



American  
Society  
**on Aging**

October 11, 2024

## **ASA Chicagoland Roundtable**

**Status Report - Avoiding or Delaying the Necessity for Long Term  
Care Facility Placement**

# Welcome to the ASA Chicagoland Roundtable

---

- **Longstanding series of bimonthly educational gatherings with professionals in aging in the greater Chicago area**
  - Hosted by RUSH University Medical Center – Center for Excellence in Aging
  - Organized by local volunteer planning committee
  - Communications support from the American Society on Aging
- **Virtual sessions since 2020 available at <https://aging.rush.edu/policy/asa-chicagoland/>**

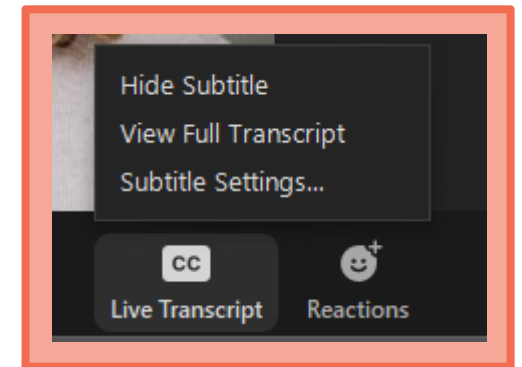
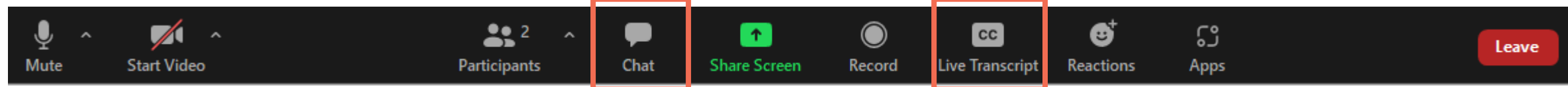
# Logistics

---

Submit your questions into the chat box as we go

Slides and a recording will be shared with registrants

Closed captioning available



# Today's speakers

---

- Facilitator: *Jonathan Lavin, Retired AgeOptions CEO*
- Setting the National Stage: *Robert Applebaum, Professor Emeritus, Miami University of Ohio*
- Programs from the Illinois Department on Aging: *Becky Dragoo, Deputy Director, IDOA*
- Colbert and Williams Consent Decrees: *Megan Miller-Attang, Deputy Director of Systems Rebalancing-Williams Administrator, Illinois Department of Human Services*
- Programs from the Illinois Department of Healthcare and Family Services: *Lisa Gregory, Chief, Bureau of Long Term Care, HFS*

# Setting the National Stage

---

ROBERT APPLEBAUM

PROFESSOR EMERITUS, MIAMI UNIVERSITY OF OHIO

# **Programs from the Illinois Department on Aging**

---

BECKY DRAGOO

DEPUTY DIRECTOR, IDOA



Illinois Department on Aging

---

**ASA RUSH RoundTable:  
October 11, 2024**

Becky S. Dragoo, Deputy Director

---

The **MISSION** of the Illinois Department on Aging is to **serve and advocate** for older Illinoisans and their caregivers by administering **quality and culturally appropriate** programs that promote **partnerships** and encourage **independence, dignity, and quality of life.**

---



Illinois Department on Aging





## **Persons Who are Elderly Medicaid Waiver:** **Community Care Program (CCP)**

---

- Established in 1979 by Public Act 81-202, the Illinois Department on Aging's Community Care Program helps senior citizens, who might otherwise need nursing home care, to remain in their own homes by providing in-home and community-based services.
- Services available (all non-medical services):
  - Comprehensive Care Coordination
  - In-Home Service (Agency model but allow "HCA of Choice")
  - Adult Day Service
  - Emergency Home Response Service
  - Automatic Medication Dispenser Service

# Persons Who are Elderly Medicaid Waiver: Community Care Program (CCP)

---



- Eligibility criteria:
  - Age 60+
  - Minimum score of 29 on the Determination of Need (DON) assessment
  - U.S. citizens or eligible non-citizens within the specific categories;
  - Residents of Illinois;
  - Have non-exempt assets of \$17,500 or less (Your home, car, or personal furnishings are classified as exempt assets.); and
  - Have an assessed need for long term care (to be at risk for nursing facility placement as measured by the Determination of Need (DON) assessment)
  - Must apply for Medicaid
- All CCP providers must be contracted with IDoA
- Program Rules: [89 Ill. Adm. Code 240](#)

