downsize beds and convert beds to assisted living and home and community-based services (Section 30).

All three areas of concentration are intended to provide a wider range of service options to allow older adults the maximum choice and control over their care. Services to be expanded must promote independence and permit older adults to remain in their own homes and communities. Priority is to be given to the expansion of existing services and the development of new services in priority service areas.

### **Older Adult Services Advisory Committee**

The Act establishes 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 formed the Older Adult Services Advisory Committee (OASAC) in November 2004 and created five Workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry and Assessment, and Workforce and Family Caregiver. The OASAC Workgroups were charged by the Department on Aging with reaching consensus on recommendations for action in 2006. Workgroup recommendations were reviewed and approved by the full Advisory Committee. They have been incorporated into the 2006 priority objectives presented below.

### **2006 Priority Objectives**

The Older Adult Services Advisory Committee is recommending the following priority objectives for 2006 to begin the process of restructuring the system of long-term care in Illinois. These priorities include:

#### **Financing (Important Base-Line Data):**

- Develop a "map" of Illinois' long-term care system and financing as it is configured today, with recommendations regarding the most efficient way to finance current programs and services and proven home and community-based demonstration programs.
- Create a series of visual charts showing the financing of the long-term care and older adult services system in Illinois. The visual charts will provide detailed information on financing issues such as comparisons of provider cost to provider reimbursement; comparison of enrollment trends by program, and comparisons of enrollment to funding. The impact of various programs pilot projects will be considered.
- Expand the map to include information and cost projections on many different pilot programs including but not limited to such programs as the co-location project and the consumer direction program "My Choices," as well as best practices and financing options pursued by other states.

#### **Coordinated Point of Entry System**

- Develop and implement a Coordinated Point of Entry (CPE) System throughout the state through the provision of funding to organizations that are designated to establish CPE services for a defined region.
  - Brand and publicize the CPE System using a uniform name, identity, Web site, logo, and toll-free number.



- Design and implement a system of access points throughout the state that allows older adults to gain entry into the aging service system in multiple ways.
- Implement an interactive Illinois Department on Aging Web site with a statewide management information system that identifies service availability and service gaps and provides current information that can be accessed by both consumers and providers.
- Explore the applicability of the Aging and Disability Resource Center (ADRC) model that is being implemented in two regions of the state and recommended for state replication by the Administration on Aging and Centers for Medicare and Medicaid Services.

### **Comprehensive Care Coordination**

- Require the use of one comprehensive care assessment tool statewide.
- Transform the existing case coordination system to permit expanded client direction, employment of customized care plans, client follow-up, flexible hours, and enhanced training.

### **Expanded Home and Community-Based Service Options**

- Expand adult day service programs by increasing the transportation rate to cover the actual cost of transporting clients.
- Annualize information and assistance expansion (toll-free state HelpLine and local outreach) initially funded with a one-time federal grant.
- Expand home-delivered meals to address waiting lists and unmet need and to reach under- and un-served areas by offering: two meals per day 365 days a year, shelf-stable meals, and improvements in meal preparation and production processes.

- Provide for the transformation of Senior Centers to better meet the needs of younger generations of older adults.

### **Workforce Improvement**

- Provide health care benefits for personal care aides employed by Community Care Program vendor agencies.
- Establish evidenced-based career ladder and lattice programs across care settings.
- Expand comprehensive training, education, mentoring or coaching, and on-the-job training.

### **Family Caregiver Support**

- Provide first time general revenue funding for respite care in accordance with the *Family Caregiver Act* and the *Illinois Respite Care Act*, as well as expand the availability of alternative respite services to provide flexibility to family caregivers, including home care, vouchers, transportation assistance, emergency respite, and other services.
- Conduct a study in Illinois to provide a benchmark of family caregiver demographics, needs and assets, and service utilization.
- Promote awareness and visibility of the needs of family caregivers, especially working caregivers, by holding a public/private conference on the challenges to working caregivers.
- Expand individualized training for family caregivers through partnerships between the aging network and other specialized training organizations.

### **Nursing Home Conversion**

- Establish a planning baseline of facility-based care for the purpose of identifying priority service areas consistent with Section 20 of the Older Adult Services Act and developing review criteria for the nursing home conversion grant program consistent with Section 30 of the Act.

- Update the bed need formula (pursuant to Section 20 of the Act) through work with the Illinois Health Facilities Planning Board.
- Implement a plan to contain Medicaid nursing home costs and maximize Medicare utilization (pursuant to Section 25 of the Act, specifically subsection 15) while working with the Department of Healthcare and Family Services to make changes to the Medicaid nursing facility reimbursement system in order to reduce beds (pursuant to Section 25 of the Act, subsection 16).
- Implement a nursing home conversion grant program (pursuant to Sections 20 and 30 of the Act) through work with the Department of Public Health.
- Create an inventory of services (pursuant to Section 20 of the Act) through work with the Illinois Departments on Aging, Public Health, and Healthcare and Family Services.



## Conclusion

There will be substantial challenges facing Illinois as the state's population ages and the demand for long-term care services increases. Transforming Illinois' long-term care system to emphasize home and community-based services will require a substantial financial investment. There are current programs that need additional funding simply to assure access for the population they were intended to assist. New services are needed for frail older adults to be cared for at home, similar to the options available for those under age 60. Increased rates will be necessary to guarantee that the workforce keeps up with the demand for long-term care services. The Department on Aging is prepared to undertake these expansions under the direction and leadership of the Governor.

The implementation of these initial objectives will commence the process of transforming Illinois' comprehensive system of older adult services in order to provide older Illinoisans increased opportunities to exercise maximum choice and control over their care. Further, achieving these objectives will provide options to families contemplating elder care and enable individuals and families to maintain the highest level of independence for as long as possible. Ultimately, the goal of this initiative is to transform Illinois' system of older adult services making it the most comprehensive, affordable and sustainable service delivery system possible.

