



State of Illinois
Rod R. Blagojevich, Governor
Illinois Department on Aging
Charles D. Johnson, Director



(P.A. 093-1031)

Older Adult Services Act



2007 Report to
the General Assembly



Illinois Department
on **Aging**



From the Director

Charles D. Johnson



The following report meets the requirements of Public Act 093-1031, the Older Adult 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 report contains a summary of the work completed in 2006 and the 2007 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 of Aging, Public Health, and Healthcare and Family Services. The Department would also like to recognize the role the Illinois Housing Development Authority has played with the advisory committee.

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

Contents

Departmental Assessments	1
Executive Summary	2
2006 Activities in Compliance with the Older Adult Services Act	11
Older Adult Services Advisory Committee Workgroup Findings and Goals.....	16
Finance Workgroup.....	16
Coordinated Point of Entry Workgroup	19
Services Expansion Workgroup	23
Workforce and Family Caregiver Workgroup	33
Nursing Home Conversion Workgroup.....	39
Appendices:	
A: Acknowledgments	44
B: History of Senate Bill 2880	45
C: Terms and Definitions	49
D: Older Adult Services Advisory Committee Members	51
E: Older Adult Services Advisory Committee Members of Workgroups	52
F: Older Adult Services Advisory Committee Meeting Dates and Locations	54

Departmental Assessments

Illinois 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 the Older Adult Services Advisory Committee'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 work plan points the state in the direction of reform and transforming as the Act intends. The Department on Aging welcomes the advice of the Advisory 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.

Illinois Department of Healthcare and Family Services

As the single state Medicaid agency and vice-chair of the Older Adult Services Advisory Committee, Healthcare and Family Services (HFS) continues to play a significant role in transforming Illinois' long-term care system as mandated by the Older Adult Services Act (OASA). In concert

with sister agencies IDoA, IDHS and IDPH, HFS's major goals include ensuring that high quality community options and facility-based options are available, and also ensuring that clients have enough information to make an informed choice. As active participants on the Services Expansion and Nursing Home Conversion subcommittees, HFS supports many of the recommendations included in this report. HFS has vigorously sought the expansion of home and community-based options for the populations it serves, including low-income older adults and persons with disabilities, through the thoughtful expansion of its Supportive Living Program, work with its existing PACE provider to achieve dual Medicaid/Medicare rate capitation, and support of new and existing home and community-based services waiver programs.

Illinois 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.

Executive Summary



This report is submitted to the Illinois General Assembly by the Illinois Department on Aging as required under the Older Adult Services Act (Public Act 093-1031). This second annual report presents specific recommendations for action in 2007 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 2006. The Illinois Department on Aging is committed to working 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.

The Department on Aging implemented many goals outlined in last year's report with an unprecedented increase in funds approved by the Governor and General Assembly. Specifically, the Department initiated Comprehensive Care Coordination for Illinois seniors and added new services for seniors, including Emergency Home Response, Assistive Technology, and Alternative Senior Services covering respite care, home modification, and other services that assist frail older adults to avoid unnecessary nursing home utilization. The Department increased access to Adult Day Services and senior nutrition programs through funding increases and supported the workforce with a second substantial rate increase for Homemaker providers. More funds were also appropriated to assure that Medicare recipients in Illinois are enrolled in Illinois Cares Rx and the Medicare Part D programs, and that all questions about services for seniors are answered on a timely basis by additional highly trained Senior HelpLine staff.

Last year's legislative session also saw significant efforts directed at the Advisory Committee's recommendation to assure health insurance for tens of thousands of homemakers throughout the state, which will continue to be a priority in 2007. The Finance Workgroup developed a "map" of overall long-term care funding that will be the basis for future financing recommendations. The Workforce Workgroup identified evidence-based workforce training programs and increased general revenue funds for flexible senior services. The Nursing Home Conversion Workgroup revised the Long Term Care Facility Questionnaire to provide a baseline on facility-based care that will guide the Department of Public Health's efforts to target conversion efforts. Hundreds of seniors and caregivers were engaged in focus panels convened to identify senior's needs and expectations and identify gaps as called for in the legislation.

While Illinois continues its efforts to transform long-term care and increase home and community-based services for the elderly, there are several federal initiatives that also

support the shift in resources and services from institutional care to the community. The 2005 Deficit Reduction Act (DRA) permits states to increase services and offer the flexibility of consumer direction without an amendment to the state Medicaid plan or the initiation of a waiver. On November 1, 2006, the Illinois Departments on Aging, Human Services, and Healthcare and Family Services applied for a five-year demonstration grant under the Money Follows the Person initiative authorized by the DRA.

The Older Americans Act 2006 Reauthorization also refocuses the role of states on increasing both the quality and availability of home and community-based services. In September 2006, the Department of Public Health, in collaboration with the Department on Aging, was awarded a three-year demonstration for Evidence-Based Prevention programs to address chronic disease management in the elderly population. Ultimately, the goal of this initiative and all other state and federal initiatives, including OASA, is to transform Illinois' system of older adult services making it the most comprehensive, affordable and sustainable service delivery system possible.

Purpose of the Older Adult Services Act

The Older Adult Services Act was enacted in 2004 through Senate Bill 2880 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 home operators to downsize beds and/or convert beds to assisted living and home/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.

The Older Adult Services Advisory Committee

The Act 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 formed the Older Adult Services Advisory Committee (OASAC) in November 2004, and the Advisory Committee identified five Workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry, and Workforce and Family Caregiving. In 2006, the OASAC Workgroups were charged by the Department on Aging with reaching consensus on recommendations for action in 2007. Workgroup recommendations were reviewed and approved by the full Advisory Committee. They have been incorporated into the 2007 priority objectives presented below.

Vision Statement

In April 2006, the Older Adult Services Advisory Committee conducted a facilitated, day-long retreat to review its recommendations from 2005, and to review its statutory responsibilities. Among the activities undertaken by the Committee during the retreat was the development of a vision statement. Through additional meetings of the OASAC Executive Committee, this vision was refined and it was approved September 11, 2006, by the full Advisory Committee:

The OASAC vision is one where older adults across Illinois live in elder-friendly communities, with accessible transportation, affordable housing appropriate for their needs and a consumer-driven array of services nearby. Through the collaborative efforts of local, regional and state service providers, it will be easy for Illinois seniors and the families who care for them to find the right service at the right time in the right place at the right price. This network is designed and implemented to provide high quality services with participation and feedback from the older adult families and the staff.

A coordinated public relations program, including web-based tools, ensures that the public knows whom to call when seeking older adult services. Older adults and their families know what is available and understand that they must take responsibility for meeting the challenges of old age.

Those workers who provide services are offered adequate salaries and benefits at all levels. They are qualified, receive on-going training, and are appropriately recognized for their efforts. The effectiveness of the service programs are assured through regulations, accountability and evaluation, and supported by ongoing data collection and analysis.

Overall, the system maintains a balance between the important values of freedom and safety for every older adult while a flexible, reliable funding stream ensures that a variety of services are available with consistent delivery and levels of care throughout the state.

2007 Priority Objectives Identified at the Retreat

The Older Adult Services Advisory Committee recommends the following priority objectives for 2007 to continue the process of restructuring the system of long-term care in Illinois. In keeping with the intent of the law, the Advisory Committee agreed to the following overarching recommendations:

1. **Rights of Older Adults.** All services provided to older adults, regardless of the oversight agency, should promote the right of older adults to live their lives with dignity, retaining their autonomy, individuality, privacy, independence, and decision-making ability. Acknowledgment of these principles is the first step to incorporating them into state efforts to transform long-term care and services for older adults.
2. **Consumer Direction.** All programming provided for older adults using public funds in Illinois, regardless of the agency providing oversight, should incorporate the concept of consumer direction. This should include the right of an older adult to be fully informed of all options and to choose, decline, and have input into how any and all services are provided for which they are eligible. Through consumer direction, older adults are empowered to make decisions about the services they want and how they wish to receive them, thereby better meeting older adults' needs. In addition, consumer direction is necessary because it is a major key to providing quality, satisfactory services.
3. **Accountability and Accessibility of Information.** All providers of services to older adults should be monitored by their oversight agency to assure they meet contract requirements, all applicable federal and state requirements, and program standards. Appropriate sanctions shall be levied for failure to report complaints, service delivery deficiencies, and failure to meet contract requirements and program standards. Information concerning sanctions should be available for public review and should be taken into account in contract renewal decisions. While performance-based contracting is routinely used by the state, oversight of compliance with contracts, federal and state regulations, and standards varies greatly from service to service. A more balanced approach to oversight must be developed in order to protect older adults vulnerable to sub-standard care, exploitation, and abuse and neglect.
4. **Standards.** Establish state standards that maximize the program participants' quality of care and assure the services shall be rendered in a timely manner to protect and promote the rights of older adults to live in the least restrictive setting of their choice. Examine minimum request for proposal standards and assess their validity, contracted agencies attainment of their requirements, and their affect on program participant's quality of care. Currently, home services have very minimal standards with provider-defined "enhancements" allowed but not required as part of the bidding process. This practice has led to little consistency from one area to another. In addition, in areas that simply strive to meet standards, older adults may face loss of independence due to sub-standard care.

