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January 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 January 1, 2014, bi-monthly report as required by HB 2275 (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. This report also highlights IDoA policy changes and notifications required to implement this amendatory Act, in addition to federal waiver requests and State administrative rule changes, although no amendment to the Illinois Title XIX State plan has been made or offered.

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

- ✓ **All interagency data sharing agreements have been signed to enhance the verification and eligibility determination processes for services that are administered by the Department. The department is currently working to establish the secure transfer of information process among the agencies.**

20 ILCS 105/4.02 (quarterly reporting on CCUs performance and adherence to service guidelines.

- ✓ **The first quarterly review of Care Coordination Unit performance and adherence to service guidelines was completed, summarized and submitted in the November report. The next quarterly review will be addressed in the March 1, 2014 report.**

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

- ✓ **This requirement has been met. The Illinois Department of Healthcare and Family Services (HFS) submitted the BIP application to the federal Centers for Medicare and Medicaid Services (CMS) on March 18 2013. On June 12, the State of Illinois received official notification from CMS regarding the awarding of the BIP grant. The project period is July 1, 2013 through September 30, 2015. Illinois will receive an enhanced 2% match on non-institutional long-term services and supports, estimated at \$90.3 million during the project period.**

20 ILCS 105/4.02(9) (service authorization guidelines for in-home service)

- ✓ **IDoA implemented a Service Authorization Guidelines policy for Case Coordination Units (CCUs) statewide on April 1, 2013. The overall intent of re-issuing guidelines is to strengthen consistent application of service task approvals across the state and to assure that services are approved according to an individual's need while promoting the participant's health, safety and welfare. The guidelines do not impact the access or eligibility to the CCP; change the Determination of Need (DON) tool or the Service Cost Maximums. Statewide training was provided to Care Coordinators in April 2013 and the new guidelines took effect May 1, 2013. The Department has established a review process to ensure that the eligibility and services authorized are consistent with CCP policies and procedures, and has completed three reviews of CCUs. Two CCUs were reviewed during December, and our findings indicate that both were compliant with the service authorization guidelines. Three additional reviews have been scheduled for January 2014.**

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

- ✓ **The Department has established a stakeholder group that includes DHS, HFS, HFS-OIG, CCUs, and AAAs. The stakeholder's group has met three times. The dates were October 31, 2013, November 14, 2013, and December 19, 2013. The group has provided recommendations on improving the Medicaid claiming process and the Medicaid enrollment process. Recommendations include 1) establishing a process to review and update IDoA income/asset rules and procedures as compared to the new HFS rules 7-2012; 2) policy/rule changes for enrollment of Medicaid process to increase Medicaid reimbursements; 3) training of Department staff and sister agency staff on latest policy and rule changes in Medicaid; and 4) streamline the Home and Community Base Services work flow process for the Community Care Program. The stakeholder group continues to meet once a month and implement action steps for change.**

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

- ✓ **This requirement has been met. 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 CCP units for in-home service providers. The Department has been monitoring for rounding of hours on reviews and agencies reviewed have been in compliance.**

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 (also known as the Save Medicaid Access and Resources Together [SMART] Act) mandates that Community Care Program (CCP) implements electronic visit verification (EVV) system to document homecare visits based on global position system or other cost-effective technology. The purpose of this mandate is to secure error rate reductions in billings, safeguard against fraud, and improve program oversight. The Illinois Department on Aging's EVV Standards for In-Home Service (INH) provider agencies serving CCP became effective on July 1, 2013. The INH providers have had the flexibility to select the EVV vendor of their choice, as long as they meet the Department's policies and procedures. All EVV costs are the responsibility of the provider agency as part of their fee-for-service reimbursement for administrative costs for providing CCP services.**

As of December 31, 2013, or six months since its implementation, 82 or 76% of all current INH legal entities have met the compliance requirements. Based FY13 data, the 82 compliant INH providers were responsible for 91% of the 40+ million INH service hours that were delivered during the previous fiscal year. The remaining provider agencies yet to be compliant are typically smaller, new to CCP, and/or are experiencing implementation lag for a host of reasons. The Department continues to maintain that there must be 100% compliance with the EVV mandate. The Department issued several notices on the importance of being compliant, and will be suspending referrals for new participants to non-compliant agencies, effective January 1, 2014. All affected providers will still continue to provide service to their existing CCP caseload. However, failure to implement EVV by February 1, 2014 will result in further contract action, up to and including termination of any such providers' CCP In-Home Service Agreement(s).

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

- ✓ **This report will satisfy the intended requirement of HB 2275.**

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

- ✓ **This provision has been met. As reported in the September 1, 2013 and November 1, 2013 reports, the Department's online billing system for Vendor Requests for Payment was modified to contain certification language referring to a physical notarized statement (Notarized Certification Form).**

30 ILCS 5/2-27 (certification of CCP reforms)

- ✓ **This report will satisfy the intended requirement of HB 2275.**

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

- ✓ **Aging continues to communicate to providers the urgency of billing promptly. Failure to submit FY14 bills prior to the end of the FY14 lapse period will require vendors to seek payment from the Court of Claims. The claims estimate for FY13 is unchanged from the previous quarter.**

305 ILCS 5/12 13.1 (requires HFS Inspector General to carry out oversight functions for CCP)

- ✓ **Program staff from IDoA met with HFS' Office of Inspector General on August 30, 2013, and again on December 18, 2013, to discuss IDOA's new initiatives and responsibilities (e.g., EVV, and Adult Protective Services among others) and ongoing ways to collaborate between the respective agencies to effectuate management oversight responsibilities.**

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: Representative Sara Feigenholtz
Senator Heather Steans
Tim Mapes, Clerk of the House
Tim Anderson, Secretary of the Senate
Mary Killough, Deputy Director, IDoA
Mikal Sutton, Legislative Liaison, IDoA