# History of Senate Bill 2880 Legislation

## Purpose

The Older Adult Services Act was enacted by the Illinois State 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)*

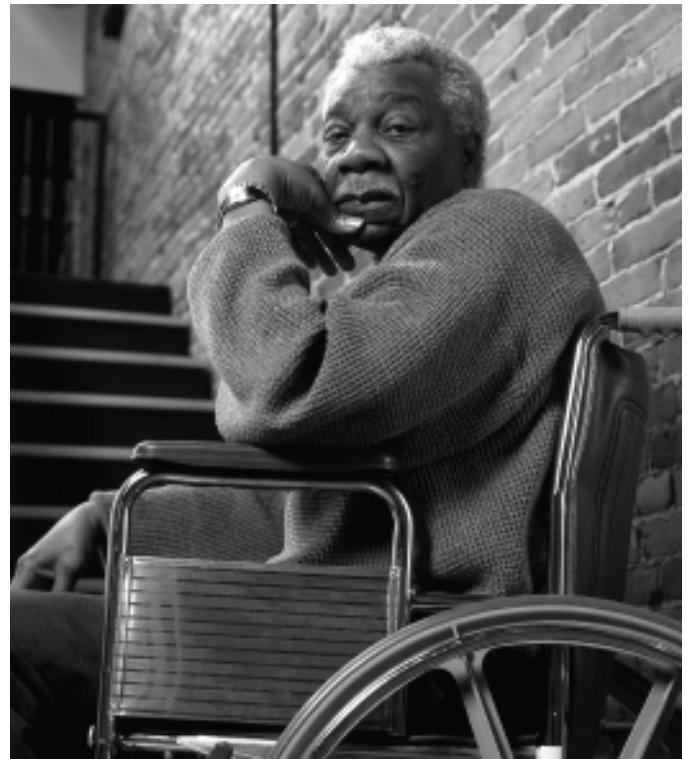
The Act identifies three key areas of concentration:

1. Identifying priority service areas where specific services are under funded or simply do not exist (Section 20);
2. Restructuring Illinois' comprehensive system of older adult services with increased emphasis on services that permit seniors to remain active in their

communities taking into account the continuing need for 24-hour skilled nursing care and congregate housing with services; (Section 25 and definition of "restructuring"), and

3. Encouraging nursing homes operators to downsize beds and convert beds to assisted living and home and community-based services (Section 30).

All three areas of concentration are intended to provide a wider range of service options to allow older adults the maximum choice and control over their care. Services to be expanded must promote independence and permit older adults to remain in their own homes and communities. Priority is to be



given to the expansion of existing services and the development of new services in priority service areas.

## History of Legislation

In March of 1995, Governor Jim Edgar appointed a Community-Based Long-Term Care Reform Task Force that examined Illinois' system of home and community-based services to ensure these services were cost-effective options for those in need of long-term care. In January of 1996, the Task Force published recommendations for long-term care reform, *The Long-Term Care Constellation*. The Constellation report recommended building on the existing system to strengthen care management, build a skilled workforce, increase flexibility of services to meet individual needs, and explore alternative financing in order to assist the elderly and their families to find optimum long-term care. The Task Force encouraged the exploration of alternative models of services, financing, service management and delivery to shift long-term care focus from facility care to home and community-based care.

The Speaker of the Illinois House of Representatives, Michael J. Madigan, announced a series of Summits on Senior Services to discuss key issues confronting the elderly in January of 2003. The second stage of the Speaker's Summit, held in October of 2003, focused on long-term care.

Senior citizens, care providers, care payers, state agencies, senior service organizations, and advocacy groups gave testimony on existing senior services and the need for additional programs as well as overall system reform. Specific topics considered were need, consumer choice, workforce, informal caregiving, quality assurance, governance, and finance.

Recommendations from the summit were generally embodied in the Illinois Department on Aging's *Long-Term Care Reform*

*Proposal* of November 2003. Subsequently, the Health and Medicine Policy Research Group convened a Legislative Study Group on Long-Term Care, developed briefing papers for legislators on pertinent policy issues, and conducted focus panels with older adults throughout the state, which identified strong political support and consumer demand for expanded home and community-based services options.

At the close of the Speaker's Summits on Long-Term Care, AARP initiated conversations with home and community-based service and nursing home groups. From these discussions, six groups came together to develop a comprehensive system reform bill: AARP, the Alzheimer's Association, the Illinois Coalition on Aging, the Association of Illinois Senior Centers, the Illinois Health Care Association, and Life Services Network. The reform bill, the Older Adult Services Act, was introduced in the Senate as SB 2880 by Senator Iris Martinez; and a portion of the proposal was introduced in the House as HB 5058 by Representative Susan Mendoza.

Throughout the spring of 2004, more than 40 organizations came together to discuss system reform and language changes to SB 2880. These intense and lengthy negotiations touched every aspect of the long-term care delivery system in Illinois. At passage, nearly every organization, including the Departments on Aging, Public Health, and Healthcare and Family Services, supported the enactment of the Older Adult Services Act.

SB 2880 was sponsored in the House by Representative Julie Hamos (D) of Evanston and Representative Joseph Lyons (D) of Chicago. Co-sponsors included 33 Senators and 63 State Representatives (see Acknowledgements). It was passed overwhelmingly by both chambers (Senate 57 – 0; House 113 – 1) and signed into law by Governor Rod Blagojevich on August 27, 2004, as Public Act 093-1013.

At the same time, the Blagojevich administration identified the Illinois Department on Aging as the lead human service agency to reform and restructure the state's long-term care spending priorities. The Governor's commitment permitted the Department on Aging to twice raise rates for Adult Day Service and Homemaker providers and add emergency home response devices as the first new CCP service in the program's history. To further fulfill the commitment, the Department sought, received, and implemented grants to establish Aging and Disability Resource Centers and My Choices, a Cash and Counseling demonstration program to expand consumer direction opportunities within the Community Care Program. Responding to HB 5057 (PA 93-0902) the Department on Aging established the Home Again Program, which in less than six months had enabled 41 long-term care residents to return to their communities. The Illinois Department on Aging also received grants from the National Association of State Units on Aging and the Retirement Research Foundation. The new "My Choices" demonstration program will enable older adults to allocate the amount that would normally be spent on their care for needed services beyond those currently covered in the traditional Community Care Program.

### **Consistency with National Efforts**

On February 1, 2001, President George W. Bush announced the New Freedom Initiative, which was followed up by Executive Order 13217 on June 18, 2001, directing federal agencies to develop a government-wide framework to help provide elders as well as the disabled with the assistance necessary to fully participate in community life. The New Freedom Initiative was one of numerous efforts by the federal government and by agencies advocating for the elderly and disabled to implement the Supreme Court's 1999 Olmstead decision. The

Olmstead decree found that unnecessary institutionalization of individuals with disabilities was discrimination under the Americans with Disabilities Act (ADA). In the decision, the Court explained that a state might be able to meet its obligation under the ADA by having comprehensive, effective plans to ensure individuals with disabilities receive services in the setting most appropriate to their needs. Independent state planning efforts and the federal grants to states that have resulted from the New Freedom Initiative are two of the most significant state and federal activities in direct response to the Olmstead decision.