2006 Workgroup Accomplishments, Goals for 2007 and Beyond

Financing Workgroup (2006 Accomplishments)

- Developed detailed charts showing the financing of the long-term care and older adult services system in Illinois.
- Compiled long-term care funding level data and completed a series of preliminary draft charts to illustrate funding levels and program/service comparisons. Workgroup members continue to work with various state department staff in reviewing and refining program and service data, and developing a “primer” with charts, graphs and supporting text.

2007 PRIORITY OBJECTIVES:

- Reimbursement rates from state programs including those funded by Medicaid should reflect provider cost and should be increased on an annual basis adjusted for inflation.
- Increase incentives and enrollment into Medicaid across agencies, and maximize Medicaid reimbursement for eligible services while preserving the dignity of older adults.
- Determine unmet need for long-term care services, both facility-based and home and community-based, and compare to existing resource distribution.

Coordinated Points of Entry Workgroup (2006 Accomplishments)

- Established an ideal set of services to be offered by a Coordinated Point of Entry (CPoE), including the various points where older adults and caregivers reach out when help is needed. Also established principles for these sites, including: “no wrong door”; provide information and linkages to additional resources; be senior friendly; be easy to navigate whether by telephone, in-person or through the Internet.
- Established principles for conflict of interest, meaning that CPoE sites should offer constituents opportunities for options or choices in resources and that information be presented in a neutral and informative manner.

2007 PRIORITY OBJECTIVES:

- Develop Coordinated Points of Entry (CPoE) 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, and to facilitate entry into the aging service system in multiple ways.
- Develop and promote a “brand name” for CPoEs statewide, and promote it to seniors, caregivers, and providers so that they may easily know how and where they may go to access resources, services and other information they need to make decisions about long-term care.
- Continue to develop and consolidate information systems, with the goal of developing 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 improve communication and coordination among service agencies.

Services Expansion Workgroup

Comprehensive Care Coordination (2006 Accomplishments) —

- Began the transformation of the existing case management/case coordination system by requiring the use of one comprehensive care assessment tool in Phase 1 of a three-Phase statewide implementation plan to redefine casework and rate structure. The new system will permit expanded client direction, employment of customized care plans, client follow-up, flexible hours and services, and enhanced training for case managers.

2007 PRIORITY OBJECTIVES:

- Implement Phase 2 and Phase 3 of Comprehensive Care Coordination and the use of a comprehensive assessment tool, comprehensive care planning, and new rate structure statewide. All case managers will be trained in the philosophy of holistic case management and client centered care planning.
- Assure that funding for Comprehensive Care Coordination is annualized at a level that assures adequate case management availability throughout the state.
- Conduct ongoing evaluation of service utilization and client satisfaction to assure that older adults are receiving services they need and want, and for which they meet the eligibility requirements.
- Identify and address statutory, regulatory, and other barriers to achieve full implementation.

New and Expanded Services (2006 Accomplishments) —

- Expanded 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.
- Increased information and assistance programs, especially related to the initiation of Medicare Part D. The FY 07 approved budget included \$1.0 million for hiring additional staff and other operational expenditures to support the Senior HelpLine.
- Addressed Home Delivered Meals program needs through increasing funding by \$1.0 million. Additional funding will address increased meal delivery costs, increased food costs, replacement equipment and vehicle needs, and the new nutritional requirements by the federal government.

2007 PRIORITY OBJECTIVES:

- **Community Care Program —**
 1. Restructure the Community Care Program to provide for:
 - a. Service cost maximums comparable to the DHS/DRS Home Services Program (HSP),
 - b. Personal care type tasks,
 - c. Require intermittent, night and weekend hours for all subcontractors of in-home and care coordination services, and
 - d. Rollover and banking of unused service maximum dollars with banked funds available for home modification and assisted technology comparable to the HSP program.
 2. Permit Respite Care as a stand alone community care service. Amend the

Home and Community-Based Services waiver to include Respite Care as a waived service and establish statewide standard practices for Title III OAA respite services.

3. Provide funding above the base hourly rate for optional Adult Day Services, such as medication management, occupational therapy, full-time licensed health care professional on staff, bathing, etc.
 4. Conduct an evaluation of the current Determination of Need tool to assess its validity and reliability as a component of the comprehensive assessment and as an indicator of the need for long-term care services.
 5. Expand the scope of comprehensive care coordination to provide for transitioning across care settings and to facilitate the flow of information to help the older adult achieve the highest level of independence possible, acknowledging the roles of informal and formal caregivers in achieving this goal.
 6. Permit care coordinators to assist older adults in their own homes with filling out an application for the Low Income Home Energy Assistance Program (LIHEAP).
 7. Establish medication management services statewide as a stand alone service available to all care coordination clients.
- **Nutrition Services** — Convene a Governor’s Summit on Older Adult Nutrition.
 - **Mental Health Services** — Implement the Mental Health and Aging Integrated System Initiative (gero-psychiatric initiative) statewide to address untreated depression and other mental health problems.
 - **Supportive, Affordable Housing** — Begin to investigate the consolidation the oversight, monitoring, evaluation, and/or administration of Assisted Living, Shared Housing and Supportive Living Facilities under one state agency and ensure adequate funding and staffing.
 - **Transportation** — Include the unique needs of older adults in the State of Illinois Human Services Transportation Plan.
 - **Long Term Care Ombudsman Program** — Allocate general revenue funds to replace civil monetary penalty funds for Long Term Care Ombudsman services.

Workforce and Family Caregiver Workgroup

Workforce Improvement (2006 Accomplishments) —

- In the interest of assuring adequate wages and benefits adequate to attract and retain a qualified and stable worker pool across Community Care Program care settings, legislation was introduced in January 2006 to increase health insurance for home care workers. While the legislation was not passed, hourly rates for home-maker services were increased by \$1.00, and the percentage of the rate designated for worker salaries and benefits was raised from 73% to 77%.
- Identified evidenced-based career ladder programs in institutions and community-based care settings. Current and forthcoming models in Illinois include the Learn, Empower, Achieve, Produce (LEAP) program through IDPH, the Council for Adult and Experiential Learning (CAEL), and the U.S. Department of Labor Lattice Program and the Incumbent Worker Training Program.

2007 PRIORITY OBJECTIVES:

- In the interest of assuring adequate wages and benefits to attract and retain a qualified and stable worker pool for all community-based and long-term-care settings, the committee supports an adjustment in wages that reflects any increase in the state minimum wage. The Workgroup further supports a wage policy that maintains a proportionate differential for persons providing care to older adults in long-term care in the event of future increases in minimum wage.
- Support legislation or budget increases targeted at increasing health insurance for all long-term care workers.
- Promote dissemination of information regarding evidence-based career ladder/lattice programs as well as identify new opportunities for developing programs for other frontline workers including home care workers and Certified Nursing Assistants.
- Support introduction of career pathways pilot programs in 10 communities.

Family Caregiver Support (2006 Accomplishments) —

- Provided general revenue funding for Respite Care in accordance with the Family Caregiver Act (PA 93-0864), as well as expanded the availability of alternative respite services to provide flexibility to family caregivers, including home care, vouchers, transportation assistance, emergency respite and other services. An increase in general revenue funds of \$2.0 million was applied to Flexible Senior Services in the FY 2006-2007 IDoA budget.
- Workgroup members met with members of the State Caregiver Advisory Committee for input into designing the benchmarking study of family caregiver demographics, needs/assets, and service utilization. Plans for a comprehensive statewide benchmarking survey were developed.

2007 PRIORITY OBJECTIVES:

- 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.
- Annualize funding for Flexible Senior Services, and support an increase in general revenue funds for services that would benefit family caregivers, with specific emphasis on Respite Care, in the FY 2007-2008 IDoA budget.
- Develop a proposal and obtain resources to conduct a comprehensive statewide benchmarking survey of family caregivers to determine priority needs among caregivers in Illinois and to initiate a pilot individualized training program for 500 family caregivers.

Nursing Home Conversion Workgroup (2006 Accomplishments)

- Revised the annual Long Term Care Facility profile data questionnaire required by law in order to establish a baseline of facility-based care. The statistical results of the 2006 questionnaire provided some indication of trends in operational beds and specialized services, but not the definitive final numbers that were hoped for. Based on the 2006 results, the workgroup plans on working with IDPH to further refine and clarify this section of the 2007 questionnaire.

- Established the goals for an Illinois nursing home conversion program to promote the conversion or expansion of existing nursing home services to increase the availability of home and community services in areas where these services are needed, such as home health, outpatient therapy, home delivered meals, adult day care, transportation. This recommendation is based in part on a successful conversion model utilized in Nebraska.
- As required by Section 30 of the Older Adult Services Act, developed draft regulations within IDPH through proposed rulemaking, so a grant structure and criteria would be in place when funding becomes available for nursing home conversion.

