

Community Care Program Advisory Committee Minutes

10:00 a.m., Tuesday, April 25, 2017

Agriculture Auditorium, Springfield

Members in Attendance: Marsha Nelson, Shawnee CCU; Terri Harkin, SEIU; Tuyet Ngo, Chinese Mutual Aid Association; Kevin Cosgrave, Guardian Medical Monitoring; Dave Lukens, VRI; Stephanie Garrigan, Philips Lifeline; Shana Holmes, Southeastern Illinois AAA; Cary Crawford, Chicago Commons; Diane Drew, CHELP; Bob Spaulding, Healthcare Plus Services; Bob Thieman, IACCPHP; Mikal Sutton, Blue Cross Blue Shield MCO; Lynn Stoiber, Illinicare; Lori Hendren, AARP; Theresa Collins, Senior Services Plus, Inc.; Jennifer Triplett, Community Care Systems, Inc.; Jane Stansell, Adults over 60

Illinois Department on Aging: Director Bohnhoff, Jennifer Reif, Rhonda Armstead, Jim Ofcarcik, Jose Jimenez, Lora McCurdy, Mary Gilman, Tamara Jordan, Lois Moorman, Elizabeth Delheimer, Sandy Leith, Robin Morgan, Chrystal Alexander, Sally Lisnek, Kristen Chi, Jamie Freschi, Becky Ward

By Telephone: Marta Pererya, CLESE; Mary Lee Thomsa, DuPage CCU; Tom Gonzalez, ADT; Yolanda Kirk, Alternatives for the Older Adult; Kathy Weiman, Alternatives for the Older Adult; Tracy Barzewski, Midland AAA ; Gustavo Saberbein, Help at Home; Mayra Quinonez, Casa Central; Gustavo Saberbein, Help at Home; Lori Pence, Central Illinois Agency on Aging; Susan Simmons, Help at Home

Guests: Richard Juarez, Sr., LCHC; Kristin McCracken, AMAC Tunstall; Bill Wheeler, ICCCU; Christine Flynn, Solutions for Care CCU; Carie Altman, MHTL; Betty DeGroot, Cass County Mental Health; Jean Jones, Cass County Mental Health; Tania Schwer, Grundy County CCU; Rich Deglar, Addus Homecare; Becky Edwards, Macon County Health Department; Mary Killough, Gareda; Topaz Gunderson-Schwesia, Molina; Lisa Kracht, ECCOA; Tonia Oberg, ECCOA; Linda Hubbard, ECCOA; Peter Valessares, Hellenic Foundation; Keri Pool, Healthcom

Welcome and Introductions:

The meeting was called to order at 10:07 a.m. by Jose Jimenez and roll call was taken.

Diane Drew asked for approval of the February 28, 2017 minutes, which were motioned and approved by CCPAC members.

Jose asked if there was anyone who wanted to speak as part of the Public Comment portion of the meeting. There were no public comments.

Department Reports:

Director's Report

The Department had the following executive staff changes: Nick Barnard will be the new Internal Auditor; Rhonda Armstead will be the new General Council; Matt Ryan, Chief of Staff went to another agency; Jim Ofcarcik, Chief Financial Officer is retiring at the end of April.

The waiver programs continue to be an ongoing process. The Director expressed the Department's appreciation for the visits to the aging network agencies to discuss the waiver programs as well as the work that has been done to meet the requirements.

Legal Division Report (Rhonda Armstead)

A reminder was given regarding the May 31st deadline to complete the Ethics Training and signed submission of the acknowledgement form.

Fiscal Division Report (Jim Ofcarcik)

It was mentioned that the General Assembly was in town this week. There have been proposals regarding budget compromises and/or plans; however, a budget agreement has not been made at this time. One of the proposals offered more commitment for the human services fund, which would benefit the CCP.

Kathy Woodworth asked about the Excel spreadsheet containing the network financial information which has been distributed at past CCPAC meetings. She indicated it contained valuable information. Jim indicated a revised spreadsheet would be sent via email after the meeting.

The question was asked about the status of pending payments from the Comptroller's office as well as the payments that are still being held due to the budget impasse. Jim indicated is approximately \$216 million dollars in invoice vouchers that cannot be paid until there is a budget.

Payments for services of Medicaid participants and Home Delivered Meals (HDMs) have been paid through March 28th. Recently, there was approximately \$94 million dollars in payments for human services disbursed as well as an additional \$13 million. Colbert payments have been submitted and are ready for disbursement. The Comptroller makes the decisions regarding what payments are disbursed; currently, the Comptroller has been prioritizing Department on Aging payments.

