

COMMUNITY CARE PROGRAM ADVISORY COUNCIL (CCPAC) MEETING

APRIL 12, 2022

10:00 AM – 12:10 PM

BOARD MEMBERS IN ATTENDANCE

Theresa Collins, CCPAC Co-Chair, Senior Services Plus, Inc, IACCPHP; Stephanie Garrigan, Phillips Lifeline; LaShun James, Addus Homecare Chicago; John Magee, ADT Health; Dary Mien, Chinese Mutual Aid Association; William Wheeler, ICCCU; Liz Vogt, IL Assoc. of Community Care Program Homecare Providers, IACCPHP.

BOARD MEMBERS IN ATTENDANCE VIRTUALLY

Laura Altenbaumer, Active Day; Mary Callahan, American Medical Alert; Kevin Cosgrave, Guardian Medical Monitoring; Megan Conway, Hanover Township Dept of Aging Services; Cary Crawford; Aaron Fortenbacher, Healthcom/VRI; Megan Gallegos, Healthcom/VRI; Mary Killough attended for Ella Grays, Gareda, LLC; Sherry Barter-Hamlin, Voyager Senior Living; Lori Hendren, AARP Illinois; Yvette Holcomb, Premier Home Health Care Services, Inc; Shana Holmes, Southeastern Illinois Area Agency on Aging, Inc.; Richard Juarez, Solutions for Care; Yvette Lyles, Pathway to Living; Amy Nathan, Northshore Senior Center; Marsha Nelson, Shawnee Health Service; Marta Pereyra, CLESE; Gustavo Saberbein, Help at Home; Robert Spaulding, Healthcare Plus Senior Care; Tammy Tenton, Premier Home Health Care Services, Inc.

BOARD MEMBERS NOT PRESENT

Natasha Belli, DuPage County Community Services; Courtney Boileau, IL Medicaid Policy, Blue Cross Blue Shield of IL; Yolanda Curry, Chicago Dept of Family & Support Services (Margaret Laraviere designated substitute); Lori Elliott, Williamson County Programs on Aging; Joanne Glenn, Comprehensive Quality Care Inc. Foundation; * Ella Grays, Gareda, LLC (Mary Killough attended in her place); Brycie Kochuyt, Alternatives; Winnie Lam, Chinese American Service League; Beth Menz, SEIU Healthcare Illinois Indiana; Grace Schonberg, Lawndale Christian Health Center; Peter Valessares, Hellenic Foundation.

GUESTS IN ATTENDANCE

Linda Hubbartt, Senior Services of Effingham County

GUESTS ATTENDING VIRTUALLY

Angel Kindo; Sue Makowski; Amber Richardson; Pat Cash; Jan Toleubekova; Terence Simms; Vicky Loukis; Sara Ratcliffe; Tara Russo; Marsha Johnson; Roxanne Nuttall; Kim Evans; Betty DeGroot; Kristin Roskopf; Nancy Barry; Angela Bailey; Kathy Rhoads; Mayra Quinones; Jeanie Moccio; Irene Sohn; Teresa Smith; Cindy Hardiek; Cora Taylor; Lisa Kracht; Alek Lucic; Topaz Gunderson-Schweska; Na Rae Kim; Robin Morgan, HFS.

IDoA STAFF IN ATTENDANCE

Lora McCurdy, Deputy Director, CCPAC Co-Chair; Mike Berkes; Chrystal Wofford; Desirey Ackerman; Latorya Simon; Beth Skeeters.

IDoA STAFF ATTENDING VIRTUALLY

Paula Basta, Director; Glenda Corbett; Amy Lulich; Sarah Harris; Amy Brown; LaRhonda Williams; Mary Gilman; Trish Gorda; John Eckert; Kimberly Flesch; Sophia Gonzalez; Jeremy Hostetler; Lori Brannan; Shirley Morley; Katherine Ostrowski; Sarah McCoy; Jim Showlin; Chelsey Peters; Kristin Chi; Ticarol Smith; Iris Schweier; Michael Sartorius; Joe Danner; Todd Young.

