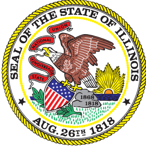

State of Illinois
Illinois Department on Aging

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

2017 & 2018 REPORT TO THE GENERAL ASSEMBLY

AUGUST 2020

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 on January 1, 2006, and every January thereafter.

The report summarizes the work completed during calendar years 2017 and 2018 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.

IDoA gratefully 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 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 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 participation 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.

OASAC met six times in 2017: February 3, February 27, May 3, May 22, August 21 and November 13. In 2018 OASAC met on February 26, May 21, August 20, and November 19. The Executive Committee met four times in 2017: January 9, April 17, July 17 and October 16; and in 2018 on January 8, April 16, July 16 and October 15. A list of OASAC 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://www2.illinois.gov/aging. Members are additionally listed beginning on page 33 of this report.

Please do not hesitate to contact me if you have any questions regarding this report.

Sincerely,

Paula A. Basta, M.Div., Director

2019 OASAC Report to the General Assembly

Table of Contents

Page
Executive Summary from the Director i
OASAC Priority Areas 2017 & 2018 3
Rebalancing Initiatives 4
Care Coordination & Managed Care Entities for the LTC Population 4
Care Coordination & Managed Care 5
Institutional Settings to Community Transitions 7
Money Follows the Person/Pathways to Community Living 7
Colbert Consent Decree 7
Expanding Deflection Activities 9
Choices for Care. 10
Behavioral Health Transformation 10
Home and Community Based Services & Persons who are Elderly Waiver 11
Waiver Services Rate Studies 11
Person-Centered Planning 11
Critical Event Reporting System 12
Adult Day Services. 12
Priority Areas (not addressed in other sections) 13
Housing Initiatives 16
Impediments to Progress 19
Successes. 19
Legislation 20
OASAC Membership & Workgroups 28

Priority Areas for 2017 & 2018

Members continued to engage in dialogue about priority areas identified through presentations at meetings and by reviewing and discussing program evaluations, research and reports on rebalancing activities from both a national and State perspective.

January 2017 – December 2017:

Priority #1: Expand Deflection Efforts – Consider expansion of The Bridge Program to increase hospital deflection from nursing facilities and reconvene Care Act/Bridge Workgroup.

Priority #2: Person-Centered Planning (PCP) – Update OASAC on the addition of the required PCP changes to CCP services and provide an opportunity for OASAC to provide feedback.

Priority #3: Managed Care – OASAC recommended an increased emphasis on the evaluation of MCO recipient's quality of life and other measures that are non-medical in nature and receive updates on Managed Care LTSS expansion.

Priority #4: Post MFP CRM Dashboard - State agencies to continue operating a centralized dashboard for web-based referrals for entities interested in having someone talk to them about moving from an institutional setting back to the community.

Priority #5: Federal Level Changes – OASAC to become more informed of changes that may directly impact the State's rebalancing efforts.

Priority #6: Health Promotion – identify studies and best practices that promote healthy aging.

Priority #7: Learn about each Members Organizations – invite OASAC Members to present on their organization's initiatives during OASAC meetings.

January 2018 – December 2018:

Priority #8: Workforce Stabilization – Create a workgroup to study the workforce stabilization within Aging network and make recommendations to IDoA.

Priority #9: Critical Event Reporting – Update OASAC on the IDoA Critical Event Reporting system and OASAC to provide recommendations.

Priority #10: Choices for Care Screenings – OASAC continue to monitor activities.

Priority #11: CCU Performance and Monitoring – OASAC continue to receive ongoing updates.

Priority #12: OASAC CCU Medicaid Enrollment Oversight Enrollment Subcommittee – OASAC to receive updates on the work of this Subcommittee and offer feedback.

Rebalancing Initiatives

Care Coordination & 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 2017, the Department of Healthcare and Family Services (HFS) had four care coordination programs for eligible Medicaid clients: The Integrated Care Program (ICP), the Medicare Medicaid Alignment Initiative (MMAI), the Family Health Plan Program (FHP), and the Medicaid Managed Long Term Services and Supports (MLTSS) Program. A description of Illinois' four (4) care coordination programs is provided below:

Integrated Care Program (ICP)

The *Integrated Care Program (ICP)* is a mandatory program for older adults and adults with disabilities (age 19 and over) who have full Medicaid benefits but are not enrolled in Medicare. ICP covers 30 counties in Illinois, including the entire Greater Chicago Region, Rockford Region, Central Illinois Region, Metro East Region and the Quad Cities Region. As of December 1, 2017, enrollment under ICP was 112,717.

Family Health Plan Program (FHP)

The *Family Health Plan (FHP) Program* is for children, their families, and Affordable Care Act Adults who have full Medicaid benefits and are not enrolled in Medicare. FHP is currently operating in 45 counties including the Greater Chicago Region, Rockford Region, Quad Cities Region, Central Illinois Region and Metro East Region (15 additional counties outside the mandatory Regions have one MCO operating FHP in that county. Participation is optional in those 15 counties for enrollees). December 1, 2017, current enrollment for FHP was 1,723,317.

Medicare/Medicaid Alignment Initiative (MMAI)

In 2013, Illinois and the federal Centers for Medicare and Medicaid Services (CMS) signed a Memorandum of Understanding that approved the *Medicare/Medicaid Alignment Initiative (MMAI)*. MMAI is an effort to reform the way care is delivered to clients' eligible for Medicare and Medicaid services (dual eligible) by providing coordinated care.

There are 7 MCOs providing services under MMAI. As of December 1, 2017, the enrollment under MMAI was 52,388.

MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports (LTSS). Enrollees can opt out of MMAI at any time, as well as re-enroll at any time; however, enrollees that receive LTSS in Greater Chicago and request to opt out of MMAI are required to participate in the MLTSS program.

Medicaid Managed Long Term Services and Supports (MLTSS) Program

The *Medicaid Managed Long Term Services and Supports (MLTSS) Program* is one of Illinois' mandatory managed care programs. This program is for seniors and persons with disabilities who have full Medicaid and Medicare benefits (dual eligibles) and opt-out of MMAI. This program only covers dual eligibles in the Greater Chicago Region that have opted out of the MMAI. This program provides a limited benefit package to its members. As of December 1, 2017, enrollment under the MLTSS program totaled 27,880.

Care Coordination Plan and Managed Care

Beginning January 1st, 2018, Illinois transitioned their managed care program into a more streamlined, accountable, and integrated program. The name of the new program was HealthChoice Illinois and the goal was to provide enhanced quality and improved outcomes, all while managing cost.

A Request for Proposal (RFP) was released in 2017, as Illinois sought out contracts with anywhere from 4 to 7 qualified, experienced, and financially sound managed care plans. The new program called for approximately 80 percent of Medicaid clients to receive services through managed care, up from the 65 percent that were enrolled in 2017. HealthChoice Illinois extended to every county in Illinois.

One of the changes contained in the new contract included uniform credentialing, which made it easier for providers to enroll. With this new change, providers only credential once through Medicaid's IMPACT system, rather than credential through all health plans individually. HFS also released more information to providers and members through a series of notices to help both groups transition into the new HealthChoice Illinois program.

HealthChoice Illinois is a mandatory program for most Medicaid recipients who have full Medicaid benefits. As of December 1, 2018, enrollment under HealthChoice Illinois was 2,168,091. In 2018, HFS held contracts with 7 MCOs to serve the HealthChoice Illinois population.

HealthChoice Illinois covers all 102 counties in Illinois. Enrollment, though, of potential HealthChoice Illinois enrollees who are dual eligible and or receiving Long Term Services and Supports has been delayed in expansion counties. HealthChoice Illinois enrollment for dual eligible receiving Long Term Services and Supports continues in Cook, DuPage, Kane, Kankakee, Lake, and Will counties.

The following 7 health plans participated in the HealthChoice Illinois program in 2018:

- Blue Cross Blue Shield of Illinois (Statewide)
- CountyCare (available only in Cook County)
- Harmony Health Plan (Statewide)
- IlliniCare Health Plan (Statewide)
- Meridian Health (Statewide)
- Molina Healthcare of Illinois (Statewide)
- NextLevel Health (available only in Cook County)

During the summer of 2018, it was announced that Harmony WellCare was purchasing Meridian Health Plan. The acquisition was completed on September 1st, 2018. In Illinois, Harmony WellCare made the decision to use the strengths of Meridian's network, care coordination system, and claims system and therefore, Harmony members will join Meridian and become Meridian members effective January 1, 2019.

In 2019, Illinois will have 6 participating health plans in HealthChoice Illinois, 4 of those plans being statewide.

Medicare/Medicaid Alignment Initiative (MMAI)

In 2013, Illinois and the federal Centers for Medicare and Medicaid Services (CMS) signed a Memorandum of Understanding that approved the Medicare/Medicaid Alignment Initiative (MMAI). MMAI is an effort to reform the way care is delivered to clients who are eligible for Medicare and Medicaid services (dual eligible) by providing coordinated care.

