Community Care Program Advisory Committee Minutes
10:00 a.m., Tuesday, June 6, 2017
Agriculture Auditorium, Springfield

Members in Attendance: Jane Stansell, Adults over 60; Bob Childers, Williamson County Programs on Aging; Louie Prado, ADT; Shana Holmes, Southeastern Illinois Area on Aging; Sherry Barter Hamlin, River to River; Jennifer Triplett, CCSI; Ella Grays, Gareda; Kathy Woodworth, Healthcom; David Lukens, VRI; Bob Thieman, IACCPHP; Cary Crawford, Chicago Commons; Terri Harkin, SEIU; Mikal Sutton, BCBSIL; Diane Drew, CHELP; Stephanie Garrigan, Philips Lifeline; Greg Kyrouac, SIU Medicine

Illinois Department on Aging: Director Bohnhoff, Mary Gilman; Rhonda Armstead; Jamie Freschi; Robin Morgan, Chrystal Alexander, Elizabeth Delheimer, Lois Moorman, Jose Jimenez, Lora McCurdy, Becky Ward

By Telephone: Kevin Cosgrave, Guardian Medical Monitoring; Lori Hendren, AARP; Susan Simmons, Help at Home, LLC; LaShun James, Addus; Gustavo Saberbein, Help at Home, LLC; Tara Russo, Elder Care Services of Dekalb County; Lubertha Mercer, HCI; Bob Spaulding, Healthcare Plus Senior Care; Mary Lee Thomsa, DuPage County Senior Services; Marta Pereyra, CLESE; Lori Pence, Central Illinois Agency on Aging; Susan Real, East Central IL Area on Aging

Guests: Tracy Barczewski, Midland Area Agency; Linda Hubbart, ECCOA; Bill Wheeler, ICCCU; Marsha Nelson, Shawnee Alliance; Tania Schwer, Grundy County Health Department; Becky Edwards, Macon County Health Department; Lori Elliott, WPCA; Betty DeGroot, Cass County Mental Health; Jean Jones, Cass County Mental Health; Topaz Gunderson-Schweska, Molina Health; Richard Juarez, Sr., LCHC; Lisa Kracht, ECCOA; Tonia Oberg, ECCOA; Peter Valessares, Hellenic Foundation; Cari Outman, Molina Healthcare; Kristin McCracken, AMAC

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 April 25, 2017 minutes, which were motioned and approved by CCPAC members.

Public Comments
Bob Spaulding asked about the billing and reimbursement process. It was indicated there would be discussion later in the meeting regarding billing and payments.

Department Reports:

Director's Report

Director Bohnhoff announced the Department's new Chief Internal Auditor – Nick Barnhart; CFO – Anna O'Connell appointed as permanent CFO; and a new Chief of Staff to join the Department on July 1st – Lauren Shiliga. Lauren comes to us from the Department of Economic Development.

The Colbert Consent Decree – the court monitoring the Consent Decree hired a consulting firm to evaluate the status of the Colbert Consent Decree and determined the age group that was primarily identified was younger than a CCP program participant. Therefore, it was determined that the Colbert Consent Decree will transition under DHS. IDoA and DHS have a transition team working on the transition of agencies. The physical location of Colbert Consent Decree staff and operations will transition under DHS on October 1st. The staff working on consent decree cases will continue the contracts for now. There seems to be a lot of overlap between the Williams Consent Decree and the Colbert Consent Decree and the hope is to coordinate the efforts of both decrees. The Colbert Consent Decree program will continue in Cook County.

Legal Division's Report (Rhonda Armstead)

The annual Ethics acknowledgement forms are past due and there are still a few members who have not returned a signed form.

The Department is currently in the Ex Parte communications rulemaking process of JCAR for both the CCP and CRP Rules that were filed with JCAR on March 31st. There were numerous public comments from the public hearings held on May 15th in Chicago and May 18th in Springfield. The first notice closed on May 15th. Written comments received are currently being reviewed for response during the second notice process. JCAR Rules prohibit Ex Parte communications which are defined as an exchange of information between an individual and the Department that could influence the underlying Rules. The premise of Ex Parte limitations is to ensure transparency.

The question for the timeline was asked regarding the second notice for the Rules; the exact date was not set, but the notice would be posted on the IDoA website.

The question was asked if the implementation plans for CRP could continue if there was no budget appropriation for it and the Director confirmed that it could still go through the rulemaking process.

Another question was asked regarding the Department's intent if a budget was passed but there wasn't an appropriation line for funding of CRP. Would CCP be a Medicaid only program or would it remain the same as it is now? The Director indicated the Department is unable to make speculations on that now.

IT Division Report (Dave Weibring)

The Department's IT Division is currently testing a new billing and documentation system as well as a training tool. There may be screenshots available that could be used to assist with the training tutorial. There would also be a communication line provided for assistance with the new system.

Training tools for a new system are continually being updated, and will be done regardless of the Department's programs, and the IT Division plans to collaborate for proper provider training and support for the network.

Bob Spaulding asked about the replacement system for eCCPIS. David indicated it is challenging to determine an exact timeline for the new system and what it will entail without a budget. There are aspects of the new system that need consideration during the build of the new system (ie. UAT, BIP, CRP, CCP, ERP).

The IT Division hopes to do site visits with the network after the end of rulemaking process.

Legislative Division Report (Brent Ellis)

The legislative session concluded on May 31st; however, there will be continuous session for the House. The new deadline to submit bills to be passed through the House is June 30, 2017. A full written legislative update will be provided on the website and emailed to the network after the end of session.

