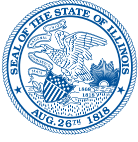

State of Illinois
Rod R. Blagojevich, Governor
Illinois Department on Aging
Charles D. Johnson, Director

(P.A. 093-1031)

Older Adult Services Act

2008 Report to the General Assembly

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Older Adult Services Act

From Director Charles D. Johnson

The following report meets the requirements of Public Act 93-1031, 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 2007 and the 2008 work plan.

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 workgroups meet on a regular basis and create reports and recommendations to advance the transformation of long-term care in Illinois. Among the significant accomplishments in 2007, the Finance Workgroup produced "A Long-Term Care Finance Primer" to educate decision-makers about current spending and trends in funding institutional and community-based services in Illinois. The Services Workgroup continued to identify increased needs for home and community-based services, and the Workforce/Caregiver workgroup continued to promote increased wages and benefits to attract and retain highly qualified home care workers and planned for a conference to help employers cope with the increased needs of employees to care for aging parents. The Nursing Home Conversion workgroup studied the successes of nursing home conversion efforts in other states in preparation for proposing an incentive program for Illinois. The Coordinated Point of Entry workgroup is developing standards for access points, and worked with IDoA to conduct a branding retreat to develop the identity for the access points. The overarching goal for these efforts is to assure that older adults across our state have timely access to accurate information so that Illinois seniors and their families can find the right community-based service at the right time, place and price to help avoid unnecessary institutional care.

The Department also acknowledges and thanks the Departments of Healthcare and Family Services, Public Health, Human Services, and the Illinois Housing Development Authority for their thoughtful participation and contributions to the Committee and its Workgroups.

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

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Departmental Assessments

Department on Aging

The Department on Aging is honored to lead the statewide effort to transform the state's long-term care system for Illinois' frail elderly residents. Since coming to office in 2003, the Blagojevich administration has expanded programs, services and reimbursement rates to increase access to home and community-based options. In 2007, the Department on Aging added Emergency Home Response Services to Homemaker Services and Adult Day Care in its Community Care Program, and implemented a flexible services demonstration project. In collaboration with IHDA and the Illinois Assistive Technology Program, IDoA also responded to needs identified throughout the state in implementing a new initiative to provide assistive technology to assist older Illinoisans in staying safely in their homes following an illness or disability. The Department has also taken great strides in implementing a comprehensive approach to needs assessment, case management, and service coordination for all Illinois seniors, regardless of financial eligibility, and participates in national efforts for nursing home diversion and Money Follows the Person.

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 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.

Department of Healthcare and Family Services

Department of Healthcare and Family Services Healthcare and Family Services (HFS) leads Illinois' long-term care reform efforts by working to ensure that high quality healthcare, coupled with appropriate and accessible community and facility-based options, are available to all Illinoisans in need of long-term care services. As the single state Medicaid agency and vice-chair of the Older Adult Services Advisory Committee, HFS is proud to administer and coordinate activities under the Money Follows the Person demonstration award, which builds upon the rebalancing framework established through the Older Adult Services Act and related reform efforts. An active participant on the Finance, Services Expansion and Nursing Home Conversion subcommittees, HFS supports the expansion of home and community-based waiver options for the populations it serves, including low-income older adults and persons with disabilities.

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.

Since the inception of the OASAC, the Department of Public Health has been working diligently to enhance its programs to better serve the long-term care population in the state. In 2006 it introduced legislation and implemented the identified offender rules which require that fingerprint background checks be conducted for all new admissions to long-term care facilities. Facilities are also required to develop risk assessment and treatment plans for those individuals identified as offenders. The Department continues to actively participate in the OASAC activities specifically in the Conversion Subcommittee and Services Subcommittee where its regulatory expertise can best serve the OASAC mandates.

Illinois Housing Development Authority

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

IHDA supports the mandates in the Older Adult Services Act through development and preservation of housing for low-income seniors, both independent and supportive. IHDA also supports modification of existing single- and multi-family housing to promote aging in place, and living in the least restrictive setting.

Executive Summary

This report is submitted to the Illinois General Assembly by the Illinois Department on Aging for the purpose of complying with the Older Adult Services Act (Public Act 093-1031). This report presents specific recommendations for action in 2008 to continue efforts to transform Illinois' comprehensive system of older adult services as specified by the Act and includes a review of the progress made in 2007.

Transforming Illinois' long-term care system to emphasize home and community services requires the diligent work of the OASAC and the state Departments of Aging, Public Health, and Healthcare and Family Services as mandated in the legislation. Similar efforts in other states have also required a substantial political commitment and financial investment. The Older Adult Services Advisory Committee recognizes the importance of state government's support and commitment to achieve this goal. While substantial gains were made in 2005, 2006 and 2007 to expand service options for frail older adults, the effort to rebalance spending to enhance home care options was challenged in the final FY 2008 appropriations where the General Assembly reduced the Governor's request for home and community-based services while increasing support for institutional care.

The Illinois Department on Aging is committed to continuing to work with the Departments of Public Health and Healthcare and Family Services to implement the recommendations outlined in this report, subject to appropriate funding by the General Assembly.

Purpose of the Older Adult Services Act

The Older Adult Services Act was enacted 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 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 January 2005 and created five Workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry, and Workforce and Family Caregiving.

Review of 2006 Accomplishments

The Department invested resources to support the Older Adult Services Advisory Committee and its five workgroups as the primary mechanism to develop a broad consensus among stakeholders and older adult representatives for transforming the state's long-term care system and spending to enhance home and community-based options. The Department also implemented its program mandated by PA 93-1082 to provide enhanced services to help interested nursing home residents return to community living. In the FY 07 budget, funding was appropriated to support Comprehensive Care Coordination for Illinois seniors, and to expand services by adding Emergency Home Response, Assistive Technology, and flexible services including respite, home modification, and other services that may assist Illinois seniors to live safely in the community. Transportation rates for Adult Day Services were increased to reflect the increased cost of gasoline, and the General Assembly also increased its investment in senior nutrition programs by $1 million. Workers were supported through an increase in the rates for Homemaker services, and more seniors were served through an increase in the amount of assets a senior may have in order to qualify for the Community Care Program. Efforts continued to assure that Medicare recipients in Illinois are enrolled in Medicare Part D and the state's extensive Illinois Cares Rx wrap-around program, and that experts were available by phone and in person to address questions during the first reapplication period in November and December of 2006.

2007 Accomplishments

During 2007, the Department fully implemented statewide Comprehensive Care Coordination, which includes a new comprehensive assessment instrument designed to link the older adult to all services available in the community regardless of funding source. The Department also arranged with Area Agencies on Aging to assure that clients eligible for the Community Care Program receive flexible services such as respite and assistive technologies, in addition to homemaker, emergency home response and adult day care. In November, the department began enrolling CCP clients in a "Cash and Counseling" demonstration program that gives clients substantial control over their care plan using the amount of money the state would have normally spent solely on the narrow range of covered services.

During the extended Spring 2007 legislative session, the General Assembly continued its support for OASAC recommendations. While the final appropriation is insufficient to cover the department's expenses for the year, legislators did not intend for cutbacks in home and community-based services and continued their support for OASAC recommendations. The Illinois Act on Aging was amended to include medication management as an allowable service, and additional provisions of House Bill 652 (PA 95-0565) will assure that older adults have more control of their care plan and the hours of their in-home services. Additional legislation (PA 95-0438) mandated the Money Follows the Person initiative to rebalance long-term care funding and assist older adults and people with disabilities transition back to community living following institutional care. At time of

printing, HB 4144 has passed both chambers and is awaiting Governor's signature. This legislation provides an additional $1.70 /hour for home care aides, and $1.33/hour for health insurance.

In addition to these accomplishments, the committee and its workgroups continued to function at a high-energy level. In January 2007, the Committee adopted an Operations Manual to establish guidelines for leadership, decision-making, and workgroup membership. The full committee met five times in 2007, and the Executive Committee of all workgroup chairs and at-large members met monthly to review reports, address membership issues, and set agendas for the full meetings. Monthly meetings convened by the Department on Aging included the Department of Healthcare and Family Services, Department of Public Health, Housing Develoment Authority and Department of Human Services and have contributed to greater interagency coordination and communication. To assure compliance with the Open Meetings Act and promote transparency of the process, minutes and meeting announcements for the full committee and its workgroups are posted and updated on the IDoA website.

Each year, the OASAC workgroups set priorities and work toward developing short-term and long-term recommendations. Progress toward meeting the 2007 objectives and the 2008 recommendations are listed below.

