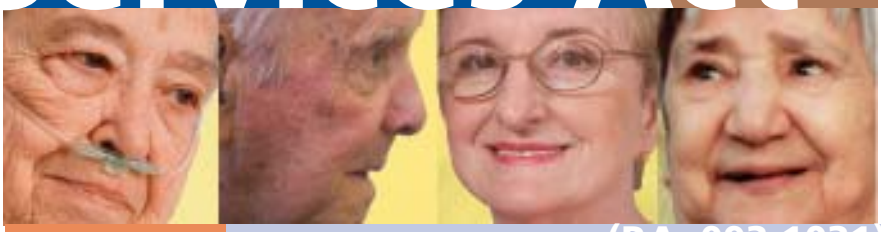
State of Illinois
Pat Quinn, Governor

Illinois Department on Aging
Charles D. Johnson, Director

Older Adult Services Act



(P.A. 093-1031)

2009 Report to the General Assembly

Illinois Department on Aging


oasa
Older Adult Services Act

Message from Director Charles D. Johnson

The following report is submitted as mandated by Public Act 93-1031, the Older Adult Services Act. This Act requires the Illinois Department on Aging to notify the General Assembly of its progress toward compliance with the Act on Jan. 1, 2006, and every January thereafter. As required, this report summarizes the work completed in 2008, identifies impediments to such progress, and reflects the recommendations of the Advisory Committee, including items requiring legislative action.

The Department on Aging gratefully acknowledges the 32 members of the Older Adult Services Advisory Committee and the additional dozens of individuals who participated on its five Workgroups pertaining to Finance, Workforce/ Caregiver, Nursing Home Conversion, Services Expansion, and Coordinated Point of Entry. The Workgroups met throughout 2008 to consider actions that will advance the transformation of long-term care in Illinois, and its recommendations are included in the attached report. Among the significant accomplishments in 2008, the full Committee adopted six "long-term care measures" to provide quantitative guidance as Illinois strives to meet the mandates of the Act.

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

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

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Illinois Department on Aging

The Illinois Department on Aging (IDoA) is honored to lead the statewide effort to transform the state's long-term care system for Illinois' frail elderly residents. Since 2003, IDoA has expanded programs, services and reimbursement rates to increase access to home and community-based options. In 2007, IDoA added Emergency Home Response Services to Homemaker and Adult Day Services in its Community Care Program, and implemented a flexible services demonstration project. In collaboration with the Illinois Housing and Development Authority and the Illinois Assistive Technology Program, IDoA implemented an initiative to provide assistive technology to assist older Illinoisans in staying safely in their homes following an illness or disability. IDoA also initiated a comprehensive approach to needs assessment, case management, and service coordination for all Illinois seniors, regardless of financial eligibility, and participates in national Cash and Counseling, Nursing Home Diversion and Money Follows the Person demonstration projects.

The Illinois 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. IDoA welcomes the advice of the Advisory Committee as it proceeds to fulfill the goal of helping the state's older population live their final years among their friends and family with dignity.

Illinois Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (IDHFS) 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, IDHFS is proud to administer and coordinate activities under the Money Follows the Person demonstration project, 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 Workgroups, IDHFS supports the expansion of home and community-based waiver options for the populations it serves, including low-income older adults and persons with disabilities.

Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) 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 Older Adult Services Advisory Committee (OASAC), IDPH 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. IDPH continues to actively participate in the OASAC activities specifically in the Nursing Home Conversion Workgroup and Services Workgroup where its regulatory expertise can best serve the OASAC mandates.

Illinois Housing Development Authority

The lead agency of the Governor's Housing Task Force, Illinois Housing Development Authority (IHDA), supports housing-related activities of the Older Adult Services Advisory Committee, 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 as mandated in the Older Adult Services Act (Public Act 093-1031). The Act requires the Department on Aging to report annually on the progress made in complying with this Act, impediments thereto, recommendations of the Advisory Committee, and any recommendations for legislative changes necessary to implement this Act. The Act established the Older Adult Services Advisory Committee (OASAC) to advise the directors of Aging, Healthcare and Family Services, and Public Health on all matters related to this Act and the delivery of services to older adults in general. The Committee is comprised of 32 members representing older adults, providers, advocates, and academics with an interest in long-term care. To fulfill the purpose of the act, the department created five Workgroups to examine the following areas: Finance, Services Expansion, Nursing Home Conversion, Coordinated Point of Entry, and Workforce and Family Caregiving. This report presents specific recommendations for action in 2009 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 2008.

Transforming Illinois' long-term care system to emphasize home and community-based services requires the commitment of the OASAC and the state Departments of Aging, Public Health, and Healthcare and Family Services as mandated in the legislation. Successful efforts in other states have also required substantial executive and legislative leadership. The Older Adult Services Advisory Committee recognizes the importance of state government's support and commitment to achieve this goal. Substantial gains have been made in the past several years to expand service options for frail older adults. Further enhancements of home care options are challenged as the state grapples with revenue shortfalls. 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 adequate appropriations by the General Assembly.

Background and Introduction

During 2008, the Older Adult Services Advisory Committee and its Workgroups responded to increasing requests for specific measures and actions to carry out the act and its mandates. These efforts resulted in the development of six long-term care measures that will allow state departments, advocates, and legislators to examine the progress made toward increasing home and community-based services for people 60 and older in Illinois. These measures will also provide a guide to the progress being made toward transforming the system of long-term care in Illinois.

Earlier OASAC reports to the General Assembly (2006, 07, 08) included recommendations from its Workgroups for short- and long-range priority objectives. Substantial gains

have been made from 2005 – 2008 to expand service options for frail older adults, to increase the availability of Supportive Living Facilities (SLFs), and to reduce long-term care stays.

These Long-term Care Measures were approved at the September meeting of the full Older Adult Services Advisory Committee after several months of deliberation. The Illinois Departments of Aging, Public Health and Healthcare and Family Services will work to ensure consistent data collection and interpretation surrounding these measures.

LONG-TERM CARE MEASURE 1 — Trends in the percent of Medicaid long-term care dollars spent on institutional and home and community-based care for persons 65 and older.

LONG-TERM CARE MEASURE 2 — Trends in the percent of nursing home residents 65 and older that are high acuity based on Minimum Date Set or Resource Utilization Group measures.

LONG-TERM CARE MEASURE 3 — Trends in the number of nursing home residents transitioned from nursing home care to home and community-based services.

LONG-TERM CARE MEASURE 4 — Trends in the percent of home and community-based services (Community Care Program and Supportive Living Facilities) recipients that are high need, as defined by functional and/or financial status.

LONG-TERM CARE MEASURE 5 — Trends in services, including nursing home beds, per 1000 persons 65 and older by county and/or Area Agency on Aging Planning Service Areas (PSAs).

LONG-TERM CARE MEASURE 6 — Quality of Life survey data for individuals in residential facilities and home and community-based services.

In addition to the development of these long-term care measures, the five OASAC Workgroups continued to research best practices in long-term care, and to refine its recommendations to the General Assembly.

2008 Accomplishments

1. Effective July 1, 2008 (PA 95-713), hourly rate increase of $1.70 per hour to vendors of homemaker services for the purpose of increasing, by at least $1.00 per hour, the wages paid to direct service employees, in order to adjust for the statewide minimum wage increase.
2. Effective July 1, 2008 (PA 95-713), an additional $1.33 per hour to be paid to vendors of homemaker services for providing health insurance coverage to its employees who provide homemaker services.
3. The Enacted FY 2009 budget maintained funding levels for the Community Care Program, Case Coordination Units, and Flexible Senior Services, and reductions in services were not implemented despite budget shortfalls.
4. The Illinois Department on Aging promulgated rules pursuant to PA 95-0565 to require that any older adult who is eligible for Medicaid must enroll in the program in order to receive Community Care Services.
5. The Nursing Home Conversion Workgroup made progress in addressing the issues of a capital rate conversion that will meet the criteria of budget neutrality while not adversely impacting the facilities capital rate component of the Medicaid rate.

6. The Nursing Home Conversion Workgroup produced a discussion paper to define the basis for a conversion program. It will be used to make a case for further recommendations.
7. The Workforce and Caregiver Workgroup planned and organized the "Supporting Caregiving Employees While Increasing Profitability" Workshop for Chicago-area employers on December 10, 2008, in conjunction with the Department's annual Governor's Conference on Aging at the Marriott Chicago. The workshop was sponsored by AARP, the Women's Bureau, U.S. Department of Labor, and the Illinois Department on Aging.
8. The Coordinated Point of Entry Workgroup prepared a 63-question survey instrument reflecting the elements of the Coordinated Point of Entry as outlined in the Older Adult Services Act. The focus of the instrument is to determine the preparedness of current organizations to accomplish the standards discussed by the Coordinated Point of Entry Workgroup over the past four years, and the costs for meeting those standards that are not being met at this time. Results are expected in early 2009.
9. The Finance Workgroup has completed research on best practices including policy analysis and recommendations on estate and asset recovery under Medicaid and its effect on long-term care. The Committee has also advised the state agency on the implementation of the Long-Term Care Insurance Partnership.
10. The Centers for Medicare and Medicaid Services approved the state's Operational Protocol that established a multi-agency implementation strategy for the Money Follows the Person federal demonstration award. The State began work to develop a quality management strategy and risk assessment and mitigation approach consistent with new federal requirements and began training transition coordinators.
11. IDHFS announced that it would accept applications for new Supportive Living Facility (SLF) program development serving older adults in targeted areas of the state and persons with physical disabilities statewide through January 15, 2009. This assisted living HCBS waiver program serves older adults and persons with physical disabilities between the ages of 22 and 64. The program now has over 107 facilities (containing over 8,200 apartments) operational statewide and another 40 developments (containing another 3,600 apartments) proceeding toward certification.

