



*We are blessed to have the privilege of serving in the Lord's work. We are also very thankful to have a committed Board of Directors and very faithful donors. Like all services, there is ongoing change. Our commitment is to serve in ways that honor God and are faithful to our Vision and Mission. In many ways 2020 was defined by COVID. It affected every area of operations and every part of resident services.*

### **Resident Services**

The current capacity of the agency is 161 residents in 17 different locations. There was no added capacity in 2020. As funds and opportunities are available, the Board is committed to developing additional services. The agency offers a wide array of services including medical, leisure, community access, living support, communication, therapy, behavioral support, mental health support and training in personal care and social skills. The agency receives positive feedback from surveyors and is recognized as having high-quality services.

Over the past several years, we have made changes to the level of care we provide in the small group homes. We are now serving people with much higher needs in the CILA (Community Integrated Living Arrangement) group homes. We have many residents who need assistance with personal care and communication, and there are a couple who are wheelchair dependent. This has resulted in needs for changes in staffing levels and staff training, as well as for changes in supervision and in management.

As a result of a disruption in day services the State offered the option of providing day services from people's residence instead of attending a day program center. This program affords those individual greater flexibility and more opportunity for leisure.

Since 2013 Oakwood Estate has been a 12-bed wheelchair facility for people without high medical needs who still need significant assistance with personal care. Serving people in wheelchairs in a smaller setting is a significant part of the scope of services we have available. We are extremely pleased with the quality of life the residents are receiving there. As new admissions occur there is a gradual increase in the level of care needed by the residents who live at Oakwood Estate and this requires adjustments in staffing levels. We need to continue to find ways to meet leisure options while still providing good personal care. We have had very strong affirmation from residents and their families.

Timber Ridge continues to serve people with high medical and care needs. Part of the focus at Timber Ridge is on looking at ways to provide the medical care needed as people age or as people are admitted with higher levels of medical needs. Timber Ridge is in the process of a major remodel project which will significantly enhance services. Dining will be less congregated, there will be additional single rooms, and there will be enhanced family visiting options.



Linden Estate continues to serve the needs of ambulatory people with relatively high care needs but without specific nursing needs.

For many years, one of the challenges for agencies which provide service to adults with intellectual and developmental disabilities has been to find ways to accommodate people with aging and dementia needs. Most people come into ACLP services when they are young or middle aged adults. Many of them age earlier than adults without disabilities. For residents at Timber Ridge, it is possible to “age in place” because there are high medical and personal care services already in place. For residents at the group homes, we need to continue to look at models that will allow them to age in their homes as long as possible. The challenges we face in the smaller settings are having sufficient nursing services in place and not changing the nature of the home in ways that are burdensome to the other residents who live there.

One of our most significant challenges is providing behavioral and mental health supports to our residents while maintaining their dignity and respect. This is a highly regulated and monitored area of service. We are thankful to have secured the services of some highly skilled psychiatrists who have experience treating adults with developmental disabilities. Likewise, our program staff have good clinical skills and knowledge regarding behavioral interventions.

### **Future Services**

There are several possible initiatives and program plans which have been discussed in the past years. In 2020 they have been noticeably absent as the State and providers both needed to put all of their attention on managing COVID safely and addressing staffing crisis related to COVID.

Both State and Federal governments continue to develop new opportunities and challenges. These are focused on increasing opportunities for people with disabilities and on managing the costs of services. These goals are often in conflict with each other. There are several new federal and state initiatives which are being proposed and developed, but the most difficult are not yet active. This may give us a little time to adjust to recent changes, and assess what our needs are. We belong to several State provider associations where we contribute ideas and get information about trends and impending changes. It is imperative that we stay well-informed as we continue to plan for future services.

The major initiatives we are monitoring are: Managed Care, 1115 Waiver, restructuring of the Medicaid rate system, and changes to the CILA rule. The State has made little significant progress in most of these areas in the past years. However, they have begun some of the changes to services for residents in the CILA program. We are in the process of trying to adapt to this new service paradigm. Providers have been frustrated, as it seems the State was not able to develop their proposed program changes well before rolling them out to providers.