2007 Progress and Goals for 2008 and Beyond

Financing

2007 Accomplishments:

- The report, *How Public Long-Term Care Services for Older Adults are Funded in Illinois: A "Map" of the Current Financing Structure*, was presented to the OASAC in June 2007 and is available on the Internet at www.state.il.us/aging/1athome/oasa/resources/LTCprimer.pdf.
- Legislation was passed that mandates enrollment into Medicaid for Community Care Program participants who are eligible. This supported the workgroup's recommendation to maximize Medicaid reimbursement for eligible services while preserving the dignity of older adults. (HB 652, **PA 95-0565**)

2008 Priority Objectives:

- Assure that reimbursement for long-term care services is equal to the cost of the provision of the service. 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.
- Research best practices and propose policy solutions in the financing of Long-Term Care Services for older adults in three primary areas:
  1. estate and asset recovery barriers to Medicaid enrollment;
  2. global budgeting to finance long-term care systems; and
  3. money follows the person demonstrations.

- Promote the use of the Long-Term Care Financing Primer in understanding and planning for Illinois institutional care and community-based alternatives.
- Monitor implementation and utilization of the newly created Long-Term Care Insurance Partnerships under the federal Deficit Reduction Act and Illinois law.

Expansion of Home and Community-based Services: Comprehensive Care Coordination

2007 Accomplishments:

- A new comprehensive assessment was implemented statewide April 1, 2007. All case managers were trained in holistic assessment and in client-centered care planning, and activities of case managers were expanded to include assessments for all Illinois seniors, regardless of financial eligibility.

2008 Priority Objectives:

- 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 are eligible.
- Identify and address statutory, regulatory and other barriers to achieve full implementation.

Expansion of Home and Community-Based Services: New and Expanded Services

2007 Accomplishments:

- Passed legislation to restructure the Community Care Program to:
  1. evaluate service maximums,
  2. allow home care aides to provide personal care tasks,
  3. require intermittent, night and weekend hours for all subcontractors of in-home and care coordination services, and
  4. provide consumer direction and the availability of personal assistant services (PA 95-0565).
- Addressed Home Delivered Meals program needs through increasing funding by $2 million for existing programs, and expanding resources for rural older adults (PA 95-0068). Additional funding will encourage innovation, and address increased meal delivery costs, increased food costs, replacement equipment and vehicle needs, and the new nutritional requirements by the federal government.
- Established medication management services statewide as a stand alone service available to all case coordination clients (PA 95-0535).
- Convened a Governor's Summit on Older Adult Nutrition, and legislation established a statutory Rural Senior Task Force that will meet in FY 08 and report to the General Assembly in FY 09 (PA 95-0089).

2008 Priority Objectives

- Community Care Program:
  1. Permit respite care as a stand alone community care service, amend the Home and Community-Based Services waiver to include respite as a covered service and establish statewide standard practices for Title III OAA respite services.
  2. 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.
  3. 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, acknowledging the roles of informal and formal caregivers in achieving this goal.
- 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:
  Allocate general revenue funds to replace civil monetary penalty funds for long-term care ombudsman services. (Civil Monetary Penalty funding will continue in FY 2008. The Governor requested additional GRF, but was not included in the final appropriation.)

Nursing Home Conversion

2007 Accomplishments:

- Revised the annual Long-Term Care Facility data questionnaire required by law in order to establish a baseline of facility-based care. The tool has been revised and will be distributed and analyzed by October 2008.
- 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.
- Began to identify financial barriers to nursing home conversion by meeting with representatives from the banking industry and preparing questions for HFS on capital rate conversion options.
- 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.

2008 Priority Objectives

- Review the impact of Medicaid rates on conversion programs in other states.
- 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.
- Establish a baseline of existing beds in use and specialized services within nursing homes throughout Illinois through the use of the revised Long-Term Care facility survey administered annually, and receive a report from the Health Facilities Planning Board by October 2008.
- Prepare a summary report outlining the purpose of a bed conversion retooling program, and its impact on local economic development and the state budget.
- Make recommendations for the structure of an IDPH conversion grant program in anticipation of funding, including IDPH rulemaking and the development of a grant application process and award criteria.

Coordinated Points of Entry

The following resolution was approved by the full Older Adult Service Advisory Committee:

A seamless, collaborative, integrated CPE system may be provided by either a formal multi-agency system or a single organization, whatever best meets the needs of older adults in a particular region. All participating entities must meet standards as promulgated by the Illinois Department on Aging.

2007 Accomplishments:

- The implementation of Comprehensive Care Coordination by the Illinois Department on Aging through the designated Case Coordination Units
- The training of case managers and implementation of statewide use of a standard Comprehensive Care assessment tool in Illinois
- The implementation of Elder Services Program (ESP2) as a statewide, web-based database to capture the resource information of provider organizations in a more unified and standard way throughout Illinois.
- Efforts to “brand” the coordinated entry system included a branding retreat in August and additional activities to assure that the name and brand strategy will reach the target population of older adults and their families.

2008 Priority Objectives:

- Develop and promote a “brand name” for Coordinated Points of Entry 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.
- 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; docu-

ments gaps in the system; and improves communication and coordination among service agencies.

- The Illinois Department on Aging should adopt one definition of Information and Assistance (consistent with the current definition in Older Americans Act rules for Illinois) to be included in the standards and definitions for delivery of the service by designated Coordinated Points of Entry (CPOE) and other information and assistance providers.
- The CPOE Workgroup will offer recommendations for the ongoing assessment of quality in the CPOE system including the tracking of client satisfaction, outcomes of services and gaps in the service system.

Workforce Improvement

2007 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 to increase health insurance for home care workers.
- At time of printing, HB 4144 has passed both chambers and is awaiting Governor's signature. This proposed legislation adjusts rates for homemaker (now home care aide) services and provides and additional $1.70 per hour for home care aides, and $1.33 per hour for health insurance.

2008 Priority Objectives:

- Monitor impact of minimum wage law, and advocate for appropriate wage and rate adjustments based on OASAC approved recommendations from the Workforce Committee.
- Support legislation or budget increases targeted at increasing health insurance for all long-term care and community-based care workers.
- Develop rate increase recommendations for all long-term care and community-based care workers in Illinois to ensure wages are at least the same amount above minimum wage as they were before the July 1, 2007, minimum wage increase and provide funding in all programs to support these increases through State Fiscal Year 2011.
- Support use of evidence-based career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers (e.g., home care workers, CNAs) and support introduction of a *pilot* career pathway program.
- Develop a compendium of information regarding training programs for Illinois home care workers.

Family Caregiver Support

2007 Accomplishments

- Committee 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.

- An increase in general revenue funds of $16,000,000 was applied to flexible senior services in the FY 2008 IDoA Budget. This provided 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.

2008 Priority Objectives

- 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 2008-2009 IDoA Budget.
- Promote awareness and visibility of the needs of family caregivers, especially working caregivers, by holding a public/private session addressing challenges to working caregivers at the 2008 Governor's Conference on Aging.
- Conduct a comprehensive statewide benchmarking survey of family caregivers to determine priority needs among caregivers in Illinois.
- Initiate an individualized pilot training program for 500 family caregivers statewide through federal Alzheimer's Initiative funds or other resources.

2007 Federal Awards Impacting Illinois Long-Term Care Efforts

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 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. In August 2007, Illinois was awarded a five-year **Money Follows the Person** initiative through the Department of Healthcare and Family Services, in conjunction with the Department on Aging and the Department of Human Services. This award from the federal Centers for Medicare and Medicaid Services (CMS) will provide an estimated $55 million in enhanced federal match funds for new and expanded home and community-based services for Medicaid-eligible disabled and elderly Illinoisans who choose to return to the community from nursing homes or other long-term care institutions.

The federal Administration on Aging has identified three priority strategies related to the reauthorization of the Older Americans Act of 2006. These initiatives, collectively entitled "Choices for Independence," include continued support for the development and expansion of **Aging and Disability Resource Centers**; the replication of **evidence-based chronic disease management and other health promotion activities**; and the implementation of **Nursing Home Diversion Modernization** (NHDM) grant, which was awarded in September 2007 to expand consumer-directed options through Cash and Counseling and flexible service options throughout the state by 2009.

Background and History of the Older Adult Services Act

The Older Adult Services Act and the creation of the Older Adult Services Advisory Committee (OASAC) are the result of advocacy at many levels to reform the Illinois system of long-term care. The Illinois system of care for older adults has long favored institutional care over viable, adequate community-based alternatives. Efforts to transform this system must include a commitment from the Administration, legislative leaders, advocates, and those organizations representing various provider groups to reallocate existing resources, reduce the supply of nursing home beds, and increase flexibility and consumer direction of home and community-based services. The Older Adult Services Advisory Committee has been established to lead this effort.

Purpose of the Older Adult Services Act

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

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

The 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 and community-based services (Section 30).

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

History of Legislation

Based on continuing legislative interest and concern for the growing elderly population of the state, Speaker Michael J. Madigan, announced a series of Summits on Senior Services to discuss key issues confronting the elderly. The first of the summits held in legislative districts in January 2003 focused on access to prescription medications. The following year the Speaker again convened legislative district summits focusing on access to long-term care services. The second set culminated in a hearing in October 2003, examining each state government's programs and services to assure affordable, appropriate long-term care services.