Impediments

1. The FY 2009 enacted budget did not include additional funding for the Ombudsman programs as was recommended by the 2008 Older Adult Services Act Report.
2. Continuing revenue shortfalls have exacerbated payment delays that threaten the financial viability of all contractual providers, including small-business and not-for-profit facilities and home and community-based service providers, whose services are essential to caring for the frail elderly and continuing efforts to achieve the transformation of long-term care in Illinois.
3. The pressures on state revenues are limiting the state's ability to maintain the growth in home and community-based care anticipated in the Older Adult Services Act. This situation challenges the Department and the Advisory Committee to improve the efficiency of home and community-based services to assure they are effectively targeted and sufficient to support frail elderly in living safely in the community for as long as possible.

4. Insufficient funding has been available to implement certain mandates of the Act, specifically: establishing a designated website for Older Adult Services, branding the system of care and coordinated points of entry, and implementing the medication management program. The Illinois Department on Aging is committed to pursuing these recommendations as funding permits.

2009 Recommendations

1. IDoA will implement standards, develop a Web site, provide training and publicize a statewide Coordinated Point of Entry using a uniform name, identity, logo, and toll-free number.
2. The Finance Workgroup will provide a report to the OASAC on how Illinois compares to other states in the provision and funding of long-term care.
3. The Nursing Home Conversion Workgroup will work with the Department of Public Health to design and implement strategies to reduce the number of Medicaid-certified nursing home beds through a nursing home bed conversion program.
   a. Identify barriers to nursing home bed conversions such as existing state and federal laws and regulations. Reconcile any regulatory conflicts.
   b. Develop a pilot nursing home bed conversion program that will include, but is not limited to, a bed buy-back component for nursing homes converting licensed and/or Medicaid certified nursing home beds to single-bed rooms and/or other community-based services. The Workgroup recommends using components of the Minnesota model and other models to accomplish this. The goal is cost neutrality.
4. The Services Workgroup recommends financing for a program for collaborative care between health and social services, to be phased in over 3 years, which will establish necessary services and communication mechanisms between the Comprehensive Care Coordination (CCC) system and the health care/allied health systems for all CCC clients identified as high risk.
5. The Services Workgroup recommends that IDoA replace the Federal Poverty Index with the Elder Economic Standard Index, a geographically sensitive measure of the actual cost of living for Illinois elders, using a formula based on statewide averages to calculate cost sharing obligations for individuals eligible for the Community Care Program.
6. The Services Workgroup recommends that IDoA provide funding to Public Act 095-0535 to establish medication management and medication audit services statewide as a stand-alone service available to all clients identified as high risk.
7. The Services Workgroup recommends that IDoA should increase funding in FY 2010 for Home-Delivered Meals to offset increased costs associated with: fuel, raw food, and minimum wage increases and investigate additional public funding sources and alternative distribution systems to permit expanding program to unserved and underserved areas with unmet needs.
8. The Services Workgroup recommends that IDoA provide funding in the 2010 budget for respite services (including emergency respite services) to enable family and other informal caregivers to meet the caregiving responsibilities that they have assumed by providing support.

9. The Workforce/Caregiver Workgroup will advocate for the continued support of rate increases to achieve a living wage for all long-term care and community-based care workers in Illinois. Ensure that wages are at least 20 percent above minimum wage. Provide funding in all programs to support these increases through SFY 2011.
10. Support legislation and budget increases targeted at increasing health insurance for all long-term care and community-based workers.

State Agency Participation in Federal Initiatives to Transform Long-term Care

The Illinois Departments of Aging, Public Health and Healthcare and Family Services continue to collaborate on state initiatives to transform long-term care in Illinois, and to seek funds from the federal government to support these initiatives. IDHFS has led the state in implementing the Money Follows the Person demonstration project to assist eligible long-stay Medicaid nursing facility residents to return to the community from the nursing home. Through this initiative, the Departments of Aging, Human Services and Healthcare and Family Services will transition more than 3,000 individuals from facility-based care to home and community-based care in the next four years.

The National Association of State Units on Aging (NASUA) and National Association of Area Agencies on Aging (n4a), conscious of the financial pressures facing states and the federal government, have developed Project 2020, a coordinated national long-term care strategy that will generate savings in Medicaid and Medicare at the federal and state levels while enabling older adults to get the support they need to successfully age where they want to — in their own home and community.

This strategy, which has evolved from long-term care initiatives of the U.S. Administration on Aging (AoA), the Centers for Medicare and Medicaid Services (CMS) and others, was incorporated into the reauthorized Older Americans Act (OAA) in 2006. It builds on the historic role of State Units on Aging (SUAs), Area Agencies on Aging (AAAs) and Title VI Native Americans aging programs. It is a comprehensive and integrated approach to enabling elderly and disabled individuals to make their own decisions, to take steps to manage their own health risks, and receive the care they choose in order to remain in their own homes and communities for as long as possible, avoiding unnecessary and unwanted institutionalization.

The AoA in cooperation with SUAs and AAAs has been testing best practices in community-based long-term care that have been demonstrated to reduce the need for more expensive institutional care and prevent "spend down" to Medicaid for elderly and disabled adults. NASUA and n4a have embraced these proven strategies as requirements for infrastructure development and participation in this program. This three-pronged approach will allow communities to provide long-term care services to this growing population at a lower cost to consumers and to Medicaid and Medicare. The key elements of this approach include:

1. **Person-Centered Access to Information (Aging and Disability Resource Centers)**
2. **Evidence-Based Disease Prevention and Health Promotion**
3. **Enhanced Nursing Home Diversion Services**

Illinois has participated in all three of these initiatives, and is looking to expand on them in the years to come.

Conclusion

Substantial, if incremental, progress is being made toward implementing the Older Adult Services Act. The 2009 OASAC report provides further data regarding the development of the benchmarks, a full description of progress toward meeting the mandates of the Act, and detailed descriptions of the Workgroup recommendations.

Older Adult Services Advisory Committee Long-term Care Measures

Earlier OASAC reports to the General Assembly (2006, 07, 08) included recommendations from its Workgroups as a guide for establishment of short and long-range priority objectives. However, during 2008, the Older Adult Services Advisory Committee and its Workgroups responded to requests from legislators and advocacy groups to develop more specific measures and actions to assess the Act's impact in transforming long-term care. These efforts resulted in the development of six specific measures that will allow state departments, advocates, and legislators to examine the progress made toward increasing home and community-based services for people 60 and older in Illinois. These measures also provide a guide to the progress being made toward transforming the system of long-term care in Illinois. The Executive Committee was charged with ensuring that the measures selected were consistent with the purpose of the Older Adult Services Act, as re-stated below:

> *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)

Long-term Care Needs are Increasing

Increasing emphasis on long-term care has been motivated by the growth of the older population and their use of publicly funded long-term care services. In contrast to acute medical care, long-term care assists individuals with chronic illness in managing their daily lives. Such care includes assistance with eating, bathing, dressing, toileting, cooking or eating. It is provided in a variety of settings, including the individual's home, in a nursing home, or in an assisted living facility. About two-thirds of the people who turned 65 in 2005 will need long-term care in their lifetime, and they will require assistance for an average of three years. Currently, about 10 million Americans receive some form of long-term care.

> *SOURCE:* How Can We Improve Long-Term Care Financing?, *Howard Gleckman Center for Retirement Research at Boston College, June 2008.*

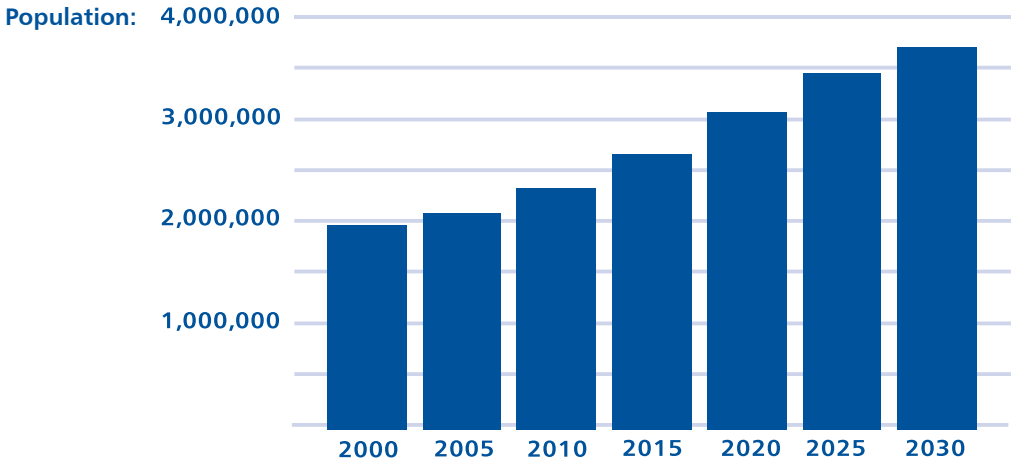
In 2011, the first wave of "boomers" (born between 1946 and 1964), begin to turn 65. Between 2010 and 2020, the 65 and older population nationwide will grow by 40 percent, while the under-65 population will increase by about 4percent. Overall, this cohort is healthier than their peers were a generation earlier. However, among persons age 85 and older the prevalence of chronic illness (and rates of disability) rises significantly.

