



State of Illinois
Illinois Department on Aging

Older Adult Services Act

(PA 093-1031)



2013 Report to the General Assembly

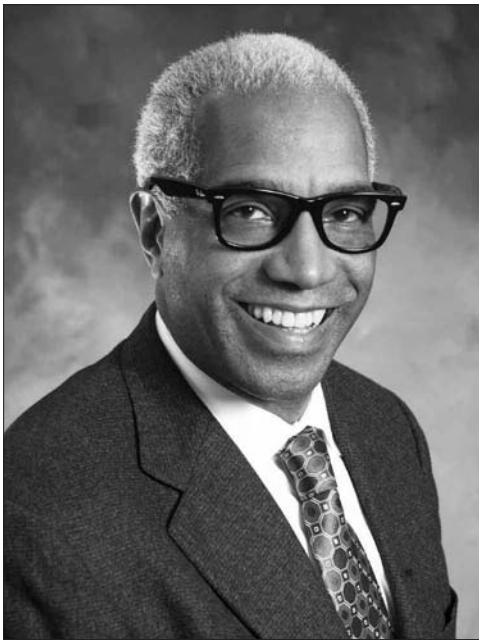
Illinois Department
on **Aging**



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Older Adult Services Act

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 January 1, 2006, and every January thereafter. As required, this report summarizes the work completed in 2012, 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 the many visitors and frequent 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's 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, case management, and service coordination for all Illinois seniors regardless of financial eligibility. Currently, the Department participates in national Cash and Counseling, and Money Follows the Person demonstration projects. We are in the third year of a 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 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 that 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's 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 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.

In response to this mandate, 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 Older Adult Services Advisory Committee (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's 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 individual objectives for each goal, all subject to specified timelines. 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 2012 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 67 objectives outlined for the 9 goals. After the second year of a three-year implementation period, 43 (64%) are in process; 16 (24%) have been completed or deferred; and 8 (12%) 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 these OASAC objectives with the evolving priorities of State agencies. For example, since this plan was developed several major reforms have changed the landscape of Illinois's efforts to rebalance long term care. Medicaid reform calls for

50% of Medicaid recipients to be enrolled in managed care by 2015, and the State has settled several Olmstead lawsuits including Colbert v. Quinn. In addition, Illinois has recently enacted the Save Medicaid Access and Resources Together (SMART) bill, which has several provisions that will impact older adults and persons with disabilities. During 2013, OASAC will form a new workgroup to study these issues and make recommendations on the implementation of these initiatives, and to refine the OASAC goals and objectives to ensure that they are aligned with these reforms.

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 committees 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 or Deferred
a. Evaluate options to establish a Medicaid HCBS provider fee	X					D
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				C
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				D
g. Develop caseload and utilization forecasting methodology to establish the level of appropriations for long term care services	X					C
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., Department on Aging, Healthcare and Family Services, Department of Human Services, etc...)		X				C
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 care 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			D

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

- HFS has researched the issue of establishing fees for the Community Care Program homecare providers. It has been determined that the Code of Federal Regulations does not define home and community-based waiver services as an allowable class of service for purposes of implementing an assessment tax. Therefore, items (1.a) and (1.f) have been deferred.
- The Governor's Office of Management and Budget (GOMB) continues to lead toward the implementation of unified budgeting among human services agencies, although the budget process employed today requires each department to independently request an annual appropriation from the General Assembly. Comparable cost data is being reviewed so that statutory issues may be addressed on a cost per client basis. Anticipated results of unified budgeting include greater transparency and better cash flow efficiencies. (1.b)
- The Illinois Department on Aging (IDoA) and other human services agencies continue to meet and discuss with the GOMB to explore options to phase in a unified budget. (1.d)
- The State of Illinois is in the process of implementing a comprehensive Budgeting for Results (BFR) process under the auspices of GOMB. The purpose of BFR is to implement an outcome-based process in Illinois that incorporates all of the components necessary to achieve funding priorities, assess program performance, inform decision-making, and deliver results across programs and services. The Governor's Office of Management and Budget (GOMB) will allocate resources based on how effectively a program or service achieves its goals, rather than based on incremental budgeting or budget allocations on prior year spending. Under BFR, programs are categorized and reported in seven outcome areas which also consist of various overarching goals for each outcome area. Having started in FY 2011 with the adoption of the BFR law, implementation of BFR will be a multi-year process to identify, develop, and execute the structures and processes that will lead to an outcomes-based budget. The Budgeting for Results Outcome Categories include:
 1. Quality education and opportunities for growth and learning for all Illinois students
 2. Enhance economic well-being of residents and communities
 3. Protection of residents' lives and property
 4. Protection of the most vulnerable of our residents
 5. Improved access to and cost effectiveness of healthcare
 6. Improved quality of life of residents
 7. Improved efficiency and stability of State government

