



State of Illinois  
Illinois Department on Aging

# OLDER ADULT SERVICES ACT (P. A. 093-1031)

2019, 2020, 2021 & 2022 REPORTS  
TO THE GENERAL ASSEMBLY

NOVEMBER 2023





## **AN EXECUTIVE SUMMARY FROM DIRECTOR PAULA A. BASTA, M.DIV.**

To the Honorable Members of the Illinois General Assembly:

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 (IDoA) to notify the General Assembly of its progress toward compliance with the Act implemented on January 1, 2006, and every January thereafter.

The report summarizes the work completed during calendar years 2019, 2020, 2021 and 2022 towards fulfillment of the goals and objectives established by the Older Adults Services Advisory Committee (OASAC), as well as impediments to such progress, and makes recommendations including legislative action if appropriate. For much of the reporting period, the Department along with the Aging Network was focused on addressing the unprecedented COVID-19 pandemic with maintaining older adults in the community, providing a 50% increase in home delivered meals, assisting with COVID-19 vaccinations, and providing older adults with social connectivity through virtual means.

IDoA is immensely grateful to the leadership of Governor Pritzker and his Administration, the collaboration with our sister agencies, and acknowledges the members of OASAC as well as the many visitors and frequent guests who participate in meetings, subcommittees, workgroups and contribute to the process of rebalancing 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 and supports in the community so that they and their families can find the right home and community-based services and supports at the right time, place, and price to continue to live safely in their own homes and neighborhoods.

IDoA also wants to acknowledge and thank the Department of Healthcare and Family Services, Department of Human Services, Department of Public Health, the Illinois Housing Development Authority and the Department of Veterans Affairs for their ongoing collaboration and contribution to OASAC. 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 rebalancing as required in the Act.

A list of OASAC meeting times, members, subcommittee members, workgroup members, meeting agendas, minutes, handouts, and materials that were presented and approved at each OASAC meeting are posted to the IDoA website at <https://ilaging.illinois.gov/>. Members are additionally listed within each of the 2019, 2020, 2021 and 2022 reports as they vary over these time periods.

Please do not hesitate to contact me if you have any questions regarding these reports.

Sincerely,

A handwritten signature in black ink that reads "Paula A. Basta". The signature is written in a cursive, flowing style.

Paula A. Basta, M.Div., Director  
Illinois Department on Aging

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## **Older Adults Services Advisory Committee: 2019**

### **Meeting Dates:**

Full: February 25 // May 20 // August 19 // November 18

Executive: January 7 // April 15 // July 15 // October 21

Medicaid Enrollment Oversight Subcommittee: Feb. 26 // June 4 // Sept. 9 // Dec. 10

Workforce Stabilization Workgroup: Jan. 25 // Feb. 15 // March 28 // Oct. 17 // Nov. 7 // Dec. 12

### **Meeting Highlights**

#### **Implementation of federal HCBS Waiver regulations – Integrated Settings**

As required by the federal Home and Community Based Services (HCBS) Waiver regulations, Adult Day Service (ADS) sites must comply with the federal definition of integrated settings. The Department submitted its findings to federal Centers for Medicare and Medicaid Services (CMS) on the five Adult Day Services (ADS) sites that did not comply with the federal definition of integrated settings due to their location. Additionally, the regulations required that waiver participants have one person-centered, integrated plan of care. The Department worked on an integrated care plan with an ADS workgroup and developed a new standardized person-centered ADS Addendum template to be used across all ADS sites.

#### **IDoA Website- Provider Profile**

Department IT staff implemented the Provider Profile which was an earlier waiver commitment and tied to providing older adults with informed choice of community-based services and supports. The new section of the IDoA website provides participants, family members, caregivers, and others interested in aging services user-friendly access to information on Care Coordination Units (CCUs), Area Agencies on Aging (AAAs) and provider services and supports.

#### **Critical Event Reporting System**

The Department provided a series of quality webinars related to medication and fall risk, since falls are very prevalent when reviewing the data generated by the Critical Event Reporting system. The first quality webinar focused “Medications and Fall Risk in Older Adults” and was presented by OASAC-member Mike Koronkowski. A quality webinar was offered each month to provide the Aging Network with the tools to address risk mitigation strategies to prevent future critical events. During the last OASAC meeting the Department shared a presentation that identified where falls are occurring. Out of 10,000 falls, 92% were occurring at home. Participants experiencing falls were EHRs and in-home care recipients (65% of fall reports).

#### **Compliance with federal Person-Centered Planning (PCP) requirements**

In response to the federal CMS waiver requirements on Person Centered Planning (PCP), the Department amended its rules, policies and provided training to the Aging Network on the revised PCP policies, the four new updated brochures and forms that include the PCP language and the new participant bill of rights.

## **Changes to Mandatory Medicaid Policy**

Based on feedback from the OASAC Medicaid Enrollment Sub-committee, IDoA made several changes to its Mandatory Medicaid policy to increase the number of CCP participants who enroll in Medicaid. The CCP Mandatory Medicaid policy was updated to require all older adults with a disability, aged 60-64 AABD participants to apply for Medicaid. In addition, participants already enrolled in CCP that had been grandfathered into the program without being required to apply for Medicaid are now required to apply for Medicaid. Additionally, IDoA provided a rate increase to CCUs for the assessment process which includes assisting older adults with the Medicaid enrollment.

## **Age Options' Innovations in Nutrition Programs & Services (ACL Grant):**

Age Options presented on the Nutrition Innovations Closed Loop Referral System. The Administration on Community Living (ACL) awarded five grantees for innovative projects that will enhance the quality, effectiveness and outcomes of nutrition services programs provided by the national aging services network. AgeOptions was one of the five grantees awarded a 2-year grant in 2018. AgeOptions grant goals included implementation of a "Closed Loop Referral System" between healthcare providers and nutrition programs, decrease the prevalence of food security, and increase the likelihood that older adults experiencing food insecurity and/or nutrition risk receive and act on referrals to community resources among other goals. Some of their objectives to meet these goals included increasing referrals and increasing access and utilization of nutrition programs. The partnering health care providers included Rush University, Oak Park Hospital and Oak Street Health.

## **OASAC Workforce Stabilization Workgroup Homecare Aide survey**

The workgroup disseminated surveys to the CCUs and home care agencies with the help of the Service Employees International Union (SEIU) research group and the Illinois Association of Community Care Program Homecare Providers (IACCPHP). As a result, the workgroup created two reports on workforce stabilization. The home care aide (HCA) survey included the following findings: 1) recruiting and retaining quality home care providers has been becoming more challenging putting seniors at risk of inadequate care that could result in institutionalization or premature nursing facility placement that could otherwise be avoided; 2) previously there was no specific data on CCP homecare aide turnover; 3) HCA's enjoy their jobs but leave to find better compensation and a more stable work schedule; and 4) agencies encounter funding strains that limit their ability to make HCA jobs attractive and there is an increasing demand for in-home care workers.

Results were analyzed and summarized by the SEIU Healthcare's research department. Out of 108 agencies, a total of 41 — serving 75.6% (74,084) of all CCP participants and employing 40,019 HCAs responded to the survey. These 41 agencies represented all 13 Planning and Service Areas (PSAs). Some of the top line findings included an average annual HCA turnover rate of 35%, and average annual amount spent on recruiting, hiring, pre-service training and related cost per hired worker is \$2,155. Out of the 40,019 HCAs 35.2% were employed less than 1 year and 64.4% were employed less than 3 years. A total of 17.5%- 41.9% of the HCAs employed were Family HCAs. Some of the recommendations from the workgroup were to continue advocating for higher reimbursement rates; identify ways to examine the impact of wages on turnover rates; and to identify additional ways to minimize HCA turnover rates. Another recommendation was to administer the survey every 1-3 years and to consider also surveying agencies about HCA supervisors and HCAs regarding recruiting and retention incentives and their effectiveness.

## **OASAC CCP Medicaid Enrollment Oversight Subcommittee (P.A. 100-0587)**

Public Act 100-0587 required the IDoA to establish a Community Care Program (CCP) Medicaid Oversight Subcommittee.

Collaboration with the Department on Healthcare and Family Services on how best to achieve the responsibilities of the Community Care Program Medicaid Initiative.

Collaboration with the Department of Human Services on the adoption of a uniform application submission process.

The Department on Aging must provide the following data sets to the Subcommittee:

1. The number of Illinois residents, categorized by Planning and Service Area (PSA), who are receiving services under CCP and are enrolled in the Medicaid.
2. The number of Illinois residents, categorized by PSA, who are receiving services under CCP, but are not enrolled in Medicaid.
3. The number of Illinois residents, categorized by PSA, who are receiving services under CCP, and are eligible for benefits under Medicaid, but are not enrolled in Medicaid.

In addition, the Department provided the Subcommittee with plans on how the Department would reduce the number of Illinois residents who are not enrolled in Medicaid but are eligible for Medicaid.

The OASAC CCP Medicaid Enrollment Oversight Subcommittee made recommendations on how best to increase the number of medical assistance recipients who are enrolled in the Community Care Program. The Subcommittee is required to meet quarterly through 2023.