SOURCE: Status of Long-Term Care in Minnesota, *2005, prepared by the Department of Human Services, St. Paul, MN, June 2006, and quoting* 65 and older in the United States: Current Population Reports, *National Institute on Aging, by HE et al, 2005.*

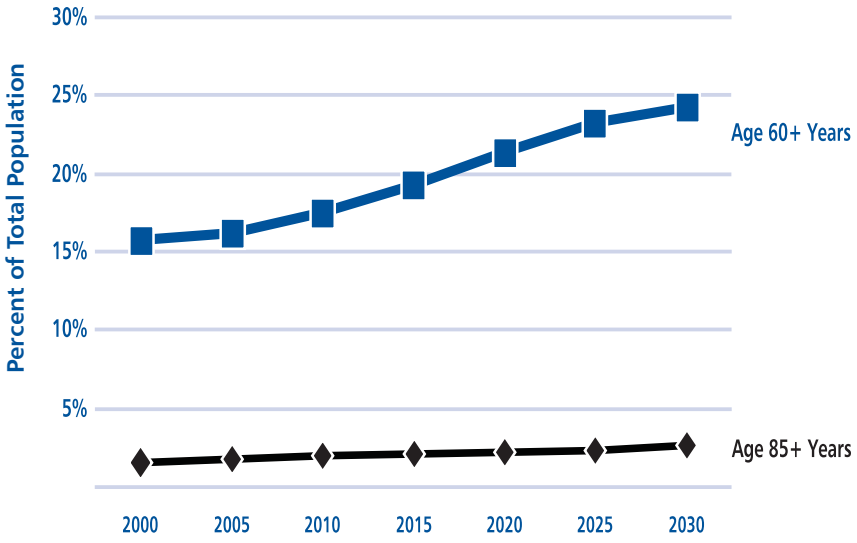
The number of Illinoisans 60 and older is projected to increase 75 percent from 2.0 to 3.5 million individuals by 2030. Adults 60 and older will constitute nearly 25 percent of the overall population, and those 85 and older will increase from 2 percent to 3 percent of the overall population.

SOURCE: National Census data.

ILLINOIS POPULATION CENSUS PROJECTIONS — AGE 60 AND OLDER YEARS



ILLINOIS POPULATION BY AGE: 2000 TO 2030
PERCENTAGE FOR AGE 60 AND OLDER AND 85 AND OLDER YEARS



National Trends: Long-term Care

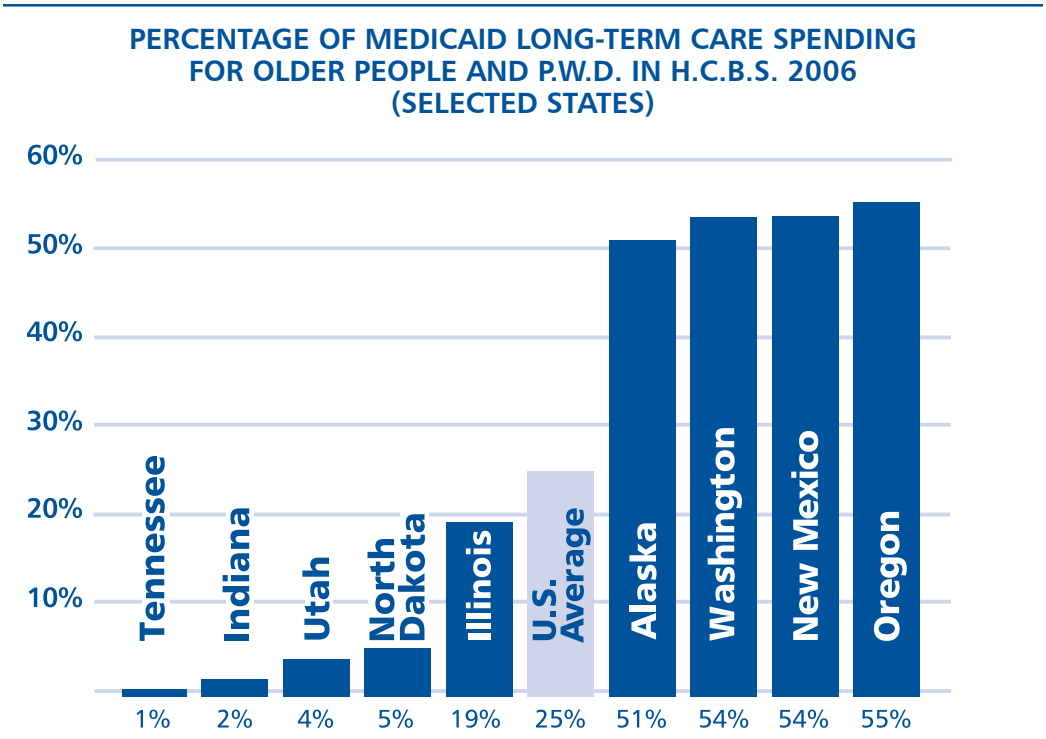
The projected growth in the utilization and cost of long-term care has been a concern at the state and national levels for several years, and has resulted in legislation, new programs, and initiatives designed to increase home and community-based services. The Deficit Reduction Act (DRA) of 2005 was signed into law on February 8, 2006, by President Bush in order to implement changes in Medicaid laws to allow states more flexibility in the delivery of services as well as establishing stricter standards in both the Medicaid application and eligibility determination process. Significant provisions within the DRA allowed for the creation of new authority to provide home and community-based services; the establishment of new grant programs to alter how long-term care is delivered by states; the allowance for public-private partnerships for long-term care insurance; tightening Medicaid eligibility; and the establishment of rules curtailing fraud and abuse.

Care in skilled nursing facilities and other institutional settings is an important and vital option for many individuals and families with failing health, complicated medical conditions, and advanced cognitive impairment. However, the costs for care in these settings can be very high over time, and many people can live safely at home with appropriate home and community-based services. One federal initiative that is being implemented in Illinois is the Money Follows the Person project. Funded by the Centers for Medicare and Medicaid Services (CMS), Money Follows the Person offers states time-limited enhanced Medicaid match rates to provide services to transition Medicaid-eligible individuals who have lived in a nursing facility for more than six months back into their homes and communities. As part of Money Follows the Person, CMS requires states to monitor Medicaid long-term care spending and expects to see a shift toward more home and community-based services.

The National Association of State Units on Aging (NASUA) and National Association of Area Agencies on Aging (n4a), conscious of the financial pressures facing states and the federal government, have developed a coordinated national long-term care strategy that will generate savings in Medicaid and Medicare at the federal and state levels while enabling older adults to get the support they need to successfully age where they want to — in their own home and community.

This strategy, which has evolved from long-term care initiatives of the U.S. Administration on Aging (AoA), CMS and others, was incorporated into the reauthorized Older Americans Act (OAA) in 2006. It builds on the historic role of State Units on Aging (SUAs), Area Agencies on Aging (AAAs) and Title VI Native Americans aging programs. It is a comprehensive and integrated approach to enabling elderly and disabled individuals to make their own decisions, to take steps to manage their own health risks, and receive the care they choose in order to remain in their own homes and communities for as long as possible, avoiding unnecessary and unwanted institutionalization.

In July 2008, AARP published a research paper entitled "A Balancing Act: State Long-Term Care Reform." This AARP Public Policy Institute research paper examined the extent to which states have balanced the delivery of Medicaid-funded long-term care services and supports to older people and adults with physical disabilities in their homes (or in more home-like settings in their communities) and in institutions.



Source: AARP Public Policy Institute, 2008.

Each of the four states left of Illinois in the graph expend less than 5 percent of its state's long-term care budget on home and community-based services for the aging and disabled populations, while the four on the right expend over 50 percent on these services.

Development of Measures

The Executive Committee reviewed the mandates of the Older Adult Services Act, information from the Administration on Aging, and examples of other state benchmarks and measures of long-term care rebalancing. These measures were approved after several months of deliberation and approved by a vote of the full Older Adult Services Advisory Committee at the September 8, 2008, meeting.

The Illinois Department on Aging, the Department of Healthcare and Family Services, and the Department of Public Health are collaborating to collect data to assure these measures will be consistent and replicable over time.

Long-term Care Measure 1

Trends in the percentage of Medicaid long-term care dollars spent on institutional and home and community-based care for persons 65 and older.

Medicaid LTC Spending for Individuals 65 and Older (incl. Ancillary Services)

Service	2004	2007	Amount of change	Percent of change
Home- and Community-based Services (HCBS)	$264 million	$278 million	+$14 million	+5.3%
Long-term Care (LTC) Facilities	$1.036 billion	$838million	- $198million	- 19%
Percentage of HCBS	20.4%	24.9%	4.5%	

SOURCE: Illinois Department of Healthcare and Family Services.

Data includes claims for institutional, home and community-based services, and ancillary services. Ancillary services include non-institutional medical services including pharmacy prior to 2006, and not including pharmacy after the implementation of Medicare Part D in 2006. Data are for individuals 65 and older.

Long-term Care Measure 2

Trends in the percentage of nursing home residents 65 and older that are high acuity based on Minimum Date Set (MDS) or Resource Utilization Group scores.

UNDER CONSTRUCTION: The Federal Centers for Medicare and Medicaid is revising the MDS 2.0, and will implement MDS 3.0 in October 2009.

Long-term Care Measure 3

Trends in the number of nursing home residents transitioned from nursing home care to home and community-based services each year.

