

The Community Care Program Advisory Committee Minutes
Tuesday, January 15, 2019 10:00 am
Department of Agriculture John R Block Building Auditorium, Springfield, IL

Members Present: Robert Thieman, IACCPHP/IADSA; William Wheeler, ICCCU; Sherry Barter-Hamlin, River to River; Marta Pereyra, CLESE; Jill Jones, BCSC; Robert Childers, Williamson County Programs on Aging; Kevin Cosgrave, Guardian; Richard Juarez, Lawndale Christian Health Center; Shana Holmes, Southeastern Illinois Area Agency on Aging; Stephanie Garrigan, Philips Lifeline; Lashun James, Addus; Mikal Sutton, Blue Cross Blue Shield of IL; Dary Mien, Chinese Mutual Aid Association; Peter Valessares, Hellenic Foundation; Ella Grays, Gareda, Mary Callahan, Tunstall

Members Present on the Phone: Amy Nathan, North Shore Senior Center; Brycie Wilson, Alternatives for the Older Adult; Jackie Ward (on behalf of Kathy Woodworth), Healthcom, Inc.; Laura Altenbaumer, Active Day; Lori Hendren, AARP Illinois; Sandy Pastore, Oswego Senior Center; Cary Crawford, Chicago Commons; Marsha Nelson, Shawnee Health Center; Tammy Tenton, Premier Home Health Care Services; Theresa Collins, Senior Services Plus; Mary Lee Tomsa, DuPage County Senior Services; Susan Simmons, Help at Home, Inc.

Members not Present at this meeting: Joanne Glenn, Comprehensive Quality Care, Inc.; Terri Harkin, SEIU Healthcare Illinois/Indiana; Mary Hemp, Community Care Adult Day Services, Inc.; David Lukens, VRI; Lori Pence, Central Illinois Area Agency on Aging; Louie Prado – Home Health Security Services; Robert Spaulding, Healthcare Plus Senior Care

Illinois Department on Aging Staff: Jean Bohnhoff, Director; Jose Jimenez, OAS; Lora McCurdy, Div. Mgr. Planning; Mike Berkes, Critical Events; Anna O’Connell, Fiscal; Sandy Leith, SHIP; Russ Kemple, DoIT; Robin Morgan; Megan Thornton, Barbara McConnell

IDOA on Phone: Jamie Ewing, Deputy Director; Rhonda Armstead, General Counsel; Josh DeHeve; LaRhonda Williams

Guests Present: Linda Hubbart, ECCOA; Lisa Kracht, ECCOA; Tonia Oberg, ECCOA; Megan Stacits, PCOA; Awilda Gonzalez, UI; Lori Elliott, WCPA; Melisa Loy, Eldercare Service of Iroquois County; Brianne Hetman, Senior Services of Will County; Danielle Alonzo, Senior Services of Will County; Ketkesy Herena, Chinese Mutual Aid Association; Elio Montenegro, Rimcon; Kate Fischer, Rimcon; Kevin McCarty, Medical Monitoring

Guests on Phone: Amy Perry; Jennifer Porter; Lindsey Beerends; Lori Endicott; Susan Real; Jacqueline Rodriguez; David Halferty, MSLC

Welcome and Introductions: **Jose Jimenez, OAS**

Jose Jimenez welcomed all attending in Springfield as well as those participating remotely.

Call to Order:

The meeting was called to order at 10:06 am by Robert Thieman. Motion to call to order was made by Peter Valessares; seconded by Richard Juarez. Roll call was taken. A quorum was declared.

Approval of November 27, 2018 Minutes:

We need to insert Stephanie Garrigan as being present. No other changes.

Motion to accept the minutes as corrected was made by Stephanie Garrigan and seconded by Mary Hemp.

Public Comments: NONE

Department Reports:

Russ Kemple, IT

CACFP application: The CACFP web application has been placed into production. It is now online. If you have an Adult Day Care (ADC) please fill out your reports online. We received 25 of 54 ADC requests so far. If you have not submitted your requests yet, please do so as soon as possible.

