

OASAC Managed Long-Term Services and Supports (MLTSS) Workgroup Meeting Minutes
Wednesday January 30th, 2013 10:00-12:00pm

Location: Teleconference: 888-494-4032 (Access Code 8944358662#)

Upcoming Meetings:

Monday, February 11th, 10am-12pm (in person)

Monday, February 25th, 10am-12pm (in person and the full OASAC meeting is later this day)

1. Introductions::

- Cathy Weightman-Moore - Regional Ombudsman
- Stephanie Altman - HDA
- Ann Ford – Centers for Independent Living
- Sharon Post - SEIU
- Lyle Vandeventer – DHS/DRS
- Darby Anderson - Addus
- Jon Lavin - AgeOptions
- John Holton – DOA, Director
- Carol Aronson – Shawnee Alliance
- Phyllis Mitzen - HMPRG
- Kristen Pavle - HMPRG
- Patrick McGuire (DOA intern)
- Hillary Bray (HMPRG intern)

2. Workgroup Approval of Jan 7, 2013 Meeting Minutes, unanimous

3. Focus Areas: Discussion

- Focus Area One: Health and Quality of Life (QoL) Metrics
 - [Health and QoL Metrics circulated from HFS do not cover enough about QoL or LTSS](#), we should provide recommendations from this workgroup
 - Absence of national measurement tool; widely recognized to be a gap in current LTSS policy and health care world; CMS working on developing such a tool but nothing yet released.
 - Materials circulated in e-mail do a good job at aggregating existing tools/measures of QoL and LTSS that can be applied to the managed care setting.
 - Center for Health Care Strategies, Inc. (CHCS) Report: [“Quality Measurement in Integrated Care for Medicare-Medicaid Enrollees.”](#)
 - Disability Rights Education & Defense Fund (DREDF) & National Senior Citizens Law Center (NSCLC) Report: [“Identifying and Selecting Long-Term Services and Supports Outcome Measures.”](#)
 - Consensus from group that we need our work to be fast and relevant, and health and QoL measures are exactly where we need to spend our time because it is not being done anywhere else and we can attempt to influence further contracting between the State and the managed care entities.
 - **ACTION:** HMPRG will DRAFT a letter for workgroup approval prior to sending to HFS in response to their interest in stakeholder feedback on their [draft Health and QoL Performance Measures](#).
 - This letter will be based on above reports, and others that come to light before submitting response.
 - HFS deadline extended to February 22nd

OASAC Managed Long-Term Services and Supports (MLTSS) Workgroup Meeting Minutes

Wednesday January 30th, 2013 10:00-12:00pm

- Some concern that HFS is already moving on amending and changing rules related to quality; the sooner we submit our recommendations the better
- Consensus that this letter will not include finalized recommendations, but in the least let HFS know that they are missing a lot on Health and Quality of Life for persons who require LTSS.
- Initial Integrated Care Program stakeholder meetings and the proposed performance measures with the MCOS and state, some of the measures proposed looked more expansive than what is in the current proposal.
 - **ACTION:** Workgroup should have already received an email from Sharon Post re: prior discussions on quality metrics in relation to the ICP managed care program, including:
 - (1) Handouts from an December 2010 ICP stakeholder meeting that includes pay-for-performance measure proposals
 - (2) Proposed quality measures from the ICP managed care organization who bid on the RFP
- Consensus from the group that we are talking about health and QoL across all locations of care, including: home- and community-based care and institutional care. This is in alignment with the Older Adult Services Act.
 - Discussion included the transition between institutional and home- and community-based care; there are three main areas in which to analyze health and QoL, that may require different measures.
 - Institutional
 - HCBS
 - Transition between Institutional and HCBS
- Consensus from the group that we really want to cross age and disability silos even though we are working through OASAC. We want to make sure that the measures we wanted to include take into account younger people with disability and those not traditionally in the aging population
- Consensus that there are issues with the HEDIS measures for QoL and that they don't take into account current health and quality of life measures and some of the social determinants of health, or address 75% of healthcare costs
- At the February 11 meeting we will have a document that lists out relevant health and quality of life measures for persons with LTSS for discussion
 - In general, when it comes to measuring health and quality of life, we need to keep in mind that these measurements shouldn't be static because outcomes are based on good care coordination and responsiveness to changing needs.
 - Other issues to keep in mind about the measures we are interested in:
 - Who is collecting these measures? Who within the Managed Care Entities? How often are these measurements being taken, etc.
 - There must be a way to integrate these measures with ongoing managed care work to make them feasible.
- Health and Quality of Life measures are a good basis for evaluation, too.
 - **ACTION:** Sharon Post will follow-up about UIC's involvement with Phase II of the ICP evaluation, and what they are working on for Phase II now. It is Sharon's understanding

OASAC Managed Long-Term Services and Supports (MLTSS) Workgroup Meeting Minutes
Wednesday January 30th, 2013 10:00-12:00pm

that UIC is working on phase II but they are working out some administrative kinks in the contract to do so currently.

