

COMMUNITY CARE PROGRAM ADVISORY COUNCIL (CCPAC) ANNUAL MEETING

DECEMBER 7, 2021

10:00 AM – 12:30 PM

BOARD MEMBERS IN ATTENDANCE VIRTUALLY

Theresa Collins, Senior Services Plus, Inc, IACCPHP; Cary Crawford, Chicago Commons; LaShun James, Addus Homecare Chicago; Dary Mien, Chinese Mutual Aid Association; Tammy Tenton, Premier Home Health Care Services, Inc; Marta Pereyra, CLESE; Mary Callahan, Tunstall; Megan Gallegos, VRI; Natasha Belli, Blue Cross & Blue Shield of IL; Peter Valessares, Hellenic Foundation; Shana Holmes, Southeastern Illinois Area Agency on Aging, Inc.; Stephanie Garrigan, Phillips Lifeline; Ella Grays, Gareda, LLC; Gustavo Saberbein, HAH Holdings, LLC dba Help at Home; William Wheeler, ICCCU; Yvette Holcomb, Premier Home Health Care Services, Inc; Marsha Nelson, Shawnee Health Service; John Magee, ADT Health; Brycie Kochuyt, Alternatives; Joanne Glenn, Comprehensive Quality Care Inc. Foundation; Richard Juarez, Solutions for Care; Sherry Barter-Hamlin, Voyager Senior Living; Laura Altenbaumer, Active Day; Yvette Lyles, Pathway to Living.

BOARD MEMBERS NOT PRESENT

Lori Elliott, Williamson County Programs on Aging; Robert Thieman, CAE Membership Board; Amy Nathan, Northshore Senior Center; Kevin Cosgrave, Guardian Medical Monitoring; Lori Hendren, AARP Illinois; Robert Spaulding, Healthcare Plus Senior Care; Courtney Boileau, IL Medicaid Policy; Beth Menz, SEIU Healthcare Illinois Indiana.

GUESTS ATTENDING VIRTUALLY

Sue Makowski; Amber Richardson; Roxanne Nuttall; Sarah Ratcliffe; Tomas Gonzalez; Christie Kirchofer; Liz Vogt; Mary Killough; David Lowitzki; Awilda Gonzalez; Elena Florea; Sherry Barter Hamlin; Angel Kindo; Nancy Barry; Winnie Lam; Sue Makowski; Kaoru Watanabe; Angela Bailey; Kathy Rhoads; Mayra Quinones; Elena Florea; Jean Moccio; Kristen Ritchie-Roskopf; Hallie Lock; Mary Killough; Irene Sohn; Norma Fuentes; Shirley Morley; Delaine Key; Jackie Jennings; Santosh Kumar; Sodarlene Khee; Pam Jones; Teresa Smith.

IDoA STAFF ATTENDING VIRTUALLY

Lora McCurdy, Deputy Director; Paula Basta, Director; Selma D'Souza, Chief of Staff; Mike Berkes; Amy Lulich; Desirey Ackerman; LaRhonda Williams; Mary Gilman; Justin Heggy; John Eckert; Kimberly Flesch; Chrystal Wofford; Shirley Morley; Dana Wilkerson; Katherine Ostrowski; Sarah Harris; Megan Thornton; Sarah McCoy; Jim Shovlin; Chelsey Peters; Kristin Chi; Ticarol Smith; Iris Schweier; Michael Sartorius; Latorya Simon; Beth Skeeters.

AGENDA ITEMS

Call to Order

The meeting was called to order by Theresa Collins at 10:03.
Members, please email your notification of attendance.

Approval of October 11, 2021 CCPAC Meeting Minutes – Theresa Collins

A motion to accept the October 11, 2021 minutes was provided by Tammy Tenton and seconded by Marta Pereyra. The motion carried with no objections.

Opening Remarks

Mike Berkes introducing the IDoA team on the call from various locations is ready and will be talking about Aging Cares today.

Public Comments – Theresa Collins

The invitation for public comments was opened.

Peter Valessares, The Hellenic Foundation: a situation he needed to bring up to the committee. The Hellenic Foundation experienced a disgruntled employee who left and set up a competing agency and poached supervisors and that's why it was brought up to IDoA. Upon review IDoA did not find anything inappropriate. At the same time, I was attempting to expand within that PSA area and was faced with restrictions and almost warning of what I could not do, which was inconsistent with what I was facing with the new provider. At that time, I threw up a red flag challenging a ruling on the field, that there was disconnect in the application of policies and the implementation of those policies. Yellow flag for unnecessary roughness as I was getting hit from both sides at the same time. Upon further review, it should be paused for review. I raise enough valid issues that review should be given. I was asked to find if there were any other providers that had similar concerns. I turned to other small ethnic providers and our concerns are not different that the larger providers, but if nothing else, because of the economy of scale, the impact is more severe, doesn't change the concerns, or doesn't change what could be done to address them. But certainly, the impact is more significant. With that, and with conversations and further discussions w IDoA, and the agenda item 11 Marketing and Recruiting Policy Overview and Clarifications. My hope is that this is not an issue. That it is going to be brought up and just resolved today, because the appropriate time needs to be given to each of these issues but hopefully would set the format for the opportunity for an appropriate review and appropriate consideration to all the issues brought up by The Hellenic Foundation but by all the other ethnic providers. So, thank you for your time. And, you know, hopefully it'll be continued later within this meeting.