The Provider Profile System has been put into production. We will put that out on a limited rollout to test and will eventually distribute to all providers. The Provider Profile System was designed to make it easier for people to find providers. It will bring up APS providers, CCU providers and AAA providers and will show the user who provides what services to their area. The System has a language translator and the ability to enlarge the text for easier reading. All providers will be given sufficient time to complete their surveys, then the application will be placed on the Home Page of the IDOA website.

Jose Jimenez, OAS: Even though it is in production now, there will be a soft launch to test it. Key providers will have the opportunity to test the tool. Providers need to go in to the site and fill out the survey. There will be a validation tool to make sure that the providers' contracts are in line with what services they indicate they offer on the site.

Russ Kemple, IT: Russ expressed his appreciation to all who participated in the testing. There are developers working full time to release the tool as soon as possible. Please contact the Department if there is something that needs correcting within the tool. Corrections will be made as needed. The tool works with a cell phone as well as computer. Language translation will be available on cell phones.

Lora McCurdy, Planning: The Provider Profile system was a commitment the Department made to CMS in 2009 and will allow participants to see exactly what providers are in their area that provide services for their needs. It is important that providers fill out the survey, so participants can see exactly what services your agency provides. Having this information will allow the Department to ensure all services available are listed in the system. Care coordinators need to not only be aware of the tool, but also understand how to navigate the site.

Jose Jimenez, OAS: The link was shared with everyone in late December. Because PSA 12 & 13 services are based on zip codes and townships, there is a tool where participants may enter their address and find the township and agencies that provide services for their address.

Home meal programs – Feedback that we received indicated that there are too many different types of referral forms, so a standardized home delivered meals form has been developed. It is now required that each AAA use the same format that describes the types of meals offered (cold, hot, frozen, weekend, etc.).

Robin Morgan, BEAM: The survey will take the place of your service specific applications. Providers need to be completely accurate with their offerings because when compliance reviews are held, quality control will make each agency accountable to their promised offerings.

Jose Jimenez, OAS: The surveys are being sent to all providers. Everyone needs to ensure they have the IT and grammatic updates. Once received, the surveys need to be returned to the

Department as soon as possible. The Department is relying on everyone to spread the word about the Provider Profile system.

Russ Kemple, IT: IT has added the Automated Medicine Dispensers (AMDs) and providers. Participants may click on the AMD icon and watch a video on each AMD which shows how each operates. This will help each person decide which machine is best for them.

Lora McCurdy, Planning: Suggested that this discussion be kept on future agendas for updates.

Robin Morgan, BEAM: There will be a policy on how often you need to update your information.

Participant Search Screen: We have received some complaints that the Participant Search Screen is very slow. It has been moved to the new server on Monday, January 14th, and we are getting responses back in less than one second. You will receive new HFS/MCO data when it becomes available to us. When HFS provides us with a user's guide on this information, we will share it at that time.

IT is moving the CAT application to the new servers, and is also re-writing the CMIS system and the eCCPIS system.

Case Authorization Transaction (CAT) System: We are going to start running this on Saturdays. When the whole unit is closed processing is delayed. We will begin doing this after hours in the evening and weekends to avoid slowing your CAT submissions.

IT Summary: In the last 2 weeks we put the CACFP program, the Provider Profile into production, and moved the Participant Search Screen to the new server.

Next 30 days outlook:

- 1) **Training/Tracking site:** There will be a training/tracking site online. This will have all case workers listed including background checks and training records. When providers bring up their CCU training/tracking site, they will immediately see which case workers are due for training and will allow them to click on a button and immediately register a case worker for the next training class.
- 2) **Dashboard:** A dashboard will be created that will put all applications in one location on the IDoA web site. The dashboard will provide ease of access and ease communication with vendors by allowing a simple click on a selection. This will help make any announcements available to everyone.
- 3) **Policy page:** A policy site is being built. Rules/updates for IDoA will be available there. This will allow for an easier search for policies and information.

