



American
Society
on Aging

December 6, 2024

ASA Chicagoland Roundtable

Updates on Improving Safety and Quality of Nursing Home Care in Illinois

Welcome to the ASA Chicagoland Roundtable

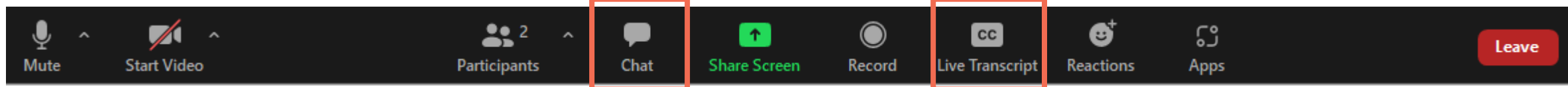
- **Longstanding series of bimonthly educational gatherings with professionals in aging in the greater Chicago area**
 - Hosted by RUSH University Medical Center – Center for Excellence in Aging
 - Organized by local volunteer planning committee
 - Communications support from the American Society on 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

- **Kelly Richards**, Illinois State Long-Term Care Ombudsman
- **Sheila Baker**, Deputy Director of the Office of Healthcare Regulation, Department of Public Health (IDPH)
- **Kelly Cunningham**, State Medicaid Director, Illinois Department of Healthcare and Family Services (HFS)
- **Jason Speaks**, Director of Government Relations, LeadingAge Illinois
- **Moderated by Michael Gelder**, Board member of Health & Medicine Policy Research Group

What brings us here today?

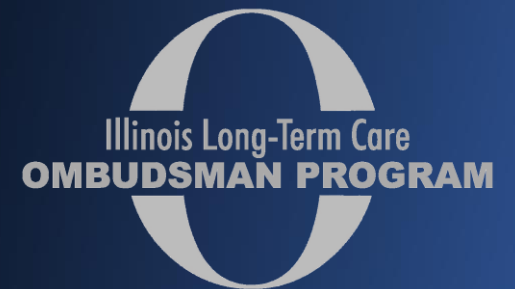
MICHAEL GELDER

BOARD MEMBER OF HEALTH & MEDICINE POLICY RESEARCH GROUP

View of Staffing and Quality of Care from the Long-Term Care Ombudsman Program

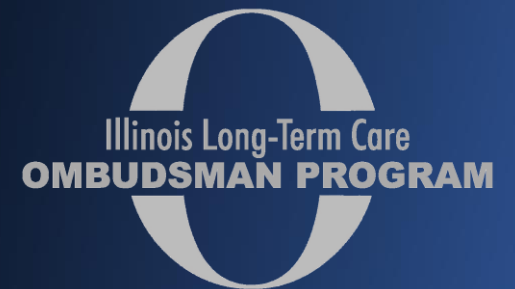
December 2024

Kelly Richards



LTC Ombudsman Program Role

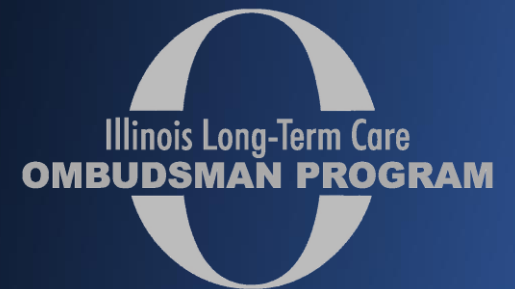
- Conduct regular visits to long-term care facilities to talk with residents about their care and their quality of life.
- Ombudsmen provide information and assistance to residents, family members and facility staff
- Ombudsmen follow the direction of the resident
- Ombudsmen educate all parties about residents' rights and options
- Ombudsmen gather all information during an investigation in order to share it with the resident to assist with making an informed decision
- Ombudsmen advocate for the resident's wishes



Ombudsman Program Observations

Prior to Staffing Reform Ombudsmen saw:

- High use of Agency Staff
 - No meaningful knowledge of resident needs and preferences
 - Minimum standards not being met
 - Not enough staff to meet the needs of the residents
 - High amount of staff turnover and call offs
- Quality of Care Suffered
 - Long wait for call lights to be answered
 - Fear of retaliation
 - Overall lack of care





OFFICE OF HEALTH CARE REGULATION

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Sheila Baker, Deputy Director of the Office of Healthcare
Regulation, Department of Public Health (IDPH)

12/6/2024



Agenda

Welcome and Introductions

OHCR Overview

Long Term Care Overview

Enforcement Cycle

Complaints, Allegations, and Deficiencies

Department and Regulatory Updates

Questions



Vision

Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.



Mission

The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.

IDPH VISION AND MISSION

The Office of Health Care (OHCR)

OVERVIEW

Administrative
Rules and
Regulations

Health Care
Facilities &
Programs

OHCR

Life Safety &
Construction

Bureau of Long
Term Care

OHCR consists of four divisions: Bureau of Long-Term Care, Life Safety and Construction, Health Care Facilities and Programs, and Administrative Rules and Regulations

OHCR licenses and inspects 1,629 long-term care facilities providing skilled nursing, intermediate nursing care, sheltered care, community living, assisted living, specialized mental health rehabilitative services, and care for individuals with intellectually complex/developmentally disabled needs and 140,000+ beds.

OHCR also licenses and inspects a 3,172 non-long-term care facilities (hospitals, surgical centers, renal facilities) and in-home agencies (hospice, home health) providing medical care or home services in our Health Care Facilities and Programs division.

Life Safety and Construction reviews and approves plans for new hospital and long-term facility new construction and renovations. This section also works in conjunction with all health care and long-term facilities performing annual federal and state licensing certification surveys.

OHCR's Administrative Rules Division is responsive to changes in the statutory and regulatory framework necessary to authorize the activities of the OHCR. This division also conducts criminal background checks on unlicensed health care workers, approves training for basic and advanced nursing assistant programs. And maintains the Health Care Worker Registry.

The office also conducts and/or participates in many regulatory mandated boards and committees which provide recommendations or requirements for the implementation and enforcement of Acts and Rules including, Health Care Facilities Review Board, Long Term Care Advisory Board, Developmental Disabilities Advisory Board, Hospice and Palliative Care Advisory Boards and more.

The Divisions

Statutorily Mandated Boards/Task Forces/Committees

State Board of Health Rules Committee

Long Term Care Advisory Board

Intellectual Disabilities/Developmental Disabilities

Home Health Agency, Home Nursing and Home Services

Hospital Advisory Board

Sexual Assault Survivors Emergency Treatment Act Task Force

Ambulatory Surgical Treatment Center Board Meeting

Hospice and Palliative Care Advisory Board

Abuse Prevention Review Team

Abuse, Neglect & Theft Committee

Licensure and Certification

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graph TD; A[Licensure and Certification] --> B[Special Investigations Unit]; B --> C[Division of Field Operations]; C --> D[Compliance Assurance]; D --> E[Assisted Living];
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Special Investigations Unit

Division of Field Operations

Compliance Assurance

Assisted Living

Bureau of Long-Term Care

Bureau of Long-Term Care Overview

The Bureau of Long-Term Care has the following divisions: License and Regulation, Special Investigations Unit, Long Term Care Field Operations, Compliance Assurance, Assisted Living

The Bureau of Long-Term Care (Bureau) is responsible for ensuring long-term care facilities comply with the provisions of applicable federal regulations and state statutes.

Office of Health Care Regulation is a duly recognized State Agency for the Centers for Medicare and Medicaid and surveys all federal facilities in accordance with the applicable CFR, Federal State Operations Manual, NHCA, and Illinois Administrative Rules.

We work with CMS daily, performing annual federal recertification surveys, complaint surveys, reviewing 2567s, scope and severity of citations, immediate jeopardy situations, evaluating plans of correction, state licensure surveys, re-visits as required, and many other facility actions.

OHCR licenses long term care facilities (SNFs, NFs, Developmental Disabilities, Shelter Care, SMHRF, Assisted Living), including over 135,000 beds throughout the state. Our surveys have increased in number for the past 5 years. In 2023 we conducted 13,154 surveys.

The Bureau also operates a 24/7 central complaint registry to serve the needs of individuals seeking to express concerns about the quality of care provided in long-term care and medical facilities.

In the past 5 years, complaints, allegations, and citations have trended upward numerically requiring increased numbers of surveys by staff.