<b>Enrollment Report - December 10, 2019 - (Data as of November 15, 2019)</b>					
<b>PSA</b>	<b>Waiver Services provided by an MCO (all Medicaid)</b>	<b>Community Care Program (CCP)</b>			<b>Total CCP and MCO Participants</b>
		<b>Medicaid</b>	<b>Non-Medicaid</b>	<b>Total CCP Participants</b>	
01	1,311	1,585	1,673	3,258	4,569
02	5,173	4,833	3,337	8,170	13,343
03	805	934	902	1,836	2,641
04	842	767	659	1,426	2,268
05	1,514	1,697	1,328	3,025	4,539
06	263	365	140	505	768
07	1,001	1,217	967	2,184	3,185
08	1,504	1,474	1,257	2,731	4,235
09	412	517	383	900	1,312
10	307	415	290	705	1,012
11	1,008	1,111	782	1,893	2,901
12	18,510	14,836	14,150	28,986	47,496
13	8,089	8,399	6,755	15,154	23,243
<b>Total</b>	<b>40,739</b>	<b>38,150</b>	<b>32,623</b>	<b>70,773</b>	<b>111,512</b>

Source: Authorized participants listed in IDoA Billing System compared to daily eligibility file from HFS.

## **Managed Care for the Long-Term Care Population**

Public Act 96-1501 (“Medicaid Reform”) required that 50% of Illinois Medicaid clients be enrolled in some type of care coordination program. Care Coordination manages the care needs of an individual by providing the client a medical home with a primary care physician, referrals to specialists, diagnostic and treatment services, behavioral health services, inpatient and outpatient hospital services, dental services, and when appropriate, rehabilitation and long-term care services. The benefits of care coordination include better health for the member and improved quality of life for the member at a reduced cost. In 2018, Illinois transitioned its managed care programs into a more streamlined, statewide integrated care coordination program with the implementation of HealthChoice Illinois.

As of January 1, 2023, almost 80% of Illinois Medicaid beneficiaries were enrolled in comprehensive, risk-based managed care programs with an MCO. For more enrollment information by county, MCO and managed care program by month, visit the Department of Healthcare and Family Services’ (HFS) Facts & Figures page and the Care Coordination page on its website. Additional information on the Managed Care Programs is provided below.

### **HealthChoice Illinois (HCI)**

In FY 2023, HFS held contracts with a total of five (four statewide, plus one Cook County only) qualified, experienced, and financially sound Managed Care plans to serve the HCI population, including:

- Families and children;
- Adults eligible for Medicaid under the Affordable Care Act;
- Seniors and adults with disabilities who are not eligible for Medicare;
- Dual Medicare-Medicaid eligible adults receiving certain Long Term Services and Supports, referred to as the MLTSS population;
- Special needs children, which includes Former Youth in Care and Youth in Care.

HCI covers a comprehensive set of benefits for all enrolled customers except the MLTSS population. MLTSS customers receive some long-term services and supports, along with some mental health and transportation services, from their HCI health plan. All other services for MLTSS customers are covered by Medicare and Medicaid fee for service.

### **Medicare/Medicaid Alignment Initiative (MMAI)**

The Medicare/Medicaid Alignment Initiative is an on-going three-way partnership between HFS, the federal Centers for Medicare and Medicaid Services (CMS), and health plans. MMAI reformed the way care is delivered to customers who are eligible for both Medicare and Medicaid services (dually eligible) by providing coordinated care and became a statewide program on July 1, 2021. In FY2023, a total of five (5) MCOs contracted to provide services under MMAI.

MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports. Customers can opt out of MMAI at any time, as well as re-enroll at any time; however, customers that receive services in a nursing facility or under one of the Home and Community Based Services (HCBS) Waivers and request to opt out of MMAI are required to participate in the HCI program under MLTSS. More information can be found on the MMAI section of the HFS website.



## Enrollment Totals by Managed Care Program

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
December 1, 2019	56,015	2,126,104

## Legislation

### **Senate Joint Resolution (SJR) 13**

Created the Elder Abuse Task Force (Sen. Crowe/Rep. Stuart) The Elder Abuse Task Force was created to investigate the effectiveness of current elder protective services and laws, examine barriers to prosecution and strategies to increase public awareness of elder abuse and reporting, study training resources and best practices in other states and identify a long-range plan to combat elder abuse. House Floor Amendment #1: Changed the time period for members to be appointed to the task force from 30 to 60 days. Changed the date that the final report is due from January 1, 2020 to January 1, 2021. The resolution was effective immediately, upon House approval on June 3, 2019.

### **House Bill 3065 – Adult Protective Services**

Amended the Adult Protective Services Act (Rep. Bryant/ Sen. Rezin). In a provision concerning face-to-face assessments conducted by a provider agency designated to receive reports of alleged or suspected abuse, neglect, financial exploitation, or self-neglect under the Act, provided that the assessments shall (rather than may) include interviews or consultations regarding the allegations with service agencies, immediate family members, and individuals (rather than with service agencies or individuals) who may have knowledge of the eligible adult's circumstances based on the consent of the eligible adult in all instances, except where the provider agency is acting in the best interest of an eligible adult who is unable to seek assistance for himself or herself and where there are allegations against a caregiver who has assumed responsibilities in exchange for compensation. Effective Date: The bill became law January 1, 2020.

### **House Bill 3343 - SNAP restaurant meals program (Rep. Harper/Sen. Aquino). Signed by the Governor July 19, 2019 – Public Act 101-0110**

Required DHS to establish a Restaurant Meals Program to permit individuals who are elderly, persons with a disability, and homeless individuals to redeem their Supplemental Nutrition Assistance Program benefits at private establishments that contract with the Department to offer meals for eligible SNAP recipients at concessional prices. Required the Restaurant Meals Program to be operational no later than January 1, 2020. Requires the Department to adopt rules. Effective immediately.

## **2019 Membership (\*\*denotes on Executive Committee)**

**Sherry Barter Hamlin** (Nursing home or assisted living Establishments), **William Bell** (Nursing home or assisted living establishments), **Paul H. Bennett**, MSW, PhD\*\* (Citizen member over the age of 60), **Amy S. Brown\*\*** (Nutrition), **Meghan Carter** (Legal), **Theresa Collins** (Community Care Program Homemaker), **Thomas Cornwell**, M.D. (MD specializing in gerontology), **Cindy Cunningham** (Adult Day Services), **Kelly Fischer** (Hospice care), **Topaz Gunderson-Schweska** (Primary care service provider), **Lori Hendren** (Statewide organizations engaging in advocacy or legal representation on behalf of the senior population), **Linda Hubbardt\*\*** (Municipality, Township, County Representative), **Susan L. Hughes**, Ph.D. (Gerontology Health Policy Analyst), **Mike Koronkowski**, PharmD\*\* (Pharmacist), **John Larson** (Nursing home or assisted living establishments), **Dave Lowitzki** (trade or union member), **Sharon Manning** (Family Caregiver), **Phyllis B. Mitzen\*\*** (Citizen member over the age of 60), **David S. Olsen** (Alzheimer Disease and Related Disorders), **Sandra Pastore** (Statewide Senior Center Associations), **Sara Ratcliffe**, CMP (Home Health Agency Representative), **Susan Real\*\*** (Illinois Area Agencies on Aging), **Jaqueline Rodriguez** (Trade or union member), **Walter Rosenberg**, MSW, MHSM, LCSW (Health care facilities licensed under the Hospital Licensing Act), **Gustavo Saberbein\*\*** (Family Caregiver), **Teva Shirley\*\*** (Case management), **Jason Speaks** (Nursing homes/SLFs Representative), **Cathy Weightman-Moore\*\*** (Illinois Long-Term Care Ombudsmen), **Ancy Zacharia** (Advanced practice nurse with experience in Gerontological nursing)

### **State Members (Ex-officio and nonvoting)**

Paula A. Basta, Director\*\* IDoA (Chair), Kelly Cunningham\*\* HFS (Vice-chair), Debra D. Bryars\*\* IDPH (Vice-chair), Lyle VanDeventer \*\* DHS, Megan Spitz\*\* IHDA, Kelly Richards LTCOP, Gwen Diehl IDVA, Christopher B. Meister, IFA

### **Medicaid Enrollment Oversight Subcommittee Members**

Lora McCurdy, IDoA Deputy Director (Chair); Representative Terri Bryant; Representative Anna Moeller; Senator Iris Martinez; Senator Dave Syverson; Darby Anderson, Addus; Kelly Cunningham (Vice Chair), HFS; Marla Fronczak, AgeGuide; Lori Hendren, AARP; Anne Irving, AFSCME; Marsha Johnson, CCSI Inc.; David Olsen, Alzheimer's Association Illinois Chapter; Dave Lowitzki, SEIU IL/IA; Gabriela Maroney, DHS.

### **Workforce Stabilization Workgroup Members**

Jane Angelis, Paul Bennett, Theresa Collins, Terri Harkin, Beth Menz, Phyllis Mitzen, Sandy Pastore, Jaqueline Rodriguez, Gustavo Saberbein, Teva Shirley, Louise Starmann, Latisha Thomas, Cecilia Tobias.