2007 PRIORITY OBJECTIVES:

- Address Barriers to Conversion:
 1. Dialogue with the banking industry regarding financial barriers to nursing home bed conversion.
 2. Discuss capital rate conversion options with HFS.
 3. Review the impact of Medicaid rates on conversion programs in other states.
 4. Refine the Health Facilities Planning Board data collection of operational beds and of specialized services in nursing homes.
 5. Dialogue with the economic development community, specifically including the Illinois Department of Commerce and Economic Opportunity, to investigate an economic development initiative for the conversion of unused nursing home capacity to activities or services needed in the local community, and the training/retraining of individuals to provide those community activities and services.
 6. Articulate in layman's terms for the public, the media, and the legislature the purpose of a bed conversion retooling program, and its impact on local economic development and the state budget.
 7. Develop the structure for an IDPH conversion grant program in anticipation of funding, including IDPH rulemaking and the development of a grant application process and award criteria.

Conclusion

The recommendations of the Older Adult Services Advisory Committee's five workgroups provide a blueprint for the state's efforts to increase home and community-based service options as part of the long-term care transformation process. Workgroups' advice on the many elements needed to help older adults live their final years with dignity in the most integrated living arrangement possible are essential. The Department on Aging is prepared to work closely with the Departments of Healthcare and Family Services and Public Health to undertake these efforts under the direction and leadership of the governor and General Assembly, as funding permits.

2006 Activities in Compliance with the

Older Adults Services Act



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 (IDoA), in concert with the Illinois Departments of Public Health (IDPH) and Healthcare and Family Services (IDHFS), which serve as statutorily-mandated vice chairs of the Older Adult Services Advisory Committee (OASAC), has moved ahead with many of the mandates contained in the legislation. The following is an accounting of the activities conducted in 2006 in an effort to fulfill the mandates of the Older Adult Services Act.

OASA MANDATES	ACTIVITIES
Report to the General Assembly annually beginning January 1, 2006.	Report delivered in February. Next report scheduled for delivery in February 2007.
Promulgate rules when required.	IDoA's General Counsel included rules for this Act in its rule-making agenda and will propose rules when appropriate.
Develop and maintain services inventory.	<p>In partial fulfillment of this mandate, IDoA entered into a Memorandum of Agreement with University of Illinois at Chicago to inventory services and identify gaps pursuant to FY 2005 federal Systems Change grant. OASAC advises the University of Illinois at Chicago consultant regularly. The consultant issued the grant's first formal report in August 2006, an issue brief entitled, "Clarification of Roles and Responsibilities of Existing Aging Network Providers Participating in the Nursing Home Transition Process."</p> <p>IDoA is helping all Area Agencies on Aging to develop a common database of services in its planning regions, which will be available statewide and through the Senior HelpLine. This will be completed during 2007. The Committee will continue to advise on the development of the inventory.</p>

OASA MANDATES	ACTIVITIES
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. A full assessment and identification of priority areas will take place in 2007 once the development of the inventory and identification of gaps, mentioned above, has been completed.
Establish a core set of uniform quality standards for all providers that focus on outcomes.	In partial fulfillment, IDHFS and IDoA, under guidance from the federal Centers for Medicare and Medicaid Services, are working to develop quality standards for all 1915 waiver programs, including the Community Care Program and Supportive Living Program waivers. IDoA will incorporate appropriate quality standards into minimum requirements for "All Willing and Qualified" provider solicitations during 2007.
Develop a plan that identifies barriers and provides recommendations on the provision and availability of services.	Workplan for 2006, and updated in 2007.
IDoA, IDHFS and IDPH submit information to the Health Facilities Planning Board to update the Bed-Need Methodology for Long-Term Care.	IDPH will complete the rulemaking process updating the bed need methodology for long term care. Develop clear definitions for bed count purposes, and licensure purposes. Update and modify the annual questionnaire to reflect actual bed usage in existing licensed facilities, and identify optional services offered to seniors.
By January 1, 2005, IDoA will commence the process of restructuring older adult services.	<p>IDoA developed Long-Term Care Reform plan in November 2003, and submitted its plan for the Speaker's Summit in 2004.</p> <p>IDoA quickly convened OASAC once it became law in August 2004, and continues to lead and staff its five workgroups.</p> <p>IDoA worked closely with the Office of the Governor and the General Assembly to identify additional services for which appropriations were needed. With the additional funding, IDoA implemented comprehensive care coordination, flexible senior services, and emergency home response during the last six months.</p>
Planning based on the principle of "money follows the person" and the identification of potential impediments.	<p>IDHFS, as the single State Medicaid agency, in cooperation with the Departments on Aging and Human Services, and the Illinois Housing Development Authority developed and submitted a proposal to federal Centers for Medicaid and Medicare Services in response to its Money Follows the Person solicitation. If successful, Illinois will receive 75% Federal Financial Participation (FFP) funds for services delivered to former nursing home residents who relocate</p> <p style="text-align: right;"><i>(Column continued...)</i></p>

OASA MANDATES	ACTIVITIES
	to independent living for one year following their relocation. The Illinois Office of Management and Budget, the Illinois Departments of Healthcare and Family Services, Aging, and Human Services agreed to develop a mechanism to transfer funds necessary to assure that additional services are available for nursing home residents who transition to qualified residences.
Comprehensive Case Management to be conducted statewide.	The FY 07 state budget included additional funds for IDoA to implement a more comprehensive approach to traditional case management. IDoA is implementing this new approach, called Comprehensive Care Coordination, in three phases. The first phase began October 1, 2006, when IDoA implemented a comprehensive care assessment developed by the CCUs and Area Agencies on Aging. The second phase will begin February 1, 2007, when additional CCUs will begin using the comprehensive assessment following mandatory training, and a time and cost study of the Phase One agencies is conducted. A permanent rate structure and new policies will be implemented when the final CCUs are trained and begin conducting comprehensive care coordination in April 2007.
Coordinated Point of Entry using a uniform name, identity, logo and toll-free number.	The two Aging and Disability Resource Centers continue to operate in Winnebago and Macon counties. In September 2006, IDoA was awarded an additional expansion grant to support the two sites in working more closely with local disability service agencies through 2008. IDoA and the sites continue to work with experts from the University of Illinois at Chicago Department of Disability and Human Development to evaluate the program.
Public Web site that links to available services and resources.	IDoA continued to utilize www.Illinoisbenefits.org , to inform consumers and support agencies about state and federal pharmaceutical benefits and will expand the benefits covered through the website when it assumes responsibility of the website during December 2006. IDoA is exploring adding the Medicare Rights Center module, My Local Benefits, which would refer Internet users to services identified in the statewide database.
Expansion of older adult services to help older adults remain in their own homes.	<p>IDoA established programs to expand services through Comprehensive Care Coordination, Emergency Home Response, and Flexible Senior Services, including Home Modifications, Respite Care, and Assistive Technology with additional funds appropriated by the General Assembly.</p> <p>The FY 2007 appropriation contained funds to add Emergency Home Response as the first new core Community Care Program since the program began more than 20 years ago.</p>

(Column continued...)

OASA MANDATES	ACTIVITIES
	<p>Home Again / Enhanced Transition services continued throughout 2006. More than 125 nursing home residents have been transitioned to independent living with the additional assistance provided in six demonstration sites. The program will be expanded to additional sites in 2007 with additional funds transferred from Illinois Housing Development Authority.</p> <p>IDoA worked with the Illinois Department of Human Services and Illinois Housing Development Authority to establish a home modification pilot program with \$1.0 million from Housing Development's Housing Trust Fund. Forgivable loan funds will be available to seniors and persons with disabilities for accessibility modifications and minimal rehabilitation.</p> <p>The IDHFS Supportive Living Facility program — Illinois' Medicaid model of assisted living — achieved permanent program status in state legislation and now has nearly 70 facilities (containing approximately 5,500 units) operational statewide and another 70 applications proceeding toward certification.</p>
<p>Consumer-directed Home- and Community-Based Services to maximize consumer choice.</p>	<p>As a result of the interest expressed by the stakeholder group convened to identify ways of incorporating consumer direction in existing programs, IDoA collaborated with the Illinois Public Health Association to initiate a "Cash and Counseling" demonstration program with funding provided by the Retirement Research Foundation. Four sites were selected to offer a new client directed service option for Community Care Program eligible seniors. During 2006, IDoA defined the scope of the program, selected a Financial Services Management entity through a competitive procurement, and will begin services on April 1, 2007.</p>
<p>Comprehensive delivery system that integrates acute and chronic care.</p>	<p>Study conducted by Health and Medicine Policy Research Group completed January 2006.</p> <p>IDHFS entered into a contract with McKesson Health Solutions to manage chronic disease among the Illinois Department of Human Service's Aid to the Aged, Blind and Disabled clients, including home-based elders. Additionally, IDHFS is implementing a Primary Care Case Management program designed to improve the health and quality of life of thousands of Medicaid beneficiaries.</p> <p>IDHFS continues to work with the federal Centers for Medicare and Medicaid Services and Chicago REACH, which seeks to establish in Chicago a branch of the Program for All-Inclusive Care of the Elderly that provides Medicare-Medicaid capitated reimbursement.</p>