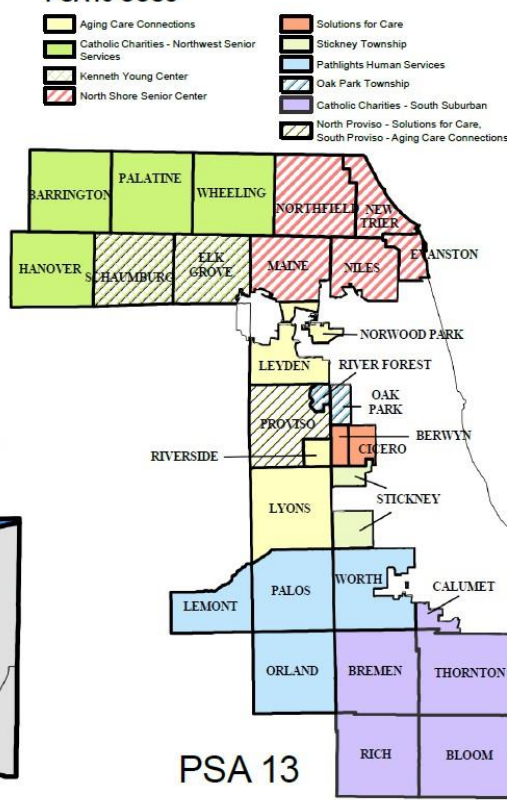
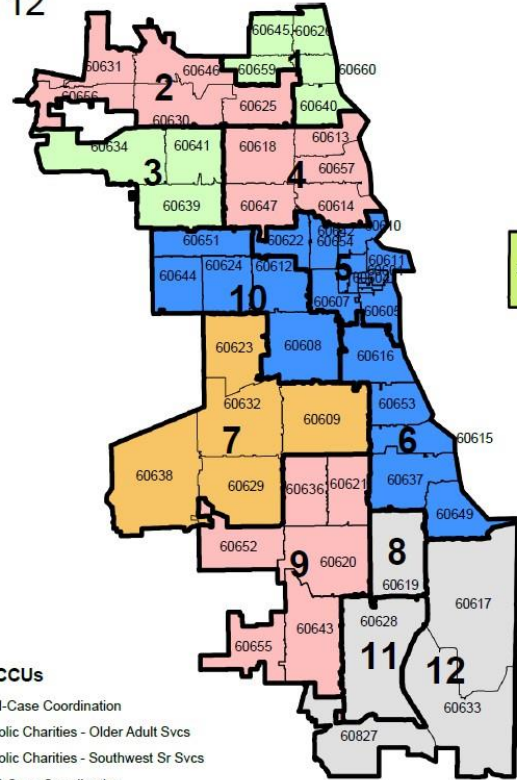
# Persons Who are Elderly Medicaid Waiver (Community Care Program) – CCU Geographic Areas