## **Older Adults Services Advisory Committee: 2020**

### **Meeting Dates:**

Full: February 24 // June 16 (joint meeting with ICoA) // August 20 // November 11

Executive: January 13 // April 13 // July 13 // October 19

Medicaid Enrollment Oversight Subcommittee: March 10 // June 9 // September 8

Workforce Stabilization Workgroup: January 23 // March 5 // March 26 // November 17

### **Priorities**

- Priority #1: **Workforce Stabilization** – Continued the work of the Workforce Stabilization workgroup with the Aging Network and make recommendations to IDoA.
- Priority #2: **OASAC CCP Medicaid Enrollment Oversight Enrollment Subcommittee** – Continued to receive updates on the work of this Subcommittee and offer feedback to IDoA.
- Priority #3: **Managed Care** – Continued engagement with HFS on learning how Managed Care impacts rebalancing; received expansion updates, and information on the impact of Managed Care in Nursing Facility deflections and admissions.
- Priority #4: **Information Technology** – Received updates on the development of IDoA’s Aging Cares IT reporting system.
- Priority #5: **Additional Waiver Services** – Worked with IDoA on researching potential new Waiver services; including review of Money Follows the Person transition expenses, Emergency Senior Services, other state Waivers (e.g., one-time costs, environmental modifications and assistive technology).
- Priority #6: **ACL Illinois Care Connection Grant** – Received ongoing grant updates on CCU and AAA outreach and referral activities for assisting seniors with obtaining tablets with technical assistance to address social isolation.
- Priority #7: **Re-opening Workgroups** – Received updates on the IDoA’s seven re-opening workgroups addressing re-opening and return to face to face activities.
- Priority #8: **Federal Level Changes** – Received information on federal CARE Act funds distribution as it relates to serving seniors, and any related federal funding that may transpire; and where any funds are disseminated to the Aging Network.
- Priority #9: **Colbert & Williams Consent Decrees** – Received updates on Implementation Plan activities; including deflections and reintegration efforts.
- Priority #10: **Healthy Aging/Prevention** – Continued to identify and research best practices; and worked with IDoA to disseminate educational materials and quality webinar training to the Aging Network.
- Priority #11: **Data-driven Program Development** – Receive updates on IDoA’s ongoing efforts to utilize data to drive programmatic decisions and improve outcomes.
- Priority #12: **Dementia-Friendly Communities** – Learned more about and worked with the Aging Network on the expansion of this model in the State.
- Priority #13: **Continue to learn about Members Organizations** – Invited Members to present on their organization’s mission and initiatives during OASAC meetings.

## **2020 Meeting Highlights**

### **IDoA COVID-19 Response**

IDoA collaborated with its sister agencies, federal partners, our advisory councils, including OASAC, and the Aging Network to ensure that older adults continued to have access to community-based services and supports during the unprecedented COVID-19 pandemic.

- There were 119 CCP providers with 298 contracts that provided a total of more than 45 million hours of service to an average of 54,700 older adults a month.
- IDoA secured more than one million pieces of Personal Protective Equipment (PPE) through collaboration with the Illinois Emergency Management Services (IEMA) for the safety of providers and participants, as well as providing PPE offset payments of \$34 million for service provision to continue.
- Emergency Senior Services (ESS) was implemented as a gap filling service to meet the immediate needs of older adults and cover expenses such as the delivery of groceries, PPE, and vaccine outreach including transportation to and from vaccination appointments.
- Adult Day Services (ADS) were closed due to the pandemic but offered remote services such as meal preparation, wellness checks and medication monitoring.
- Illinois Cares Connections - IDoA received funding from the federal Administration on Community Living (ACL) to provide older adults and persons with disabilities access to communication devices and hot spots to address social isolation which was even more pronounced during the COVID-19 pandemic. Illinois Care Connections' partner, the Illinois Assistive Technology Program (IATP), provided nearly 4,000 bundles of technology and equipment to homebound older adults and persons with disabilities.
- Home Delivered Meal (HDM) program doubled in participants from approximately 43,000 in FFY 2019 to 89,000 participants in FFY 2020 to meet older adults' nutritional needs, and closure of congregate dining sites.

### **Federal American Rescue Plan (ARP) Enhanced FMAP**

IDoA collaborated closely with HFS to submit a proposal to federal CMS under the American Rescue Plan (ARP) which allowed states to obtain a 10% enhanced federal Medicaid match on services provided to Medicaid recipients, including HCBS Waiver services. The enhanced FMAP amount for IDoA, \$98M, assisted with stabilization of the aging work force through rate increases and the expansion of services under our Persons Who Are Elderly Medicaid Waiver. The plan to expand CCP services include assistive technology, environmental modifications, EHRS fall detection, GPS and ADS community outing/community integration. IDoA will receive \$7.2M for fall detection in the 1st year, \$3M for environmental modifications, \$2M for offset payments. Another priority for the enhanced FMAP funding was workforce stabilization. CCUs received a (one-time bonus payment) up to \$175,000 per CCU that was used toward retention and recruitment of Care Coordinators. IDoA also distributed \$48M from the Administration for Community Living to the AAA's. These funds focused on addressing social isolation, caregiver support, on-going provision of increased HDMs and Congregate (grab and go) Meals, Preventative Health, Ombudsman and Elder Justice, and COVID-19 vaccination outreach assistance.

### **IDoA Re-opening Workgroups**

IDoA formed and convened seven workgroups with the numerous Aging provider network to work re-opening physical sites, e.g., Adult Day Services (ADS), Senior Centers as well as providing Face-to-Face visits in participants homes. IDoA coordinated closely with IDPH on the policy development and review for re-opening of the physical sites as it coincided with the unwinding of the public health emergency.

## **Census Outreach**

AAA's received funding for Census Outreach, including printed materials and one-one senior outreach. Seniors received a post card regarding the census and reported a preference to complete the census online. The outreach (including knocking on doors) began in May and ran through July 31st.

## **Dementia Friendly Communities**

IDoA staff presented on the Illinois Dementia Friendly Communities. This initiative was established in 2017 to build capacity and support in communities in the State. Currently there are Dementia Friendly Communities initiatives in PSA's 02, 05, 07, 08, 09, and 11. \$1M in funding was provided to the AAAs to support funding for evidence-based programs.

## **OASAC Workforce Stabilization Work Group**

The work group reviewed the preliminary data from the survey that was sent to CCUs regarding the availability of programs to help bring more workers into the workforce. About 50% of the CCUs that responded to the survey do have internships available. Of those CCUs that reported not currently having a program, all responded they were interested in offering one. The workforce stabilization workgroup had agreed to look at recruitment (for Care Coordinators and Homecare Aides), internships, education (colleges and high school curriculum). The workgroup also set up a meeting with the Department of Commerce and Economic Opportunity (DCEO) and Work Net to discuss how the network can obtain more workers. IDoA staff is also working with the Gerontology Education Committee and ISBE to determine pathways for Gerontology Education through the school system at the high school level.

## **OASAC CCP Medicaid Enrollment Oversight Subcommittee (P.A. 100-0587)**

Public Act 100-0587 required the IDoA to establish a Community Care Program (CCP) Medicaid Oversight Subcommittee.

In 2020, IDoA continued to provide the following data sets to the Subcommittee: 1) The number of Illinois residents, categorized by Planning and Service Area (PSA), who are receiving services under CCP and are enrolled in the Medicaid; 2) the number of Illinois residents, categorized by PSA, who are receiving services under CCP, but are not enrolled in Medicaid; and 3) the number of Illinois residents, categorized by PSA, who are receiving services under CCP, and are eligible for benefits under Medicaid, but are not enrolled in Medicaid.

In addition, IDoA implemented plans on how the Department would reduce the number of Illinois residents who are not enrolled in Medicaid but are eligible for Medicaid.

The OASAC CCP Medicaid Enrollment Oversight Subcommittee made recommendations on how best to increase the number of medical assistance recipients who are enrolled in the Community Care Program. The Subcommittee is required to meet quarterly through 2023.

<b>Enrollment Report - September 8, 2020 - (Data as of August 25, 2020)</b>					
<b>PSA</b>	<b>Waiver Services provided by an MCO (all Medicaid)</b>	<b>Community Care Program (CCP)</b>			<b>Total CCP and MCO Participants</b>
		<b>Medicaid</b>	<b>Non-Medicaid</b>	<b>Total CCP Participants</b>	
01	1,374	1,771	1,555	3,326	4,700
02	5,689	5,233	2,875	8,108	13,797
03	861	991	890	1,881	2,742
04	994	866	788	1,654	2,648
05	1,739	1,811	1,425	3,236	4,975
06	297	389	134	523	820
07	1,086	1,247	1,059	2,306	3,392
08	1,662	1,480	1,611	3,091	4,753
09	450	564	345	909	1,359
10	329	426	255	681	1,010
11	1,087	1,189	827	2,016	3,103
12	19,636	15,561	11,644	27,205	46,841
13	9,013	8,821	6,628	15,449	24,462
<b>Total</b>	<b>44,217</b>	<b>40,349</b>	<b>30,036</b>	<b>70,385</b>	<b>114,602</b>

Data Source: Authorized participants listed in IDoA Billing System compared to daily eligibility file from HFS.