	2005	2006	2007	2008
Illinois Department on Aging Deinstitutionalizations	341	294	244	179
Enhanced Transition and Home Again	0	110	114	123
TOTAL	341	404	358	302

SOURCE: Illinois Department on Aging.

Data is a combination of service codes for Deinstitutionalization (visits to individuals 60 and older in institutional care) and individuals transitioned from nursing facilities to the community through the Enhanced Transition demonstration project for Fiscal Years 2006-2008. It is expected that transitions will increase with the implementation of Money Follows the Person in 2009.

Long-term Care Measure 4

Trends in the percentage of home and community-based services (Community Care Program and Supportive Living Facilities) recipients that are high need, as defined by functional and/or financial status.

The Determination of Need (DON) is part of an assessment conducted on every individual who is seeking long-term care either through nursing home (NH) placement or home and community-based services. A score of 29 is the minimum threshold for nursing home care and Medicaid waiver services, including the Community Care Program (CCP) and the Supportive Living Facilities (SLF) program in Illinois.

The DON consists of a combination of three rating scales. Side A measures a person's impairments in terms of six activities of daily living (eating, bathing, dressing, continence) and eight incremental activities of daily living (preparing food, paying bills). The score also includes an assessment of cognitive ability or impairment known as the Mini Mental Status Exam (MMSE).

	Initial CCP Assessments	NH Prescreening Assessments	CCP Caseload	Supportive Living Facilities
Average DON 2004	45 Mode = 29 for both	58 Mode=57	46 Mode=34	39 Mode=30
Average DON 2007	45	55 Mode = 54	48 Mode=38	45 Mode=30

SOURCE: Illinois Department on Aging and the Illinois Department of Healthcare and Family Services.

Long-term Care Measure 5

Trends in services, including nursing home beds, per 1000 persons 65 and older by county and/or Area Agency on Aging Planning Service Area (PSA).

UNDER CONSTRUCTION: The Older Adult Services Act defines a "Priority service area" as an area identified as being less-served with respect to the availability of and access to older adult services in Illinois. The Act mandates that the Departments of Aging, Public Health, and Health and Family Services shall determine by rule the criteria and standards used to designate such areas. An inventory of services for older adults in Illinois has been assembled in a resource database, and maps showing the locations of services and population density of persons 60 and older are being prepared for discussion in 2009.

Long-term Care Measure 6

Quality of Life survey data for individuals in residential facilities and home and community-based services.

UNDER CONSTRUCTION: There are many measures of "quality" that are utilized in nursing facilities and in home and community-based services; and each facility, provider, and funding source may implement a different tool that examines quality of life as perceived by the recipients of the service. New tools are being implemented in all settings, and will be examined in detail in the coming year.

Next Steps

While the development of these measures and its adoption by the full OASAC committee has been an accomplishment, the work is not complete. IDoA plans to work with the Illinois Departments of Public Health and Healthcare and Family Services to continue to refine the data analysis to assure that the measures are consistent and replicable from year to year. The measures will be communicated to legislators, advocates, the Governor's Office of Management and Budget and other audiences to inform decisions related to long-term care funding and system changes. It is also likely that the OASAC and its Workgroups will continue to review, revise and eliminate or add measures as needed.

Considered in conjunction with the mandates from the Act and the recommendations from the OASAC Workgroups, these measures provide information about how well Illinois is progressing toward meeting the purpose of the Act, and transforming the comprehensive system of older adult services from funding a primarily facility-based service delivery system to primarily a home-based and community-based system.

Background and History of the Older Adult Services Act

The Older Adults 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 communit-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 Gov. Rod Blagojevich on August 27, 2004, as Public Act 093-1013.

At the same time, the 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 raise rates three times in the past six years 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, IDoA 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 Demonstration Program, which has enabled 347 long-term care residents to return to their communities since July 2005.

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 adult, families and the staff.*
>
> *A coordinated public relations program, including web-based tools, ensures that the public knows whom to call when seeking older adult services. Older 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 adult while a flexible, reliable funding stream ensures that a variety of services are available with consistent delivery and levels of care throughout the State.

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 sub-standard 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 request for proposal standards and assess its validity; contracted agencies attainment of its requirements; and its 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.

