

# **Illinois Department on Aging**



## **Care Coordination Unit Performance Report**

**Period ending January 31, 2025**

## **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 bi-annual review of Care Coordination Unit performance and adherence to service guidelines. The bi-annual 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.

## **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 133,229 (inclusive of fee for service and managed care) older Illinoisans statewide through 41 Care Coordination Units (CCU), 412 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 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 133,229 older persons. Of this, 77,939 older persons are non-MCO and 55,290 are assessed for eligibility for CCP by the CCU and then served by a Managed Care Organization (MCO).

## More CCP Participants on Medicaid

The following table demonstrates an increase in CCP participants who are Medicaid-eligible, going from 54,351 two years ago to 55,290 in December 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 two years the number of CCP participants eligible for CCP, but not Medicaid, decreased from 30,686 two years ago to 22,103 in December of 2024 (this has decreased by almost 8,000 in comparison to two years ago). However, a portion of these individuals are on interim services pending a final Medicaid determination. Interim services Medicaid eligible individuals can remain in their homes and community as opposed to placement in a nursing home.

Data as of December 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	1,808	2,460	742	3,202	5,010
02	8,431	7,644	2,714	10,358	18,789
03	1,078	1,273	559	1,832	2,910
04	1,067	1,062	342	1,404	2,471
05	2,146	2,567	797	3,364	5,510
06	294	396	55	451	745
07	1,393	1,985	694	2,679	4,072
08	1,861	2,206	607	2,813	4,674
09	460	644	30	674	1,134
10	364	522	50	572	936
11	1,357	1,472	129	1,601	2,958
12	22,695	20,569	9,476	30,045	52,740
13	12,336	13,036	5,908	18,944	31,280
<b>Total</b>	<b>55,290</b>	<b>55,836</b>	<b>22,103</b>	<b>77,939</b>	<b>133,229</b>

Totals from 1 year ago\*

<b>Total</b>	<b>56,840</b>	<b>49,730</b>	<b>27,431</b>	<b>77,161</b>	<b>134,001</b>
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Data as of 12/21/2023

Totals from 2 years ago\*

<b>Total</b>	<b>54,351</b>	<b>46,538</b>	<b>30,686</b>	<b>77,224</b>	<b>131,575</b>
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Data as of 12/22/2022

Totals from 3 years ago\*

<b>Total</b>	<b>50,994</b>	<b>43,017</b>	<b>29,699</b>	<b>72,716</b>	<b>123,710</b>
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Data as of 12/21/2021