## Enrollment Trend

<b>CCP + MCO Medicaid Percentage by PSA (September 8, 2020)</b>								
<b>PSA</b>	<b>Sep-18</b>	<b>Feb-19</b>	<b>May-19</b>	<b>Aug-19</b>	<b>Nov-19</b>	<b>Feb-20</b>	<b>May-20</b>	<b>Aug-20</b>
01	56%	56%	57%	62%	63%	62%	65.4%	66.9%
02	72%	70%	71%	74%	75%	73%	76.4%	79.2%
03	57%	57%	58%	64%	66%	64%	65.8%	67.5%
04	65%	65%	64%	69%	71%	70%	74.0%	70.2%
05	63%	64%	65%	69%	71%	69%	70.9%	71.4%
06	72%	75%	74%	77%	82%	80%	81.2%	83.7%
07	65%	65%	65%	69%	70%	68%	69.0%	68.8%
08	64%	64%	65%	70%	70%	69%	68.0%	66.1%
09	65%	67%	67%	71%	71%	69%	71.7%	74.6%
10	64%	65%	66%	70%	71%	71%	72.8%	74.8%
11	66%	67%	68%	71%	73%	72%	73.2%	73.3%
12	63%	63%	64%	68%	70%	70%	72.6%	75.1%
13	67%	65%	66%	69%	71%	69%	70.3%	72.9%
<b>Total</b>	<b>64.9%</b>	<b>64.3%</b>	<b>65.1%</b>	<b>69.0%</b>	<b>70.7%</b>	<b>69.9%</b>	<b>71.9%</b>	<b>73.8%</b>

\*Based on Authorized participants

## **Managed Care for the Long-Term Care Population**

Public Act 96-1501 (“Medicaid Reform”) required that 50% of Illinois Medicaid clients be enrolled in some type of care coordination program. Care Coordination manages the care needs of an individual by providing the client a medical home with a primary care physician, referrals to specialists, diagnostic and treatment services, behavioral health services, inpatient and outpatient hospital services, dental services, and when appropriate, rehabilitation and long-term care services. The benefits of care coordination include better health for the member and a better quality of life for the member at a reduced cost. In 2018, Illinois transitioned its managed care programs into a more streamlined, statewide integrated care coordination program with the implementation of HealthChoice Illinois.

As of January 1, 2023, almost 80% of Illinois Medicaid beneficiaries were enrolled in comprehensive, risk-based managed care programs with an MCO. For more enrollment information by county, MCO and managed care program by month, visit the Department of Healthcare and Family Services’ (HFS) Facts & Figures page and the Care Coordination page on its website. Additional information on the Managed Care Programs is provided below.

### **HealthChoice Illinois (HCI)**

In FY 2023, HFS held contracts with a total of five (four statewide, plus one Cook County only) qualified, experienced, and financially sound Managed Care plans to serve the HCI population, including:

- Families and children;
- Adults eligible for Medicaid under the Affordable Care Act;
- Seniors and adults with disabilities who are not eligible for Medicare;
- Dual Medicare-Medicaid eligible adults receiving certain Long Term Services and Supports, referred to as the MLTSS population;
- Special needs children, which includes Former Youth in Care and Youth in Care.

HCI covers a comprehensive set of benefits for all enrolled customers except the MLTSS population. MLTSS customers receive some long term services and supports, along with some mental health and transportation services, from their HCI health plan. All other services for MLTSS customers are covered by Medicare and Medicaid fee for service.

### **Medicare/Medicaid Alignment Initiative (MMAI)**

The Medicare/Medicaid Alignment Initiative is an on-going three-way partnership between HFS, the federal Centers for Medicare and Medicaid Services (CMS), and health plans. MMAI reformed the way care is delivered to customers who are eligible for both Medicare and Medicaid services (dually eligible) by providing coordinated care and became a statewide program on July 1, 2021. In FY2023, a total of five (5) MCOs contracted to provide services under MMAI.

MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports. Customers can opt out of MMAI at any time, as well as re-enroll at any time; however, customers that receive services in a nursing facility or under one of the Home and Community Based Services (HCBS) Waivers and request to opt out of MMAI are required to participate in the HCI program under MLTSS. More information can be found on the MMAI section of the HFS website.

### **Enrollment Totals by Managed Care Program**

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
December 1, 2020	62,779	2,566,612

## **2020 Legislation**

IDoA had two legislative initiatives: HB5272 and HB 4962. Due to an abbreviated session, none of the agency initiatives were able to move forward.

House Bill 5272/Senate Bill 3890 required IDoA to work with workforce development providers through the federal Workforce Innovation and Opportunity Act to establish and implement an affirmative action employment plan for the recruitment, hiring, training, and retraining of persons 60 or more years old for jobs for which their employment would not be precluded by law.

House Bill 4962/Senate Bill 3604 provided that any person may report information about the suspicious death of an eligible adult to an agency designated to receive such reports under the Act to IDoA. It also provided that if a mandated reporter has reason to believe that the death of an eligible adult may be the result of abuse or neglect, the matter shall be reported to an agency designated to receive such reports under the Act or to the Department for subsequent referral to the appropriate law enforcement agency and the coroner or medical examiner.

### **2020 Membership** (*\*\*denotes on Executive Committee*)

**Sherry Barter Hamlin** (Nursing home or assisted living Establishments), **Paul H. Bennett**, MSW, PhD\*\* (Citizen member over the age of 60), **Amy S. Brown**\*\* (Nutrition), **Meghan Carter** (Legal), **Theresa Collins** (Community Care Program Homemaker), **Thomas Cornwell**, M.D. (MD specializing in gerontology), **Cindy Cunningham** (Adult Day Services), **Kelly Fischer** (Hospice care), **Topaz Gunderson-Schweska** (Primary care service provider), **Lori Hendren** (Statewide organizations engaging in advocacy or legal representation on behalf of the senior population), **Linda Hubbardt**\*\* (Municipality, Township, County Representative), **Susan L. Hughes**, Ph.D. (Gerontology Health Policy Analyst), **Mike Koronkowski**, PharmD\*\* (Pharmacist), **John Larson** (Nursing home or assisted living establishments), **Dave Lowitzki** (trade or union member), **Sharon Manning** (Family Caregiver), **Phyllis B. Mitzen**\*\* (Citizen member over the age of 60), **David S. Olsen** (Alzheimer Disease and Related Disorders), **Sandra Pastore** (Statewide Senior Center Associations), **Sara Ratcliffe**, CMP (Home Health Agency Representative), **Susan Real**\*\* (Illinois Area Agencies on Aging), **Jaqueline Rodriguez** (Trade or union member), **Walter Rosenberg**, MSW, MHSM, LCSW (Health care facilities licensed under the Hospital Licensing Act), **Gustavo Saberbein**\*\* (Family Caregiver), **Teva Shirley**\*\* (Case management), **Jason Speaks** (Nursing homes/SLFs Representative), **Cathy Weightman-Moore**\*\* (Illinois Long-Term Care Ombudsmen), **Ancy Zacharia** (Advanced practice nurse with experience in Gerontological nursing)

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Paula A. Basta, Director\*\* IDoA (Chair), Kelly Cunningham\*\* HFS (Vice-chair), Debra D. Bryars\*\* IDPH (Vice-chair), Lyle VanDeventer \*\* DHS, Megan Spitz\*\* IHDA, Kelly Richards LTCOP, Gwen Diehl IDVA, Christopher B. Meister IFA, Daniel Levad IDPR.

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Lora McCurdy, IDoA Deputy Director (Chair); Representative Terri Bryant; Representative Anna Moeller; Senator Iris Martinez; Senator Dave Syverson; Darby Anderson, Addus; Kelly Cunningham (Vice Chair), HFS; Marla Fronczak, AgeGuide; Lori Hendren, AARP; Anne Irving, AFSCME; Marsha Johnson, CCSI Inc.; David Olsen, Alzheimer's Association Illinois Chapter; Dave Lowitzki, SEIU IL/IA; Gabriela Maroney, DHS.

### **Workforce Stabilization Workgroup Members**

Jane Angelis, Paul Bennett, Theresa Collins, Beth Menz, Phyllis Mitzen, Sandy Pastore, Jaqueline Rodriguez, Gustavo Saberbein, Latisha Thomas.