Facility Types Regulated

Skilled and
Intermediate

Specialized
Mental Health
Rehabilitation

Developmental
Disability

Assisted Living

Shelter Care

Supportive
Living

Community
Living

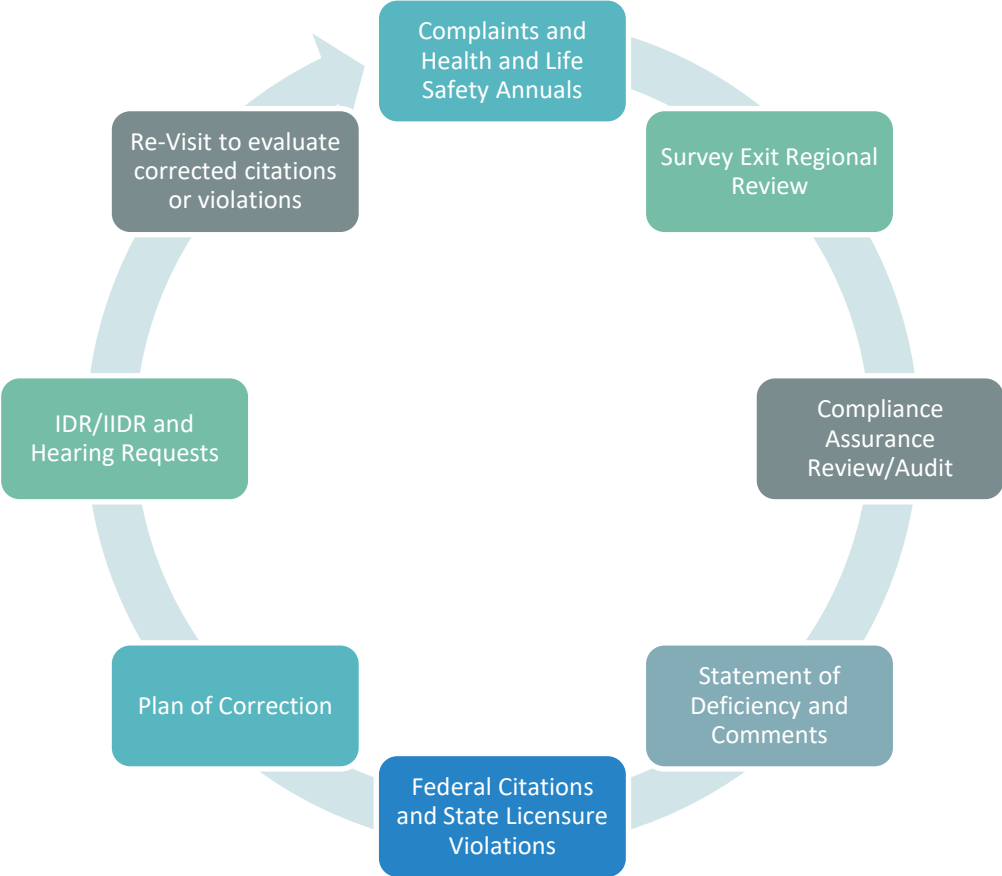
Illinois
Veterans
Homes

State Operated
Developmental
Centers

IDPH Survey Enforcement

PROCESS TIMELINE

Facility Enforcement Cycle Overview



Enforcement Process

“D” or above begins survey (enforcement) cycle

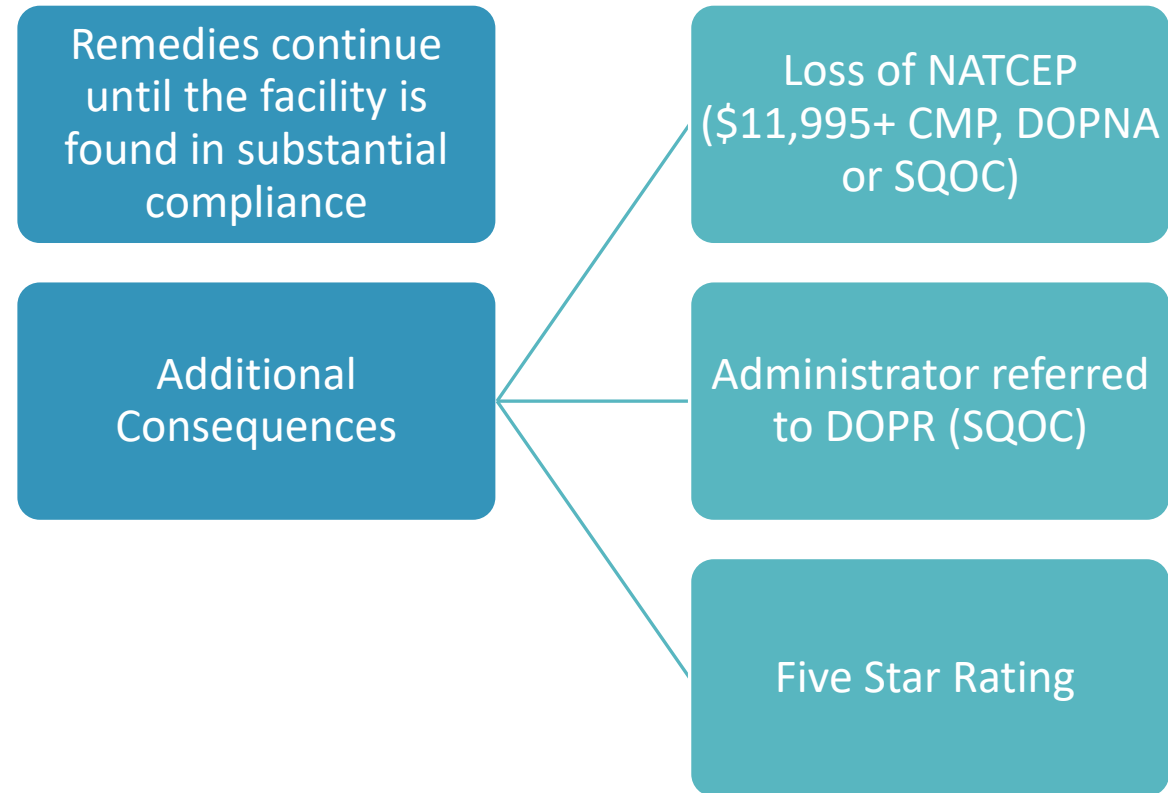
DDPNA in 3 months or Discretionary Denial of Payment for New Admissions (DDOPNA) in less time

Termination in 180 days

Other remedies may be imposed, recommended or imposed

With “A,” “B,” or “C” must still submit POC but are considered in substantial compliance.

Enforcement Process (cont'd)



Average Survey Timeline (40 – 60 days)

Annual or Complaint Survey (5 days)

Survey Exit and document completion (5 days)

Compliance Assurance Completes 2567 (2 days)

Statement of Deficiency sent to facility, receive comments (10 days)

Compliance Assurance review comments and integrates if required (2 days)

CMS Citations, fines and penalties, State Notice of Violations (7 days)

Facility Plan of Correction and Acceptance (10 days)

Information shared on website (10 days)

Re-Visit or Desk Audit on Outstanding Violations (15 days)

All citations cleared enforcement cycle ends/ not cleared cycle continues

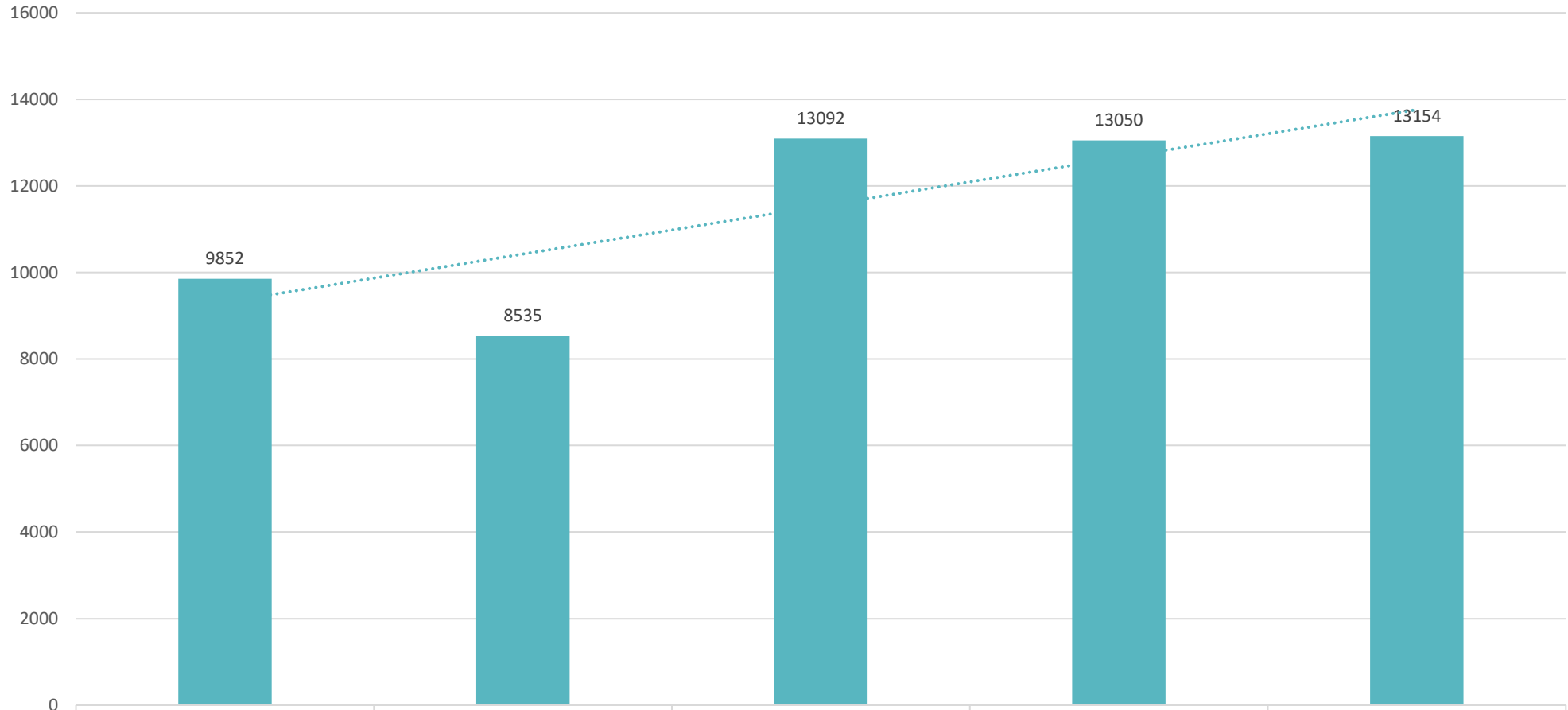
Opportunity for Internal, Independent and Hearing

