



State of Illinois
Illinois Department on Aging

Older Adult Services Act

(PA 093-1031)



2012 Report
to the General Assembly

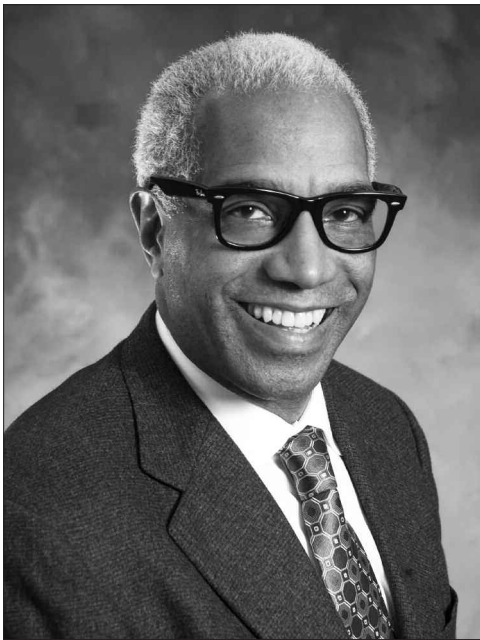


Illinois Department
on **Aging**





Message from Director John K. Holton



The following report is submitted as mandated by Public Act 93-1031, the Older Adult Services Act. This Act requires the Illinois Department on Aging to notify the General Assembly of its progress toward compliance with the Act on Jan. 1, 2006, and every January thereafter. As required, this report summarizes the work completed in 2011, as well as impediments to such progress, and makes recommendations including legislative action if appropriate.

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

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

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

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Departmental Assessments

Illinois Department on Aging

The 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 Services and Adult Day Care in its Community Care Program, and implemented a flexible services demonstration project. IDoA also initiated a comprehensive approach to needs assessment, care coordination, and service coordination for all Illinois seniors regardless of financial eligibility. Currently, the Department participates in national Cash and Counseling, Nursing Home Diversion, and Money Follows the Person demonstration projects. We are in the third year of a three-year federal grant to expand and enhance Aging and Disability Resource Centers (ADRC). We are also participating in an Administration on Aging funded grant to develop minimum national standards for Options Counseling, a core service of Aging and Disability Resource Centers. We completed the first of a two-year grant for ADRC Care Transitions, which is studying the value of an evidence-based care transition model called BRIDGE, to determine the impact on reducing hospital readmission rates for patients 60+ or under 60 and disabled who are

returning to the community after a hospital stay. The Department continues to work collaboratively with our sister agencies to ensure that all persons, regardless of age or disability are able to obtain information and access to long term care services and support.

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

Illinois Department of Healthcare and Family Services

The Illinois Department of Healthcare and Family Services (HFS) leads Illinois' long term care reform efforts by working to ensure that high quality health care, coupled with a range of appropriate and accessible community and facility-based options, are available to Illinoisans in need of long term care services. As the single state Medicaid agency and vice-chair of the Older Adult Services Advisory Committee, HFS leads the states' long term care reform and rebalancing efforts through several initiatives, including the federal Money Follows the Person (MFP)

demonstration project. Through the use of an enhanced Medicaid match rate, the federal government encourages states to adopt broad, systemic long term care reform. HFS recognizes that for long term care rebalancing to be successful, it must incorporate strategies which encourage institutional downsizing and encompass all populations as opposed to narrowly focusing on one population. HFS supports the continued utilization of Medicaid State Plan services as well as expanded home and community-based waiver options for the populations it serves, including low-income older adults, persons with disabilities and persons with serious mental illness.

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 OASAC, the Illinois Department of Public Health has been working diligently to enhance its programs to better serve the long term care population in the state. In 2006 it introduced legislation and implemented the identified offender rules which require that fingerprint background checks be conducted for all new

admissions to long term care facilities. Facilities are also required to develop risk assessment and treatment plans for those individuals identified as offenders. The Department is currently working with its sister state agencies and other interested parties to draft regulations to implement PA 96-1372, which resulted from the Governor's Nursing Home Safety Task Force. The Department continues to actively participate in the OASAC activities where its regulatory expertise can best serve the OASAC mandates.