In December of 2018, MMAI was operational in the Greater Chicago Region and parts of the Central Illinois Region. There are 6 MCOs providing services under MMAI. As of December 1, 2018, the enrollment under MMAI was 52,552.

MCOs providing services under MMAI are responsible for covering all Medicare and Medicaid services, including Long Term Services and Supports. Enrollees can opt out of MMAI at any time, as well as re-enroll at any time; however, enrollees that receive Long Term Services and Supports and request to opt out of MMAI are required to participate in the HealthChoice Illinois program. The HealthChoice Illinois health plans cover a limited service package for Long Term Services and Supports. All other services will be covered by Medicare and Medicaid fee for service. The following six plans participate in the MMAI program in 2018:

- Aetna Health Plan (Greater Chicago Region)
- Blue Cross Blue Shield of Illinois MMAI (Greater Chicago Region)
- Humana Health Plan (Greater Chicago Region)
- IlliniCare Health Plan (Greater Chicago Region)
- Meridian Health (Greater Chicago Region)
- Molina Healthcare of Illinois (Central Illinois Region)

(OASAC Priority #3): OASAC recommended an increased emphasis on the evaluation of MCO recipient's quality of life and other measures that are non-medical in nature and receive updates on Managed Care LTSS expansion.

The Department reached out to HFS regarding the recommendations that Person-Centered Planning language be considered with managed care organizations and that customer satisfaction be included as a measure of success for MCOs providing community-based services in the State. HFS shared that they have SYF17 Annual Report HCBS Waivers Performance Measures Record Review of the Managed Care Plans. HFS shared that plans are required by contract to complete member experience surveys and use the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program. HFS also shared that the HFS' Report Card includes information on specific areas of performance rated by members. HFS was invited to provide an update on February 26, 2018 (see below).

Managed Care Reboot and Performance Metrics Presentation:
Sylvia Riperton-Lewis, Chief, HFS Division of Medical Programs, Bureau of Quality Management shared that HFS monitors CMS performance records for 5 HCBS Waiver programs, including Persons who are Elderly. CMS requires that each care/service plan include goals, identify needs and risks, and include a signature of the enrollee and/or representative. There are also specific contact requirements and specific service information (type, amount, and frequency) is required to be in the record. Enrollees must also be given the opportunity to participate in choosing the types of services and providers. Enrollees must also be informed how and to whom they should report abuse, neglect and exploitation.

Selected findings of the HCBS Waiver Performance Measures; overall performance demonstrated a statistically significant increase in SFY17. There were opportunities for improvement in the case manager making timely contact with enrollees or having valid justification in the record. Evidence-based Quality Measures are used to draw national comparisons and compare MCO health performance. A Healthcare Illinois Plan Report Card is available that shows how managed care plans compare to one another in key performance areas and ratings are included. Additional objectives include; aligning State and MCO LTSS to enhance quality and improve outcomes; increasing integration of Behavioral and Physical Health; streamlining current managed care programs; achieving greater managed care coverage across Illinois and managing costs without compromising quality or access.

Institutional Settings to Community Transitions

Money Follows the Person/Pathways to Community Living

Money Follows the Person (MFP) was launched Statewide in July of 2009. Following almost nine years of operation, IDoA and DHS were notified by HFS that the program would be sunsetting on 12/31/19. To ensure that all participants in the transition process will be properly assisted, a transitional timeline was provided. Referrals for MFP/Pathways at the HFS MFP website stopped effective 6/30/17. MFP/Pathways transition coordinators are continuing to follow their post-transition participants through their 365 days of post-transition MFP eligibility. Any Critical Incidents are still being staffed by UIC and the State agency leads. Any new referrals from NF residents, NF staff, family, friends, Ombudsmen, or others can continue to be made at https://mfp.hfs.illinois.gov. It is now known as a "Facility Transition Referral". It notes referrals for "Outside of Cook county" and "In Cook county". There is a different referral site to click on for the in Cook county (Colbert) referrals in that paragraph: https://webapps.illinois.gov/AGE/Colbert/Referrals. Currently, any referrals made outside of Cook county are either: (1) going directly to an MCO (if the individual is enrolled in one), or (2) being sent to a designated State agency lead to send to their respective providers for follow-up. For IDoA, referrals are sent to the CCU and they are asked to contact the individual within 10 days.

MFP 2017 Transition Totals (as of 4/4/2018)

Population	ACTUAL									
	2009	2010	2011	2012	2013	2014	2015	2016	2017	Total
Elderly	12	55	81	61	64	41	49	40	28	431
Physically Disabled (PD)	18	29	68	100	81	49	47	30	20	442
Serious Mental Illness (SM)	27	100	95	53	32	41	26	17	17	408
Intellectually Disabled (DD)	0	0	0	75	35	113	73	19	8	323
Colbert Class	N/A	N/A	N/A	N/A	105	375	452	301	310	1543
Totals	**57**	**184**	**244**	**289**	**317**	**619**	**647**	**407**	**383**	**3147**

Post MFP CRM Dashboard (OASAC Priority # 4): State agencies to continue operating a centralized dashboard for web-based referrals for entities interested in having someone talk to them about moving from an institutional setting back to the community.

State agencies continue to coordinate on capturing referrals, but the CRM Dashboard is currently not in use.

Colbert Consent Decree

The *Colbert v. Quinn* lawsuit alleged that individuals are being unnecessarily segregated and institutionalized in nursing facilities in Cook County in violation of the Americans with Disabilities Act (ADA) and Rehabilitation Act. Through the Colbert Consent Decree, the State of Illinois agreed to provide the necessary supports and services to enable a definitive number of consenting Class Members to live in the most integrated community settings appropriate to their needs. The State also agreed to gather data that would reflect the costs of maintaining Colbert

Class Members in community-based settings relative to the costs of maintaining those same individuals in nursing facilities. The results would be used to develop a Cost Neutral Plan to be used to guide the State in future community reintegration efforts.

Implementation started under the leadership of Illinois Healthcare and Family Services (HFS) in January 2013 and was transferred to the Illinois Department on Aging (IDoA) in January 2014.

The State has made notable accomplishments in the implementation of the Colbert Consent Decree. The State continues developing infrastructure to facilitate significant transition activity for those individuals that expressed interest from the Colbert Class of approximately 18,500 members. As of December 31, 2018, accomplishments include:

- 2,269 Colbert Class Members transitioned from Nursing Facilities to community-based settings.
- 18,786 Class Members outreached and educated regarding the Colbert Consent Decree.
- 12,825 Class Members evaluated for transition to a community-based setting.
- 6,096 (48%) Class Members recommended for transition.
- Eight social service agencies provide dedicated Outreach for Colbert Class Members.
    - Four of the eight agencies are Community Mental Health Centers and outreach to Colbert Class Members diagnosed with a serious mental illness.
- Seven organizations provide Evaluation and Care Coordination services for Colbert Class Members.
    - Five of the seven organizations are Community Mental Health Centers and address severe mental illness conditions.
- Twelve Social Service agencies provide housing locator services.
- Nine Community Mental Health Centers provide transition services for Class Members diagnosed with a serious mental illness.
- Providers enter data regarding Colbert Class Member transition activities into a web-based data system that generates critical management reports.
- Quality systems developed with the University of Illinois College of Nursing (UIC-CON) to monitor the quality of Service Plans and assessments, and to conduct incident and mortality reviews.
- Assistive Technology and Home Modification assessments for transitioning Colbert Class Members conducted by the University of Illinois Assistive Technology Unit (UIC-ATU).

Through these efforts, the State attempted to meet the Consent Decree transition requirements of moving 700 Class Members to community-based settings by December 31, 2018.

The Cost Neutral Plan was amended and filed in Federal Court on April 5, 2018.

This amendment stipulated that:

- By April 15, 2018, the State will create a list of all Class Members living in Nursing Facilities in Cook County as of December 31, 2017.
- The State will create and perform outreach activities required to comply with the requirements of the updated Cost Neutral Plan and the Consent Decree through the State's Implementation Plan.
- The State shall create a Transition Activities Schedule by April 22, 2018 that will include at least 300 Class Members that are not opposed to moving to a community-based setting (excluding Class Members not yet transitioned but who were in the housing queue on March 1, 2018).
- The State shall update the Transition Activities Schedule with an additional 1,000 Class Members who do not oppose moving to a community-based setting.
- The State will complete a sufficient number of evaluations to effectuate transition requirements of at least 700 transitions by December 31, 2018.