Throughout the summer of 2003, senior citizens, care providers, payers, state agencies, senior service organizations and advocacy groups testified 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*, November 2003. Concurrently, 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 continued 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 of 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 Acknowledgements). It was passed overwhelmingly by both chambers (Senate 57 – 0; House 113 – 1) and signed into law by Governor Rod Blagojevich on August 27, 2004, as Public Act 093-1013.

At the same time, the Blagojevich administration identified the Illinois Department on Aging as the lead human service agency to reform and restructure the state's long-term care spending priorities. The Governor's commitment permitted the Department on Aging to twice raise rates for Adult Day Service and Homemaker providers and add emergency home response devices as the first new Community Care Program service in the program's history. To further fulfill the commitment, the Department sought, received and implemented grants to establish Aging and Disability Resource Centers and My Choices, a Cash and Counseling demonstration program to expand consumer direction opportunities within the Community Care Program. Responding to HB 5057 (PA 93-0902) the Department on Aging established the Home Again Program, which in two years has enabled 211 long-term care residents to return to their communities.

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 January 2005 and created five Workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry, and Workforce and Family Caregiving. Each year, the OASAC workgroups set priorities and work toward developing short-term and long-term recommendations.

OASAC Vision Statement

In April 2006, the OASAC met 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 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 person, 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 persons 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 person while a flexible, reliable funding stream ensures that a variety of services are available with consistent delivery and levels of care throughout the State."

Priority Objectives

In 2006, the Older Adult Services 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 out their lives with dignity, retaining their autonomy, individuality, privacy, independence, and decision-making ability. Acknowledgement 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 substandard care, exploitation, 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 settings. Examine minimum re-

quest for proposal standards and assess their validity, contracted agencies attainment of their requirements, and their effect 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 area to area. In areas that simply strive to meet minimal standards, older adults face loss of independence due to substandard care.

Each year, the OASAC submits a Report to the General Assembly that summarizes progress toward shifting the balance of long-term care in Illinois, and recommending activities for the upcoming legislative session.

2007 Activities in Compliance with the Older Adult 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 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 services for older adults. 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 the statutorily mandated co-chairs of the Older Adult Services Advisory Committee, has moved ahead with many of the mandates included in the legislation. The following is an accounting of the activities conducted in 2007 in an effort to fulfill the mandates of the Older Adult Services Act.

OASA MANDATES	ACTIVITIES
Report to General Assembly annually beginning January 1, 2006.	Report delivered in March 2007. Next report scheduled for delivery in January 2008.
Promulgate rules when required.	The Department included rules for this Act in its rule-making agenda and will propose rules when General Counsel determines appropriate. Department will promulgate rules associated with actions taken in the 95th General Assembly that pertain to long-term care reform and various OASAC recommendations.
Develop and maintain services inventory.	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 CMS Systems Change grant. The consultant meets regularly with the Advisory Committee, its executive committee as well as various workgroups. 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." In 2007, IDoA dedicated some $90,000 through the Aging and Disability Resource Centers grant and staff support through the Systems Change grant to develop a web-based resource database. In collaboration with I4A, these efforts have resulted in the

(Column continued…)

OASA MANDATES	ACTIVITIES
	provision of database licenses to all 13 Area Agencies on Aging, the data entry of resources for the six AAAs not already using the system, and the initiation of a web-based version of the software statewide. These efforts have succeeded in putting resources and service listings in the same format and a common taxonomy.
Develop "priority service areas" every five years beginning July 1, 2006.	In partial fulfillment of this mandate, the Nursing Home Conversion workgroup developed a service inventory for distribution through the Health Facilities Planning Board. This HFPB questionnaire has been revised and will be issued in January of 2008 with data available in September 2008 that will contribute to conversion analysis and recommendations.
Establish a core set of uniform quality standards for all providers that focus on outcomes.	The Department of Healthcare and Family Services contracted with a Quality Improvement Organization in 2007 to provide consultation and technical assistance for HCBS waivers. One project initiated in 2007 included an analysis of the current Quality Management strategies of four of the seven HCBS waivers: Supportive Living Program, Elderly, adults with developmental disabilities and medically fragile, technology dependent children. The analysis was based on the federal quality assurance framework and identified strengths and gaps. The results will be used to prioritize quality management strategies. HFS is also analyzing the possibility of implementing some quality management strategies across waivers. In 2008, the Quality Management programs for DHS-DRS HCBS waivers for persons with disabilities, brain injury and HIV/AIDS will be analyzed and follow-up of the strategies for those reviewed in 2007 will continue.
Develop a plan that identifies barriers and provides recommendations on the provision and availability of services.	Addressed annually by the Services Workgroup, and through proposals introduced each legislative session. In 2007, housing was identified as an important barrier, and the Illinois Housing Development Authority became an important participant in OASAC activities. In 2004, two Working Groups under the Governor's Housing Task Force identified barriers and made recommendations regarding development of housing for seniors both with services (www.ihda.org/admin//Upload/Files//1f5b7d32-aee5-416e-8b38-682662ea5d98.pdf) and without services (www.ihda.org/admin//Upload/Files//7dc9d248-bf14-4723-b04d-22d889d7e847.pdf). Recommendations were incorporated into the Comprehensive Housing Plan as strategies and action items. Each year, the Housing Task Force, its Executive Committee and Interagency Subcommittee report on progress made for each action item, as well as particular focus topics for the upcoming year. The Special Needs Housing with Services workgroup included recommendations that supported the development of additional Supportive Living Facilities, and also recommended that the state pursue opportunities to participate in national initiatives to shift

(Column continued…)

OASA MANDATES	ACTIVITIES
	institutional support to home and community-based alternatives. The Special Needs Housing with No Services Workgroup identified barriers to senior housing that included affordability and tax burdens, and made additional recommendations.
Departments on Aging, Public Health and Healthcare and Family Services submit information to the Health Facilities Planning Board to update the bed need methodology for long-term care.	The Department of Public Health will complete the rulemaking process updating the bed need methodology for long-term care. This task in progressing under the direction of the Illinois Health Facilities Planning Board. The Bed need methodology is scheduled to be completed by Fall of 2008.
By January 1, 2005, the Department on Aging shall commence the process of restructuring older adult services.	Department on Aging developed Long-Term Care Reform plan in November 2003, and submitted its plan for the Speaker's Summit in 2004. The Department quickly convened OASAC once it became law in August 2004, and continues to lead and staff its five workgroups. The Department worked closely with the governor's office and the general assembly to identify additional services for which appropriations were needed. With the additional funding, the Department implemented comprehensive care coordination, flexible senior services, and emergency home response in FY 2007. The Department engaged in additional restructuring by proposing rule changes based on legislative mandates that passed in 2007 and will take effect in June 2008.
Planning based on the principle of "money follows the person" and the identification of potential impediments.	Healthcare and Family Services, in cooperation with the Departments on Aging, Human Services and the Illinois Housing Development Authority, developed and submitted a proposal to federal CMS in response to its Money Follows the Person solicitation. Illinois' demonstration application was successful, with the grant period beginning May 1, 2007. Once the state's operational protocol is approved in early 2008, Illinois will receive 75% FFP for eligible services provided to long-term care nursing facility residents for the first year of their transition to qualified community settings. Illinois is committed to reallocating funds across Departments to assure adequate funding for home and community-based services.
Comprehensive Care Management to be conducted statewide.	The Department on Aging implemented a new approach to assessing and determining the care needs of frail older adults in FY 07. Under Comprehensive Care Coordination, all seniors are assessed using a new comprehensive assessment instrument and linked to assistance to meet those needs regardless of funding source. This system provides improved coordination among the Title III services funded under the federal Older Americans Act,

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OASA MANDATES	ACTIVITIES
	Community Care Program funded with General Revenue and supported by federal Medicaid funds for those who are eligible, and locally supported assistance. New case management activities with associated rates were implemented statewide April 1, 2007. These included the addition of Intensive Casework and Intensive Monitoring to Assessments and Reassessments.
Coordinated Point of Entry using a uniform name, identity, logo and toll-free number.	The Illinois Department on Aging is working to accomplish this objective through several long-term initiatives. The Senior HelpLine received increased funding and staff allocation in 2006 and 2007, and serves more than 125,000 callers each year to its toll-free number. In September 2007, IDoA was awarded an expansion grant from the Administration on Aging to support the two existing Aging and Disability Resource Center sites in Decatur and Rockford, and added additional sites in suburban Cook County. The Department also supports a co-location demonstration project between a Case Coordination unit and a DHS site in southern Illinois. At the request of the OASAC Coordinated Point of Entry workgroup the Department engaged a consultant and convened stakeholders to plan for a common name and identity for all Aging Network home and community-based services funded by the state. Department staff are analyzing the recommendations and will work with stakeholders in FY 2008 to fulfill this mandate.
Public Website that links to available services and resources.	The Department on Aging is inventorying the variety of Websites that have developed since the inception of this planning process for the purpose of determining how best to link older adults and their caregivers to the most pertinent and accurate information. The Department will integrate the Website development with overall information technology, which is a strategic priority for the Department,. In several initiatives parallel to the development of recommendations by the CPOE workgroup, the Department has begun to address some of these questions: • **Deloitte "Roadmap" for IDoA Information Technology:** In FY 2007, the Department engaged the consulting firm of Deloitte to conduct an assessment of data systems and system needs throughout the network of aging providers. This assessment resulted in recommendations for the establishment of a comprehensive management information system linking the department and all Aging Network providers. • **Support for the implementation of web-based ESP through I4A:** The Department dedicated some $90,000 through the ADRC grant and staff support through the Systems Change grant to develop a web-based resource database. In collaboration with I4A, these efforts have resulted in the provision of ESP licenses to all 13 Area Agencies on Aging, the