## Chicago & Suburban Cook Co.

## Statewide

PSA 12

PSA13 CCUs

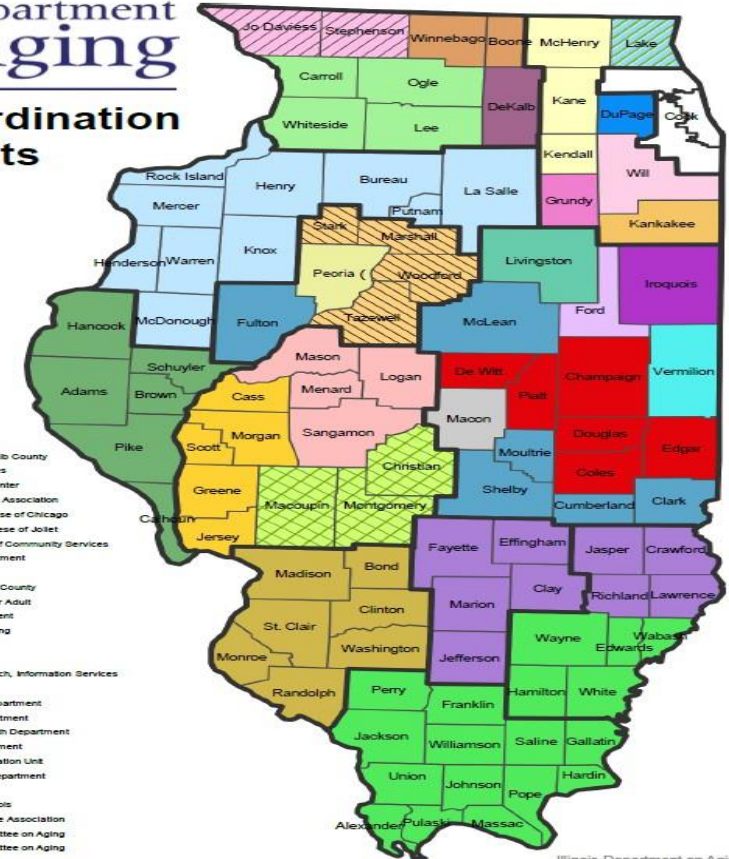


Illinois Department on Aging - rev.12.2023

## Illinois Department on Aging Care Coordination Units

CCU

- PSA 01 Elderly Care Services of DeKalb County
- PSA 01 Lifescape Community Services
- PSA 01 Stephenson Senior Center
- PSA 01 Mercy Health Visiting Nurses Association
- PSA 02 Catholic Charities of the Diocese of Chicago
- PSA 02 Catholic Charities of the Diocese of Joliet
- PSA 02 DuPage County Department of Community Services
- PSA 02 Grundy County Health Department
- PSA 02 Senior Services Associates
- PSA 02 Senior Services Center of Will County
- PSA 03 ALTERNATIVES for the Older Adult
- PSA 04 Autonomous Case Management
- PSA 04 Central Illinois Agency on Aging
- PSA 04 CCSI - Care Coordination
- PSA 05 CCSI - Care Coordination
- PSA 05 Community Resource, Research, Information Services
- PSA 05 Care Horizon
- PSA 05 Ford County Public Health Department
- PSA 05 Iroquois County Health Department
- PSA 05 Livingston County Public Health Department
- PSA 05 Macon County Health Department
- PSA 05 West Central IL Case Coordination Unit
- PSA 07 Montgomery County Health Department
- PSA 07 Prairie Council on Aging
- PSA 07 Senior Services of Central Illinois
- PSA 08 Southwestern IL Visiting Nurse Association
- PSA 09 Effingham City-County Committee on Aging
- PSA 10 Effingham City-County Committee on Aging
- PSA 10 Shawnee Alliance for Seniors
- PSA 11 Shawnee Alliance for Seniors
- See Cook County Breakdown



Illinois Department on Aging  
Revised: 12.2023

Maps available here: <https://ilaging.illinois.gov/programs/ccp/maps.html>

# IDoA CCP Medicaid Enrollment Report

Data as of September 23, 2024

PSA	Waiver Services provided by an MCO (all Medicaid)	Community Care Program (CCP)			Total CCP and MCO Participants
		Medicaid	Non-Medicaid	Total CCP Participants	
01	1,767	2,408	742	3,150	4,917
02	8,337	7,547	2,692	10,239	18,576
03	1,063	1,223	561	1,784	2,847
04	1,040	1,040	339	1,379	2,419
05	2,124	2,503	812	3,315	5,439
06	290	423	61	484	774
07	1,380	1,976	740	2,716	4,096
08	1,868	2,221	744	2,965	4,833
09	476	640	35	675	1,151
10	363	500	54	554	917
11	1,351	1,447	161	1,608	2,959
12	22,601	20,019	9,457	29,476	52,077
13	12,154	12,726	5,943	18,669	30,823
<b>Total</b>	<b>54,814</b>	<b>54,673</b>	<b>22,341</b>	<b>77,014</b>	<b>131,828</b>

Totals from 1 year ago\*

<b>Total</b>	<b>57,536</b>	<b>47,369</b>	<b>28,866</b>	<b>76,235</b>	<b>133,771</b>
--------------	---------------	---------------	---------------	---------------	----------------

Data as of 9/22/2023

Totals from 2 years ago\*

<b>Total</b>	<b>53,098</b>	<b>45,698</b>	<b>30,389</b>	<b>76,087</b>	<b>129,185</b>
--------------	---------------	---------------	---------------	---------------	----------------

Data as of 9/21/2022

Totals from 3 years ago\*

<b>Total</b>	<b>50,014</b>	<b>42,538</b>	<b>32,346</b>	<b>74,884</b>	<b>124,898</b>
--------------	---------------	---------------	---------------	---------------	----------------

Data as of 9/17/2021

Totals from 4 years ago\*

<b>Total</b>	<b>44,133</b>	<b>40,673</b>	<b>29,801</b>	<b>70,474</b>	<b>114,607</b>
--------------	---------------	---------------	---------------	---------------	----------------

Data as of 9/25/2020

Totals from 1st Enrollment Report (8/29/2019)

<b>Total</b>	<b>40,735</b>	<b>36,085</b>	<b>34,559</b>	<b>70,644</b>	<b>111,379</b>
--------------	---------------	---------------	---------------	---------------	----------------

Data as of August 29, 2019.