2022 CCPAC Reset – Mike Berkes

The 2022 CCPAC Reset is subtle changes on the Department side. Beth Skeeters has joined the IDoA Planning area as Mike Berkes' administrative assistant in September. With Mike Berkes facilitating

CCPAC for the Department, we are reworking roles. Beth has been working closely with Barb McConnell on the issues. Thank you to Barb McConnell for her wonderful leadership on the Department side as we have worked through CCPAC challenges going from face to face to remote meetings. Cary Crawford asked if questions would still be sent to Barb or would they now be sent to Beth. Mike clarified that all CCPAC communication now goes directly to Beth. Beth will be the CCPAC point of contact for the Department. The CCPAC reset also involves IDoA Planning area deconflicting CCPAC dates with other stakeholder groups. CCPAC dates were pulled off your calendars, we're simply rescheduling. We have a list of proposed CCPAC dates for 2022. If they are approved today, Beth is ready to move forward for a cleaner 2022. All CCPAC communication now goes directly to Beth Skeeters, she is now the CCPAC point of contact at IDoA.

Lora McCurdy wanted to get feedback on an idea to conduct another type of SWOT analysis, like the one conducted a few years ago, pre COVID. It might be a good discussion to have with the CCPAC members possibly next fall. Might be helpful to reset and discuss for lessons learned from COVID and to plan for future services, tie in with state Plan and FMAP and we want to make sure we are hearing from you.

Aging Cares Status Update – Mike Berkes

The Aging Cares Phase I completion date has moved one year. We have never stopped working in this area. Russ Kemple who took a position at DNR as their CIO. It is not realistic that completion will be done by the end of December. All the work continues, all of the planning and development meetings continue. Ticarol Smith comes in leading the reset. The Department has gone through all of the project plans and tied new times to them for the purposes of sharing to HFS and eventually federal CMS, and we wanted to share this news in the CCPAC arena. There is enough built into this system where we're very soon going to be calling on those of you out on the network to begin testing with us. We'll, we'll need some end user acceptance testers. We're going to lean on some of you at the providers and at the CCU's. We have been very proactive at the Department. We have backfilled Victoria, the Project Manager, and have added additional developers on the project. We are trying to increase the number of developers from 8-10 up to 16. The project is pushed to the end of calendar year 2022, the end of December for phase 1 which will have us up and running with a new system. The plan hasn't changed but the timing has. The Department is being very transparent. Mike solicited any questions or comments about Aging Cares. No responses. Mike encouraged if you have questions that you do not want to ask in this format, just shoot him an email. We want to make sure all your voices are heard.

CMIS - We know it is challenging and the age of the system is the driver for Aging Cares. We will continue to address the discussion about if there is anything else we can do. That's a tougher band aid. A stronger band aid to minimize the headaches that causes Monday through Friday and some Saturdays. We will do that.

And so again, if you struggle with as you're going through your course of business, just reach out directly, you know, there's multiple general email boxes. I think all of, you know, how to get ahold of myself and Desirey just send us a note. We will work through that with, you.

Training Update – Mary Gilman

We have received some questions about homecare trainings. First, I'd like to thank the work group, which gave us a lot of input for Preservice training materials, which we do plan to be utilized for all

homecare, AIDS. They are not yet ready to be shared with all of you. Until then, please continue to use what you have for Preservice and, of course, just make sure that it meets the required topics in rule. The Department is definitely aware that a lot of agencies use some sort of learning platform or, your methods of training are very specific so that you would need time to change. We will make sure that whenever that material is completed, that we give enough time to make sure that that that can be implemented smoothly.

Also, we've had questions whether there will be mandatory in services as there were for homecare AIDS at the beginning of this year of 2021. There were several that were due in the 1st, quarter of 2021. We do have a very preliminary plan of some trainings that we know that we will have to do for the entire network. And we know we need to give plenty of notice to be implemented. We have a good soft plan for 2022 and we are trying to finalize it. We truly don't control a training that could be mandatory or all of them. We continue working through our waiver renewal, and we sit on all these quarterly meetings on the waiver side with HFS, we just don't know for sure if we can tell you that there are no mandatory trainings.

IDoA has worked with HFS waiver team, and training tracking portal was rolled out for care coordination units last September. All staff who are certified care coordinators and care coordinator supervisors, their information is entered into that training tracking portal. And also, their in-service hours are kept track of there. This is something that we have promised HFS and thus federal CMS that we would have that side implemented for all providers. The policy to go out on March 1st, with an implementation date of May 1st. This is an introduction to this concept to give you a heads up that is coming down the pike for 2022. My team is working with IT to make sure that there are a couple different nuances that we needed for providers versus CCU's, and my team is working diligently to make these changes. Once this is complete, we would like a few providers to do some testing for us. If any of you are interested in that please email, Mike or me. We anticipate testing in January 2023.

For in home providers, we have switched the platform we use for homecare supervisor or host training from the Go-To to products to Webex. So, you will notice that once the training tracking is operational for providers, there will be a switch. Homecare supervisors then will get registered for host on training tracking, but until then, the link to the training is sent once we receive that individual supervisors pre-training verification form. We've already made that switch and that is already up on the IDoA webpage. If you have any questions about that please feel free to email us at Aging.Training@illinois.gov We have updated that Pre-training Verification Form and it contains dates which go all the way through July of 2022. There is no limit on how many individuals we can have come. Please make sure when you hire a new homecare supervisor that they complete that host training within the first 90 calendar days of hire into that position.