OASA MANDATES	ACTIVITIES
Family caregiver support strategies coordinating both public and private financing.	IDoA efforts currently funded under Older Americans Act.
Workforce strategies that attract and retain a qualified worker pool.	IDoA increased Homemaker Program rates by \$1.00 per hour on June 1, 2006, and increased the percentage of the rate that must be paid to Homemakers in wages and benefits. IDoA supports the caregiving conference recommended by the OASAC Workforce and Family Caregiver Workgroup that is now scheduled for January 2007.
Coordination of services to maximize resources and minimize duplication of services.	Through ongoing efforts of the OASAC workgroups and meetings with the Departments of Public Health, Healthcare and Family Services, and Human Services, IDoA continues to identify resources, evaluate demonstration projects, and investigate new grant opportunities to coordinate efforts and maximize resources in the interest of older adults in Illinois. In October 2006, IDPH partnered with IDoA to receive a three-year grant from the Centers for Medicaid and Medicare and the U.S. Administration on Aging for Evidence-Based Prevention.
Evaluation of current reimbursement and funding practices to implement a uniform, audited provider cost reporting system.	Awaiting recommendations from the OASAC Finance Workgroup.

Older Adult Services Advisory Committee

Workgroup Findings and Goals



The Older Adult Services Act required the formation of the Older Adult Services Advisory Committee (OASAC). Advisory Committee members include representatives from statewide associations and senior service organizations as well as citizens and family caregivers. The OASAC Committee met five times throughout the year to develop a vision and discuss the findings of the Committee's five workgroups: Finance,

Coordinated Point of Entry, Services Expansion, Workforce and Family Caregiver, and Nursing Home Conversion. The Advisory Committee met on November 13, 2006, in Chicago and approved the following recommendations. Through these discussions, the Advisory 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 has spent the last year analyzing financial information and mapping the primary publicly funded long-term care programs and older adult services offered in Illinois.

In 2005, the workgroup reviewed a number of programs and made general observations:

- Illinois' long-term care system as a whole is in need of additional funding in order to meet the demands of seniors in the future.
- Some programs need additional funding simply to meet service level demands.
- Programs studied show a disparity between the cost of service delivery and the reimbursement received.

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

Finance Workgroup: Status of 2006 Priority Objectives

Objective 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.

STATUS:

This objective has been completed.

Objective 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 its beds off line while providing new community-based services instead.

STATUS:

The workgroup has compiled long-term care funding level data and completed a series of preliminary draft charts to illustrate funding levels and program/service comparisons. Workgroup members continue to work with various state department staff in reviewing and refining program and service data, and a "primer" with charts, graphs and supporting text is being developed as the project moves forward.

Objective 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 Choice," that may be expanded to increase the opportunity of older adults 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.

STATUS:

This phase will carry over into the next year and will be completed once phase two is complete with feedback from the OASAC and other stakeholders.

Finance Workgroup: 2007 Priority Objectives

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
<p>1. Reimbursement to providers should be related to the provider cost and at least meet or equal the cost of the provision of services. Reimbursement rates from state programs including those funded by Medicaid should reflect provider cost and should be increased on an annual basis adjusted for inflation. All providers receiving any state funds shall collect and report at least basic cost data. Care shall be taken to avoid disenfranchising.</p>	<p>The Finance Workgroup has conducted a study to determine the sources of government funds for the long term care system in Illinois for older adults. The workgroup's study has shown that, for the programs and services for which cost information is collected, the reimbursement rate paid by the state for those services does not meet the costs of the providers. For example, Medicaid rates for long-term care facilities cover only 78% of the cost of providing the required level of care and Medicaid home health rates cover only 44% of the cost of providing the required level of care. We also discovered that collecting cost information is not required for many providers. This lack of cost data prevents some providers from being able to show that reimbursements do not meet their costs.</p>
<p>2. A. The state shall identify the number of people who are not enrolled in Medicaid but who are Medicaid eligible and are receiving state-funded services that could be matched by Medicaid. This process shall be designed in such a way to preserve the dignity of older adults and overcome potential resistance to Medicaid through streamlined application processes.</p> <p>B. The state shall study the effectiveness of incentives to encourage state-funded agency staff to maximize Medicaid enrollment in state programs.</p> <p>C. The state shall investigate/explore consolidating all eligibility for older adult</p> <p style="text-align: right;"><i>(Column continued...)</i></p>	<p>The Finance Workgroup study has shown that some of the services currently funded solely by state GRF funds and provided to persons who are eligible for Medicaid could be matched with federal funds if Medicaid enrollment was maximized.</p>

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
<p>services programs through the single state Medicaid agency to maximize Medicaid enrollment in all programs. This process shall be designed in such a way to preserve the dignity of older adults and overcome potential resistance to Medicaid through streamlined application processes.</p>	
<p>3. The Finance Workgroup recommends that the OASAC in cooperation with IDoA and IDHFS determine where there are unmet needs for services, and the cost of providing access to meet those needs.</p>	<p>Until it is determined whether there are unmet needs in the older adult population in Illinois and where those unmet needs are, we cannot determine the cost of providing access to meet those unmet needs.</p>

Coordinated Point of Entry Workgroup Findings and Goals

Older adults 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,

The Coordinated Point of Entry (CPE) Workgroup has been engaged throughout the year in defining an appropriate model for implementation responding to the legislation and to the goals set forth in the 2006 Recommendations and Work Plan. The workgroup initially focused on articulating an ideal set of services to be offered by a CPE, including the various points where older adults and caregivers naturally seek assistance when help is needed. Members envisioned a Coordinated Point of Entry system in which:

- There is “no wrong door” of community access points, and includes those resource locations that naturally occur as well as those sites where older adults and their families traditionally seek assistance.
- Community access points either direct a person to services or have the potential to provide information and linkages to additional resources.
- Community access points are user-friendly and easy to navigate whether by telephone, in-person or through the Internet.
- Community access points provide options or choices in resources and all information is presented in a neutral and informative manner.

Feeling a need that we should build upon our present strengths, the workgroup will continue to examine our present system including current points of access through our Area Agencies on Aging and its designees and the statewide case coordination system. The Area Agencies on Aging were surveyed to help create a means of understanding the strengths of the present system and how it could be improved. The workgroup initiated a

dialogue on what neutrality means in the long-term care system; discussed the importance of an interactive Web site for consumers, caregivers and professionals; envisioned that technology will be most important in the handling of telephone calls; and noted the importance of appreciating similarities and differences between current service models before we seek change.

In the coming months, the workgroup hopes to identify a model for Coordinated Point of Entry that could be implemented on a demonstration basis. The workgroup feels strongly that Illinois has been relatively successful in reaching a large number of constituents, but we need to develop a system that is responsive to constituents of the future and one that is well-known through effective marketing and offers branded services representing statewide standardization and quality.

Coordinated Point of Entry Workgroup: 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 Elder Care 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.
5. 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.
6. The state should create a means to evaluate the system on an ongoing basis that incorporates and tracks client satisfaction, outcomes of services and gaps in the service system.

Coordinated Point of Entry Workgroup: Status of 2006 Priority Objectives

Objective 1:

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.

RATIONALE OR SOURCE:

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.

STATUS:

The workgroup is engaged in defining the responsibilities of a CPE and access points, and is committed to building on the current infrastructure of Case Coordination Units, Area Agencies on Aging and the Aging Network.

Objective 2:

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.

RATIONALE OR SOURCE:

(See Services Expansion Section).

STATUS:

(See Services Expansion Section).

Objective 3:

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.

RATIONALE OR SOURCE:

Includes the design, implementation and maintenance of a comprehensive information and assistance older adult services program.

STATUS:

The workgroup has researched several data systems and will work with IDoA in implementing a data system that will meet the requirements of the Aging and Disability Resource Center pilot projects. Taxonomy characteristics, web-based performance, contract/bid requirements and user-friendliness are aspects under evaluation.

Objective 4:

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.

RATIONALE OR SOURCE:

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.

STATUS:

The workgroup is still considering several branding "identities," and is debating which system components would be designated as such. Current discussion would

label entry-level, intake entities as “branded,” but would not extend that name to the service providers as a whole.

Objective 5:

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.

RATIONALE OR SOURCE:

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.

STATUS:

The access point discussion is concurrent with, and dependent upon, the definition of CPE activities, responsibilities and characteristics. It is anticipated that each CPE would have numerous access points, which would be generic, senior-related locations.

Coordinated Point of Entry Workgroup: 2007 Priority Objectives

OVERALL — LONG-RANGE GOAL

Implement a recognizable and branded Coordinated Point of Entry system linking current and proposed access points to resources serving the 60+ population, which offer consumers, caregivers and professionals standardized quality information, services and when appropriate, point-in-time referral and enrollment to programs, services and benefits, through neutral electronic and face-to-face access points throughout Illinois. The Coordinated Point of Entry should offer informed choice in home, institutional and community-based resources.