Totals from 4 years ago\*

<b>Total</b>	<b>46,903</b>	<b>40,270</b>	<b>30,579</b>	<b>70,849</b>	<b>117,752</b>
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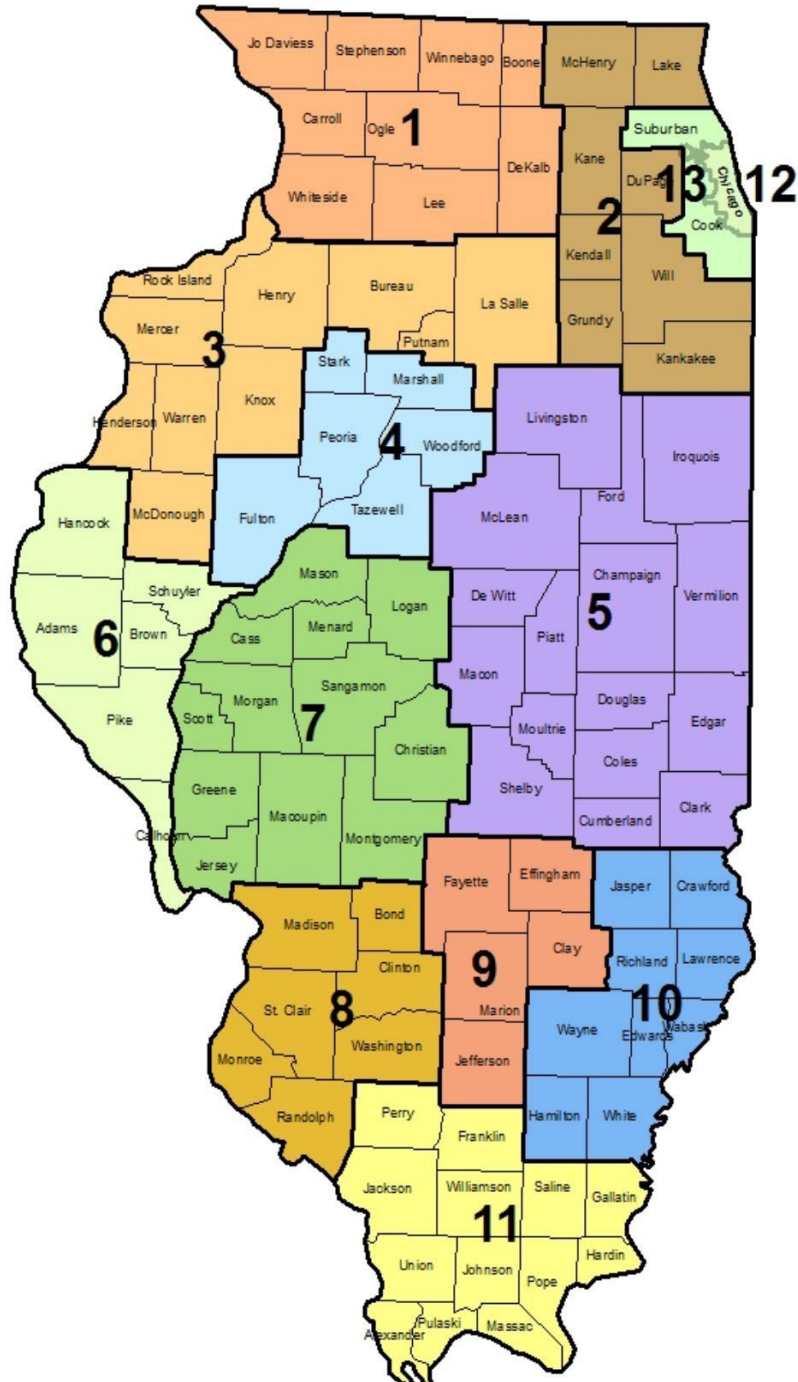
Data as of 11/02/2020

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.

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. As of 12/23/24, 86% 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. So far, in FY25, 37,697 pre-screens have been completed and 2,911 post-screens across the state.

PSA	Total Choices For Care Pre-Screens FY24	Total Choices For Care Pre-Screens FY25 YTD (July 2024 through December 2024)	Post-Screens FY24	Post-Screens FY25 YTD (July 2024 through December 2024)
PSA 1	7,348	1,827	487	240
PSA 2	27,261	8,252	1,377	797
PSA 3	3,367	1,454	408	283
PSA 4	4,645	1,281	94	64
PSA 5	9,606	4,239	224	98
PSA 6	971	277	43	14
PSA 7	3,700	617	141	115
PSA 8	3,836	323	913	165
PSA 9	1,943	891	380	131
PSA 10	1,003	511	366	163
PSA 11	2,350	2,018	451	293
PSA 12	18,602	7,349	259	173
PSA 13	27,540	8,658	586	375
<b>Total</b>	<b>112,172</b>	<b>37,697</b>	<b>5,729</b>	<b>2,911</b>

## CCU Participation in PACE

The Program of All-Inclusive Care for the Elderly (PACE) is a comprehensive and integrated Medicare and Medicaid program administered by the Department of Healthcare & Family Services 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 and serve as a referring source to older adults who are candidates for the PACE program. There are currently 54 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 61.1% for FY25 YTD, in discussions with CCUs, workforce challenges are the cited as the persistent barrier. Another challenge for the CCUs that is set to take place in 2027 through the new Medicaid Access Rules, is the requirement of a 90% redetermination rate for Medicaid waiver participants, an increase from the current performance goal of 86%. Currently, the Department is working with the CCUs with redetermination rates below 86% to develop weekly corrective action steps to meet current performance measures through ensuring delinquent redeterminations are completed, data clean-up, and filling Care Coordinator vacancies.