(Column continued…)

OASA MANDATES	ACTIVITIES
	data entry of resources for the six AAAs not already using the system, and the initiation of a web-based version of ESP statewide. While ESP may not be the ultimate resource database, the efforts to date have at least succeeded in putting resources in a common format and taxonomy. • **IDoA website:** IDoA supports better access to information for older adults and caregivers through the Internet. As a first step, the Department is seeking to update its own website to be more "user friendly," and linking to other sources of information. • The Department on Aging 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 in late 2007. • The State of Illinois, through an interagency partnership, is researching a **web-based affordable housing locator** that will improve referral to appropriate affordable housing statewide.
Expansion of older adult services to help older adults remain in their own homes.	In 2007, the Department on Aging established new 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. Home Again/Enhanced Transition services continued throughout 2007. Of the 532 people screened, 211 nursing home residents have been transitioned to independent living with the additional assistance provided in six demonstration sites. The program will be expanded statewide in 2008 through the use of enhanced match for home and community-based services through the Money Follows the Person initiative. IHDA worked with IDoA and IDHS to establish a home modification pilot program with $1.0 million from IHDA's Housing Trust Fund in 2007. The program will be expanded to $2 million in FY 08. Forgivable loan funds will be available to seniors and persons with disabilities for accessibility modifications and minimal rehab. Healthcare and Family Services' Supportive Living Facility (SLF) program, Illinois' Medicaid model of assisted living, achieved permanent program status in state legislation and now has over 80 facilities (containing approximately 6,200 apartments) operational statewide and another 66 applications proceeding toward certification. IHDA has also been active in financing development costs related to SLFs. In 2008, IDoA will implement provisions of PA 95-0565. This act (HB0652) updates the array of available services permissible in the Community Care Program, and authorizes personal assistant services, flexible senior services, medication management, and

(Column continued…)

OASA MANDATES	ACTIVITIES
	emergency home response services. Participants have a right to choose among the preventive services contained in their care plan, and to direct how those services are provided.
Consumer-directed Home and Community-Based Services to maximize consumer choice.	The Illinois Department on Aging has implemented a Cash and Counseling demonstration program in four areas of the state to allow participants in the Community Care Program to employ their own care workers and determine the use of state funding allocated to them based on their needs. By December 31, 2007, more than 50 individuals will be enrolled in the program. In September 2007, the Illinois Department on Aging was one of 12 states to receive a grant through the Administration on Aging's (AoA) Nursing Home Diversion Modernization Grants (NHDMG) program. The program encourages the Aging Services Network to modernize and transform the funding they receive under the Older Americans Act or other non- Medicaid sources, into flexible, consumer-directed service dollars. This grant will allow IDoA to continue to evaluate the Cash and Counseling demonstration, and to promulgate rules to provide consumer direction statewide.
Comprehensive delivery system that integrates acute and chronic care.	HFS entered into a contract with McKesson Health Solutions to manage chronic diseases, such as asthma, diabetes, heart disease or other chronic health problems among low income Illinoisans, including elders residing in their homes and communities, as well as in nursing facilities. This program, is called Your Healthcare Plus. Additionally, HFS is implementing a Primary Care Case Management program, called Illinois Health Connect, designed to improve the health and quality of life of thousands of Medicaid beneficiaries by ensuring they will have a "medical home" through a Primary Care Provider (PCP). HFS continues to work with the federal Centers for Medicare and Medicaid Services to develop an approved dually capitated rate for PACE. In 2007, the Illinois Department on Aging worked with a diverse coalition of providers, advocates, and researchers to consider the development of a demonstration project to integrate the health care and social service delivery systems that serve frail older adults. The purpose of this effort is to demonstrate that by linking medical care delivery with social and support services, quality of care for the patient is improved and efficiencies are derived that can be reinvested in enhanced home and community-based service options and slow the rate of public spending growth for this highly impaired population.
Family caregiver support strategies coordinating both public and private financing.	In 2007, the Department on Aging continued efforts currently funded under the Older Americans Act to provide respite care and caregiver support. In addition, the Nursing Home Diversion Modernization grant, received from AoA in October, will establish pilot projects for consumer directed services to support caregiver and respite activities in four areas.

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OASA MANDATES	ACTIVITIES
	Throughout the year, Area Agencies on Aging held highly successful caregiver workshops and conferences in their service areas that provided hundreds of caregivers opportunities for respite, exposure to educational and support services and information and referral. Collaboration with local providers, organizations, business and educational institutions provided funding and resources for the numerous activities held to support caregivers. IDoA is expanding the Statewide Caregiver Advisory Committee to include more caregivers, providers and organizations in order to ensure that training opportunities are expanded, outreach continues and public/private partnerships are strengthened.
Workforce strategies that attract and retain a qualified worker pool.	Legislation, supported by the Caregiver Workgroup, to increase homemaker hourly rates by $1.70 to reflect recent changes to the minimum wage and an additional $1.33 to provide health insurance passed the General Assembly nearly unanimously and is awaiting the Governor's signature. University of Illinois in Chicago and Springfield initiated several innovative training programs for homemakers, including a collaborative effort with the Service Employees International Union to provide Blood-borne Pathogen/Universal Precautions training and training to introduce CCP clients to Healthy Moves. In 2006, IDPH in conjunction with advocacy groups, introduced legislation requiring the licensing of homemakers and private duty nurses under the Home Health Licensing Act. The rules are in the final comment period and are expected to be implemented in the winter of 2007-2008. In 2006, the Department applied for and received a grant from the Centers for Medicare and Medicaid Services to implement a pilot program for fingerprint-based background checks. The pilot resulted in legislation introduced in the spring of 2007 to modernize the Nurse Aide Registry into the Healthcare Worker Registry and require the use of fingerprint-based background checks for all direct access workers in healthcare facilities. The rulemaking is in the final stages before introduction to JCAR. It is anticipated that new rules will be in place during the winter of 2007-2008. HFS holds joint staff/SLF provider training sessions in Chicago and Springfield twice per year to cover topics of mutual concern, including rule updates, new policies and procedures, and other pertinent topics.
Coordination of services to maximize resources and minimize duplication of services.	In 2007, IDoA initiated Interagency Meetings for representatives from IDoA, IDPH, HFS, IHDA, and DHS to meet and discuss efforts to transform long-term care. These monthly meetings addressed topics mandated by OASA, as well as other administrative and legislative issues.

OASA MANDATES	ACTIVITIES
Evaluation of current reimbursement and funding practices to implement a uniform, audited provider cost reporting system.	HFS and IDoA provided information to the OASAC Finance workgroup and verified the Long-Term Care Primer, which establishes a common understanding of current LTC financing for institutional and home and community-based services. This Primer was presented to the full OASAC in June 2007.

Older Adult Services Advisory Committee Workgroup Findings and Goals

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 spent much of 2006 and 2007 analyzing financial information and mapping the primary publicly funded long-term care programs and older adult services offered in Illinois. The report, *How Public Long-Term Care Services for Older Adults are Funded in Illinois: A "Map" of the Current Financing Structure*, was presented to the OASAC in June 2007, and is available at www.state.il.us/aging/1athome/oasa/resources/LTCprimer.pdf.

Status of 2007 Priority Objectives

Objective 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.

STATUS:

Unmet. The Finance Committee recommended that all providers of older adult services collect and report cost data and that reimbursement meet or equal cost.

Objective 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.

B. The state shall study the effectiveness of incentives to encourage state-funded agency staff to maximize Medicaid enrollment in state programs.

C. The state shall investigate/explore consolidating all eligibility for older adult 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.

STATUS:

Partially Met. Illinois passed HB 652 requiring Medicaid enrollment for eligible recipients of the Community Care Program. The Finance Committee will be working with the State to implement this provision in a manner that preserves the dignity of older adults and maximizes federal funding to the state.

Objective 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.

STATUS:

Partially Met. The Finance Committee has completed and distributed the Finance Primer on Older Adult Services and is presenting its findings to the OASAC and all Committees.