2008-2009 Activities in Compliance with the Older Adult Services Act

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
10 ("priority service area")	Determine by rule the criteria and standards used to designate such areas.	Resource data has been collected through the creation of a shared statewide resource database. The department contracted for a statewide database to maintain the resources inventory and facilitate access throughout the state. Efforts to assure all resources are captured are in process.	Older Adult Services Advisory Committee (OASAC) Workgroups will assist in the review and determination of Priority Service Areas. Rules will be established to define priority service areas, and Workgroups will identify resources needed.
15(a)	The Illinois Department on Aging (IDoA) shall be the lead agency…shall collaborate with the Illinois Departments of Public Health and Healthcare and Family Services (IDPH, IDHFS)…	The director of IDoA continues to chair OASAC and IDoA continues to staff the committee and its Workgroups. Since the inception, IDPH and IDHFS have been active partners in the leadership of OASA initiatives. IDoA initiated monthly interagency meetings to improve communication among the designated state agencies. The Illinois Housing and Development Agency (IHDA) and Illinos Department of Human Services (IDHS) are also collaborating extensively.	Collaboration will continue, including monthly Interagency meetings.
15(b)	Promulgate rules when required.	No rules have been necessary to date.	IDoA will promulgate rules associated with the 96th General Assembly actions pertaining to long-term care (LTC) reform and various OASAC recommendations.
15(c)	Report to the General Assembly annually beginning January 1, 2009.	Report delivered January 2008.	The January 2009 report will be submitted.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
20(b)	IDoA shall expand older adult services that promote independence and permit older adults to remain in their homes and communities.	A total of 3,334 clients were served with Flexible Senior Services in FY 08, and 123 older adults moved from long-term care facilities to the community through the Enhanced Transition / "Home Again" demonstration program in 2008. IDoA developed a new Rapid Reintegration demonstration program to divert hospital patients from unnecessary nursing home placement and encourage short-stay residents to return to the community in conjunction with other state agencies.	IDoA will promulgate rules to establish Comprehensive Care Coordination and Flexible Senior Services as an ongoing Community Care Program (CCP) service. Pending appropriation, IDoA will establish a Medication Management demonstration program as mandated. Subject to appropriation.
20(c)	IDoA shall develop and maintain an inventory and assessment of 1) the types and quantities of public older adult services, including privately provided older adult services, and 2) the resources supporting those services.	In partial fulfillment of this mandate, IDoA entered into an agreement with the University of Illinois in Chicago (UIC) to inventory services and identify gaps pursuant to the FY 2005 Centers for Medicare and Medicaid Services (CMS) Systems Change grants. A report was completed and shared with OASAC. An inventory of services was developed through the Systems Change grant in collaboration with UIC and the Area Agencies on Aging. There are plans to make the database available to the public.	In collaboration with IDHS and other state agencies, IDoA is investigating the use of a common database to identify and track referrals. Subject to appropriation.
20(d)	Develop "priority service areas" every five years beginning July 1, 2006.	The Nursing Home Conversion Workgroup developed a service inventory for distribution through the Health Facilities Planning Board. Health facilities planning board report. This report will assist in the identification of facility-based resources.	IDoA will "map" resource data (community and facility-based) by county, together with the population of older adults. OASAC Workgroups will assist in the review and determination of Priority Service Areas Subject to appropriation.
20(e)	Establish an IDoA state projects fund.	No activity based on the absence of an appropriation or identified funding stream.	The Finance Workgroup will examine this issue in 2009. Subject to appropriation.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
20(g)	Establish a program of demonstration grants to assist in restructuring delivery systems and prescribe by rule the grant application process.	The Conversion Workgroup has reviewed examples of rebalancing activities and bed reduction strategies in several states.	A proposal will be prepared and reviewed in 2009 with the goal of creating a grants program in 2010. Subject to appropriation.
20(h)	Provide information to IDHFS (formerly Public Aid) to enable them to annually document and verify the savings attributable to the nursing home conversion program. [Note: IDPH is responsible for this.]	No Nursing Home Conversion program has been established. The Department of Public Health is updating the bed need methodology for long-term care and is expected to finish by fall 2008. The Innovations have been made through the LTC Grants Program — a program established by statute to request, review, and approve grants for innovative concepts in LTC facilities. A committee outside of IDPH reviews and awards the grants. There have been two rounds of grants and a third round is underway.	IDPH will continue to lead this effort and will work through the Conversion Workgroup to accomplish this mandate.
25	By January 1, 2005, IDoA shall commence the process of restructuring older adult services. Priority shall be given to both the expansion of services and the development of new services in priority service areas.	IDoA has continued the service expansion of Comprehensive Care Coordination and Flexible Senior Services in 2008.	IDoA will prepare standards and rules for these programs in 2009. Priority Service areas will be established by rule in 2010. All of Section 25 is subject to appropriation.
25(1)	Develop a plan based on the principle of "Money Follows the Person" and the identification regulatory or statutory barriers.	IDHFS, in cooperation with IDoA, IDHS and IHDA, developed and submitted a proposal to CMS (federal) in response to its Money Follows the Person solicitation. Illinois' demonstration application was successful and the state's Operational Protocol was approved June 30, 2008.	In January 2009, Money Follows the Person will begin to enroll elderly clients who are living with physical and/or mental delays and disabilities. Efforts to serve the elderly will begin in six Planning Service Areas (PSAs) the first year, expand to eight in FY 2010, and become statewide in FY 2011. Illinois will receive 75 percent federal financial participation for eligible services provided to long-term nursing facility residents for the first year of their transition to qualified community settings. Additionally, the state will be held to various long-term care-related benchmarks, including increasing the overall percentage of long-term care dollars spent on home and community-based services.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
25(2)	Establish Comprehensive Case Management to be conducted statewide. The system shall include the identification and implementation of a universal, comprehensive assessment tool to be used statewide to determine the level of functional, cognitive, socialization and financial needs of older adults.	Comprehensive Care Coordination was implemented on April 1, 2007, in order that all older adults receive a comprehensive assessment to assist them in accessing available supportive services regardless of the funding source. This system provides improved coordination among the federal Older Americans Act Title III funded services and the state funded Community Care Program (CCP), which is also partially supported by a Medicaid waiver for select services. Some 41,383 seniors received comprehensive assessments in FY 2008.	In 2009, IDoA will review the rates for case management activities and revise the rules pertaining to case management to incorporate both the comprehensive approach to care coordination and to accommodate federal mandates related to targeted case management, if necessary.
25(3)	Implement and publicize a Coordinated Point of Entry using uniform name, identifying logo, and toll-free number.	Efforts continue toward coordinating entry points to services. The IDoA Senior HelpLine served more than 125,000 callers in 2008, and 428,859 older adults received assistance statewide through the Information and Assistance funded through the Older Americans Act. Three Aging and Disability Resource centers, established by federal grants, are now located in suburban Cook County, Decatur, and Rockford. In addition, IDoA has collaborated with IDHS to establish a "welcome center" one-stop service model in suburban Cook County. IDoA is also collaborating with IDHS in a pilot project to establish a 211 line in pilot projects around the state.	IDoA will identify funding to develop the name and logo, as well as develop a process, standards and training for the Coordinated Points of Entry (CPOEs) in each Planning and Service Area, as recommended by the CPOE Workgroup. The Senior HelpLine will continue to respond to more than 125,000 callers each year. IDoA will continue to collaborate with IDHS to implement the "Welcome Center," and support the Area Agency on Aging and Case Coordination Unit that serve their immigrant older adult clients.
25(4)	Develop a public Web site that links to available services, resources and reference materials concerning caregiving, diseases and best practices.	IDoA is making an inventory of the variety of Web sites that have been developed to link older adults and their caregivers to relevant information. IDoA is also providing funds to the Housing Locator project through the Illinois Housing Development Authority (IDHA) to establish a resource database for affordable housing.	IDoA is reviewing the content and accessibility of its Web site, and will incorporate necessary changes in 2009.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
25(5)	Expand older adult services to help older adults remain in their homes.	In August 2008, IDHFS announced that it would accept applications through January 15, 2009, for the new Supportive Living Facilities (SLF) program development serving older persons in targeted areas of the state and persons with physical disabilities statewide.	IDoA and OASAC Workgroups support efforts to preserve IHDA Trust Fund resources to develop and expand affordable housing options and rental assistance for Illinois seniors. The Supportive Living Program — Illinois' home and community-based services (HCBS) waiver-approved model of affordable assisted living — serves older adults and persons with physical disabilities between the ages of 22 and 64. The program now has over 105 facilities (containing over 8,200 apartments) operational statewide and another 40 developments (containing another 3,500 apartments) proceeding toward certification. IHDA will initiate, with funding from IDoA, IDHS and IDHFS, a statewide housing locator database to assist older adults and people with disabilities in finding affordable housing with appropriate services.
25(6)	Expand consumer-directed home and community-based services to maximize consumer choice.	IDoA implemented a Cash and Counseling demonstration program in four Planning and Service Areas in November 2007. To date, 185 individuals have enrolled in the program and are directing their service dollars to their own workers and one-time services that support their health and welfare. IDoA is conducting an evaluation of the program.	IDoA will implement provisions of PA 95-0565 that updates the array of available services permissible in the CCP and allows participants to choose among the preventative services contained in their care plan. In addition, IDoA will publish the results of the Cash and Counseling evaluation, and utilize the findings to make recommendations about a personal assistant program for Illinois seniors.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
25(7)	Expand a comprehensive delivery system that integrates acute and chronic care.	IDHFS contracted with McKesson Health Solutions to manage chronic diseases, such as asthma, diabetes, heart disease or other chronic health problems, among low-income Illinoisans, including older adults residing in their homes and communities as well as in nursing facilities, through its disease management initiative — Your Healthcare Plus. IDHFS continues to work with the federal CMS to develop an approved dually capitated rate for the Program of All-Inclusive Care for the Elderly (PACE). IDoA has been meeting for two years with medical and academic experts to consider models of care that integrate medical and community services.	Efforts to integrate medical care with community services through Medicaid will continue. IDHFS is implementing a Primary Care Case Management program — Illinois Health Connect — designed to improve the health and quality of life for Medicaid beneficiaries. IDoA will continue to explore with IDHFS opportunities to encourage CCP clients to enroll in a managed care organization that assures high-quality clinical care and that is closely integrated with home and community-based services.
25(8)	Implement a program of transition from one residential setting to another and follow-up services, regardless of residential setting, pursuant to rules with respect to 1) residential eligibility; 2) assessment of the resident's health, cognitive, social and financial needs; 3) development of transition plans; and 4) the level of services that must be available before transitioning a resident from one setting to another.	IDoA developed the operational protocol for serving older adults in the Money Follows the Person federal demonstration program. The required federal protocols include many guidelines regarding the assessment of risk and the development of adequate care plans to sustain individuals in the community who have lived for 6 months or more in a residential facility.	IDHFS will closely monitor transitions from nursing homes to assure that extremely vulnerable clients are not put at risk by transition activities. The Money Follows the Person program acknowledges that residential care may be the best option for some individuals and that all clients may benefit from knowing their options.
25(9)	Establish family caregiver support strategies coordinating both public and private financing.	IDoA continued efforts currently funded under the Older Americans Act to provide respite care and caregiver support. A Working Caregiver Symposium was held at the 2008 Governor's Conference on Aging.	IDoA is expanding the Statewide Caregiver Advisory Committees to include more caregivers, providers and organizations.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
25(10)	IDoA shall establish a core set of uniform quality standards for all providers that focus on outcomes and take into consideration consumer choice and satisfaction, and IDoA shall require each provider to implement a continuous quality improvement process to address consumer issues.	IDHFS contracted a quality improvement organization in 2007 to provide consultation and technical assistance for home and community-based service waivers. A quality improvement organization provided consultation and technical assistance in identifying strategic strengths and weaknesses. IDoA is in the process of strengthening its quality assurance and quality improvement activities in preparation for the renewal of its CMS home and community-based services waiver for CCP in 2009.	New CCP quality measures for community services and Participant Experience surveys will be implemented in 2009. Efforts are under way through the Benchmark Initiative to better understand how consumer satisfaction and quality of life can inform program development and systems change efforts.
25(11)	Establish workforce strategies that attract and retain a qualified and stable worker pool.	IDoA implemented legislatively mandated increases in home care aide hourly wages and rates and increased rates to cover healthcare benefits for workers.	Another homemaker rate increase is anticipated for FY 2010. IDoA will increase rates for Adult Day Service that will help to cover recent wage increases. Efforts to improve wages and health insurance benefits for home care aide workers will continue.
25(12)	Streamline coordination of services to maximize resources and minimize duplication of services.	In 2007, IDoA initiated monthly interagency meetings held throughout the year. An interagency consortium — IDoA, IDPH, IDHFS, IDHS and IHDA — established the protocol for the Money Follows the Person initiative.	IDHFS will continue to hold semi-annual joint training sessions for its staff and operational/approved SLF providers in Chicago and Springfield on topics of mutual concern. IDoA will continue to coordinate interagency meetings.
25(13)	Develop and implement a plan that identifies barriers and provides recommendations on the provision and availability of services.	Housing was identified as a barrier for older adults to live at home. A Housing Locator Web site to identify affordable housing was under development with IHDA.	The Affordable Housing Locator developed by IHDA will become available in 2009.
25(14)	Evaluate the current reimbursement and funding practices to implement a uniform, audited provider cost reporting system.	No activity.	IDoA is continuing efforts to strengthen its cost accountability for federal, Medicaid and GRF funds provided to support older adults in Illinois.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
25(15)	Propose a plan to contain Medicaid nursing home costs and Maximize Medicare utilization. [with IDHFS and IDPH]	In 2008, OASAC developed measures to monitor the trends of decreased nursing home census and increases in the number of individuals utilizing community-based care. The Nursing Home Conversion Workgroup reviewed other State efforts to establish bed reduction strategies.	A plan will be developed and reviewed through the full OASAC process in 2009.
25(16)	Implement a nursing home conversion program to reduce the number of Medicaid certified nursing home beds in areas with excess nursing home beds. [Note: IDPH is responsible for this.] Investigate changes to the Medicaid nursing facility reimbursement system to reduce beds. [Note: IDHFS is responsible for this.]	See summaries above. IDPH continues to work with the Nursing Home Conversion Workgroup to develop a conversion program.	Subject to appropriation.
25(17)	Investigate and evaluate financing options for older adult services and make recommendations in the report required by Section 15 concerning the feasibility of these financing arrangements.	In 2008, IDoA required older adults who received services under CCP to enroll in Medicaid if eligible. The State FY 2009 Budget Implementation Act established a mechanism for IDoA to receive funds from IDHFS to cover the increased expenses of home and community-based services caused by the transfer of long-stay nursing home residents to the community via an interagency agreement for Money Follows the Person.	IDoA awaits reports from the Finance Workgroup and other consultants on the best practices of states on which to base recommendations for financing options to the Governor's Office of Management and Budget for FY 2011. The Finance Workgroup will examine the impact of mandatory enrollment in Medicaid for eligible CCP participants.
25(18)	Implement a program of demonstration grants that will assist in the restructuring of the older adult services delivery system, and provide funding for innovative service delivery models and system change and integration initiatives.	IDoA worked with the Governor's Office, IDHFS and IDHS to develop a Rapid Reintegration demonstration program described above. Most of the effort in all State agencies was dedicated to the implementation of Money Follows the Person, a federal nursing home transition initiative.	IDoA will implement Money Follows the Person and the Rapid Reintegration pilots, which will yield important data toward informing other state efforts to restructure long-term care efforts.

