

November 1, 2013

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 November 1, 2013, bi-monthly report as required by HB 2275 (Public Act 98-0008). In addition, this correspondence serves to convey the quarterly report required by the same statute (20 ILCS 105/4.02).

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)

- ✓ **The Department has finalized data sharing interagency agreements with other State agencies to enhance the verification and eligibility determination processes for services that are administered by the Department. The final agreement has been routed for signatures.**

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 initiated the process to begin reviews by requesting records from affected CCUs. Staff plans to complete on site CCU reviews each month beginning in November and to provide additional training and/or technical assistance to ensure that CCUs are in compliance with the guidelines.

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

- ✓ IDoA is collaborating with the Department of Human Services (DHS) to provide IDoA's Case Coordination Units access to DHS's PACIS system which will assist them in tracking the progress of Medicaid applications being processed for CCP participants. Of 37 CCUs, 5 have access to PACIS; 13 have data sharing agreements and were sent instructions on how to set up the data sharing system; 12 have their data sharing contracts completed and are waiting for digital certificates/or RACF ID numbers; 2 have contracts that need to be executed by DHS; 1 CCU has to sign their contract and 4 CCUs have just started their contract process. Aging and DHS have decided that trainings will be on an as needed basis because the instructions for set up are relatively simple. Members for stake holder groups have been identified to examine opportunities to improve the claiming process. The first meeting was October 31, 2013. Other meetings have been scheduled for November and December. The Department is in the process of establishing an action plan to conduct desk audits and necessary field reviews of the CCUs who are having problems enrolling CCP participants in Medicaid.

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))

- ✓ **The Electronic Visit Verification (EVV) mandate for the Department's Community Care Program In-Home Service providers became effective on July 1, 2013.**

The In-Home Service providers were required to file their compliance verification form by July 31, 2013, and were allowed to file a second form by September 30, 2013, if they did not have an EVV system in place by the effective date and this implementation phase. At the time of this report, 97% of in home providers have submitted the required compliance verification forms, 65% have an EVV system in place, and 31% have reported that they are not compliant to date. Four providers out of 101 are out of compliance with IDoAs reporting requirement. These providers have been contacted by staff and informed that they must be in compliance by 10/31/13 or face contract action.

The Department also issued a joint letter with the Department of Human Services, dated October 18, 2013 to homemaker and home health agencies serving the Home Services and Community Care Programs to clarify policies and expectations concerning EVV usage and billing requirements. Provider agencies that serve both programs and already have an EVV system in use will be allowed to maintain their existing EVV system and submit data to the Departments for review of work performed for each respective program. They will also be responsible for all transaction costs associated with their homecare aide sign-in and sign-out visit when delivering services. This policy clarification reflects identical treatment by either department as it relates to

homemaker agencies, which have the flexibility to acquire an EVV system as long as it is compliant with State policy and procedures.

The EVV rulemaking is scheduled to be considered by JCAR at its meeting on November 19, 2013. The Department received no public comments during the required notice filing period.

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 requirement has been met. As reported in the July 1, 2013 report, the Department's online billing system for Vendor Requests for Payment was modified to contain certification language referring to a physical notarized statement from each provider (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)

- ✓ **Bills for services provided in FY14 are being accepted through the normal billing process. All FY13 vouchers were processed as normal through eCCPIS until the close of business on 8/15/13. The Department's FY14 budget does not have prior year billing provisions in the appropriation. Subsequently, providers were informed in June that all FY13 billings after August 15th must be submitted through eCCPIS Court of Claims screens and then through the Court of Claims process.**

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

- ✓ **Program staff from IDoA met with HFS' Inspector General Office on August 30, 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.**

Quarterly Report

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

- ✓ PA 98-0008 requires that: “The Department shall conduct a quarterly review of Care Coordination Unit performance and adherence to service guidelines. 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.”

IDoA implemented the Service Authorization Guidelines policy for Case Coordination Units (CCUs) statewide on May 1, 2013. The overall intent of re-issuing guidelines was to strengthen consistent application of service tasks 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 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. The Department has established a review process to ensure that the eligibility and services authorized are consistent with CCP policies and procedures, and has initiated the process to begin reviews by requesting records from affected CCUs. Staff will complete on site CCU reviews each month beginning in November and provide additional training and technical assistance to ensure that CCUs are in compliance with the Service Authorization Guidelines.

In order to establish a baseline for the Department's analysis and ongoing monitoring of the Service Authorization Guidelines and the impact on CCP activities and resources, the Department reviewed caseload, DON scores, service authorization and service utilization levels for CCP participants who received redetermination and initial assessment for the first three-month period following the effective date of the policy (i.e., May 1 – July 31, 2013), as compared to the same three-month period in 2012.

There were several findings from our review. Using baseline data, the Department's initial examination first examined the DON scores and authorized and delivered units for the entire caseload during which had the following results:

- 1. The average caseload increased by almost 4,800 clients or 6.7%**
- 2. The average DON score decreased by .5 points, or 1%**
- 3. The average authorized units increased from 57 to 59, or 2 units, or 3.5%**
- 4. The average utilized units increased from 45 to 46 or 1 unit, or 2.2%**

There were also findings from the Department's review of the assessment data for the three-month period of May, June and July, in 2012 compared to that of 2013 for clients:

1. The average number of re-determinations increased by almost over 200 assessments or 4%
2. The average DON score decreased by .9 points, or approximately 2%
3. The average authorized units increased from 57 to 58, or 1 unit, or approximately 2%
4. The average delivered units increased from 41 to 42, or 1 unit, or approximately 2%

The data show a slight change in the DON score and the utilization for those who obtained a re-determination during the specified period. The Department believes that this initial change is a direct correlation with the efforts to improve care coordination; exercise greater control in developing the client Plan of Care, as well as training and monitoring efforts on the part of the Department.

The Department intends to complete specific on-site reviews of more CCUs as part of its reinforced plan to address inconsistencies and other quality assurance measures pursuant to Department policies and procedures. IDOA staff will also provide CCUs with additional training and technical assistance.

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

Sincerely,



John K. Holton, PhD
Director

cc: Mary Killough, Deputy Director
Mikal Sutton, Legislative Liaison