Care Coordination Units, in the next few days we're going to send an email for coming attractions in 2022. When the pandemic started, we had to transition to remote training. Thanks to all the CCU's who gave input on a survey monkey on what topics are best in-person versus what could be recorded and viewed by care coordinators before coming to the in-person portion. We are going to try out a hybrid model. Before the end of the year, we're going to send out the training recording links. Our first hybrid class for this new model will be January 12th and 13th in Springfield. Also, as part of this hybrid, are going to alternate months between Springfield and the Chicago area. We appreciate the CCU's who have offered their space. The dates are all scheduled out for the rest of 2022 and you can find those dates in TTP. Just as a reminder, this is going to require some cooperation from all the CCU's because it is going to take some time for a care

coordinator to watch all of the recorded trainings prior to the in-person training. We don't know what the new year is going to bring us, so, please continue to remain flexible if situations change. We are planning the in-person portion to start in January.

Illinois Care Connections – Amy Lulich

Illinois care connection for those of you who have not heard about it, is our device technology distribution program for older adults who are experiencing social isolation or loneliness. We are working with the Illinois assistive technology program to distribute iPads tablets and Wi-Fi devices for state fiscal year 2022. The program eligibility is just for community care program clients, both Medicaid and non-Medicaid. Anyone can refer their CCP clients to the program. In the chat are links to the resources, including where you can find the referral form. We did 3 webinars back in October, so there's a link to the recording of one of the webinars. This will assist with understanding the eligibility and the referral process. New things for this fiscal year, besides the change in eligibility for just CCP clients includes, our partners, the Illinois Assistive Technology program are also going to be providing some additional technical assistance. For example, if you have some older adults who go to adult day services sites, and they receive tablets, and they could use some additional training or technical assistance IATP is willing to go on site to provide assistance. We also are doing some additional user webinars; how to access Webex, and how to get started on a Webex call. We just encourage you to continue to refer your clients and instead of the referral form from last year, we ask referring providers to share and complete the UCLA loneliness scale. IATP is going to reach out directly to clients who receive devices or who are referred for devices, which will result in a little bit more consistency. When you refer people, please, please make sure that you provide accurate information in terms of the client contact information or their alternate as well as their address. We want to make sure that these device bundles get to the right people. Referrals do require a referral provider code from Amy Lulich or from IATP. We are excited to continue this program for this fiscal year.

3-Year State Plan / Regional Meetings – Amy Lulich

The first joint regional meeting was held in Bloomington yesterday. We are updating folks about our 3-year State Plan as well as talking about American Rescue Plan, Act Funding, plans that the AAA's have submitted to Aging. At the first meeting for Regions 4 and 5 yesterday in Bloomington, we did a hybrid meeting format. There were approximately 30 people in-person and approximately 60 people online.

That was really exciting. I see some folks on here today that attended yesterday. So, thanks so much for that. It was great to see people in person. We're going to be sending out some materials that we shared at the meeting as well as a quick survey to get feedback.

We are going to be continuing to hold these in 2022. The next meeting will be for Areas 6 & 7 on January 13, 2022 at 1:00pm in Springfield. We're going to be sending out the save the date soon. But again, we're doing these regionally. We are inviting all providers, CCP, OAS, APS and Ombudsmen. Across the board if you are interested in hearing about what's going on with the State Plan and the ARPA Funding through the AAA's plan.

You should get an email for the region that you work in. If you don't just shoot a note back. I just wanted to mention that because with the 1st meeting, we had a couple of those come back and we just worked through it. We are going to have multiple meetings and we're going to cover the state in doing so. Question from the chat, LaShun Johnson asked if there is a schedule for the rest of the regions? Answer is, not yet. We're scheduling them. We're trying to get dates on the calendar, working with the AAA Directors, in each of the regions to kind of get those scheduled to help us identify locations, et cetera. I

will just also say that we did a hybrid format for the 1st time. Thank you to everyone for your patience who participated and we're going to continue to tweak it for future meetings. We got a lot of positive feedback, there's a lot of great energy in the room for people that were able to come in person. So, I would just again encourage you if you feel comfortable and are able to come in person, because it was great to see people that we haven't seen.

Lora McCurdy stated that if anybody would like to host the meeting, we are always looking for space that we can get for free. We worked with the AAA's yesterday, and with Susan Real, and it worked out wonderful.

Like Amy said, we're going to go throughout the state. We're trying to combine areas. If any of you are interested in helping the Department host the regional meeting, that would be really helpful to us. So just let us know. Um, you can email Latorya Simon or Amy Lulich. Thank you.

FMAP Update – Mike Berkes

As of this moment, as of today, I am waiting on confirmation from HFS to give us a formal green light for our full spending approval. So, nothing has changed on that side. We continue to talk to HFS regularly as they track all of the operating agency's spending plans.

I have a call with HFS either tomorrow or Friday a discussion seeking answers about our plan, time is of the essence. And I just want to make sure that when we are green lighted, that information comes to me. So, we're in a little bit of a hold pattern. But the exciting news that I can share, the rate increase for in home and adult day service that is slated and scheduled for January 1st of 2022 we will be moving forward with. It is not tied to FMAP and its true sense. Everything's tied together, but it's not in this true sense. We are actively working internally right now for January 1st, for in home service and adult day service rate increases.