Robin Morgan, BEAM: The training/tracking is for any type of worker – home care worker, and ADS staff. The compliance team will use this site to run the reviews and validate the review on site. This will provide 100% reviews to the feds. It is *critical* that data is entered correctly and that you have the applicable supporting documents to upload into the system.

Lora McCurdy, Planning: The Training/Tracking will help us with quality assurance and our reporting to federal CMS on our waivers.

Case Management Information System (CMIS): The CMIS system will communicate from the call center to all the providers who have active contracts in the state of Illinois. It will also pull from training/tracking to verify that any assigned caseworker has all their certifications and background checks and that they are active in the system. The goal is to eliminate rejects. There will be things built into the system that will prevent submission of claims that would otherwise be rejected. The new system will have a contract begin and end date. It will automatically pull from the correct contract. We don't anticipate this system to be completed until later this year.

The primary contact will be Russ Kemple. His email address is: Russ.A.Kemple@illinois.gov

Rhonda Armstead (General Counsel)

Staff changes: Karen Kloppe has moved to the Legal Assistance Developer position in APS. Stan Stasiulis, Deputy General Counsel, is working with CCP, among other duties. In addition, Linda Ballard is now our FOIA Officer.

In February, the IDoA website will be updated with a downloadable request for records form.

Ethics and Sexual Harassment Prevention training: 2018 is completed. 2019 training will be online.

Jose Jimenez, OAS: We will follow up with an email with both Linda's and Russ' email address. (Follow-up information was emailed to all CCPAC Board members on January 28, 2019)

ANNA O'CONNELL, CFO:

There is not a huge billing delay; it is between 30-60 days turnaround. Longer delays are on a case by case basis. Rejects in eCCPIS are increasing – probably due to new contract numbers in PSA 12. **When billing for a specific period, please make sure you have the correct contract number for that period.** PSA 12 will have a few new contract numbers. There are 2 more sub areas that will have new contract numbers. We are in final stages of procuring those. There are concerns about federal shutdown. The CCP program by itself, it is not involved with federal funds. It operates on a reimbursement basis. The current federal shutdown doesn't affect core CCP. The shutdown could however affect our AAAs. About 75% of the federal award for the year has been received. We should be ok with sending out federal dollars to AAAs. We are still short staffed, so please bear with us. We are working on hiring staff.

The new system (ADS) has been rolled out. Please submit paper copies for the next couple of months to make sure we don't have any issues. Once we are confident in the system, we will eliminate the hard copy process.

Jennifer Morrell, Anna, Monte may be contacted with any questions. We will forward to appropriate personnel.

Jose Jimenez, OAS: We will email addresses after the meeting. Many ADS do not participate in the meal program due to the huge amount of paperwork involved. It is hoped that the new ADS system will encourage people to join.

Lora McCurdy, Planning

AMD (Automated Medication Dispenser): The AMD program rolled out July 1st. As of w/e January 11, 2019 we have 34 CCP enrolled participants authorized for an AMD. A workgroup for AMD providers and CCUs has been formed and have had two meetings to date. Positive feedback has been received from the workgroup. There is a booklet that would have been distributed to the responsible parties, but we are told that in its current form, it is overwhelming. A brochure that lines out the program in a more concise, less obtrusive manner is currently being created. AMD providers produced a video demonstrating their devices and have placed it on the IDoA website. MCOs need to be made aware of the videos. Eligibility guidelines for distributing AMDs are being defined.

Prescribed over-the counter medications need to be incorporated into the eligibility requirements. IDoA staff is working on that issue. Our participants and providers need to be made aware of the AMD program.