- The State will ensure that Service Plans are provided within three (3) months of the evaluations for those Class Members that are approved for transition to a community-based setting.
- The State will transition 300 Class Members to the least restrictive community-based settings by June 30, 2018 and an additional 400 Class Members by December 31, 2018.
- The second half of FY 2019, the State is required to transition an additional 450 Class Members to community-based settings.
- The State is required to transition an additional 450 Class Members by December 31, 2019.
- The State continues to be responsible to develop and increase community capacity necessary and appropriate to comply with the Consent Decree and the updated Implementation Plan.
- The Parties, either jointly or separately, may request termination of the monitoring process at any time after December 31, 2019, if the Court Monitor agrees that the State has substantially complied with the terms of the Consent Decree, the Implementation Plan and the Cost Neutral Plan.
- IDoA Colbert and Community partners continue to work to meet the requirements of the Cost Neutral Plan amendment and anticipates meeting calendar year 2017 transition activity requirements.

Other calendar year 2018 activities of note include:

- The IDoA Colbert and its outreach providers implemented targeted outreach which includes permanent nursing facility assignments to increase the number of Class Member informed of the Colbert program. This process ensures that every eligible resident in Cook County-based nursing facilities are given the opportunity to learn about services provided through the Colbert Consent Decree and choose to participate.

- The IDoA Colbert and IDHS Williams Consent Decrees Training Institute (in partnership the University of Illinois at Chicago, College of Nursing – UIC CON) continues to address mechanisms to improve quality and increase compliance with the Consent Decree requirements. To effectuate continuous improvements. Systemic improvements continue as result of quality reviews by the UIC CON. The sessions are intended to promote adherence to process and procedures, and improve outcomes, and cover a wide range of subjects that are grounded in best practices for community integration.

- The standardization and implementation of a uniform tools continue; IDoA Colbert and IDHS Williams Consent Decrees partnered with the UIC CON to align service plans and developed a single Service Plan tool for use by community providers that serve both Colbert and Williams Consent Decree Class Members.

- Continued development of Supported Employment resources for Colbert class members interested in employment; DHS/DMH developed the Illinois Individual Placement and Supported Action Plan to help engage Colbert class members diagnosed with SMI around employment. IPS is an evidence-based, fast track, no denial employment program for people recovering from mental illness and will support class members with community integration. DHS/DRS offers Colbert class members with physical disabilities Vocational Rehabilitation services with the support of the Care Coordinator. DHS/DRS's Vocational Rehabilitation program offers training, job placement, and physical/mental restorative services that can assist a Colbert class member to achieve a positive employment outcome.

Expanding Deflection Efforts

(OASAC Priority #1): – Consider expansion of The Bridge Model Program to increase hospital deflection from nursing facilities and reconvene Care Act Bridge Model Workgroup.

The Deflection, Bridge Model & CARE Act Workgroup reconvened on May 3, 2017 to discuss the HHS Transformation Initiative and the work of the Interagency Deflection/Prescreen workgroup, current Bridge Model activities (with

Rush Hospital and Aging Care Connections), other deflection activities and determine next steps for the workgroup. On June 14, 2017 The Deflection, Bridge Model & CARE Act Workgroup met to discuss CMS Transitional Management Care Services and current Bridge Model Activities/collaboration and decided to work on a proposal using the Bridge Model template to submit to the Illinois Health and Hospital Association. On October 3, 2017 The Bridge Model and Deflection Workgroup met to discuss the Bridge Pilot Draft created by the smaller workgroup and to discuss other Deflection initiatives. The Bridge Model is a person-centered, evidence based successful model of transitional care for older adults with complex care needs that will help identify appropriate level of care and follow up post discharge, provide family caregiver support, and reduce hospital readmissions and delay NF placements. During 2018, the Department continued to meet with the Bridge Model group to further review and discussed the proposal.

Choices for Care

(OASAC Priority Area #10)

Public Act 099-0857 required that Coordination Care Units (CCUs) transmit Hospital and community prescreen information directly to Nursing Facilities. In 2017, IDoA made changes to the Choices for Care Policy to comply with P.A. 099-0857. The changes included requiring CCUs to provide weekend coverage effective January 1st, 2017. In addition, IDoA worked with sister agencies to conduct webinars on changes to the Choices for Care Policy and the federal Pre-Admission Screening and Resident Review (PASRR) requirements for CCUs, DHS PAS Agents, DDD ISC Agencies, Nursing Facility (NF) and Supportive Living Program (SLP) providers and Hospital Staff. The timeframe to complete pre-screens was changed from 10 days to 2 days and the CCUs are ow required to provide information to IDoA when a post screen does not occur within the new required time frame. Information was reviewed by IDoA, HFS and the Illinois Health and Hospital Association to identify and mitigate reasons why pre-screens were not completed prior to discharge from a Hospital. These changes mirrored some of the key recommendations from the BIP funded Choices for Care study conducted by The Lewin Group consultants in 2017. In 2018, IDoA continued to work with the Illinois Health and Hospital Association regarding the CCU Choices for Care screeners not getting timely notifications to complete hospital based prescreens prior to individuals being transferred to a Nursing Facility.

Behavioral Health Transformation

In 2018, State agencies had major concerns regarding the spending and utilization for Behavioral Health services and created the Better Care Illinois - Behavioral Health Initiative (BHI). The State identified the goals to improve Behavioral Health outcomes:

1) Rebalance the behavioral health ecosystem, reducing overreliance on institutional care and shifting to community-based care;
2) Promote integrated delivery of behavioral and physical health care for behavioral health members with high needs;
3) Promote integration of behavioral health and primary care for behavioral health members with low needs;
4) Support the development of robust and sustainable behavioral health services that provide both core and preventive care to ensure that members receive the full complement of high-quality treatment they need;
5) Invest in additional support services to address the larger needs of behavioral health patients, such as housing and employment services; and
6) Create an enabling environment to move behavioral health providers toward outcomes and value-based payments.

The BHI changed the State Plan to include an 1115 Waiver that generated several pilot programs. The primary focus of the BHI – Integrated Health Home is coordination of care for individuals with more intensive needs. Several town hall meetings across the state were held to explain BHI and its objectives. The first phase of BHI was to be rolled out in 2019.

Home and Community Based Services & Persons who are Elderly Waiver

Home and Community-Based Services (HCBS) 1115 (C) Waivers provide Medicaid recipients with the opportunity to remain in the community through the provision of HCBS services and supports. Individuals must meet specific eligibility criteria to be eligible for an HCBS Waiver which includes that the individual must require an institution level of care (specified by each Waiver) and service needs must be cost effective. The Department on Aging currently offers the following services under the HCBS Persons who are Elderly Waiver:

- Adult Day Service
- Adult Day Service Transportation
- In Home Services
- Emergency Home Response Service
- Automated Medication Dispenser*

*In 2017, IDoA revised the administrative rules for Automatic Medication Dispenser (AMD) since the original rules did not attract any providers who could meet the specifications originally written. IDoA began offering AMD services effective July 1, 2018.

In 2015, the Department of Healthcare and Family Services (HFS) submitted a renewal of the Persons who are Elderly Waiver to federal CMS. Significant changes that included additional language to comply with the federal HCBS regulations specific to person-centered planning, ensuring the provision of services in integrated settings, and an increase in the number of individuals served under the Waiver. Federal CMS approved of the renewal of the Persons who are Elderly HCBS Waiver on November 1, 2016. IDoA has completed the following requirements to comply with the renewal:

Waiver Services Rate Studies

The Department contracted with PCG Consulting Group to complete three Waiver service rate studies; In-Home care, Adult Day Services (ADS), and Emergency Home Response Services (EHRS). The ADS rate study completed focus group meetings and surveyed the ADS providers. The EHRS study was completed in Spring of 2017; the ADS study in Fall 2018, and the In-Home study will be completed in Spring 2019.

Person-Centered Planning (OASAC Priority #2)

In 2017, The Department incorporated the Person-Centered Planning (PCP) requirements into the Department brochures and forms, including the Participant Bill of Rights brochure. A CCU workgroup was created to assist with work on these revisions. Participants are encouraged to invite family members or another “authorized representative” of their choice to their CCP assessment. The Person-Centered Plan of Care (PCPOC) will be expanded beyond core Waiver services and involve the participant more in the planning process. In Dec 2017, The Department filed CCP rules and proposed amendments to its administrative rule to comply with PCP requirements and “integrated settings” for Adult Day Services.

In 2018, the CCU continued to meet with the Department and offer feedback on the changes to the Plan of Care, including feedback on how to include the participant’s personal goals in the final PCPOC. The revised PCPOC includes the 11 Domains that will carry over to the final plan of care and will also include non-Waiver services that are available for participants. In addition to the PCPOC changes, the Department worked with the CCU Workgroup to create a new standardized Intake Referral for services and supports that included an option to ask the participant who they want present during their initial assessment and what time would work best for them. With these changes, the participant will be given an opportunity to lead, if appropriate and have an authorized representative if they choose. In August 2018, the final revisions were made to the Person-Centered Planning

language and ADS integrated setting CCP rules. They were shared with HFS for review and feedback. A second 45-day notice was issued. In November 2018, the 89.240 CCP rules were approved and they will become effective next year beginning January 1st. The Person-Centered Planning language requirements included, an Integrated Setting was defined, an ADS Addendum to the PCPOC, the four updated colored CCP brochures, a new Participant Bill of Rights, and the updated Choices for Care brochure. Trainings will be scheduled in the upcoming year for both CCUs and Providers.