Ombudsman Report (Jamie Freschi)

The IDoA's IT Division and Ombudsman have been working on a consumer choice website designed to assist consumers seeking a long term care facility to be able to shop for a facility with their preferences. All facilities will be asked to fill out a questionnaire and that information will be used in the "choice" website and updated annually. There are both mandatory and optional questions. The website will ensure compliance with the Illinois Act on Aging.

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

The Money Follows the Person (MFP) demonstration program will sunset in December, with the IDoA continuing to monitor those people for one year. Currently, IDoA staff are working on the possibility of offering MFP-like services as part of the MFP transition. The services should be a one-time transition, etc., with the consideration of adding some of the services to the waiver in the future. The Department anticipates the total cost of the one-time services program to be under one million dollars.

The Critical Event Policy is ready to be implemented with the network; however, there are a few tweaks that need to be worked out in the IT system for reporting critical events. David Weibring, Manager of the IT Division indicated they are currently working with providers to test the new system. The Critical Incident Reporting System and APS are in collaboration to implement all reports into the same system to enable APS and CCUs to collaborate and work together for reporting to all waiver agencies. It was mentioned that MCOs are a part of the process and are included in the policy regulations. A Critical Event Policy FAQ will be distributed to the network.

Lisa Kracht requested more detailed definitions regarding the reporting requirements under the Critical Event Policy because they are experiencing a huge abundance of reports from one provider agency for each incident, change, call, etc. Lora asked that the CCU put the incidents/events into categories and send them to the Department for review. Upon review, the Department may be able to offer more guidance

for critical incident reporting data. The Department anticipated there would be a lot more reporting than may be necessary at the inception of the policy that would prompt the IDoA to provide more clarification. Lora indicated her division plans to provide additional training on the new policy.

IDoA is creating an automated system for the CCUs to use to report hospital post screens. The automation of the data will make it easier to provide HFS with the required weekly reports regarding the screens.

HFS provides the IDoA with lists of participants who are due for a Medicaid redetermination. Care Coordinators are asked to offer assistance with the Medicaid rede so that Medicaid clients do not lose those benefits. Unfortunately, the IDoA does not receive all the Medicaid client names.

The AMD rules were filed with JCAR on March 24th and the first notice period has ended. The IDoA is currently reviewing the comments and will prepare for the second notice period.

Mary Gilman provided a report regarding UAT. What used to be the CHA will now be the LTCA (Long Term Care Assessment). The CCUs testing the new tool have completed their assessments. The data has been sent to the University of Michigan for comparison of the data and scoring of the assessment tools. There are plans for Wave 2 (PSAs 4, 5, 6 and 7) to do LTCA training. The new system should be scheduled to rollout this fall.

Fiscal Division Report (Anna O'Connell)

The CCP monthly update Excel spreadsheet was distributed to all in attendance at the meeting and would be emailed to those on the phone.

Anna indicated the Department is sending through all vouchered Medicaid payments; however, there have been a few difficulties with the database. Request for hardship payments are still being submitted to the Comptroller's office; however, once requests are submitted to the Comptroller's office, payments are made at their discretion.

Cary Crawford asked if there was a way to confirm submission of non-Medicaid payments? Unfortunately, it is not possible to see anything more than what can be seen on the current billing system.

MCO Report (Robin Morgan)

A question of MCO payments to the network was asked and Robin indicated that it appeared that most MCOs are making payments; however, there is language in the MCO's contracts regarding payment requirements. Mikal Sutton indicated the MCOs recently received large payment in April and were told that it may be awhile before the Comptroller releases another payment.

There was a question about where to file a complaint against an MCO. MCO complaints can be filed with HFS.

The question was asked if the MCOs had been chosen after the closing of the RFP. The awards should be decided in July/August. The MCOs are scheduled to begin providing service statewide on January 1, 2018. Robin indicated HFS should be sending correspondence to participants regarding new MCO providers.

The CCUs indicated they would like to obtain lists of participants who should receive the new MCO letters. Jose mentioned that CCUs may wish to correspond with MCOs to make sure all the participants in the CCU area will have coverage for CCP services.

Other MCO information provided regarding contracts: Cigna, CCAI Family Health Network and Humana do not plan to continue as MCOs in Illinois, effective January 1, 2017.

Home and Community Based Services (Jose Jimenez)

Each CCU was required to create a group email address for the Department to use for correspondence with the CCUs. This requirement was effective on June 1, 2017.

The IDoA is dealing with an issue with a provider who sent a memo to participants that included language regarding service hours in the participant's care plan; the intent of the letters may have been in regards to the potential of CRP. The IDoA has concerns about the memo violating HIPPA, the marketing policy, as well as other Department policies. Jose indicated that service providers do not have access to participant care plans and do not have the ability or authority to adjust a participant's care plan. The Department is still investigating the depth and potential effects the memo may cause to participants and their families. The Department plans to address the issue on a call with the CCUs.

An RFP has been posted for the CCU in PSA 12, Subarea 8 and was emailed to the Aging network and posted on IDoA website. Responses to the RFP are due on August 8th. There will be two CCU contracts in PSA 12 that will go through the RFP process to procure new CCUs for those areas. The Department indicated it may have posted the wrong version of the POSM with the RFP and will check on it.

A revised Individualized Backup Plan was sent to all CCUs and is required to be used by both the CCUs and provider agencies.

The Medication Management pilot program has been expanded to DuPage, ACM and SILVNA CCUs. It was asked how the pilot program was going and it was mentioned that some participants do not want to engage in the program because they do not wish to switch pharmacies. HFS does not want Medicaid participants to be enrolled in the program, which has made it more challenging to find potential enrollees.

The annual GATA registration renewal was mentioned and it was indicated that any agency receiving state or federal monies is required to be registered on the GATA portal.

The meeting adjourned at 1:45 pm.