In FY 2013, the BFR implementation process consisted of agencies developing a program inventory and logic models for identified programs which are amenable to measurement of agencies' mission and strategic priorities. Upon completion and approval of the logic models, agencies will work with GOMB to identify and adopt metrics which will be used to evaluate progress against the established outcomes and goals. IDoA's BFR program inventory consists of nine (9) major programs (i.e., Illinois Community Care Program Services, Case Management, Older Americans Act Services, Elder Abuse and Neglect, Long Term Care Ombudsman, Senior Employment Services, Senior Health Assistance Program, Child & Adult Food Program and Senior Help Line [Information & Assistance] Services). All human service agencies have also developed performance metrics to track the State's progress toward de-institutionalization, deflections from institutions, and length of stay in the community. (1.e)

- 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)

- In concert with the Governor's Office and sister state agencies, HFS is evaluating the funding opportunities available under the Affordable Care Act (ACA) that support Illinois efforts to rebalance its long term care system, including the State Balancing Incentive Program (BIP). Participation in this program would allow Illinois to claim a 2% enhanced federal match on all qualifying Home and Community-based Services (HCBS) waiver services if significant structural changes are made to the long term care service delivery system. These changes include establishing a single point of entry for all long term care, implementing an assessment tool which collects information across eight standard domains, and requiring conflict-free case management. 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. (1.i, 1.j)
- Rules are being drafted for the long term care insurance partnership program. (1.l)

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 (See Goal # 3.a.)		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 Patient Protection and Affordable Care Act (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, continue to make progress towards transitioning individuals out of nursing homes and into the community through the Money Follows the Person (MFP) Demonstration Program. As of August 31, 2012 the MFP Program has assisted 618 individuals with transitioning to the community since the inception of MFP in 2009. This year, HFS, along with sister agencies and community stakeholders revised its performance benchmarks in response to Federal CMS requirements. One of the new benchmarks focuses on sustaining consumers in the community and reducing the State's reinstitutionalization rate. HFS along with UIC plans to host a series of webinars this fall to provide Transition Coordinators with the tools/skills that are necessary to serve this very complex population. Additionally, HFS along with our sister agencies and UIC, recently formed a Mortality Workgroup to discuss the six characteristics that are associated with a higher incidence of mortality, and to develop a process for identifying consumers with these characteristics as high risk prior to transition. (2.a)
- IDoA Care Coordination Unit staff continues 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 2012 IDoA received funding from AoA for Year 2 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 disabilities 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. During 2012, Centers for Medicare and Medicaid Services (CMS) announced funding for three care transition projects in Illinois using various models such as Bridge and Coleman. CMS funding was provided only to applicants from states that received the initial ADRC Care Transitions grant. IDoA will continue to study the lessons learned from these evidence-based care transition program models in order to apply best practices to the Community Care Program. (2.c)
- The state has engaged a consulting firm to identify key components in each State agency's assessment tool with the goal of creating a level of care assessment tool that can be used across disciplines. State agencies are working with the consultant and the Governor's office to define key components and acquire a tool that will meet the needs of each agency. Currently, the Aging Comprehensive Care Assessment includes indicators that would trigger referrals to Home Health including Section II (Physical Health History and Assessment); Section III (Determination of Need); Section IV (Medications); and Section XI (Care Coordinator Goals of Care). (2.d, 2.e)
- The ACA provides opportunities to improve the delivery of long term services and support systems for Medicaid and Medicare populations. HFS is working collaboratively with IDoA and DHS to implement Integrated Care Program – Service Package 2 (ICP-2) which provides for the provision of long term services and supports within a managed care environment. ICP Service Package 1 and 2 will lay the foundation for future Medicaid and Medicare managed care initiatives that are supported through the Affordable Care Act. (2.h)