Hardship requests can be made to the Department who will convey the information to the Comptroller's office. The fiscal office has made a few edits to the hardship letter to provide dollar amounts and a schedule of pending payments.

It was mentioned that the Comptroller has not disbursed payments to MCOs since October of last year; however, most MCOs continue to pay providers. There may be one MCO that is not making payments to providers. HFS regulates MCOs and has mentioned it is monitoring the payment situation. DoA and the other sister agencies are working together to provide awareness and monitoring of all providers.

The concerns regarding participant services were raised due to lack of payments to the providers. The Department is working closely with the providers to ensure quality levels of service, contract amendments, etc. To date, the CCUs and DoA have successfully transfer clients if necessary as well as ensure services are in place and provided for all participants.

Legislative Report (Brent Ellis)

There are several bills that the legislative office is following:

SB 1319 – This is an Aging initiative. The intent of the bill is to ease access to Adult Guardianship hearings for those with limited mobility. It amends the authority of courts to use video conferencing to testify at these proceedings. Courts have the ability and the respondent can request venue change, but it is not always convenient for the client. Currently, the bill is awaiting the 3rd amendment.

SB 1936 – This bill addresses the issues collected by the Budgeting for Results Commission and would remove outdated Circuit Breaker language from property tax bills and eliminate an unnecessary CCP report. The CCP report refers to reforms that were implemented years ago and has become redundant.

HB 3799 – Allows certain financial institutions to refuse a transaction if an employee or officer has fulfilled certain training requirements under the Adult Protective Services Act and reasonably believes that an act of financial exploitation of an eligible adult has occurred or may occur and it provides that neither the financial institution nor its employees or officers shall be liable for any actions taken in good faith under the provisions.

HB 223 – Reintroduces Rep. Ford's the Nursing Home Wristlet bill from previous session. Would allow physicians to order nursing home residents to wear identifying wristlets, as is currently allowed, and document it as required by law. It also allows a facility to require a resident of an Alzheimer's disease unit with a history of wandering to wear a wristlet. It can be removed if ordered by the resident's guardian or power of attorney.

HB 238 – Nursing Home Arbitration bill. This measure would prevent a nursing facility from mandating that a prospective resident sign a contract with a binding arbitration clause prior to admission. This bill mirrors a recent federal rule.

SB 1409 – Courts shall not order the sealing of records of arrests or charges not initiated which result in a conviction for financial exploitation, aggravated identity theft, abuse, or criminal neglect of an elderly or disabled person or resident of a long-term care facility. Allows financial exploitation cases to be held in counties where the offense occurred or where the victim or victims reside. Theft by deception from a person with a disability is a Class 2 felony. This bill also removes consent as a defense for financial exploitation of an elderly or disabled person if the accused knew they lacked capacity to consent.

HB 3392 and SB 2294 – Legislation regarding the involuntary discharge of hospital or facility residents. (See Ombudsman Report below)

SHIP Report (Sandy Leith)

Two handouts were distributed, one in regards to the Federal budget and a SHIP update and the other included Medicare and Medicaid information. CCPAC attendees should share the information with SHIP volunteers.

Social Security Administration is trying to offer more assistance online that may include supplemental security income levels and Veteran benefits. The SSA is currently endorsing Campaign BEST – Benefit Eligibility Service Tool which offers online resources to better assist seniors to get more of them up to poverty level. There is also more information provided online for SSI – supplemental Security Income.

There is an upcoming implementation to Medicare cards planned for 2019 to eliminate the use of social security numbers as well as gender, etc. All recipients will be receiving Medicare card replacements with random numbers as Medicare numbers.

Soon there will be additional MIPPA funding offered for MMAI areas. CMS federal grant money that may be available must be offered by competitive bid, or Notice of Funding Opportunity (NOFO) according to GATA regulation.

A new Federal CMS handout offering preventive benefits to be used by seniors. The initiative is Coverage to Care initiative from the feds. The handout is available in many languages and will be distributed to SHIP sites and non-English speaking sites.

Ombudsman Program Report (Jamie Freschi)

The Ombudsman Program is currently transitioning the electronic documentation system. Currently the transition is in the “go dark phase” in which nothing can be entered into the system at this time. The new system is scheduled to be available on May 24th.

The Ombudsman Program is currently in the process of updating policies and procedures. Federal ACL indicates that policies and procedures need to include certain information. The State Ombudsman is working closely with ACL on drafting of the policies and procedures. The Administrative Rules will also be revised to include the new policies and procedures.