Illinois Housing Development Authority

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

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

Executive Summary

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

An expert consultant, Dr. Robert Mollica, was engaged to facilitate the planning process, which consisted of a series of meetings, followed by a 2-day retreat. Many stakeholders contributed to the development of this plan including OASAC members, invited experts, and State of Illinois leadership from the Departments of Aging, Healthcare and Family Services, Public Health, Housing Development Authority, Human Services, Department of Insurance, and the Governor's office. During this time OASAC reviewed the vision and guiding principles of OASAC, outlined the accomplishments of OASAC for the period 2008 – 2010, identified outstanding issues that had not been fully addressed, discussed each of these issues in detail, including the prior work of OASAC on each issue, the gaps that still exist, and why the issue is still important, prioritized the outstanding issues by importance and by feasibility, identified nine priority goals and objectives related to each goal, and developed a three year action plan to guide the State of Illinois' long term care rebalancing efforts from 2011 through 2013. A copy of the plan can be found on the Illinois Department on Aging website.

Nine goals were established, as well as objectives for each goal, and timelines for each objective. The 9 goals are as follows:

- Goal #1: Improve funding for home and community based services programs
- Goal #2: Improve transition and integration between medical, hospital and long term care systems and settings
- Goal #3: Improve access to long term care services through comprehensive pre-admission assessment screening, and options counseling
- Goal #4: Ensure service allocation equity and the service package
- Goal #5: Increase caregiver support
- Goal #6: Facilitate access to supportive housing options and affordable housing
- Goal #7: Improve home and community based quality management systems
- Goal #8: Convert excess nursing facility capacity
- Goal #9: Maximize the use of technology to support policy development and delivery of long term care services

This report summarizes the work completed during calendar year 2011 in each of the goal areas, by objective. This report also identifies impediments to progress, and provides recommendations including items requiring legislative action. There are a total of 65 objectives outlined for the 9 goals. After the first year of a three-year implementation period, 9 (14%) have been completed; 40 (61%) are in process; and 16 (25%) have not started. It is not anticipated that every objective can be implemented during the three year planning cycle due to budget and staffing constraints and/or the alignment of OASAC objectives with the evolving priorities of State agencies. IDoA will continue to work with our sister agencies and OASAC to refine the goals and objectives to ensure that we are best able to respond to and capitalize on opportunities to restructure the State's service delivery system for older adults in Illinois.

Background & History of the Act

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

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

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

The Act also established the Older Adult Services Advisory Committee to advise the Directors of Aging, Public Health, and Healthcare and Family Services on all matters related to the Act. The Illinois Department on Aging (IDoA) formed the Older Adult Services Advisory Committee (OASAC) in January 2005.

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

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

In 2011, the Older Adult Services Act was amended again by PA 97-0448 which mandates the Department to investigate the cost of compliance with developing and maintaining an inventory and assessment of (i) the types and quantities of public older adult services and, to the extent possible, privately provided older adult services, including the unduplicated count, location, and characteristics of individuals served by each facility, program, or service and (ii) the resources supporting those services, investigate the cost of compliance with this provision and report these findings to the appropriation committees of both chambers assigned to hear the agency's budget no later than January 1, 2012. If the Department determines that compliance is cost prohibitive, it shall recommend action in the alternative to achieve the intent of this Section and identify priority service areas for the purpose of directing the allocation of new resources and the reallocation of existing resources to areas of greatest need. If cost is prohibitive, then the Department shall recommend an alternative to achieving this intent.

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

Work Completed

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Evaluate options to establish a Medicaid HCBS provider fee	X					X
b. Review and prepare options for a unified budget		X			X	
c. Determine which programs and agencies would be included in the unified budget		X				X
d. Evaluate different options to phase in a unified budget		X			X	
e. Develop a cross program/agency budget process		X			X	
f. Evaluate options to establish fees for Community Care Program (CCP) homecare providers		X		X		
g. Develop caseload and utilization forecasting methodology to establish the level of appropriations for long term care services	X				X	
h. Advocate that the House and Senate Appropriation Committees hear the long term care budget as a whole from the relevant State agencies (e.g., Aging, Healthcare and Family Services, Department of Human Services, etc...)		X				X
i. Evaluate the impact of the state balancing incentive program and prepare an application which will be submitted to CMS	X				X	
j. Evaluate the impact of adopting the Medicaid state plan attendant services option authorized by Section 1915 (k)	X				X	
k. Review the results of the long term insurance partnership program			X	X		
l. Develop strategies and an implementation plan to increase participation in the partnership program and other long term care insurance programs			X	X		
m. Analyze opportunities presented through the CLASS Act, and develop a strategy to promote participation in the CLASS Act			X	X		

The following work was completed on the goal to improve funding for home and community based programs.