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. Improve the pre-screen process to direct people in the most appropriate and least restrictive long term care setting. (See Goal #2.d.)		X			X	
b. Develop and implement options counseling standards		X			X	
c. Implement Coordinated Point of Entry standards		X			X	
d. Determine standards and regulations for common intake systems		X			X	
e. 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.

- As referenced under Goal 2.d above, the consultants will be working with the State human service agencies to identify an assessment tool that addresses the common needs of all agencies for pre-screening, intake, and assessment of individuals for long term care services and supports. It is expected that a tool will be identified, tested, and ready for implementation in FY 2014. (3.a)
- IDoA continued its work on the Options Counseling grant awarded by the Administration on Aging (AoA) in 2010. During the first year of the grant, Illinois participated in a collaborative process with AoA and other states to draft federal minimum standards for the delivery of Options Counseling. The second year of the grant focused on testing and evaluating those standards in three Planning and Service Areas (PSAs). Participants in the effort included Area Agencies on Aging, Care Coordination Units, and Centers for Independent Living (CIL). IDoA was recently notified that it will receive supplemental federal funding to extend the Options Counseling grant for one more year. The next year's effort includes training partners throughout the state on the standards, as well as determining how to best incorporate Options Counseling in the service delivery system. (3.b)
- The Coordinated Point of Entry standards were developed to complement the core components of an Aging Disability Resource Center (ADRC) as defined by the Administration for Community Living (ACL). Near future activities include establishing a work group to add guidance to the standards and setting expectations with regard to IDoA funded providers. (3.c)
- IDoA continues to evaluate best practices and coordinate with other state agencies to determine standards and regulations for common intake systems. The development of common intake and assessment processes across human service agencies will be addressed through the State's efforts to identify a common assessment tool. (3.d)
- Little progress was made with regard to branding in 2012. However, determining an approach to move forward with branding has been defined as an IDoA priority for the coming year. (3.e)

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

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed or Deferred
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					C
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				C
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				C
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. IDoA's quality assurance reviews ensure that trainings are completed on a timely basis. Homecare Supervisor Training (also known as HOST) is required for all new homecare supervisors and continues to expand the topics offered to new supervisors. IDoA is developing a certification for Homecare Supervisors which will be implemented in late FY 2013 and FY 2014. Trainings were expanded to a web-based format to increase accessibility to supervisors statewide and provided 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 IDoA, the Association has developed presentations for homecare supervisors and homecare aides on Difficult Clients with Special Health Issues, and Blood Borne Pathogens. Regional trainings were offered statewide in the spring of 2012 followed by a web-based training of each topic for continuous availability. In addition the IDoA offers DVDs through the IDoA Lending Library on medical topics including Death & Dying, Managing Diabetes, Suicide Prevention, Depression, Advance Medical Directives, Blood Pressure Measurement, Alzheimer's disease, Preventing the Spread of Infection, Bathing, Feeding Techniques, and Problem Behaviors. IDoA sponsored trainings for Care Coordinators on over-medication, as well as Traumatic Brain Injury. (4.a)
- 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 IDoA has conducted a cost analysis of various medication management program models. This issue is currently under review and IDoA will benefit by the lessons learned from the IDPH and ECIAAA program model, including cost effectiveness and replicability. IDoA is developing specifications for a medication management service that will be included into the Aging Waiver. The service will include a medication dispensing machine that will notify participants when it is time to take their medication, along with monthly monitoring by the provider. Program development is expected to take place throughout the 2013 fiscal year with an anticipated implementation date in FY 2014. (4.c)
- IDoA maintains profile data for all clients 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)
- On January 1, 2012 a Report from Illinois Department on Aging to the House and Senate Appropriations Committees in Fulfillment of Public Act 097-0448 was submitted. This report researched, summarized, and provided recommendations with regard to the development of an inventory of services and priority service areas. IDoA believes that the current ESP and other information systems (i.e., NAPIS and CMIS) currently in use by the Illinois aging network address the intent of Section 20(c) of PA 097-0448, which is to develop and maintain an inventory of older adult services. These data systems can identify the capacity of public and many private older adult services, unduplicated service counts, location, and characteristics of individuals served by each facility, program or