2008 Priority Objectives

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
1. Research best practices and propose policy solutions in the financing of long-term care services for older adults in three primary areas: 1. Estate and asset recovery barriers to Medicaid enrollment; 2. Global budgeting to finance long-term care systems; and 3. Money follows the person demonstrations.	To determine how long-term care services in Illinois should be paid for overall. Certain assets can be recovered by the state in certain circumstances from a recipient of state Medicaid services after the recipient's death. Mandatory enrollment in Medicaid as a condition of enrollment in the Community Care Program (CCP) may result in a reduction in enrollment in CCP to avoid asset recovery. Therefore, the Finance Committee is studying recommendations to lessen the effect of asset recovery to prevent barriers to enrollment in CCP. Global budgeting refers to a combined line item budgeting method for all long-term care services. Money Follows the Person Demonstrations refers to programs designed to allow consumers to use available funding to choose their providers and services.
2. Reimbursement to providers should be related to provider cost and should meet or equal the cost of the provision of the service. 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.	Access to care should be preserved through a provider reimbursement system that is based upon accurate cost data.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
3. Promote and educate the OASAC and OASAC committees, in addition to other stakeholders and state agencies, on the potential uses of the Long-Term Care Financing Primer.	The Finance Primer should be used by the OASAC as an educational tool to evaluate the impact of policy and implementation initiatives.
4. Determine Workgroup's role with regard to Long-Term Care Insurance Partnerships under the federal Deficit Reduction Act and Illinois law.	The Deficit Reduction Act amended the Social Security Act to allow for Medicaid asset disregard and estate recovery protection in Long-Term Care Insurance Partnership Programs (LTCIP). A "Qualified Partnership" requires a state plan amendment that provides "…an exemption from estate recovery in an amount equal to the benefits paid by certain LTCIP, where those benefits were disregarded in determining an individual's Medicaid eligibility." (i.e., $1 of asset protection given for every $1 of LTCIP benefits paid). Illinois has established such a partnership and is currently drafting rules to implement the program. The Finance Committee of the OSAC has been consulted in the implementation of the program.

Services Expansion Workgroup Findings and Goals

Status of 2007 Priority Objectives

- Passed legislation to restructure the Community Care Program to: (i) evaluate service maximums, (ii) allow home care aides to provide personal care tasks, (iii) require intermittent, night and weekend hours for all subcontractors of in-home and care coordination services, and (iv) provide consumer direction and the availability of personal assistant services (PA 95-0565).
- Addressed Home Delivered Meals program needs through increasing funding by $2 million for existing programs, and expanding resources for rural older adults (PA 95-0068). Additional funding will encourage innovation, and address increased meal delivery costs, increased food costs, replacement equipment and vehicle needs, and the new nutritional requirements by the federal government.
- Established medication management services statewide as a stand alone service available to all case coordination clients (PA 95-0535).
- Convened a Governor's Summit on Older Adult Nutrition, and legislation established a statutory Rural Senior Task Force that will meet in FY 08 and report to the General Assembly in FY 09 (PA 95-0089).

2008 Priority Objectives

SHORT-TERM RECOMMENDATIONS:

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
1. The Department on Aging should conduct a study of future needs, such as a comprehensive study of nutrition services special diet meals, actual costs, and the need for future funding. This study should be the basis of future planning for nutrition services.	Lack of nutrition leads to diminished capacity, exacerbates the natural aging process, and loss of independence. While nutrition services is multi-faceted, state funding has focused only on home delivered meals. Additionally, nutrition services are not available to all older adults in the state who need them. A plan for the changing nutrition needs of older adults is necessary to best meet their needs.
2. The Department of Transportation should include the unique needs of older adults in the State of Illinois Human Services Transportation Plan including but not limited to: • Mobility Management — coordinating rides for older adults through providers of public transit, private carriers, and volunteer organizations • Require modification of specifications for the purchase of vehicles under the Section 5310 Program, which can accommodate and safely secure assistive mobility devices, e.g. mechanical wheelchairs of varied sizes and scooters.. • Increase payments to providers of public para transit and private transportation. • Subsidize the cost of public/private transportation through vouchers for older adults. • Reimburse individual volunteers and home care workers for transporting older adults.	Transportation issues for older adults differ from those of the younger population. These unique needs should be considered in the State of Illinois Human Service Transportation Plan. Transportation continues to be a major obstacle for older adults residing in their communities.
3. The Department on Aging should conduct a review of Senior Center operations including programming, business practices, funding streams, cost allocation, and best practices as a basis for making recommendations regarding how Senior Centers will need *(Column continued…)*	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 *(Column continued…)*

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
to operate in the future to meet the needs of the current population of older adults and the older adults of the future.	the needs of today's older adults and the older adults of the future (i.e., baby boomers).
4. The Department on Aging should fully implement Care Coordination identifying statutory, regulatory, and other barriers to achieving full implementation. Care coordination should recognize and acknowledge the roles of informal and formal caregivers and should include the transition of activities and flow of information across care settings.	As the Blaser "Constellation" 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. 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.
5. The Department of Human Services Mental Health Division should implement the Gero-Psychiatric Initiative statewide to improve access to mental health services for older adults. The Gero-psychiatric Initiative is currently operating in Planning and Service Areas 8, 9, 10, 11 including the southern counties of Madison, Bond, St. Clair, Clinton, Monroe, Washington, Randolph, Clay, Effingham, Fayette, Jefferson, Marion, Jasper, Edwards, Crawford, Hamilton, Lawrence, Richland, Wabash, Wayne, White, Franklin, Gallatin, Hardin, Jackson, Johnson, Massac, Pope, Pulaski, Saline, Union, Williamson	Many older adults suffer from depression and other mental health problems. Traditional community mental health programs are not designed to address accessibility and other barriers of access for older adults. Gero-Psychiatric Initiative has proven effective in the 4 areas of Illinois in which it has been implemented. The issues that older adults face can be better served by placing a Gero-Psychiatric specialist in each planning and service area of the state.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
6. The Department on Aging should conduct an independent evaluation of adult day service needs. Based on the results of this evaluation, the following actions may be warranted: • modify the minimum adult day services standards to reflect level of client needs; • develop a cost-based rate methodology to address the actual cost of service provision; and develop a financing scheme to fund the revised standards.	Over time, adult day programs have evolved into providing quasi-medical type services. Yet, their 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 their own or at the client's expense. More information and analysis is needed to accurately determine the cost of this enhanced medical programming. Additionally, the Department should consider modifying minimum standards to more accurately address client needs.
7. The General Assembly should increase state funding for the Long-Term Care Ombudsman Program with a goal of 1 paid FTE Ombudsman for every 2,000 beds so residents have advocacy at the individual resident and systems level in accordance with the national standards set by the 1995 Institute on Medicine Study, "Real People, Real Problems: An examination of the Nursing Home Ombudsman Program of the Older American's Act."	The 1995 Institute on Medicine study, *Real People, Real Problems: An Examination of the Nursing Home Ombudsman Program of the Older American's Act*, states the factor of 1 full-time equivalent paid staff working as an authorized, designated ombudsman per 2,000 licensed long-term care beds be used as a base indicator to determine the amount of funding needed to permit Ombudsmen to perform their current functions. As of 6/30/07, Illinois has 45 FTE paid Ombudsmen equaling 1 FTE paid Ombudsman for every 3,062 beds in Illinois, with the inclusion of assisted living, shared housing, and supportive living units. (Source: Office of LTCOP) The Ombudsman Program would require 69 full time professional Ombudsmen to meet the minimum recommended national standard. The increase in funding is critical due to the inclusion of assisted living and supported living facilities to the LTCOP. The number of beds the LTCOP are responsible for have increased by 30% since 2004. There are an additional 66 facilities with 5,201 units approved that will open at a later date (Source: HFS). The Long-Term Care Ombudsman Program may also serve persons with mental illness and persons with developmental disabilities residing in long-term care in addition to older adults.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
8. The Departments of Healthcare and Family Services, Aging, and Public Health should begin to investigate the consolidation of 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.	SLFs, ALFs and Shared Housing all provide the same type of environment and services, but are governed by different regulations and different oversight agencies. Consolidating oversight under one agency will allow for regulatory consistency and economies of scale.
9. The Department on Aging should modify the Community Care Program (CCP) relative to respite services, rollover and banking of unused service maximums to_continue funding of home modifications and assistive technology, and make flexible senior services a permanent option for clients. Respite: • permit Respite Care as a stand alone CCP service; • amend the Home and Community-Based Services waiver to include Respite Care; and • establish statewide standard practices for Title III OAA respite services. Rollover/Banking: • create the infrastructure necessary to allow for the rollover and banking of unused service maximum dollars; • permit banked funds to be used for home modification and assisted technology. Flexible Senior Services • incorporate flexible senior services as a permanent service under CCP allowing clients choice of flexible services to meet needs.	Expansion of the Community Care Program to provide additional respite services, home modification funding, and assistive technology devices is critical to assisting an older adult to remain independent. Rollover/ Banking of unused service maximums could be mechanism for providing home modification and assistive technology needs for existing CCP clients. Flexible Senior Services should become a permanent fixture under the CCP Program. Under the FSS demo, medical care and supplies, environmental and material aids, community access, and other goods and services are being provided which have proven critical to older adults' ability to remain independent.
10. The Department of Healthcare and Family Services should provide a report to the Services Workgroup describing the timelines for SLF applications and in the report identify systemic reasons for approved applications requiring extensions.	Presently, entities have been approved for SLF. However, it is unclear as to how many of the presently approved status will materialize into actual units. HFS needs to provide a report to Services Workgroup.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
11. The Department of Healthcare and Family Services should: establish, on a pilot basis, one or more specialized Supportive Living Facilities for older adults with serious and persistent mental illness.	Older adults with serious and persistent mental illness sometimes need 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.