Section in the Older Adult Services Act	Mandate	Progress in 2008	Further Activities Planned for 2009
25(19)	Update the bed need methodology for long-term care and provide this to the Health Facilities Planning Board [IDPH, IDHFS, and IDoA]	The Nursing Home Conversion Workgroup studied the best practices of several states. A model for single-bed conversions was proposed.	The IHDA Special Needs Housing with Services Workgroup recommends that the state continue to pursue opportunities to participate in initiatives to shift institutional support to home and community-based alternatives.
30(a)	Establish a nursing home conversion program. [IDPH, IDHFS, and IDoA]	The Nursing Home Conversion Workgroup has studied the issue and is preparing its recommendations.	Draft standards and rules for a nursing home conversion program will be developed in 2009. Subject to appropriation.
30(b)	Provide grant monies and other capital related to nursing home conversion.	See above.	Subject to appropriation.
30(e,f,g,h,i)	Establish by rule the bed reduction methodology by nursing homes that receive grants.	IDPH Health Facilities Planning Board examined the Bed Need Methodology.	IDPH Health Facilities Planning Board is examining Bed Need Methodology.
35(b,c,d,e)	Comprise the Older Adult Services Advisory Committee (OASAC) members as described.	With 25-30 active members, OASAC met 4 times in 2008. Its five Workgroups, which involved more than 100 interested parties met on dozens of occasions to develop its recommendations.	In 2009, IDoA will continue to staff OASAC and assure that its membership reflects the categories mandated in the Act. Several mandated categories, including counties and municipalities, have never designated anyone to serve. The department will identify Workgroup chairs and designate Workgroup members based on interest expressed to the department. Executive Committee will review the mandated membership and recommend legislative changes for the 2010 session.

Workgroup Reports

Coordinated Point of Entry Workgroup

This year, the Coordinated Point of Entry Workgroup focused on obtaining input from the network on the directions identified to date. As it spent time conducting surveys and gathering additional information, the Workgroup was able to reduce the number of meetings it held. The following items represent highlights of the year's work.

1. At the January 29 meeting, the Workgroup heard the Department on Aging's plans for improving its web page and Management Information Systems, and received a report from Paul Bennett on older adults' preferences for receiving information.
2. At the June 6, 2008, meeting, Carrie Blakeway of Lewin Consulting, the firm that leads the evaluation of the National Center on Aging and Disability Resource Centers, reported on Lewin's survey of the major accomplishments in the development of Points of Entry across the nation. This session confirmed the logic for the directions set by the Workgroup and offered a wealth of information on effective means to achieve our goals.
3. The Workgroup's Survey Committee put together a survey instrument to obtain information on the readiness of organizations that provide information to Illinois seniors. The Committee tested the proposed questions in the spring and the Illinois Department on Aging formatted a Survey Monkey instrument for application in the fall of 2008.
4. The results of the survey will be key to identifying the preparedness of information agencies to provide Coordinated Point of Entry Services. Given the impressive statewide expansion this past year of Comprehensive Care Coordination throughout Illinois, the Coordinated Point of Entry initiative will be a timely addition to the statewide network in the coming years.

Status of 2008 Priority Objectives

1. The Workgroup recommended that Coordinated Points of Entry establish working relationships, understandings and formal agreements with other community organizations in regions across the state to assure integration of services.
2. The Workgroup identified essential levels of integration — the establishment of organizational relationships at the state partners level (i.e., co-Departments, Offices, Administrations and Authorities), statewide service providers, regional organizations (i.e., Area Agencies on Aging, Regional Offices), service agencies and organizations and within the community's framework. The final standards will outline the levels of understanding required (and those that are desired but optional).
3. The Workgroup prepared a plan for a branding process that builds on the Branding Exercise held in 2007 in Decatur, Illinois, with Proceed by Design Consulting. A final report on the initial exercise was submitted to the Department with several proposed

brand names. This has become a multi-year process with a previous report submitted in 2005 also presenting draft brand names to the Department. The Workgroup presented to the Older Adult Services Act Advisory Council an offer to assist the Department to assure that this provision of the law is met.

4. The Workgroup recommended initiation by the Illinois Department on Aging of a professionally coordinated standards/survey process.
5. The Workgroup prepared a 63 question survey instrument reflecting the elements of the Coordinated Point of Entry as outlined in the Older Adult Services Act. The survey was tested in the spring, formatted in Survey Monkey in the summer and administered in the fall. The focus of the instrument is to determine the preparedness of current organizations to accomplish the standards discussed by the Coordinated Point of Entry Workgroup over the past four years, and the costs for meeting those standards that are not being met at this time. This survey is key to the achievement of Objective 5 (new Information and Assistance standards), and Objective 7 (designation and support of Access Points). The survey is designed to allow all organizations that provide information, assessment and support to older adults, to share information about its current abilities, and the estimated costs for increasing its response and support systems. The survey asks for identification and zip code of the respondent organizations (but does not plan to share results with anyone beyond the Survey Committee membership). It addresses each requirement of a Coordinated Point of Entry as stated in Illinois law beginning with information and assistance, comprehensive care coordination, assistance in completing applications, use of technology for facilitating access to services, statewide web page, work with access points, conflict of interest policies, resources, and advisory boards. It asks for client to worker ratios, times of operation, use of technology, and authorization to provide benefits and services to individuals.
6. The Workgroup considered consumer preferences for access and information. This was addressed with a presentation by Paul Bennett, who conducted focus groups across Illinois of older adults and organizations that serve them. His study identified many practical approaches to improve awareness, acceptability and access to information. The survey also asked about consumer involvement in advisory groups to organizations that serve older adults.
7. Information and Assistance Services. The Workgroup utilized recommendations for the upgrade of Information and Assistance services in the survey. The Illinois Department on Aging incorporated a number of the Workgroup's recommendations in its expanded HelpLine staffing and services during the year.
8. Aging and Disability Resource Center (ADRC) advice and support. As noted above, the Workgroup received a report from the national ADRC Technical Assistance Exchange run by Lewin Consulting. Carrie Blakeway of Lewin presented recommended criteria for a fully functioning ADRC, an overview of ADRCs nationwide, and prospects for sustainability in the future. The Illinois pilot ADRC projects will share its final reports with the group as this initiative was not refunded in Illinois for 2009, although the federal government has stated that new funding may become available.
9. Recommendations for the designation and support of access points will be further addressed with the results of the survey.

10. Information features of a model Web Page. The Workgroup heard a presentation from the Department on Aging staff on IDoA's Web Page, which is based on the one utilized by the Department of Human Services, as well as the Road Map for improving the Department on Aging Management Information Systems. As part of the previously discussed survey, information providers are being asked to identify the web resources commonly used when assisting older clientele and family members, which includes methods used for tracking clients and other information resources.
11. A Conflict of Interest policy was developed by the Workgroup and submitted to the Department for review and approval.
12. Ongoing assessment of quality in the system is carried forward.

2009 Priority Objectives

1. To develop recommendations utilizing data from the Point of Entry Survey for the upgrade of Information and Assistance services statewide. A number of the Workgroup's recommendations were incorporated in the expansion of the Department's Senior HelpLine staffing and services in the past year. The Workgroup will provide further recommendations in the coming fiscal year.
2. To develop recommendations for the designation and support of access points in all areas of the state. Incorporating results of the survey and other information, the Workgroup will prepare preliminary recommendations to assure that current and future access points throughout the state are viable, visible and useful to older adults seeking to gain access to the aging service system in multiple ways.
3. To develop a process for an ongoing assessment of quality in the system including the tracking of client satisfaction, outcomes of services and the identification of gaps in the system.

Finance Workgroup

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.

Status of 2008 Priority Objectives

1. The state has not met the objective set to match provider reimbursement to the cost of providing services. There has been some progress toward the objective that all providers be required to report basic cost data.
2. The Finance Workgroup has completed research on best practices including policy analysis and recommendations on estate and asset recovery under Medicaid and its effect on long-term care. The Workgroup has also advised the state agency on the implementation of the Long-Term Care Insurance Partnership.
3. The Finance Workgroup has promoted the use of the Primer in the work of the OASAC and the data collected for the primer was used as a basis for the creation of the OASAC benchmarks.

2009 Priority Objectives

The Finance Workgroup will use the data and analysis in our Primer on Long-term Care Financing in Illinois to concentrate our efforts in 2009 on gathering and analyzing data comparing the demographics, funding and services for long-term care in Illinois to other states around the nation. The Finance Workgroup will provide a report to the OASAC on how Illinois compares to other states in the provision and funding of long-term care.