Within the FMAP spending plan. We know that we proposed an acceleration of that rate increase, drawing it closer to us to 11/1, which we know now has come and gone. Okay, and so when you propose a date like that it comes, and it goes, you find yourself right in a bonus payment situation we've been in them before. So, we have no reason to believe at this moment in time that we will not be going back to honor that November 1 date. I've received a lot of questions about that. We do plan to do that again. We just need to be green lighted by FMAP, and its full fashion and then we'll be working to operationalize a bonus payment of that nature. That is INH and ADS and for January 1 as well as, addressing the November 1 acceleration. So, we're in bonus payment space if you will. Then the other large spending plan that was outlined in the FMAP plan itself, was that for the CCU's, coming from the Myers & Stauffer rate study in 2019 that lumps together 7 or 8 of the CCU rates and brings those up, that one is tied in the FMAP spending plan. So that is what is driving my ongoing communication with HFS. As soon as we get a true green light, and we're fully approved, the Department's intent has not changed. We will be moving forward with those CCU rate increases. So again, time is kind of the barrier here, but I don't want anybody to think just because time is passing that the Department's intent or that the spending plan, as it was written has changed, because it has not. I just wanted to address the hottest ticket items on the payment side. And then what we've done on the planning side, and I mentioned this on the ICCCU call, that of the Workforce Retention Grants, that's written in for the care coordination units. My team at Aging has been drafting that for weeks now. It takes time and while the plan is getting approved, we've been drafting that grant. I think when I met with ICCCU at that time, we were going to be moving it all to Amplifund to stand the opportunity up, and we've done that. So, planning does have the workforce retention grant opportunity built out an Amplifund. Now we're just going to be working

with fiscal to go back and forth among all their competing priorities to make sure that we turn that opportunity to you, so that you can latch onto it as soon as we get the green light from CMS and HFS. I think the take home message in all of the FMAP areas is that we never stopped working. In fact, our workload has increased about 10-fold. We're trying to stage as much of this work as we can, so that as soon as we get our approval, we can release this log and stuff will start to float down the street. So, Sarah Harris, if you're out there, did I say what you would have said, please confirm. Sarah Harris responded, Of course yes.

I wanted to kind of focused on the dollars today. We will talk much more about the ongoing programming that's listed there. We're continuing to talk with HFS about those areas as well and prioritizing them.

Any questions or comments about the FMAP spending plan? Concerns can come to my email box directly, unless you want to share them here.

Public Health Emergency (PHE) Update – Amy Lulich

The current public health emergency began on October 15th of this year and goes through mid-January of 2022. HFS recently shared during the Medicaid advisory public education committee, that they've been assured by the Feds that again that the states would get 60-day notices before the end of the public health emergency. There is no indication that the public health emergency won't continue to be extended at this point largely because funding for vaccinations is tied to the public health emergency at the federal level. So just know that, as we're continuing to deal with new variants. Probably public health emergency is not going to expire any time soon. We've already started to think about this, we've talked to about it, we've given them some of ideas of what our plans would be. Also know that HFS is working kind of on the medical side about how they would notify, and this is specific to Medicaid medical clients not necessarily waiver clients but working with them obviously about how they will outreach to Medicaid enrollees about redetermination. HFS will be asking federal CMS for 12 months to be able to do those redeterminations after the public health emergency has expired. So, know that this is not just going to happen, within a span of a month or 2 after the PHE is over, it's then the "unwinding" that we've been referring to and that will take a long time. One of the things that is really going to be messaging is that it's very, very important for enrolled participants to have accurate contact information, this means address phone number email. HFS is thinking about multiple modalities about how they reach out to members and enrollees not only the traditional kind like mail, but email and text messaging. So, this is something that we'll continue to hammer home and remind people about. I think it's always a good practice to make sure that we have updated contact information. From a waiver perspective we will be taking guidance and direction from HFS about unwinding and we will continue to update you. Know that the PHE is not going anywhere for right now. Very good, thank you any questions about the public health emergency? We know that this ties into some of the very various federal guidance documents that we're all following that can create some of their own headaches. Please just continue to stay patient. There are very few reasons I think we've conveyed them pretty clearly at this point, but very few reasons why an individual would be turned or reduced during a public health emergency. We know that it's challenging and it's tricky. And I think part of what Amy is speaking to there at the end of her update is just the, the general notion that we're going to have to make sure that all of our older adults understand what is happening to their services or not. Whether they should have been on CCP or not when the public health emergency goes away. Communication will need to be tight and clear and communicating in that way within a network as large as ours, and with between 80-90,000 older adults will probably be pretty tricky, so we're just we're talking about it now again. We

should have plenty of time through that mandatory notice coming from federal CMS, when the public health emergency will expire, so stay tuned another big area that that we all continue to follow. So, thank you Amy for that update.

