

The Community Care Program Advisory Committee Minutes

10:00 am, Tuesday, October 16, 2018

Agricultural Building, Springfield, IL

Members Present: Cary Crawford, Chicago Commons; Theresa Collins, SSP; Peter Valessares, Hellenic Foundation; Bob Thieman, IACCPHP; Bill Wheeler, ICCCU; Marsha Nelson, Shawnee; Louis Prado, ADT Health; Ella Grays, Gareda; Stephanie Garrigan, Life Line; LaShun James, Addus Homecare;

Illinois Department on Aging Staff: Jean Bohnhoff, Dept on Aging Director; Jim McDonough, Chief of Staff/IDOA; Jose Jimenez, Division Manager; Rhonda Armstead, IDOA; Sandy Leith, SHIP/IDOA, John Eckert, Planning; Josh DeHeve, IDOA; Kate Watson, Carla Kemp, Mike Ferguson, Monica Reeves; Sara Harris, IDOA/Fiscal CFO

IDOA on Phone: Jamie Ewing, IDOA Deputy Director; Jen Stevens, IDOA

Guests on Telephone: Lori Hendren, AARP; Terry Harkin, SEIU

Guests Present: Lisa Kracht, ECCOA; Linda Hubbart, ECCOA CCU; Mary Killough, Gareda; Terrence Simms, Gareda; Mary Callahan, Tunstall

Welcome and Introductions: Dept on Aging Director Jean Bohnhoff introduced her Chief of Staff, Jim McDonough, John Eckert,

The meeting was called to order at 10:08 am by Robert Thieman. Motion by William Wheeler, 2nd by Elle Gray. Roll call was taken.

Approval of Minutes:

Minutes were approved. Motion by Louis Prado, 2nd by Theresa Collins.

Public Comments:

None

Department Reports:

Rhonda Armstead, Chief Ethics Officer/ General Counsel – Sexual Harassment Training 2018

In 2017, a law was signed that requires annual Sexual Harassment Training. All councils and committees must complete the new more comprehensive training even if you recently completed the training. An email will be sent out with the new training (pdf format) with an acknowledgement form. Illinois Department on Aging needs everyone to print and sign the acknowledgement form. The acknowledgement form can be scanned and sent back. The acknowledgement forms are due November 30th.

Sandy Leith, Director of Senior Health Insurance Program (SHIP) – Open Enrollment

Medicare Open Enrollment started yesterday, October 15th and will end December 7th. There are 27 drug plans and 7 of these plans are \$0 premium. SHIP Counselors across the state are well trained to help Medicare recipients find the cheapest premiums. Overall, beneficiaries pay about 25% and the plan will cover 75% of the cost of a prescription drug. Counselors are always mindful of insulin since the injectable insulin pens can be expensive. Counselors are aware of discount programs out there that help Seniors with prescriptions. One of these programs is Good Rx. Sometimes a Senior can get a prescription cheaper through the discount program; however, a recipient can only use their insurance or the discount program, not both.

Medicare.gov is used to complete a personal plan finder. The plan finder searches insurance carriers, drug manufacturers, and pharmacies to try to find the most affordable combination.

There is a new law that requires a pharmacist to educate a recipient if a recipient asks the pharmacist about a more affordable medication. The pharmacist must divulge this information to the recipient.

Medicare and You 2019 books are now available. The Medicare and You books list all the plans including Medicare Savings Programs and Medicare Prescription Drug Plans. There is a new plan called a Medicare Savings Account. This plan deposits money into your account each month totaling \$2520, but these plans carry a high deductible ranging from \$6700 - \$8700. These plans would only be good for a healthy Medicare recipient.

Medicare 18-month calendars are available and include important Medicare dates. Additional calendars can be requested by Googling the publishing number on the back on CMS publications website. The calendars usually come in packs of 25 but agencies can order 200 at a time.

The 2019 premium/ deductible information is available. The costs have increased. 2019 Part B premium is \$135.50/ month. 2019 Part B deductible is \$185.00/ year (outpatient services). 2019 Part A deductible is \$1364/ year (hospital stay). If a recipient's cost of living increase does not cover the increase in Medicare Part B premium, that individual's Medicare Part B premium will not increase. The recipient is said to be "held harmless" and their premium will remain the same.

Medicare Supplement Guides for 2019 have been released. These guides are currently being printed.

Any questions about Medicare can be emailed to Aging.SHIP@illinois.gov.

IDOA Director Bohnhoff commented that she has been talking with agencies across that state about their needs. Several agencies talked with Director Bohnhoff about the opioid epidemic. Director Bohnhoff is working with the Illinois Department of Public Health to supply aging agencies with posters and pamphlets educating Seniors about opioid use.

