

Health and Medicine Policy Research Group
Testimony
March 5, 2009

Thank you for the opportunity to testify regarding the budget for the Department on Aging. Since 2001, Health and Medicine Policy Research Group, a non profit organization has been intimately involved in Illinois' long-term care (LTC) reform effort for older adults. We have worked closely with providers, advocates, legislators, and the Department to move Illinois in the direction of providing our older citizens with real choices where they can receive services when and where they need help. Each budget passed by the legislature for the past five years has reflected progress toward our legislated mandate to stabilize the work force, provide a richer array of services, and enable more people who might otherwise go into a nursing home, to have access to the program.

We are grateful for the support of the Governor and commitment of legislators to transform the long-term care system for older adults in Illinois. We appreciate the state's dire fiscal circumstance and it is with this knowledge that we urge you to consider the findings of The Determination of Need/Service Cost Maximum Study (DON).

We know that Illinois' Community Care Program is exceptionally cost effective. The DON study findings underscore the fact that Illinois has one of the largest programs in the country. We have a program that helps to maintain older adults who have low levels to remain in the community with a limited service package. However, the study findings clearly show older adults needing more assistance, those most at-risk for nursing home placement, have specific needs not met by the Community Care Program. If we are truly working to re-balance the long-term care system in Illinois, we need to consider modifications to our current system to serve the older adults with greater needs. With an estimated 3,000 new clients needing assistance in 2010, the alternative has a serious potential to reverse the cost-savings we now know are possible through providing needed services to vulnerable people living in the community.

Our recommendations from the DON study are geared towards targeting those most at risk for institutionalization with cost effective interventions. In addition, recognizing the need for budget restraint and neutrality, our goal is to assist you and the Department in the development of short and long-term goals based on the study findings. The program modifications necessary for 2010 require careful consideration and the personnel to support the changes necessary to continue to allow older adults the option of living in the community. In order to maintain the momentum of our work to re-balance the systems of care for Illinois' elders, it is absolutely critical that the Department have the staff to support service provision and modification.

Finally, we recognize the difficult fiscal position of the state, but share the specific budget concerns expressed by AARP. This budget is not adequate to serve older adults who need services in the community. It is critical that the budget match program commitments. This is especially true given the program receives Medicaid matching funds that are being increased by the federal stimulus plan.

We are concerned too about the Ombudsman program which is at imminent risk of being stripped to bare bones if nothing is done to stabilize its funding. This puts very vulnerable people in nursing homes at risk at a time when we want the Ombudsmen to go into Supported Living Facilities and Assisted Living Facilities, and perhaps home care.

We will continue our commitment as members of OASAC and all its committees, as well as the Alliance for Home and Community Care, to work with you and with the Department to achieve a system of care for older adults in Illinois which represents the needs and desires of older adults to age in place, at home. And we commit to this work with the knowledge that our current fiscal challenges can be remedied, in part, by a long-term care system which is balanced.

Thank you