service. IDoA will proceed with the implementation of the one-time system enhancements to ESP as recommended by OASAC. IDoA recommends that general revenue funding be allocated annually to offset at least a portion of the costs to maintain and enhance the ESP system. IDoA believes that the current Area Plan process followed by the Area Agencies on Aging fulfills the requirements of Section 20(d) of PA 097-0448, which is to develop and file a priority service plan with the Governor and the General Assembly every five years. Currently, each Area Agency prepares a multi-year plan which identifies the needs of older persons in their service area, existing services, and gaps between needs and services, sets objectives and priorities, and specifies which services will be provided to meet those needs. This plan is submitted to IDoA for a period of three consecutive years, along with an annual update. The report also noted that Older Americans Act and state funding have not been available to fully allow the Area Agencies on Aging to fulfill the requirements on the development and implementation of a comprehensive, coordinated system for providing long term care. IDoA will explore strategies to enhance this planning process as recommended by the OASAC workgroup and make modifications and seek additional funding as necessary. (4.h)

- IDoA has prepared briefings for legislators throughout Illinois in order that they have a better understanding of their aging population, as well as their constituents who utilize aging programs and services. The Department has also produced a number of maps depicting the growth of the population in each county across Illinois, numbers of older adults eligible for various managed care initiatives, and the geographic location of Colbert class members. In addition, all human service agencies are developing performance metrics to track de-institutionalization, deflection from institutionalization, and length of stay in the community. (4.i)

GOAL # 5: INCREASE CAREGIVER SUPPORT

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed or Deferred
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					C
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			C
g. g. Explore the role of nursing facilities as respite providers (See Goal #8.b.)		X				C
h. Explore the role of hospitals as respite providers in rural areas	X					C
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, home services and home nursing care			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 clients (See Goal #2.a., #2.e., and #2.g.)			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				C

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

- In 2009, IDoA 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 provided funding for more than 100 caregivers of children and adults with special needs who are in need of respite in emergencies. In 2011, IDoA 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)
- HFS 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 (i.e., for respite) do not require the resident to have an RAI assessment. (5.c)
- IDoA has established and convened meetings of the Lifespan Respite Task Force, comprised of representatives from the Department of Children and Family Services (DCFS), Department of Human Services (DHS), Area Agencies on Aging and disability advocacy groups to identify existing respite programs and gaps in service. IDoA has surveyed the 13 Area Agencies on Aging, DHS and DCFS regarding their respite programs. A report to the General Assembly regarding respite activities has been submitted. (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, IDoA works closely with the Area Agencies on Aging to ensure training and educational opportunities are provided to caregivers. IDoA 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, IDoA 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 were held to discuss respite services, the Emergency Respite Program and collaborating on caregiver training opportunities. IDoA is working closely with advocacy groups such as the Illinois Life Span Project and the Institute on Public Policy for People with Disabilities and Family Support Network 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, and 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, IDoA 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 FY 2012 \$5,581,962 (all federal) was allocated to programs under Title III-E by the federal government. (5.q)

GOAL #6: FACILITATE ACCESS TO SUPPORTIVE HOUSING OPTIONS/AFFORDABLE HOUSING						
OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed or Deferred
a. Advocate at the federal and state levels 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. Expand Comprehensive Care in Residential Settings (CCRS) and explore using the model across populations.		X			X	
d. Train and register transition coordinators working on Money Follows the Person to use the Case Worker Portal feature of ILHousingSearch.org		X			X	