According to *The States' Response to the Olmstead Decision: A 2003 Update*, a report by the National Conference of State Legislatures, as of 2003, 29 states have issued an Olmstead-related plan or report. The plans emphasize incremental development of additional community-based service capacity for people with a broad range of disabilities. Long-term care no longer refers only to nursing facilities, but now includes an ever-expanding array of personal care services: assisted living, home health care, adult day services, retirement living and specialized services, including rehabilitation and special care units.

### **Consistency with Other States' Efforts**

Illinois has benefited from reviewing other long-term care reform efforts enacted by other states. Studying the methods and best practices adopted by states that have already enacted long-term care reform provides evidence of successful strategies and challenges faced in restructuring the long-term care system. Drafters of the Older Adult Services Act relied heavily on the experiences of states that had succeeded in achieving system reform, such as Maine, Washington, Minnesota, Wisconsin, and Oregon. At a conference held in September, 2004, sponsored by the Health and Medicine

Policy Research Group Center for Long-Term Care Reform and the Institute of Government and Public Affairs, University of Illinois at Chicago, representatives from four states in the vanguard of long-term care reform, New Jersey, Massachusetts, Wisconsin, and Minnesota, presented their experiences in transforming their respective systems.

The conference report titled, *Long-Term Care in Illinois: The Next Generation*, includes an overview of measures enacted to reform long-term care in each state as related by the states' representatives. While the states vary in their approaches to reform, all four states adopted regulations that allow a broader level of services to meet the needs of residents that will allow them to remain as long as possible in their own home.

Illinois' efforts are consistent with these practices, including using savings generated through the closure of nursing home beds to be deposited into a separate fund dedicated to expanding the array of services offered to older adults, focuses on home and community-based services, while still recognizing the role nursing homes play in the overall continuum of care.

## **Conclusion**

The reform of long-term care must be sensitive to the needs of people with varying degrees of physical and mental impairment, while considering needs of family members. In response to this anticipated need, Illinois has begun the process of transforming long-term care from primarily institutional-based care to primarily home and community-based care through the enactment of the Older Adult Services Act. Once implemented, older adults in Illinois will have access to a full range of services allowing them to remain independent in their own homes for as long as possible, while recognizing the continuing need for 24-hour skilled care and congregate housing with services.

Illinois' effort to transform its long-term care system responds to the requirements of the Supreme Court's Olmstead decision, follows previous proposals to expand options for frail, low-income seniors at risk of nursing home placement, and is consistent with reforms implemented in dozens of other states faced with the same public expectation for adequate home care options.

## 2005 Public Act 093-1031 Activities

The Illinois Department on Aging is honored to lead the statewide effort to transform the long-term care system for Illinois' frail elderly residents as specified in the Older Adult Services Act. Since coming to office in 2003, the Blagojevich administration has continually expanded programs, services and reimbursement rates to increase access to home and community-based options. Despite significant fiscal constraints, the Department on Aging has moved ahead with many of the mandates contained in the legislation. The following is an accounting of the activities conducted in 2005 in an effort to complete the mandates of the Older Adult Services Act.

<b>Older Adult Services Act Mandates</b>	<b>Activities</b>
Report to the General Assembly annually beginning January 1, 2006.	Report will be delivered in January.
Promulgate rules when required.	The Department's General Counsel will include rules for this mandate in its rule-making agenda and will propose rules when appropriate.
Develop and maintain services inventory.	In partial fulfillment of this mandate, a Memorandum of Agreement established with University of Illinois at Chicago to conduct inventory and identify gaps pursuant to FY 2005 federal Systems Change grant. The Committee will advise on the development of the inventory.
Develop "priority service areas" every five years beginning July 1, 2006.	In partial fulfillment of this mandate a service inventory will be developed in collaboration with the Health Facilities Planning Board.
Establish a core set of uniform quality standards for all providers that focus on outcomes.	In partial fulfillment, the Department on Aging will participate with the Department of Healthcare and Family Services, which is mandated to develop quality standards for all 1915 Waiver programs.
Develop a plan that identifies barriers and provides recommendations on the provision and availability of services.	Workplan for 2006.
The Departments on Aging, Public Health and Healthcare and Family Services submit information to the Health Facilities Planning Board to update the Bed Need Methodology for Long-Term Care.	Workplan for 2006.

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<b>Older Adult Services Act Mandates</b>	<b>Activities</b>
<p>By January 1, 2005, the Department on Aging will commence the process of restructuring older adult services.</p>	<p>Department on Aging developed Long-Term Care Reform plan in November 2003, and submitted its plan for the Speaker's Summit in 2004.</p> <p>Convened OASAC in 2.5 months after Act signed. Organized and staffed 5 workgroups and dozens of workgroup meetings the first year.</p>
<p>Planning based on the principle of "money follows the person" and the identification of potential impediments.</p>	<p>Effort underway with Governor's Office and Governor's Office of Management and Budget. Potential ramifications for other agencies.</p>
<p>Comprehensive Case Management to be conducted statewide.</p>	<p>Case Coordination Units and Area Agencies on Aging have developed a comprehensive care coordination assessment. More than 40 percent of state now using comprehensive assessment. Awaiting additional funding needed to implement statewide.</p> <p>Department is meeting with other state agencies to consider adoption of new eligibility assessment instrument.</p>
<p>Coordinated Point of Entry using a uniform name, identity, logo and toll-free number.</p>	<p>Department sought and received federal funding to establish Aging and Disability Resource Centers. Two prototypes are operating in Winnebago and Macon Counties.</p>
<p>Public Website that links to available services and resources.</p>	<p>The Department applied funds from its Medicare Modernization Act grant to establish Illinoisbenefits.org, which can be expanded for this purpose.</p>
<p>Expansion of older adult services to help older adults remain in their own homes.</p>	<p>Department on Aging conducted statewide Adult Day Service procurement that resulted in selection of 12 additional Adult Day Service providers.</p> <p>The FY 2006 appropriation contained funds to add Emergency Home Response as a core Community Care Program service April 1, 2006.</p> <p>Home Again Enhanced Transition services initiated in July 2005. Thirty nursing home residents returned to community from five of six demonstration sites.</p>
<p>Consumer-directed Home and Community-Based Services to maximize consumer choice.</p>	<p>Consumer Direction grant awarded and stakeholder group convened to identify ways of incorporating consumer direction in existing programs.</p> <p>Cash and Counseling grant awarded to Illinois for three year demonstration program. Four sites selected to offer client directed service option beginning in 2006.</p>



<b>Older Adult Services Act Mandates</b>	<b>Activities</b>
Comprehensive delivery system that integrates acute and chronic care.	Study conducted by Health and Medicine Policy Research Group due January 2006.
Family caregiver support strategies coordinating both public and private financing.	Department on Aging efforts currently funded under Older Americans Act.
Workforce strategies that attract and retain a qualified worker pool.	Wages and rates increased substantially January 1, 2005, and are scheduled to increase again on June 1, 2006.
Coordination of services to maximize resources and minimize duplication of services.	<p>The Department on Aging reorganized to merge Older Americans Act services and Community Care Program functions.</p> <p>Interagency efforts with the Illinois Department of Human Services and Healthcare and Family Services are underway to avoid duplication of management information systems.</p>
Evaluation of current reimbursement and funding practices to implement a uniform, audited provider cost reporting system.	Discussions on alternative payment mechanisms underway with the Community Care Program Advisory Committee (CCPAC). Awaiting recommendations of OASAC. Workplan for 2006.

