

The background of the slide features a large, semi-transparent seal of the State of Illinois. The seal is circular with a rope-like border. Inside the border, the text "SEAL OF THE STATE OF ILLINOIS" is written in an arc at the top, and "AUG. 26TH 1818" is written at the bottom. The central part of the seal depicts an eagle with wings spread, perched on a shield with vertical stripes. A banner above the eagle reads "STATE SOVEREIGN, NATIONAL UNION".

Illinois Department
on Aging

Older Adult Services Overview

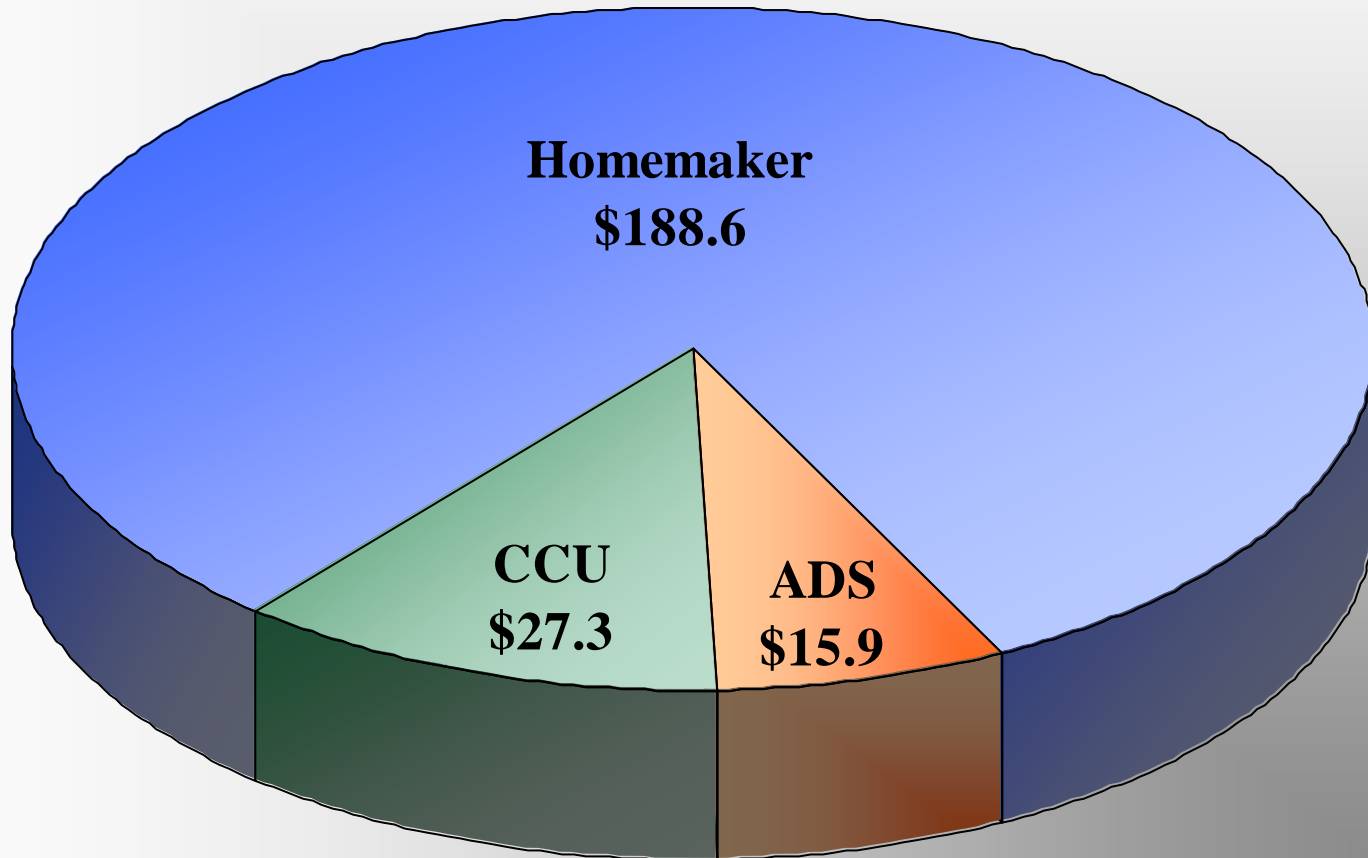
Prepared by the Division of Planning, Research and Development
November 2004

Community Care Program (CCP)

- The Community Care Program (CCP) was created in 1979 by Public Act 81-202.
- The CCP program prevents premature and unnecessary institutionalization of seniors by providing in-home and community-based services.
- Core CCP services are Homemaking, Adult Day Service, and Case Management. Other services are provided on a demonstration basis in limited areas of the state.
- EHR will be added as a core service by the end of Fiscal Year 2005.