Managed care has not yet been applied to services for people with intellectual and developmental disabilities (I/DD services) in Illinois. This is not necessarily good news since some of the changes are sure to come, and it would be better to adapt over time and not at the last minute. Managed Care appears to be a part of the future of all Medicaid services. No model has been developed which adequately addresses choice and bidding for residential services. It has already been developed for nursing homes and for the medical part of I/DD services and appears to be an acceptable model for health care services, with some issues that need to be worked out. There is no consensus on how Managed Care will actually be used for the residential part of services.

The agency will need to monitor trends closely to assure that if the State resorts to a bidding process or a competitive process ACLP will remain a choice for people to use for their services. Management regularly attends meetings, webinars and seminars to track these trends. There are proposed new rules for CILA that would go into effect in the next couple of years. The State is developing their plan to comply with the federal rules, so little detail is known. It appears there are two issues. One is to significantly increase the rights and autonomy for residents while assuring safety. The second includes requirements for greater levels of service which cannot be met with current funding and staffing. The general consensus among providers is that the State is in denial regarding the significant changes expected by the federal government. The State submitted their plan for approval but has not yet received a response from the federal government.

As day programs closed because of COVID the entire model of day services is being examined by providers and by the State. Questions have been raised about the appropriateness of day services in large congregate settings. Additional questions have been raised about whether it will ever be safe to serve large numbers of people and provide for adequate infection control. These are questions which will be looked at over the next year.

### **Facility Assessment**

There are currently 20 buildings in use by the agency. Of these buildings there are 17 residences, an administrative building, a CILA office building and an Activity Center. The increase in the number of settings has been a significant challenge for maintenance. We have developed a structured system for reporting and tracking maintenance needs, which is proving helpful. The buildings are all well-constructed and hold their value. Timber Ridge, Oakwood Estate and Linden Estate may have limited resale value based on their limited options for alternative uses. Oakwood Estate was completely converted to serve wheel chairs and is presently fully utilized. At the time of the Oakwood renovation we considered a way to add additional outdoor space. We have an architect looking at options to create accessible patio space and some additional options for family and private space. Linden Estate was significantly upgraded with a room addition and cosmetic changes. Timber Ridge has received several smaller updates over the years but is now



in a major renovation. We built an administrative building and are converting the administrative wing of Timber Ridge into training rooms, family rooms, etc., which would free up some additional bedrooms. The CILAs are generally in good repair and kept in good condition. The CILA which was remodeled to make it wheelchair accessible is finished and working out very well. The agency is looking for options to make another CILA wheelchair accessible.

In 2020 the Administrative Building was completed on the grounds of Timber Ridge. Most agency wide services are now in this new building including accounting, human resources, social services, mission services, staff training, IT and general administration.

The building in which Administrative Services were temporarily located was in a strip mall in Morton. During our time there we realized it would make an excellent Activity Center. The need was initially driven by those residents who are now receiving the day services from us and need alternatives. The potential for residents from other settings to also use it added to the value. It will be furnished to be used for group activities, family activities, educational activities and of course leisure activities. We signed a three year lease with the landlord.

### **Information Technology (IT)**

Like all businesses and services, we have had and continue to have increasing needs for technology services in order to provide our services efficiently. In the past few years, we made changes to our infrastructure, which resulted in a greatly improved system. We have a solid server system and back up. We have also changed our method of updating user work stations in order to assure that they are current and compatible with the system.