# 2006 Recommendations and Work Plan

The Illinois Department on Aging has identified the following priority objectives for 2006 to begin the process of restructuring the system of long-term care in Illinois. These priorities include:

## **Financing (Important Base-Line Data):**

- Develop a “map” of Illinois’ long-term care system and financing as it is configured today, with recommendations regarding the most efficient way to finance current programs and services and proven home and community-based demonstration programs.
- Create a series of visual charts showing the financing of the long-term care and older adult services system in Illinois. The visual charts will provide detailed information on financing issues such as comparisons of provider cost to provider reimbursement; comparison of enrollment trends by program; and comparisons of enrollment to funding. The impact of various programs pilot projects will be considered.
- Expand the map to include information and cost projections on many different pilot programs including but not limited to such programs as the co-location project and the consumer direction program “My Choices,” as well as best practices and financing option pursued by other states.

## **Coordinated Point of Entry System**

- Develop and implement a Coordinated Point of Entry (CPE) System throughout the state through the provision of fund-

ing to organizations that are designated to establish CPE services for a defined region.

- Brand and publicize the CPE System using a uniform name, identity, website, logo and toll-free number.
  - Design and implement a system of access points throughout the state that allows older adults to gain entry into the aging service system in multiple ways.
- Implement an interactive Illinois Department on Aging website with a statewide management information system that identifies service availability and service gaps and provides current information that can be accessed by both consumers and providers.
  - Explore the applicability of the Aging and Disability Resource Center (ADRC) model that is being implemented in two regions of the state and recommended for state replication by the Administration on Aging and Centers for Medicare and Medicaid Services.

## **Comprehensive Care Coordination**

- Require the use of one comprehensive care assessment tool statewide.
- Transform the existing case coordination system to permit expanded client direction, employment of customized care plans, client follow-up, flexible hours and enhanced training.

## **Expanded Home and Community-Based Service Options**

- Expand Adult Day Service programs by increasing the transportation rate to cover the actual cost of transporting clients.
- Annualize information and assistance expansion (toll-free state HelpLine and local outreach) initially funded with a one-time federal grant.
- Expand home-delivered meals to address waiting lists and unmet need and to reach under- and un-served areas by offering: two meals per day 365 days a year, shelf-stable meals, and improvements in meal preparation and production processes.
- Provide for the transformation of Senior Centers to better meet the needs of younger generations of older adults.

## **Workforce Improvement**

- Provide health care benefits for in-home care aides employed by Community Care Program vendor agencies.
- Establish an evidenced-based career ladder/lattice programs across care settings.
- Expand comprehensive training, education, mentoring/coaching and on-the-job training.

## **Family Caregiver Support**

- Provide first time general revenue funding for respite care in accordance with the Family Caregiver Act and the Illinois Respite Care Act, as well as expand the availability of alternative respite services to provide flexibility to family caregivers, including home care, vouchers, transportation assistance, emergency respite and other services.

- Conduct a study in Illinois to provide a benchmark of family caregiver demographics, needs/assets and service utilization.
- Promote awareness and visibility of the needs of family caregivers, especially working caregivers, by holding a public/private conference on the challenges to working caregivers.
- Expand individualized training for family caregivers through partnerships between the aging network and other specialized training organizations.

## **Nursing Home Conversion**

- Establish a planning baseline of facility-based care for the purpose of identifying priority service areas consistent with Section 20 of the Older Adult Services Act and developing review criteria for the nursing home conversion grant program consistent with Section 30 of the Act.
- Update the bed need formula (pursuant to Section 20 of the Act) through work with the Illinois Health Facilities Planning Board.
- Implement a plan to contain Medicaid nursing home costs and maximize Medicare utilization (pursuant to Section 25 of the Act, specifically subsection 15) while working with the Department of Healthcare and Family Services to make changes to the Medicaid nursing facility reimbursement system in order to reduce beds (pursuant to Section 25 of the Act, subsection 16).
- Implement a nursing home conversion grant program (pursuant to Sections 20 and 30 of the Act) through work with the Department of Public Health.
- Create an inventory of services (pursuant to Section 20 of the Act) through work with the Illinois Departments on Aging, Public Health, and Healthcare and Family Services.

# Older Adult Services Advisory Committee Workgroup Reports

## Older Adult Services Advisory Committee

The Older Adult Services Act required the formation of the Older Adult Services Advisory Committee (OASAC). Committee members include representatives from statewide associations and senior service organizations as well as citizens and family caregivers. The OASAC Committee met five times to develop a vision and discuss the findings of the Committee's five Workgroups: Finance, Coordinated Point of Entry and Assessment, Services Expansion, Workforce and Family Caregiver, and Nursing Home Conversion. Through these discussions, the Committee came to a consensus concerning the statewide restructuring initiatives required by the Older Adult Services Act. These recommendations are presented below.

### Finance Workgroup Findings and Goals

The Finance Workgroup was established to investigate financing options for reforming the long-term care system in Illinois. In order to complete this task, a working knowledge of current financing practices is essential. Therefore, the Finance Workgroup is in the process of mapping the primary publicly funded long-term care programs and older adult services offered in Illinois.

The final report produced by the Finance Workgroup will include a "map" of Illinois' long-term care system as it is configured today, in addition to recommendations regarding the most efficient way to finance current programs and services and proven home and community-based demonstration programs. Due to the comprehensive nature of this project, data are still being gathered; and specific recommendations cannot be made at this stage. The workgroup has, however, reviewed a number of programs and can make general comments based on our research thus far. We have learned:

- Illinois' long-term care system is in need of additional funding in order to meet the demands of seniors in the future.

- Our initial research shows that some programs need additional funding to meet service level demands.
- Programs studied show a disparity between the cost of service delivery and the reimbursement received.