Real quick before we shift gears to talk about ARPA funding, kind of tied to the ongoing public health emergency and the pandemic itself, I think we all know, and maybe in part ties back into to Peter's opening comment. But the state of Illinois in the aging waiver is not unique in any way, shape or form as we confront and really grapple with workforce shortages, right? These are trying times and at the end of the day, we don't have enough staff in the health and human service networks to get out there and see everybody that needs to be seen, and we're working through that. In talking to the care coordination units one thing that had come to me was just that, you know, the workforce retention piece. And so, again, I hang this on the public health emergency. And I don't think this is an Illinois only problem. So, it's something we're all addressing, but the reality of it is, if we have an older adult on the community care program that is not having services, start, timely up against our rules and policies, then we do have an issue by virtue of the definitions and the critical event reporting policy. And if you can't find a worker, and services are starting, that's a service improvement program (SIP) complaint. And so, in talking to the CCU's, The CC isn't going, Ah, Mike entering sets for a systemic issue and I'm going, yes, please. And so, what I have recommended that they do during this time is, if there's a provider that they're working with trying to get services going, and the provider just does not have that staff, this is not a blame game. It's not a blame game, especially during the public health emergency, but I still need the care coordination unit to enter that SIP. On the CCU side, if you enter a SIP about a provider that maybe doesn't even have enough staff to get back to your email in a timely manner because they're out seeing participants themselves, then just enter the SIP at the CCU level and close that SIP at the same day. In closing that SIP the same day, we don't have those SIPs bleeding out in the system. Enter the SIP, close the SIP email Aging.OCCS, so that we can work with the CCU and the provider to make sure services start and then move on. If you're on the provider side, and you have a CCU where the CEO and their leadership is out doing home visits because they don't have enough care coordinators, or they're sick. They're not answering their phone when you need them, enter a SIP. We all have to understand that we are working through a public health emergency. The reason for entering the SIPs and continuing to track this out again, data driven practice, is that Desirey has to have this documented on HCBS side as she works through what is proven to be a truly challenging time with contracts, providers et cetera, up against the workforce shortage. I am working with my team, the Planning team with Megan Thornton, to put this process on paper. I told the CCU's we'd be doing that. I want to talk to the network as a whole through this little process that we're putting down on paper, about how we're going to handle SIPs during the public health emergency. Again, we're not telling on each other, we're not tattling, we're logging SIPs so that the face behind the number gets services started as soon as we can possibly get them started. So that write up will come and we'll share it wide. We're looking at the data a lot in planning, and if we see any trends, patterns and themes, there's that federal language again, folks never went anywhere, started in 17 if we see any trends, patterns and themes in the data, then Desirey needs to move with her team probably towards a cap of some form. And so, what I would like, Desirey to speak to just high level is the difference between if a provider chooses to cap themselves in, knowing that they have a bunch of 6 staff, or they're working on hiring, they don't have enough staff to get out versus getting a call or letter from the Department, saying that we're capping you.

Lora McCurdy has a comment: I think it would be helpful to the Department to maybe at the February CPAC meeting to hear from all of you about just the workforce challenges and how you're trying to address those. You know, like Mike said, of course, the rate increases once we're able to initiate and implement those. We're hoping that those will be helpful, but I'm sure there's some other best

practices out there. So, Theresa, if you're good with that at the February CPAC meeting, we can, we can hear from CPAC members about what they're seeing and how they're addressing it. Because, of course, we do need to track the data like Mike is saying but we know that Covid has had such a huge impact and we're hearing that from our sister agencies as well. It's not just the Aging network. So, it might be helpful to have just a broader discussion and hear from all of you as to what you're seeing, and if you have any successful strategies that could be shared amongst each other. It's always helpful to share.

Theresa Collins, yes Lora, and I think that's a great idea. I think sharing those best practices, but also continuing the conversation about the challenges we're all seeing as you mentioned, it's definitely a problem across the board, but maybe regionally. We're also seeing a few different things. So sharing that could be important.

All right, so we'll just put a placeholder on that for the February meeting to hear from all of you because how the landscape is totally changed, and I don't think it'll ever go back to the way it was.

Chat question from Jenny (CCU): We are trying to increase our interns, but we need help and support with regards to the certification. Answer from Mary Gilman, if they already have a bachelors, they, they definitely could go ahead and become a certified care coordinator, but if your question is for those individuals who don't have their bachelors yet, who are working on their bachelor's interns, that's something that we would need to discuss.

Mike Berkes: Well, and I think, and, you know, as we as we kind of hit our reset, and we will get to these dates here soon, but looking forward to 2022, if we're face to face, I naturally envision, probably some meeting in the back of the room again. When the meeting is creating kind of a space where we can have kind of a high level, big ticket discussion with CCPAC. My very first day with the Department I came to a feedback meeting and then found myself in that quality subcommittee meeting afterwards. So I'm thinking about and I talked with Beth with John and others here at the Department as we move through this, but because we're managing the public health emergency and the last one we did wouldn't look like our SWOT now. I think it makes good sense to get some of these sub subcommittee groups meeting again because regardless of how hard we try to know exactly what all of you are doing day in and day out, and I think we're pretty good at it. There's so much value in sitting together and having that back and forth. So I'm kind of foreshadowing, but I do envision 2022 looking a little bit different on the CCPAC side. So, I hope others agree that there's some value in and maybe doing 2022 a little bit different, and I am saying all of this please, believe me, while keeping all of your health safety and welfare at the forefront, and if yucky variant moves in here on us, then the data might talked about face to face CCPAC meetings could shift. Right now that's what we're hoping to do. So anyway. Desirey, real quick, just a piece about capping if somebody caps themselves versus if we cap them and then we'll move through the tail end of the agenda here.