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

LONG-TERM RECOMMENDATIONS:

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
1. The Departments of Aging and Healthcare Family Services should develop a plan for the coordination and integration of services and medical care and the establishment and/or expansion of the use of medical home visits, family caregiver medical support services and training, hospice, and other medical support services.	Older adults who are receiving community-based services are doing so often as the result of a chronic or acute medical condition. Older adults need to be looked at as a whole, which requires coordination and linkage with the medical system in order to adequately respond to their complex needs.
2. The Department of Transportation should develop a report that describes transportation options by area for seniors, including barriers, boundaries and access to healthcare and other necessary services impeded by such barriers and boundaries. The report should be used to develop and influence transportation plans for the purpose of improving senior transportation. The Senior Friendliness Assessment should be utilized in this report for determining access issues for seniors.	Senior transportation providers are often restricted by service area boundaries. Providers are only allowed to transport older adults within a specific area or take older adults on certain types of trips. Older adults, especially in urban areas, are often transported to a specific boundary and must change vans or buses to get them to their destination. Unless they have an escort, this restricts the service to older adults that are mobile enough to make these changeovers. Better coordination is needed among providers to allow for smoother, higher-quality transportation services that do not restrict older adults' ability to use the service.
The Medicaid Long-Term Care Subcommittee should provide data by mode of transportation on the cost of non-emergency medical transportation for the disabled in order for there to be parity.	The cost of nonemergency senior transportation needs to be established. A basis for such cost could be the cost of non-emergency medical transportation for the disabled.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
3. The Department of Human Services should evaluate the availability of both 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 including the use of various service delivery models such as the community support team and wrap around services to more effectively serve the needs of older adults.	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.
4. The Department on Aging should develop a process to build the capacity of senior centers to address the needs of older adults, including collaboration with Area Agencies on Aging in conducting community-based planning, program development, resource development, and coordination of services. Goals should be established for senior center operations that promote physical and mental health and wellness, socialization, life-long learning, civic engagement and volunteer opportunities for older adults based on the results of the senior center assessment project.	Long-term planning needs to be conducted to determine the capacity and role senior centers may play in meeting the needs of older adults. Coordination and planning at the state level and within each PSA should contribute to successful transformation of senior centers in meeting the needs of the future.
5. The Department on Aging should work with the Illinois Commerce Commission to 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.	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.
6. The Department of Public Health should conduct a review of licensure codes and standards, identify barriers, and develop a plan to eliminate barriers to older adults aging in place (e.g. Nursing Home Care Act, Assisted Living and Shared Housing Act).	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

(Column continued…)

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
	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.
7. The Department on Aging should provide for the training of care coordinators to perform home safety evaluations.	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.
8. The Department on Aging should examine its procurement procedures to ensure that long-term care facilities, assisted living establishments, hospitals, shared housing establishments, supportive living facilities and other existing community facilities have the opportunity to apply for grants and contracts for the provision of home and community-based services.	Efficiencies may exist in communities through the utilization of existing resources, including long-term care facilities, assisted living establishments, hospitals, etc., and the infrastructure already in place through those entities. These efficiencies, if incorporated into the community service delivery, may provide for service expansion and service delivery in currently underserved areas.
9. The Department of Healthcare and Family Services should expand the Illinois Home Weatherization Assistance Program "eligible activities" to include replacing appliances with energy efficient appliances, in addition to furnace replacement, to make the homes of eligible older adults more energy efficient.	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. Older adults living on fixed low income do not have the resources to update appliances with energy efficient appliances including water heaters, refrigerators, air conditioners, stoves, etc.
10. The Department of Public Health's Housing with Services Advisory Committee should investigate alternative supportive housing arrangements to include natural occurring retirement communities.	Providing a variety of housing options to older adults is the only way to ensure they have the choices they need to live in the least restrictive setting. Illinois will never be able to meet the housing needs of all older adults that need assistance without proper housing options available.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
11. The Department of Healthcare and Family Services should: • establish specialized Supportive Living Facilities (SLFs) and other supportive housing for serious mental illness based on evaluation of SLF Serious Mental Illness Pilot. • Establish special care SLFs or special care units (SCU) within SLFs that can meet the needs of specialized populations such as persons with a dementia.	Older adults with serious and persistent mental illness sometimes require 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. Older adults with a dementia have different, sometimes more intense care needs. Specialized facilities or units will allow staff to focus on this type of care and may provide a greater level of comfort for residents.
12. The Services Workgroup should further study the issue of housing with supportive services for older adults caring for persons with disabilities or caring for children 18 years of age or under.	Over 30,000 older adults in their 60s, 70s, and 80s are struggling to care for their children with developmental disabilities, who are mostly in their 50s and 60s. For many adult children with developmental disabilities, their parents have been their only caregivers. Older adults who have come to need assistance face the dilemma of leaving their children with developmental disabilities for the first time. In addition, many older adults who need supportive housing are caring for children 18 years of age or under.

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 “as an incentive to reduce certified beds, retrofit, and retool operations to meet new service delivery expectations and demands” (PA 093-1031).

Status of 2007 Priority Objectives

Objective 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.

STATUS:

Workgroup will consult with IDPH on rulemaking and the grant application process upon completion of research on state models and development of recommendations for a conversion model to be implemented in Illinois.

Objective 2. Address Barriers to Conversion

A. Dialogue with the banking industry regarding financial barriers to nursing home bed conversion.

STATUS:

Met with representatives from Harris Trust and LaSalle Bank. They told us that bankers need a good business plan and on-going communication with their mortgagees. They said that bankers are open to working with nursing homes with good business plans for conversion projects.

B. Discuss capital rate conversion options with the IL Department of Healthcare and Family Services.

STATUS:

In Process

C. Review the impact of Medicaid rates on conversion programs in other states.

STATUS:

In Process

D. Refine the Health Facilities Planning Board data collection of operational beds and of specialized services in nursing homes.

STATUS:

Redesigned tool is being field tested in August/September 2007. Will be revised and administered in January/February 2008 and data will be available in October 2008.

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.

STATUS:

Met with representative from IDCEO in 2007. More research is needed and will be pursued in 2008 as part of our overall plan for the conversion model.

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.

STATUS:

In Process. Will be submitted to OASAC in 2008.

2008 Priority Objectives

PRIORITY OBJECTIVE	RATIONALE OR SOURCE

1. Develop model for Illinois conversion program	• Conclude research and analysis of conversion programs in other states.
	  ◦ Our in depth analysis of Nebraska led us to understand that while there are aspects of its model that can be applied, it is not entirely suited to the model we need to construct in Illinois. We will pursue analysis of Minnesota, Michigan, Iowa and others to propose a suitable model in 2008.
	• Establish a baseline of existing beds in use and specialized services within nursing homes throughout Illinois.
	  ◦ The tool used in 2006 has been redesigned by the committee. It will be field tested in August/September 2007, revised and administered by the Health Facilities Planning Board in January/February 2008. Data to establish a baseline will be available in October 2008.
	• Define the Illinois program based on the research and goals articulated in OASAC.
	  ◦ Model will be developed based on the above research and drafted for presentation to OASAC in early 2009.
	• Articulate in layman's terms for OASAC, the public, media and the legislature the purpose of a bed conversion retooling program, its impact on local economic development and on the state budget.
	  ◦ To establish a basis for the conversion program that ties into the goals of the overall OASAC mission, a "white paper" on the rationale for conversion will be submitted to OASAC in 2008.

2. Address potential barriers and explore incentives for the Illinois conversion model	• Address capital rate conversion options with the Illinois Department of Healthcare and Family Services.
	  ◦ Conversion should not adversely impact a facility's capital rate component of the Medicaid rate.
	• Review the impact of Medicaid rates on conversion programs in other states
	  ◦ Can Medicaid rates be used as an incentive to providers to convert and/or reduce state costs by leveraging additional federal matching funds?
	• Continue 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.
	  ◦ We met with an IDCEO representative in 2007. More research will be conducted on this issue in 2008.

