

# **Illinois Department on Aging**



## **Care Coordination Unit Performance Report**

**Period ending September 30, 2024**

## **Illinois Department on Aging Mission**

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 Act on Aging**

This Care Coordination Unit performance report is produced to fulfill requirements detailed in the Illinois Act on Aging (20 ILCS 105). The Act provides that “the Department shall conduct a quarterly review of Care Coordination Unit performance and adherence to service guidelines. The quarterly review shall be reported to the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, and the Minority Leader of the Senate. The Department shall collect and report longitudinal data on the performance of each care coordination unit. Nothing in this paragraph shall be construed to require the Department to identify specific care coordination units” (20 ILCS 105/4.02).

## **Community Care Program Overview**

The Illinois Department on Aging’s (IDoA) Community Care Program (CCP) is the Medicaid-Waiver Program for the Elderly for which IDoA is the Operating Agency and Healthcare and Family Services (HFS) is the Managing Agency. CCP serves 129,868 (inclusive of fee for service and managed care) older Illinoisans statewide through 41 Care Coordination Units (CCU), 398 in-home provider agencies, 64 Adult Day Service programs (ADS), and a choice of contracted providers for Emergency Home Response Services (EHRS) and Automated Medication Dispensers (AMD). This program serves as alternative to nursing home placement by supporting older adults with person-centered plans, allowing older adults to continue live and thrive in their home and community.

# Care Coordination Units

## General Overview

The Care Coordination Units (CCUs) serve as the front door to the CCP services. At the initial face-to-face meeting, the Care Coordinator conducts an eligibility assessment and determination of need, then works with the CCP eligible older adult to develop a person-centered plan of care based on the participant's strengths, needs, and preferences. The plan directs different connections the Care Coordinator will make on behalf of the participant outside of CCP and within CCP, including tasks and activities associated with in-home care, ADS, EHRS, and/or AMD. At this visit, the participant chooses their preferred provider, and the Care Coordinator completes the paperwork to get services started within fifteen days.

Six months after the initial assessment or Medicaid redetermination, the CCU conducts a face-to-face six-month review. This check-in could result in a full assessment if the participant is presenting with increased or decreased difficulties or needs.

The CCU must redetermine all CCP participants eligibility and level of need at least annually. At the initial and annual redetermination, the Care Coordinator will conduct the full CCP assessment as well as check for financial eligibility which requires verification of income, assets, and related financial documents. Additionally, participants are required to apply for Medicaid, which the CCU facilitates, unless there is already an application in progress, or the person is currently receiving Medicaid.

The CCUs are responsible for completing assessments to ensure emergency services are in place for persons returning to the community from institutional settings and hospitalizations, which is known as Choices for Care.

# Successes

Across the state the CCUs are providing services to 131,828 older persons (this number has increased by 2,000 from April 2024). Of this, 79,924 older persons are non-MCO and 54,944 are assessed for eligibility for CCP by the CCU and then served by a Managed Care Organization (MCO).

## More CCP Participants on Medicaid

The table below demonstrates an increase in CCP participants who are Medicaid-eligible, going from 47,369 one year ago to 54,673 in Sept. 2024 (this has increased by 4,000 from April 2024), owing in part to the State’s increase in allowable assets from \$2,000 to \$17,500 for Medicaid eligibility effective May 12, 2023. Over the past year the number of CCP participants who eligible for CCP, but are not eligible for Medicaid, decreased from 28,866 one year ago to 22,341 in 2024 (this has decreased by 2,000 from April 2024 and by 10,000 in comparison to three years ago).

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>
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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>
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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>
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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>
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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>
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Data as of August 29, 2019.

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

Below is a map of the PSAs.



**Six-month review**

In 2022, to fulfill the requirement of the six-month review under the Persons Who Are Elderly 1915(c) Waiver, the Department, as the Operating Agency, implemented this mid-year formal touch base with participants to ensure services are meeting needs, 83% of participants received their 6-month review.

### Choices for Care

The CCUs play a pivotal role in ensuring older adults know their community care options when being discharged from hospitals, admitted to nursing homes or skilled care, and discharged from nursing homes. In FY24, the CCUs conducted 112,172 pre-screens and 5,729 post-screens.