FY05 CCP Appropriation:

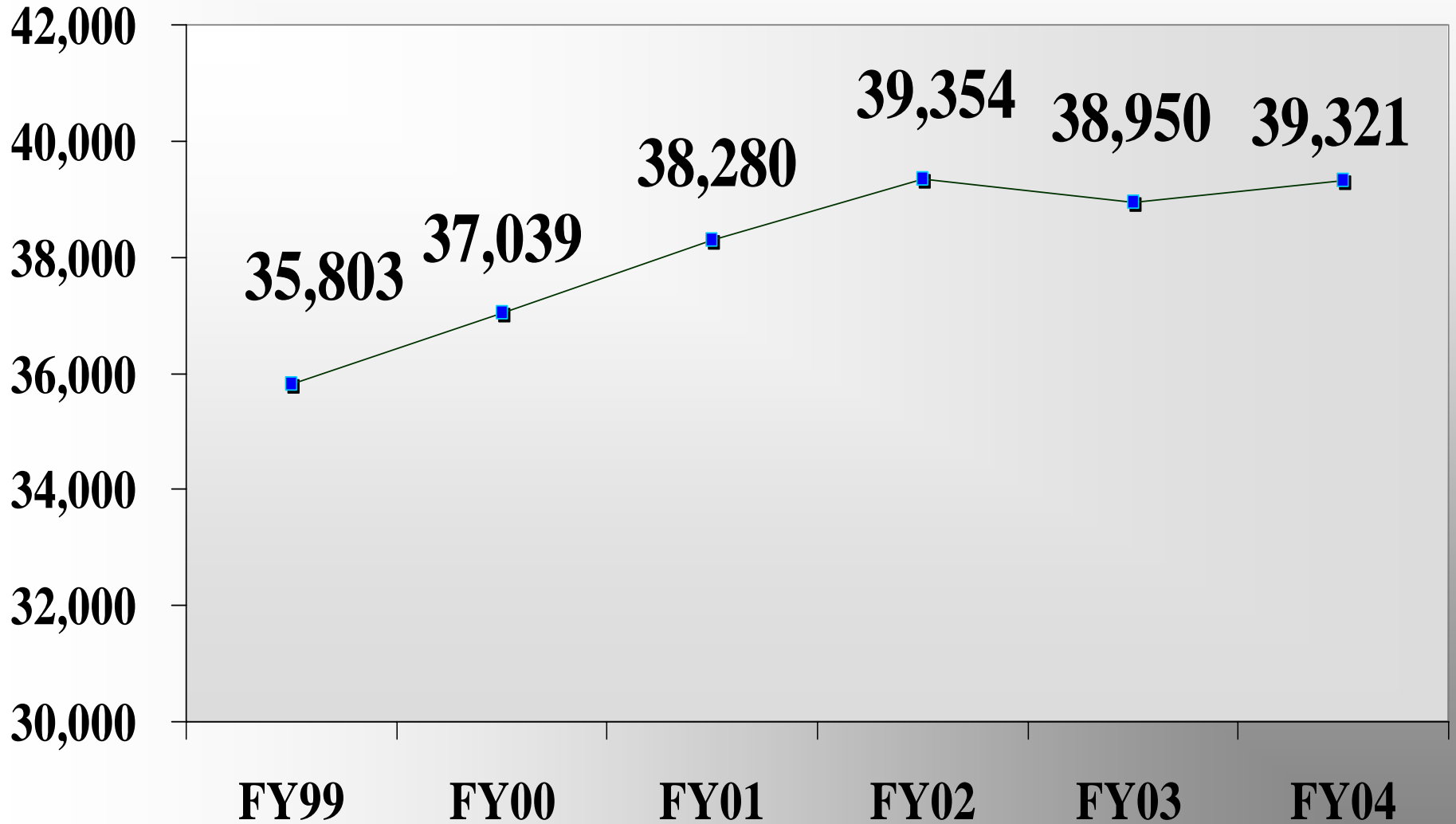
\$231.7 Million



Eligibility Criteria for CCP Services

- Age 60 and Older
- U.S. Citizen
- Non-Exempt Assets of \$12,500 or less
(increased from \$10,000 effective 1/1/2004)
- Illinois Resident
- Score of 29 or Higher on the Determination of Need Assessment (DON)
- Must Apply for Medicaid (effective 7/1/2002)
- Physician authorization for HCBS