It is important to note that these observations come from the Workgroup's initial review, but nevertheless cover a diversity of funding sources — federal, state, and private — as well as a variety of programs. Our preliminary findings led us to believe the data will show that the financing of long-term care in our state is complex, with areas of overlapping funding as well as gaps that are not adequately funded.

In addition to the inadequate funding for senior services, the Workgroup has observed that more is being expected from decreasing staff in all state agencies involved in implementing the Older Adult Services Act. Necessary funding must be provided to fill vacant employee slots and even increase slots where appropriate.

**Finance Priority Objectives 2006:**

1. In the first phase of our research, the Finance Workgroup will create a map of the long-term care system as currently designed. In an effort to determine how we envision the state's future long-term care system, the logical starting point is to get a comprehensive understanding of the system as it is today. The map will focus on the key publicly-financed care programs including long-term care facilities, Supportive Living Facilities, home health care, the Community Care Program, Older Adult Services Act, the PACE managed care program, and pharmaceutical assistance. For each program or service, the Finance Workgroup has interviewed key industry experts and state agency staff, and gathered public and private data on eligibility, enrollment, financing sources, costs, and reimbursement. The Finance Workgroup has begun to create profiles of each program or service, including information on administration, eligibility, entitlement, enrollment, and actual cost of providing the service, reimbursement rates, and sources of financing.
2. The second phase of developing the map will include creation of a series of visual charts showing the financing of the long-term care and older adult services system in Illinois. The visual charts will provide detailed information on financing issues such as comparisons of provider cost to provider reimbursement; comparison of enrollment trends by program; and comparisons of enrollment to funding. During this phase, the

Finance Workgroup will analyze data collected in the Community Reintegration Program "Home Again," and will research best practices from around the country concerning transitioning persons from long-term care facilities to home and community-based care. Specifically, the Finance Workgroup intends to study successful models for long-term care reform with a concentration on analyzing the financing of such models through innovative structures including but not limited to, money follows the person demonstrations, global budgeting demonstrations, and cash and counseling demonstrations. Additionally, the Workgroup will study the financial impact of the nursing home conversion program designed to help nursing homes transition some of their beds off line while providing new community-based services instead.

3. In the third phase, the map will be expanded to include information and cost projections on many different pilot programs including but not limited to such programs as the co-location project and the consumer direction program, "My Choices," that may be expanded to increase the opportunity of older people



to choose from a richer array of home and community-based services in Illinois. In addition, the Workgroup will research and analyze best practices for financing all long-term care services to decrease dependence on state-financed programs through private funding

strategies such as increasing the use of reverse mortgages, subsidizing long-term care insurance and federal funding strategies such as demonstration grants and Medicaid waiver expansions. The workgroup plans to complete the mapping project by Dec. 31, 2006.

## **Coordinated Point of Entry and Assessment Workgroup Findings and Goals**

Older people and their families are sometimes unaware of the options and services available from the Illinois long-term care system. Even if they are aware of some services, not all older adults or their families have access to comprehensive assessment and case management services that can provide information to help make the best long-term care decisions and arrangements.

There is no need to recreate the access system that successfully leads 80,000 older adults in Illinois to long-term care services. In some areas of the state, services are lacking and individuals are underserved. However, our present access system may be significantly improved by providing more consistent assistance that crosses all current funding sources, service boundaries, and reports service needs and gaps.

Coordinated Point of Entry (CPE) will facilitate ease of access into the system without regard for the individual's or family's economic or social needs. The CPE will be visible, accessible, consumer focused, inclusive and supportive. Older people and their families will expect and find a knowledgeable staff providing prompt information and assistance tailored to individual circumstances through a complete menu of services and assistance available at the CPE.

### **Coordinated Point of Entry Strategic Goals for 2005-2010**

1. The state should develop Coordinated Points of Entry throughout the state for older adults and their families needing information and guidance on their long-term care options that will include home, community, and facility-based options.
2. The state should design and implement a system of access points throughout the state that allows older adults, family, caregivers, and providers to gain entry into the aging service system in multiple ways.
3. The state should assure older adults, family, caregivers, and providers in the state are aware of the new system's "brand" name (uniform name, such as Illinois ElderCare Options, logo, Web page, and toll-free number) and how and where they may go to access information about resources, services, and other information they need to make decisions about long-term care.
4. The state should provide a state-of-the-art information system and Web site (available to individuals and used by long-term care professionals) that includes a standardized presentation of all the services and resources available in Illinois to assist older adults, family, and caregivers; documents gaps in the system; and improves communication and coordination among service agencies.

- The state should provide comprehensive case management services across all service settings utilizing a comprehensive assessment and coordinated approach to arranging and delivering services to older persons.

The state should create a means to evaluate the system on an on-going basis that incorporates and tracks client satisfaction, outcomes of services, and gaps in the service system.

### Coordinated Point of Entry and Assessment 2006 Priority Objectives

Priority Objectives	Source and Rationale
<ol style="list-style-type: none"> <li>Develop Coordinated Points of Entry (CPEs) throughout the state through addition of funding to organizations that are designated to establish CPE services for a defined region.</li> </ol>	<p>Starts the process by providing 50 CPEs with a network of access points serving areas with approximately 40,000 older adults, each adjusted to assure geographic coverage across Illinois. This number is predicated on the use of existing organizations.</p>
<ol style="list-style-type: none"> <li>Initiate funding for comprehensive assessments as a first step toward a statewide system of holistic comprehensive case management to support the full range of long-term support options and a CPE to public and private long-term support programs and benefits.</li> </ol>	<p>(See Services Expansion Section).</p>
<ol style="list-style-type: none"> <li>Develop and implement an interactive Illinois Department on Aging web site with a statewide management information system that can identify service gaps and provide current information that can be accessed by consumers and providers.</li> </ol>	<p>Includes the design, implementation and maintenance of a comprehensive information and assistance older adult services program.</p>
<ol style="list-style-type: none"> <li>Implement and publicize the newly branded statewide CPE System using a uniform name, identity, web site, logo and toll-free number to assure that older adults in the state are aware of the new system's "branded" name and how and where they may go to access information about resources, services and other information they need to make decisions about long-term care.</li> </ol>	<p>Includes the design of a marketing strategy to implement and maintain the awareness of the branded CPE system that may include television, radio and print media.</p>
<ol style="list-style-type: none"> <li>Design and implement a system of access points throughout the state that allows older adults to gain entry into the aging service system in multiple ways.</li> </ol>	<p>Includes a program for each CPE to design and implement access points based on specific demographic and geographic characteristics and where older adults, families and caregivers naturally congregate. These access points may include public locations including retail establishments, municipal buildings, Senior Centers and other locations.</p>

## Services Expansion Workgroup Priorities and Objectives

The Services Expansion Workgroup is charged with providing guidance to the Departments on Aging, Public Health, and Healthcare and Family Services, regarding senior service expansion, quality standards and program retention.