OBJECTIVES FOR 2007

Describe a desired model of a CPE that meets the legislative mandate and definition by:

- Surveying existing models that include Area Agencies on Aging, Case Coordination Units, the Aging and Disability Resource Centers and others currently practiced in Illinois, taking into account variations in local services networks in order to evaluate their strengths and weaknesses
 - Review models of CPE in other states and any other available data to also evaluate for strengths and weaknesses.
-

1. Describe and circulate for critical comment a draft of a desired model(s), including the desired outcomes of what a CPE ought to look like based on the legislation and workgroup discussions of essential components. This will be accomplished by:
 - a. Surveying existing models that include Area Agencies on Aging, Case Coordination Units, the Aging and Disability Resource Centers and others currently practiced in Illinois and outside of our area and take into account variations in local service networks;
 - b. Refining the desired model(s) based on the comments received and survey data;

(Column continued...)

- c. Determining the outcomes that a CPE will be expected to achieve and establish a baseline on which evaluations and standards will rest. These measures should be based upon a thorough review of existing practices within our state and outside the area;
- d. Surveying the community providers to determine their current ability to achieve these outcomes and the barriers to achieving them; and
- e. Defining clear goals and objectives.

2. Identify specific outcome measures by reviewing standards used by Illinois service providers and from out-of-state resources to evaluate its performance.

3. Continue the development and implementation of 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.

4. Develop, implement and publicize a 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.

Services Expansion Workgroup Findings and Goals

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 Workgroup: Status of 2006 Priority Objectives

Objective 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 Community Care Program 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/reporting.

STATUS:

Phase One of Comprehensive Care Coordination began on October 1, 2006. Certain CCUs statewide were chosen as participants in the first phase of this demonstration project. Phase Two plans to bring all other CCUs into the project starting in January 2007. The Department adopted a new Comprehensive Care Coordination tool on October 1, 2006. This tool will be used in all demonstration projects and will be used by all Care Coordination Units during the phase in of Comprehensive Care Coordination.

Objective 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 of cost of transporting clients and to ensure older adults continued access.

STATUS:

A statewide Adult Day Service (ADS) procurement occurred in 2005. Sixteen new ADS sites were opened due to this procurement. Effective July 1, 2006, Emergency Administrative Rules were filed increasing the ADS transportation rate to \$8.30 per one-way trip.

Objective 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 Senior HelpLine and to community level information and assistance sites. Onetime federal grant funds have been used to expand the number of 800 phone 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 Senior 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.

STATUS:

The FY 07 approved budget included \$1.0 million for hiring additional staff and other operational expenditures to support the Senior HelpLine. There is still a pressing need for Area Agencies on Aging and Senior Health Assistance Program sites to increase their staffing levels due to increased demand related to Medicare Part D.

Objective 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 unserved areas to include two meals per day 365 days per year, offering shelf-stable meals, and addressing meal preparation and production issues.

STATUS:

The FY 07 Home Delivered Meals Program appropriation was increased by \$1.0 million. Additional funding will address increased meal delivery costs, increased food costs, replacement equipment and vehicle needs, and the new nutritional requirements by the federal government.

Objective 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.

STATUS:

No funds were appropriated, but the law was changed to permit use of the grant program for transformation grants to allow Senior Centers to better serve the needs of the changing populations.

Services Expansion Workgroup: 2007 Priority Objectives

SHORT-TERM RECOMMENDATIONS:

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
<p>Community Care Program</p> <p>1. Restructure the Community Care Program to provide for:</p> <ul style="list-style-type: none"> a. service maximums comparable to the Home Services Program of the Illinois Department of Human Services, Division of Rehabilitation Services, b. personal care type tasks, c. require intermittent, night and weekend hours for all subcontractors of in-home and care coordination services, and d. rollover and banking of unused service maximum dollars with banked funds available for home modification and assisted <p style="text-align: right;"><i>(Column continued...)</i></p>	<p>The in-home services component of the Community Care Program has been in operation since 1979 with few substantive changes. Requested changes would enhance the program and make it more relevant to older adults seeking to remain in their own homes.</p>

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
<p>technology comparable to the Home Services Program.</p>	<p>.....</p>
<p>2. Permit Respite Care as a stand-alone community care service, amend the Home- and Community-Based Services waiver to include Respite Care as a waived service and establish statewide standard practices for Title III of the Older Americans Act respite services.</p>	<p>Providing Respite Care services is critical to assisting family caregivers in balancing the needs of the older adult they are caring for, the needs of their family, their own needs, and the demands of their work outside the home. Some Respite Care is available in the state using Family Caregiver Support funds, but more is needed. Similarly, statewide standards for Respite Care services provided under the Older Americans Act are critical to assuring quality and consistency.</p>
<p>3. Provide funding above the base hourly rate for optional Adult Day Services, such as medication management, occupational therapy, full-time licensed health care professional on staff, bathing, etc.</p>	<p>Over time, adult day programs have evolved into providing quasi-medical type services. Yet, its rate structure has failed to keep up with this evolution. While some programs continue to provide services based on a more social model, many programs routinely provide the more medical optional services at its own expense.</p>
<p>4. Conduct an evaluation of the current Determination of Need (DON) tool to assess its validity and reliability as a component of the comprehensive assessment and as an indicator of the need for long-term care services.</p>	<p>The lynch pin to receiving services — the DON tool — was last evaluated in 1990 for its validity and reliability. Part B of the tool has come under increased criticism recently. Rethinking the DON, specifically Part B, must be a part of any overhaul plan.</p>
<p>5. Expand the scope of care coordination to provide for transitioning across care settings and to facilitate the flow of information to help the older adult achieve the highest level of independence possible, while acknowledging the roles of informal and formal caregivers in achieving this goal.</p>	<p>As the Blaser report pointed out over a decade ago, older adults do not progress across a continuum of care. Rather they move among care settings as acute episodes arise or when chronic conditions require more intensive care. Currently, older adults entering the hospital or moving into a nursing home for even a short term stay fall out of the community care system. While there are some exceptions to this, they are limited at best.</p>
<p>6. Permit care coordinators to assist older adults in their own homes with filling out an application for the Low Income Home Energy Assistance Program (LIHEAP).</p>	<p>State regulations permit local Community Action Program (CAP) agencies that administer LIHEAP to require face-to-face interviews in their offices. These agencies argue this is necessary, because they provide case management services to LIHEAP clients. In some areas of the state, CAP agencies administer the program in multiple counties from a single agency. Requiring older adults to travel to a CAP agency to fill out an application is an undue hardship, serves as a barrier to acquiring services</p>

(Column continued...)

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
<p>.....</p> <p>7. Establish medication management services statewide as a stand-alone service available to all case coordination clients.</p>	<p>and is contrary to the trend in human service benefit programs.</p> <p>.....</p> <p>Failure to take medications as prescribed along with a lack of good nutrition leads to diminished health, loss of independence, and escalating demands on state resources. While some may need regular reminders to take their medicine, others may require medication trays to be set up as well as communication with medical professionals and pharmacists.</p>
<p>Nutrition Services Convene a Governor’s Summit on Older Adult Nutrition.</p>	<p>Lack of nutrition leads to diminished capacity, exacerbates the natural aging process, and may result in loss of independence. While nutrition services are multi-faceted, state funding has focused only on home-delivered meals. The summit will provide an opportunity for policy makers, providers, advocates, and older adults to develop recommendations for what Illinois’ nutrition services should look like.</p>
<p>Mental Health Services Implement the Mental Health and Aging Integrated System Initiative (gero-psychiatric initiative) statewide.</p>	<p>Many older adults suffer from depression and other mental health problems. However, the traditional community mental health programs are not designed to address accessibility and other barriers for older adults to care. The Mental Health and Aging Integrated System Initiative (gero-psychiatric initiative) — a demonstration project set up in parts of Illinois — has proven effective. The issues older adults face can be better served by placing a geriatric mental health specialist in each planning and service area of the state.</p>
<p>Housing-Plus Services Begin to investigate the consolidation of the oversight, monitoring, evaluation, and administration of Assisted Living, Shared Housing and Supportive Living facilities under one state agency and ensure adequate funding and staffing.</p>	<p>Supportive Living, Assisted Living and Shared Housing facilities all provide the same type of environment and services; but they are governed by different regulations and oversight agencies. Consolidating oversight under one agency will allow for regulatory consistency and economies of scale.</p>
<p>Transportation Include the unique needs of older adults in the State of Illinois Human Services Transportation Plan.</p>	<p>Transportation issues for older adults differ from those of the younger population. These unique needs should be considered in the State of Illinois Human Services Transportation Plan. Transportation continues to be a major obstacle for older adults residing in their communities.</p>

