

IL Council of Care Coordination Units

Response to HFS Request for Stakeholders Comments

July 1, 2011

The IL Council of Case Coordination Units would like to thank HFS for this opportunity to comment on policy questions related to Medicaid Coordinated Care. The IL Council of Case Coordination Units represents 42 community based agencies designated by the IL Department on Aging to be Case Coordination Units (CCUs). The CCUs provide Comprehensive Care Coordination to assist frail older adults to remain as independent as possible, provide access to community based long term care services, provide case management for the Community Care Program, and prevent or delay nursing home placement. The IL Department on Aging's Community Care Program is a significant program to allow individuals who would otherwise be in a nursing home to remain at home.

Case Coordination Units speak from 28 years experience in evaluation and coordination of care for older adults and experience in improvement of services through innovations. Older adults and families often turn to nursing home because they do not know how to package community services or negotiate services. When frail older adults and their families need to make decisions and secure long term care assistance, the Case Coordination Units play an important role to assist older adults to be able to stay in the community, as an option to nursing home placement. Care Coordination Units provide assessment and coordination services in the individual's home which is the most accessible delivery to frail older adults. Care Coordination Units have years of established cross referral patterns with a wide variety of community services, resources and faith organizations.

As the state moves toward a different Medicaid delivery system, it is essential to consider the community based long term care system's strengths and advantages. A high percentage of older adults generally have chronic care conditions that must be addressed comprehensively.

In response to Question #8. What is your organizations preliminary anticipation of how it might participate in coordinated care?

Frail older adults are high users of the Healthcare system. Over the years, Illinois has benefited from the growth in a community based system to serve older adults and help them to remain in the community. The concept of Coordinated Care/ Medicaid Managed Care is focused on the primary medical services which are the needed core services. However successful plans for care with the older population involve much more than medical services. Case Coordination Units have many advantages to bring to the concept of Medicaid Coordinated Care:

- The IDOA Care Coordination Units have 28 years of experience in meeting the complex needs of frail older adults and currently serve approximately 70,000 older adults each year. Older adults with chronic conditions are the highest users of the healthcare system.
- The individuals served by Care Coordination Units have complex needs including financial, housing, environmental, social, psychological, cognitive, and functional needs

for assistance with daily living that impact their health status. Case Coordination Units can link with health systems to offer a means to address those related needs. In this way, Care Coordination Units comprehensive assessment and care plan services could assist in the reduction of re-hospitalizations

- One of the big issues in healthcare reform is facilitating better transitions between settings. Care Coordination Units have the unique function of care coordination across the settings of home, hospital, discharge from hospital, rehabilitation settings, facility placement, congregate and other housing settings, assisted living settings, and nursing home settings. Care Coordination Units follow the person and even assist with return to the community from a nursing home setting. This assistance with transitions could be enhanced to include earlier notice of discharge and follow up activities. Healthcare outcomes can be improved by integration across silos of care. CCUs have an established presence across all care settings. Enhancing the role of CCUs with the Medicaid Coordinated Care model will reduce unnecessary duplication of services, decrease confusion and errors in patient self care and promote the goal of a seamless community care. IL Council of Case Coordination Units recommends that CCUs should play an important role in the Coordinated Care system. Duplication of existing services does not serve the patient or system well.
- Four Case Coordination Units are currently in a national demonstration project with their local hospitals called the Bridge Transitional Care model which enhances transitions between settings. The Bridge model is one of the suggested models from the IL Hospital Association. CCUs around the State are currently working toward expansion to other sites in rural, urban, and ethnically diverse communities.
- As a key part of community based network, Case Coordination Units currently receive thousands of referrals and serve as a single point of access for older adults to secure community based services as options to nursing home placement. CCUs respond with assessment and services in a prompt, efficient way thereby insuring participants will not wait for needed services on which they depend.
- As part of the ADRC with some Area Agencies on Aging, Case Coordination Units are also serving people with disabilities and some CCUs provide prescreening services for the people with disabilities as well as aged.
- Care Coordination Units provide eligibility determination and care coordination for the Community Care Program which provides homecare, adult day care, emergency response, money management and other services to help frail elders to remain at home.
- Care Coordination Units assists with expediting Medicaid and other benefit applications for individuals receiving Community Care Program services. Medicaid enrollment enhances the Medicaid match for the Community Care Program.
- Because Care Coordination Units services are delivered in the home, CCUs have an advantage in developing care plans that utilize family and other informal supports. In the hospital, the older person or family may over estimate the capacity to assist. The intent of the Community Care Program is to supplement, not supplant family or other supports. CCUs provide service authorization for Community Care Program services and assure that services are cost effective and appropriate for participant's needs

- Case Coordination Units provide reassessment and monitoring of needs as they change over time. This is especially important for the management of the ever changing needs of individuals with chronic conditions.

Thank you for the opportunity to provide comments and your consideration of these recommendations.

Karen Freda,
Executive Director

Carol Aronson,
Vice President
IL Council of Case Coordination Units