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September 1, 2014

TO: The Governor of the State of Illinois  
The Honorable Members of the Illinois General Assembly

The Illinois Department on Aging (IDoA) is pleased to offer the September 1, 2014, bi-monthly report as required by HB2275 (Public Act 98-0008). The report describes in detail the progress to-date by amended ILCS statute, pertaining to IDoA's Community Care Program (CCP) goals outlined in the legislation.

Note that Public Act 98-008 required Aging to provide evidence to the Auditor General by February 1, 2014, that it has undertaken the actions listed in its implementation report. The Act required the Office of the Auditor General (OAG) to review the evidence submitted by Aging and issue a report to the Governor and legislative leaders no later than April 1, 2014, as to whether Aging took the actions listed in its implementation report. On March 26, 2014, the Office of the Auditor General released its Review of the Department on Aging's Community Care Program Reform Implementation. The Office of the Auditor General report concluded that the evidence submitted by Aging generally supported the actions reported by the Department.

As many of the provisions in 98-008 have been completed, this report and subsequent reports to the General Assembly will be divided into two sections; Provisions in Progress and Completed Provisions.

Finally, the quarterly Service Authorization Guidelines (SAG) report was included in our July 1<sup>st</sup> 2275 report. The next quarterly SAG report will be included in the November 1 report.

#### **Provisions in Progress**

20 ILCS 105/4.01(2-a) (provide data sharing and requested employment information verification for CCP providers)

- **As of April 29, 2014, all interagency governmental agreements (IGA) pertaining to data sharing have been signed to enhance the verification and eligibility determination processes for services that are administered by the Department, except for the Department of Revenue. On June 17, 2014, the Department of Revenue submitted an IGA draft to IDoA. IDoA and the Department of Revenue are discussing the final edits to the interagency agreement.**

20 ILCS 105/4.02 (quarterly reporting on CCU's (Care Coordination Units) performance and adherence to service guidelines.

- **The Department conducted 3 performance reviews to monitor adherence to the service authorization guidelines in June, 2 reviews in July, and 4 reviews in August. The review of June 18-19, 2014 found 6 of the 24 files to be non-compliant. The June 19-20, 2014 review found 4 of the 15 files reviewed to be non-compliant. The June 25-27, 2014 review found 9 of the 25 files reviewed to be non-compliant. A review conducted July 9-11, 2014 found 4 of the 46 files reviewed to be non-compliant. A review conducted on July 22-23, 2014 found 6 of the 34 files to be non-compliant. The CCUs were provided with technical assistance and instruction for compliance. There were four reviews conducted August 5-14, 2014. The Department is currently finalizing the data from those reviews which will be included in the next report.**

20 ILCS 105/4.02(10) (Medicaid waiver enrollment and claiming improvements)

- **Since the inception of HB 2275 and the coordinated effort with DHS to provide CCUs access to PACIS, Family Community Resource Center (FCRC) liaisons for CCUs, and the implementation of two Medicaid waiver processing centers, there has been improvements in wavier enrollments and claiming. These improvements provide accurate tracking of wavier enrollments, better communication between CCUs and FCRCs as well as streamlined Medicaid application processing of Medicaid claims. The CCUs have been able to correct errors in a timely manner on Medicaid applications for processing and this has also improved claiming.**

20 LCS 105/4.02(11) (seven-minute rounding policy clarification)

- **As of April 1, 2013, IDoA has developed a policy that requires implementation of rounding from seven minutes up or down to the nearest quarter hour as a new method for calculating in-home service units, in accordance with the Federal Fair Labor Standards Act [29 CFR 785.48(b)]. The policy became effective on May 1, 2013. The Department is monitoring CCUs for rounding from seven minutes up or down to the nearest quarter hour. The Department has recently found some agencies to be out of compliance due to the rounding utilized by their EVV provider. Corrective action has been given to those agencies out of compliance. The Department is addressing this concern with the EVV provider in question.**

### Completed Provisions

20 ILCS 105/4.02(7) (Balance Incentive Payment Program (BIP)) - CCP effectiveness under Medicaid Waiver)

- **HFS submitted the BIP application to the federal Centers for Medicare and Medicaid Services (CMS) in March 2013. On June 12, 2013, the State of Illinois received official notification from federal CMS regarding the awarding of the BIP grant. The project period is July 1, 2013, through September 30, 2015. Aging noted that Illinois will receive an enhanced 2 percent match on non-institutional long-term services and supports, estimated at \$90.3 million during the project period.**

20 ILCS 105/4.02(12) (coordinated (i.e., managed care) enrollment)

- **Policies for the Integrated Care Program (ICP) have been finalized to ensure the smooth transition of CCP clients to managed care entities (MCEs). The Department continues to meet on a regular basis with the Department of Healthcare and Family Services, as well as the MCEs to address issues that arise to ensure that care provided is consistent with federal waiver requirements.**

20 ILCS 105/4.02(13) (maintain existing (FY13) CCP rate increase in FY14)

- **All current CCP fee-for-service rates remain unchanged at the FY13 level.**

20 ILCS 105/4.02 (Electronic Visit Verification (EVV))

- **Public Act 097-0689 (or the S.M.A.R.T. Act) mandates the Community Care Program (CCP) to implement electronic visit verification (EVV). The purpose of EVV is to record the arrival and departure time of each service visit by the homecare aide to the participant's home, which seeks to improve accurate billing, safeguard against fraud, and enable greater oversight of the service delivery. The CCP EVV requirement became effective on July 1, 2013. It is predicated on a "standards-based model" that allows providers flexibility to employ an EVV system of their choice and at their own expense, as long as they meet the Department's EVV standards on an ongoing basis. The citation for the adopted EVV rulemaking is 38 Ill. Reg. 5800 (March 7, 2014) – See link below. The Department is in possession of the required EVV certification documentation for all 106 INH legal entities.**

[http://www.cyberdriveillinois.com/departments/index/register/register\\_volume38\\_issue10.pdf](http://www.cyberdriveillinois.com/departments/index/register/register_volume38_issue10.pdf)

20 ILCS 105/4.02 (reporting requirements /bi-monthly reporting)

- **Reports have been filed on a bi-monthly basis.**

20 ILCS 105/4.02 (CCP providers submission of bills or invoices)

- **The Department's online billing system for Vendor Requests for Payment was modified to contain certification language referring to a physical notarized statement that the provider has complied with all Department policies. Although this statement does not mention the Notarized Certification form, a user cannot see this statement or agree to it unless they have submitted a Billing Certification Form (containing the notarized statement) and are authorized to use the system in the first place.**

30 ILCS 105/25 (prior CCP liability payment cap)

- **Toward the end of fiscal year 2013, the General Assembly approved two supplemental appropriations for the Community Care Program to resolve unfunded liability. The first supplemental appropriation was for \$173 million which allowed the Department to pay prior years' liability through FY12. The second supplemental appropriation of \$142 million provided the Department sufficient funds to pay for FY13 services provided through June 30, 2013. The Department's FY14 budget does not have prior year billing provisions in the appropriation; whereas, the Department also projects to have adequate funds in the current FY14 budget to satisfy projected obligations. Aging has communicated to providers the urgency of billing promptly, and that failure to submit FY14 bills prior to the end of the FY14 lapse period would require vendors to seek payment through the Court of Claims. Aging noted that it does not have a re-appropriated line in the FY14 budget.**

Please do not hesitate to contact me if you have any questions regarding this report.

Sincerely,



John K. Holton, PhD  
Director  
Illinois Department on Aging

cc: Mary Killough, Deputy Director  
Deb Shipley, Chief of Staff-Operations