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
<p>Long Term Care Ombudsman Program Allocate general revenue funds to replace civil monetary penalty funds for Long Term Care Ombudsman services.</p>	<p>The balance in the Civil Money Penalty fund has diminished over time. It is projected that funds once dedicated to the Long Term Care Ombudsman Program will dry up by FY 2008. The Services Expansion Workgroup supports no cuts to the funding in 2007.</p>
<p>Comprehensive Care Coordination Fully implement comprehensive care coordination to include identification of statutory, regulatory, and other barriers to achieving full implementation. The FY 2008 budget should include analyzed funding for comprehensive care coordination as defined in the Services Expansion Workgroup's 2006 recommendation.</p>	<p>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.</p>

LONG TERM RECOMMENDATIONS:

The following long-term recommendations should not be viewed as all inclusive. Additional recommendations will be made by the Services Expansion Workgroup based on research and future developments. The recommendations will serve to focus the group's work through 2010.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
<p>Housing with Services</p> <ol style="list-style-type: none"> 1. Review of licensure codes and standards that serve as barriers to Older Adults aging in place. (e.g. Nursing Home Care Act, Assisted Living and Shared Housing Act). 2. Investigate the possibility of modifying the Supportive Living Facility waiver to permit developmentally disabled adult children of residents over age 65 to reside with them in a facility earmarked for older adults. 	<p>Housing services do not provide a continuum of care. Rather, older adults must move among care settings as acute episodes arise or when chronic conditions require more intensive care. This movement is difficult and sometimes detrimental to older adults. They should not have to move from place to place to live in the least restrictive environment, especially since the resources they need could be provided in their current home setting. Laws and rules that do not allow older adults to age in place should be reviewed to determine how they can better meet older adults' needs.</p> <p>Over 30,000 older adults age 60 or older are struggling to care for their children with developmental disabilities, who are mostly between the ages of 50 and 70. For many adult children with developmental disabilities, their parents have been their only caregivers. As these older caregivers come to need assistance for themselves, they face</p> <p style="text-align: right;"><i>(Column continued...)</i></p>

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
	<p>the dilemma of leaving for the first time their children. Modifying the Supportive Living Facility waiver to permit adult children with developmental disabilities to continue to live with their parents would provide much more security for the older adults and their children.</p>
<p>3. Consideration should be given to alternative supportive housing arrangements such as adult foster care.</p>	<p>To ensure that older adults have the choices necessary to live in the least restrictive setting, they should be provided a variety of housing options. Illinois will never be able to meet the housing needs of all older adults who require assistance without the appropriate options being available.</p>
<p>4. Expand the authority of the Illinois Home Weatherization Assistance Program to provide home modifications to make the homes of eligible older adults more accessible and energy efficient.</p>	<p>The Illinois Home Weatherization Assistance Program can help low-income older adults save fuel and money, while increasing the comfort of their homes. Much needed savings on utility bills of up to 25% also benefit older adults using this program, which is a big help to those on fixed incomes.</p>
<p>5. Establish regionally placed specialized Supportive Living Facilities for older adults with serious and persistent mental illness.</p>	<p>Older adults with serious and persistent mental illness, especially those with Alzheimer’s disease, have different (sometimes more intense) care needs. Specialized facilities will allow staff to focus on this type of care and may provide a greater level of comfort for residents.</p>
<p>6. Increase the number and availability of Supportive Living Facilities in all regions of the state.</p>	<p>As Illinois’ older adult population increases, the need for housing rises. Some areas of the state have waiting lists people who wish to enter Supportive Living Facilities.</p>
<p>Community Care Program 1. Train care coordinators to perform home safety evaluations.</p> <p>2. Establish a funding mechanism for older adults in need of emergency home response equipment, but who cannot afford the monthly payments for local telephone services.</p>	<p>Through comprehensive care coordination, care coordinators must evaluate all aspects of older adults and the environments in which they live, including home safety evaluations. Home safety evaluations are a new component of care coordinators’ responsibilities.</p> <p>For many older adults, an emergency home response device may be the only thing they need to remain in their own homes. Those with low or fixed incomes; however, may not be able to afford the payments for local telephone service that is necessary to operate an emergency home response device, especially those who are facing increased local phone rates due to deregulation in northern Illinois.</p>

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
<p>Elder Abuse and Neglect</p> <p>1. Funding for service interventions for Older Adults determined to be self-neglecting as defined by the Elder Abuse and Neglect Act.</p> <p>.....</p> <p>2. Require all Elder Abuse programs to respond to elder abuse reports 24 hours a day, 7 days a week, including holidays.</p>	<p>Illinois recently passed a law implementing services for older adults who are self-neglecting. Funding has not been established for service interventions needed in these homes.</p> <p>.....</p> <p>Currently, Elder Abuse services are only available during normal work hours. The inability of victims to access these services during evening and weekend hours threatens their life and safety.</p>
<p>Long Term Care Ombudsman Program</p> <p>Increase federal and state funding for the Long Term Care Ombudsman Program.</p>	<p>The balance of the Civil Monetary Penalty fund that currently provides \$750,000 per year to the program has diminished over time. It is projected that funds once dedicated to the Long Term Care Ombudsman Program will dry up by FY 2008. Loss of the \$750,000 would have a serious adverse effect on the program. In addition, the current Long Term Care Ombudsman funding is not adequate to provide the advocacy needed by all nursing home residents to provide them with the safety, care and quality of life they need.</p>
<p>Mental Health</p> <p>1. Evaluate the availability of Geriatric Assessment and Mental Health Services provided by qualified medical and mental health professionals in all regions of the state. Identify the capacity to serve, needed service components, and workforce competencies necessary in the medical and mental health treatment of older adults.</p> <p>.....</p> <p>2. Reform private insurance, Medicare, and Medicaid to increase coverage for mental health services.</p> <p>.....</p> <p>3. The Illinois Department of Human Services' Division of Mental Health should consider the utilization of the Community Support Team model to more effectively serve the needs of older adults.</p>	<p>The capacity to serve, needed service components, and workforce competencies necessary in the medical and mental health treatment of older adults should be identified to better meet the needs of older adults with mental illness.</p> <p>.....</p> <p>Current remuneration for mental health services for older adults is inadequate. Payment coverage for mental health services should be reformed to better meet the needs of older adults with mental illness.</p> <p>.....</p> <p>Utilizing the Community Support Team model will provide older adults with mental illness a more comprehensive way of meeting their needs.</p>
<p>Nutrition Services</p> <p>For future funding consideration, conduct a cost study of Home-</p> <p style="text-align: right;"><i>(Column continued...)</i></p>	<p>Lack of nutrition leads to diminished capacity, exacerbates the natural aging process, and may result in loss of independence. While nutrition</p> <p style="text-align: right;"><i>(Column continued...)</i></p>

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
<p>Delivered Meals and other Nutrition Program providers along with a comprehensive study of nutrition services.</p>	<p>services are multifaceted, state funding has focused only on home-delivered meals. Additionally, nutrition services are not available to all of the Illinois older adults who need them. To best meet their needs, a plan for the changing nutritional challenges of older adults is necessary.</p>
<p>Senior Centers For future funding considerations, conduct a review of Senior Center programming including promising practices as a basis for making recommendations regarding how Senior Centers will need to operate in the future to meet the needs of the current population of older adults and the older adults of the future.</p>	<p>Senior Centers are a vital resource for services and provide an important social connection to the older adult community. As the population ages, an assessment of Senior Center operations and how they can be retooled to meet the needs of the current population is essential to meeting the needs of today's as well as tomorrow's older adults.</p>
<p>Transportation</p> <ol style="list-style-type: none"> 1. Improve coordination of senior transportation providers. <p>.....</p> <ol style="list-style-type: none"> 2. Develop a Comprehensive Senior Transportation Plan for Illinois to address issues that include but are not limited to: <ul style="list-style-type: none"> ● Mobility Management — the coordination of transportation for older adults through providers of public transit, private carriers, and volunteer organizations. ● Increase payments to providers of public para-transit and private transportation. ● Subsidize the cost of public/private transportation through vouchers for older adults. <p style="text-align: right;"><i>(Column continued...)</i></p>	<p>Senior transportation providers are often restricted by service area boundaries. Providers are only allowed to transport older adults within a specific area or take them on certain types of trips. Older adults, especially in urban areas, are often transported to a specific boundary and must change vans or buses in order to reach their destination. Without an escort, this situation restricts transportation services to the only those older adults who are mobile enough to make the changeovers on their own. Better coordination is needed among providers to allow for smoother, higher quality transportation services that do not restrict the older adult's ability to use the service.</p> <p>.....</p> <p>In order to address all of the transportation needs of older adults and create true livable communities, a plan should be created to address all issues surrounding senior transportation.</p>