CCP Caseload History FY99-FY04*



*End of Year Average Monthly Clients

CCP Client Demographics

- 65% are age 75 or older
- Over 75% are female
- Over 57% live alone
- 63% receive no other IDoA services
- 66% have an annual income of under \$10,000

CCP Services

Homemaker

- Homemaker services are provided by trained, supervised individuals. Homemakers assist with personal care and tasks such as meal preparation, laundry, housekeeping and shopping.
- An hourly reimbursement rate of \$11.06 is paid to contracted provider agencies.
- Homemaker and ADS agencies are mandated to follow the provisions of the Health Care Worker Background Check Act.
- Approximately 95% of all CCP clients receive Homemaker Services.
- Homemaker is available statewide. Most counties have more than one service provider.

Adult Day Service (ADS)

- ADS offers direct care for adults in a community-based setting that provides personal attention and promotes well-being. Transportation must be provided or arranged, meals and snacks are provided, and each site must have a program nurse.
- An hourly reimbursement rate is paid to contracted provider agencies. Transportation is reimbursed per one-way trip.
- ADS clients are more impaired: 65% have moderate to severe dementia.
- Currently, 84 ADS sites offer service to clients who reside in 39 counties (63 counties are unserved).

Case Management

- Case Management is provided through contracted local Case Coordination Units (CCUs).
- Case managers evaluate eligibility and need for services, establish plans of care for clients, provide ongoing case management, and perform nursing home pre-admission screening for all persons age 60 and over.
- Both Case Managers and Case Management Supervisors must have a BSN, a BA or BS in health or social sciences, social work, or health services administration, or be an RN (Case Managers may be LPNs).
- There are over 70 CCU administrative and local offices in Illinois.

Choices for Care Assessment Tool

- This standardized needs assessment tool is used by case managers to evaluate CCP applicants, clients, and for nursing home prescreens.
 - The Mini-Mental State Examination (MMSE) assesses an individual's level of cognitive impairment.
 - The Determination of Need (DON) assesses an individual's functional ability to perform basic and instrumental activities of daily living, identifies unmet needs, and serves as the mechanism to develop a plan of care.
 - The Documentation for DON (Doc for DON) summarizes an individual's impairments, formal supports, service arrangements, and provides instructions to the provider.
- A minimum of 29 points indicates a need for long-term care.
- The statewide average CCP DON score is 46 points.

Client Distribution by DON Score:

DON Range	29 - 32	33 - 36	37 - 45	46 - 56	57 - 67	68 - 78	79 - 87	88 - 100
% of Clients	13.4%	17.6%	27.2%	17.6%	16.0%	5.1%	2.8%	0.3%

Nursing Home Prescreens

- Universal preadmission nursing home screening began in FY97.
- All persons must be prescreened regardless of financial status.
- Case managers advise on all long term care options.
- Emphasis is placed on self-determination.
- CCP case managers conduct approximately 70,000 prescreens each year.

State Entitlement

- Benson vs. Blaser was a class action suit which focused on the waiting list for CCP services.
- 1982 U.S. District Court Order ruled persons on a waiting list were entitled to timely determination of eligibility and service.
- Mandated Timeframes:
 - Eligibility determination within 30 days of submission of completed CCP application.
 - Notice of eligibility mailed to applicant within 15 days of date of eligibility determination.
 - Services provided to eligible applicants within 15 days of date notice was sent.

Medicaid Waiver

- IDoA operates the Home and Community-Based Services Medicaid Waiver for the Elderly through the CCP.
- Illinois claims federal reimbursement, at a 50% match rate, for CCP spending on waiver-covered services provided to Medicaid eligible CCP clients.
- Approximately 50% of CCP clients are claimed for Medicaid match.
- Homemaker, ADS and ADS Transportation are currently claimed through the waiver.
- Case management is claimed as part of the state's administrative claim.