We have software that is current and meets our business needs relatively well. We found medication administration software and began using it in the smaller settings first. It has helped with tracking of errors and quality control. We added it to the rest of the settings and it is working well. We continue to need software that will better meet the need for “Electronic Health Records” and a better system of recording resident service plans and delivery of services. The problem with this issue is that there is very limited software that meets the needs of agencies serving people with developmental disabilities. We upgraded our current clinical services software which has improved our system to a degree. The agency will continue to look for options and assess them as they are developed. We also will be looking at replacing or upgrading elements of new employee software, time keeping software and scheduling software

Like all businesses, our use of electronic communication has multiplied. In response to this, there are new regulations and expectations being put in place regarding keeping electronic communication confidential if it contains client information. This is a major challenge for health care and social service providers. We feel we have good software and policies in place to protect private information. It is an ongoing challenge to get staff and families to use the privacy tools.



The building and remodeling projects have presented challenges and opportunities to use new technologies. The new administration building has all electronic locks with key fobs which are programmed to allow access to the parts of the building each staff needs. Timber Ridge is also in the process of replacing mechanical locks with electronic locks. In addition at both locations we are upgrading projectors and monitors used for meetings and for leisure.

We have increasing numbers of residents who want to have internet access for their devices. We are working on making this available without compromising our functionality and without violating our policies regarding appropriate use of our internet access. Some residents are choosing to get their own access. As our IT has grown in scope and complexity it has been a challenge to put appropriate support in place. We have skilled staff available for support, but we currently have a position open so we are sometimes stretched to have the support available when and where it is needed. This is an area that we need to continue looking at in the future.

### **Finances**

The past year has been unprecedented in many ways. The pandemic has challenged the health care and social services. This has resulted in significant increases in expenses and in revenue.

The agency's revenue was enhanced by several state and federal initiatives to support businesses and specifically health care and long term care. Many businesses were in danger of closing because of lost revenue and increased demand. LifePoints was able to participate in the federal Payroll Protection Plan, a federal Medicaid Relief Program and a state Medicaid Relief Program. The state also gave short term rate increases to residential providers because residents were not able to attend workshops and residential providers were responsible for 24 hour care.

LifePoints chose to put in place several wage initiatives to provide staffing during outbreaks in most of the facilities. Depending on the size of the facility alternative staffing models were used to reduce the number of staff exposing residents. As staff became exposed and not able to work they were placed on paid leave and remaining staff were paid incentives to work in hazardous areas and to cover empty time slots.

The extra income and the extra cost were both substantial. The costs and income have not been reconciled yet but it appears there was sufficient extra revenue to cover the added costs. Going into the new year most of the relief programs have expired, but the agency's need to subsidize staff has also decreased. The larger homes have had broad enough exposure that there is no longer a risk for a widespread outbreak. The CILA group homes will possibly have some additional cases and need to use our subsidized staffing model which is expensive but does not affect the budget as much as the larger homes.

The commitment of our donors is unprecedented. Although we cannot guarantee future donations, the pattern of commitment is well-established, and we are not currently aware of any



threats to that commitment. The agency remains very committed to constituency education to assure that awareness of the need for donations remains high.

Normal expenses continue to grow at a rate exceeding inflation. The State of Illinois is in the process of increasing minimum wage to \$15 per hour. On 1-1-21 it went to \$11. This necessitated raising all starting rates and current wages by \$1. The State has not been fully funding these increases.

There are an unprecedented number of providers who are having staffing crisis. Some agencies have 25%-35% of their direct care positions unfilled. This past year, the Board of Directors raised the starting wage for direct care people to \$12.50 per hour. This past year the State completed a full rate review for DD services. They hired an outside contractor who analyzed rates. They looked at whether the service assumptions were accurate, whether the cost basis for these required services was accurate and what would be needed to support the upcoming changes to minimum wage. The State accepted the report and is making recommendations. If they are adopted it will result in more appropriate reimbursement for services. They have made it clear that at best it will be implemented over time because of the State's limited revenue, so the impact on finances in the future is unknown at this time.

Illinois has often dealt with their deficits in income by delaying payments to providers. This sometimes results in no cash flow for up to six months. They have not done this for the past couple of years so we are hopeful that it won't be an issue but, we are fortunate to have a solid investment portfolio and a program to borrow against it at very reasonable rates.