Nursing Home Conversion Workgroup

1. Convert Medicaid certified nursing home beds to provide needed community-based services.
2. Make consumer driven community-based services more available and more accessible, particularly for the unserved and underserved elderly.
3. Improve the quality of life for residents in nursing homes by converting to single bed rooms; providing assisted living and supportive living; and promoting other services.

Status of 2008 Priority Objectives

1. Develop model for Illinois nursing home conversion program
   a. After researching conversion programs in Minnesota, Michigan and Nebraska, the Minnesota program seemed most conducive to Illinois Health Facilities Planning Board data and information from unmet needs analysis will be used to develop strategies. We will propose single bed conversion models in 2009.
   b. This Workgroup produced an internal document to define the basis for a conversion program. It will be used to make a case for further recommendations.

2. Address potential barriers and explore incentives for the Illinois Conversion Models.
   a. Progress is being made to address the issues of a capital rate conversion that will meet the criteria of budget neutrality while not adversely impacting the facilities capital rate component of the Medicaid rate. This will be part of our recommendations and justifications in the 2009 proposal.
   b. The Illinois Department of Commerce and Economic Opportunity (IDCEO) representatives have determined that nursing home conversion does not meet their criteria for economic development.
   c. Review and/or develop a plan or legislation to implement the model and develop recommendations for rulemaking.
   d. As we develop plans for nursing home conversion, IDPH and IDHFS continue to work with IDoA in identifying and resolving regulatory barriers to conversion strategies.

2009 Priority Objectives

1. Design and implement strategies to reduce the number of Medicaid certified nursing home beds through a nursing home bed conversion program.

a. (2009) Identify barriers to nursing home bed conversions such as existing state and federal laws and regulations. Reconcile any regulatory conflicts.
b. (2009) Develop a pilot nursing home bed conversion program, that will include, but is not limited to, a bed buy-back component for nursing homes converting licensed and/or Medicaid certified nursing home beds to single bed rooms and/or other community-based services. The Workgroup recommends using components of the Minnesota model and other models to accomplish this. The goal is cost neutrality.
c. (2010) Initiate a pilot single occupancy room bed conversion program in three areas of the state: north, central, and south.
d. (2010) Based on IDoA's Older Adult Services Advisory Committee's analysis of unmet and underserved needs in communities across the state, and utilizing the statistics from the 2008 Health Facilities Planning Board survey of services already being provided by nursing homes, OASAC (in collaboration with local Area Agencies on Aging (AAAs), nursing home providers, CCUs, consumers, and other stakeholders in the unmet and underserved areas) will discuss ways a nursing home bed conversion program can address the unmet or underserved needs.

3. Recommend to the Task Force on Health Planning Reform that OASAC participate in the discussion, or make recommendations regarding the development of the bed need methodology for long-term care facilities. The Workgroup recommends that any bed need methodology take into consideration the new trends in elder care.
4. Develop an accessible and affordable in-facility respite service model that will support people who provide care to older adults living in the community. Starting in 2009:
   a. Analyze the types of respite care services currently available for the elderly in Illinois (Medicaid eligible individuals, low income/non-Medicaid clients and people who pay privately.) Determine which AAAs offer in-facility respite care as part of its service package. For those AAAs that do not offer in-facility respite care, determine the reason. Analyze existing models used by the AAAs to make these services available for clients across Illinois.
   b. Determine which CCUs are utilizing in-facility respite care for caregivers (clients). How is it being funded? Average lengths of stay? (1-5 days; 5-10, 10 or more days).
   c. Identify regulatory and other barriers that prevent nursing homes from providing in-facility respite care services.
   d. Submit recommendations for a statewide, in-facility respite care program to be initiated in 2010.

Services Expansion Workgroup

The purpose of the Services Expansion Workgroup is to provide guidance to the Illinois Departments of Aging, Healthcare and Family Services and Public Health regarding senior service expansion, quality standards and program retention.

Status of 2008 Priority Objectives

Preserved funding for Community Care Program in spite of state budget crisis in September 2008. These cuts were planned in response to amendatory vetoes and reserves placed on the program to address budget shortfalls.

The Governor's introduced budget and the agreed budget that passed the General Assembly included additional funding for the Ombudsman programs as was recommended by the 2008 Older Adult Services Act Report. However, those funds were vetoed out of the enacted budget.

This Workgroup recommended the continued commitment to the provision of Flexible Senior Services funding. The Enacted FY2009 budget included continued funding for flexible senior services in spite of budget shortfalls.

2009 Priority Objectives:

Coordination of Health and Social Services Priority Recommendation

Beginning in FY 2010, provide financing for a program for collaborative care between health and social services, to be phased in over 3 years, which will establish necessary services and communication mechanisms between the Comprehensive Care Coordination (CCC) system and the health care/allied health systems for all CCC clients identified as high risk.

RATIONALE

1. Older adults receiving long-term care services have health and social needs.
2. Their medical conditions (physical, mental and/or cognitive) result in the limitations in daily living activities such as eating and dressing and in instrumental activities for daily living such as driving, shopping, managing finances and using the telephone that create the need for social services.
3. Yet, at this time, the health and social service systems operate separately with little or no formal communication between them.
4. This separation results in declining quality of life, unnecessary systems costs, and additional burden on family members and other informal caregivers. It may also contribute to premature mortality.
5. Research in Illinois suggests the following key barriers to coordination:
    i. No one 'owns' the problem of coordination.
    ii. Communication between medical providers is inadequate and between medical and community care providers, it is almost non-existent.
    iii. There is no effective system to transfer client information between sites and systems of care.
    iv. The CCC has no mechanism for identifying, tracking, and monitoring high risk clients.

Elder Economic Security Standard Priority Recommendation

In FY 2010, replace the Federal Poverty Index with the Elder Economic Standard Index, a geographically sensitive measure of the actual cost of living for Illinois elders, using a formula based on statewide averages to calculate cost sharing obligations for individuals eligible for the Community Care Program

RATIONALE

For people, who are eligible for CCP, but have incomes above the federal poverty

index, their continued residence in the community is threatened by their inability to meet the cost sharing for services. These clients are often forced into institutions for economic reasons — e.g., higher energy costs, inadequate housing, out-of-pocket medical expenses — when they can be well served in the community. This outcome raises the state's costs, counteracts current efforts to rebalance the system, negates the Olmstead decision, and it threatens what most older adults want, which is to stay in the community. Using the Elder Standard rather than the Federal Poverty Index to determine at what income level co-payments for services don't become insurmountable barriers to continued community living is a relatively modest but realistic approach to keep people from slipping over the edge and into nursing homes.

The Elder Economic Security Standard, which assesses the basic income needed for economic security (at a "barebones" level) of single elders and couples for the 102 counties in Illinois, makes it clear why co-payments are not manageable for people whose income falls below the Standard. The federal poverty guidelines are lower than the income needed to live at a basic level in every county in the state. The county-by-county data that the Index provides makes it stunningly clear that people who live at or below 100% of poverty are unable to make ends meet. Thus, the addition of any long-term care costs widens the gap even further between the income that people need to live and what they have.

Medication Management Priority Objective

Beginning in FY 2010, provide funding to Public Act 095-0535 to establish medication management and medication audit services statewide as a stand-alone service available to all clients identified as high risk.

RATIONALE

Case managers report that the absence of effective medication management is a key factor that triggers placing an older adult in a nursing home. Family caregivers report that medication management is a priority service that they need to assist them in their caregiving duties.

Known risk factors associated with a need for medication management services:

- Recent hospitalization
- History of falls
- Cognitive impairment
- Multiple medications
- Low family support
- Multiple diagnoses, such as mental health issues, diabetes, congestive heart failure, cardiac disease, and low vision.

Medication management will help older adults use prescription medications as instructed by their physician. This service helps older adults control the symptoms associated with chronic disease and disabilities, prevent drug interactions, maintain and improve quality of life and prevent other situations that result in costly visits to hospital emergency rooms. If done effectively, medication management can also prevent or delay placement in a licensed long-term care facility. Effective

medication management includes a comprehensive audit of all medications a person is taking each time he or she transfers from one site of care to another to prevent overdosing or combining medications inappropriately.

Since medication management is offered in nursing homes, providing medication management in the community will become a more viable alternative to nursing homes. This approach has been successful in other states, such as Washington, which has far fewer patients in nursing homes than Illinois.

Medication management, as a distinct service, needs to become available statewide to truly effect change in a way that makes home and community-based care possible for more people who have complex medication regimens.

While some individuals may need regular reminders to take their medicine, others may require medication trays to be set up as well as communication with medical professionals and pharmacists.

Nutrition Priority Objective

Increase funding in FY 2010 Budget for Home Delivered Meals (HDMs) to offset increased cost associated with fuel, raw food cost, and minimum wage cost and investigate additional public funding sources and alternative distribution systems to permit expanding program to unserved/underserved areas and unmet needs.

RATIONALE

The recent increases in fuel and food costs are much higher than 4.2 percent. For example, an increase in fuel costs from $3.00 to $3.75 a gallon represents an increase of almost 25 percent. Increases in fuel costs show up in all facets of producing and delivering HDMs. Many companies have resorted to either raising costs of its products or adding a fuel charge for delivery and some have done both. The fuel cost and minimum wage increase has directly affected the rising cost of food. Distribution companies must use fuel to distribute its products and the rising cost of fuel has forced them to raise the price of products to stay in business.