- Healthcare and Family Services determined that federal law does not allow the establishment of a provider fee for Medicaid HCBS providers. No further action is planned for this objective. (1.a.)
- In early 2011 Governor Quinn's administration announced the desire to implement unified budgeting for long term care services in Illinois. This would have involved \$4.1 billion dollars across the Departments of Human Services, Healthcare & Family Services and Aging, with oversight provided by HFS and the Governor's Office of Management and Budget (GOMB). The goal was to allow maximum flexibility in shifting funds where needed between home and community based services and institutional care, while better enabling money to follow the person. Legislation was not passed to facilitate a lump sum appropriation or transfer mechanism for this purpose. In the absence of a unified budget IDoA recommended that GOMB consider exploring common processes that are shared across human service agencies to reduce redundancy, increase efficiency, and improve customer service including, but not limited to tracking the long term care cost per client across the various programs, developing a common statewide waiver billing process, evaluating new waiver options and demonstration projects under the Affordable Care Act, developing a common client intake/record and assessment process, and implementing Aging and Disability Resources Centers statewide. (1.b., 1.c., 1.d., 1.e., 1.h.)
- IDoA develops an annual budget request for the State funded (and Medicaid supported) Community Care Program (CCP) which is submitted to the GOMB. IDoA conducts routine expenditure tracking and variance analyses, as well as budget forecasting measures for each CCP service. The methodology is predicated on determining the monthly utilization of service units by service type to project future costs taking into account the number of work days in a month, unit rate per hour for each service, and any approved policy or legislative changes to arrive at the estimated total liability and annual budget request. Federal Older Americans Act (OAA) funds are obtained in accordance with population data. These services (which are also supported by State general revenue funds) are distributed to the Area Agencies on Aging through an intrastate funding formula that includes six weighted factors: 60 plus population, 60 plus minorities, 60 plus living in poverty, 60 plus living in rural areas, 75 plus population, and 60 plus population living alone. (1.g.)
- HFS is evaluating the funding opportunities available under the Affordable Care Act (ACA) that support Illinois' efforts to rebalance its long term care system. The State Balancing Incentive Program would provide Illinois with a 2% enhanced federal match on all of its Home and Community-Based Services (HCBS) Waiver programs in exchange for making structural changes to its service system, including the establishment of a single point of entry for all long term care, the implementation of a standardized assessment tool, and conflict free care coordination services. Additionally, Illinois would be required to shift its spending from institutional care to home and community-based care to meet the benchmark that 50% of expenditures be spent on HCBS Waiver services by 2015. At the time that this report is being prepared for publication, HFS is awaiting further guidance from CMS on the State Balancing Incentive Program. HFS is also evaluating the Community First Choice Option under the ACA. States have the option to file a State Plan amendment to create an entitlement to personal attendant services. States would receive a 6% increase in federal match for personal attendant services provided under this option. Illinois currently provides personal attendant services through a number of its HCBS Waivers, not under its State Plan. HFS is evaluating the opportunities and challenges afforded under this option. (1.i., 1.j.)
- In October 2011, U.S. Health and Human Services informed congressional leaders that it will not move forward on implementation of the CLASS program. The State of Illinois awaits direction from the federal government as to whether there are other options that HHS may explore to implement provisions proposed under CLASS. (1.m.)

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Review results from the nursing home transition and Money Follows the Person programs and formalize processes that improve transition efforts (e.g., implementation of MDS 3.0, Section Q) (See Goal # 4.e, 5.b., 5.n.)		X			X	
b. Provide training to CCU staff on relevant medical conditions and terms		X			X	
c. Develop strategies to prepare individualized transition plans for older adults leaving a hospital or nursing facility (See Goal # 7.d.)			X		X	
d. Examine and improve the Choices for Care screening process to improve discharges and successful placement in appropriate settings		X			X	
e. Identify assessment data that will trigger referrals for a health assessment (See Goal # 5.n.)			X		X	
f. Review CCU care coordinator caseloads and set standards			X		X	
g. Develop interventions based on health and social characteristics or chronic conditions (See Goal # 5.n.)		X		X		
h. Explore methods to ensure that home and community based services, and aging and disability networks are coordinated as PPACA is implemented			X		X	

The following work was completed on the goal to improve transition/integration between medical/hospital and long term care systems and settings.