<b>PSA</b>	<b>Total Choices For Care Pre-Screens</b>	<b>Post-Screens</b>
PSA 1	7,348	487
PSA 2	27,261	1,377
PSA 3	3,367	408
PSA 4	4,645	94
PSA 5	9,606	224
PSA 6	971	43
PSA 7	3,700	141
PSA 8	3,836	913
PSA 9	1,943	380
PSA 10	1,003	366
PSA 11	2,350	451
PSA 12	18,602	259
PSA 13	27,540	586
<b>Total</b>	<b>112,172</b>	<b>5,729</b>

### CCU Participation in PACE

The Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive and integrated Medicare and Medicaid program that gives people aged 55+ additional choice in how they access health care as needs change with age, allowing more older adults to continue living at home safely, for longer. CCUs have a critical role in PACE as they complete the Determination of Eligibility prior to PACE enrollment. There are currently 34 people served through the 3 PACE sites in operation with 9 CCUs collaborating with the PACE sites to complete the Determination of Eligibility.

# Challenges

## Annual Redetermination Rate

The annual redetermination rate is determined by the number of participants who are reassessed within twelve months of the last assessment. The chart below shows the annual redetermination rates for FY16-FY25 YTD. During the public health emergency (PHE), for a short period of time, CCUs were able to complete remote assessments. This led to an increased redetermination rate for FY21, the highest in the lookback period cited below. Since 2021, the CCUs have moved back to face-to-face assessments in the participant’s home and in the community. For FY24, the CCUs have an overall annual redetermination rate of 61.1%. Upon the lifting of the PHE flexibilities, the CCUs were flooded with a waterfall of redeterminations in the face of significant workforce challenges, along with the incorporation of the new asset limit for Medicaid increasing the number of Medicaid-eligible participants and Medicaid applications. Currently, the CCUs are at 59% for FY25 YTD, in discussions with CCUs, workforce challenges are the cited as the persistent barrier with one urban CCU reporting a 60% vacancy rate.

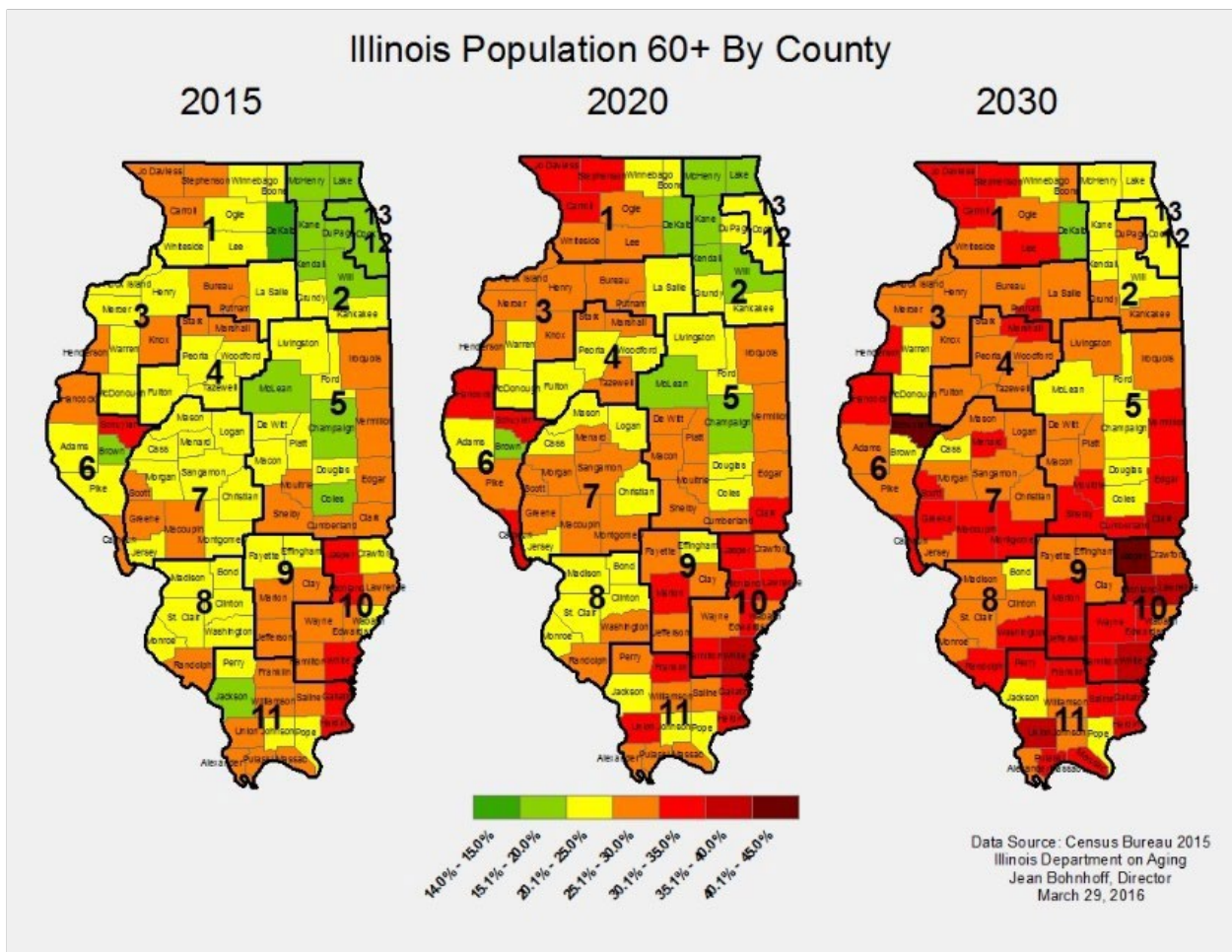
Fiscal Year	Percentage of Assessments completed timely annually
FY16	70.2%
FY17	71.3%
FY18	69.8%
FY19	73.5%
FY20	76.6%
FY21	82.7%
FY22	73.3%
FY23	65.1%
FY24	61.1%
FY25 YTD	59%