AGENDA ITEMS

Opening Remarks

Welcome remarks from IDoA Director Paula Basta, IDoA Deputy Director and CCPAC Co-Chair Lora McCurdy, CCPAC Co-Chair Theresa Collins and IDoA Mike Berkes. Theresa Collins called the meeting to order. In lieu of individual roll call, asking CCPAC Members to email beth.a.skeeters@illinois.gov for attendance record.

Public Comments – Theresa Collins, CCPAC Co-Chair

The invitation for public comments was opened. No questions or comments.

Introductions

Introductions around the room of those in attendance.

Glenda Corbett, the new Special Assistant to the IDoA Director on Community Engagement and Equity. My primary role is to advance Diversity, Equity and Inclusion (DEI) initiatives and to ensure compliance in both our internal work systems and our external work systems.

FY2023 Budget Update – Sarah Harris, IDoA CFO/Budget Director

Senate Bill 900, which is inactive right now, contains the FY22 supplemental and the FY23 budget. Article 2 holds the supplemental, which is \$31 million for CCP services and \$21 million for CCU services. This gives us the ability to spend funding according to the FMAP plan starting this fiscal year. Article 52 actually contains our FY23 appropriation. Our all-funds budget is at \$1.6 billion, with CCP \$1.1 billion and CCU \$95 million. Approximately \$113 million increase between CCP and CCU lines. Another highlight is the Home Delivered Meals Program with a \$14.2 million increase. There is \$4 million for care giver support within our community-based services. This funding will be distributed to the AAAs to enhance services. This was in addition to the approximately \$5.2 million in ARPA funding. For in-home providers a 70-percent increase will start on 1-1-2023. Sarah Harris and Emily Howerton want to thank all of you for your support and working together with us to make sure our budget is solid and will support what needs to be done for seniors in Illinois. Once the budget is completely approved by the Governor's office, we will put out a document publicly for all to see. We are working with IT to get the payments for the 11-1-2021 acceleration payments processed.

Workforce Recruitment & Retention – Mike Berkes, IDoA Planning, Research Development & Training

As of yesterday afternoon, all but one submitted their application for the Workforce Retention Grants coming through the FMAP Spending Plan. We are working through and approving applications as they come in and working very closely with the fiscal team. We are right in the middle of process, and everything is moving forward for FY22. This same opportunity exists for all of the contracts for FY23. It was \$355,000 per CCU contract to address workforce, retention, recruitment, sustainability of current staff, etc. Thank you to Jeremy Hostetler, Sophia Gonzalez, John Eckert and the Fiscal Team for making it happen.

The impact of this funding on retention (Lora McCurdy). Maybe an item for discussion at the next CCPAC meeting about how we measure the impact. What does staffing look like? What are you seeing out in the field, is the funding making a difference? How can we track whether you're able to retain staff through this funding?

Opportunity to work with advancing states. The HFS group, waiver bureau, saw this technical assistance opportunity and submitted an application on behalf of the state. We were fortunate to be selected as one of the states that gets to talk about workforce retention with the Affinity Group and the Advancing States group (Washington D.C., Kentucky, Minnesota, Ohio, Oklahoma, Oregon, Washington and Wyoming). We have only had one meeting, but more to come.

We are working towards a face-to-face conference in the fall. More to come as we proceed through the planning process.

As discussed at the last few CCPAC meetings (Desirey Ackerman), our monitoring team is working with the providers and placing caps if necessary. As a reminder, it is much easier for the provider to cap themselves, if they are having an issue with workforce and staffing, because once the provider gets staffed up, they can remove the cap themselves, which can be immediately. If the Department has to place a cap due to CIPS or CERA, then the Department has to go through a 90 day process of follow-up to remove the cap. Don't hesitate to reach out to the Department if you need to have a discussion about capping.

MCO Guidance – Amy Lulich, IDoA Senior Policy Advisor

The beginning of March we worked with HFS, The Bureau of Managed Care, to come up with ways to address both systemic billing issues and CCU providers who are receiving urgent or emergency inquiries from MCO participants. The following guidance is located on the Aging Provider Portal, “CCP Provider Processes for Resolution of MCO Issues 3.22.docx,” and the “CCU Process for Follow-Up on MCO urgent issues_3.22.docx.”