## **Older Adults Services Advisory Committee: 2021**

### **Meeting Dates:**

Full: February 21 // May 17 // August 23 // November 15

Executive: January 11 // April 12 // July 12 // October 18

Medicaid Enrollment Oversight Subcommittee: January 26 // June 8 // September 7 // December 14

### **Priority Areas**

- Priority #1: **Workforce Stabilization** – Continue the work of the Workforce Stabilization workgroup with the Aging Network and make recommendations to IDoA.
- Priority #2: **OASAC CCU Medicaid Enrollment Oversight Enrollment Subcommittee** – Continue to receive updates on the work of this Subcommittee and offer feedback to IDoA.
- Priority #3: **Managed Care** – Continue engagement with HFS on learning how Managed Care impacts rebalancing; receive expansion updates, and information on the impact of Managed Care in nursing facility deflections and admissions.
- Priority #4: **Information Technology** – Receive updates on the development of IDoA’s Aging Cares IT reporting system.
- Priority #5: **Additional Waiver Services** – Work with IDoA on researching potential new Waiver services; including review of Money Follows the Person transition expenses, Emergency Senior Services, other state Waivers (e.g., one-time costs, environmental modifications and assistive technology).
- Priority #6: **ACL Illinois Care Connection Grant** – Receive ongoing grant updates on CCU and AAA outreach and referral activities for assisting seniors with obtaining tablets with technical assistance to address Social Isolation.
- Priority #7: **Re-opening Workgroups** – Receive updates on the IDoA’s seven re-opening workgroups addressing reopening and return to face to face activities.
- Priority #8: **Federal Level Changes** – Receive information on federal CARE Act funds distribution as it relates to serving seniors, and any related federal funding that may transpire; and where any funds are disseminated to the Aging Network.
- Priority #9: **Colbert & Williams Consent Decrees** – Receive updates on Implementation Plan activities; including deflections and reintegration efforts.
- Priority #10: **Healthy Aging/Prevention** – Continue to identify and research best practices; and work with IDoA to disseminate educational materials and quality webinar training to the Aging Network.
- Priority #11: **Data-driven Program Development** – Receive updates on IDoA’s ongoing efforts to utilize data to drive programmatic decisions and improve outcomes.
- Priority #12: **Dementia-Friendly Communities** – Learn more about and work with the Aging Network on the expansion of this model in the State.
- Priority #13: **Continue to learn about Members Organizations** – Invite Members to present on their organization’s mission and initiatives during OASAC meetings.

## **2021 Meeting Highlights**

### **Diversity, Equity & Inclusion (DEI)**

Under the leadership of the Pritzker Administration, state agencies established plans to prioritize a focus on Diversity, Equity, and Inclusion (DEI). IDoA developed an internal DEI Plan that included four goals to address implementation of the plan. The four goals included: ensure programs administered and monitored by the Department on Aging reflect the values of racial equity, cultural competency, and diversity; increase staff diversity in the Springfield office; develop a work culture that promotes racial equity and diversity; and creating an internal IDoA Equity Advisory Council.

### **HFS Managed Care Quality Strategy**

HFS staff including Kelly Cunningham, Medicaid Administrator, Robert Mendonsa, Deputy Administrator, and Dawn Wells, Bureau Chief Quality, reviewed the Managed Care Quality Strategy roadmap which identified the 5 Pillars/focus areas; Maternal and Child Health, Adult Behavioral Health, Child Behavioral Health, Equity, and Community-based Services and Supports. HFS committed to making equity the foundation of everything they do in trying to improve quality. Robert Mendonsa explained that social determinants of health influence 50% of a community's health outcomes. He also shared that for the MCOs there are both pay for performance and pay for reporting measures. Cunningham added related that with the Healthcare transformation and the quality strategy, they had a small amount of funding available for Medicaid providers to set up new pilot programs. She shared that the application for this program was for multiple years. It had a focus on social determinants and improving outcomes for the Medicaid population and a basis for evidence-based program practices and there are opportunities for collaboration.

### **COVID-19 Vaccination Outreach & Reopening Activities**

IDoA provided AAAs with \$1.2 M to assist with vaccination outreach. The AAAs outreached to vulnerable populations who needed assistance with scheduling vaccination appointments and/or assistance with transportation to the appointment. IDoA worked with its ADS providers on the development of re-opening plans with a focus on safety of the participants and staff. IDoA staff participated on the IDPH Health Equity Team which is made up of other agencies and community partners, including institutions and community-based organizations. The senior workgroup met monthly and was led by Dr. Arnold. IDPH reported that slightly over 12.5 million of population in the state of which approximately 10.4 million received at least one dose of the vaccine and about 38% of the state was fully vaccinated. A total of 70% of seniors have been vaccinated at this point and the death rates due to COVID-19 have been reduced, which shows that the vaccine is working. Seniors were the highest population that have been fully vaccinated to date. The workgroup also looked at seniors that have not been vaccinated and tried to find out what barriers exist that prevented them from getting vaccinated. Other strategies reviewed included incentivizing seniors, mobile efforts, getting the message to those that are not convinced and communicating with health care providers. The first mobile effort equity roll out occurred in February and March when vaccines were scarce. The senior workgroup worked with AAAs in Southern Illinois on the vaccine roll out at Senior Care Centers.

### **Illinois Care Connections**

IDoA collaborated with the DHS Division on Rehabilitation Services and Division of Developmental Disabilities to provide tablets to adults experiencing social isolation and loneliness during COVID-19. As of February 6th, over 1,641 deliveries were made; including 660 Aging participants. Post surveys were completed to help understand the impact of the devices. The UCLA Loneliness Survey was issued post service. This initiative was spearheaded by the Illinois Assistive Technology Program (IATP) for IDoA.

## **Public Health Emergency & Elderly Waiver Appendix K**

IDoA is coordinated with HFS Waiver staff on the Appendix K flexibilities and the planning for the end of the Public Health Emergency (PHE). The PHE was extended through the 2021 calendar year. The Appendix K expiration date is now 6 months after the PHE ends.

### **DHS Waivers**

Division of Rehabilitation Services Waiver Manager, Lyle VanDeventer, provided an update on seniors and the three DRS waivers. He shared that they serve about 30,000-32,000 a year in HSP. Of that number, currently customers age 60 and over are about 11,000. The median age is in the mid 50's now, which is a significant increase from 15 to 20 years ago. He shared that people tend to stay in the Home Services Program after they turn 60 but are still given the option to be referred to Aging's program. Sixty-three percent of HSP's population is between the ages of 18 to 59, with 37% aged 60 and above. The other two waiver programs, the Traumatic Brain Injury waiver and the HIV AIDS waiver programs can take applications from people aged 60 and over. The general home services program serves about 9,000, the HIV/AIDS waiver about 300, and the Brain Injury waiver serves about 800-850.

### **Persons Who Are Elderly Waiver Renewal**

IDoA staff have been collaborating with HFS on the timely submission of the renewal of the Persons Who Are Elderly Waiver. One of the changes included in the renewal submission is the requirement that CCUs conduct a 6-month face to face visit with older adults to monitor the person-centered plan of care.

### **OASAC CCP Medicaid Enrollment Oversight Subcommittee (P.A. 100-0587)**

Public Act 100-0587 required the IDoA to establish a Community Care Program (CCP) Medicaid Oversight Subcommittee.

In 2020, IDoA continued to provide the following data sets to the Subcommittee: 1) The number of Illinois residents, categorized by Planning and Service Area (PSA), who are receiving services under CCP and are enrolled in the Medicaid; 2) the number of Illinois residents, categorized by PSA, who are receiving services under CCP, but are not enrolled in Medicaid; and 3) the number of Illinois residents, categorized by PSA, who are receiving services under CCP, and are eligible for benefits under Medicaid, but are not enrolled in Medicaid.

In addition, IDoA implemented plans on how the Department would reduce the number of Illinois residents who are not enrolled in Medicaid but are eligible for Medicaid.

The OASAC CCP Medicaid Enrollment Oversight Subcommittee made recommendations on how best to increase the number of medical assistance recipients who are enrolled in the Community Care Program. The Subcommittee is required to meet quarterly through 2023.

<b>Enrollment Report</b> (December 14, 2021 - Data as of November 19, 2021)					
PSA	Waiver Services provided by an MCO (all Medicaid)	Community Care Program (CCP)			Total CCP and MCO Participants
		Medicaid	Non-Medicaid	Total CCP Participants	
01	1,682	1,888	1,394	3,282	4,964
02	6,806	5,776	3,168	8,944	15,750
03	1,016	1,052	795	1,847	2,863
04	1,099	868	948	1,816	2,915
05	2,002	2,045	1,431	3,476	5,478
06	334	387	99	486	820
07	1,378	1,363	1,184	2,547	3,925
08	1,831	1,575	2,104	3,679	5,510
09	541	576	316	892	1,433
10	403	429	206	635	1,038
11	1,358	1,190	849	2,039	3,397
12	21,538	16,467	13,442	29,909	51,447
13	10,508	9,848	7,218	17,066	27,574
<b>Total</b>	<b>50,496</b>	<b>43,464</b>	<b>33,154</b>	<b>76,618</b>	<b>127,114</b>

### Enrollment Trend (December 14, 2021 - Data as of November 19, 2021)

CCP + MCO Medicaid Percentage by PSA								
PSA	Nov-19	Feb-20	May-20	Aug-20	Jan-21	May-21	Aug-21	Nov-21
01	63%	62%	65%	67%	69%	70%	71%	71%
02	75%	73%	76%	79%	80%	81%	80%	80%
03	66%	64%	66%	68%	69%	70%	71%	71%
04	71%	70%	74%	70%	68%	67%	67%	67%
05	71%	69%	71%	71%	73%	74%	74%	74%
06	82%	80%	81%	84%	84%	85%	87%	87%
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## **Managed Care for the Long-Term Care Population**

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**Enrollment Totals by Managed Care Program**

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
December 1, 2021	93,424	2,750,636

**2021 Legislation****House Bill 32**

House Bill 32 provides that each recipient of home-delivered meals shall receive an annual fact sheet developed by the Department on Aging with a current list of toll-free numbers to access information on various health conditions, elder abuse and programs and resources available to persons 60 years of age and older. The fact sheets should be printed in a language that the client understands, and each recipient of home-delivered meals shall receive updates on any new program for which persons 60 years of age and older may be eligible. Effective Date: Immediately

**House Bill 158**

As the health care pillar of the Illinois Legislative Black Caucus' legislative agenda, House Bill 158 creates various Acts to address health disparities and systemic racism within our health care system. The legislation also creates the Health and Human Services Task Force and Study Act to review health and human service departments and programs and adds a dental association member to the MCO Oversight Commission, in addition to various initiatives.