- HFS, along with its sister agencies, continues to make progress toward transitioning individuals out of nursing homes and into the community through the Money Follows the Person (MFP) Demonstration Program. According to a recent University of Illinois at Chicago Report¹, the typical MFP participant has four chronic health conditions, including depression (49%), diabetes (43%), chronic obstructive pulmonary disease (36%) and obesity (25%). In addition, 50% have been diagnosed with psychosis, 42% with bipolar disorder, and 49% with schizophrenia. The data collected by UIC points to the need to have a strong system of care coordination in place for the individuals enrolled in MFP as they have complex health conditions that cut across disability categories. HFS plans to discuss the lessons learned thus far in the process of implementation of the MFP program with its partners. (2.a.)
- IDoA Care Coordination Unit staff continue to receive instruction on relevant medical conditions and terms to increase their awareness and to better address the needs of seniors through certification and recertification. Care coordinators have received training on the multiple classes of medications and their effect on seniors, chronic conditions, and are informed about reputable web resources for information about health conditions. Training continues to be offered in multiple formats, including the IDoA web-based training sessions, webinars, face-to-face training, and educational conferences. (2.b.)
- In Federal FY 2011 IDOA received funding from AoA for Year 1 of the Aging and Disability Resource Centers (ADRC) Evidence-Based Care Transitions grant. The Bridge intervention uses masters prepared social work care coordinators who support the transition of older adults and individuals with a disability under 60 from hospital to home. This project aims to reduce hospital readmissions and nursing home placement by providing information and assistance linkages, enrollment in services, participant and caregiver support, and assessment of post-discharge needs to support individuals to remain in the community. In September 2011 the Department was notified that they would receive funding for Year 2 of this grant. (2.c.)
- The Division of Rehabilitation Services (DRS) continues to work with various Centers for Independent Living to help those with disabilities over age 60 who would be eligible for either the AIDS Waiver or the Traumatic Brain Injury Waiver. The development of personalized transition plans are part of that reintegration process. (2.c., 2.d.)
- The Community Care Program Advisory Committee (CCPAC) issued Recommendations for Policy/Procedure Regarding Service Referrals. Included in the recommendations, the committee supports self-determination, coordination with skilled home health and hospice provider organizations, and a more standardized approach to improve communication, health monitoring and coordination of care. This would require more training for homecare aides and adult day service providers regarding indicators for changes in health status, triggers for needed medical treatment/service, and protocols for coordination. The Department is reviewing these recommendations. (2.e.)

¹ University of Illinois at Chicago – College of Nursing. *Money Follows the Person: Year End Report 2009-2010*.

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Evaluate and select a preadmission screening, and an options counseling model		X			X	
b. Implement Coordinated Point of Entry standards		X			X	
c. Determine standards and regulations for common intake systems		X			X	
d. Develop a branding campaign for the Coordinated Point of Entry		X			X	

The following work was completed on the goal to improve access to long term care services through pre-admission screening, and through options counseling.

- Illinois was one of 23 states selected by the U.S. Administration on Aging (AoA) to receive a two-year grant to participate in a collaborative process to develop federal minimal standards for Options Counseling. AoA has identified Options Counseling as one of the core components of an Aging Disability Resource Center (ADRC). Options Counseling is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences, strengths, and values. Options Counseling is to assist older adults and individuals with disabilities who request or require immediate long term support services, as well as those who are planning for the future. IDoA, working with AgeOptions and the Suburban Cook County ADRC, submitted Illinois draft standards to AoA in June 2011. The draft standards will be implemented in two Planning and Service Areas (PSAs) beginning in October 2011. (3.a.)
- The Coordinated Point of Entry standards were developed to complement the core components of an Aging Disability Resource Center (ADRC) as defined by the AoA. Currently, there are seven ADRC pilot sites in Illinois and IDoA has submitted a five-year statewide plan to AoA. A planning retreat with the 13 Area Agencies on Aging was held, and guidelines were issued regarding implementation of ADRC in their respective Planning and Service Areas (PSAs). IDoA will continue to coordinate with other state agencies, including the HFS and DHS, as well partners such as the Centers for Independent Living. Other ongoing activities related to implementation include IDoA's development of a web-based ADRC training curriculum. (3.b.)
- IDoA continues to evaluate best practices and coordinate with other state agencies to determine standards and regulations for common intake systems. (3.c.)
- Additional meetings were held to discuss branding. It was determined that any future branding should include the term disability and be consistent with the goals of Aging Disability Resource Center (ADRC) implementation. IDoA will continue to collaborate with stakeholders to finalize an approach for branding. (3.d.)