Average total days of survey process from survey exit (40-60 days)

Complaints, Allegations, and Deficiencies



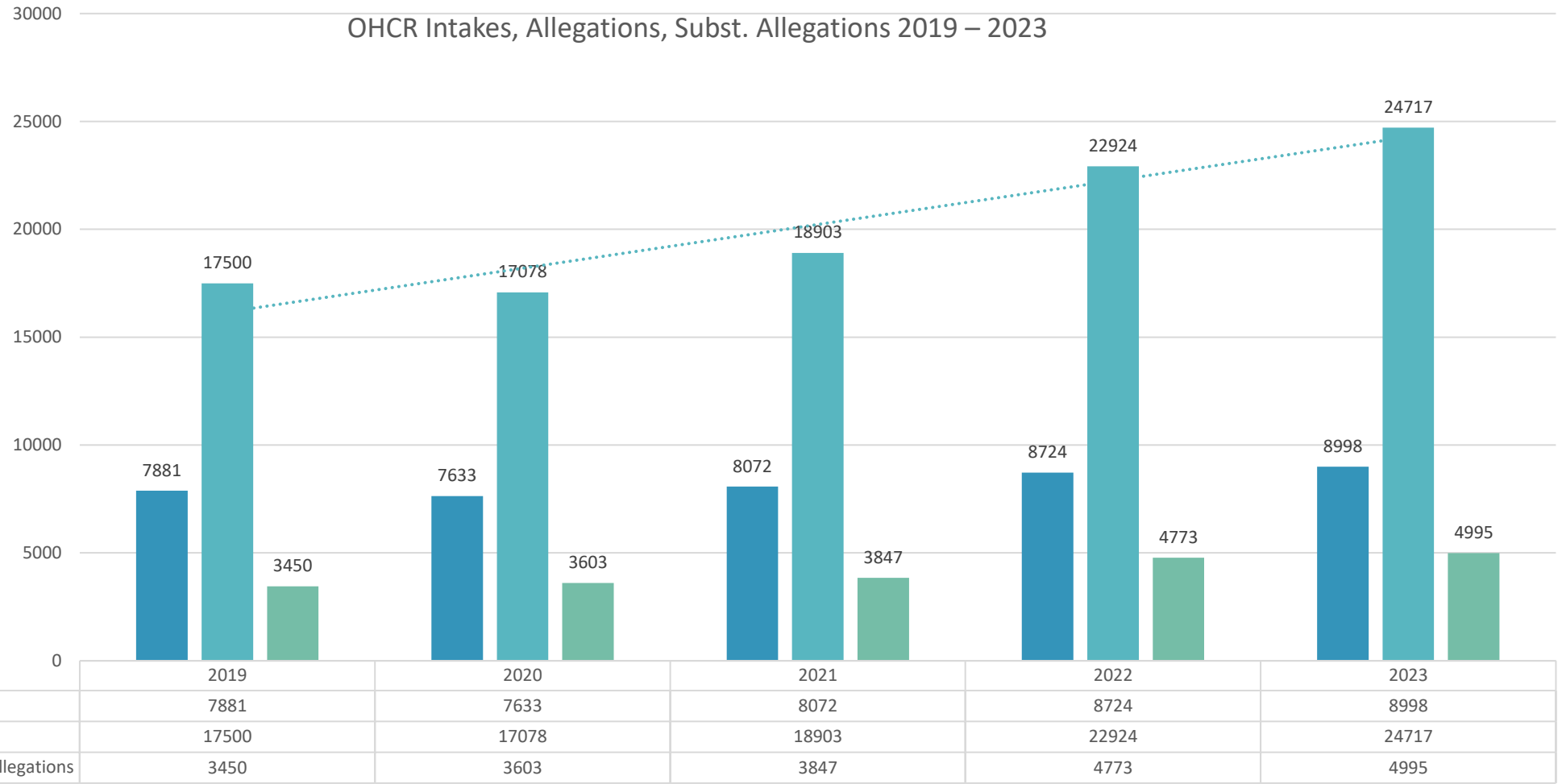
OHCR Surveys Completed 2019 - 2023



■ Surveys Completed

2019	2020	2021	2022	2023
9852	8535	13092	13050	13154

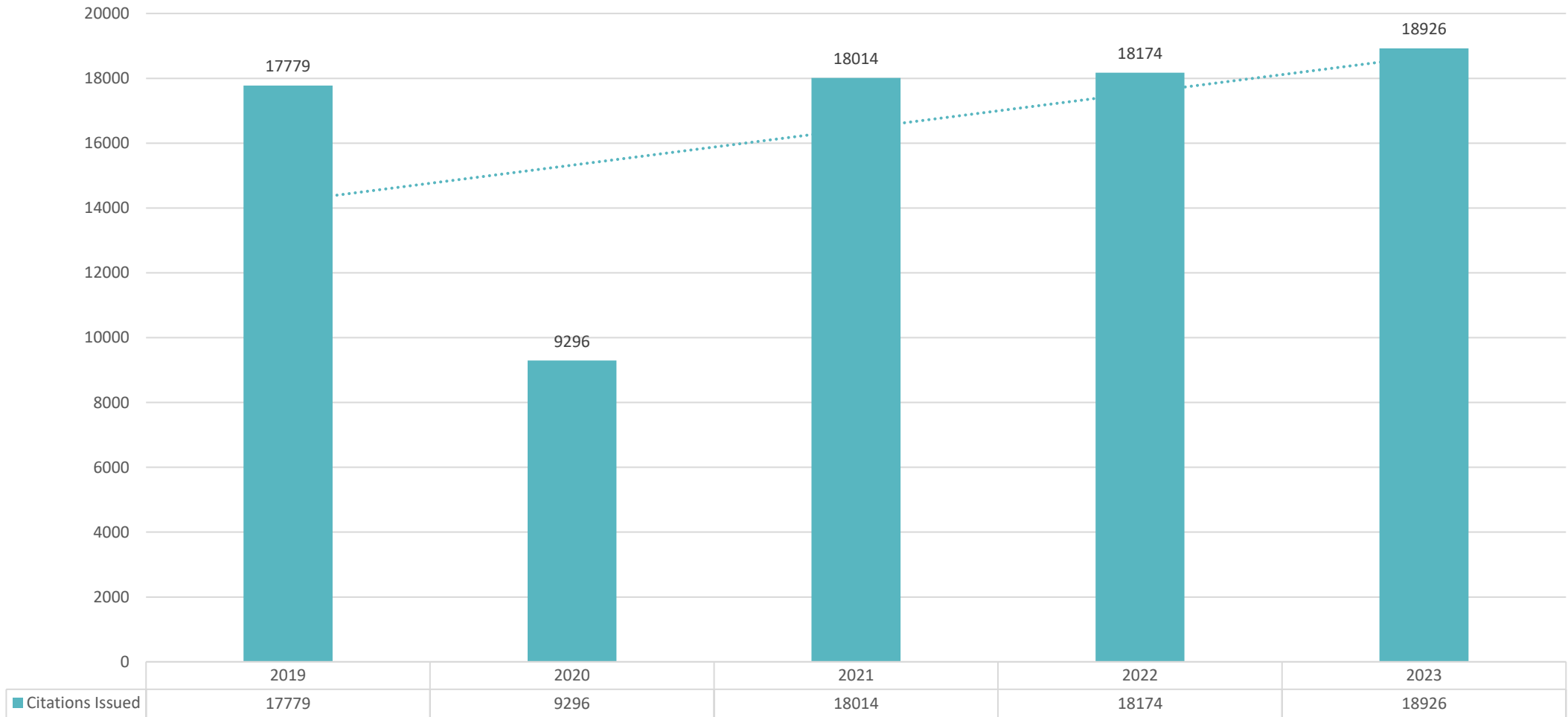
OHCR Intakes, Allegations, Subst. Allegations 2019 – 2023