### Services Expansion Priority Objectives 2006

#### 1. Transform Case Management to an Enhanced Care Coordination System.

**RATIONALE:** Older adults and their families need the ability to make informed choices about services to meet their needs in areas of physical health, function, mental health, home environment, finance, social and informal supports. Comprehensive assessment and ongoing case management assists older adults in identifying these holistic needs, provides them with information on and access to the services to meet those needs, and results in comprehensive care plans for their specific needs, thereby allowing them to remain as independent as possible for as long as possible.

**OBJECTIVE:** Allocate funding to Case Coordination Units (CCUs) to ensure ongoing comprehensive interaction with older adults and their families to transform the current system into an enhanced care coordination system, which is more responsive to the needs of older adults and their family caregivers. This proposal builds on the strengths and experience of the current CCU system by transforming the process from simply eligibility determination to one that is holistic, client-focused and produces customized care plans.

Key components are a standardized statewide comprehensive assessment, client follow-up, flexible hours and

enhanced training. The comprehensive assessment process will be a face-to-face interview in the client's home, which identifies needs in new areas: physical health, mental health, environment, and social and informal supports, in addition to functional and financial information. The purpose of a comprehensive assessment is to gather a complete picture of the older adult's needs and strengths so that a care plan is developed that helps the older adult and their family to problem-solve, make informed choices and remain as independent as possible.

An Enhanced Care Management System will:

- a. Provide for information and choices on the full spectrum of services and not just the CCP services.
- b. Coordinate care for chronic conditions.
- c. Assure that formal supports supplement rather than supplant families and other informal supports.
- d. Identify the caregiver's willingness, capability and availability to assist with care.
- e. Enable services to accommodate family needs, including when interviews take place.
- f. Build off best practice recommendations for comprehensive assessment and care planning used in other states.
- g. Include statewide standardized training, monitoring and quality assurance.
- h. Provide information on services not available, which would benefit the person.
- i. Utilize computerized forms, documentation and data collection and reporting.



**2. Increase the number of Adult Day Service sites.**

**RATIONALE:** The Adult Day Service transportation rate is a flat rate that is half of what is needed for programs to meet their costs. Such a low transportation rate restricts access to the program and keeps attendance low, further reducing the cash flow that is necessary to sustain an Adult Day Service program.

**OBJECTIVE:** Expand Adult Day Service programs through increasing the transportation rate from \$4.15 to \$8.30 per one-way trip to cover the actual cost of transporting clients and to ensure older adults continued access.

**3. Expand Information and Assistance programs.**

**RATIONALE:** The rollout of Medicare Part D prescription drug program resulted in a dramatic increase in the number of calls to the state's HelpLine and to community level information and assistance sites. One time federal grant funds have been used to expand the number of 800-lines and trained operators and to provide for additional information and assistance hours of service. These funds are not expected to be available after September 2006. Additionally, prior to the increase in service demand generated by Part D inquiries, the HelpLine was running at 75 percent busy signals at peak times and the demand for community level information and assistance services exceed availability.

**OBJECTIVE:** Provide for expanded information and assistance services by annualizing the increased services using state funds.

**4. Expand access to nutrition programs.**

**RATIONALE:** Nutrition services are critical to helping older adults remain healthy and independent in their own homes. Lack of nutrition leads to diminished capacity, exacerbates the natural aging process, and without intervention can result in nursing home placement before 24-hour skilled care is needed.

**OBJECTIVE:** Expand Home Delivered Meals to address waiting lists and unmet need and to reach under- and un-served areas to include 2 meals per day 365 days a year, offering shelf-stable meals, and addressing meal preparation and production issues.

**5. Transform Senior Centers to better address the changing needs of older adults.**

**RATIONALE:** In the context of Illinois privatized senior services delivery system, Senior Centers continue to be the best vehicle for providing intervention and prevention services to seniors of all incomes. Yet, Senior Centers in many communities are seriously outdated or have fallen in complete disrepair. In addition, the culture and programming in many Senior Centers must undergo a complete transformation to better appeal to the demands of the various generations of older Illinoisans.

**OBJECTIVE:** Provide funding for the Senior Center grant program to offer competitive grants for transforming Senior Centers.

## Workforce and Family Caregiver Workgroup Findings and Goals

The long-term care system for older adults in Illinois depends on an extensive support system consisting of both formal and informal care providers. Formal care (services provided by professionals and paraprofessionals) faces many challenges; these include difficulty in recruiting new workers, low rates of retention and limited available training. The Older Adult Services Advisory Committee anticipates as Illinois transforms its long-term care services, there will be an additional challenge as a dramatic shift occurs in this workforce across all settings. The Older Adult Services Advisory Committee (OASAC) envisions a long-term care workforce that is based on dignity and respect and supported by an equitable and seamless system of training standards, re-education opportunities, decent wages, a menu of benefits, and responsive recruitment and retention efforts. The system should support training of managers as well as the direct care workforce itself. This system should be available for all current employees working within the long-term care industry and for all new individuals who desire careers as long-term care providers.

While this paid workforce is critical, the informal care system, made up of family and friends, provide the majority of long-term care for older adults. Changing demographics — larger numbers of the very old, smaller families, women in the workforce, etc. — lead OASAC to anticipate serious difficulties for family caregivers in the years ahead. Burnout that can lead to significant health problems result from limited respite care and respite options, inadequate individualized assistance, training and support and lack of family-friendly policies in the workplace. In the longer run, financial and other consequences for caregivers compound the practical problems they face each day. Caregivers, as an essential part of the long-term care system, deserve praise but they also deserve help and support so they can

give care without the caregiving becoming a liability to their own well-being. The OASAC envisions a long-term care workforce that is supported by an equitable and seamless system of training standards, re-education opportunities, decent wages, a menu of benefits and responsive recruitment and retention efforts. This system should be available for all current employees working within the long-term care industry and for all new individuals who desire careers as long-term care providers.

### Workforce Strategic Goals 2005-2010

1. The state should achieve parity in wages and benefits across care settings that are adequate to attract and retain a qualified and stable worker pool with the goal of accessibility to the entire long-term care and community-based care workforce.
2. The state should promote quality care through career development of direct care workers by implementing improved career ladders and lattices, certification programs, educational opportunities, register apprenticeships and other innovative programs.
3. The state should design, encourage and support the development of career pathways and education, and ongoing training to improve staff retention and the quality of care that long-term care workers in each segment of the industry deliver. This end can be met through comprehensive training, education, mentoring and coaching, and on-the-job training, with specific attention to cultural competency and diversity.