## Care Coordination Unit Workforce Shortages

Care Coordination Unit (CCU) workforce shortages continue to impact CCUs across the state with the southern part of the state demonstrating significant challenges recruiting and retaining care coordinators as well as urban areas. To address these issues, the Department is utilizing several strategies including participating in a cross-sector Peer Learning Collaborative (PLC) sponsored through ACL’s Direct Care Workforce Strategies center. The PLC opportunity will enable the Department to address Direct Care Workforce (DCW) needs in partnership with other state agencies, including the Department of Healthcare and Family Services (HFS), Department of Human Services (DHS), and Department of Commerce and Economic Opportunity (DCEO). The state will also partner with subject matter experts from PHI and the Rockingstone Group and representatives from California, Connecticut, and Kansas. The Illinois team has identified the following goals:

- Developing a core curriculum with additional modules focused on specialized populations that will meet pre-service and annual service training requirements for multiple waivers.
- Building a framework for a DCW certification pathway in Illinois and strategies to apply DCW training time toward certifications.
- Incorporating DCW retention and growth priorities into Illinois' multi-sector plan on aging.
- Supporting career pipelines for DCWs in partnership with high schools and community colleges.
- Integrating targeted training for paid and unpaid family caregivers.
- Working with workforce development agencies to find ways to incorporate DCWs into the state's existing workforce development framework.

In past years the Department has secured a rate study for CCUs and In-Home workers to ensure Illinois was paying competitive salaries. It is anticipated a similar study will be conducted in FY25. Additionally, the Department is engaging in discussions with (DCEO) to determine if there are opportunities to develop pilot projects to grow this workforce to satisfy current and future demand. This demand is expected to continue as the Illinois population ages creating communities with a higher density of older people, demonstrated by the projected population estimates in the maps below.





## Summary

The CCUs continue to meet the needs of thousands of older Illinoisans through assessment for services, development of a person-centered plan, and comprehensive care coordination. While the total number of persons served through CCP has decreased over this past year by 1,900 participants, the current number demonstrates an overall increase over pre-pandemic participation.

Workforce shortages along with the sustained increase in need for CCP will continue to be a challenge for the CCUs. The Department looks forward to working with fellow Illinois state agencies, peers from California, Connecticut, and Kansas, and national subject matter experts through the Direct Care Workforce Peer Learning Collaborative to help grow this workforce in Illinois. As the General Assembly focuses on workforce shortages across the state, IDoA hopes the labor needs of the aging network, particularly Care Coordinators and In-homecare Aides, will be a topic of focus and future workforce planning.



**State of Illinois**

**Department on Aging**

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**Senior HelpLine:** 1-800-252-8966, 711 (TRS)

8:30 a.m. to 5:00 p.m. Monday through Friday

**24-Hour Adult Protective Services Hotline:** 1-866-800-1409, 711 (TRS) [ilaging.illinois.gov](http://ilaging.illinois.gov)

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