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

- On March 1, 2012, the Governor's Office hired two Housing Coordinators to identify strategies to enhance housing opportunities for special needs populations. An intergovernmental agreement has codified the responsibilities of the various agencies (HFS, DHS, IDoA and the Office of the Governor) with respect to the two new positions. The Housing Coordinators are to expand networking opportunities, partnerships and relationships thereby facilitating the expansion of housing resources including Permanent Supportive Housing (PSH), access for Pathways to Community Living/MFP, housing opportunities for Class Members of the Consent Decrees and management of the referral flow to IHDA's Low Income Housing Tax Credit Units. A portion of IHDA's Low Income Housing Tax Credit units are targeted to persons with disabilities and referred through a State referral network. (6.a, 6.b)
- P.A. 97-0892 became law on August 3, 2012. It amends the State's Rental Housing Support Program Act to allow for local administration agencies and developers to create preferences and set-asides for persons with disabilities using program funds. IHDA applied for HUD Section 811 Project Rental Assistance Demonstration Grant funding to create more permanent supportive housing units in Illinois for persons with disabilities. (6.a)
- IDoA increased the number of CCRS units authorized for each of the existing CCRS projects currently in place. IDoA is exploring with IHDA the availability of funds to support a small scale expansion of CCRS to new populations and/or parts of the state where CCRS does not exist. (6.c)
- IHDA continues to manage the ILHousingSearch.org contract with Social Serve on behalf of its partners, IDoA, DHS, and HFS. The Illinois Housing Search web-based search engine is an available resource that contains thousands of units to rent in the private market place. This website contains a caseworker portal that allows Care Coordinators to search a subset of housing options wherein landlords have expressed a specific willingness to rent apartments to persons with disabilities. The caseworker portal, a tool to help caseworkers better refine their searches on ILHousingSearch.org, is now open as a pilot program for MFP and other transition coordinators. An online training session was held for over 80 participants in the pilot. Case workers working on the Williams consent decree were trained to use the ILHousingSearch case worker portal. As of July 18, 2012, 90 people were registered on the Caseworker Portal to ILHousingSearch.org. (6.d)

GOAL #7: IMPROVE THE HCBS QUALITY MANAGEMENT SYSTEM

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed or Deferred
a. Implement a 24-hour backup system for CCP participants	X					D
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.

- Backup plans are not recorded or required by CCP rules/regulations at this time. Care Coordinators are trained to discuss back up plans to the entire service package with participants. (7.a)
- IDoA currently has a critical incident reporting system. Implementation of an electronic database for collecting critical response incidents is in progress. (7.b)
- In FY 2013 all Title III-D Older Americans Act services can only be allocated to fund evidence-based services that comply with AoA's graduated set of criteria for defining evidence-based services. The Title III-D services must comply with the Minimal Criteria, Intermediate Criteria or the Highest-Level Criteria. During FY 2013 and FY 2014, the Area Agencies on Aging must work with Title III-D funded service providers to ensure that all Title III-D funds will only be used for services that can be classified as the Highest-Level Criteria by the beginning of FY 2015 which is the start of a new Area Plan cycle. Area Agencies on Aging are encouraged to comply with the Highest-Level Criteria by FY 2014 if possible. (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 focuses 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 support planning and implementation of state and community projects proven to reduce chronic diseases. During 2012 IDPH awarded almost \$3.5 million in grants to communities across Illinois to reduce heart disease, cancer and diabetes. Local coalitions consisting of community organizations, local health departments, school districts, municipalities, chambers of commerce, hospitals and health providers will receive funding to increase the availability of healthy foods, promote physically active lifestyles, reduce exposure to second-hand smoke and implement other health-focused programs. These coalitions will cover 60 Illinois counties and will impact an estimated three million people. (7.d)

GOAL #8: CONVERT EXCESS NURSING FACILITY CAPACITY

OBJECTIVES:	Proposed Action Date			PROGRESS		
	2011	2012	2013	Not Started	In Process	Completed or Deferred
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				C