### **Investments**

We are very fortunate to have a solid investment portfolio. We are also fortunate to have had conservative and experienced advisors to work with. The return on the portfolio has been a significant factor in taking care of our annual deficit. It appears that we will need to assure a solid ongoing income from the investments into the future. We are thankful for the donations that have made this fund possible. The Board has used a measured response in promoting the Trust Fund, which is a part of the investments. We do not want to take money from our regular donations and compromise operations, but we also want to see the investments grow. We continue to promote both funds and depend on the leading of the Holy Spirit as people choose to donate. It is imperative that we continue to use advisors that are highly qualified with high integrity.

### **Personnel**

Several years ago, the agency was in a very difficult place regarding adequate staff for nurse positions and direct care positions. There was a widely recognized shortage of nurses and universal predictions of a worsening crisis. During the recession which followed, the economy shifted drastically and resulted in nurses and direct care staff being much more stable in their



positions. This was a result of staff having fewer alternatives to seek other jobs, fear of spouses losing jobs or being marginally employed and qualified people without jobs seeking employment. Presently, the greatest strain on staffing is illness. When the pandemic is resolved we will need to assess our future employment needs. Nationally and specifically in Illinois, there has been a severe shortage of direct care workers (Direct Support Professionals or DSPs) for the past couple of years. Providers are working on several initiatives to address this, but the only real solution is to create a wage level above other entry level jobs. Some I/DD agencies have a critical shortage of qualified staff. It is imperative to remain as competitive as possible especially if the economy rebounds and creates more jobs, so that we are in a position to recruit and retain employees. In a very general sense, the jobs we have may increase in desirability as middle income jobs decrease because of automation and global employment competition.

We have tried to increase cross training of management and clerical functions. As we hire people into middle management and upper management positions, we have continued to evaluate the appropriate structure of the agency management and potential candidates to move into management positions in the future. As the Executive Director retires and a new director is hired there will need to be an evaluation and probably some reassignment of responsibilities to recognize the skills of the new director and of current management staff.

Since the agency began, there had been a Department Head meeting for the management group. This was used for sharing information and receiving input on decisions. As the agency became more diverse, we created two separate department head groups that each meet regularly. Their decisions are mostly limited to the facilities they work with and giving advice on agency decisions. At the same time, we created the Executive Team, which is the decision-making group for the agency. At present, the Team is made up of the Executive Director, Associate Executive Director, Group Home Administrator, Timber Ridge Administrator and Human Resources Director. The current leadership structure is working well for soliciting input on decisions and for actual decision making.

### **Church Relations**

We are very blessed to be widely supported within the Apostolic Christian Church of America. We are one of the longest standing missions and one that the general membership has a strong heart to support. We have put some new processes in place and strengthened others to assure a continuing good relationship with the church and a high level of awareness within the churches. These include working closely with the Elder Body, church presentations, the Annual Report, and regular correspondence with church representatives, retired board members and "Friends of the Board", and a Church Rep Day for all of the local church representatives. Most of these were suspended in the past year and will be reassessed when the pandemic resolves. We continue to share information electronically. The addition of the Mission Communications Coordinator position has focused attention on electronic and web-based communication. We now have a



presence on Facebook and Instagram. This has increased our interaction with younger people and people of all ages who communicate with social media.

We are also pleased to have the Morton Apostolic Christian Church as a neighbor. The close proximity gives more of our Timber Ridge residents the opportunity to attend services or Sunday School at the church. A group of residents also attends church at the Washington Apostolic Christian Church. We are also grateful to have volunteers from several churches who conduct or support a variety of bible studies and services for residents.

### **Agency Name Change**

In 2017, we adopted our new agency name Apostolic Christian LifePoints. We are very pleased with how well this has been accepted. It appears that the level of awareness of our new name is very high and people's commitment to use it high. The process of making corporate and legal changes was much less time-consuming and difficult than we anticipated. The name represents who we are, and we are very grateful for it. We are thankful that this is becoming "old news" and LifePoints is becoming the norm.