Discussion about AMD Eligibility requirements: Feedback has indicated a concern about the requirements for eligibility. Eligibility to receive an AMD need not be so restrictive that it cuts off people who might benefit from the device. CCUs have many participants in mind, but they are restricted due to current requirements and cannot proceed further until eligibility requirements are made less restrictive. There are AMD providers presenting demonstrations of the AMDs throughout the state as well as videos that may be viewed on the IDoA website.

Jose Jimenez, OAS: The Department has reviewed several other states' programs; medication management is a very popular service. There are concerns of cross contamination and medication errors. The main takeaway is that we're already providing this service with traditional pill boxes; someone must fill the containers and so forth. The training and education need to continue, and everyone needs to help with the buy-in. We need to make certain we are advertising the service so that we can connect with individuals who are good candidates for AMDs, and to prevent them from making medication errors.

Lora McCurdy, Planning: I would encourage the CCUs to reach out to the AMD providers. AMD Providers are willing to travel to the individual CCUs to present live demonstrations of the devices.

Adult Day Services (ADS): The ADS provider application needs to be revised to reflect the rules effective January 1, 2019 (adopted in November 2018). The federal Waiver requirements say that any ADS located on the grounds of a nursing home or hospital is not considered an integrated setting, and therefore is not eligible to be considered an ADS provider. Those changes will be incorporated into our application. The OAS and Planning have been working collaboratively on policies that implement the federal Waiver requirement and issues identified by OIG and monitoring staff. We are hopeful to present those policies to HFS as well as to the state Medicaid agency. We are going to be doing a webinar to go over the new policies in February, but we must get HFS approval first. We've met numerous times with ADS workers to talk about an integrated plan of care for ADS and using a standardized template for ADS plan of care. A workgroup met, and we had good feedback on the new policies.

Rate Study: IDoA retained the firm Myers & Stauffer, LLC with offices located in Kansas City, MO, Topeka, KS, and Indianapolis, IN as the rate study manager for CCUs. They are ready to begin the process. They will meet with the CCUs on a scheduled conference call/webinar Jan 23rd, from 10:00 am – 11:30 am and a face-to-face meeting on February 14 at 10:00 am. The company wants to go over the survey and survey tools. They are trying to collaborate with Bill Wheeler and the ICCCU to make certain that all are aware of the rate study. The survey will have many rate-related questions.

Lora Introduced Project Manager, David Halferty who is working on the Rate Study for Myers & Stauffer.

Person Centered Planning: The Department would like to re-establish the Quality Sub-Committee to meet after CCPAC. We would like to put that work group together. Jose Jimenez suggested perhaps the UAT group would like to join with the Quality Sub-Committee. Some members wanted to participate in both – perhaps join the two groups to work on documents. Bob Thieman invited those who want to participate with the Quality Sub-Committee to remain after the meeting.

CCP Administrative Rules: Several amendments were made over the last year. We will send out a memo touching on those amendments. The rule changes went into effect on January 1, 2019.

Mike Berkes, Critical Event Reporting:

Reporting specifically from the Critical Event Reporting application (new system, not eCCPIS) the period extending from Aug 8, 2018 – January 4, 2019, There were 15,069 individual specific Critical Events embedded within 12,737 total individual reports. There were 8,900 distinct CCP participants that experienced all those 15,069 Critical Events. The difference between the number of Critical Incidents reported and the number of reports is due to multiple incidents for a single person resulting in a single report (i.e.: falling and going to the Emergency Room because of the fall is considered two incidents but reported as one event). Of the 12,737 reports in the new system, 80% have been listed as complete (were reviewed by CCU within the 60-day timeframe), or are listed as “in-process”, (meaning they are safe within that 60-day timeframe). Federal CMS set a minimum goal of 85%; we are nearing that goal. There are 240 SIP (IDoA Service Improvement Program) complaints to date in the system. 79% have either been closed within the 60-day timeframe or are in-process/safe. We can track what happened to the participant and what the network is doing to respond to the reports. Thank you to all the providers and staff members who have helped to get us to this point. Larry Needham replaced Luke Merano.