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Clarify the tasks that may be performed under homemaker services which include hands-on assistance with activities of daily living, and provide training to enable workers to meet the needs of the clients they serve as well as identify health triggers that require reassessment.	X				X	
b. Evaluate the existing Cash & Counseling demonstration project and explore the feasibility of expanding this program model throughout the State.	X					X
c. Implement a medication management services program.		X			X	
d. Determine the characteristics that predict admission to a nursing facility for older Illinoisans in general, and in the CCP population in particular.			X	X		
e. Develop triggers and linkages for care coordinators and service staff to obtain health and medical care consultation, and mental health consultation. Develop training to recognize the need for such consultation. (See Goal #2.a.)		X			X	
f. Create a profile of IDoA clients and their needs.		X			X	
g. Develop plans to maintain the level of service for high DON score participants.		X		X		
h. Update and maintain an inventory of services and providers.		X			X	
i. Disseminate information about changing demographic trends and demand for services.		X		X		
j. Develop an assessment module that identifies caregiver needs for supports and respite services.		X		X		

The following work was completed on the goal to ensure service allocation equity and improve the service package.

- IDoA has increased the number of training hours required by workers who serve older adults. The Department's quality assurance reviews ensure that trainings are completed on a timely basis. Homecare Supervisor Training (also known as HOST), is required of all new homecare supervisors and continues to increase the topics offered to new supervisors. Training will be expanded to a web-based format to expand accessibility to supervisors statewide and to provide a means of improved communication and a greater number of topics without time restrictions. The Illinois Community Care Program Homecare Association recommends training topics for its members. Through an educational grant by the Department on Aging, the Association has developed presentations for homecare supervisors and homecare aides on Difficult Clients with Special Health Issues, and Blood Borne Pathogens. Regional trainings will be offered statewide in the fall of 2011 to be followed by a web-based training of each topic for continuous availability. (4.a.)
- IDoA has completed the feasibility review for the Cash & Counseling program during CY 11 (4.b.).
- A white paper has previously been issued by the OASAC Services Expansion workgroup with recommendations for a Medication Management service to enhance the existing CCP service package. OASAC has also been briefed on IDPH's Prescription Monitoring Long Term Care Project, and the Medication Management Information System Pilot underway at the East Central Illinois Area Agency on Aging (ECIAAA). The Department has conducted a cost analysis of various medication management program models. This issue is currently under review and the Department will benefit by the lessons learned from the IDPH and ECIAAA program model, including cost effectiveness and replicability. (4.c.)
- The Department maintains profile data for all participants served by our programs, including the Community Care Program, Older Americans Act services (for registered services), Long Term Care Ombudsman and Abuse, Neglect and Exploitation services. The State Plan on Aging provides census data by Planning and Service Area, including population, gender, minority, living alone, rural and poverty figures. On a national level, the U.S. Department of Health and Human Services, Administration on Aging publishes an annual Profile of Older Americans which includes data on the growth of the aging population by geographic distribution, marital status, living arrangements, racial and ethnic composition, income, poverty, housing, employment education, health care, health insurance coverage, and disability and activity limitations. (4.f.)
- The Older Adult Services Advisory Committee established the Access to Community Supports Workgroup. One of the first priorities of this workgroup was to make recommendations for fulfilling the mandates of Public Act 97-0448 related to the development of an inventory and priority service areas. The workgroup met several times during 2011 to study the work previously done for the Department on this issue, examine the current inventory system being utilized throughout the State, as well as the process used by the Department to identify priority service areas and gaps. The OASAC workgroup issued their recommendation to the Department. The Department is investigating the cost of compliance with the provisions in P.A. 97-0448, taking into consideration the recommendations of the OASAC workgroup, and will report these findings in a separate report to both chambers assigned to hear IDoA's budget as mandated by legislation. (4.h.)