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

- The Illinois Department of Public Health is exploring whether a capital grants program for long term care facilities could be established for nursing home conversions to reduce Medicaid-certified nursing home beds pursuant to the provisions in the Older Adult Services Act. As currently conceived, the program would be administered jointly by IDPH Offices of Healthcare Regulation & Policy, Planning & Statistics. Key features under consideration include a competitive application process, consideration of the Area Agencies on Aging in the applicable local area, and all components required by the Act. Some factors to be assessed when determining a grant award would include the unique needs of older adults, caregivers, and providers in the geographic area of the State the grantee seeks to serve; whether the grantee proposes to provide services in a priority service area; the extent to which the conversion or transition will result in the reduction of certified nursing home beds in an area with excess beds; any other relevant factors identified by IDPH, including standards of need. At this juncture, the availability of capital funds remains uncertain. IDPH is continuing to develop concepts appropriate to include in rulemaking that would direct the nursing home conversion program consistent with the intent and requirements of the Act. (5.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 or Deferred
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.

- IDoA 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 (DHS) 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. There have been monthly meetings which DHS has convened and the progress toward implementation of this critical project continues. (9.a, 9.b, 9.d)
- The Division of Rehabilitation Services has been working collaboratively with IDoA to computerize the pre-screening of individuals with disabilities by Case Coordination Units. Effective November 1, 2011, the pre-screens for clients in the Home Services Program are now processed electronically in real-time, increasing program efficiency and providing for a faster payment process for the CCUs. There have been only a few minor issues and the electronic payment of these pre-screenings seems to have been implemented with little problem from the perspective of DHS. (9.b)

Impediments to Progress

- There remains an ongoing economic climate of limited revenues and severe budget cut backs. Due to the State's ongoing revenue shortfall, funding for the Community Care Program has not kept pace with caseload growth and service demands in recent years. Providers will continue to experience payment delays in FY 2013. The Illinois Department on Aging (IDoA) has been tasked with implementing cost containment measures pursuant to the Medicaid reform mandate.
- There remains a need for access to, and availability of, affordable and accessible housing. The Division of Mental Health in the Department of Human Services 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 program has been funding, both for initial start up and determining funding for this pilot versus funding community-based services.

Recommendations

- The goals and objectives outlined in this plan were established in 2010 prior to the passage of the SMART ACT, the emergence of managed care initiatives for long term services and supports, as well as the settlement of several Olmstead lawsuits. As such, it is important to analyze and update the goals and objectives established by OASAC to ensure that they are aligned with these major reforms that will impact all human service agencies in terms of service delivery to seniors and persons with disabilities, program operations, and budget. It is recommended that an OASAC workgroup be formed to study these issues and provide the Departments on Aging, Healthcare and Family Services, and Human Services with recommendations to align the goals and objectives to reflect these major reforms.
- With the implementation of managed care it is recommended that the State establish robust quality assurance and monitoring processes to ensure the safety and well being of our citizens receiving their long term services and supports through managed care. It is also critical that we monitor the outcomes for our Seniors and Persons with Disabilities (SPD) who are enrolled in managed care for their long term services and supports.
- The legislature is requested to fully fund existing services under the Community Care Program and that annual appropriations match our liability. 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.
- The Division of Rehabilitation Services should create special case management services for the Home Services Program eligible individuals who are dually diagnosed as both physically and mentally disabled and should use webinar technology to provide regular training for CCUs on HSP at almost no cost.
- The involved State Agencies, long term care providers and advocates need to finalize the remaining rule changes to fully implement PA 96-1372 which resulted from the Governor's Nursing Home Safety Task Force. Significant progress has been made but there are still a few important areas included in PA 96-1372 that need to be finalized and adopted. Implementation of these final pieces should help improve care and quality of life for residents of Illinois's long term care facilities.
- 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.
- 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 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.

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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 mean the Departments on Aging, 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)

Older Adult Services Advisory Committee

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** OASAC Executive Committee Member

Older Adult Services Advisory Committee

Meeting Dates for 2012

Meetings were held in 2012 on the following dates in Chicago and Springfield locations by video conference.

February 27

May 7

August 20

November 5

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





2013 Report to the General Assembly

**State of Illinois
Department on Aging**

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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/