Automated Critical Event Reporting System (CERA) (OASAC Priority #9)
In response to the Federal Waiver renewal requirements the Department created a Critical Events policy that went into effect in July 2017. This policy required CCUs and providers to report what is going on with participants in a system. Entering this information in a system allows CCUs to view and track incidents occurring to participants and alert them to develop a mitigation plan to prevent these events from occurring again. The initial system to report critical events was housed in eCCPIS. In 2017, IDoA provided trainings for both CCUs and providers on CERA and continues to provide technical assistance. The data collected from these reports was used by IDoA to create trainings. Each state has the flexibility to identify what needs to be reported for each waiver using CMS guidelines. IDoA defined “critical events” to include falls because of the prevalence of falls among seniors and falls negatively impact a senior’s ability to live independently in the community. IDoA developed a risk mitigation plan and trained the CCUs. In August 2018, CERA was updated to include a dashboard where all entities could see the information entered on participants. In 2018, IDoA shared critical event data collected on CCP participants with OASAC members to provide opportunities for collaboration to address risk mitigation strategies from the group. Falls were included as a critical event because of the prevalence of falls among seniors and because falls negatively impact a senior’s ability to live independently in the community. CCP fall related event data from July 12, 2017 through October 17, 2018 was shared with OASAC.

Adult Day Services (ADS)
In, 2017, the Department worked with an Adult Day Workgroup to create a standardized addendum to the plan of care. In the past, ADS had their own independent plan of care but with required rule changes it will become an Addendum to the Person-Centered Plan of Care (PCPOC) developed by the CCU in collaboration with the participant. In 2018, the ADS Workgroup continued to meet to develop a consistent ADS plan of care Addendum to the PCPOC to follow the PCP requirement of having one care plan.

Priority Areas
(not included in other sections)

(OASAC Priority #5): Federal Level Changes – OASAC to become informed of changes that may directly impact the State's rebalancing efforts.

IDoA regularly shares policy updates and informational notices from the Administration for Community Living, Centers for Medicare and Medicaid Services, and Older Americans Act; in addition to other policy groups that address rebalancing from the federal perspective.

(OASAC Priority #11): CCU Performance and Monitoring-

In 2018, IDoA increased its monitoring of the service providers based on the Medicaid Waiver performance measurement requirements. This included more scrutiny of annual CCP redeterminations by CCUs, increased review of POSMs and implementation of the new Critical Event Reporting System (CERA). The Planning Division provided detailed data for the Division of Home and Community Services that assists with monitoring each CCU to ensure compliance with waiver reporting requirements. A cycle of new procurements for CCUs in the Chicago area were added to replace underperforming CCUs. The Department continued to prioritize the quality, safety and welfare of the CCP participants.

(OASAC Priority # 6): Health Promotion- identify studies and best practices that promote healthy aging.

Exercise Programming for HCBS Clients and Home Care Aides:
In November 2017, Margaret Danilovich PT, DPT, PhD assistant professor at Northwestern University Feinberg School of Medicine presented on her research on Exercise Programming for HCBS Clients and Home Care Aides. The Strong for Life evidence-based exercise program has continued to research exercise among Community Care Program (CCP) participants. In the current research developed by Danilovich; a Strong to Stay Exercise Program was developed specifically for CCP participants use a mobile application on a tablet. This program includes 8 exercises with resistance bands or using body weight. This mobile application includes videos, instructions and inquiries about mood. Inexpensive tablets were provided to the 126 HCAs, they were trained on how to lead exercise with participants twice a week for 6 months. Early results at 3-month intervention are promising; they show an improvement in levels of frailty among the exercise group and high program satisfaction among both CCP participants and HCAs. OASAC members discussed that the new research will have a positive outcome for HCAs as they are underused and not part of the care team. The Department shared that Regional Trainings have been conducted involving CCUs and providers hoping that they feel more involved in the care team. A Falls webinar was offered to the Aging Network that resulted in a high sign up regarding A Matter of Balance Program. OASAC members discussed that at there are many other evidence-based programs (e.g. Arthritis Program and Fit and Strong) that can be looked at for CCP participants.

Promoting Seniors' Health with Home Care Aides Presentation
During the November 2017 Full OASAC meeting was the presentation on Promoting Seniors' Health with Home Care Aides research by Naoko Muramatsu, PhD, MHSA from the School of Public Health and Institute for Health Research and Policy at the University of Illinois at Chicago. The goal of this research is to build health promotion into Long-term Services and Supports (LTSS) and delay or prevent functional declines among older adults. Previous research has found physical activity benefits older adults, however; there had been few existing exercises that could be performed by older adults. Muramatsu added that in 2007, A Healthy Moves Aging Well (arm curls, ankle point & flex, and seated step-in-place moves) study showed that these exercises could safely be completed by older adults with the assistance of their Home Care Aides (HCAs). A Pro-Home Pilot study was initially completed to test this exercise program with English-speaking CCP participants that could sit in a chair for at least 15 minutes

and were able to follow directions and HCAs. The Pilot study showed that increases in daily functioning, self-rated health, time spent on physical activity, physical performance and a decrease in fear of falling among participants. Participants and HCA's reported a high percentage of satisfaction with the exercise program. Additional funding was received from National Institute on Aging to complete a Pro-Home randomized control trial beginning September 2016 through April 2021. Muramatsu plans to recruit 300 pairs, add a control group, include Spanish speaking participants, add cognitive assessments and include managed care organization participants. Recruitment challenges have occurred. OASAC members discussed the involvement of the CCUs in the study and possibly reviewing prevention in general.

(OASAC Priority #8): Workforce Stabilization- Create a workgroup to study the workforce stabilization within Aging network and make recommendations to the Department.

On February 24, 2018, OASAC members discussed concerns was that some of the Case Coordination Units (CCUs) have been struggling to find Care Coordinators and APS caseworkers. It was also brought to the attention of the IDoA that some CCUs were competing with the MCOs for workers. It was suggested that creating a work group to discuss the stabilization of workforce and key core access to programs would be beneficial. The OASAC Workforce Stabilization Work Group began meeting in 2018 and discussed that CCUs are experiencing high turnover rates and challenges in filling positions. It was agreed that the CCU high level turnover rates impact the CCU as an agency, the Care Coordinators and supervisors and access to services and supports for older adults. To study the issues and make recommendations to the IDoA, the workgroup created subgroups to work on two separate surveys: one looking into CCU Care Coordinator retention and another looking at Homecare Aide (HCA) retention. The Care Coordination survey was sent out the CCUs through the Illinois Council of Case Coordination Units (ICCCU). During the November 2018 meeting a Preliminary Analysis of the Care Coordination Survey was shared with all OASAC members.

The CCU subgroup worked on creating a survey for CCUs to complete regarding their Care Coordinators; the survey was sent to 48 CCUs via Survey Monkey. The subgroup received responses from a total of 30 CCUs. The survey included topics on Care Coordination vacancies, reasons for leaving, recruitment, and incentives used by CCUs. Based on the survey responses the CCU subgroup made several recommendations. A more in-depth statistical analysis of the findings should be completed; partnerships with academic institutions are needed; offering clinical supervision for Care Coordinators and perhaps implementing a more simplified assessment tool.

During the end of 2018, the HCA subgroup continued their work in developing a HCA work force retention survey to be shared with the HCA providers. The workgroup shared that the HCA survey consists of 20 questions with different subparts and is similar to the Care Coordination survey. The plan is to get the home care worker survey out to the provider agencies before then end of this year. This workgroup worked with the Home Care Provider Association (IACCPHP) to get the word out to the Home Care Providers about the survey and increases the chances of having them complete the survey. Provider agencies that were not part of the association, will also be receiving the HCA survey.

(OASAC Priority # 7): Learn about each OASAC Member Organization – invite OASAC Members to present on their organization's initiatives during the FULL OASAC meetings.

At the February meeting 2018, members showed interest in learning about all each other's organizations activities and agreed that it would be beneficial to begin inviting members to present during the Full meetings.

Hospice Activities Presentation

In May 2018, Kelly Fischer provided a presentation on JourneyCare's history, mission, vision and values. JourneyCare is the leading provider of Palliative and end of life care in the region. The JourneyCare mission is

"enriching lives through expert and compassionate care". JourneyCare serves 10 northern Illinois counties and has a high level of community engagement including, over 1,100 volunteers. The core programs include Home Hospice Care, Inpatient Hospice CareCenters, Community-Based Palliative Care and Pediatric Palliative and Hospice Care. Fischer is the Chief Operating Officer of the Clinical Services at JourneyCare. A discussion on Hospice services in other parts of the State followed.