PRIORITY OBJECTIVE	RATIONALE OR SOURCE
3. Review and/or develop a plan and legislation to implement the model	• Work with Department of Public Health to develop enabling legislation. • Work with Department of Public Health to develop grant program.
4. Develop recommendations for rulemaking	• Work with Department of Public Health to develop structure that will provide regulatory oversight and licensure for the various conversion models.

Coordinated Point of Entry Work Group Findings and Goals

The workgroup concluded the review started at the end of 2006 of the present system of access and support in Illinois including current points of access through Area Agencies on Aging and their designees, and the statewide case coordination system. The most significant advances in the development of the access system in 2007 were: The implementation by the Illinois Department on Aging through the designated Case Coordination Units of Comprehensive Care Coordination; The training and implementation of statewide use of a standard assessment tool in Illinois, and: The decision that the Elder Services Program (ESP2) used in a number of Planning and Service Areas would capture the resource information of provider organizations in a more unified and standard way throughout Illinois.

The Coordinated Point of Entry Work Group continued to look at the larger access and support issues and was able to resolve a persistent conceptual issue of how to designate Coordinated Points of Entry when activities were currently shared in most parts of the state among a number of service providers.

The work group proposed a recommendation to the full Older Adult Service Advisory Committee and the Department on Aging accepted the following motion.

> "A seamless, collaborative, integrated CPE system may be provided by either a formal multi-agency system or a single organization, whatever best meets the needs of older adults in a particular region. All participating entities must meet standards as promulgated by the Illinois Department on Aging."

Status of 2007 Priority Objectives

Objective 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.

STATUS:

The on-going Work Group process included continuous reviews of models and approaches for meeting the goal of the Coordinated Point of Entry. The Work Group decided to proceed with model development based on an improved assessment of the current capacity and capabilities of the aging network across the state.

It presented recommended steps for improving information and assistance services in Illinois, and is proposing a more extensive and professionally administered survey of information providers to older adults to achieve this objective in 2008.

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

STATUS:

Quality indicators will be incorporated into the survey questionnaire and be included in the survey results. The Work Group is also continuing to develop a recommended policy on achieving neutrality in referral of clients among various services and programs. Report on the neutrality will be issued in 2008.

Objective 4. 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.

STATUS:

The Work Group reviewed one web site and discussed qualities that should be incorporated into the single, comprehensive web support for both consumers and professionals. A report on this will be issued in 2008.

Objective 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.

STATUS:

The Work Group planned and the Department on Aging implemented a 1.5 day branding summit to begin the branding of the Illinois Coordinated Point of Entry Into Long-Term Care System. Continued development is scheduled prior to 2008.

2008 Priority Objectives

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1. The Work Group recommended that Coordinated Points of Entry be required to establish working relationships, understandings and formal agreements with certain types of organizational and entities in their designated service region of the state. This is an important step to assure that the CPOE are "integrated" points of entry. The identification of the general types of organizations for such relationships will be presented in early 2008.

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2. The Work Group prepared a plan for a branding process of the CPOE system in Illinois. The Executive Committee voted to support the plan and requested that the Illinois Department on Aging initiate the branding process in August of 2007. Follow-up into 2008.

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3. The CPOE Work Group recommended initiation by the Illinois Department on Aging of a professionally coordinated standards/survey process (a process that includes the proposal of reasonable standards from the Workgroup followed by a wide spread

(Column continued…)

effort to obtain community input to assure that the standards are appropriate and realistic). Input should be sought from a wide variety of information providers to older adults and their families throughout Illinois. Responses to the process will be used to complete the recommendations for standards and definitions of the CPOE system in Illinois, including the measurement and oversight of quality in the process. The Department on Aging will identify an appropriate mechanism to advance this objective in 2008.

4. The CPOE Work Group was asked to consider consumer preferences for access and information from the Coordinated Point of Entry. A compilation of reports, surveys and focus groups will be developed by the Department on Aging to respond to this recommendation.

5. The Work Group identified issues related to the updating of standards and resources for use by the CPOE for information and assistance services in Illinois. The primary recommendation was that the Illinois Department on Aging adopt one definition of Information and Assistance (consistent with the current definition in Older Americans Act rules for Illinois) to be included in the standards and definitions for delivery of the service by designated Coordinated Points of Entry (CPOE) and other information and assistance providers. Further refinements of the service components were identified for: The delivery of the information and assistance service; Assessment of need process; Technology requirements: Capacity of current information agencies; Staffing and support at the CPOE, Area Agencies on Aging and the Department on Aging including the Senior HelpLine; Pre-service training and an Illinois certification process; Information requirements; and Relationships to Comprehensive Care Coordination. The capacity of current information providers to older adults should be included in the standards process/survey of providers to determine the preparedness to meet new standards, costs of increasing standards, and most important standards for the CPOE information and assistance services in Illinois.

6. The CPOE Work Group will provide ongoing advice and seek to utilize the experiences and best practices from the Aging and Disability Resource Center projects.

7. The CPOE Work Group will develop recommendations for the designation and support of access points based on information derived from the standards/survey process of information providers to older adults and their families. It will prepare preliminary recommendations to assure that current and future access points throughout the state continue to be recognized and utilized by older adults seeking to gain entry into the aging services system in multiple ways.

8. The CPOE Workgroup will provide recommendations on the types of information and features that a model Web Page should provide to aging service agencies, older adults, family members and the general public to be uniformly used by the CPOE system. Information on the perceived needs of current information service providers to older adults should be incorporated into the standards/survey process.

9. The CPOE Work Group will offer recommendations on a conflict of interest policy for Coordinated Points of Entry.

10. The CPOE Workgroup will offer recommendations for the ongoing assessment of quality in the CPOE system including the tracking of client satisfaction, outcomes of services and gaps in the service system.

Workforce and Family Caregiver Workgroup Findings and Goals

Status of 2007 Priority Objectives

Workforce:

Objective 1. Provide health insurance funding for employees who work for the Community Care Program vendor agencies and develop recommendations for wages and benefits adequate to attract and retain a qualified and stable worker pool across care settings.

RATIONALE:

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 its 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 than the Medicaid match; however the funding level would need to be increased annually for increases in medical costs.)

STATUS:

1. Legislation (HB 4144) introduced in January to increase health insurance for home care workers was passed by the General Assembly and sent to the Governor on November 9, 2007.
2. The committee has completed a survey and is in process to assess the current situation and potential demand for health insurance among all long-term care employees in the State.
3. The committee has offered for OASAC approval, recommendations for annual rate increases to ensure that home care aides providing service under the CCP receive a wage that maintains the same level over minimum wage as they had prior to the recent increase in the minimum wage.

Objective 2. Provide funding for the expansion and introduction of an evidence-based career ladder/lattice programs in institutions and community-based care settings.

RATIONALE:

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. (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 IDPH, the Council for Adult and Experiential Learning (CAEL) U.S. Department of Labor Lattice Program and the Incumbent Worker Training Program.)

STATUS:

No progress was made on expanding career ladder/lattice programs.

Objective 3. Provide funding for the introduction and expansion of programs that provide comprehensive training, education, mentoring/coaching and on-the-job training.

RATIONALE:

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

STATUS:

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), and expand the availability of alternative respite services to provide flexibility to family caregivers, including home care, vouchers, transportation assistance, emergency respite and other services.

RATIONALE:

Based on the assumption that 10,000 caregivers would opt for receiving respite through flexible use of their funding, this initiative would enable them to maintain their family member at home longer. Increasing the availability of respite care would require an increase in funding through general revenue funds, and the level of funding would need to be increased annually for increases in respite costs.

STATUS:

An increase in general revenue funds of $2,000,000 was applied to flexible senior services in the FY 2006-2007 IDoA Budget.

Objective 2. Conduct a study in Illinois to provide a benchmark of family caregiver demographics, needs/assets and service utilization.

RATIONALE:

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:

IDPH indicated it will expand its federal survey to include family caregiver data.

Objective 3. Promote awareness and visibility of the needs of family caregivers, especially working caregivers, by holding a public/private conference on the challenges to working caregivers.

RATIONALE:

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:

The date for the consensus conference was set for December 2008

Objective 4. Expand individualized training for family caregivers through partnerships between the aging network and other specialized training organizations.

RATIONALE:

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:

No progress was made on implementing a model training program for family caregivers.

2008 Priority Objectives

Workforce:

1. Monitor impact of minimum wage law, and advocate for appropriate wage and rate adjustments based on OASAC approved recommendations from the Workforce Committee.
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 and community-based care workers.
4. Develop rate increase recommendations for all long-term care and community-based care workers in Illinois to ensure wages are at least the same amount above minimum wage as they were before the July 1, 2007 minimum wage increase and provide funding in all programs to support these increases through State Fiscal Year 2011.
5. Support use of evidence-based career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers (e.g., home care workers, CNAs, etc.).
6. Support introduction of a pilot career pathway program.
7. Develop a compendium of information regarding training programs for Illinois home care workers.