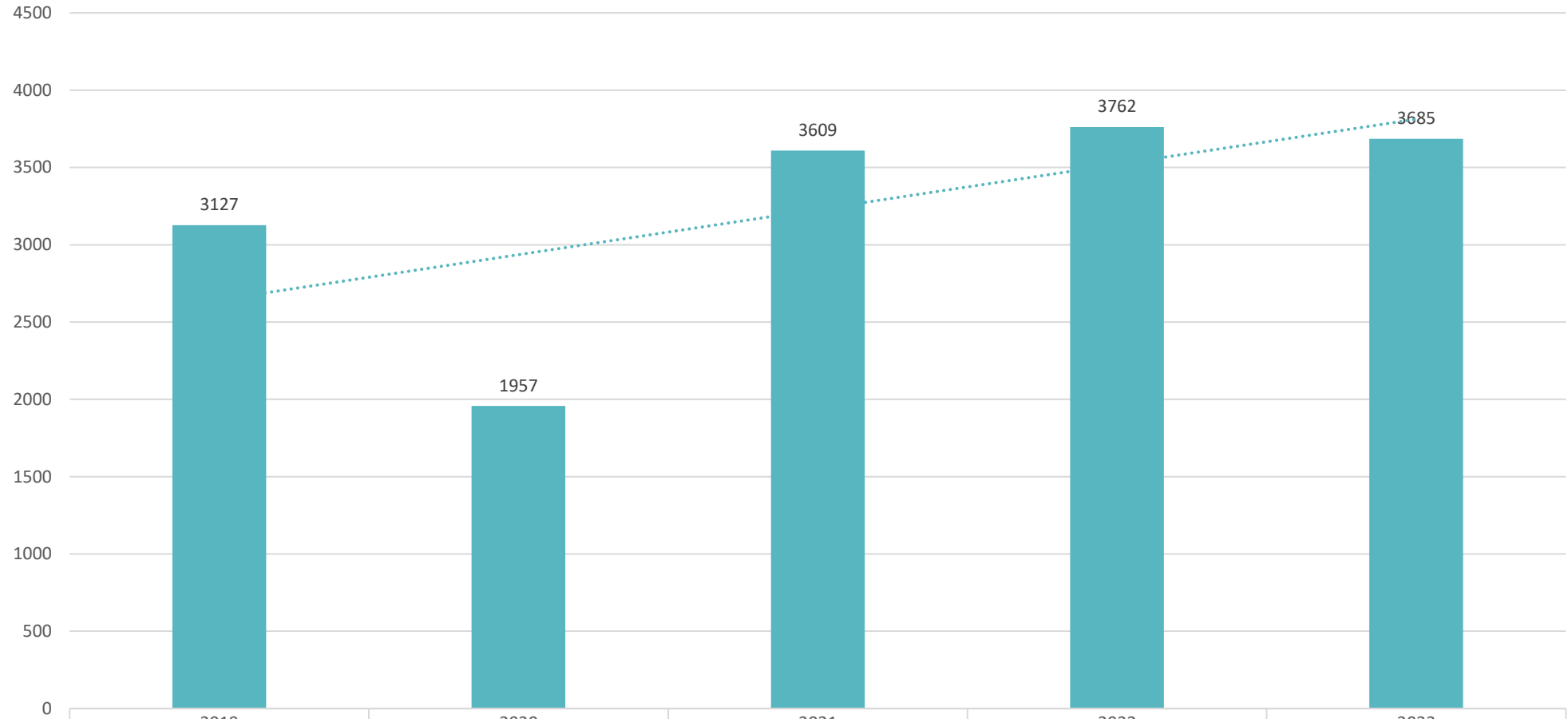
■ Intakes	7881	7633	8072	8724	8998
■ Allegations	17500	17078	18903	22924	24717
■ Substantiated Allegations	3450	3603	3847	4773	4995

■ Intakes ■ Allegations ■ Substantiated Allegations Linear (Allegations)

OHCR # of Citations Issued 2019 - 2023



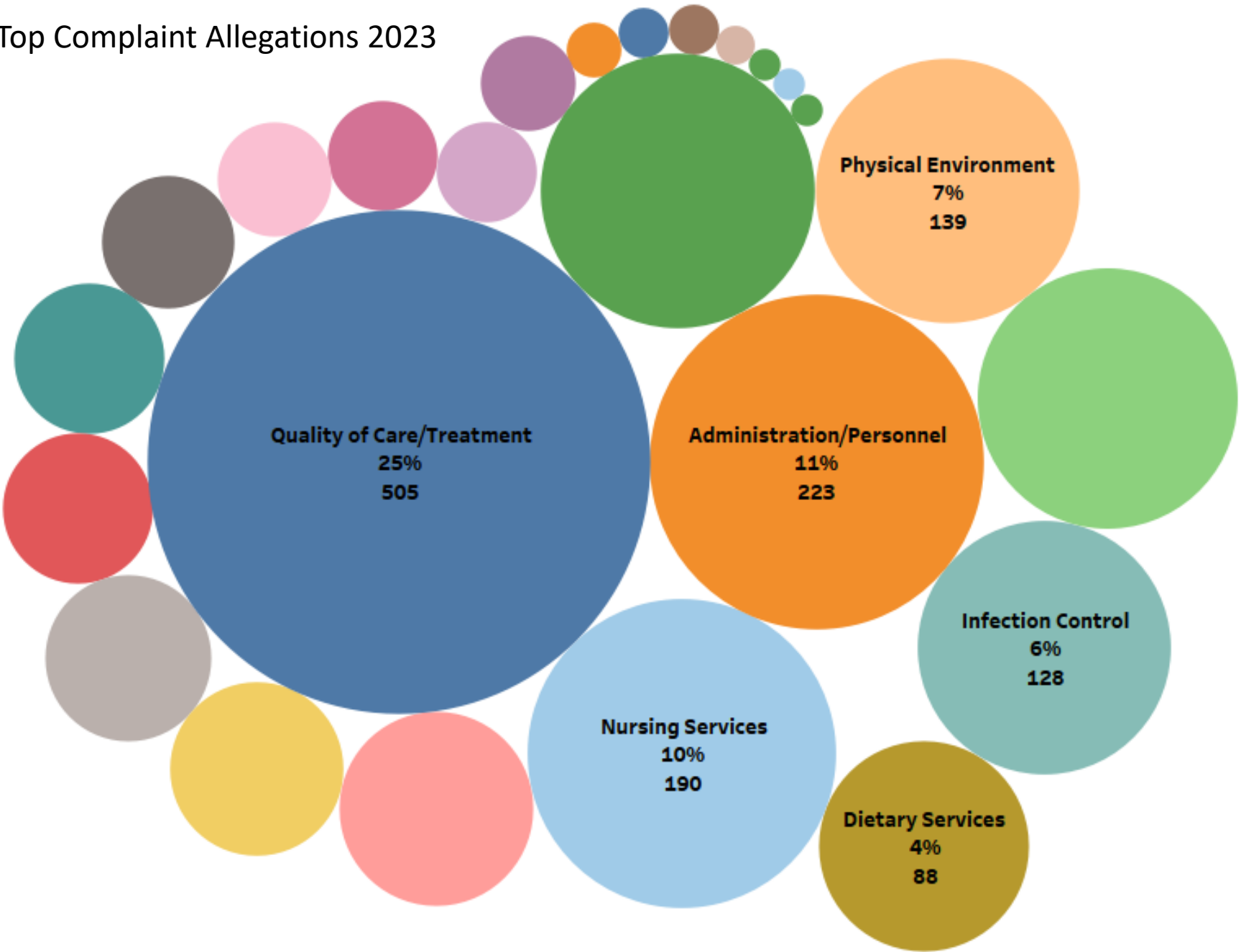
of Revisit Surveys 2019-2023



■ # of Revisit Surveys

2019	2020	2021	2022	2023
3127	1957	3609	3762	3685

Top Complaint Allegations 2023



- ### Allegation Type
- Quality of Care/Treatment
 - Administration/Personnel
 - Nursing Services
 - Resident/Patient/Client Rights
 - Physical Environment
 - Resident/Patient/Client Abuse
 - Infection Control
 - Dietary Services
 - Resident/Patient/Client Neglect
 - Accidents
 - Death - General
 - Admission, Transfer & Discharge Rights
 - Quality of Life
 - Misappropriation of Property
 - Injury of Unknown Origin
 - Rehabilitation Services
 - Pharmaceutical Services
 - Falsification of Records/Reports
 - Restraints/Seclusion - General
 - Fraud/False Billing
 - Physician Services
 - Unqualified Personnel
 - Other
 - Resident/Patient/Client Assessment
 - State Licensure