The state should promote job satisfaction and quality of work life through improved residential and community work environments, full employment initiatives, excellent supervision and other programs designed to promote long-term employment, career development and quality person-centered care.

## Workforce Priority Objectives 2006

Priority Objectives	Source and Rationale
<p>1. Provide health insurance funding for employees who work for the Community Care Program vendor agencies as well as developing recommendations for wages and benefits adequate to attract and retain a qualified and stable worker pool across care settings.</p>	<p>The provision of health insurance funding is based on an assumption that 58 percent of roughly 16,000 workers would be eligible and 42 percent would enroll if the program set the eligibility threshold at 86 hours per month for three consecutive months of employment. The recommended implementation plan would include a requirement that a vendor maintain 50 percent of their workforce above 100 hours per month and that the coverage offered be comprehensive family insurance with low cost sharing, as demonstrated in an audit. (The total cost would be less the Medicaid match, however the funding level would need to be increased annually for increases in medical costs.)</p>
<p>2. Provide funding for the expansion and introduction of an evidence-based career ladder and lattice programs in institutions and community-based care settings.</p>	<p>The expansion and introduction of career ladder and lattice programs is based on an assumption that a minimum of two models would be introduced through state-supported training programs for long-term care providers and/or community-based care programs. (This would not include the costs of childcare or transportation. Current and forthcoming models in Illinois include the Learn, Empower, Achieve, Produce (LEAP) program through Illinois Department of Public Health, the Council for Adult and Experiential Learning (CAEL) U.S. Department of Labor Lattice Program and the Incumbent Worker Training Program.)</p>
<p>3. Provide funding for the introduction and expansion of programs that provide comprehensive training, education, mentoring and coaching and on-the-job training.</p>	<p>This recommendation assumes a minimum of 10 communities would implement career pathways programs.</p>

### Family Caregiver Strategic Goals 2005-2010

Acknowledging that family caregiving will remain the central component of current and future health care, long-term care and social services in Illinois, the Older Adult Services Advisory Committee envisions increased support for family and other informal caregivers that rests upon adequate private and public financing of supportive

and other services. Such services will include assistance to families for the extra costs associated with caregiving. This vision also includes attending to the unique needs of working caregivers. Achieving this vision will make more resources available for those without family or other informal support, while enabling more family caregivers to continue or assume the provision of care at home and in the community without jeopardizing their own health and well being.

1. The state should adequately fund respite care for family caregivers.
2. The state should offer family caregivers with affordable, readily available, high quality, comprehensive, accessible respite services that are coordinated across all care settings.
3. The state should support family-friendly policies in the workplace in order to permit families to meet the caregiving responsibilities they assume; such support includes flextime, work-at-home options, job sharing, dependent care accounts, paid family leave policies, job protections for workers who take time off for caregiving, and other financial protections such as continued pension coverage, etc.
4. The state should support appropriate and ongoing education and training to family caregivers to assist them to continue to give care in ways that are good for both the care receiver and the caregiver.

### Family Caregiver Priority Objectives 2006

Priority Objectives	Source and Rationale
<p>1. Provide general revenue funding for respite care in accordance with the Family Caregiver Act (P.A. 93-0864), as well as expanding the availability of alternative respite services to provide flexibility to family caregivers, including home care, vouchers, transportation assistance, emergency respite and other services.</p>	<p>Based on the assumption that 10,000 caregivers would opt for receiving respite through flexible use of their funding, this initiative would enable them to maintain their family member at home longer. Increasing the availability of respite care would require an increase in funding through general revenue funds, and the level of funding would need to be increased annually for increases in respite costs.</p>
<p>2. Conduct a study in Illinois to provide a benchmark of family caregiver demographics, needs or assets/service utilization.</p>	<p>Based on the assumption that a statewide survey of family caregivers could be developed utilizing the study design developed and implemented in the state of California.</p>
<p>3. Promote awareness and visibility of the needs of family caregivers, especially working caregivers, by holding a public/private conference on the challenges to working caregivers.</p>	<p>Based on the assumption of convening a one time public/private consensus conference focused on increasing the utilization of family medical care leave and other policies that would improve worker retention and reduce caregiver burden: Conference costs for 150 participants would cover speaker honoraria, pre-conference papers, marketing and dissemination.</p>
<p>4. Expand individualized training for family caregivers through partnerships between the aging network and other specialized training organizations.</p>	<p>Based on the assumption that 500 family caregivers would be trained through an individualized training program per year, and that the level of funding would need to be increased annually for increases in number of trainees.</p>

## Nursing Home Conversion Workgroup Findings and Goals

This Workgroup was created to provide guidance to the relevant state departments regarding the establishment of the mandated Older Adult Services Act Nursing Home Conversion project to develop a methodology for the effective reutilization of current nursing home service models to provide multiple options for elder housing and services.

### **Nursing Home Conversion Goals for 2006:**

In order to develop a methodology for the effective reutilization of current nursing home service models to provide multiple options for elder housing and services, the Workgroup must:

1. Establish a planning baseline.
2. Create a needs inventory.
3. Identify barriers to conversion.
4. Identify housing and care delivery models.
5. Develop a rebalancing strategy.
6. Identify funding and financing strategies.
7. Conduct assessment analysis and rebuilding strategies.

The Workgroup is initially focusing on establishing a working knowledge of long-term care services currently being delivered in Illinois. This baseline will be available not only to the Nursing Home Conversion Workgroup but also to others engaged in the implementation of the Older Adult Services Act.

### **Nursing Home Conversion Priority Objective 2006:**

1. Establishing a planning baseline for the purpose of identifying priority service areas consistent with Section 20 of the

Older Adult Services Act and developing review criteria for the nursing home conversion grant program consistent with Section 30 of the Act. To accomplish this objective, the Workgroup must:

- Update the bed need formula (pursuant to Section 20 of the Act) through work with the Illinois Health Facilities Planning Board.
  - Implement a plan to contain Medicaid nursing home costs and maximize Medicare utilization (pursuant to Section 25 of the Act, specifically subsection 15) while working with the Department of Healthcare and Family Services to make changes to the Medicaid nursing facility reimbursement system in order to reduce beds (pursuant to Section 25 of the Act, subsection 16); this will be accomplished through work with the Department of Healthcare and Family Services in collaboration with the Illinois Departments on Aging and Public Health.
  - Implement a nursing home conversion grant program (pursuant to Sections 20 and 30 of the Act) through work with the Department of Public Health.
  - Create an inventory of services (pursuant to Section 20 of the Act) through work with the Illinois Departments on Aging, Public Health, and Healthcare and Family Services.
2. Identify and state the impediments to accomplish the above four dot points.
  3. Identify any legislation that may need to be drafted and implemented to address these impediments.