Under this legislation, the Department on Aging was also required to develop a dementia training course for Adult Protective Services workers. The Department on Aging engaged with the Alzheimer's Association to develop the dementia training program required by this legislation. The training has two parts, including a general overview of dementia and how to recognize the 10 warning signs of cognitive decline. Effective date: Immediately

**Senate Bill 701**

Senate Bill 701 expands Adult Protective Services to include reports of abandonment. In addition, the legislation requires the Department on Aging to offer an annual training program on the impact of trauma on caseworkers and other APS workers, and to implement a demonstration project to allow for the use of a risk assessment tool in identifying older adults who may be victims of various forms of abuse. Further, the measure provides for a penalty enhancement for crimes of theft by deception. Effective Date: January 1, 2022

**Senate Bill 1977**

Senate Bill 1977 requires the Department of Healthcare and Family Services to apply for all available federal funding to promote community inclusion and integration for older adults and those with disabilities so that they have the option to transition out of institutions and receive long-term care services and supports in the settings of their choice. Effective Date: Immediately

## Senate Bill 2290

In addition to allowing the Department of Commerce and Economic Opportunity to establish the Illinois Innovation Voucher Program for businesses, Senate Bill 2290 also creates the Broadband Adoption Program Act and the Broadband Adoption Fund to increase internet access and support digital skills training for Illinois residents. Under this legislation, the Department of Human Services is tasked with managing the fund and determining qualifications for broadband providers. Eligible individuals include those who are receiving benefits under SNAP, TANF or Medicaid, or if someone in their household is receiving these benefits. Effective Date: Immediately

### **Membership** (**\*\*denotes on Executive Committee**)

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### **Meeting Dates:**

Full: February 14 // May 16 // August 22 // November 22

Executive: January 10 // April 11 // August 11 // October 17

Medicaid Enrollment Oversight Subcommittee: February 8 // April 19 // September 6 // December 6

### **2022 OASAC Priorities**

- **Workforce Stabilization** – Revive the work of the Workforce Stabilization workgroup. Report on State Interdepartmental workgroup activities.
- **OASAC CCU Medicaid Enrollment Oversight Enrollment Subcommittee** – Continue to receive updates on the work of this Subcommittee and offer feedback to IDoA.
- **Managed Care** – Continue engagement with HFS on learning how Managed Care impacts rebalancing; receive expansion updates, and information on the impact of Managed Care in Nursing Facility deflections and admissions.
- **Additional Elderly Waiver Services** – Continue to report on FMAP Incentive priority areas and roll out timeframes.
- **Healthy Aging/Prevention & Addressing Social Isolation** – Continue to identify and research best practices and work with IDoA to disseminate educational materials and quality webinar training to the Aging Network. Receive ongoing ACL IL Care Connections grant updates and CCU and AAA outreach and referral activities for assisting seniors with obtaining tablets with technical assistance to address Social Isolation.
- **Working Remote and Hybrid** – Continue to receive updates on addressing re-opening and return to face to face activities.
- **Federal Level Changes Impacting Rebalancing** – Continue to identify and track new and existing federal initiatives.
- **Colbert & Williams Consent Decrees** – Continue to receive updates on Implementation Plan activities, including deflections and reintegration efforts.
- **Data-driven Program Development & Information Technology** – Continue to receive updates on IDoA's ongoing efforts to utilize data to drive programmatic decisions and improve outcomes. Continue to receive updates on IDoA Aging Cares IT reporting system development.
- **Dementia-Friendly Communities** – Continue to learn more about and work with the Aging Network on the expansion of this model in the State and addressing the State Plan objectives.
- **Continue to learn about OASAC Members Organizations** – Continue to invite Members to present on their organization's mission and initiatives during OASAC meetings.

### **COVID-19 – Unwinding of Guidance**

IDoA and the Aging Network promoted public awareness around the importance of getting vaccinated. IDoA provided updates on all things related to COVID-19 every Friday via Constant Contact and weekly newsletter updates. The indoor mask mandate statewide ended on February 28th. IDoA received data back about the vaccination and booster uptake from the targeted zip codes being referenced across registries.



## **American Rescue Plan Act (ARPA) Funding Update**

IDoA distributed federal ARPA funding to the AAAs. This funding was used for respite, information and assistance, congregate meals, home delivered meals, and caregiver supports. A number of AAAs included expanding TCARE. AAAs expanded nutrition services across the state, and reduced waitlists. The AAAs secured additional transportation to get meals out and offering more choices of meals including ethnic meals and medically tailored meals. High-risk seniors received an additional meal, either a shelf stable meal or frozen meals.

Susan Real, Executive Director for the East Central AAA/PSA 05 presented on the statewide perspective on ARPA funding for the Illinois Association of Area Agencies on Aging (I4A) for FY22-FY24. The AAA's served 564,425 adults over age 60 and over during FY21; that is 20% of the senior population in FY21. They assisted older adults, their caregivers, grandparents/relatives raising grandchildren/children, people with disabilities and veterans. AAAs launched an initiative to reduce social isolation among older adults and have engaged older adults in vaccination education and outreach. Several challenges during COVID-19 were shared that include age as a risk factor, social isolation, caregiving challenges, suspension of in-person trainings, and vaccination hesitancy. IDoA allocated a total of \$50,854.934 for Title III, \$363.998 for Title VII Ombudsman, and \$ 1,829.138 for ARPA VAC-5 Expanding Access to COVID-19 vaccines in FY22 from the ARPA funds. The Title III services include Community-Based Services, Congregate Meals, Home-Delivered Meals, Evidence-Based /Healthy Aging Programs, Family Caregiver Support Programs, and the Illinois Long Term Care Ombudsman Program. The ARPA VAC-5 Expanding Access to COVID-19 vaccines funding was used conduct outreach to promote COVID-19 vaccines and boosters, educate to reduce vaccine hesitancy, assist older adults in scheduling vaccine/booster appointments, to provide transportation, and collaborate with health professionals to help homebound older adults obtain vaccines and boosters. Executive Director Real shared that the congregate nutrition program services were an immediate response to COVID-19, they worked with the local Public Health Departments to open sites to invest, improve and enhance nutrition. Participants were provided with two diet options, they contracted with hospitals and restaurants in offering medically tailored and cultural/ethnic meals. Ethnic food trucks have been purchased to help provide different kinds of meals. There was an 80% increase in home-delivered meals and these numbers continue to grow.

## **Housing Update**

The Illinois Housing Development Authority (IHDA) shared that they had allocated most of their emergency funding. They have had two rounds of Illinois rental payment programs, the second round closed at the end of the calendar year and applications were processed and funds being dispersed. The Illinois Homeowner Assistance Fund that came from ARPA provided \$387M to provide emergency assistance to Illinois homeowners and they anticipate this program will open in Spring 2022. They will also be receiving a special allocation of home funds, which are dispersed by HUD called the home investment partnership program. This round of home funds is unique, transitional housing in non-congregate shelters has been added.

## **Preadmission Screening and Annual Resident Review (PASRR) Redesign**

Gabriela Maroney, HFS, provided an update on the redesign of Illinois' implementation of the federally required Preadmission Screening Annual Resident Review (PASRR) processes. PASRR was implemented in the 1980's by federal CMS to ensure that individuals are not inappropriately placed into nursing facilities. There have been compliance and best practice issues for some time because these processes require that all applicants to Medicaid certified Nursing Facilities, regardless of whether they are Medicaid eligible, be given a preliminary screening to determine if they might have a PASRR condition. There are two different types of tests or conditions, Severe Mental Illness (SMI) and Intellectual Disability or related conditions referred to as DD. This determination is a Level 1 screen. If a Level 1 is completed and it indicates a suspicion of SMI or DD, a more thorough Level 2 is completed. The results determine if the settings are appropriate for the individual

and identifies services and supports for the plan of care at the NF as needed. IDoA's contracted CCUs are responsible for the Choices for Care consultation process and determining the official Determination of Need while a new contracted vendor with HFS, Maximus, is responsible for conducting the Level 2 screen. For the time being the DD Level 2 remains the responsibility of the DDD and their Independent Service Coordinators. The Assessment Pro is an online technology tool set used to support a lot of communication and documentation related to the new PASRR process.