Nursing Home Most Cited Federal Deficiencies



TagCategory	Tag, No.	%
FF11 - F0689 - Free of Accident Hazards/Supervision/Devices (Falls)	697	4.6
FF11 - F0884 - Reporting - National Health Safety Network	440	2.9
FF11 - F0880 - Infection Prevention & Control	396	2.6
K307 - K0353 - Sprinkler System - Maintenance and Testing	391	2.6
FF11 - F0684 - Quality of Care	387	2.6
FF11 - F0686 - Treatment/Svcs to Prevent/Heal Pressure Ulcer	366	2.4
FF11 - F0677 - ADL Care Provided for Dependent Residents	358	2.4
K307 - K0918 - Electrical Systems - Essential Electric System	313	2.1
FF11 - F0600 - Free from Abuse and Neglect	305	2
K307 - K0712 - Fire Drills	279	1.8
K307 - K0363 - Corridor - Doors	276	1.8
FF11 - F0812 - Food Procurement, Store/Prepare/Serve-Sanitary	272	1.8
K307 - K0321 - Hazardous Areas - Enclosure	255	1.7
K307 - K0345 - Fire Alarm System - Testing and Maintenance	251	1.7
FF11 - F0690 - Bowel/Bladder Incontinence, Catheter, UTI	227	1.5
FF11 - F0755 - Pharmacy Svcs/Procedures/Pharmacist/Records	193	1.3
K307 - K0920 - Electrical Equipment - Power Cords and Extens	189	1.3
K307 - K0324 - Cooking Facilities	186	1.2

OHCR 2024 Plans

REORGANIZATION,
MODERNIZATION, COLLABORATION
AND EDUCATION



Transforming Data and Improving Function and Efficiency

- Data Modernization Plan includes moving current systems to new platform and creating new platforms where none existed prior
- Minimize paper reporting improving only storage and decreasing storage requirements
- Scheduling platform for all staffing activities for increased accountability
- Integration with external platforms mandated by CMS
- Improved reporting and data analysis
- July 2024, training and roll out for facilities, look for training Siren





Training and Education

Facility Training for Long Term Care licensure and other regulatory activities to improve licensure and renewal process, online payment abilities, and communication with department

Facility educational webinar sessions addressing the survey process, long cycles, plans of correction, and addressing high level scope and severity in citations

OHCR Educational Summit providing additional training and education addressing quality improvement for long term care facilities (2025)

Focus on Communication



- Providers Meetings
- Senior Advocacy Meetings
- Industry Presentations
- Advisory Board Meetings

OHCR Regulatory Update



Direct Care Staffing Requirements

Part 300 Direct Care Staffing (section 300.1230)

Regulation provides specific minimum staffing ratios for nursing and personal care staff

- According to the section the acuity and needs of the residents including review Payroll based journal (PBJ) data and submission of facility census information.
- We are currently in the implementation period through December 2024. During this period facilities are required to submit all information as required by the administrative rules.
- Facilities are notified by the Department of compliance or noncompliance. The determined fine amount will be attached for review purposes only. Fines will not be assessed until the implementation period is completed.
- Noncompliant facilities will be required to submit a Plan of correction and post a notice in their facility until the POC is accepted or the violation corrected.



Thank
you!

Presented by:

Sheila A. Baker JD, MBA, RN
Deputy Director Office of Health Care Regulation
Illinois Department of Public Health

Current Results of Illinois Medicaid Nursing Home Rate Reform

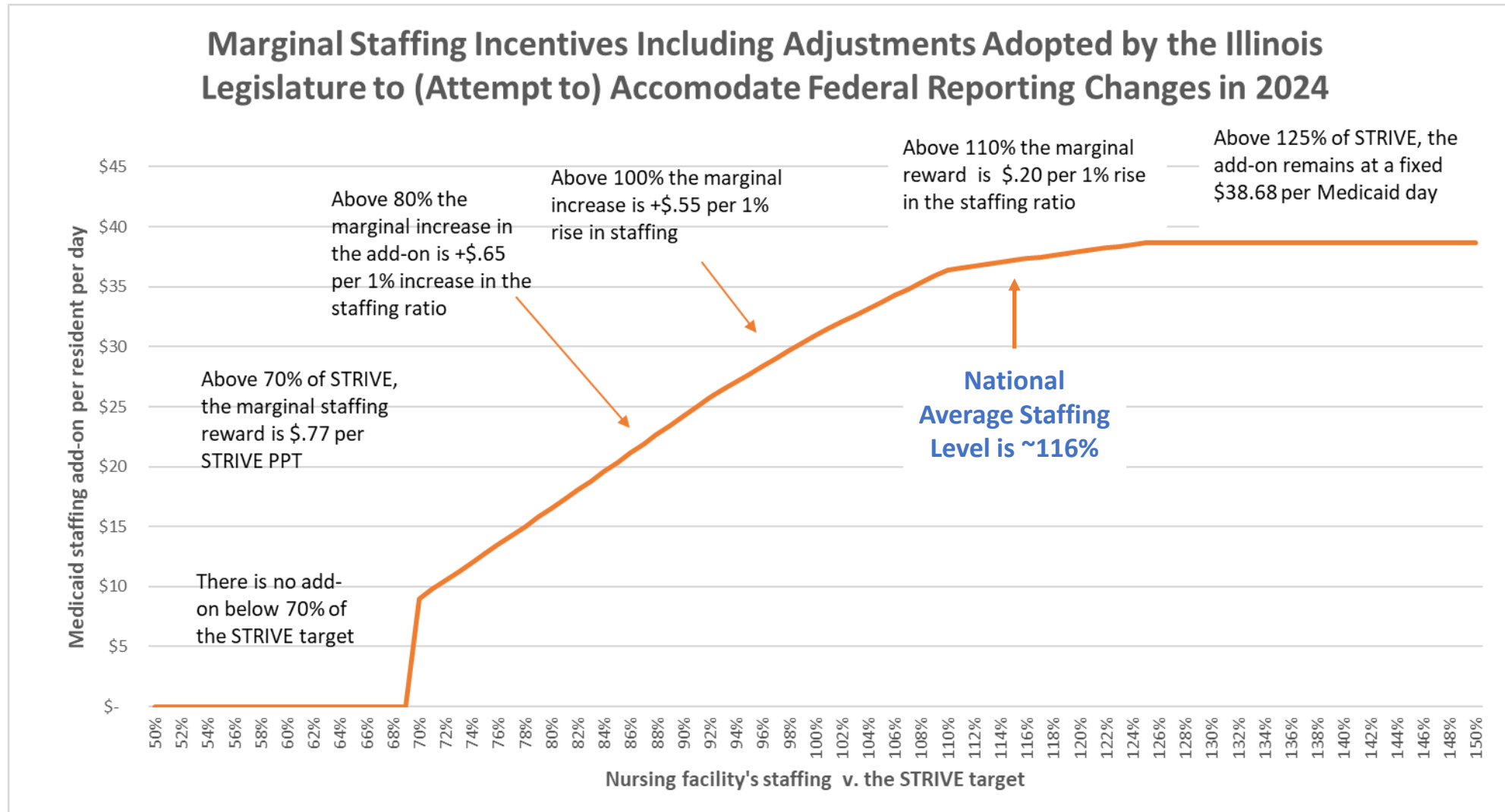
Kelly Cunningham

Administrator, Division of Medical Programs

IL Department of Healthcare and Family Services

December 6, 2024

Illinois' \$350M staffing incentive increases at a decreasing rate as staffing improves – like marginal income tax rates