Desirey Ackerman: Sure. Thank you. First I'd just like to say, thank you for all the providers and please pass that along. Thank you to all of your in-home workers for being out there and doing the work in the network. But like Mike said, there is a difference if you put that cap on yourself, or if we, at the Department put that cap on you. So, if we're seeing from the network, the CCU's letting us know that there are trends and you're not responding with your staff or shortness of staff we can reach out to you and have a discussion with you about putting a cap on yourself and by doing that, you can also remove that cap when you do have staff available. And that would be your option to do. Because, you know, when you have that staff available, and you can just let us know immediately that you're ready to

remove your cap and we can then reach out to the and let them know that you're ready to be put back on the rotation. But if we are seeing those trends from the CCU's and hearing from the CCU's, that you're constantly refusing participants, because you don't have that staff, and we come out and we see that you're not prepared when we're on our reviews or that you keep repeating staff or there's delays and services, or you're not following the plan of cares because you don't have the staff available and we put that cap on, then you have to follow the time frames for us to come back out and do those follow up reviews. Which in this case would be 90 days and if you have the staff available before that 90 days is up we cannot deviate from that 90 day follow up review. So it's better for you to put that cap on yourself and know that you're going to have staff available. So, just having those conversations and letting us know communicating with us and telling us, we need to put the cap on today, we have staff available coming in 2 or 3 weeks you can lift our cap that's going to be better for you. There's not going to be a black mark against you. You're not going to be in poor standing with the Department. So please just communicate with us, and we can put that hold on until you're ready and lift it as soon as you're ready. So, it's better for you to communicate with us communicate with your CCU's and let us know what's going on in your area, and we're happy to do that. So just open line of communication with us in a CCU. And, like Mike said, it's not the blame game. We're not tattling on each other. It's just going to be helpful for us and our participants, because that's who we're here to serve.

Mike Berkes: Thank Desirey. And then the last thing I'll say about this from the waiver perspective, I'm fortunate enough to go to a next quarterly waiver meeting with HFS on 12/16 and those are reoccurring, but that is a meeting where, where I may expect to be asked how we're addressing workforce shortage. And so my response needs to be about the Department's diligence and capping providers that are struggling. Not any different than any other provider again, I can't make that any more clear, they need to know that we are capping our providers as necessary up against our rules and timeframes and then, we're not letting compliance spin out of control. So, we nip compliance issues with capping and then we'll lift those caps.

American Rescue Plan Funding (ARPA) Update – Desirey Ackerman

All of the plans and budgets were due as of December 1st. So those have all come into our regional coordinators and they are reviewing those. Some have already been approved. Those that came in prior to December 1st has been sent over for review and have been approved. So, at this point, the review process is taking place, approvals have taken place and we are in the point now that we are being processed for funding. That'll take some time because it is a very long process internally. So, the funding should start to trickle out as the process continues on, but it is not going to be one big lump sum to all 13 AAA's at one time. It'll be as the funding takes place because those did come in individually. So, you won't see that as a statewide funding. It will be as your AAA responded and was approved for their budget. Each individual AAA area should receive their funding as they submitted their budget and as it was approved. So that should be coming shortly. Any questions for Desirey, about ARPA funding or the Department? Again, we are working diligently to push as much of this stuff as to the doors we can in a timely fashion.

Marketing & Recruiting Policy Overview and Clarifications – Desirey Ackerman

We wanted to touch base on this, as we did see some movement with our homecare AIDS because, there is a worker shortage. And so we have been contacted by some of our providers that the homecare AIDS are moving around from one provider to another and we want to make sure that as you're seeing that movement that the marketing policy is still being followed. So I wanted to just clarify with the

marketing policy, that freedom of choice with the participants is also being followed. Because with the PHE in place, we've been more flexible with our family home care aides. So, with that flexibility, we've seen a lot of movement with our family homecare AIDS as well, and with the family homecare aid, they also move their participants. So we want to make sure that you guys are very diligent and reporting back to us. If you see any movement with family homecare aides we've worked closely with our CCUs. So just a few things that I want to touch base on is the marketing policy that you're making sure that all of your new hires are reviewing that marketing policy and signing that marketing policy. But just as long as they're also understanding what they're signing, because there is a lot of important in there. But what they're signing is that agreement that they are not going to be shopping around and moving around from provider to provider and looking for who's going to pay me the most. The point here is to serve our participants and not moving participants. So, what I also want to discuss a little bit here is this freedom of choice because our CCU's are the line of defense here, when we have a new participant come onto the program. So, freedom of choice is the CCU is going to reach out to that participant to bring them on board. And when they see that participant in their home, they're going to talk to them about what providers have contracts in that PSA. So they have to have a contracted provider available in the PSA. And then if there's a choice of provider that is who the participant will go to and receive services with. At that time, if there's not a choice, then the CCU will go to the rotation list. So I think there's some confusion maybe about what happens with a rotation list. The CCU does not just automatically go to the rotation list unless the participant does not know which providers are available in their Area, and unless that participant has a special desire or a special want, then the CCU can provide those providers. So that's why with Mike and Mary and their group are constantly reaching out to providers and asking them to keep that provider portal up to date. So, if you have special interests, like special languages or anything, that you can provide, keep that up to date. And then our CCU will be aware of that. So if a participant is asking for Speaking or Greek speaking, or Chinese speaking then they will know which provider they have those options for and they will still continue to go to that rotation list. But if the special need is out there then they can reach out to those specific providers available only in that PSA. And then if there's a provider that has an expansion in that area, and no contracted provider is available, they would reach out to a provider that has an expansion in the area that can service the participant.