There will be more quality webinars; the goal is one quality webinar per month. Mike Berkes will coordinate with Lora McCurdy.

There was some discussion between LaShun James, Lora, and Mike about the types of reported incidents (Unanticipated hospitalizations, Emergency Room visits, falls, medication errors, law enforcement interactions) and what may be done to narrow the types of incidents/mitigating risk. Mike Berkes will attempt to break down the data. Inquiries as to “What are we doing with the information” and “What can we do to prevent someone from falling again” as well as addressing the issues were discussed. Mike will do a breakdown of the data specific to critical incident sub-types and group it by PSA.

Lora McCurdy, Planning: We did an in-depth presentation with what we are seeing with falls. We can put together a presentation for the Quality Sub-Committee to give an in-depth background.

Russ Kemple, IT: Now that we have this new system, we have that data and can create those reports.

Jose Jimenez, OAS: We know who the 9,000 individuals are; how do we address these 9,000 that represent the bulk of the issue? Most likely, those 9,000 persons will be the ones in need of a higher level of care.

Lora McCurdy, Planning: The Department has an Inter-Governmental Agreement (IGA) with Dr. Jacob Sosnoff, Applied Health Sciences, Kinesiology, and Community Health at University of Illinois-Champaign. We sent them a lot of data once the IGA was signed. We will have his team work with us to drill down into the data.

Robin Morgan, BEAM

Managed Care: Statewide expansion is still on hold. We are awaiting decisions from the new administration, who will likely want to review the process and make the decision on when this will move forward.

Enrollment: We’re seeing a lot of annual re-enrollments. Providers must double check PSF to make certain which MCO should be billed. Some clients could have changed plans. Annual enrollment is going on right now.

Merger: Harmony and Meridian have merged. Harmony bought out Meridian and kept the Meridian name. If participants changed from one to the other in the enrollment period, they have the option to change their mind within 90 days. Please make certain that you are no longer billing Harmony as of January 1, 2019. This will all be updated in the PSF system. You may find some participants who have changed providers.

New Map – The new map was sent out on January 14, 2019. It is located on the HFS site. Only change is that Harmony is no longer on the map.

HFS Quarterly meeting with MCO Executive Director: There is a call scheduled for January 16, 2019 for HFS quarterly meeting with MCO Executive Director. We have a list of topics that we will discuss that have previously been submitted to Robin as well as some issues that have been talked about here.

- CCUs say that when they call the MCOs for information, MCOs are asking for an National Provider Identifier number (NPI). MCOs cannot do that; they must share info with CCUs.
- Providers complained that MCOs are requesting that provider agencies max out the monthly service plan if a participant has been in the hospital for 2 months. For example, they say they are supposed to get 20 units/wk. They want all those AD units to be given the last 2 weeks. This is not how it works.
- Touching on AMDs. We have a complaint that MCOs don't know about AMDs despite having been trained and invited to webinars.
- Discussing EHRS – MCOs cannot request the mobile go-anywhere EHRS units. That is not an authorized unit from our federal Medicaid waiver. MCOs will be made aware.
- When a client disenrolls from the MCO, the MCOs call the provider and instruct them to terminate services. This is not the case. Verbiage is confusing the providers, so we will instruct MCOs to stop doing this.
- MCOs are telling clients that if they want an increase in services, the client needs to call their CCU. We do one eligibility assessment per year for each MCO client. If the participant needs a change in their service, that comes completely off the managed care assessments that the MCOs do.
- MCO can go over service cost max for any individual DON score. MCO case manager has authorized more than our CCP program allows at the top end of the DON score. They need to know that there is a cap under the programs, and if MCOs go over that cap, they will be paying the provider for the overage until we get the cap lowered.
- Spend down: CCUs fill out a form with DHS offices stating the care plan is not to be entered into their system under spend down. When clients are with an MCO, we don't have their care plan. Clients are falling off spend down and Medicaid because our care plans don't meet the spend down. Our care plan isn't going to meet their spend down. MCOs will be manually filing on paper with DHS offices temporarily, until we can work something out so that when we get our new system, they will put the care plans into our system so that we know what our clients are getting at any given time. MCOs won't have to create the electronic pathway to get to HFS, and we will have the data on our clients which will ease transition back to CCP.
- Home Delivered Meals: MCOs still have some questions about home delivered meals, so we will be covering these as well.