GOAL # 5: INCREASE CAREGIVER SUPPORT

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Seek increased funding for respite services for family caregivers.		X			X	
b. Explore strategies to integrate the social and medical model. (See Goal 2.a.)		X			X	
c. Clarify Federal regulatory requirements for completing the minimum data set (MDS) tool in nursing facilities for respite clients. (See Goal # 8.b.)	X					X
d. Document the gaps in the availability of respite services.		X			X	
e. Explore improvements to the assessment tool to identify caregiver needs. (See Goal # 5.p.)		X		X		
f. Establish guidelines to improve the consistency in respite services programs statewide.			X			X
g. Explore the role of nursing facilities as respite providers. (See Goal # 8.b.)		X				X
h. Explore the role of hospitals as respite providers in rural areas.	X					X
i. Assess the impact of adult day care services as a respite option.	X			X		
j. Increase outreach and education to family caregivers to increase their awareness of and access to services.			X		X	
k. Utilize ADRCs and CPoEs to increase access to family caregiver services.		X			X	
l. Study options to expand the availability of home health services.			X		X	
m. Explore evidence-based caregiver programs and best practices.		X		X		
n. Incorporate a nurse consultation model into the delivery of services for caregivers and participants.			X		X	
o. Compile and provide information to legislators on the social and economic value of family caregiving.		X		X		
p. Study the benefits and challenges of developing a caregiver assessment module. (see Goal 5.e)	X			X		
q. Explore how the state is using the National Family Caregiver Support Program funds.		X				X

The following work was completed on the goal to increase caregiver support.

- In 2009 the Department was one of 12 states awarded a three-year, \$200,000 grant from the Administration on Aging to provide respite services to caregivers of children with special needs and adults with special needs; improve the coordination and dissemination of respite services; identify gaps in service delivery and address the unmet respite needs of family caregivers across the lifespan. An Emergency Respite Program has been established and funded through the Lifespan Respite Grant award. Administered by the Illinois Respite Coalition, the Emergency Respite Program will provide funding for caregivers of children and adults with special needs who are in need of respite in emergencies. In 2011 the Department applied for an Expansion Grant through the Administration on Aging which would have provided an additional \$150,000 for emergency respite through the Lifespan Respite program. This grant proposal was not funded. (5.a.)
- Healthcare and Family Services has clarified that the federal Resident Assessment Instrument (RAI) Manual provides that the first assessment of the resident must be completed by the 14th day of the resident's stay in the facility. Stays less than 14 days (e.g. for respite) do not require the resident to have an RAI assessment. (5.c.)
- The Department has established and convened meetings of the Lifespan Respite Task Force, comprised of representatives from the Department of Children and Family Services, Department of Human Services, Area Agencies on Aging and disability advocacy groups to identify existing respite programs and gaps in service. The Department has surveyed the 13 Area Agencies on Aging, DHS and DCFS regarding their respite programs and is in the process of finalizing a report based on the survey results. (5.d.)
- Federal and state requirements are already in force for respite services under the Older Americans Act. (5.f.)
- Illinois Department of Public Health notes that many long term care facilities currently provide respite care services. The issue is that persons needing respite care are handled/processed the same as other long term care admissions. There are no current or proposed rules to set up a different/modified admission process for respite care. The long term care facility must be responsible for the proper care and treatment of all its residents. Respite care admissions must also be thoroughly and properly evaluated to protect the person, the staff and other residents. (5.g., 5.h.)
- Through on-going Area Plan reviews, the Department works closely with the Area Agencies on Aging to ensure training and educational opportunities are provided to caregivers. The Department has created a Statewide Caregiver Advisory Committee which meets quarterly to assess caregiver programs, share best practices, discuss barriers to service, identify gaps in service, provide training and improve the dissemination of resources. As part of the Lifespan Respite grant, the Department has been instrumental in the expansion of the Illinois Respite Coalition web site to include a statewide database of respite providers and an extensive training/workshop/caregiver event calendar. Conference calls with caregiver specialists at the 13 Area Agencies on Aging and the Illinois Respite Coalition are scheduled to discuss respite services, the Emergency Respite Program and collaborating on caregiver training opportunities. The Department is working closely with advocacy groups such as the Illinois Life Span Project and the Institute on Public Policy for People with Disabilities to increase caregiver awareness and improve access to services. (5.j.)
- The Home Services Program (HSP) administered under Department of Human Services offers respite care of up to 240 hours/year to eligible families who face substantial burdens of providing care. HSP offers adult day care, homemaker, home health (RN, LPN, CNA) and Personal Assistants as respite providers dependent on the specific needs of the family. (5.k., 5.l.)
- Since the inception of the National Family Caregiver Support Program, the Department has, through Area Plan reviews, monitored the designation and use of Title III-E funds. Area Agencies on Aging are funding all service categories of the National Family Caregiver Support Program. In FY11 \$5.6 million was allocated to programs under Title III-E by the federal government. (5.9.)