So, I wanted to touch base with CCU's in particular, and let them be that reminded that HCA's in particular family HCA's cannot request a transfer. They cannot request additional hours for their participants. So we've seen that a lot. We've had that request a lot and especially at this time, you cannot have the HCA's doing the requesting of the transfers. So it has to be that participant to make that request. We've had a lot of transfers take place in the last several months and we've had that reported back to us. So we want to make sure that if the participant wants to make that transfer, that is completely their choice. But we cannot have the providers, or their HCA's making that choice for them. So, I want to make sure that we can send out the freedom of choice policy and we can send out a copy of the marketing policy back out to CCU's and our in home providers to make sure that everyone has the most recent copy. But we are definitely working on reviewing and making sure that anything that needs to be updated because of appendix K and the lessons learned during that we can make those adjustments. But right now we are following the policies that we have in place.

Any questions for Desirey at this time, about marketing recruiting, policies, or the update that she gave?

Peter Valessares: Yes, please. I request that we set up a subcommittee to address the concerns and considerations that were expressed by several of the small ethnic providers as mentioned before they're

not unique to the ethnic providers. It's just not the explanation of what's done, it's also the implementation. This is not the appropriate forum to go through each of the details. I think a subcommittee can give the appropriate time and consideration to the issues. Because what was expressed during some of the correspondence and communication with the management is that there's a larger problem. My experience is, you don't address a large problem with one big, large solution, you break it down into its individual elements and solve the elements and that's going to take time and consideration to do that. I respectfully request a subcommittee, be formed to provide the proper format for addressing these issues. The findings of which can be brought back to CCPAC for consideration and review.

Theresa Collins: We have a motion to form a subcommittee, members of CCPAC to 2nd the motion, and then take the motion to a vote. And then we can determine how we will proceed either with the formation and how individuals will be chosen and or volunteer for that committee. Do we have a 2nd to Peter's motion to form such a committee? Marta Pereyra makes a 2nd motion to support the committee formation. Any further questions or discussion from anyone before we go to vote?

Dary Mien: Yes. I just like to add that what Peter is addressing and experiencing. I think Peter is really not one of the few, but rather one of the many, and, in my entire work with the CCP program, I've never seen such sort of a highly competitive sort of drive around getting workers to go wherever people want them to go. We have lost so many dedicated, long term workers, who just said, well down the block, they're paying me a quarter more. So, it makes it very hard for any organization. We serve more than in terms of language capacity. We have the capacity to serve hard to reach community. And so we like to be able to do a good job at that. But at the moment, I think I also see, MCO's doing things that are moving our clients without letting us know and then when we talk to the client, the client said, no, I never address any changes. So, all this has really caused a lot of every day crisis for me to be able to deal with that. But I like to suggest, say it this way. Whatever committee that you're forming, will be happy to share the issue here and I just wondering if to see how many providers are being impacted and at what level would it make sense to do like a very short survey to see how people are feeling in terms of providers, because then we can really understand the magnitude of this issue. So, we can address it more at the root level, rather than trying to put a band aid over it.

Lora McCurdy: Dary, have you have you raised any of these concerns with HFS as far as and what you're seeing there?

Dary Mien: I have not and it just gotten worse in the end of November and December. So, I am documenting it and wanting to share on the appropriate platform.

Lora McCurdy: Thank you Dari. Just a comment and we shared this when we had a call with Marta and some of the ethnic providers. We're happy to, of course, have this discussion, just want to remind everyone that it's not the Department's intent ever to tell agencies how to run their own business. That's something that we don't play a role in. Our our main focus is our CCP participants and making sure that they receive choice of provider, and that's a federal waiver requirement that it's an informed choice, which, I think was Desirey was speaking to the provider profile and how that can place such a helpful role to make sure to know that, for example, this provider has Spanish speaking staff, or they serve people with dementia in their adult day program. So, maybe we can talk a little bit about that component as well. How are we making sure that participants know about all of the options in their area and that it is an informed choice, which is what the federal language speaks to. So, I just want to

kind of make sure we're kind of level setting here, is that we're not in the business of telling you how to run your business but we're coming from is just compliance with the federal requirements around choice a provider.

Peter Valessares: I understand that, but there's also an IDoA responsibility to the program providers, and either way it's a partnership in the CCP program. There's also responsibility as to qualifications and allowing a new provider to come in that the demonstrations of qualification that their viability has to be to grow the CCP program not viability, dependent on taking existing clients from other providers. They should be able to demonstrate that they're coming in. Not to just re-shuffle existing clients under the guise of free choice. They should be able to demonstrate the viability of bringing in new clients and that's their purpose for entering a PSA. And that also needs to be part of their viability should not be predicated on simply shuffling existing clients and existing caregivers.

Lora McCurdy: There are requirements for new providers for example, they have to have, I think, 3 months cash on hand. So that speaks to the financial viability and we can speak to this more if you want in the subcommittee, so that I have this discussion with all of you.

Paula Basta: Thanks, Peter. But I also want to be clear that our role is not to review people, for companies, business plans, right? That's not us. We don't do it. That's not IDoA's role. So, that's people's business plans are their business plans. We don't do that as a state agency. I want to be real clear here. So, let's figure out how we work in partnership with you all, but no, that's not going to happen.

Theresa Collins: We do have a motion on the table to form a subcommittee. We will need to be very clear about this vote this formation. It does require a majority vote so we will need everyone to be very clear in how you're voting, yay or nay, so that we can do a good count. So, we would either need everyone to type in to the chat or come on to screen so that we can have a visual. We have a 1st and a 2nd, so we need all individuals in favor of forming a subcommittee that was discussed if you are in favor and voting yay, please either raise your hand or type so into the chat for the record. We're going to just give everyone a moment.