Senior Housing Activities Presentation

In May, Melinda Koeing presented on behalf of member Megan Spitz from the Illinois Housing Development Authority (IHDA). IHDA works to finance and preserve affordable housing creating home-owner opportunities, developing programs, and providing assistance for community revitalization. The Housing Accessibility Program (HAP) was discussed. This program provides assistance to seniors and persons with disabilities, to make repairs and modifications that improve accessibility and safety and help them remain in their homes, preventing premature or unnecessary institutionalization. The Low-Income Housing Tax Credits (LIHTC) fund affordable housing developments across Illinois; for example, IHDA recently financed a 60+ unit, new construction development in Naperville; in Belleville, a renovation will offer 47 affordable senior apartments for residents over 55; and, 30 affordable apartments for seniors in Henry. The Illinois Housing Search website is a statewide network that service providers and renters can use to help find housing that best meets their needs. It is funded by IHDA, IDoA, HFS, and DHS. The 811 HUD demonstration program provides subsidies to waiting list units on the websites. This demonstration program allows persons with disabilities to live independently in the community and provides access to appropriate supportive services. IHDA also administers the Illinois Hardest Hit program to help struggling homeowners avoid foreclosure and stabilize communities. The Hardest Hit program provides mortgage assistance to homeowners who have experienced a qualifying hardship event (e.g. death of a spouse).

Illinois Veteran's Affairs Skilled Care Program Presentation

Gwen Diehl shared that she is the Veteran's Homes Coordinator and presented on the Illinois Department of Veterans Affair Programs. There are both federal and State benefits available for veterans. The federal benefits include disability compensation, pension, health care, burial benefits, housing, and education. It was also shared that there are additional State education benefits available, such as the Illinois Veteran Grant Program and Children of Veteran's Scholarship. In addition, the State benefits include several tax exemptions, grants and bonuses, permits, driver's license, and veteran homes. Diehl discussed Veterans' Home eligibility, cost of care, qualifying standards and the five locations in Illinois. The Illinois Department of Veterans Affairs State benefits also include Mental Health assistance programs.

(OASAC Priority #12): CCU Medicaid Enrollment Oversight Enrollment Subcommittee- OASAC to receive updates on the work of this committee and offer feedback.

In 2018, the OASAC CCP Medicaid Enrollment Oversight Subcommittee was created to meet the PA 100-0587 requirements and this subcommittee included several OASAC members as well as other required members set in statue. The initial meetings were scheduled meetings for September 25, 2018; January 8, 2019; and May 7, 2019. The subcommittee looked at three different data sets that included 1) individuals in CCP- enrolled in Medicaid 2) individuals in CCP – not enrolled in Medicaid 3) individuals in CCP – eligible for Medicaid but not enrolled. During the first meeting the subcommittee members became acquainted and went over the subcommittee goals. They also reviewed and discussed data on Medicaid Redeterminations and the current rate for CCU FTF Redeterminations. Members receive updates during the quarterly meetings.

Housing Initiatives

The Low-Income Housing Tax Credit Program (LIHTC)

Illinois Housing Development Authority (IHDA) administers Low Income Housing Tax Credits (LIHTC), which are a primary source for affordable housing production. IHDA makes LIHTC awards based on the applications it receives from developers, with both mandatory requirements and a point system outlined in its Qualified Allocation Plan (QAP). Developers that agree to set aside between 10% and 20% of their LIHTC units for persons with disabilities, or who are experiencing or are at risk of homelessness and have incomes below 30% of Area Medium Income (AMI) receive substantial points in the QAP for making this voluntary election. As of December 2018, IHDA has financed a total of 19,084 age-restricted units with these tax credits.

IllinoisHousingSearch.Org

ILHousingSearch.org (ILHS) is a free and public housing locator website to find rental housing across Illinois. ILHS also helps property managers, owners, and landlords advertise rental properties at no charge throughout the state. Some unit characteristics detailed on the site include indoor and outdoor amenities, accessibility features, and application requirements. Class Members, Community Mental Health Centers (CMHCs) and Housing Specialists can access this site, which lists housing by location, features, vacancy, and other criteria. It is funded by IHDA, IDoA, HFS, and DHS.

The website also contains a Caseworker Portal for case managers, transition coordinators and housing locators to access three tools: Special Search, Saved Search and waiting lists. The Special Search function allows a social service provider to set up specific search criteria for the type of housing and amenities needed by a client. The Saved Search function allows the service provider to save a Special Search so that anytime a new unit is entered onto the site that meets the Saved Search criteria, an email alert is sent to the service provider. The waiting lists are described below.

The PAIR Module

Embedded within the website is a case worker portal that requires a username and password in order to log in to the Prescreening, Assessment, Intake and Referral (PAIR) Module and access the two waiting lists for Statewide Referral Network Units and Section 811 Project Based Rental Assistance Units. Housing Specialists and CMHCs have secure access to the internal Online Housing Waiting Lists or PAIR module that enables them to place Class Members and other eligible supportive housing populations on both of the waiting lists in order to access housing options that are exclusively available to targeted populations. More than 5,000 service providers around the state have been trained to use the online waiting list.

Persons on the waiting list are notified when a unit is available in one of their preferred locations and meets basic unit requests (e.g., size). As of Spring 2019, an applicant will be notified about an available unit even if the accessible features do not perfectly match with the applicant's preferences.

The Statewide Referral Network

The Statewide Referral Network (SRN) links vulnerable populations (already connected to services) to affordable, available, supportive housing. The SRN includes units made affordable through Low Income Housing Tax Credits and other funding. Eligible supportive housing populations include persons living with disabilities or persons experiencing or at-risk of homelessness with very low incomes at or below 30% of Area Median Income (AMI). For more information about SRN unit capacity and projected growth, see H.1a1.

Section 811 Program

The Section 811 Project Based Rental Assistance Demonstration Program assists low-income households with long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports.

In February 2013, the State was awarded $12.32 million from HUD to provide up to 370 project-based vouchers to persons with disabilities who were coming out of nursing homes and other institutional facilities to help them transition back into the community. This money assists Illinois in its efforts to meet obligations set into place by the three consent decrees (Williams, Colbert and Ligas), as well as the Money Follows the Person Program and SODC closures. In March 2015, HUD announced it was awarding a second round of 811 funding. IHDA was awarded $6.42 million, which will assist approximately 200 households.

Illinois Housing Development Authority (IHDA) continues to create 811 units with new and existing affordable housing projects. As of December 2018, 240 units have been Board approved. The first Section 811 units were made available to class members starting in December 2015.

Permanent Supportive Housing Program

IHDA released requests for application for a fourth round in 2017 and a fifth round in 2018 for the Permanent Supportive Housing Development Program (PSH). The program funds developments that serve extremely low-income persons with disabilities, persons experiencing homelessness and other vulnerable populations. These developments contain no more than 25 units and are required to set aside a minimum of 10 percent of units for referrals through the Statewide Referral Network. The 2017 program round funded seven developments and the 2018 round funded six developments. IHDA anticipates a sixth round of PSH applications in 2019 based on funding availability.

Rental Housing Support Program and Long-Term Operating Support

The Rental Housing Support Program provides rental assistance for households at or below 30 percent area median income with 50 percent of the resources available set-aside for extremely low-income households at or below 15 percent area median income. IHDA administers the program across the state (except for City of Chicago) but contracts with Local Administering Agencies (LAAs) around the state who manage the program in their communities, including finding and screening eligible tenants. The program receives its funding from a $10 charge on real estate document recording fees collected at the county level, with one dollar of the fee retained by the county.

On a per year basis, a minimum of 10% of the funding under the Rental Housing Support Program (RHSP) is available as the Long-Term Operating Support (LTOS) Program. LTOS provides up to fifteen years of a long-term, project-based rent subsidy to newly available affordable units for households earning at or below 30% AMI. LTOS currently funds 102 units with the rental assistance subsidy.

From 2016 to 2018, IHDA posted a Long-Term Operating Support Program (LTOS) request for application to give rental subsidies for 15 years to eligible landlords serving households referred through the Statewide Referral Network. LTOS grants were awarded to the highest scoring applications to bridge the gap between the contract rent and what extremely low-income households can afford to pay. Eligible developments had to be located outside the City of Chicago, meet the accessibility requirements listed in the Request for Application and commit to accepting tenants referred through the Statewide Referral Network in order to be considered. These new units were Board approved from May 2017 to September 2018 and totaled 132 units.

Other Housing Initiatives for Colbert Class Members

811 Match with Public Housing Authorities

In early 2013, HUD's Office of General Counsel approved a statewide Coordinated Remedial Plan for the State of Illinois which allows local public housing authorities (PHAs) to establish preferences on their Public Housing and/or Housing Choice Voucher waiting lists for Olmstead populations. They are allowed to adopt a remedial preference which specifically allows them to provide preference to persons with disabilities who are leaving one of the State-licensed facilities that are subject to one of the three court consent decrees previously discussed (Colbert, Williams, and Ligas) or are participating in the Money Follows the Person Program (MFP), and those who are seeking to move out of a State-Operated Developmental Center (SODC). The strategy is to further expand affordable housing choices for persons with disabilities and consent decree class members.