# CCP Provider Landscape: Total CCP Providers

Provider Type	# of Contracts
Adult Day Service	71
Automatic Medication Dispenser	5
Care Coordination Unit	65
Emergency Home Response	6
In-Home Service	525

# 1915(c) Waiver/CCP Expansion in CY 24

---

- Enhanced Emergency Home Response System
  - ✓ GPS tracking
  - ✓ 2<sup>nd</sup> lanyard/device
- Pandemic flexibility allowing Legally Responsible Individuals (LRIs) to serve as paid caregivers moved to permanency
  - ✓ Spouse;
  - ✓ Power of attorney (medical, legal, or financial); or
  - ✓ Representational payee

# Older American Act Services and Funding

## OLDER AMERICAN ACT (FEDERAL) FUNDING

- Title III-B Supportive Services and Senior Centers, In Home Services, and Community Services (\$17.5M)
- Title III-B Ombudsman (\$694K)
- Title III-C1- Congregate Meals (\$13.3M)
- Title III-C2- Home Delivered Meals (\$12.7M)
- NSIP (Nutrition Services Incentive Program) (\$7.3M)
- Title III-D- Health Promotion (\$893K)
- Title III-E- National Family Caregiver Support Program and Older People Raising Relative Children (\$6.9M)
- Title VII Elder Abuse (\$197K)
- Title VII Ombudsman (\$788K)

## STATE FUNDING

- Caregiver Support Services (\$5.27M)
- Community Based Equal Distribution (\$1.75M)
- Home Delivered Meals Funds (\$52.3M)
- Ombudsman Funds (\$2.4M)
- Planning and Service Funds (\$15.6M)

**Total (federal and state):  
\$136,893,500**



# Ongoing IDoA Initiatives

---

- Emergency Senior Services
  - Homelessness/At Risk
  - Short-term gap filling
- Illinois Assistive Technology Program (ICC)
- Caregiver Portal
- Direct Care Workforce
- Older Americans Act
- Money Management
- Enhanced Transition- Bridge Program



# Purpose/Goals of Choices for Care

---

- Determine eligibility for long-term care services. Minimum of 29 (DON) score required.
- Divert the individual from unnecessary Nursing Facility (NF) placement by offering information about – and arranging for – services and supports in the community.
- Comply with federal Preadmission Screening and Resident Review (PASRR) requirements which determine whether facility and specialized services are needed.
- Confirm interest for follow-up in the NF from the individual to ensure that a short-term NF stay doesn't become a long-term stay.

# Hospital Discharge Planners

---



- Required to notify CCU within 24 hours (or sooner) of pending discharge.
- Complete Level I in AssessmentPro.
- Provide necessary information in AssessmentPro which CCUs can access—such as History & Physical (H&P)—or by other means.
  - If the hospital utilized the SSN as identifier, CCUs can click on the SSN in the demographic section to reveal the entire number.
  - AssessmentPro requires H&P if available. Hospitals can upload other helpful information such as a face sheet and are encouraged to include the room number.
- Coordinate with CCU to assure smooth transition. Complete all requirements prior to hospital discharge for individual's NF/SLP admission or return to the community.

# NF Deflection & Deinstitutionalization

---

## • REMINDER!



- When completing the Service Selection and Certification form— individuals have the right to choose a NF, SLP, Community-based services— or no services at all.
- Individuals often haven't considered community-based options, and CCUs should offer community services, such as CCP, that may be a viable option.
- For individuals choosing a NF it may be for a short-term rehab stay. To ensure a short-term stay doesn't become long-term, CCUs will ask the individual if they would like to schedule follow-up
  - A Deinstitutionalization assessment may be completed in the NF.

**SERVICE SELECTION AND CERTIFICATION**

SSN 000-00-0111

RIN (if available): \_\_\_\_\_

Last Name: Chi

First Name: Zhao

DOB: 12/07/1937

Hospital Name/City:

I have been advised that I may choose community-based services, supportive living program services or nursing facility placement. I understand that I have the right to change my mind at any time.

- I choose COMMUNITY-BASED SERVICES.
- I choose SUPPORTIVE LIVING PROGRAM SERVICES.
- I choose Division of Rehabilitation Services (DRS) COMMUNITY-BASED SERVICES.

I choose NURSING FACILITY placement. Facility Name/City: \_\_\_\_\_ Facility Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

I request that a Care Coordinator follow up within \_\_\_\_\_ days to review my options for care (e.g., assist with return to community or remain in current location).

Participant Phone #: (312) 212-1111

Authorized Representative Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Family/Friend Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Family/Friend Name \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

- I choose NEITHER community-based services nor nursing facility placement.
- I certify that I have received and reviewed that following brochures: **Notice of Privacy Practices, Home Care Participant Bill of Rights, and Your Need to**

**Know About Adult Protective Services.**

I certify that, to the best of my knowledge and belief, the information provided is true, correct, and complete. I understand the information will be disclosed only for the purposes of administration of services and I may be asked to verify that information I have provided.