➤ **Focus Area Two: Interagency Coordination**

- There is existing, functional communication among HFS, DHS/DRS and DOA about Medicaid HCBS waivers, specifically required to reporting back to HFS re: federally required information in regards to the waiver services. HFS has an “Interagency Coordination Bureau”, Mary Milburn is the head of this bureau.
 - In the last year or so, there has been increased communication about how to integrate this existing collaboration into the managed care system that is being developed.
- There is a need for cross training and education across State agencies, so there is an understanding of the various philosophies of care for the various population groups.
- From the State’s perspective, when it comes to the waiver programs, it may make sense to keep the agencies separate: HFS monitors/polices the implementation of the waivers at DHS/DRS and DOA.
- Each waiver has its own set of quality measurements, and federal CMS is updating what performance measures are tracked for the waiver programs
- **ACTION:** Workgroup will try to obtain (1) the DHS/DRS waiver quality measures for the program that serves individuals with physical disabilities, traumatic brain injury and individuals with HIV/AIDS; and (2) the DOA waiver quality measures from the aging Community Care Program.
- Consensus from the workgroup that stakeholders feel a lack of engagement and transparency regarding interagency planning, communication and collaboration at the State government level.
 - Given all of the different federal and state initiatives right now that impact Medicaid and LTSS, stakeholders do not feel adequately engaged or informed about the direction and progress made through State government leadership.
 - **ACTION:** Ask Mike Hall and other state contacts about best practices for stakeholder engagement. How have other states been able to take on this level of planning and collaboration across agencies and continuously collaborating with stakeholders in planning, decision-making, implementation and evaluation?

➤ **Additional Discussion**

- What else can we provide recommendations on and research that have feasibility of being implemented while keeping in mind LTSS balancing?
 - (1) Affordable Care Act: Health home option offers a chance to increase federal matching rate and is available for multiple programs. The state is interested in getting the MCOs / CCEs to meet this but they don’t have bandwidth to get it together. If there is anything we can do to help the State get this moving, the sooner we can get enhanced federal money into the Medicaid program.
 - (2) Affordable Care Act: State Balancing Incentive Payment Program also offers an opportunity for increased federal matching on Medicaid home- and community-based services. The State should move forward with this.
 - (3) Capitated rate setting

OASAC Managed Long-Term Services and Supports (MLTSS) Workgroup Meeting Minutes

Wednesday January 30th, 2013 10:00-12:00pm

- HFS said at the last OASAC exec meeting that the way rates are structured in Illinois for capitated managed care that HCBS is incentivized
- Are there best practices and how rate should be set up?
- The Community Care Alliance of Illinois (non-profit managed care entity) may be a potential source of information on this.
- Other states have experience with this, too, including other states involved with the federal Medicare-Medicaid Alignment Initiative capitated programs.
 - Ohio, Massachusetts

4. What questions should we be asking experts/others states?

- Mike Hall, NASUAD, is confirmed to visit Illinois in-person on Monday February 25th, we will discuss questions/agenda at our next meeting (February 11th)
 - Mike is an expert in state and federal health systems and rebalancing LTSS.
- Peter Harbage, consultant in California
 - Peter toured CA over past 2 years conducting stake holder meetings and discussions with stakeholders.
 - Knowledgeable about consumer experiences in terms of LTSS.
 - Peter might not have much time because CA is in the middle of their own implementation of managed LTSS initiatives
 - In terms of the stakeholder process; “stakeholders said to state here react to this” rather than how the process works in Illinois where the state is in the drivers seat.
 - **ACTION** : Kristen will follow-up with Darby about reaching out to Peter to see if he has time for a conference call with Phyllis and Kristen; workgroup members will be invited to join the call as well.
- Any other experts?
 - New Mexico consultant on Medicaid managed care, Darby Anderson will be able to get more information on this individual in the near future to share with the group
 - Paul Cantrell from the National Association of Area Agencies on Aging (N4A). N4A has a contract with the Administration for Community Living on how managed care will impact the Aging Services Network.
 - **ACTION**: Kristen will follow-up with Jon about setting up a conference call with Paul; once a time is set, workgroup members will be invited to join the call as well.

5. Next meeting in person on February 11th

- Chicago: IDOA Conference Room, 160 N. LaSalle, 7th floor
- Springfield: IDOA office located at One Natural Resources Way, Rock River Room, 2nd floor

OASAC Managed Long-Term Services and Supports (MLTSS) Workgroup Meeting Minutes
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ACTION ITEMS

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ACTION: Ask Mike Hall and other state contacts about best practices. How have other states been able to take on this level of planning and collaboration across agencies?

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