PHAs must still revise their Public Housing Plans to reflect the requested preference and request a waiver. These requests are submitted directly to the Chicago Regional Office instead of HUD Headquarters in Washington D.C. In 2014, IHDA worked with the Governor's Office of Health Innovation and Transportation (GOHIT) and Illinois-based PHAs to promote participation in this program and provide any needed training.

The Statewide Housing Coordinator (SHC) from DHS is a key participant in this effort. The SHC has worked with several PHAs to establish agreements for voucher and public housing unit set-asides. These set-asides are specifically for the populations described above, which are also eligible for the Section 811 program. The Defendants for all three consent decrees have worked with IHDA and the Statewide Housing Coordinator (SHC) to connect Class Members to Statewide Referral Network units, including Section 811 units. They have also worked with the SHC to secure housing vouchers and public housing units through local public housing authorities including Cook County, the City of Chicago, Rockford, Decatur, and Lake County.

All of these public housing authorities committed housing choice vouchers and/or public housing units as match to the State's/IHDAs two approved Section 811 applications to HUD. These match resources are replacing some bridge rental subsidies that many Class Members are currently using to make community-based housing affordable. The bridge subsidies are State rental housing subsidies (funded through the General Revenue Fund) which helps them pay a portion of their rent and provide household necessities (e.g., furniture, appliances) when needed. Bridge rental subsidy was designed to be short-term assistance. Currently, DHS staff are working with bridge subsidy recipients from Williams and Colbert to place people in set-aside PHA vouchers.

Colbert Bridge Subsidies

Many Colbert Class Members have income limited to entitlements such as SSI/SSDI and require assistance with rental payments. The Colbert Bridge Subsidy is designed to bridge the gap between when an individual transition into his or her own community housing unit and the time that they can secure a more permanent rental subsidy (e.g. Section 8 Housing Choice Voucher, IHDA's Rental Housing Support Program, any other comparable permanent rental subsidy), or can otherwise achieve an increase in their income. The Colbert Bridge Subsidy provides essential, interim support to individuals transitioning into Permanent Supportive Housing and can also be project-based for specific units.

Assistive Technology/Home Modification

Assistive Technology has the potential to help make possible the transition to living in the community, and to enable individuals to maximize their independence and safety once in the community.

The University of Illinois-Chicago Assistive Technology Unit (UIC-ATU) is a multi-disciplinary, community-based clinic within the UIC Department of Disability and Human Development. The UIC-ATU Colbert team is staffed with

Assistive Technology Specialists from five (5) disciplines: occupational therapists, physical therapists, speech-language pathologists, rehabilitation engineers, and architects. Additionally, the UIC-ATU Colbert team support staff includes a fabrication specialist, office manager, case management staff, and a graduate student from the UIC School of Architecture.

UIC-ATU services are available in the Assistive Technology areas of activities of daily living (ADLs), adaptive equipment, augmentative communication, computer access, electronic aids to daily living, environmental control, home modification, seating/wheeled mobility, and worksite modification. Thus far in UIC-ATU's involvement in Colbert, services have been provided in the areas of ADLs, adaptive equipment, augmentative communication, home modification, and seating/wheeled mobility.

In the Colbert initiative, UIC-ATU services span the entire timeline from Nursing Facility to community living.

Impediments to Progress

During 2018 Illinois continued to work through the existing challenges in rebalancing Long Term Supports and Services (LTSS) that were identified in 2017 in addition to new challenges. Primary challenges include:

- The settlement of three Olmstead lawsuits (Ligas, Williams, Colbert) within two years of each other continues to create a huge demand on the community infrastructure. The capacity of the community infrastructure needs to be strengthened to respond to the increased demand for services and gaps in the current delivery model need to be addressed.

- The Aging and Disability community infrastructure continues to adapt to massive change simultaneously. Many of these changes are positive and address some of the shortfalls of the current structure. However, the provider community is adjusting to how they fit into the new system; specifically, the expansion of managed care models for LTSS, the rebalancing initiatives that are underway, and the expansion of Medicaid resulting from the implementation of the Affordable Care Act (ACA). Changes at the federal level will have an impact on the future of the ACA and how states will need to adapt to any changes beginning in 2017.

Successes

Increased Investment in the Community Long Term Services and Supports (LTSS) System: Over the past several years, Illinois has made significant progress towards increasing its spending on community-based services and supports. As of September 2018, Illinois was at 47.47% of its benchmark of LTSS expenditures directed to the community (an almost 2 percentage point increase from September 2015) and continues to work towards the goal of 50%.

Progress on Transitions: While the budget impasse did negatively impact transition activity, Illinois continues to make strides in transitioning individuals from institutional settings to the community. Statewide transitions (excluding Cook County) reached a total of 1,531. Transitions under the Colbert Consent Decree impacting individuals residing in Cook County nursing facilities increased its total to 2,269 individuals. Since the beginning of MFP in 2009 there have been 2,764 transitions of participants from institutional to community-based settings.

Deflection Activities: The Choices for Care policy changes were put into place. The Department anticipates collecting valuable data as a result of the strengthening of the Choices for Care policy and plans to use the data to modify policy based on what is learned.

Managed Care, Person-Centered Planning & Customer Satisfaction: OASAC recommended that PCP and adding customer satisfaction as a measure of success for MCOs providing community-based services in the State. HFS shared that CMS has specific performance measures requirements that align with the PCP requirements. These requirements including but are not limited to include goals, identify needs and risks, include a signature of the enrollee and/or representative on the care/service plans, and give enrollees the opportunity to participate in choosing the types of services and providers. Enrollees must also be informed how and to whom they should report abuse, neglect and exploitation. HFS also currently uses evidence-based Quality Measures to draw National Comparisons and compare MCO health performances; HEDIS and CAHPS. A Healthcare Illinois Plan Report Card is also available to shows how managed care plans compare to one another in key performance areas and ratings are included.

Regional Trainings: The Department began providing face to face regional trainings on the DON scoring and plans to continue these face-to-face regional trainings. The network has shared positive feedback regarding the face to face trainings.

Legislation

Following are several pieces of enrolled legislation from the 99th General Assembly that effect Illinois' senior population:

Public Act 100-0293 (House Bill 223)

> PA 100-0293 HB 223 amends how identification wristlets may be used by nursing facility. A nursing facility may now require a resident of an Alzheimer's disease unit with a history of wandering to wear a wristlet, unless the resident's guardian or power of attorney directs that the wristlet be removed. Currently, a wristlet can be employed only on a resident as ordered by a physician. The wristlet shall include, at a minimum, the resident's name and the name, telephone number, and address of the facility issuing the wristlet. The need for the resident to wear a wristlet shall be documented in the resident's clinical record.
>
> Effective Date: Jan. 1, 2018
> http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0293

Public Act 100-0050 (House Bill 2383)

> PA 100-0050 allows for "authorized direct care staff" to administer medications to participants in certified day programs for persons with developmental disabilities (previously this practice was only allowed in residential programs). The bill also expands training programs to cover direct care staff who work in day programs. Finally, the bill adds language to the MC/DD and ID/DD Community Care Act limiting possible penalties for violations cited against facilities resulting from the actions of direct care staff when administering medications. The intent of this legislation is to make it easier for the Department of Human Services to conform with federal regulations that are seeking to integrate day program participants into community settings by allowing direct care staff to administer medication in the community.
>
> Effective Date: Jan. 1, 2018
> http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0050

Public Act 100-0058 (House Bill 2452)

PA 100-0058 requires the Department of Human Services to conduct inspections of the records and premises of each Community-Integrated Living Arrangement (CILA) facility at least once every two years.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0058

Public Act 100-0306 (House Bill 2762)

PA 100-0306 prohibits a hospital from maintaining a list of individuals who may not be admitted for treatment at that hospital. This bill would not prohibit a hospital from recommending an alternate provider, coordinating an appropriate transfer, or arranging access to care services that best meet the needs of an individual patient.