IDOA Housing Option: Comprehensive Care in Residential Settings

- The CBRF demonstration project was implemented during FY98.
- Provides affordable assisted living for CCP clients
- Approximately 180 CCP clients participate in the CBRF demonstration project.
- Program reauthorized by General Assembly last year.

Current CCRS's:

1. CJE's Weinberg Center in Deerfield
2. Luther Center in Rockford
3. Beth-Anne Residences in Chicago
4. River to River's Big Muddy in Murphysboro
5. River to River's Hurricane Creek in Herrin
6. River to River's Cache Valley in Ullin
7. Fox River's Fox River Apts. in Olney

- CCP helps with expense of supportive services – individuals private pay for the rent

CCP Emergency Home Response

- Core CCP service
- Planned to be available by the end of fiscal year 2005
- Medicaid waiver covered service

Older Americans Act

Federal Older Americans Act

(OAA)

- Examples of Services:
 - ❖ Access – I&A, Case Management, Outreach, Transportation
 - ❖ In-home – Home Delivered Meals, Chore/Houskeeper, Respite
 - ❖ Community – Congregate Meals, Legal Assistance, Housing Assistance, Counseling, Multi Purpose Senior Center, Gap Filling
- Over 350,000 individuals served

Eligibility

- Age 60+
- Target Populations include those with the greatest economic need, minorities, seniors living alone, seniors over 75, and seniors in rural areas.

Family Caregiver

- Information
- Access/Assistance
- Respite
- Counseling, Support Groups and Training
- Supplemental (Gap Filling, HDM, Legal Assistance)

FY05 OAA Funding

- \$44.3 Million Federal
- \$14.6 Million General Funds
- 13 PSAs receive formula funding
- AAAs – receive and distribute to community agencies.

Long Term Care
System Reform
Legislation

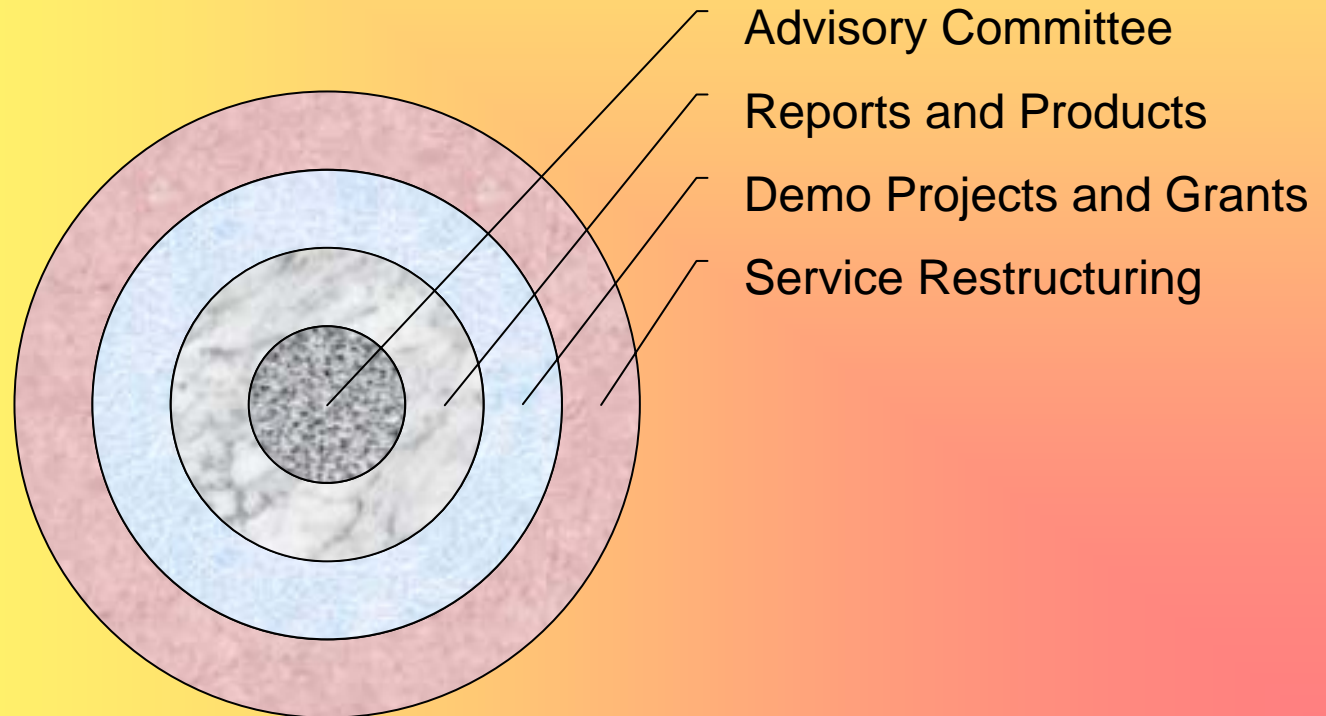
P.A. 93-092 (HB5057)