A second factor that has affected the cost of producing HDMs is the increase in the minimum wage in Illinois. This wage is going to increase again next July. These increases affect the companies that produce food and deliver food and supplies as well as the nutrition programs who often employ staff at the minimum wage.

An increase of $1,000,000 in GRF for HDMs will almost be enough to "maintain" the current programs. In order to meet unserved/underserved areas and unmet HDM needs, even more resources will be required. Given the current budget situation in Illinois, a modest increase of $1,000,000 for HDMs should be appropriated.

Caring for the Caregiver Recommendation

Provide funding in the 2010 budget for respite services (including emergency respite services) to enable family and other informal caregivers to meet the caregiving responsibilities that they have assumed by providing support.

RATIONALE

When any of us need assistance with activities that we ordinarily do for ourselves,

we enter into an interdependent relationship with another person or persons. The quality of care that we receive and how we experience the care within this relationship is very dependent upon the belief of the caregiver that she or he, too, is cared for, supported and has a perception of well-being. To give good care, caregivers need care. Such care facilitates the non-technical aspects of caregiving of being attentive, responsive and respectful. In its absence, care can become distorted, mechanical and instrumental. This result occurs with paid and unpaid informal caregivers.

Yet care must be given, particularly, if we are not to abandon the oldest and frailest members of our society. They cannot be assumed independent in our classical understanding of the term, since their ability to manage their activities of daily living is supported by others. Because of this interdependency, to pit personal rights and the autonomy of the care receiver vs. the caregiver is to ignore the essential relational aspects of the situation.

Further, it is important to note that caregiving has long-term practical consequences except for perhaps the most affluent caregivers. The most prominent of these consequences are lost wages and benefits and the reduced ability to save for their own retirement.

The implications of not assisting the caregiver are emotional stress, physical deterioration, depression, and financial instability. Adult day services, respite stays in long-term care facilities, and other respite services are good beginnings. We cannot ask caregivers to set aside their benefits of employment, dreams, aspirations and autonomous wishes to become the caregiver of older family members without finding ways to make it go as well as possible for them.

Workforce and Family Caregiver Workgroup

The Workgroup has met regularly to address the issues affecting the workforce and family caregivers of Illinois. The Workgroup monitored the progress of rate increases for homemaker, chore, and housekeeping services. The Workgroup was made aware of the concerns expressed by the limited-English speaking community, which focused on both workforce issues and caregiving issues. The Workgroup continues to monitor the progress of improving training to in-home care workers. In conclusion, the Workgroup is finalizing its work for 2008 by launching the December workshop, "Supporting Caregiving Employees While Increasing Profitability," sponsored by AARP, Women's Bureau, U.S. Department of Labor, and the Illinois Department on Aging.

Status of 2008 Priority Objectives

1. "Supporting Caregiving Employees While Increasing Profitability" Workshop for Chicagoland employers was held on December 10 at the Marriott Chicago, from 9:00 a.m. - 4:00 p.m. The keynote speaker was Melissa Isaacson, Caregiver and Sports Columnist for the Chicago Tribune. Panelist representation included: Rush Copely, Blue Cross Blue Shield, Centers for New Horizons, Argonne National Laboratory, and Type A Learning Agency. Focus Groups included: Employee Assistance Programs; Long-term

Care Insurance; Flex Options; How to Work with Your Managers; and What Do Employees Need to Help Them Better Manage their Caregiver Responsibilities and their Careers. The workshop was sponsored by AARP, the Women's Bureau, U.S. Department of Labor, and the Illinois Department on Aging.

2. Effective July 1, 2008 (PA 95-713), hourly rate increase of $1.70 per hour to vendors of homemaker, chore, and housekeeping services for the purpose of increasing, by at least $1.00 per hour, the wages paid to direct service employees, in order to adjust for the statewide minimum wage increase.
3. Effective July 1, 2008 (PA 95-713), an additional $1.33 per hour to be paid to vendors of homemaker, chore, and housekeeping services for providing health insurance coverage to its employees who provide homemaker, chore, and housekeeping services.
4. Presentation of the progress (year one) of Homemaker Training Compendium Project by Naoko Muramatsu, UIC.
5. Limited-English Proficiency Project Update provided by Marta Pereva of CLESE. Survey conducted and the respondents reported:
   - a desire for electronic time keeper; issues pertaining to quality of care;
   - issues pertaining to caregiving by family members — 590 caregivers (150 family members among them);
   - system update with IDoA process; case managers delays in service;
   - slow down rotation;
   - relationship between clients and caregiver;
   - adult day services training with IDoA;
   - quality of services;
   - caregivers don't stay longer than a year; and
   - the need to offer caregivers more money so they stay longer than a year.

   Formal survey results will be prepared in a letter to Director Johnson.

2009 Priority Objectives

Workforce Objectives

a. Advocate for the continued support of rate increases to achieve a living wage for all long-term care and community-based care workers in Illinois. Ensure that wages are at least 20 percent above minimum wage. Provide funding in all programs to support these increases through FY 2011.

b. Support legislation and budget increases targeted at increasing health insurance for all long-term care and community-based workers.

c. Research career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers; support introduction of a pilot career program based on a review of the research.

d. Recommend the development of a Training Certificate/Accreditation Program for all long-term care and community-based workers.

e. Monitor the progress of private duty nursing licensing under the Home Health, Home Services, Home Nursing Licensing Act.

f. Continue to develop a compendium of information regarding training programs for Illinois home care aide workers.

Family Caregiver Objectives

a. Support an increase in the general revenue funds for services that would benefit family caregivers with specific emphasis on respite care, in the FY 2009-FY 2010 IDoA budget.

b. Analyze results from the December Working Caregiver event ("Supporting Caregiver Employees While Increasing Profitability") and make policy recommendations. Implement a similar event in downstate Illinois.

c. Compile and review results of current Caregiver Training Programs in Illinois and other states. Replicate evidence-based caregiver programs in underserved areas of Illinois.

Appendix A

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 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, 2008

Voting members

Stephanie Altman, Health and Disability Advocates*
Darby Anderson, Addus Healthcare*
Carol Aronson, Shawnee Alliance for Seniors*
Dennis Bozzi, Life Services Network*
Pat Cohen, Illinois Association of Adult Day Service Agencies
Pat Comstock, Illinois Health Care Association*
Ann Cooper, Illinois Association of Nutrition Programs
Thomas Cornwell, M.D.
Jan Costello, Illinois Homecare Association
Jerry Crabtree, Township Officials of Illinois
Frank Daigh, Caregiver
Barbara Dunn, Community Health Improvement Center
Robyn Golden, Rush University Medical Center
Joyce Gusewelle, Eden United Church of Christ
Flora Johnson, SEIU Local 880*
Myrtle Klauer, Illinois Council on Long-Term Care*
Michael Koronkowski, UIC College of Pharmacy
Jonathan Lavin, AgeOptions*
Phyllis Mitzen, Citizen member age 60 and older*
Patricia O'Dea-Evans, Caregiver, Northwest Community Hospital
Sally Petrone, Illinois Department on Aging, State Long-Term Care Ombudsman
Susan Real, Caregiver, Eastern Illinois Area Agency on Aging*
Margaret Rudnik, Illinois Hospice and Palliative Care Organization
Karen Schainker, Association of Illinois Senior Centers
Maria Schmidt, Alzheimer's Association, Greater Illinois Chapter
Tim Thomas, SEIU Local 4
David Vinkler, AARP*
Cathy Weightman-Moore, Catholic Charities Diocese of Rockford*
Nancy Zweibel, Retirement Research Foundation
Ancy Zacharia, R.N., Nurse Practitioner

State members (non-voting)

CHAIR: Charles Johnson, Director, Illinois Department on Aging*

William Bell, Illinois Department of Public Health, representing Director Damen Arnold*

Kelly Cunningham, Illinois Department of Healthcare and Family Services, representing Medicaid Director Theresa Eagleson*

Yvonne Clearwater, Illinois Department of Professional Regulation, Senior Health Insurance Program

Gwen Diehl, Illinois Department of Veterans Affairs

Rob Kilbury, Illinois Department of Human Services*

Maureen Palmer, Illinois Department of Commerce and Economic Opportunity

Tara Peele, Illinois Housing Development Authority

Staff, Illinois Department on Aging:

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Janice Cichowlas

Leann Dolan

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Robin Morgan

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Appendix D

Older Adult Services Advisory Committee Workgroup Members, 2008

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Sarah Stein
Tim Thomas
Dave Vinkler
Jewell Williams
Jisun Yu
Joseph Zanoni

Workforce and Family Caregiver Workgroup

Darby Anderson*
Melanie Chavin
Janice Cichowlas
Pat Comstock
Betsy Creamer
Frank Daigh

*Co-Chair

Older Adult Services Advisory Committee Meeting Dates and Locations

2008

Meetings were held in 2008 on March 10, June 9, September 8 and December 10 in Chicago and Springfield locations by video conference.

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

2009

The meeting schedule for 2009 is March 9, June 15, September 14, November 9 and December 9. The December meeting will be held in conjunction with the Governor's Conference on Aging at the Marriott Downtown Chicago from 4:00 to 5:00 p.m.


oasa
Older Adult Services Act

Older Adult Services Act

2009 Report to the General Assembly

State of Illinois
Illinois Department on Aging
421 East Capitol Ave., #100
Springfield, Illinois 62701-1789
www.state.il.us/aging

Senior HelpLine: 1-800-252-8966
1-888-206-1327 (TTY)

Elder Abuse Hotline: 1-866-800-1409
1-888-206-1327 (TTY)

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