### **Program of All-Inclusive Care for the Elderly (PACE) Update**

Lisa Gregory, HFS noted that SB 2294 / Public Act 102-0043 required HFS to pursue the implementation of PACE. PACE provides comprehensive medical and social services to certain frail community-dwelling elderly individuals. The comprehensive service package enables older adults to remain in the community rather than receive care in a nursing facility. PACE participants are 55 years of age or older, live in the service area of a PACE organization, are certified by the State to be eligible for nursing home care, must be able to live safely in the community, and be dually eligible for Medicare and Medicaid. Gregory noted that they have asked CMS to approve that a PACE participant be enrolled in the same region of service where their provider is located. Gregory also shared that HFS worked closely with IDoA to use CCUs as the point of entry for all PACE participants because all these participants must have a Determination of Need level of care determination. The PACE model includes an interdisciplinary team of health professionals. They are required to have minimally one PACE facility where all the PACE participants would go to receive their healthcare and socialization. Reimbursement for the program is through a Medicare and Medicaid per month capitated rate. There are a total of eight PACE organizations in five Regions that are set to begin in June 2024.

### **Health Benefit coverage for Immigrants Aged 42-64 Update**

Tracy Keen, the aging division administrator for the HFS Division of Eligibility, provided an update on the HFS healthcare program for immigrants. The age group was expanded to serve individuals at age 42 and ends at age 64 for those who are eligible at the 138% of the poverty level. The age group 65 years and over are eligible at 100% of the federal poverty level. Recognizing that during the PHE resources are disregarded, they are covering 13,628 individuals in the 42-54 age group, in the 55-64 age group a total of 9,868 are covered, and 14,363 aged 65 and over. Additional information on how people can apply, who is eligible, and what the requirements are on the HFS website. HFS shared that the best way to apply is online. Individuals that may already be receiving a benefit can apply through their "manage my case account." There is also a customer call center and flyers in different languages online that have been great resource. A popular question asked is if the individual applying need to supply information on immigration status. Applicants need to know their status to place them in the correct program.

### **Illinois Diverse Aging Population Report**

IDoA collaborated with former Director Dr. John Holton and the Jane Adams School of Social Work on an evaluation of the IDoA's outreach efforts to aging minority populations with a focus on equity. Dr. Holton and his team addressed two concerns: 1) to expand and ensure equitable access to programs that address social determinants of health with a focus on identifying and understanding the needs of underserved and diverse populations and; 2) to help develop a program to identify the special needs and problems of minority senior citizens and evaluate the adequacy and accessibility of existing programs and information for minority older adults. Dr. Holton shared that they used the Everyday Discriminatory Survey, in which people are asked a set of questions to attempt to capture that same sense of what might occur as an everyday discriminatory behavior, including the frequency. Questions like "Are you treated with less respect than others." They asked individuals if they were familiar or unfamiliar with IDoA programs. In-home services had the highest level of familiarity; Alzheimer's and Dementia, Long-Term Care, I&A and Nutrition all tied with a 50% familiarity. Adult Day Services had a 43% of familiarity and 38% were unfamiliar. The top

unfamiliar IDoA programs included HomeCare Ombudsman, Senior Community Service Program, Benefits Access, Legal Assistance, Automated Medication Dispensing, Senior Companion, CCP, and Veterans Services. Overall, the percentage of people saying I am familiar with the program was no different than the percentage of people saying they were unfamiliar. They were also asked if they were comfortable contacting a provider of Aging services and the response was that 26% said yes and 68% said neither comfortable nor uncomfortable. This suggests that work needs to be done to help older adults of color feel comfort in discussing Aging topics.

### **Long Live Illinois Campaign**

IDoA launched the Long Live Illinois Campaign in coordination with Kivvit, a public affairs marketing firm. The campaign was the Department's COVID-19 messaging on vaccinations, boosters, and outreach campaign. Kivvit compiled numerous resources that were utilized on social media and are located on the IDoA website. IDoA asked its partners and the Aging Network to help continue to message the importance of getting boosters and COVID-19 vaccinations for older adults. There were newsletters that were emailed and used as talking points during calls to older adults. These newsletters were available in English and Spanish. In addition, there were radio and digital ads available in multiple languages.

### **Workforce Recruitment/Retention**

IDoA reconvened and expanded the Workforce Stabilization Workgroup that was originally under OASAC. The Workgroup now includes CCPAC members as well as our state partners like DCEO, HFS, IDPH, and IDES.

### **CCP Enhanced FMAP Incentive Feedback/Discussion on New Services**

IDoA received feedback from advisory groups and stakeholders on how the FMAP incentive funds will be used for new services. Some of the new services that are being looked at are assistive technology, home modifications/minor repairs and a fall detection option, which is an added technology and a GPS allowance to the current EHRS service. IDoA learned from Illinois Care Connections, Emergency Senior Services, and the Flexible Senior Services demonstration program that assistive technology is effective service and should be covered as a Waiver service along with home modifications/minor repairs. The addition of GPS functionality will allow our participants to leave their home and still have access to EHRS and the enhancement of EHRS with the addition of fall detection will also enable more older adults to age in place.

### **UIC College of Pharmacy Presentation**

Mike Koronkowski shared that the UIC College of Pharmacy's has a five-point mission that includes education, research, innovation, leadership, and collaboration. Koronkowski noted that the HRSA Geriatric Workforce Enhancement Program and Engage IL developed age friendly systems and disseminated trainings and informational materials for both professionals and older adults. Among other programs are the Chicago Commons wellness and safety Primary Care outputs and deliverables, develop Dementia-Friendly programming and impactful training for age friendly communities, collaborating with the City and the Chicago Department of Housing Authority, and Consent Decrees dementia friendly prisons. They learned from success stories from other states and have developed guides for Caregivers, dementia expert guides to help caregivers' day to day. They also have the GWEP online curriculum for providers and caregivers, that includes 32 online modules for continuing education. The Senior Center Wellness Program, now that the senior centers are beginning to open, are offering the 4 M's screen program (what Matters; Medication; Mentation; Mobility) that screens over 200 seniors a month. CMS expanded funding for virtual check-ins and primary care doctors are learning that increased touch points are very meaningful. They have developed a scholar & leaders' program in their professional Geriatrics and have trained over 80 students.

## **Relaunch of MFP**

IDoA staff shared that Illinois was one of the five states awarded Money Follows the Person (MFP) funds. The funding is up to \$5 M and the state will have 18 months to design and flesh out the program. HFS submitted the application to federal CMS and will serve as the lead agency for the program. IDoA will hire a rebalancing position to support the MFP efforts.

## **Older Adult Programming at Rush**

Walter Rosenberg provided an overview of the work being done with older adults at Rush Hospital under the Department of Social and Community Health; he shared that when he started 14 years ago it was called Older Adult Programs. The Rush Center for Excellence in Aging's (CEA) has an ambitious vision for the Center to be is that Rush an unparalleled destination for older adults and family health and well-being. Their 5 core areas include research, older adult and family care, education, community health equity and health policy. Some of the CEA projects include Age Friendly Health Systems (IHI), CATCH-ON Geriatric Workforce Enhancement Program (HRSA), E4 Center of Excellence for Behavioral Disparities in Aging (SAMHSA), Caring for Caregivers and Schaalman Senior Voices. The Age-Friendly Health System Dashboard follows the 4M's; what matters, mobility, medication, and mentation and mind. Rosenberg shared that the challenge for them has been to try to figure out how do they track all these things and operationalize them. Some of the data points were shared and they include wellness visits and nursing home readmissions. The Caring for Caregivers is supported by The John A. Hartford Foundation, and they have been testing intervention with sites nationally. They have been coaching on how to become Age-Friendly communities and how to take care of caregivers a little better. The CATCH-ON collaboration action team is training for community health and the older adult network. There are many free online modules available.

## **OASAC CCP Medicaid Enrollment Oversight Subcommittee (P.A. 100-0587)**

Public Act 100-0587 required the IDoA to establish a Community Care Program (CCP) Medicaid Oversight Subcommittee.

In 2020, IDoA continued to provide the following data sets to the Subcommittee: 1) The number of Illinois residents, categorized by Planning and Service Area (PSA), who are receiving services under CCP and are enrolled in the Medicaid; 2) the number of Illinois residents, categorized by PSA, who are receiving services under CCP, but are not enrolled in Medicaid; and 3) the number of Illinois residents, categorized by PSA, who are receiving services under CCP, and are eligible for benefits under Medicaid, but are not enrolled in Medicaid.

In addition, IDoA implemented plans on how the Department would reduce the number of Illinois residents who are not enrolled in Medicaid but are eligible for Medicaid.

The OASAC CCP Medicaid Enrollment Oversight Subcommittee made recommendations on how best to increase the number of medical assistance recipients who are enrolled in the Community Care Program. The Subcommittee is required to meet quarterly through 2023.

<b>Enrollment Report</b> (December 6, 2022 - Data as of November 22, 2022)					
PSA	Waiver Services provided by an MCO (all Medicaid)	Community Care Program (CCP)			Total CCP and MCO Participants
		Medicaid	Non-Medicaid	Total CCP Participants	
01	1,811	2,063	1,311	3,374	5,185
02	7,508	6,327	3,247	9,574	17,082
03	1,054	1,142	742	1,884	2,938
04	1,123	974	852	1,826	2,949
05	2,237	2,119	1,408	3,527	5,764
06	347	427	80	507	854
07	1,485	1,550	1,116	2,666	4,151
08	1,901	1,763	2,374	4,137	6,038
09	551	587	267	854	1,405
10	407	450	201	651	1,058
11	1,462	1,281	894	2,175	3,637
12	21,444	16,475	10,910	27,385	48,829
13	11,484	10,505	6,822	17,327	28,811
Total	52,814	45,663	30,224	75,887	128,701

\* IDoA processed 4,200 terminations for deceased participants on December 16, 2021. This caused the number of authorized participants to decrease.