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%

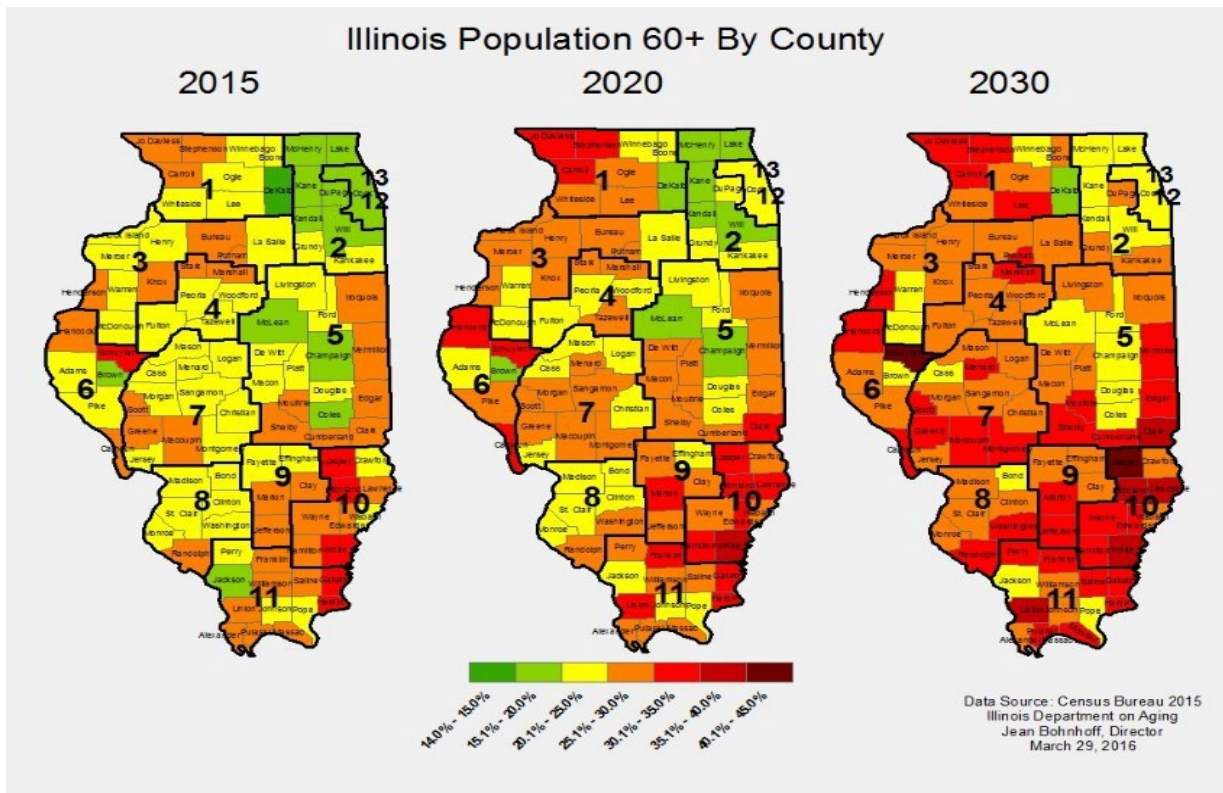
FY24	61.1%
FY25 YTD	61.1%

## Care Coordination Unit Workforce Shortages

Care Coordination Unit (CCU) workforce shortages continue to impact CCUs across the state with the southern part and some urban areas of the state demonstrating significant challenges recruiting and retaining care coordinators. 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. The Department is also 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. Additionally, the Department developed a rural demonstration grant to help the CCU staff a portion of PSA 10 that has experienced historic workforce challenges due to low population and increased travel demand for Care Coordinators due to the rural landscape. This demonstration grant will help the Department determine if this methodology would satisfy CCU workforce needs in other rural areas of the state. 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 on the following page.



## 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. Looking year over year, the total number of persons served through CCP has decreased over this past year by more than 750 participants. However, the current number demonstrates an overall increase of more than 15,000 CCP participants 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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