

Legislative Outreach – A CALL TO ACTION!

Step-by-step guide to discussing the CCU Rate Increase with your legislators.

1. Locate your legislators and policymakers:
 - a. To locate House and Senate members by an address, click [here](#), enter an address in the search field, and then click on State Senator and State Representative in the list below to view the Senate and House members' names and district numbers. Phone numbers for the district offices of Senate and House members are available [here](#) and [here](#), respectively. Note that all House and Senate districts have new boundaries as a result of the recently completed decennial redistricting process.
2. Contact (email or call) – TW to give details on the best way to contact at this point (district office, etc). Share discussion points below and feel free to add your own experiences.
3. Follow-up with the ICCCU Thomson Weir One Pager and Three Pager.

Talking Points:

1. **Care Coordination Units in Illinois, the social service agencies responsible for administering the Community Care Program on behalf of the Department on Aging, are losing staff to MCOs and other employers with the resources to offer more competitive wages.**
 - a. Across the state, approximately **25% of care coordinator positions are vacant.**
 - b. CCUs consequently cannot ensure that older adults in CCP receive the comprehensive services necessary to help them stay in their homes — in the community of their choice.
2. **When wraparound services cease, CCP recipients — particularly those with the greatest needs — will become far more likely to arrive in nursing homes, greatly diminishing their quality of life, and exponentially increasing costs for Illinois taxpayers. Older adults cannot receive home delivered meals, chore housekeeping services, respite – to name a few – without the assessment of a care coordinator.**
 - a. Referrals to food pantries and LIHEAP for assistance with paying utility bills are among the services we provide that will cease when we can no longer provide the wraparound services essential for the older adults to maintain their quality of life.
 - i. Wraparound services are the federal, state, local governmental programs utilized to assure resources are being used to support the CCP care plan, most being financial from the governmental levels (LIHEAP, Homestead exemption, food pantries, Medicaid, SNAP, etc....). In addition, and more important are the wraparound services utilized by Care Coordinators that are due to local relationships and community involvement for what most of us take for granite: fans, air conditioners, incontinent supplies, activities to assist with mood and enjoyment, caregiver case management, etc...) resources CCU's use that are not paid out of tax payer dollars. Many tasks we do outside of eligibility are phone calls and making the older adult's life easier and navigate through systems, many they could not do on their own. It's making sure they are in the right Medicare Part D plan or know the differences in the MCO's and what Dr.s are contracted with them.
 - ii. The initial and redeterminations, choices etc.. are eligibility tools for Nursing Home placement, MCO HCBS and CCP.

- iii. Seniors rely on their CCU and even their specific Care Coordinator because they know they will assist with items and donations in a time of need - these are resources available because of our relationships and respect from community persons.
- b. **Specifically, 11,700 of the individuals whose cases we manage are at very high risk to move into a nursing home in the next year.** The total cost of caring for them in an institutional setting as opposed to their own homes for a year would be approximately \$875.4 million — far greater than the \$210.6 million cost of managing their cases through CCP.
 - i. **How did we get this number:** The Current state of workforce is 25% down. 15% or 11,700 of the individuals we coordinate supports for to remain safe and well in their own home are at very high risk (DON Score > 57) to move into a nursing home in the next year.
 - ii. **The math:** 78,000 statewide caseload; 15% at high risk of transferring to a nursing home or 11,700 older adults. Without rate increases and increased workforce, 11,700 older adults in Illinois will transfer to a nursing home at a cost to the State of \$875.4M (vs. current \$210.6M)

$\$875.4M = \$6,235 \text{ avg. monthly NH cost} \times 12 \text{ months} \times 11,700.$

$\$210.6M = \$1,500 \text{ avg. monthly CCP cost} \times 12 \text{ months} \times 11,700.$

- 3. We agree with the Department on Aging that the FY 2024 appropriation for case management should be increased by approximately \$15 million but **we recommend that the entirety of those funds be devoted not as proposed by Aging (to the performance of additional tasks at the same inadequate rates) but rather to increasing rates (as described in our message) to allow the hiring of additional care coordinator staff and ensure the continuation of critical services.**