Chat: Shana Holmes, Winnie Lam, Yvette Holcomb, Irene Sohn, Stephanie Garrigan, Peter Valessares, Roxanne Nuttall, Sherry Barter-Hamlin, Brycie Kochuyt, Yvette Lyles, Marta Pereyra, Dary Mien, Megan Gallegos, Laura, Tammy Tenton, Joanne Glenn, Cary Crawford, LaShun James, Santosh Kumar.

Theresa Collins: Okay, it looks to be that we do have the majority vote in favor to form the subcommittee. So, we will be sending out an email. I do think Dary's idea of gathering information from all of the membership as a whole through survey would be a good starting point and give the subcommittee information to work from. We will work on getting that survey out. So please watch your email please be sure to respond at the due date listed on that information. So, that can be taken back to the committee for the formation of the committee we'll be asking for volunteers to reply to an email. That will be going back to the Department and they will be identifying their participants from the Department side. So, we hope to get this information out very quickly again. Please continue to watch your email for such. Is there any other question?

Marta Pereyra: Can members of the subcommittee be outside of CCPAC membership?

Theresa Collins: They would need to be members of the CCPAC since it's a subcommittee of CCPAC.

AT&T 3G-4G Conversion – EHRS Impact – John Eckert

EHRS providers will swap out all of the EHRS units, because the 3G capabilities are no longer going to work at the end of February. So, all those have to be swapped out. They've been working diligently. All of the providers have been swapping out. We did issue some guidance that allowed them just to mail the units to the participants home, because they've been having problem getting people to answer the phone, or they don't want somebody coming around in the COVID environment. Also, there's kind of a staffing shortage on installers that was brought to our attention too. So, they're trying to do with mailing and do it with phone support. I know that as towards the end of October, we had 73% of all the conversions were completed, and we're compiling information from providers by close of business tomorrow. I know those numbers are going to be much better when we look at those tomorrow. I did notice that Stephanie Garrigan and Mary Callahan and if there are other EHRS providers are on the call if they'd like to chime in and tell us how it's going or any hiccups that you're experiencing right now that we can assist with.

Stephanie Garrigan: Hi, John, thank you. Our swap is going, we are doing really well. Thank you for the ability to be sending out the device and we're having our installers call and walk them through install and that has been working out well. But there are some people who have received the device that we haven't gotten any back from, or feedback. They haven't pressed the button to reach out to have us walk it through it or if they need an install, they can press a button and say I need someone to come out because, we're willing to do whatever it takes to get the swaps done. For the most part, it's going well on our end. We hope that by the end of the month, we'll have the capacity to have a small list of those hard-to-reach people to be able to go to with the and talk about it and see if we can enlist some joint efforts.

John Eckert: Because I think, I think, as we get down to those smaller numbers that we can't reach, we can engage our CCU's to see if they can help with some of the outreach and see if we can get these hooked up and make sure that people are utilizing them. Thanks, Stephanie. Mary, any words of wisdom to add or other providers out here that like to say anything.

John Magee: I did receive an email from my manager, or the regional sales director Tom Gonzales with an update that we are on target. We do reply every couple of weeks as to status of where we are. We'll be sending out a more detailed spreadsheet tomorrow, as a matter of fact, telling you exactly where we are at this point. We've converted 2,520 3G units to 4G at this point. We have 592 left to go, and our goal is to have them completed by the end of the year. So, it looks like we're on top. We don't appear to be having any issues or problems that we need to bring to your attention at this time. So we're kind of good to go.

John Eckert: That's good. Thanks, Tom. And Mary just put in the chat that she's unable to unmute but I think probably right at the 1st, part of the new year is have a call just to make sure that we can identify the ones that would not be able to get a hold of and get the CCU's involved and get all hands on deck to see what we can do to make sure that all these get swapped out. And in in a timely fashion. I just saw Mary put in the chat that she's on track and is feeling good about how her agency is doing with the swap, so we'll be able to hopefully tell you the good news in February and everything switched over and there were very few hiccups. So, everybody's been working really hard and we appreciate them and we're going to make sure that all our providers have access. From the chat, Megan Gallegos says Healthcom and VRI are 90% complete too.

Proposed 2022 CCPAC Meeting Dates

Feb 8, 2022

April 12, 2022

June 14, 2022

August 9, 2022

October 11, 2022

December 13, 2022 Annual Meeting

Theresa Collins: I just ask everyone to take a moment, look at these dates and just if there's anything that would affect our network as a whole that might prevent a large percentage of our group from not being able to participate, please make note now and bring that to our attention. If not, if these dates look to be good at this time. We would like to go ahead and see if we could get a motion to get these dates approved so that we can get them on the calendar. Does anyone notice any conflict or problem with the dates that are here listed? Our hope and goal is to be back in-person. We'll provide some hybrid options. So that, those who aren't able to travel or are not comfortable, have the opportunity to participate. That's our goal.

I'm not seeing anything being noted. So, do we have a motion to approve these dates for future CPAC meetings for calendar year 2022?

Motion was entered by Marta Pereyra to accept the proposed 2022 CCPAC Meeting dates.

Second was entered by Cary Crawford.

No further discussion was entered. Theresa Collins brought to a vote and motion carried with no opposition.

Next meeting: February 8, 2022, hybrid in-person and WebEx