Signature of Person Assessed

OR

Authorized Representative:

<b>X</b> _____	Date _____
----------------	------------

**CASE NOTED SIGNATURE:** -Complete this section if needed-

<input type="checkbox"/> Person being assessed physically/cognitively unable to sign & no Authorized Representative present.	
<input type="checkbox"/> Person being assessed refused to sign.	
<input type="checkbox"/> Witnessed person's X as signature	Care Coordinator Signature: _____ Date: _____

Office Use Only:

If this CCU will not be completing follow-up, referral made to:

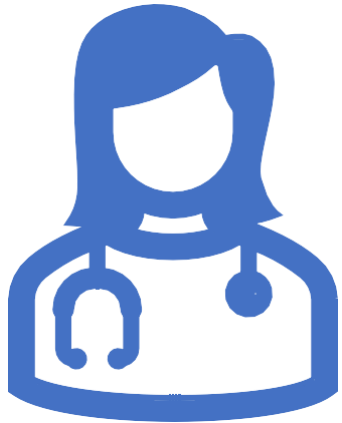
CCU in another area: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

MCO: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

DRS Local Office (if person being assessed under 60): \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

# Where Choices Screens can be completed

---



- **Hospitals—**
- **Nursing Facility—**licensed by Illinois Department of Public Health (IDPH) under the Nursing Home Care Act—certified to participate in Medicare or Medicaid program(s), other insurance, or private pay.
- **Supportive Living Program Setting (SLP)—**Medicaid HCBS waiver administered by HFS, but also can have private pay individuals.
- **Assisted Living Facility—**licensed by IDPH—private pay.
- **Community--**
  - Choices for Care assessments **do not** need to be completed for individuals entering an Assisted Living Facility but **are required for SLP**.
  - A participant can receive CCP services while in Assisted Living if care is not duplicated.
  - An organization may have all 3 types of care at the same setting.

# Reporting Screen Activity

---

- **AssessmentPro:** Maximus website to enter screening and assessment information.
- **Maximus:** Entity contracted in Illinois by HFS for Pre-Admission Screening and Resident Review (PASRR) and staffing the [ILCCU@Maximus.com](mailto:ILCCU@Maximus.com) helpline.
- **Level I:** Initial screen to identify a known/suspicion of serious mental illness, intellectual disability, and/or developmental disability **specifically for nursing facility services and supports.**
- **Level II:** Personalized assessment to verify the presence of a serious mental illness, intellectual disability, and/or developmental disability, the appropriateness of the NF setting and any disability specific services that may be needed during a NF stay; **specifically for nursing facility services and supports.**
- **SLP Initial Screen:** Initial screening to identify individuals with potential SMI or DD as well as the reason for referral; **specifically for Supportive Living Program services.**
- **SLP Comprehensive Assessment:** SMI or DD assessment to verify the potential appropriateness of a SLP setting based on the absence of any persistent needs and risks; **specifically for Supportive Living Program services.**

# Choices for Care Pre Screen

Pre Screens completed in - FY 2024							
PSA	Prescreen (F2F)	Prescreen (Non-F2F)	Weekend Prescreen	Presumptive Eligibility Screenings	Current CCP Client w/ Screening	Current MCO Client w/ Screening	Total Choices For Care Screenings
PSA 1	5,402	1,218	194	4	517	13	7,348
PSA 2	22,425	1,717	1,691	97	1,285	46	27,261
PSA 3	2,405	592	170	-	199	1	3,367
PSA 4	4,009	3	444	34	149	6	4,645
PSA 5	7,820	481	616	102	580	7	9,606
PSA 6	883	20	-	-	68	-	971
PSA 7	2,920	236	222	5	289	28	3,700
PSA 8	3,283	97	-	-	456	-	3,836
PSA 9	1,456	267	84	1	75	60	1,943
PSA 10	802	73	26	5	64	33	1,003
PSA 11	1,953	107	17	21	177	75	2,350
PSA 12	14,057	131	1,480	1,400	1,475	59	18,602
PSA 13	20,769	920	3,628	851	1,315	57	27,540
<b>Total</b>	<b>88,184</b>	<b>5,862</b>	<b>8,572</b>	<b>2,520</b>	<b>6,649</b>	<b>385</b>	<b>112,172</b>