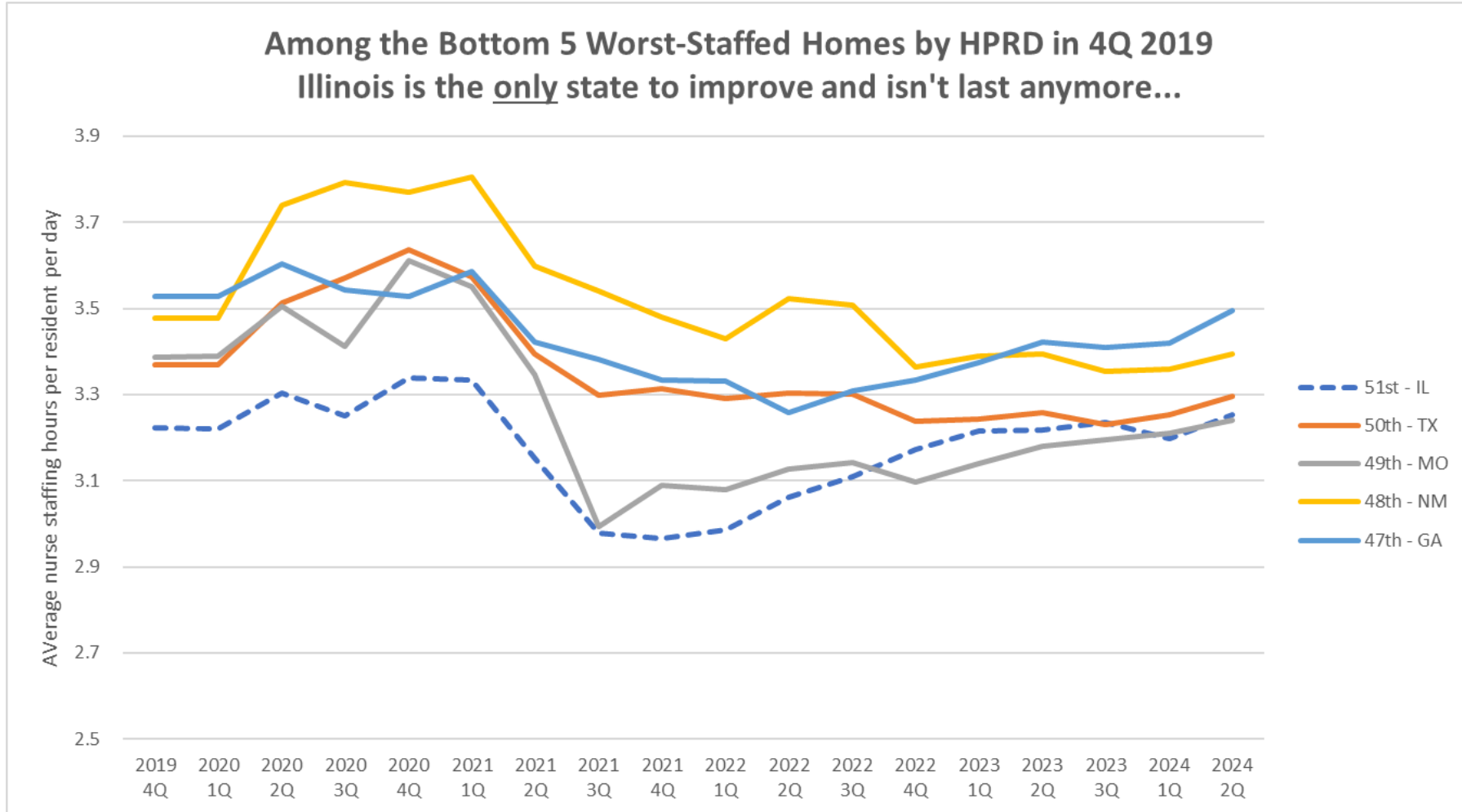
For nursing homes at 70-80% of the STRIVE-based targets, the staffing incentive increases @ \$.77 per 1% rise in the state's staffing ratio (actual v. STRIVE-based target).

At that level, Medicaid is fully funding its share of staffing increases averaging about \$30 per hour.

That's about right since Illinois' staffing shortage consists mainly of CNAs.

Illinois' Recent Staffing Improvement Stands Out

Updated for
2Q 2024



Pre-reform and pre-pandemic, Illinois was buried in last place nationally in average nurse staffing levels.

Measured by pure hours per resident per day (unadjusted for level of need), Illinois is now virtually tied with Missouri at the bottom.

None of the other bottom-5 states have improved in either metric (STRIVE ratios or HPRD) since 4Q2019.

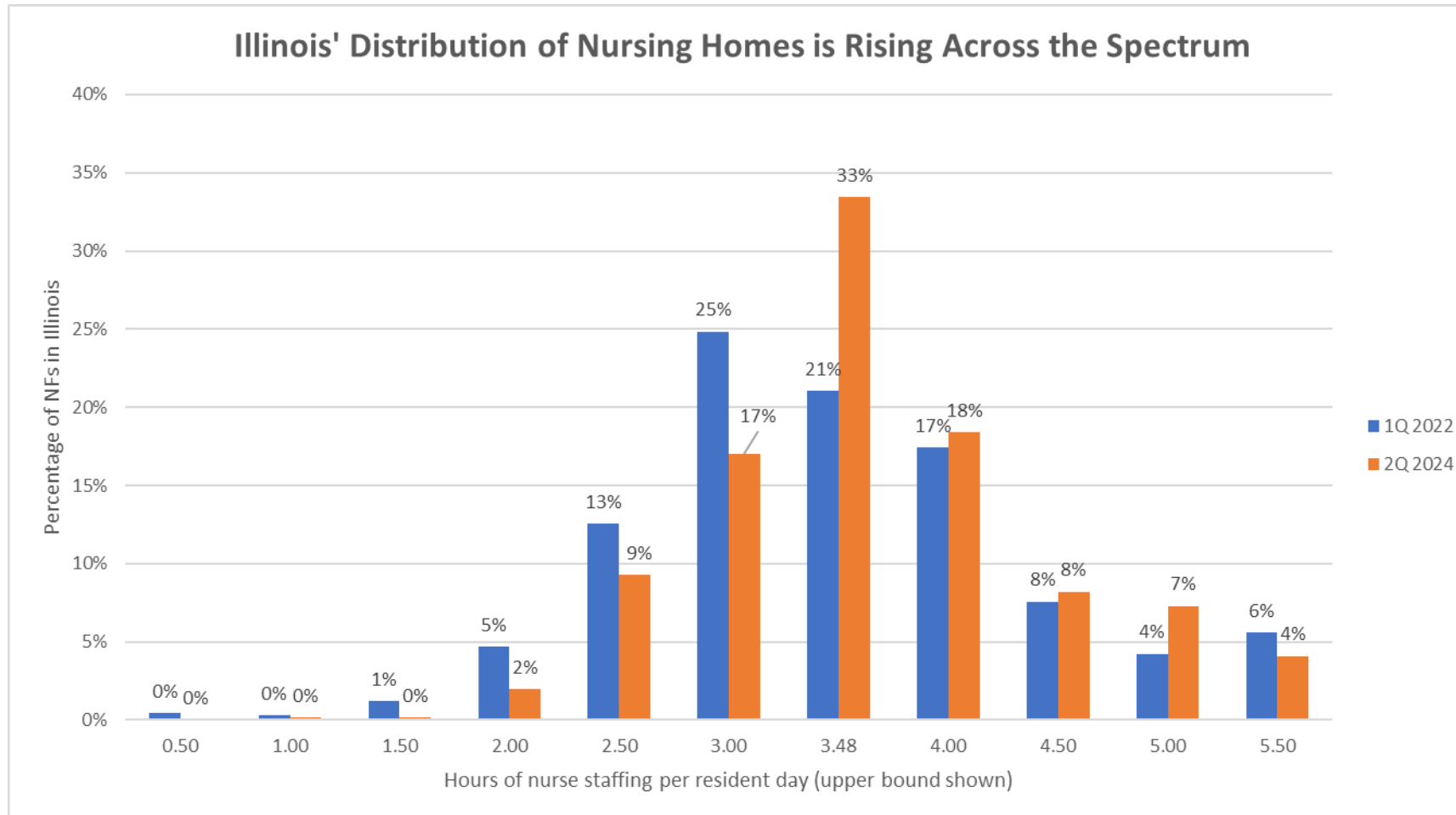
Climbing out of last place is an important milestone for Illinois to have reached, but it is clearly only the first.

Illinois' improvement began in 2Q 2022, the quarter the reform package passed and the first quarter of record for the new \$350M staffing incentive.

"O:\F0201a\Data\Data\NH Model\Andy's\Medicare provider information\All NFs All States STRIVE data only since 4Q 2019.xlsx"

Tab: HPRD rank and avg.