#### Totals from 1 year ago\*

Total	50,496	43,464	33,154	76,618	127,114
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\*Data as of November 19, 2021, shared at the December 14, 2021 quarterly meeting.

#### Totals from 2 years ago\*

Total	46,903	40,270	30,579	70,849	117,752
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\*Data as of Nov 2, 2020 (December meeting cancelled)

#### Totals from 3 years ago\*

Total	40,739	38,150	32,623	70,773	111,512
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\*Data as of November 15, 2019, shared at the December 10, 2019 quarterly meeting.

#### Totals from 4 years ago\*

Total	30,733	39,251	37,924	77,175	107,908
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\*Data as of Sept 4, shared at the Sept 25, 2018 quarterly meeting.

Source: Authorized participants listed in IDoA Billing System compared to daily eligibility file from HFS.

**Enrollment Trend** (December 6, 2022 - Data as of November 22, 2022)

CCP + MCO Medicaid Percentage by PSA								
PSA	Jan-21	May-21	Aug-21	Nov-21	Jan-22	Apr-22	Aug-22	Dec-22
01	69%	70%	71%	71%	73%	74%	74%	75%
02	80%	81%	80%	80%	81%	81%	81%	81%
03	69%	70%	71%	71%	73%	74%	74%	75%
04	68%	67%	67%	67%	70%	71%	72%	71%
05	73%	74%	74%	74%	75%	74%	75%	76%
06	84%	85%	87%	87%	89%	90%	90%	91%
07	69%	70%	70%	70%	72%	72%	73%	73%
08	64%	63%	63%	63%	62%	62%	61%	61%
09	75%	76%	77%	77%	78%	80%	80%	81%
10	77%	79%	80%	80%	80%	81%	80%	81%
11	74%	76%	75%	75%	76%	75%	74%	75%
12	75%	75%	74%	74%	77%	77%	78%	78%
13	74%	75%	74%	74%	76%	76%	76%	76%
<b>Total</b>	<b>74.0%</b>	<b>74.5%</b>	<b>74.2%</b>	<b>74.2%</b>	<b>76.0%</b>	<b>76.3%</b>	<b>76.4%</b>	<b>76.5%</b>

\*Based on Authorized participants

### Managed Care for the Long-Term Care Population

Public Act 96-1501 ("Medicaid Reform") required that 50% of Illinois Medicaid clients be enrolled in some type of care coordination program. Care Coordination manages the care needs of an individual by providing the client a medical home with a primary care physician, referrals to specialists, diagnostic and treatment services, behavioral health services, inpatient and outpatient hospital services, dental services, and when appropriate, rehabilitation and long-term care services. The benefits of care coordination include better health for the member and a better quality of life for the member at a reduced cost. In 2018, Illinois transitioned its managed care programs into a more streamlined, statewide integrated care coordination program with the implementation of HealthChoice Illinois.

As of January 1, 2023, almost 80% of Illinois Medicaid beneficiaries were enrolled in comprehensive, risk-based managed care programs with an MCO. For more enrollment information by county, MCO and managed care program by month, visit the Department of Healthcare and Family Services' (HFS) Facts & Figures page and the Care Coordination page on its website. Additional information on the Managed Care Programs is provided below.

### HealthChoice Illinois (HCI)

In FY 2023, HFS held contracts with a total of five (four statewide, plus one Cook County only) qualified, experienced, and financially sound Managed Care plans to serve the HCI population, including:

- Families and children;
- Adults eligible for Medicaid under the Affordable Care Act;
- Seniors and adults with disabilities who are not eligible for Medicare;
- Dual Medicare-Medicaid eligible adults receiving certain Long Term Services and Supports, referred to as the MLTSS population;
- Special needs children, which includes Former Youth in Care and Youth in Care.

HCI covers a comprehensive set of benefits for all enrolled customers except the MLTSS population. MLTSS customers receive some long term services and supports, along with some mental health and transportation services, from their HCI health plan. All other services for MLTSS customers are covered by Medicare and Medicaid fee for service.

### **Medicare/Medicaid Alignment Initiative (MMAI)**

The Medicare/Medicaid Alignment Initiative is an on-going three-way partnership between HFS, the federal Centers for Medicare and Medicaid Services (CMS), and health plans. MMAI reformed the way care is delivered to customers who are eligible for both Medicare and Medicaid services (dually eligible) by providing coordinated care and became a statewide program on July 1, 2021, In FY2023, a total of five (5) MCOs contracted to provide services under MMAI

MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports. Customers can opt out of MMAI at any time, as well as re-enroll at any time; however, customers that receive services in a nursing facility or under one of the Home and Community Based Services (HCBS) Waivers and request to opt out of MMAI are required to participate in the HCI program under MLTSS. More information can be found on the MMAI section of the HFS website.

### **Enrollment Totals by Managed Care Program**

Managed Care Program Enrollment Date	MMAI Enrollment Total	HCI Enrollment Total
December 1, 2022	91,414	2,909,303

## **2022 Legislation**

House Bill 5304 lowers the fee of discounted vehicle registration for eligible seniors and adults with disabilities from \$24.00 to \$10.00.

House Bill 5186 is the Budgeting for Results Commissions' general mandates omnibus bill. Provisions in the measure include the repeal of an outdated bi-monthly reporting requirement on the Department's Community Care Program reforms as outlined in P.A. 98-0008.

Senate Bill 702 is an initiative from Sen. Simmons that creates the Senior Housing Residents' Advisory Council, which will be administered by the Department.

Senate Bill 3490 is an initiative of Equality Illinois, AARP, Pride Action Tank and other stakeholders and creates the Illinois Commission on LGBTQ Aging, establishes an LGBTQ Older Adult Advocate within the Department and implements a training and curriculum requirement for Department staff, as well as entities that contract with or receive funding from the Department. The Department supports this legislation.

Senate Bill 3707 is an initiative of the Alzheimer's Association to require Community Care Program providers to complete an annual two-hour training on dementia patients. The Department worked with the Alzheimer's Association on amendatory language.

## **2022 Membership** (***\*\*denotes on Executive Committee***)

**Sherry Barter Hamlin\*\*** (Nursing home or assisted living Establishments), **Paul H. Bennett, MSW, PhD\*\*** (Citizen member over the age of 60), **Amy S. Brown\*\*** (Nutrition), **Meghan Carter** (Legal), **Tracey Colagrassi, MS** (Statewide Senior Center Associations), **Theresa Collins** (Community Care Program Homemaker), **June McKoy, M.D.** (MD specializing in gerontology), **Cindy Cunningham** (Adult Day Services), **Kelly Fischer\*\*** (Hospice care), **Topaz Gunderson-Schweska \*\*** (Primary care service provider), **Lori Hendren** (Statewide organizations engaging in advocacy or legal representation on behalf of the senior population), **Linda Hubbart\*\*** (Municipality, Township, County Representative), **Susan L. Hughes, Ph.D.** (Gerontology Health Policy Analyst), **Mike Koronkowski, PharmD\*\*** (Pharmacist), **John Larson** (Nursing home or assisted living establishments), **Dave Lowitzki** (trade or union member), **Sharon Manning** (Family Caregiver), **Sara Jean Lindholm** (Citizen member over the age of 60), **Jae Mukoyama\*\*** (Nutrition), **David S. Olsen\*\*** (Alzheimer Disease and Related Disorders), **Kimberly (Palermo) Stoerger** (Nursing home or assisted living establishments), **Sandra Pastore** (Statewide Senior Center Associations), **Sara Ratcliffe, CMP** (Home Health Agency Representative), **Susan Real\*\*** (Illinois Area Agencies on Aging), **Jaqueline Rodriguez** (Trade or union member), **Walter Rosenberg, MSW, MHSM, LCSW** (Health care facilities licensed under the Hospital Licensing Act), **Gustavo Saberbein\*\*** (Family Caregiver), **Katherine Honeywell** (Case management), **Jason Speaks** (Nursing homes/SLFs Representative), **Suzanne Courtheoux** (Illinois Long-Term Care Ombudsmen), **Ancy Zacharia** (Advanced practice nurse with experience in Gerontological nursing)

### **State Members (Ex-officio and nonvoting)**

Paula A. Basta, Director\*\* IDoA (Chair), Kelly Cunningham\*\* HFS (Vice-chair), Debra D. Bryars\*\* IDPH (Vice-chair), Sheila Baker \*\* IDPH (Vice-chair), Lyle VanDeventer \*\* DHS, Megan Spitz\*\* IHDA, Evan Ponder, IHDA, Kelly Richards LTCOP, Gwen Diehl IDVA, Christopher B. Meister IFA.







**State of Illinois, Department on Aging**

One Natural Resources Way, #100

Springfield, Illinois 62702-1271

[ilaging.illinois.gov](http://ilaging.illinois.gov)

**Senior HelpLine** (8:30am – 5:00pm, Monday – Friday):

**1-800-252-8966; 711 (TRS)**

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If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging.

For information call the Senior HelpLine: 1-800-252-8966; 711 (TRS).