OBJECTIVE PRIORITY	RATIONALE OR SOURCE
<ul style="list-style-type: none"> ● Reimburse individual volunteers and home care workers for transporting older adults. <p>.....</p> <p>3. Investigate the need to increase reimbursement rates for nonemergency Medicaid transportation.</p>	<p>.....</p> <p>Current rates for nonemergency Medicaid transportation for the disabled are three to four times higher than those paid for older adults receiving senior transportation services. For example, many Adult Day Service transportation providers are unable to reach and transport all older adults in their service area who need the service. Costs for vehicles, gas, and maintenance have become too high. An investigation of the rates for nonemergency Medicaid transportation for the disabled is needed to provide guidance and help determine viable rates for nonemergency senior transportation services.</p>

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/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 results 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 it 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/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 and Family Caregiver Workgroup: Strategic Goals for 2005-2010

Workforce:

1. Strive to 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. 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. 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/coaching, and on-the-job training, with specific attention to cultural competency and diversity.
4. 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.
5. In the interest of assuring adequate wages and benefits to attract and retain a qualified and stable worker pool for all community-based and long-term-care settings, the workgroup supports an adjustment in wages that reflects any increase in the state minimum wage. In addition, the workgroup recommends that, to the degree that long-term care workers are paid a wage above the state minimum, rates should be increased to maintain or enhance that differential above the new minimum wage. (This recommendation is consistent with the recommendation from the Finance Workgroup 2007 Priority Objectives.) The workgroup further recommends that a long and short-term goal of the Workforce and Family Caregiver Workgroup, as well as OASAC as a whole, is to support a wage policy for persons providing care to older adults in long-term care that is at a level high enough so that they are not negatively impacted by future increases in minimum wage.

Family Caregiver

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. Adequately fund Respite Care for family caregivers.
2. Offer family caregivers with affordable, readily available, high quality, comprehensive, accessible respite services that are coordinated across all care settings.
3. 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. 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.

Workforce and Family Caregiver Workgroup: Status of 2006 Priority Objectives

Workforce Objective 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.

RATIONALE OR SOURCE:

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.)

STATUS:

1. Legislation introduced in January 2006 to increase health insurance for home care workers was not passed.
2. A survey is in process to assess the current situation and potential demand for health insurance among all long-term care employees in the State. The survey documents and process are being revised to maximize response rate while maintaining the integrity of the data collection, on an on-going basis

Workforce Objective 2:

Provide funding for the expansion and introduction of evidence-based career ladder and lattice programs in institutions and community-based care settings.

RATIONALE OR SOURCE:

The expansion and introduction of career ladder/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.

Note: 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 the 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.

STATUS:

1. A review of evidence-based career ladder/lattice programs was conducted.
2. LEAP, an evidenced-based program, was expanded through CMP funds from IDPH.
3. Meetings were conducted with home care workers. Attendees expressed interest in receiving training to improve work options.

Workforce Objective 3:

Provide funding for the introduction and expansion of programs that provide comprehensive training, education, mentoring/coaching and on-the-job training.

RATIONALE OR SOURCE:

This recommendation assumes a minimum of 10 communities would implement career pathways programs.

STATUS:

1. No progress was made on implementing model career pathways programs.

Family Caregiver Objective 1:

Provide general revenue funding for Respite Care in accordance with the Family Caregiver Act (PA 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.

RATIONALE OR SOURCE:

Based on the assumption that 10,000 caregivers would prefer to receive 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.

STATUS:

An increase in general revenue funds of \$2.0 million was applied to Flexible Senior Services in the FY 2006-2007 IDoA Budget.

Family Caregiver Objective 2:

Conduct a study in Illinois to provide a benchmark of family caregiver demographics, needs/assets and service utilization.

RATIONALE OR SOURCE:

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.

STATUS:

1. Qualitative data were collected by workgroup members. While plans for a comprehensive statewide benchmarking survey were developed, a survey was not conducted.
2. Workgroup members met with members of the State Caregiver Advisory Committee for input into designing the benchmarking study.

Family Caregiver Objective 3:

Promote awareness and visibility of the needs of family caregivers, especially working caregivers, by holding a public/private consensus conference on the challenges of working caregivers.

RATIONALE OR SOURCE:

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.

STATUS:

Planning for a consensus conference was initiated. It was recommended that the conference be deferred until 2007.

Family Caregiver Objective 4:

Expand individualized training for family caregivers through partnerships between the Aging Network and other specialized training organizations.

RATIONALE OR SOURCE:

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.

STATUS:

Committee members identified best practice individualized training programs for family caregivers.

Workforce and Family Caregiver Workgroup: Workforce 2007 Priority Objectives

WORKFORCE PRIORITY OBJECTIVES

1. Monitor impact of new minimum wage law, and advocate for appropriate wage adjustments.

2. Continue support for legislation targeted at increasing health insurance for home care workers.

3. Support legislation or budget increases targeted at increasing health insurance for all long-term care workers.

4. Promote dissemination of information regarding evidence-based career ladder/lattice programs.

5. Support introduction/expansion of evidence-based career ladder programs as well as identify new opportunities for developing programs for other frontline workers (e.g., home care workers, CNAs).

6. Support introduction of career pathways pilot programs in 10 communities.

In the interest of assuring adequate wages and benefits to attract and retain a qualified and stable worker pool for all community-based and long-term-care settings, the workgroup supports an adjustment in wages that reflects any increase in the state minimum wage. In addition, the committee recommends that, to the degree that long-term care workers are paid a wage above the state minimum, rates should be increased to maintain or enhance that differential above the new minimum wage. (This recommendation is consistent with the recommendation from the Finance Workgroup's 2007 Priority Objectives.) It is further recommended that a long- and short-term goal of this group, as well as the OASAC as a whole, would be to support a wage policy for persons providing care to older adults in long-term care that is at a level high enough so that they are not negatively impacted by future increases in minimum wage.

FAMILY CAREGIVER PRIORITY OBJECTIVES

1. Support an increase in general revenue funds for services that would benefit family caregivers, with specific emphasis on respite care, in the FY 2007-2008 IDoA Budget.

2. Obtain resources to conduct a comprehensive statewide benchmarking survey of family caregivers to determine priority needs among caregivers in Illinois.

3. Conduct a private/public consensus conference to identify priority policies for assisting working caregivers.

4. Obtain resources to provide a pilot individualized training program for 500 family caregivers.

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 Workgroup: Summary of 2006 Activities

1. Define the goals of nursing home bed conversion within the overall context of the Older Adult Services Act Committee (OASAC) priorities.

Considerable conceptual discussion occurred in the first meetings of the Conversion Workgroup as to the purpose and context of a state-supported nursing home conversion grant program, as defined within the parameters of the Older Adult Services Act. Out of these discussions the following priority objectives were agreed upon:

- a. It is inappropriate to use state funding merely to assist a facility in an already planned change in its business model.
- b. As required by the Older Adult Services Act, state conversion grants would only be made to facilities with greater than 50% Medicaid clients and which provided a 20% participation in the overall funding.
- c. No facility bed conversion program can be done in isolation. Any approved conversion program must be consistent with the need for services within its local area and have the written support of local government agencies and local home and community-based service providers.
- d. Any conversion grant must also address the overall priority needs for senior services in the state, as defined by OASAC.
- e. Conversion grants to reduce the number of beds in a nursing home must have at least one of five objectives:
 - i. Improve the quality of life of existing nursing home residents by converting multi-bed rooms to private bedrooms,
 - ii. Improve the availability of cost-effective medical technology by both downsizing and upgrading to specialized medical services in areas where there is a deficiency of these services (e.g., ventilator care, dialysis, head trauma, specialized wound care, short-term intensive therapy),
 - iii. Provide additional residential options by converting nursing home beds to assisted living, supportive living, or other senior housing alternatives,
 - iv. Convert or expand existing nursing home services to increase the availability of home and community services in areas where these services are needed, such as home health, outpatient therapy, home delivered meals, Adult Day Services, and transportation,
 - v. Using the concept of the “license follows the person,” re-design facilities to meet the highest licensure and safety standards, but in a home-like environment, so a senior can live in a senior housing apartment and as medical needs increase,

additional medical services are brought in, the resident's apartment licensure category changes in accordance with the level of medical service needed, and most importantly, the resident does not have to move to another location based on licensure requirements.

- f. Conversion is not only a social services issue for seniors but an economic development issue as well. If beds are empty and resources unused, jobs are unfilled and opportunities for service underutilized. If assistance is provided to help nursing homes retool and convert, more jobs will be made available in addition to more relevant services for seniors provided. Utilizing economic development funding as a possible source of conversion funding needs to be explored.
2. Establish a baseline of existing beds in use and specialized services within nursing homes throughout the state.

According to IDPH, there are approximately 115,000 licensed nursing home beds in 1,000 nursing homes with a statewide average occupancy of 78%. While the state agencies and the Workgroup knows how many licensed beds there are in the state, what is not clearly known is a baseline of how many of those licensed beds are actually ready for occupancy. A particular nursing home may be licensed for 100 beds, have 85 residents, and be set-up for 90 beds, with the remaining five rooms (generally two beds per room) being used as additional activity rooms, family rooms, therapy space, offices, etc). One of the goals of the Workgroup for a baseline was determining not only how many licensed beds there are in the state, but also how many beds were actually set up and ready for occupancy. A second baseline goal was to determine how many specialized services and specialized beds were operational within long-term care facilities.