The Ombudsman Program is closely monitoring HB 238 regarding the Federal Rule regarding the arbitration clause being implanted on a state level. The state’s Ombudsman Program feels that residents shouldn’t be required to sign pre-dispute arbitration clauses and has concerns regarding the signing or not signing of them.

The Ombudsman Program is monitoring HB 3392 very closely, as it addresses the problems in nursing homes and care facilities from involuntary discharge. The Ombudsman Program has documented over 1000 cases of improper discharges, which is nearly double the number of cases from last year. Some hospitals and care facilities are not following the process that is currently in place and residents are not given due process for facility discharges. There is a 30-day notice and due process and any necessary advocates should be properly notified of the discharge from the hospital or facility. Another concern is patient’s right to due process and rights if he/she prevails in the outcome. The legislation addresses the

non-compliance of staffing requirements in facilities and increases penalty amounts for facilities who are found to have improper staffing. The legislation amends the Assisted Living and Housing Care Acts.

Diane Drew inquired if the facilities were required to provide residents with ombudsman information. Jamie indicated that facilities are required to provide residents with ombudsman information that includes the right to provide a 30-day notice and 10-day appeal.

Planning, Development, Research, Training and Development Report (Lora McCurdy)

The requirements for AMD providers to have been amended and were filed through the Administrative Rule process on March 24th. The first notice for comments expires on May 1st and the second notice expires on May 8th. The Department plans to provide training for providers, caregivers, etc. after the rules are finalized through the process.

One of the federal CMS waiver requirements is for the Department to develop a web-based system to report and track critical incidents. A new Critical Incident Reporting System has been developed, approved by HFS and will be shared with the Policy Review Group this week. Training webinars have been scheduled for May 15th and 16th and will include training for CCUs and providers. The new reporting system will include all current participant reporting systems (SIPs, death and injury, etc.) into one coordinated system. The new system may require the network to report more follow up information.

There will be other quality assurance trainings planned for the network to meet federal waiver requirements. Some of the trainings may be in collaboration with other network partners. The Participant Search Screen may continually be revised to include as much participant information as possible to assist the aging network.

The recent 24 Hour Backup Plan Policy and fillable form have been sent to CCUs. Due to the amount of feedback, the policy and form will be revised and distributed to the CCUs and provider agencies. The information will also be provided on eCCPIS Clients Forms Manager. The new policy also fulfills a waiver requirement as well as the mandated person centered planning approach to participant care.

The question was asked about participant privacy and the personal information on the form. It is stated in the policy that posting the form may optional.

The Department's OCCS staff have been performing six month reviews for new agency providers. The intent of the review is not intended for disciplinary or corrective action, but rather to ensure providers start off on the right foot. The structure of the report is a little different than other reviews, and the OCCS staff hope to be able to provide suggestions, best practices, etc. The Department's OCCS and Training staff will collaborate to better provide improved training practices.

MCO Report (Robin Morgan)

HFS is terminating Molina's contracts in six counties, which may affect MCOs – PSA areas five and seven. There are a few counties in which there would only be one MCO provider, prohibiting "choice"; those participants will be transferred to CCP. This may involve approximately 200 clients in the six counties.

On April 7th, HFS announced MCO Expansion to include every county in Illinois and information regarding the State's procurement process. It has also been noted that children will be added in the expansion. The Department is unable to answer questions regarding the RFP and notes that HFS may be in the ex parte communication requirement during the RFP process. HFS has provided FAQs to the RFP on its website.

It was mentioned that some CCUs have received correspondence from MCOs asking about signing contracts with them. MCOs probably sent notices to everyone in their mailing lists which included CCUs. CCUs do not need to enter into contracts with the MCOs for CCP services. If the CCU offers other services besides case management services (home health, mental health services, or Money Management services) they many want to discuss the possibility of establishing a contract with the MCOs for those services.

The Department's Managed Care policies and procedures are under review and supplemental training may be provided to the network. The Department is aware that billing issues may be one of the issues and hopes the new billing system may alleviate and include some of the MCO billing issues. The Participant Search Screen may be able to provide additional assistance with participant information and transition.

The question was asked about grandfathering in current MCO contracts. The Department is currently unable to answer those questions.

CRP Report (Director Bohnhoff)

The Director mentioned the CRP Rules are in the Administrative Rule process, and therefore, ex parte communications apply. To meet JCAR compliance, Departmental hearings have been scheduled for May 15th and May 18th. The information is also provided on the Department's website, as well as comment deadlines, etc.

The CCPAC Quality Assurance subcommittee will meet upon adjournment.

Motion to adjourn at 2:03 pm.