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Advocate for the addition of rental assistance funding for special needs populations		X			X	
b. Design strategies to improve collaboration between IHDA, ADRCs, CCUs, AAAs and local public housing authorities		X			X	
c. Develop a web-based system to expedite the application process for subsidized housing		X			X	

The following work was completed on the goal to facilitate access to supportive housing options/affordable housing.

- IHDA is preparing for a Notice of Funding Availability (NOFA) for the modified Section 811 program from the U.S. Department of Housing and Urban Development (HUD). This NOFA will allow IHDA to apply for Section 811 rental assistance dollars to lay over units in developments currently in our portfolio or our pipeline. These units cannot make up more than 25% of the development and must be filled through a referral partnership with the State's Medicaid Agency. (6.a.)
- IHDA staff made a presentation to the Area Agencies on Aging, and at the 2011 Governors Conference on Aging about housing programs. IHDA continues to work with local public housing agencies to list their units on ILHousingSearch.org and to create wait-list preferences for special needs populations. IHDA has worked with the Departments implementing Money Follows the Person to pilot a portal access for transition coordinators to housing opportunities for nursing facility residents transitioning to community living. (6.b.)
- IHDA continues to manage the ILHousingSearch.org contract with Social Serve on behalf of its partners, IDoA, DHS, and HFS. The caseworker portal, a tool to help caseworkers better refine their searches on ILHousingSearch.org, is now open as a pilot program for MFP transition coordinators. An online training session was held for over 80 participants in the pilot. (6.c.)

GOAL #7: IMPROVE THE HCBS QUALITY MANAGEMENT SYSTEM

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Implement a 24-hour backup system for CCP participants.	X			X		
b. Implement a critical incident reporting system.	X				X	
c. Design and implement a risk mitigation process for CCP participants.	X			X		
d. Incorporate evidence based practices and models into our service delivery system (e.g., strict adherence to recommended measurement of performance procedures). (See Goal 2.c.)	X				X	

The following work was completed on the goal to improve the HCBS quality management system.

- The 2009 waiver renewal required a number of new data systems to be developed. To date, the Department has created and implemented an on-line case notes system that is used to ensure financial accountability in cases of intensive case work and intensive monitoring of participants. Annual participant satisfaction surveys have been created, distributed and tabulated for calendar year 2010. Surveys for calendar year 2011 were mailed out in the Fall of 2011. A database was created for the collection of responses to the Participant Outcomes Satisfaction Measurement (POSM) which surveys participants' Quality of Life. Care Coordinators complete the POSM with participants on an annual basis. The Department is in the final stages of completing a series of management reports that will capture data from all the systems. The training tracking database is in its final stages of testing as well. The Department is also preparing to file the Comprehensive Care Coordination rules for the Care Coordination Units. These rules will formalize the use of the consolidated CCP forms that were introduced in December 2010. The new forms streamline the assessment process and reduce duplication in information gathered. The next system that needs to be finalized and implemented is the Events database which will track critical incidents, grievances and complaints and requests for reassessments. Initial trainings have been held statewide for all care coordinators on the systems. (7.b.)
- The ADRC Care Transitions Grant is an evidence-based intervention being tested in the suburban Cook area. Also, IDoA has been working with IDPH and AAAs to encourage evidence-based health promotion programs (i.e., Chronic Disease Self-Management Program, Fit and Strong!, Healthy IDEAS, Matter of Balance, etc.). Training has been offered to all Care Coordination Units entitled "Helping Seniors Manage Chronic Disease." (7.d.)
- The U.S. Department of Health and Human Services (HHS) awarded Illinois a \$24 million grant to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities and control health care spending. The award, \$4.8 million per year over five years, was an initiative of the Affordable Care Act. The Illinois Department of Public Health (IDPH) received these funds to implement proven methods to improve health and wellness. The grant will focus on three priority areas: tobacco-free living; active living and healthy eating; and quality clinical and other preventive services, specifically prevention and control of high blood pressure and high cholesterol. The grants will support planning and implementation of state and community projects proven to reduce chronic diseases.

GOAL #8: CONVERT EXCESS NURSING FACILITY CAPACITY

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Obtain funding to implement the bed conversion pilot project.		X			X	
b. Explore the role of nursing facilities as respite providers. (See Goal 5.c., 5.g.)		X			X	

The following work was completed on the goal to convert excess nursing facility capacity.