Consequently, the workgroup worked with representatives from both the Health Facilities Planning Board and the Illinois Department of Public Health to revise the annual Long-Term Care Facility Profile data questionnaire required by law. Based on the work of the workgroup the questionnaire for 2006 was revised. Because this section of the questionnaire was new, there was some confusion in the field in how to answer some of the questions. The statistical results of the 2006 questionnaire provided some indication of trends in operational beds and specialized services, but not the definitive final numbers that were hoped for. Based on the 2006 results, the workgroup plans on working with the Illinois Department of Public Health to further refine and clarify this section of the 2007 questionnaire.

3. Study how other states handled bed conversion programs, with the assistance of AARP.

One of the key questions of the workgroup was designing a conversion program that works. The committee studied the parameters, successes and failures based on the experience of conversion programs in other states. The Illinois Council on Long Term Care had done a national survey for the House Democratic staff several years ago during the initial Senate Bill 2880 discussions, and AARP dedicated a staff member to conduct a national survey of conversion programs in other states this year. The workgroup reviewed the structure and outcomes of conversion programs that have been tried in Iowa, Minnesota, Nebraska, North Dakota, Ohio and Wisconsin.

Bed reduction programs took the form of either buy-back programs (de-license and close beds) or conversion to other services. Ohio and Minnesota offered buy-back

programs (paying facilities either through an outright grant per bed or adjusting the Medicaid rate to cover the on-going fixed costs). Nebraska and Iowa established conversions programs, and Wisconsin and North Dakota had a combination of both buy-back and conversion programs.

The most successful of the buy-back programs was Minnesota (closing 885 beds), using a combination of \$2,080 per bed one-time pay out plus ongoing Medicaid rate adjustment to cover on going fixed expenses. Ohio's bed buy-back program was based on competitive bidding, with the lowest bid in each area accepted. The program was to be funded through a provider tax that never passed the legislature and so the program expired.

North Dakota and Wisconsin had a combination of buy-back and conversion.

North Dakota closed 312 beds in 20 facilities by paying facilities a one-time fee of \$8,000 to \$15,000 per bed depending on the number of beds each facility closed. The conversion aspect of the program was less successful, resulting in 72 converted beds in four facilities. Wisconsin's buy back program was based on adjustments to the facility Medicaid rate. The Wisconsin program offered insufficient incentive for reducing beds and there were no takers. Wisconsin also offered insufficient incentives both in the conversion support and in assisted living rates to encourage any takers.

Iowa allowed \$45,000 per unit for assisted living conversion, with a maximum grant of \$1.0 million per facility, with 20% facility match. The most successful conversion program was in Nebraska where 967 nursing home beds were converted to either assisted living or adult and child day care units. Nebraska paid \$52,000 per unit with a per facility maximum of \$1.1 million, with 20% facility match. The maximum grant per facility for adult and child day care was \$100,000. Total amount of grants was \$38.0 million, but the net savings for Medicaid by converting from one service to another, after administrative costs were considered, was \$130.0 million over 10 years.

The most successful model was the Nebraska model, upon which the Workgroup made its recommendations for successful funding in Illinois.

4. As required by Section 30 of the Older Adult Services Act, develop regulations within IDPH through proposed rulemaking, so a grant structure and criteria would be in place when funding becomes available.

Section 30 of the Older Adult Services Act sets very specific criteria for the public grants for nursing home bed conversion (50% Medicaid, 20% match), with awards granted through the Department of Public Health, in consultation with the Departments on Aging and Healthcare and Family Services. Section 30 calls for IDPH to establish by regulation the structure of the grant program and criteria. The Conversion Workgroup reviewed and revised draft regulations that can be published as proposed regulation by the Illinois Department of Public Health. The Workgroup submitted the draft regulations to the OASAC committee. Since the rulemaking process often takes six to nine months, the Workgroup recommended that the rulemaking process proceed so that at least a grant structure would be in place at the point funding becomes available.

5. Based on the most successful and cost-effective conversion program from the other states (the Nebraska model), the Workgroup began preliminary discussions on the cost for the Illinois Department of Public Health to offer a pilot conversion grant program.

The success of the Nebraska conversion program in accomplishing the conversion of nearly 1,000 nursing home beds provides an excellent model for a successful program in Illinois, along with borrowing some of the more successful aspects and protections found in the other state programs. In attempting to not only reduce the number of nursing home beds but also increase the availability of alternative senior independence services, Illinois' conversion program promises to be the most far-reaching and innovative approach in the nation.

The workgroup began considering the possibility of recommending to OASAC a five-year funding plan based essentially on the successful Nebraska model. It would be renewable each year based on the previous year's success. Preliminary costs for the grants and for IDPH for evaluation, administration and monitoring are still be considered prior to a formal presentation to the Advisory Committee.

Nursing Home Conversion Workgroup: Status of 2006 Priority Objectives

Objective 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.

STATUS:

The Department of Public Health — as the lead agency for nursing home conversions as identified in OASA — has led the workgroup's activities in this area.

- a. Representative from the Health Facilities Planning Board (HFPB) have participated in several meetings and have provided guidance on updating nursing home reporting mechanisms to better reflect actual bed usage in the state.
- b. This portion of Objective #1 continues to be worked on.
- c. Research has been conducted on successful and unsuccessful conversion programs in other states and discussions continue regarding development of a program for Illinois.

- d. This has been completed and was approved for incorporation on the HFPB's annual inventory survey.

Objective 2:

Identify and state the impediments to accomplish the above four points.

STATUS:

The workgroup continues to work on this objective.

Objective 3:

Identify any legislation that may need to be drafted and implemented to address these impediments.

STATUS:

The workgroup has developed draft language for Illinois Department of Public Health rules and continues to review and research potential legislative changes necessary to move forward.

Nursing Home Conversion Workgroup: 2007 Priority Objectives

1. Develop the structure for an Illinois Department of Public Health conversion grant program in anticipation of funding.
 - A. Proceed with the Illinois Department of Public Health rulemaking.
 - B. Develop a grant application process and award criteria.

 2. Address Barriers to Conversion.
 - A. Dialogue with the banking industry regarding financial barriers to nursing home bed conversion.
 - B. Discuss capital rate conversion options with the Illinois Department of Healthcare and Family Services.
 - C. Review the impact of Medicaid rates on conversion programs in other states.
 - D. Refine the Health Facilities Planning Board data collection of operational beds and of specialized services in nursing homes.
 - E. Dialogue with the economic development community, specifically including the Illinois Department of Commerce and Economic Opportunity, to investigate an economic development initiative for the conversion of unused nursing home capacity to activities or services needed in the local community, and the training and retraining of individuals to provide those community activities and services.
 - F. Articulate in layman's terms for the public, the media, and the legislature the purpose of a bed conversion retooling program and its impact on local economic development and the State budget.
-

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.

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History of Senate Bill 2880

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/or convert beds to assisted living and home/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 **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.

Senate Bill 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 Acknowledgments). 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 093-1031.

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 (U.S. Administration on Aging) and “My Choices,” Cash and Counseling demonstration program (Retirement Research Foundation) 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. **In the first year of the program, (July 2005-June 2006) 90 seniors have returned home.**

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.

While Illinois continues its efforts to transform long term-care and increase home and community-based services for the elderly, there are several federal initiatives that also support the shift in resources and services from institutional care to the community. The 2005 Deficit Reduction Act (DRA) permits states to increase services and offer the flexibility of consumer direction without an amendment to the state Medicaid plan or the initiation of a waiver. On November 1, 2006, the Illinois Departments on Aging, Human Services, and Healthcare and Family Services applied for a five-year demonstration grant under the “Money Follows the Person” initiative authorized by the DRA.

The Older Americans Act 2006 Reauthorization also refocuses the role of states on increasing both the quality and availability of home and community-based services. In September 2006, the Department of Public Health, in collaboration with the Department on Aging, was awarded a three-year demonstration for Evidence-Based Prevention programs to address chronic disease management in the elderly population. Ultimately, the goal of this initiative and all other state and federal initiatives, including OASA, is to transform Illinois’ system of older adult services making it the most comprehensive, affordable and sustainable service delivery system possible.

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.

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)

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Older Adult Services Advisory Committee 2006 Meeting Dates and Locations

- April 26, 2006 – Retreat, Illinois State Library, Springfield
- June 12, 2006 – Michael A Bilandic Building, Chicago
- September 11, 2006 – Office of the State Fire Marshal, Springfield
- November 13, 2006 – Michael A Bilandic Building, Chicago
- December 6, 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 — and click on the Older Adult Services Act button.





Older Adult Services Act

2007 Report

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1-888-206-1327 (TTY)

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

Elder Abuse Hotline:

1-866-800-1409

(Statewide, 24-hour)

1-888-206-1327 (TTY)

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