Data from July 1, 2023 to June 30, 2024

\*Screenings with translation services included in total = 855

# Choices for Care Post Screen

Post Screens completed in - FY 2024	
PSA	Post Screens
PSA 1	487
PSA 2	1,377
PSA 3	408
PSA 4	94
PSA 5	224
PSA 6	43
PSA 7	141
PSA 8	913
PSA 9	380
PSA 10	366
PSA 11	451
PSA 12	259
PSA 13	586
<b>Total</b>	<b>5,729</b>

Data from July 1, 2023 to June 30, 2024



# Questions or Comments

---

- Becky Dragoo
  - [Becky.Dragoo2@illinois.gov](mailto:Becky.Dragoo2@illinois.gov)
- John Eckert
  - John [Eckert@illinois.gov](mailto:Eckert@illinois.gov)

# Colbert & Williams Consent Decree Overview

**Megan Miller-Attang**, Deputy  
Director of Systems Rebalancing –  
Williams Administrator



# Background

- Both lawsuits against Illinois alleged violations of the ADA and *Olmstead* Supreme Court Decision.
- Both lawsuits resulted in settlements, which seek to provide Class Members with services in the **least restrictive and most integrated setting possible**.
- **Williams Consent Decree** – entered in 2010
- **Colbert Consent Decree** – entered in 2011
- The Comprehensive Class Member Transition Program launched in FY20.



# Williams and Colbert Consent Decrees

*at a glance*

## **Williams Class Members Defined:**

- Illinois resident (state-wide);
- 18 years of age or older;
- Have a mental illness;
- Reside in a SMHRF;
- Are able to live in the community with specialized supports and services.
- Medicaid eligible

~3,000 Class Members

20 SMHRFs state-wide

## **Colbert Class Members Defined:**

- Cook County resident;
- 18 years of age or older;
- Have a disability;
- Reside in a SNF (in Cook County);
- Are able to live in the community with appropriate supports and services; and
- Medicaid eligible.











~20,000 Class Members

~195+ Cook County Nursing Facilities

\*Exclusionary Criteria – Class Members who have a confirmed diagnosis of severe dementia/other cognitive impairment are not required to receive assessment and transition.

# JOURNEY MAP

## JOURNEY TEAM & SUPPORT NETWORK

-  Maximus
-  Front Door Diversion Program
-  Care Coordination Unit
-  MCO<sup>1</sup>
-  Facility
-  Prime Agency<sup>2</sup>
-  National Alliance on Mental Illness Chicago
-  Division of Rehab Services (within IDHS)
-  UIC Assistive Technology Unit
-  Landlord

  
**Pre-Admission Assessment/Screen**  
 Pre-admission

**1**



**Determination of Need Assessment & Choices for Care and Front Door Diversion**  
 Pre-admission

**2**



  
**Service Plan**  
 Initial plan within 45 days of assessment (Updated at least every 180 days)

**5**

  
**Outreach**  
 60-70 days post admission

**4**

  
**Assessment**  
 Within 14 days of agreeing to transition at Outreach

  
**Pre-transition**  
 Between 46 days - 8+/- months  
 Service Plan activities/goals  
 Housing events

**7**

  
**Transition to the Community**  
 Transition plan 0-14 days before move & updated every 180 days

**8**

**Post-transition**  
 Support & care management while in the community

<sup>1</sup> Transition provider through Community Transition Initiative/ health plan

<sup>2</sup> Transition provider through Comprehensive Program

# Comprehensive Class Member Transition Program

Program 850

# Comprehensive Program Service Delivery

- Combined operations of Williams and Colbert Consent Decrees
  - 11 DMH grant funded community agencies (Primes) facilitating transitions from SMHRFs/Cook County SNFs to community-based settings
- One provider will provide “soup to nuts” services:
  - Outreach
  - Assessment
  - Service Plan
  - Transition
  - Housing
  - Post-transition follow-up for 18 months
- Annual transition targets.

# Service Delivery Overview

**Total Comprehensive Program Budget for FY 25: \$50,392,973.04**

**Total Comprehensive Program Budget for FY 24: \$51,469,543.73**

**Comprehensive Program FY24 Spending to date: \$47,629.396.71**

Peer Ambassadors *(expanded in FY24 to include the Engagement & Support Pilot)*

- In-Home Recovery Support
- Cluster Housing *(expanded in FY24)*
- Accessible Housing & Adaptive Technology
- Quality Assurance and Data Analytics
- Drop-In Centers
- Bridge Subsidy Administrators *(expanded in FY24 to include the Housing Retention Program)*

Contracts with

- Corporation for Supportive Housing
- UIC Jane Addams College of Social Work
- UIC College of Nursing



# Decree Commitments & Progress

(FY24: June 2023-July 2024)