Nurse staffing hours in Illinois have improved dramatically, especially among the least well-staffed homes

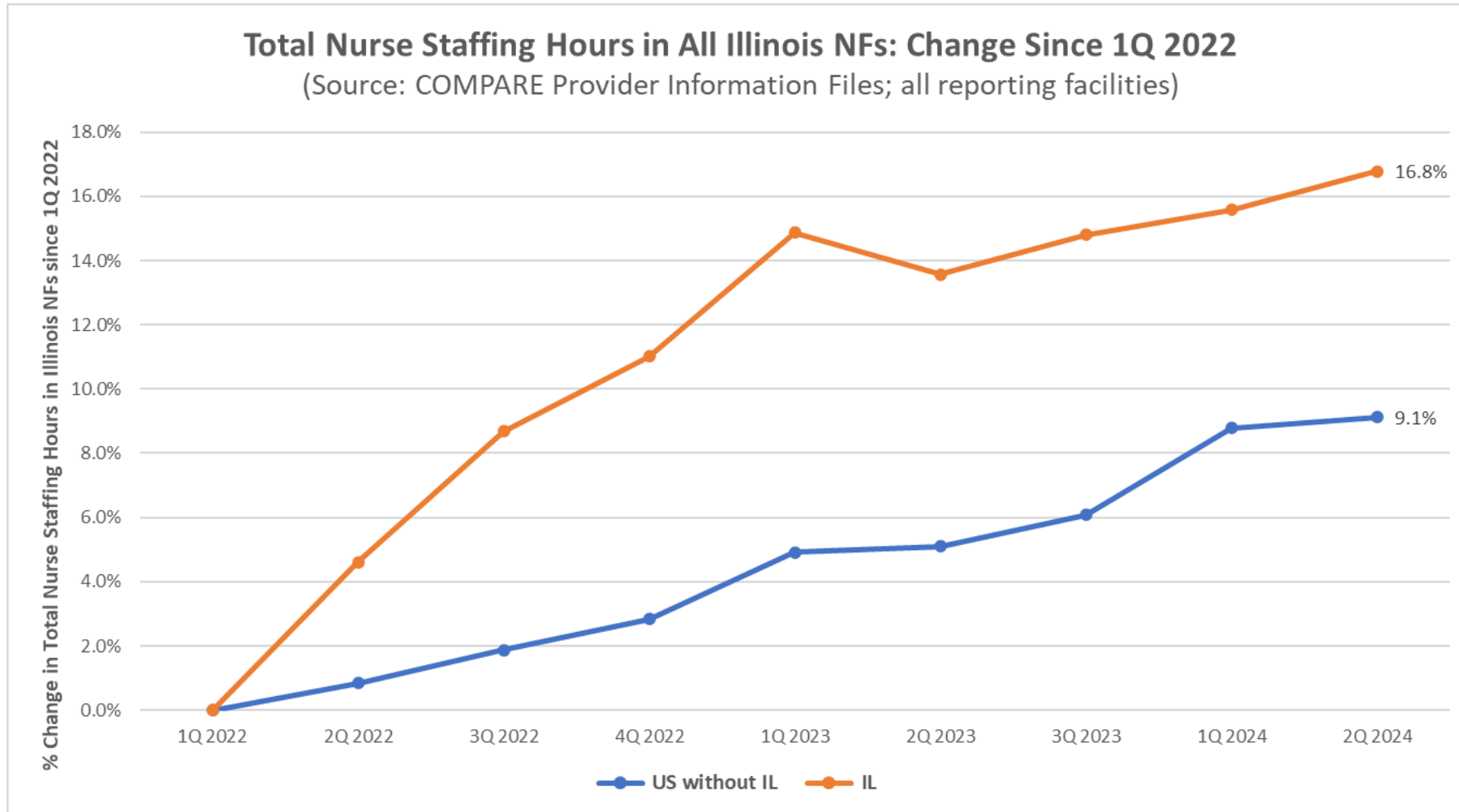


Measured using nurse staffing hours per resident per day, this chart shows the distribution of Illinois' nursing homes shifting upwards (increasing HPRD) following adoption of the new staffing incentive in 1Q 2022.

The share of facilities falling below the federally-proposed minimum staffing level of 3.48 HPRD has fallen from 44% to 28% in eight quarters through 1Q 2024.

The share of facilities below 2.5 HPRD has fallen from 19% to 11%. Dramatic improvement, but more improvement must come.

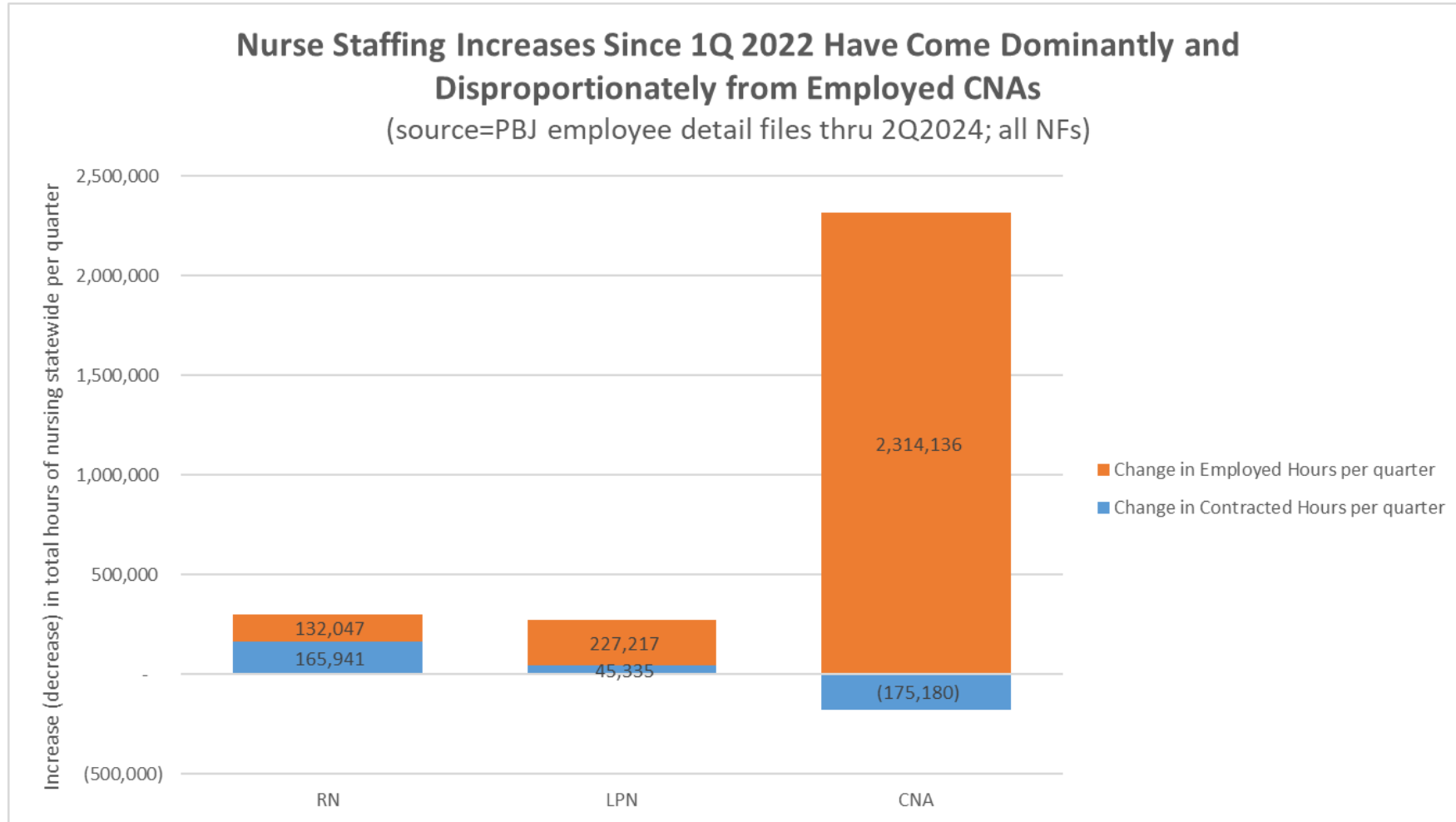
Emerging from the Pandemic -- and Post-Reform -- Illinois' Staffing Improvement has Outpaced the Rest of the Country



This figure illustrates how Illinois nursing homes increased total nurse staffing *hours* by 16.8% in the 8 quarters beginning with legislative passage of payment reforms at the beginning of 2Q 2022.

Illinois' improvement is nearly double the national post-pandemic increase, which for the rest of the country was mostly *recovery* to earlier staffing levels.