# Departmental Assessments

## **Department on Aging**

The Department on Aging is honored to lead the statewide effort to transform the state's long-term care system for Illinois' frail elderly residents. Since coming to office in 2003, the Blagojevich administration has continually expanded programs, services and reimbursement rates to increase access to home and community-based options. This administration recognizes the public's expectations for adequate home care options to prevent unnecessary and undesired nursing home utilization and plans to continue expanding those options.

The Department on Aging supports OASAC's recommendations as a guide for short and long range program expansions, recognizing the state's fiscal condition may limit the extent to which immediate goals can be implemented. The long-range workplan points the state in the direction of reform and transforming as the Act intends. The Department on Aging welcomes the advice of the Committee as it proceeds to fulfill the goal of helping the state's older population live their final years among their friends and family with dignity.

## **Department of Healthcare and Family Services**

The Department of Healthcare and Family Services (HFS) is pleased to play a role in the transformation of Illinois' long-term care system envisioned by the Older Adult Services Act. Ensuring high quality

within the entire spectrum of senior services is a major goal of the Department and one in which we are proud to partner with our sister agencies to achieve. We recognize the significant amount of work accomplished by the workgroups and support many of the priorities identified, including the implementation of a comprehensive case management system and recognition of the need to support family caregivers who provide the bulk of long-term care services in this state. HFS stands ready to support the goals of the Nursing Home Conversion Workgroup and has already moved in the direction of containing nursing home costs while maximizing Medicare through our recent harmonization effort.

## **Department of Public Health**

The Department of Public Health programs regulate licensed and certified 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.

The Department of Public Health realizes that the transforming of the long term care system has to address more than the needs of the older adult population. The Department has been working on a variety of fronts to address the needs of all citizens of the state requiring access to a rebalanced long-term care system.

# Appendices

## Appendix A

### **Older Adult Services Act Terms and Definitions**

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

**Aging State 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 Case Management** means the 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 Advisory Committee, except as otherwise provided. (Section 10)

**Departments** means the Department on Aging, the Departments of Public Health and Public Aid (renamed 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** (Under the 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)



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

### **State members (non-voting)**

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Betsy Creamer  
Eleanor DiAngelo  
John Eckert  
Janet Ellis  
Ryan Gruenenfelder  
Carolyn Handler  
Jim Hunter  
Myrtle Klauer  
Blair Minton  
Phyllis Mitzen  
Jennifer Novak  
Heather O'Donnell  
Joy Paeth  
Sally Petrone  
Frank Price  
Susan Real  
Joe Reinholtz  
Jackie Rodriguez  
Karen Rose  
Dan Ross  
Terrence Sullivan  
Dave Vinkler

### **Nursing Home Conversion**

Enrique Unanue (Chair)  
Donna Ginther  
Marsha Johnson  
Gail Poundstone  
Phyllis Mitzen  
Martha Holstein  
Terry Sullivan  
Myrtle Klauer  
Kelly Cunningham  
Bill Dart  
John Eckert  
Sally Petrone  
Pat Comstock  
Lester Robertson  
Matt Hartman  
Claire Burman  
Jeffrey Mark  
Jennifer Novak  
Mary Kay Buysse  
Lisa Busjahn  
Mary Pat Frye  
Jean McCain  
Brian Schwarberg  
Wendy Meltzer

### **Services Expansion**

Donna Ginther (Chair)  
Gina Bartelmay  
Susan Bohm  
Lisa Busjahn  
Pat Stacy Cohen  
Ann Cooper  
Cindy Cunningham  
Kathi Derensinski  
Diane Drew

Janet Driscoll  
Darcia Ferrari  
Karen Freda  
Chloe Froominckx  
Mary Pat Frye  
Linda Frystak  
Mary Geis  
Carla Gosney  
Matt Hartman  
Margaret Hastings  
Carol Headley  
Martha B. Holstein, Ph.D.  
John Hosteny  
Marsha Johnson  
Peg Keeley  
Myrtle Klauer  
Linda Leone  
Joyce Lony  
Juanita McCaffrey  
Walter Meyers

Robin Morgan  
Scott Musser  
Mike O'Donnell  
Amy Paschedag  
Sally Petrone  
Gail Poundstone  
Ruth Rankin  
Dan Ross  
Molly Spengler  
Debbie Trueblood Witt  
Enrique Unanue

#### **Workforce and Caregiver**

David Lindeman (Chair)  
Darby Anderson  
Sydney G. Bild, M.D.  
Rance Carpenter  
Jeri Conboy  
Donna Copeland-Hill  
Betsy Creamer

Frank Daigh  
Jaime Hersh-White  
Martha B. Holstein, Ph.D.  
Flora Johnson  
Marsha Johnson  
Melissa Kahn  
Peg Keeley  
Robin Morgan  
Scott Musser  
Patricia O'Dea-Evans  
R. Naom Ostrander  
Kate Russell-Sullivan  
Janet Schenk  
Brian Schwarberg  
Barb Schwartz  
Tim Thomas  
Carmen Velasquez  
Ruth Waeltz  
Alicia Weber

#### Appendix D

#### **OASAC Meeting Dates and Locations**

- November 18, 2004 – Illinois Department of Natural Resources, Springfield  
February 28, 2005 – James R Thompson Center, Chicago  
May 9, 2005 – Crowne Plaza, Springfield  
September 26, 2005 – Office of the State Fire Marshal, Springfield  
December 7, 2005 – Marriott Chicago Downtown, Chicago

To view the minutes of the above meetings and a schedule of future meetings, link to the Illinois Department on Aging Web site — [www.state.il.us/aging](http://www.state.il.us/aging) — and click on the Older Adult Services Act button.



## **Older Adult Services Act**

January 2006

421 East Capitol Ave., #100  
Springfield, Illinois 62701-1789  
217-785-3356 • FAX: 217-785-4477

Senior HelpLine:

**1-800-252-8966**

1-800-544-5304 (TTY)

8:30 a.m. to 5:00 p.m.

Monday through Friday

### **Statewide Elder Abuse Hotline:**

**1-866-800-1409** (Voice and TTY)

To report elder abuse  
after hours, on weekends and holidays,  
call 1-800-279-0400

[www.state.il.us/aging/](http://www.state.il.us/aging/)