## Commitments:

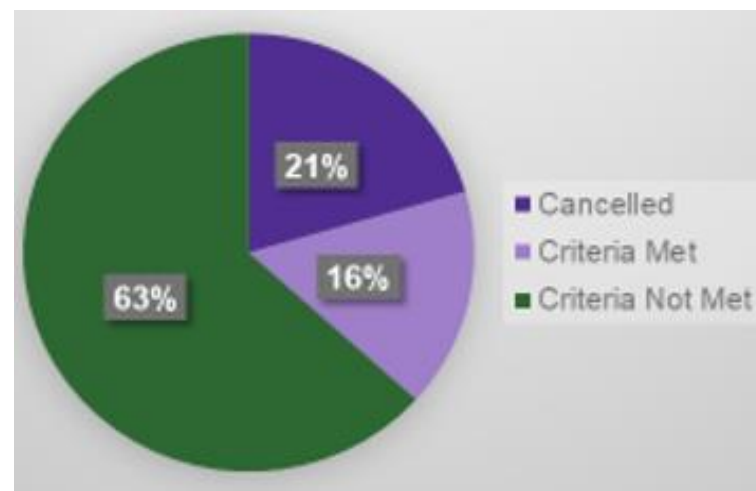
- Transition 450 Colbert Class Members.
- Transition 400 Williams Class Members.
- Review Colbert Class Members who are suspected of having severe dementia and who therefore meet exclusionary criteria.
- Engagement and Support Pilot launched for Williams January 2024; Colbert expected to start in Q1 of FY25.

## Williams Progress:

- Transitioned **418** Williams Class Members.

## Colbert Progress:

- Transitioned **545** Colbert Class Members
- Maximus began Exclusionary Criteria reviews in Sept 2023. They have conducted **6,425** reviews.



## Program Initiatives

- New CM Comprehensive Service Plan
- Monthly Spending Analysis by Prime
- Launched the Bridge Subsidy Housing Retention Team
- Revamped Quality Monitoring Unit
- Strategic Plan to Transition CMs from Bridge Subsidy
- Employment Workgroup
- No Income Class Member Workgroup

# Community Transitions Initiative (CTI)

- The **CTI** program is facilitated by a Managed Care Organization (MCO), operated by the Department of Healthcare and Family Services (HFS).
- Engages with Class Members residing in a Cook County Skilled Nursing Facilities and Specialized Mental Health Rehabilitation Facilities (SMHRF).
- Services Provided:
  - Outreach
  - Assessment
  - Evaluation
  - Service planning + Implementation
  - Care Management
  - Transition supports; and
  - Community-based services

**Please visit:**

[Community Transition Initiative | Colbert & Williams Training | University of Illinois Chicago \(uic.edu\)](#)



# Front Door Diversion Program

Program 800

# Program Overview

- **7 Front Door Providers**

Envision Unlimited

HRDI

Independence Center

Kenneth Young Center

National Youth Advocate Program

Thresholds

Trilogy

- **51 hospitals** partner with the program across Cook, DuPage, Kane, Kankakee, Lake, McClean, Peoria, and Will Counties, with statewide expansion planned.
- **Total Budget**= \$11,345,494 → \$11,124,571 expended
- **Total Transitional Housing**= 151 units
- **Total Diversions (2017-June 2024):** 1,800

# Program Service Delivery & Initiatives

- Cluster Housing
  - *Expanded in FY24 to include FDD*
  - *1 new housing site added.*
- Accessible Housing & Adaptive Technology
- Quality Assurance and Data Analytics
- Drop-In Centers
- Bridge Subsidy Administrators
- Temporary/Transitional Housing
- Community Outreach and Engagement
- Linkage to Community Treatment
- Non-Traditional Support Services (SOAR, Employment Supports, Peer Services, etc.).



## FY25 FDDP Commitments

- Increase provider capacity through pilot efforts to expand referral coverage to underserved geographic regions.
- Develop and implement quality assurance (QA) for program evaluation.
- Enhance housing and support services.

The Williams and Colbert FY25 Implementation Plans (IP): Currently under negotiation, and are anticipated to be filed with the judge soon.



Questions?



Help  
is here



# **Programs from the Illinois Department of Healthcare and Family Services**

---

LISA GREGORY

CHIEF, BUREAU OF LONG TERM CARE, HFS

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

American Society on Aging  
Friday, October 11, 2024



**HFS**

Illinois Department of  
Healthcare and Family Services

# What is PACE?

## History and Timeline

## Current Status



# WHAT IS PACE?

42 CFR 460  
320 ILCS 40

- PACE is a Medicare program and Medicaid state plan optional service. (3/31/23)
- PACE becomes the sole source of Medicaid and Medicare benefits for participants.
- PACE provides comprehensive medical and social services programs.
- The goal of PACE is to enable participants to live in their home rather than a long term care facility.
- Reimbursement for the program occurs through a Medicaid and Medicare per member per month CMS approved capitated rate. (4/17/23 effective through 6/30/25 however currently refreshing with CMS)
- PACE services are provided by a PACE Organization.