IAMHP link for submitting systemic billing issues: <https://iamhp.net/page-18178>

HAF Managed Care Provider Resolution Portal:

<https://www2.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx>

How MCO Enrollees can file a grievance or appeal:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/MCOGrievanceAndAppealsProcess.pdf>

HFS Medicaid Communications toolkit: <https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn220331b.aspx>

EVV Update – Electronic Visit Verification

<https://www2.illinois.gov/hfs/MedicalProviders/Pages/ElectronicVisitVerification.aspx>

The association's perspective (Liz Vogt) is we have been told by HFS that they've selected a vendor to be the data aggregator and they are working through that procurement process with the vendor. They are not quite ready to make any provider announcements yet. Requesting to ensure that when this does roll out that the Department, HFS, the provider community and the MCOs are all on the same page and we'd just like to keep this topic on the agenda.

HFS (Robin Morgan) is finalizing the contract and as soon as the contract is signed and executed by both parties, we'll be able to start the training. Provider training and association training in that contract. Information will be coming from HFS as soon as the contract is officially signed. Currently the HFS lead on EVV is Pam Winsel.

Unwinding Post PHE – Mike Berkes, IDoA Planning, Research Development & Training

The public health emergency was extended for 90 days on January 14, 2022. Federal CMS and HHS owe the states a 60-day notification that the PHE will be sunseting. We are watching very closely. In 2020 HFS and the State of Illinois on behalf of all the operating agencies submitted a waiver allowing our Appendix K under 1915CRCCP Program to not sunset until 6 months after the PHE does. The Department has been talking to HFS about our unwinding plan, with write up due back to HFS on 4/22.

Several months ago, at the CCU level, we were asking you work to identify and build out lists of individuals that maybe wouldn't be on the community care program, if not covered by the PHE. The unwinding will be for

the purpose of identifying people that should be sitting on CCP and keeping them there, while terminating and removing those that maybe came on due to some of the federal termination reduction flexes. At the Federal level we have the term reduction guidance. We're going to have to do a redetermination on everybody to get them back on the program or terminate their services. The Department will be in good strong communication on this topic.

HFS is going to send redetermination materials to everyone that has medical coverage. It's important to make sure that addresses, phone numbers, etc. are up to date. The provider toolkit has materials like flyers in 10 different languages.

HFS Medicaid Communications toolkit: <https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn220331b.aspx>

COVID Memorandum – masking screening & signage – Amy Lulich, IDoA Senior Policy Advisor

CCP (Mike Berkes): The signage in this memorandum are specific to the Community Care Program (CCP) providers and the Area Agencies on Aging (AAA). The Department worked with IDPH, and they gave the go ahead to rescind the screening questionnaire and instead utilize the signage for self-screening. The Department sent out guidance last week and also sent out some specific ADS guidance. We are working with IDPH to get information out on the 4th booster.

APS (Amy Brown): Guidance went out to the network yesterday (April 11th) outlining changes. We have encouraged that screening questions be asked at the door before entering so you can know if there is any concern of COVID. Essentially the screening is optional.

Masking guidance: <https://dph.illinois.gov/covid19/community-guidance/masking-guidance.html>

Monoclonal Antibodies Treatment: https://www2.illinois.gov/aging/coronavirus/Documents/COVID-19_MonoclonalAntibodies_Treatment.pdf

Criminal Background Check Policy – Desirey Ackerman, Home and Community Services

The Department is updating the criminal background check policy. There are some questions and some findings as a result of grandfathered workers. When the healthcare registry was implemented several years ago, the grandfathered workers were supposed to be put on the registry through the IDPH portal within 2 years. IDPH has changed the functionality of their portal and you can no longer type in the information, instead it's now a fingerprint. When you do your annual check on your registry, if that person was not put into the portal, we're not going to be able to verify them. So now we are seeing all of HCAs that were put through the registry during the verification process, during that 2-year gap, they are not on the registry. Now all of those HCAs need a fingerprint background check. We are not telling you they are not eligible; we are telling you that you have to do that fingerprint background check. The fingerprint is the only way to get them into the portal and having them on the portal is the IDPH requirement. By doing the fingerprint background check it will pull all 6 of the criminal background checks and comply with the IDPH requirement. In the meantime, until the fingerprint background check is completed, it will be a finding. All of the language will be cleared up in the new policy

Another clarification is that *all* background checks have to be completed and the worker has to be found eligible before they can start work, to include family homecare aides.