The source of all of this new staffing? Employed CNAs. Meanwhile, nursing home use of contract/agency CNAs has declined.



Over four-fifths (85%) of the total increase in nurse staffing hours in Illinois NFs since 1Q 2022 has come from *employed CNAs* (+2.3 million hours per quarter). Conversely, contract *CNA* hours in Illinois NFs have gone down since 1Q2022.

There were approximately 5,000 more *employed CNAs* in 2Q 2024 than eight quarters earlier – as measured on an FTE basis (counting 1 full time equivalent as equal to five 7.5 hour shifts per week @ 49 full weeks per year).

Employed CNAs in Illinois NFs had seen an \$8.40/hour wage increase, a 55% increase, between 2019 and 2023, from \$15.23 to \$23.65.

LeadingAge[®] *Illinois*

Jason Speaks, Director of Government Relations

AMERICAN SOCIETY ON AGING -

CHICAGOLAND ROUNDTABLE

December 2024





Who We Are

A 100-year-old association representing the leading providers of:

- ▶ Home and Community-Based Services (HCBS)
- ▶ Senior Housing
- ▶ Assisted Living
- ▶ Supportive Living
- ▶ Continuing Care Retirement Communities (CCRCs)/Life Plan Communities (LPCs).
- ▶ Nursing Homes

100
YEARS

LeadingAge®
Illinois



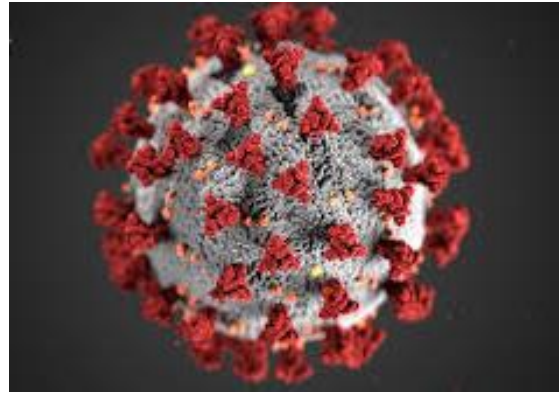
LeadingAge®
Iowa

Staffing Mandate

- ▶ Commitment to Excellence
- ▶ Meeting Standards
- ▶ **Staffing & Quality**



Shock to the System



- ▶ Financial Strains
 - ▶ Supplies
 - ▶ Staffing Agencies
- ▶ Inflation
- ▶ Closures

Workforce Challenges

- ▶ **Burnout**
- ▶ **New Norms**
- ▶ **Deserts**
- ▶ **The Numbers**
- ▶ **Exploding Senior Population**



Workforce Challenges- Burnout

- ▶ The pandemic pushed many healthcare workers to their breaking point.





Workforce Challenges- New Norms

Changing Work Conditions

- ▶ Since 2020 research shows that numbers of remote workers has increased from about 5% to over 25% and growing.





Innovation

Medication Aides

For the first time in state history, the Illinois General Assembly has passed legislation creating a permanent Medication Aide program.

The addition of CMAs provides the nurse more time to spend one on one with the resident. This in turn will allow for a more thorough assessment and the development of service plans that help restore and preserve independence rather than treating symptoms.

Additional career growth opportunities for CNAs to work throughout the senior living field.

Ultimately the resident will be better served.



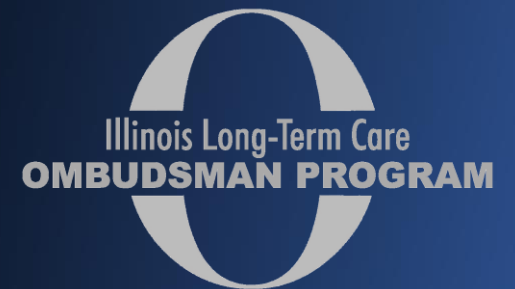


**More Help is
Needed**

View of Staffing and Quality of Care from the Long-Term Care Ombudsman Program

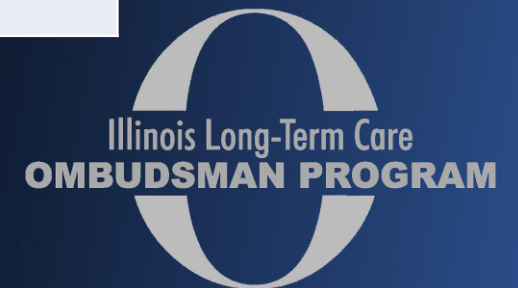
December 2024

Kelly Richards



Complaints reported to the Ombudsman Program

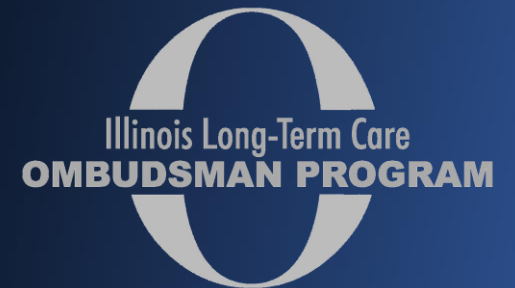
YEAR	STAFFING COMPLAINTS	CARE COMPLAINTS
2020	124	1510
2021	104	1680
2022	127	2026
2023	90	2068



Ombudsman Program Observations

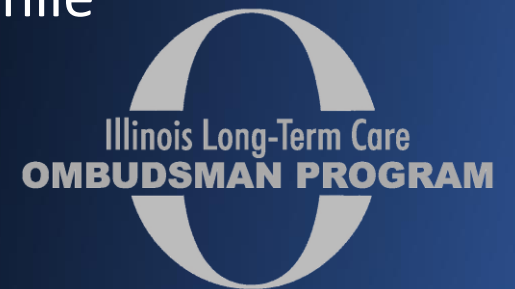
After the Staffing Reform was implemented, Ombudsman seeing the following:

- Reduced use of Agency Staff
- Poor care is still an issue
- Fear of retaliation continues to be a major concern



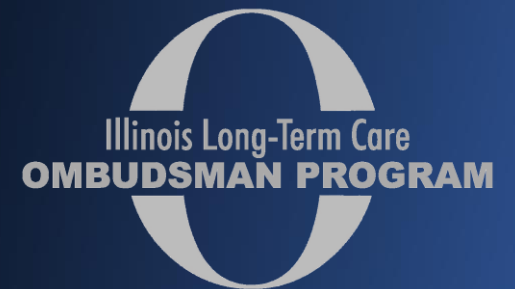
Ombudsman response to low staffing and lack of quality care

- Created a statewide initiative focusing on person-directed living.
 - Goal – shift the perspective to working to meet resident preferences and caring for the whole person.
- Fostered a learning collaborative for homes to share ideas.
- Provided training on the *Artifacts of Culture Change 2.0*.
 - Kicked off training with ombudsmen, IDPH leadership, and nursing home association staff.
- Conducted a series of regional trainings across the state.
- Ombudsman provided direct education to staff and residents while conducting visits to homes.



Why the focus on the *Artifacts of Change 2.0?*

- The self-assessment tool can reveal areas where a home can:
 - Increase resident autonomy
 - Improve upon practices to respect and uphold resident rights
 - Implement changes to better value resident choice
 - Eliminate institutional practices
- The potential impacts:
 - Allows individuals to feel “at home” wherever they live
 - Staff are supported and nurtured
 - Staff see the value of their contribution
 - Overall increase in satisfaction is seen by those living within the home as well as the staff working there



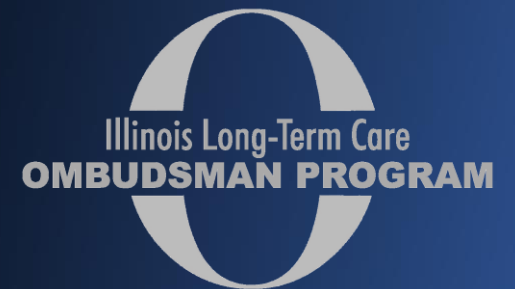
Contact info Long-Term Care Ombudsman

Kelly Richards

State Long-Term Care Ombudsman

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312-909-8676



Discussion

- **Kelly Richards**, Illinois State Long-Term Care Ombudsman
- **Sheila Baker**, Deputy Director of the Office of Healthcare Regulation, Department of Public Health (IDPH)
- **Kelly Cunningham**, State Medicaid Director, Illinois Department of Healthcare and Family Services (HFS)
- **Jason Speaks**, Director of Government Relations, LeadingAge Illinois
- **Moderated by Michael Gelder**, Board member of Health & Medicine Policy Research Group

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 February 7, 2025, 8:30-10:30am
- Registration / details will be shared in January via ASA listserv
 - *Rush team will also share registration details in follow-up from today's event*