Jennifer Porter, DuPage County Senior Services: I thought spend down clients were not going to MCOs. Is there any way for them to know if clients are being enrolled in managed care?

Robin Morgan, BEAM: What we found was that when a client is set as a spend down, we would always meet that spend down. After so many months, they get coded as non-spend-down, and coded as normal Medicaid eligibility, and go to MCO again. It is a vicious cycle. Hoping to get the flip flopping taken care of. If the client gets a letter from HFS that they're going to be enrolled into MCO, there is no way for us to control that.

Peter Valesares, Hellenic Foundation: We are not getting paid from Next Level. Are we the only ones having issues with their paying?

Robin Morgan, BEAM: Asked Peter if they have entered the complaint in the portal?

Peter Valessares, Hellenic Foundation: I believe we have. It has been an ongoing thing with different people.

Robin Morgan, BEAM: You need to enter a complaint into the portal. If you've already done that, do it again. Send me an email (aging.advisor@illinois.gov) with the complaint number, and details of what you haven't been paid, and HFS will have their specialist staff look into it. They will get the information for you. But, they make you go through that portal first.

Amy Nathan, North Shore Senior Center: Can you also bring to HFS' attention that CCUs are not being notified by MCOs when clients transition back to aging? They're not notifying IDoA on the extract files. HFS will backdate PSF. Creates a billing nightmare.

Robin Morgan, BEAM: The majority of the notifications come through BEAM on your weekly extract file. Make sure your staff is processing those accurately. There are cases where HFS says there are retroactive enrollment or disenrollment. When those happen, that is a manual change and they do not come over on our electronic system. BEAM can't tell you about it if we don't know about it. There's nothing we can do about the retroactive disenrollment. It is a manual transaction in their system and doesn't trigger an electronic transmission. Keep emailing BEAM when you don't get one, and we will work through that from there.

PSF Updates. We've been asking for daily updates on MCO information. We finally got the file and got a huge amount of information. Go into the HFS recipient file, you will see a lot more information; more than the spend down information and Medicaid eligibility. You'll have previous addresses, primary care information, and so forth. There is probably more information than you know what to do with. We will continue to work with it and changing the codes.

It went live yesterday afternoon. If the MCO information changes, you will know almost immediately, not having to wait until the following week. Providers, please use the PSF. Using it will help avoid rejects.

Jennifer Porter, DuPage County Senior Services: We don't have a case ID for clients on Medicaid. Can you fix that?

Robin Morgan, BEAM: I will get it back on.

Note: This issue was corrected, and it is back on.

Rejects: Rejects are very high right now. We will be holding a conference call hopefully in the coming weeks. We are working thru rejects received to correct them and get them processed. It has to do with contract number errors. Either your billers are not using the new contract numbers and continue to bill under the old contract numbers, or they are billing under the new contract numbers after having billed under the old contract numbers and not deleting the old billing rejects that are sitting there. We send out a list each time a contract number changes. Please make sure your information is correct before submitting them to us. If you find errors after submitting, just email us. It would be most helpful if you would, after sending in duplicate billings under the new contract number,

delete the ones submitted in error. It will speed up the process for us. If you have submitted a large number of billings that need to be deleted, you may contact us, and we will have IT go through and delete them.

Anna O'Connell, CFO: As we are rolling out the new contracts, you can have the exact same CCU, rather than go through massive amendments to the old contract we gave you a new contract. Unless you look at the exact contract number, you may have the same provider, but the CCU contract number will have changed. In the eCCPIS system (until we move to the new system) you must update the contract numbers, and you must ensure you have the right contract number with the right service dates.