PASRR Re-Design Update – John Eckert, IDoA Planning, Research Development & Training

Pre-Admission Screening and Resident Review (PASRR) is a federal requirement. Approximately 170,000 patients screened annually involving hospitals, CCUs, nursing facilities and SLP's. HFS contracted Maximus consulting to

completely redesign the PASRR process. I've been impressing upon them the critical role with the care coordination units and how much that critical role is the conduit between the hospitals and nursing facilities. AssessmentPro is a tool used by Maximus for Illinois and 13 other states, to collect, analyze and disseminate information related to PASRR. The hospital will do a Level 1 screen in AssessmentPro to determine intellectual or developmental disabilities. Of those, approximately 70% of those will not need any further assessment. Those that do need further assessment will be sent to Maximus to do a Level 2. Whether Level 1 or 2, they go into a queue for the CCU's to address and complete. As of now, the hospitals will be required to enter all the health and physical information and CCU's will have access to that as well. There was a launch on March 14, 2022, primarily with nursing facilities and hospitals doing the Level 1 and the CCU's being the conduit between them. CCU's have done the heavy lifting in getting the nursing facilities registered and communicating with the 400 plus hospitals and the 900 nursing facilities.

April 18, 2022 will be the launch for the supported living program settings and the specialized mental health rehabilitation facilities. CCU's will be doing all over 1s for the SLP. There is a Level 1 for nursing facilities, but there's going to be a new over 1 for SLP settings. HFS is working with other providers to identify anybody that has SMI issues, to try and move to a less restrictive setting.

Mary Gilman has been working to triage questions and update the training slides. Maximus is doing some training this week, but it's geared for SLP's that is why the Department didn't send these out to the CCU's. When we revise the policy, we will iron out those CCU's who do not have staff on call 24/7. We are scheduling a quick call with CCU's on Thursday to discuss the SLP launch. We have an internal call with Maximus this week to discuss status of changes that have been requested for AssessmentPro.

TTP Update – Mary Gilman, IDoA Training

There are approximately 1300 employees entered into Training Tracking Portal (TTP) as of this morning. A lot of you have started the uploads and you have until June 1, 2022. On March 25th there was an email sent to all in home providers and the email was sent to the providers on the following Monday, which outlined all the materials of handouts and user's guides. All of the documents are also located on the Partner Portal, to include a very detailed, 8-page, FAQ document. One of the handouts is an Access FAQ that can assist you with getting set up and troubleshooting. You do not have to separate out the documents when you upload them. Go to Meghan's file, gather all the documents at one time, and scan them all at once. If you want to start with the criminal background check and the training stuff, that's great, but it may be just as easy to go ahead and to choose all the other different types of documents that you need to upload all at one time as a mass upload. Both the manual entry and utilizing the Excel upload have been working. If you need to reach out to us, please email us at: Aging.Training@illinois.gov

February 8, 2022, CCPAC Meeting Minutes – Theresa Collins, CCPAC Co-Chair

A motion to approve the February 8th minutes was provided by Bill Wheeler and seconded by LaShun James. No discussion. The motion carried with no objections and minutes approved.

Adjournment – Theresa Collins, CCPAC Co-Chair

The Quality Assurance Subcommittee will convene following the adjournment of this meeting and will continue on this Webex connection.

Motion to adjourn was provided by Liz Vogt and seconded by Dary Mein. The motion carried with no objections. Meeting adjourned at 12:10 P.M.

Next meeting: June 14, 2022, hybrid in-person and WebEx