Effective Date: Jan. 1, 2018
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0306

Public Act 100-0380 (House Bill 2814)

PA 100-0380 requires the Auditor General to report every three years to the General Assembly on DHS, HFS, and IDoA performance and compliance with federal Medicaid eligibility determinations for long-term care services and supports. At minimum, the Auditor General will review and evaluate compliance with furnishing services, timeliness of determinations, accuracy and completeness of reporting, and efficiency of staff completing determinations and issues affecting work by the Department of Human Services. Prior to PA 100-0380, DHS and HFS were required to report monthly on the length of time applications, redeterminations, and appeals to long-term care eligibility are pending. The bill shortens the time period reported from every 90 days to 0-45 days and 46-90 days.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0380

Public Act 100-0153 (House Bill 3110)

PA 100-0153 creates the Social Services Contract Notice Act. Any contract between a State agency and an authorized service provider of social services may be terminated, suspended, or reduced by either party for any or no reason with 30 days prior written notice. Written notices issued by the State agency must include the date which a final invoice must be rendered. This does not prohibit the State agency from immediately terminating a contract for social services if the provider has made material misrepresentations or material omissions prohibited under State contracting requirements, for breach of contract, of if actions or inactions of the provider could jeopardize health, safety, or property. If the State agency suspends, terminates, or reduces the amount of a contract due to the failure of appropriations available, the agency shall notify the Governor and General Assembly no less than 45 days prior to the contract changes. Failure to notify the Governor and General Assembly shall not prevent termination, suspension, or reduction of a contract entered prior to the effective date of this Act.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0153

Public Act 100-0184 (House Bill 3502)

PA 100-0184 creates the Advisory Council on Early Identification and Treatment of Mental Health Conditions within the Department of Human Services. The Council will review and identify evidence-based best practices for screening of mental health and substance use conditions in children and young adults, identify prevention initiatives and strategies to enable providers to implement regular screenings, identify barriers to regular screenings, and deliver recommendations and an action plan to the Governor and General Assembly. Members serve without compensation and the Council shall be dissolved upon delivery of the recommendations.

Effective Date: Jan. 1, 2018
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0184

Public Act 100-0023 (Senate Bill 42)

PA 100-0023 created the FY 2018 Budget Implementation Act. As part of its various amendments, it created the Community Care Program Services Task Force to review Community Care Program services for seniors and strategies to reduce costs without diminishing the level of care. The task force is chaired by the Director of the Department on Aging or her designee and other provisions set forth the composition of appointed members representing the Governor, caucuses of the General Assembly, human service agencies, and representatives for entities in the Aging Network. The task force is to hold at least four hearings and report its findings to the Governor and General Assembly no later than January 30, 2018. Various rate increases are also authorized under this BIMP.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0023&GA=100

Public Act 100-0079 (Senate Bill 84)

PA 100-0079 creates an "Intellectual and Developmental Disability Home and Community-Based Services Task Force". DHS, HFS, and other groups and organizations shall review current services provided in the State. The task force shall hold at least 4 hearings, members shall receive no compensation, and shall report to the General Assembly and Governor by July 1, 2018.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0079

Public Act 100-0401 (Senate Bill 473)

PA 100-0401 amends the Senior Citizens Homestead Property Tax Exemption to increase the maximum reduction from $5,000 to $8,000 in counties with 3,000,000 or more inhabitants for taxable year 2017 and thereafter. The bill also raises the maximum income limitation for FY 17 from $55,000 to $65,000 in counties with 3,000,000 or more inhabitants and $55,000 for all other counties and raises the maximum income limitation for FY 18 and after to $65,000 in all counties.

Lastly, the bill amends the General Homestead exemption by increasing the maximum reduction from $7,000 to $10,000 in counties with 3,000,000 or more inhabitants for taxable year 2017 and thereafter.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0401

Public Act 100-0217 (Senate Bill 626)

PA 100-0217 permits the Director of the Department of Public Health to waive certain nursing facility staffing requirements if the facility is able to demonstrate, to the Director's satisfaction, that the facility is unable, despite specified diligent efforts, to employ the required number of registered nurses, and that the waiver will not endanger the health or safety of residents. This does not apply to facilities that are Medicare-certified, or Medicare-certified and Medicaid-certified. Waivers shall be reviewed quarterly by the Department, including requiring a demonstration the facility has continued to make efforts to employ the required number of registered nurses. The facility must notify the State Long-term Care Ombudsman and residents of the facility, the residents' guardians, and the residents' representatives of the waiver.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0217

Public Act 100-0412 (Senate Bill 707)

PA 100-0412 amends the Personal Information Protection Act. In addition to other reporting requirements on data breaches, SB 707 requires State agencies to report the identity of the actor who perpetrates a breach to the General Assembly, provided it does not compromise security or an investigation. If an agency is subject to a single breach of more than 250 Illinois residents or an instance of aggravated computer tampering (720 ILCS 5/17-52), notice must be provided to the Office of the Chief Information Security Office of the Illinois Department of Innovation and Technology and the Attorney General within 72 hours following discovery of the incident. The Chief Officer at DoIT must then assess potential impacts of the breach, ensure the incident is contained, identify the root cause of the breach, provide assistance to the impacted agency to eradicate the threat, reduce risk of further compromise, and ensure return to normal operations.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0412

Public Act 100-0427 (Senate Bill 1319)

PA 100-0427 amends the guardianship summons in the Probate Act, informing respondents to adult guardianship hearings, and their representatives, of existing hearing rights. These include the right to request a more convenient hearing venue, or to request testimony via video conference under existing State Supreme Court rule. Further, the bill reiterates the authority of local courts to adopt more specific rules governing the use of video conferencing in adult guardianship hearings, permitting that these rules do not contradict the Supreme Court rule.

Effective Date: Jan. 1, 2018
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0427

Public Act 100-0429 (Senate Bill 1348)

PA 100-0429 updates the Medical Practice Act of 1987 by allowing the Department of Financial and Professional Regulations (IDFPR) to revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as deemed proper, including imposing fines not to exceed $10,000 for each violation, with regard to the license or permit issued to a person who (1) willfully fails to report to suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult under the Adult Protective Services Act or (2) is named as an abuser in a verified report upon clear and convincing evidence

by the Department on Aging. The bill also requires medical license applicants to provide IDFPR with a valid address and email address at the time of application for licensure or renewal of a license, and thereafter notify IDFPR within 14 days after any changes.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0429

Public Act 100-0432 (Senate Bill 1400)

PA 100-0432 amends provisions in various statutes relating to the Health Care Worker Registry. The underlying authority for the Department of Public Health to administer and maintain this registry is moved from the Nursing Home Care Act (210 ILCS 45) to the Health Care Worker Background Check Act (225 ILCS 46). No health care employer or long-term care facility may hire, employ, or retain a paid employee or volunteer in a position involving direct care if the individual employee/volunteer has a finding on the registry. The registry includes: (1) findings of abuse, neglect, misappropriation of property, or theft made by the Department of Public Health; (2) verified and substantiated findings of abuse, neglect, or financial exploitation identified within the Adult Protective Service Registry; and (3) findings of physical or sexual abuse, financial exploitation, or egregious neglect of an individual made by the Department of Human Services.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0432

Public Act 100-0442 (Senate Bill 1479)

PA 100-0442 provides that grace period voter registration and changes of address shall be conducted for eligible residents in connection with voting at certain elder care facilities. These facilities include federally operated veterans' homes, hospitals, and facilities located in Illinois and facilities licensed or certified pursuant to the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0442

Public Act 100-0449 (Senate Bill 1544)

PA 100-0449 extends the time from 15 days to 45 days for long-term care facilities to submit required prescreen information and new admissions with associated admission documents on the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification System (REV) to HFS or to use required admission forms submitted directly to DHS.

Effective Date: Jan. 1, 2018
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0449

Public Act 100-0313 (Senate Bill 1748)

PA 100-0313 addresses various reforms for Community Integrated Living Arrangement (CILA) facilities. For investigations concerning a State-operated facility or community agency, the Office of the Inspector General for the Department of Human Services is now required to provide a confidential report to the Secretary of Human Services and the director of the facility or agency if an allegation is unsubstantiated.

This bill also allows DHS to issue a temporary permit to an applicant for up to a 2-year period (instead of a 6-month period) for licensure as a community mental health or a developmental services agency to allow the permit holder reasonable time to become eligible for a license. It prohibits any public or private agency, association, partnership, corporation, or organization that has had a license revoked from reapplying or possessing a license under a different name. If such an agency's license is revoked, DHS shall have unimpeded, immediate, and full access to the individuals being served, including their records, medications, and possessions, to ensure a safe transition. The agency shall still be responsible for the health, safety, and welfare of those individuals during the transition period. The DHS Office of the Inspector General shall continue to have jurisdiction over an agency and the individuals it served for up to one year after the date the license was revoked. The bill requires these agencies and individual service coordination agencies to collect, periodically update, and securely store specified identifying and contact information for each resident. Other changes address licensing requirements relating to fire inspections by the State Fire Marshal and local authorities.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0313

Public Act 100-0641 (House Bill 4847)

PA 100-0641 amends the Adult Protective Services (APS) Act. Expands definition of the term "eligible adult" to include an adult who resides in a facility excluded from the definition of the term "domestic living situation" if either: (1) the alleged abuse or neglect occurs outside of the facility and not under facility supervision and the alleged abuser is a family member, caregiver, or another person who has a continuing relationship with that adult; or (2) alleged financial exploitation is perpetrated by a family member, caregiver, or another person who has a continuing relationship with an adult, but the alleged abuser is not an employee of the facility where that adult resides.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0641

Public Act 100-0952 (House Bill 4879)