- Requires IDoA to provide transition services to eligible nursing home residents
- Demonstrations in selected areas of the state.
- \$2 million transferred to DoA from IDPA.
- Wide array of one-time expenses, intense case management, other support services.
- Separate Waiver.
- Engage AAAs, CCUs, Ombudsman, nursing homes, and Centers for Independent Living.

P.A. 93-1031 (SB2880)

Older Adult Services Act

- Purpose: To transform and restructure Illinois' system of care for older adults.
- To shift focus from facility care to HCB care.



Purpose of PA 93-1031

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

Older Adult Services Act

Department on Aging Mandates

- Report to General Assembly annually by 1/1/06.
- Promulgate rules.
- Develop and maintain services inventory*.
- Develop “priority service areas” every five years beginning 7/1/06.*
- Establish a core set of uniform quality standards for all providers that focus on outcomes.*

Older Adult Services Act

Department on Aging Mandates

- Develop a plan that identifies barriers and provides recommendations on the provision and availability of services.*
- Department on Aging, DPH, DPA, submit information to the Health Facilities Planning Board to update the Bed Need Methodology for Long-Term Care.

Older Adult Services Act

DPA Responsibilities

- Propose a plan to with input from IDoA, IDPH and the Advisory Committee to
 - contain Medicaid nursing home costs,
 - maximize Medicare utilization and
 - evaluate financing options for older adults
- DPH and DPA shall document estimated savings of the Nursing Home Conversion Program.

Service Restructuring and Rebalancing Efforts

- By 1/1/05, DoA shall commence the process of restructuring older adult services.
 - Long Term Care Reform plan developed 11/03.
 - Advisory committee convened in three months.
- Planning which adopts the principle of "money follows the person" and the identification of potential impediments
 - Effort underway with Governor's office and OMB. Potential ramifications for other agencies.

Service Restructuring and Rebalancing Efforts

- Comprehensive Case Management to be conducted statewide.
 - Comprehensive care management under development by CCUs with AAAs. Being tested throughout state.
 - Investigating adoption of MDS-HC.
- Coordinated Point of Entry using a uniform name, identity, logo and toll-free number.
 - Aging and Disability Resource Center grant awarded. Winnebago and Macon Counties selected for prototypes.
 - AAAs propose common intake process.

Service Restructuring and Rebalancing Efforts

- Public Website that links to available services and resources.
 - MMA funds awarded, which can be used for this and other purposes.
- Expansion of older adult services to help older adults remain in their own homes.
 - Emergency Home Response to be added as core Community Care Program service.
 - Enhanced Transition services available FY 05.

Service Restructuring and Rebalancing Efforts

- Consumer-directed HCBS to maximize consumer choice.
 - Cash and Counseling grant awarded to Illinois for three year demonstration program.
 - Consumer Direction grant awarded and stakeholder group convened to identify ways of incorporating consumer direction in existing programs.
- Comprehensive delivery system which integrates acute and chronic care.
 - Solicited research on state approaches. Will work closely with DPA to expand comprehensive care options in Illinois.

Service Restructuring and Rebalancing Efforts

- Family caregiver support strategies coordinating both public and private financing.
 - Department efforts currently funded under Older Americans Act.
- Workforce strategies which attract and retain a qualified worker pool.
 - Wage and rate increase under discussion for 1/1/04.

Service Restructuring and Rebalancing Efforts

- Coordination of services to maximize resources and minimize duplication of services.
 - DoA reorganized to merge OAS and CCP functions.
 - Interagency efforts with DHS underway to avoid duplication of management information systems,
- Evaluation of current reimbursement and funding practices to implement a uniform, audited provider cost reporting system.
 - Discussions on payment mechanisms under way but awaiting deliberation by Advisory Committee.