Jose Jimenez, OAS – Some providers bill for multiple months. If that new contract number becomes effective sometime during the months for which you are billing, you must separate the billings into the correct contract number for the periods for which you are billing.

Anna O'Connell, CFO: We're trying to coordinate to have a phone conference call or WebEx meeting for your staff who does the billings to go over the billings. We're going to schedule that within the next week or two so that we may explain it to the billing staff members to hopefully fend off future rejects.

Robin Morgan, BEAM: Make certain that any changes you receive that you please send that information to your billing staff members.

CCU Procurements: All of the CCU procurement transfers have happened. We will have 4 CCSI contracts – 2 in Area 05, 1 in Area 04, and 1 in Chicago whose transfers are effective January 1, 2019. Those caps will process in a couple of weeks. If you are billing for those contracts, you may have a delay in being able to submit those bills. Either hold your billing for those contracts until after we tell you it is alright to bill or submit the billings with the understanding that you will have to re-submit with the correct contract numbers. Notification letters were sent out from OCCS on Dec 26, 2018.

Sandy Leith, SHIP

Medicare Updates: We got through open enrollment. Ship was notified that Well Care (a drug plan) had a major issue with enrollment transfers from Medicare.gov to the plan. Many people who thought they were enrolled with them as of January 1, 2019, were not enrolled and could not get their medications. We are working with Federal ACL and Federal CMS on a case by case basis. If you have anyone who cannot get their medications especially through Well Care, let us know; we can get them enrolled usually within an hour. The problem happened because they cornered the market by underpricing everyone across the nation (under \$15/month); had internal issues with the upload. They had major issue with customer services trying to keep up with the demand they had set for themselves. We will work as well as possible with Well Care. They have given us a SHIP 1-800 line just for Well Care and CMS has opened doors to us so that we can work one-on-one with them.

Any issues can come to us at the email below

https://www.aging.ship@illinois.gov

Medicare Advantage: private market - Members may change enrollment anytime they want during Open Enrollment Jan 1 – Mar 31, 2019. Any questions email us at:

https://www.aging.ship@illinois.gov

MMAI Switch: There is an MMAI Switch for Central Illinois – counties of Vermillion, Champaign, Ford, Mclean, Dewitt, Tazewell, Peoria, Stark, and Knox. SHIP is sending out the new map to the

SHIP network. The only plan in those counties is Molina Healthcare. Molina will have a passive enrollment for beneficiaries in these counties who are dual eligible for MMAI. They are getting the letters stating that they will be switched to Molina, who will give them a 60-day notice. Beneficiaries can take the plan and try it out. If they want to opt out, beneficiaries may call the Client Enrollment Service at 1-877-912-8880. They can find the client enrollment provider's information at enroll.hfs@illinois.gov. If they have the Medicaid waiver services, they will be able to go back to their fee-for-service waiver provider.

Medicaid case work: We continue to do Medicaid case work. When spend down falls off, drug plans/drug pricing goes up, we go in and help people get their extra help, or their Medicare application or re-determinations.

Federal level: Medicare.gov plan finder: SHIP continues to work with the U.S. House Ways and Means Committee. The Government Accounting Office (GAO) is asking SHIP directors for feedback to see where the shortcomings are for the plan finder tool.

Training: If you are interested in adding to your SHIP site or becoming a SHIP site, we will start training for 2019. Just get your inquiries to us at aging.ship@illinois.gov. It will be 4-day training over 2 weeks – 2 days each week followed by an online test.

Dary Mien, Chinese Mutual Aid Association: Inquiring as to training dates.

Sandy Leith, SHIP: We are looking at June, July, August, or September as we get interested participants.

Bob Thieman, IACCPHP/IAAED: Called for a motion to adjourn. Stephanie Garrigan made the motion; LaShun James seconded. Meeting adjourned 12:03 pm.