# WHAT ARE PACE ORGANIZATIONS?

- PACE Organizations are not only an entity, but they are a provider of care as they are required to have on staff an interdisciplinary team of health professionals to provide coordinated care for participants.
  - ✓ Primary Care Provider
  - ✓ Registered Nurse
  - ✓ Master's-level Social Worker
  - ✓ Therapists: physical, occupational, recreational
  - ✓ Dietitian
  - ✓ Home Care Coordinator
  - ✓ Personal Care Attendant
  - ✓ Driver



HFS

Illinois Department of  
Healthcare and Family Services



# WHAT ARE PACE CENTERS?

- Every PACE Organization is required to have at least one PACE Center (facility) which serves as the focal point for coordination and provision of most PACE services to include:
  - ✓ primary care clinic,
  - ✓ therapeutic recreation area,
  - ✓ restorative therapies area,
  - ✓ socialization space(s),
  - ✓ personal care area, and a
  - ✓ dining area.
- The center is required to meet the time and distance standards: 30-mile travel distance maximum to serve participants in urban settings and a maximum of 60 miles to serve participants in rural settings.



HFS

Illinois Department of  
Healthcare and Family Services



# WHAT ARE THE ELIGIBILITY REQUIREMENTS FOR PACE?

55 years of age and older

Live in the service area of a PACE Organization

Certified by the State to be eligible for nursing home care

Be able to live safely in the community

Eligible for Medicaid and/or Medicare



# TIMELINE

- **2020**/SB2294/P.A. 102-0043 – Statutory date 6/1/24
- **2021**/Partnered with Myers & Stauffer, Completed Market Analysis, Designed Service Regions, Developed Procurement Strategy, CMS Approved new PACE State Plan Amendment and Initial Capitation Rates, Conducted Stakeholder Engagement, Developed and Released Request for Application (12/29/21)
- **2022**/Evaluated and Scored 27 RFAs, Awarded 8, Gov. Pritzker Announced PACE Awards on Senior Day at State Fair
- **2023**/5 Awardees Submitted Application to CMS, 1 Awardee Withdrew, 2 Awardees CMS Application TBD
- **2024**/3 PACE Organizations Operational
- **2025**/2 PACE Organizations Operational



HFS

Illinois Department of  
Healthcare and Family Services





# ILLINOIS PACE ORGANIZATIONS

- PACE is not offered state-wide.
- There are **5** service regions and **7** PACE Organizations.
  - **West Chicago**
    - Kinship PACE of Illinois, LLC (Late 2025)
    - Lawndale Christian Health Center - Operational July 1, 2024
      - 13 participants enrolled as of 10/1/24
  - **South Chicago**
    - Annie's Place PACE (TBD)
    - Esperanza Health Centers – Operational July 1, 2024
      - 9 participants enrolled as of 10/1/24



HFS

Illinois Department of  
Healthcare and Family Services



# ILLINOIS PACE ORGANIZATIONS

- **Southern Cook County**
  - BoldAge PACE of Illinois (Late 2025)
- **Peoria**
  - OSF HealthCare System – Operational June 1, 2024
    - 12 participants enrolled as of 10/1/24
- **East St. Louis**
  - Stella PACE at Home, LLC (TBD)



# Discussion

---

- Facilitator: *Jonathan Lavin, Retired AgeOptions CEO*
- Setting the National Stage: *Robert Applebaum, Professor Emeritus, Miami University of Ohio*
- Programs from the Illinois Department on Aging: *Becky Dragoo, Deputy Director, IDOA*
- Colbert and Williams Consent Decrees: *Megan Miller-Attang, Deputy Director of Systems Rebalancing-Williams Administrator, Illinois Department of Human Services*
- Programs from the Illinois Department of Healthcare and Family Services: *Lisa Gregory, Chief, Bureau of Long Term Care, HFS*

# Thank you!

---

**Please share any announcements in the chat**

**View recordings from recent sessions at <https://aging.rush.edu/policy/asa-chicagoland/>**

**Please join us for our upcoming Roundtable**

- Friday December 6, 2024, 8:30-10:30am
- Registration / details will be shared in November via ASA listserv
  - *Rush team will also share registration details in follow-up from today's event*