PA 100-0952 amends the Illinois Power of Attorney Act to clarify that a representative of the Office of the State Long Term Care Ombudsman may petition the court for an order requiring an agent to turn over requested records relating to receipts, disbursements, and significant actions.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0952

Public Act 100-0756 (House Bill 4686)

PA 100-0756 amends the Probate Act of 1975. Prohibits a court from appointing as guardian an employee of an agency that is directly providing residential services to a ward.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0756

Public Act 100-0659 (House Bill 4867)

PA 100-0658 amends the Probate Act of 1975. Requires a guardian to disclose to a judge the number of wards (adults with disabilities) over which that individual is currently responsible before finalizing appointment decisions. If a guardian is responsible for more than 5 wards, the court shall order the circuit court clerk to notify the Guardianship and Advocacy Commission, which will maintain a list for reference purposes. This legislation does not apply to the Office of the State Guardian or public guardians.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0659

Public Act 100-1054 (House Bill 4687)

PA 100-1054 amends the Probated Act of 1975. Expands the list of individuals who can petition a court for visitation rights with a ward to include a spouse, adult grandchild, parent or adult sibling if the guardian is unreasonably preventing access. Also prohibits a court from allowing visitation if the ward has capacity to evaluate and communicate decisions and expresses a desire not to have visitation.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-1054

Public Act 100-0621 (Senate Bill 1936)

PA 100-0621 amends the Property Tax Code. Eliminates an obsolete requirement to include a statement about the availability of applications at the Department on Aging for the defunded Circuit Breaker property tax relief program on local property tax bills. Makes other changes.

Effective Date: Immediately
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0621

Public Act 100-0631 (House Bill 4212)

PA 100-0631 amends the Missing Persons Identification Act. Adds to the definition of "high-risk missing person" by including a veteran or active duty member of the United States Armed Forces, the National Guard, or any reserve component of the United States Armed Forces who is believed to have a physical or mental health condition that is related to his or her service.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0631

Public Act 100-0662 (Senate Bill 2265)

PA 100-0662 amends the Department of State Police Law of the Civil Administrative Code of Illinois. Requires the Illinois State Police to include lost or missing individuals with developmental or intellectual disabilities in the statewide Law Enforcement Agencies Data System (LEADS). Subject to appropriations, also requires the Illinois State Police and the Department of Human Services to develop and implement a community outreach

program among applicable entities (including developmental disability facilities) to promote awareness of the Endangered Missing Person Advisory.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0662

Public Act 100-0850 (House Bill 4309)

PA 100-0850 enacts the Frail Elderly Individual Family Visitation Protection Act. Permits a family member to petition a court for visitation rights if a family caregiver unreasonably prevents visiting of a frail elderly individual. The court shall consider the nature of the frail elderly individual's functional impairment, their previously expressed preferences in regard to visitation with the petitioning family member, the history of visitation between the frail elderly individual and the petitioning family member, the opinions of any family members and the family caregiver, and any other areas of inquiry deemed appropriate by the court under the circumstances. The court shall not allow visitation if the finding indicates that the frail elderly individual has the capacity to evaluate and communicate visitation decisions and does not wish to visit individual. The court may appoint a guardian, if it determines such appointment is in the best interests of the frail elderly individual. If the court grants the visitation petition, the court may also order the family caregiver to use reasonable efforts to notify the petitioner if the frail elderly individual is hospitalized, admitted to a healthcare facility, changes permanent residence, or passes away. This section does not apply if the frail elderly individual has a guardian, or the family caregiver is acting as agent under a power of attorney or at the direction of such an agent. The bill defines "frail elderly individual" as an adult over 60 years of age who is determined by a court to be functionally impaired because the person 1) is unable to perform at least 2 activities of daily living without substantial human assistance or 2) requires substantial supervision because the person behaves in a manner that poses a serious health or safety hazard to that person or another person due to a cognitive or other mental impairment.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0850

Public Act 100-0972 (Senate Bill 2469)

PA 100-0972 amends the Respite Program Act. Requires the Department on Aging's Annual Report to the General Assembly on Respite Care Services to include an estimate of the demand for respite care services over the next 10 years.

Effective Date: Jan. 1, 2019
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0972

Public Act 100-0915 (House Bill 5558)

PA 100-0915 amends the Mental Health and Developmental Disabilities Code. Requires the conspicuous posting of contact information for the Guardianship and Advocacy Commission and for Equip for Equality (as the agency designated by the Governor to administer the State plan to protect and advocate the rights of persons with developmental disabilities) in public areas at mental health or developmental disability facilities.

Effective Date: Jan 1, 2019.
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0915

Older Adult Services Advisory Committee Members

The Department on Aging, Department of Healthcare and Family Services, Department of Human Serves, Department of Public Health and Illinois Housing and Development Authority gratefully acknowledge the service of the Older Adult Services Advisory Committee (OASAC). The State of Illinois benefits from the broad representation of the OASAC membership and their commitment to advise the Departments on all matters pertinent to the Older Adults Services Act and the delivery of services to older adults. OASAC has been instrumental in the support of 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. The following individuals served as the current OASAC members effective December 31, 2018. (**Denotes members of the Executive Committee).

Sherry Barter Hamlin – Nursing Home or assisted living Establishments
William Bell – Nursing Home or assisted living Establishments
Amy Brown – Nutrition
Theresa Collins – Community Care Program Homemaker
Thomas Cornwell, M.D. – MD specializing in Gerontology
Cindy Cunningham – Adult Day Services
Carla D. Fiessinger – Legal
Kelly Fischer – Hospice Care
**Terri Harkin – Trade or union member
Lori Hendren – Statewide organization in advocacy or legal representation on behalf of the senior population
Susan L. Hughes, Ph.D. – Gerontology Health Policy Analyst
**Mike Koronkowski, PharmD - Pharmacist
Andrew Kretschmar – Alzheimer Disease and Related Disorder
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
Sandra Pastore – Statewide Senior Center Associations
Sara Ratcliffe, CMP – Home Health Agency
**Susan Real – Illinois Area Agencies on Aging
**Gustavo Saberbein – Family Caregiver
**Teva Shirley – Case Management
Jason Speaks – Nursing Home or assisted living Establishments
Louise Starmann – Citizen Member over the age of 60
**Cathy Weightman-Moore – Illinois Long Term Care Ombudsman
Ancy Zacharia – Advanced Practice Nurse with experience in Gerontological nursing

OASAC State Department Members (Ex-officio)

(Denotes **Executive Committee)
**Jean Bohnhoff, Director, Department on Aging
**Kelly Cunningham, Department of Healthcare and Family Services
**Debra D. Bryars, Department of Public Health
**Lyle VanDeventer, Department of Human Services
**Megan Spitz, Illinois Housing Development Authority
Jamie Freschi, Department on Aging
Gwen Diehl, Department of Veterans Affairs
Christopher B. Meister, Illinois Finance Authority

OASAC Workgroup Members

CARE Act/Bridge Model/NH Deflection Workgroup

Renae Alvarez – Health and Medicine Policy Research Group
Carol Aronson – Shawnee Alliance for Seniors
Paul Bennett – Next Level Health Partners
Amy Brown – CRIS Healthy Aging Center
Elizabeth Cummings – Rush University Medical Center
Amy Crawford – Aging Care Connections
Jessica Grabowski – Coordinated Care Alliance
Kim McCahill – AgeOptions
Phyllis Mitzen – Health and Medicine Policy Research Group
Gustavo Saberbein – Help at Home
Megan Spitz – Illinois Housing Development Authority
Louis Starmann -
Walter Rosenberg – Rush University Medical Center
Kathy Weiman – Alternatives for you

Workforce Stabilization Work Group

Paul Bennett – Next Level Health Partners
Theresa Collins – Senior Services Plus, Inc.
Terri Harkin – SEIU HealthCare
Susan Hughes – UIC Community Health Sciences School of Public Health
Phyllis Mitzen – Health and Medicine Policy Research Group
Sandra Pastore – Oswego Senior Center
Gustavo Saberbein – Help at Home
Teva Shirley – Southwestern Illinois Visiting Nurse Association
Louise Starmann – Citizen Member

OASAC CCP Medicaid Enrollment Oversight Subcommittee

Lora McCurdy, Deputy Director
State Representative Terri Bryant
State Representative Anna Moeller
State Sentator Iris Martinez
State Senator Dave Syverson
Darby Anderson
Kelly Cunningham
Marla Fronczak
Lori Hendren
Anne Irving
Marsha Johnson
Dave Lowitzki
Gabriela Moroney
David S. Olsen

(This report was prepared for OASAC by the Illinois Department on Aging, Division of Planning, Research Development and Training).

State of Illinois, Department on Aging
One Natural Resources Way, #100
Springfield, Illinois 62702-1271
www.illinois.gov/aging

Senior HelpLine (8:30am – 5:00pm, Monday – Friday):
1-800-252-8966, 1-888-206-1327 (TTY)

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

Printed by Authority of the State of Illinois

IL-402-1214 - 30 copies - Rev. 08/20