- The Nursing Home Conversion Workgroup researched conversion programs attempted in Minnesota, Michigan and Nebraska, with the Minnesota program the most conducive to our State. Subject to appropriation, long-term care facilities can apply to the Department of Public Health for grants and incentive payments to aid in converting existing Medicaid-certified beds to home and community-based services required under the Older Adult Services Act. A draft application was developed; however, this project is solely dependent on adequate fiscal resources to be able to be implemented. With no monies appropriated, this objective is on hold. (8.a)

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed
a. Design and implement information technology initiatives that support access to services.			X		X	
b. Explore technological innovations to streamline the application and assessment process including a universal instrument or process that populates applications with existing information.			X		X	
c. Implement the information technology framework.			X		X	
d. Ensure representation of aging interests on the Illinois Framework project, and in each HIE advisory committee.	X				X	

The following work was completed on the goal to maximize the use of technology to support policy and program development and delivery of long term care services:

- The Department on Aging participates in the Illinois Human Service and Healthcare Framework Initiative to seek an enterprise solution to achieve an integrated human services delivery system that will expand service access to customers, improve customer satisfaction, mitigate fraud, and increase employee productivity. The Illinois Department of Human Services is acting as the lead organization and works in close partnership with IDoA, DCFS, HFS, and other agencies. The total solution will be implemented in stages over an estimated five year time horizon with a plan for incremental updates to back-end systems and with initial implementation likely to be focused on front end improvements such as intake and an enterprise case management system (9.a., 9.b., 9.d.)
- The Division of Rehabilitation Services has been working collaboratively with the Department on Aging to computerize the pre-screening of individuals with disabilities by Care Coordination Units. Effective November 1st, the pre-screens for participants in the Home Services Program will be processed electronically in real-time, increasing program efficiency and providing for a faster payment process for the CCUs. (9.b.)

Impediments to Progress

- There remains an ongoing economic climate of limited revenues and severe budget cut backs. The FY12 IDoA Community Care Program (CCP) budget that was passed by the General Assembly and subsequently enacted was reduced by \$82 million dollars from the Governor's FY12 budget request.
- There remains a need for access to and availability of affordable and accessible housing. The Department of Mental Health does not have Money Follows the Person services outside of Cook County, and does not have supports to assist persons being discharged from nursing facilities who are dually diagnosed with physical disability and severe mental illness.
- Implementation of the branding of a Coordinated Point of Entry is subject to the funding and resources available.
- State and Federal budgets limit IHDA's ability to identify and obtain rental assistance funding for special needs populations.
- The impediment to implementing the bed conversion pilot project has been funding, both for initial start up and how to balance the funding between long term care facilities and community based alternatives.

Recommendations

- The legislature is requested to fully fund existing services under the Community Care Program and that liability matches annual appropriations. The Community Care Program continues to serve as a cost effective alternative to institutional care as all CCP recipients are eligible for nursing home placement.
- DRS should create special case management services for HSP eligible individuals who are dually diagnosed as both physically and mentally disabled, and use webinar technology to provide regular training for CCUs on HSP at almost no cost.
- IDoA should continue to expand its web-based training sessions in multiple formats to reach the greatest number of homecare aides and homecare supervisors on the topics relevant to medical conditions, terms, treatments, and the effects each of these has on a senior.
- IDPH suggests that a workgroup of long term care providers and State staff (DPH, IDoA, DHS, HFS) review the various nursing facility admission requirements and determine if a revised respite protocol could be established and whether or not it could be done through regulation or if statutory change would be necessary.
- IDoA should continue to pursue outside funding for caregiver and respite programs through governmental discretionary grants or private foundation funding.

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.

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Older Adult Services Act: Terms and Definitions

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

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

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

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

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

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

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

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

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

Departments means the Departments on Aging, 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 (see Aging Services Project Fund). (Section 20)

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

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

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

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

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

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

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

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

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

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

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

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

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** OASAC Executive Committee Member

Last updated November 2011

Older Adult Services Advisory Committee

Meeting Dates for 2011

Meetings were held in 2011 on the following dates in Chicago and Springfield locations by video conference.

February 28

May 9

August 8

November 14

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





2012 Report to the General Assembly

**State of Illinois
Department on Aging**

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Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY)
8:30 a.m. to 5:00 p.m. Monday through Friday

24-Hour Elder Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY)
www.state.il.us/aging/