Family Caregiver:

1. Support an increase in general revenue funds for services that would benefit family caregivers, with specific emphasis on respite care, in the FY 2008-2009 IDoA Budget.
2. Conduct a private/public consensus conference to identify priority policies for assisting working caregivers.
3. Obtain resources to provide a pilot individualized training program for 500 family caregivers.

Acknowledgements

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

Senate Sponsors:

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

House Sponsors:

Rep. Julie Hamos, Elizabeth Coulson, William B. Black, Joseph M. Lyons, Sara Feigenholtz, Jerry L. Mitchell, Keven Joyce, Michael K. Smith, Patrick Verschoore, Richard T. Bradley, Ralph C. Capparelli, Carolyn H. Krause, Mike Bost, Suzanne Bassi, Eileen Lyons, Ron Stephens, Patricia Reid Lindner, Monique D. Davis, Robert F. Flider, Lou Lang, John E. Bradley, Paul D. Froehlich, Elaine Nekritz, Lisa M. Dugan, Robin Kelly, Harry Osterman, Steve Davis, Deborah L. Graham, Jack D. Franks, Mike Boland, Karen May, James H. Meyer, Brandon W. Phelps, William J. Grunloh, Lovana Jones, Angelo Saviano, Mark H. Beaubien, Jr., Maria Antonia Berrios, Susana Mendoza, Arthur L. Turner, Wyvetter H. Younge, Kenneth Dunkin, William Davis, Kurt M. Granberg, Jay C. Hoffman, Karen A. Yarbrough, Ricca Slone, Annazette Collins, Constance A. Howard, Jack McGuire, Daniel J. Burke, George Scully, Jr., Cynthia Soto, William Delgado, John A. Fritchey, Thomas Holbrook, Naomi D. Jakobsson, Mary E. Flowers, Kathleen A. Ryg, Bill Mitchell, Sidney H. Mathias, Eddie Washington, David R. Leitch, Sandra M. Pihos, Roger L. Eddy, Keith P. Sommer, Dan Reitz, Marlow H. Colvin, Patricia R. Bellock, Rosemary Mulligan, Rosemary Kurtz, Jim Watson, Ed Sullivan Jr., Renee Kosel, Dave Winters, Art Tenhouse, Robert W. Churchill, Linda Chapa LaVia, Raymond Poe, Chapin Rose, Frank J. Mautino, Donald L. Moffitt, Frank Aguilar, Ruth Munson, Timothy L. Schmitz, JoAnn D. Osmond, Careen Gordon and John J. Millner.

Appendix B

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 Care Coordination 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)

Appendix C

Older Adult Services Advisory Committee Members

State members (non-voting)

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VICE-CHAIR:
Theresa Eagleson

VICE-CHAIR:
Enrique Unanue

Yvonne Clearwater
Teri Dederer
Gwen Diehl
Jennifer Novak
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Finance Workgroup
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Pat Comstock
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Nancy Flowers
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Laura Gallagher-Watkin
Jonathan Lavin
Jennifer McDermott
Phyllis Mitzen
Scott Musser
Jennifer Novak
Heather O'Donnell
Robyn O'Neill
Frank Price
Susan Real
Bette Schoenholtz
Deborah Sitz
Jason Speaks
Joanne Thomas
Dave Vinkler
Debbie Weber
Matthew Werner
Steven C. Wolf

Services Expansion Workgroup
Carol Aronson
Michele Austin
Paul H. Bennett
Marianne Brennan
Pat Stacy Cohen
Pat Comstock
Ann Cooper
Betsy Creamer
Kelly Cunningham
Frank Daigh
Jill Daigh
Risa Glantz Dankwerth
Diane Drew
John Eckert
Darcia Ferrari
Karen Freda
Nancy Funk
Mary Geis
Cynthia Germain
Donna Ginther
Carol E Green
Karen Gricus
Joyce Gusewelle
Carolyn Guthman
Sherry Hamlin
Matt Hartman
Margaret M. Hastings, Ph.D.
Carol Lentz Headley
Julie Hess
Michelle Jech
Marsha Johnson
Peg Keeley
Myrtle Klauer
Jonathan Lackland
Richard Landsdowne
Jonathan Lavin
Juanita McCaffrey
Daniel C. McCloud
Jennifer McDermott
Walter S. Meyers
Phyllis Mitzen
Robin Morgan
Scott Musser
Margaret Niederer
Jennifer Novak
Michael J. O'Donnell
Anna M. Oestreich
Amy Paschedag
Mary Patton
Sally Petrone
Tarry Plattner
Susan Real
Steven K. Rothschild, M.D.
Joel L. Rubin
Margaret Rudnik
Karen Schainker
Jeremy Schroeder
Wayne A. Smallwood
Jason Speaks
Jan Sweikert
Joanne Thomas
Enrique Unanue, A.I.A., N.C.A.R.B., A.C.H.A.
Dave Vinkler
Tami Wacker
Debbie Weber

Nursing Home Conversion Workgroup

Michele Austin
Marianne Brennan
Pat Comstock
Frank Daigh
Bill Dart
John Eckert
Donna Ginther
Bob Green
Matt Hartman
Petie Hunter
Marsha Johnson
Myrtle Klauer
Jonathan Lavin
Jay Lewkowitz
Bonnie Lockhart
Jennifer McDermott
Dwight L. Miller
Phyllis Mitzen
Scott Musser
Jennifer Novak
Robyn O'Neill
Sally Petrone
Renee Razo
Lester E. Robertson, Jr.
Jason Speaks
Terrence Sullivan
Tim Thomas
Enrique Unanue, A.I.A., N.C.A.R.B., A.C.H.A.
Dave Vinkler
Tami Wacker
Steven C. Wolf

Coordinated Point of Entry Workgroup

Michell Austin
Paul H. Bennett
Betsy Creamer
Risa Glantz Dankwerth
Eleanor DiAngelo
Janet Ellis
Alan Factor
Karen Freda
Chloe Frooninckx
Mary Pat Frye
Nancy Funk
Becky Gillen
Donna Ginther
Ross Grove
Sharon Hamilton
Julie Hamos
Julie Hess
Martha Holstein
Julie Hubbard
Michelle Jech
Lucia West Jones
Elaine Jurkowski, Ph.D.
Brenda Langheim
Jonathan Lavin
Shawn Lewis
Nancy McCaffrey
Jennifer McDermott
Rosanna McLain
Molly K. Miceli
Naoko Muramatsu
Scott Musser
Margaret Niederer
Patricia O'Dea-Evans
Michael J. O'Donnell
Anna M. Oestreich
Joy Paeth
Laura Prohov
Susan Real
Amy Reeser
Steven K. Rothschild, M.D.
Karen Schainker
Bette Schoenholtz
Desiree Scully
Deborah Sitz
Louise Starmann
Janice Stille
Dave Vinkler
Cathy Weightman-Moore

Workforce and Family Caregiver Workgroup

Darby Anderson
Michele Austin
Janice Cichowlas
Betsy Creamer
Elizabeth Essex
Nancy Flowers
Toni Gerencir
Donna Ginther
Ella Grays
Sharon Sea Hamilton
Jamie Hersh-White, M.S.W.
Martha Holstein
Marsha Johnson
Peg Keeley
Jonathan Lackland
Jonathan Lavin
David Lindeman
Jennifer McDermott
Molly K. Miceli
Robin Morgan
Naoko Muramatsu
Scott Musser
Evelyn Nabors
Karen O'Beirne
Patricia O'Dea-Evans
Vicki Rose
Wilma Schmitz
Jeremy Schroeder
Barb Schwartz
Cathi Sipes
Marcia Spira, Ph.D.
Sarah Stein
Tim Thomas
Sherry Thomas
Dave Vinkler
Tami Wacker
Danette K. Wade
Ruth Waeltz

Appendix E

Older Adult Services Advisory Committee
2007 Meeting Dates and Locations

March 12, 2007	–	Illinois State Library, Springfield
June 11, 2007	–	Michael A. Bilandic Building, Chicago
September 10, 2007	–	James R. Thompson Center, Chicago, and Capitol City Training Center, Springfield
November 8, 2007	–	Michael A. Bilandic Building, Chicago, and W. G. Stratton Building, Springfield
December 12, 2007	–	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.

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Older Adult Services Act

Older Adult Services Act

2008 Report to the General Assembly

421 East Capitol Ave., #100
Springfield, Illinois 62701-1789
217-785-3356 • FAX: 217-785-4477
www.state.il.us/aging

Senior HelpLine:

1-800-252-8966

1-888-206-1327 (TTY)
Monday through Friday
8:30 a.m. to 5:00 p.m.

Elder Abuse Hotline:

1-866-800-1409

(Statewide, 24-hour)

1-888-206-1327 (TTY)

The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, call the Senior HelpLine at 1-800-252-8966, 1-888-206-1327 (TTY).

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