Sandy Leith added that Medicare is also working to address the opioid epidemic. There is a new at-risk tag for opioid use. If a recipient has 3 different prescribers of opioids or receives opioids from 3 or more pharmacies, the recipient will be tagged as "at risk". A recipient can appeal the at-risk tag but will need doctors and pharmacies to support the recipient. In addition, Medicaid/ Medicare recipients who are prescribed a new opioid will only receive a 7-day supply through LiNet/ Humana opposed to a 30-day supply. LiNet is for beneficiaries who are on Medicare and Medicaid and have not yet joined a Medicare

prescription drug plan. LiNet covers medications for up to 60 days while the beneficiary joins a part D plan, or Medicare will auto-assign a plan.

Sara Harris, IDOA Fiscal CFO

The lapse pay period will end at the end of October. There have been cash flow issues. There is about \$39 million for FY18. \$40 million is currently unpaid for FY19 and held at the Comptroller's Office. Comptroller is trying to keep up. IDOA is also processing vouchers as quickly as it can. IDOA Fiscal Department is short staffed.

IDOA's current accounting system will be updated December 2019. The current system is about 30 years old and needs to be updated. The system may be shut down for 3 – 4 weeks. During this time agencies will still be able to submit bills, but there will be a delay in payments. IDOA Fiscal Department has stressed to those implementing the new system the importance of quick implementation due to lack of payments to providers who are providing critical care services. The fiscal department will do everything they can to keep the time to a minimum.

The new system will be beneficial in the long run. The system will not be mainframe based. The new system has better tracking features. Reports can be run easier and can compare Illinois budget/ expenditures across departments. The system will also likely alleviate delays in file contracts.

Theresa, Senior Services Plus asked about the transferring of MCO clients and the effect of this transfer on the budget. Sarah Harris explained IDOA retained about 60% of this budget. Recovery of the additional money is not happening as fast as the agency would like. There are still 11,000 clients still anticipated to move to MCO. Division Manager Jose Jimenez commented that the agency is still waiting to get confirmation that the MCO providers can handle all these clients. It has been discussed that the transfer process will be a 90-day transition. There is no current transfer plan in place. The agency is working closely with HFS and discussing how to budget for both scenarios.

Mary, Gareda, commented that she hoped that when budgets are being planned with regard to MCOs, to please keep as much of the budget as possible in place because people tend to listen to you more when you have the money in hand. She is concerned about keeping as much of the budget available so that they have more control over transferring funds for bills. Sarah Harris responded that for last year's budget they did not transfer the full amount of the budget for the clients to HFS. Sarah stated that we did retain at least six-months of funding with the understanding that we might be back after December asking for supplementary funds.

Ella, Gareda, stated that billing rejects are high. She asked if there is any support through IDOA to correct these rejects. Division Manager Jimenez commented that IDOA does spend a lot of time with billing rejects. BEAM unit has been assigned to work with rejects for a majority of their work day. The billing system relies on CCU and Providers inputting the correct information. New contract numbers cause a lot of issues. Old contract numbers have to remain in the system due to the system being behind on bills. Billing rejects are complicated because there are so many different types. Jose suggested contacting Robin Morgan about assistance with billing rejects.

Theresa, Senior Services Plus asked about prompt payment interest. Fiscal is actively working on these payments. Unfortunately, it is not a simple task. Calculations are based on different criteria depending on the dates. Fiscal will continue to do the best they can.

Mike Berkes, Critical Event Reporting

The new Critical Event Reporting system went live on 08/08/2018. Since then over 6,000 critical events have been reported. As the critical event reports come in they must be approved or rejected by IDOA. On 10/05/18, additional IDOA critical event monitors were assigned to review the critical event reports. Overall IDOA has been pleasantly surprised by providers entering detailed reports. However, reports are being rejected for various reasons like a lack of detail. Currently there is a back log of reports and emails. The Department is working diligently to respond.

Question was raised about risk mitigation, the consistency of the rejections, and the timeliness of the response from IDOA. Mike explained that consistency is important and that additional training with monitors will be completed. A webinar training will also be completed to address CCU and provider questions.

John Eckert, Person Centered Planning

The five different automatic medication dispensers (AMD) have been videoed to show how each one works. Each AMD has different features. These videos are being edited currently and links will be shared as soon as edits are complete.

Comments were made about CCUs adding AMD to services, needing AMD brochures about the different devices to help families choose which one, and legal responsibility. Division Manager Jimenez stated that overall the AMD program is exciting. The devices are different, and one device may be better for a client than another. The Department is working to figure out how to effectively authorize this service to clients.

Jose Jimenez, IDOA Division Manager

The new Community Care Unit Premier is currently completing a 3-day training with IDOA. Premier will be covering SubArea 9 in Chicago. The agency will be ready on November 1st. The agency has 90 days to transition from provider agency to Community Care Unit.

Mary, Gareda asked about IDOA facilitating terminations. Division Manager Jimenez stated IT has been working with Shawnee for data clean-up.

Ella, Gareda, asked about providers cleaning up their data. Ella explained files may be closed by CCU but are not closed on the provider end because the CCU is not supplying the provider with the closing POCNF. Can these files be closed without this paperwork? Division Manager Jimenez stated he would have to research and update CCPAC later. Division Manager Jimenez believes this has been resolved.

As a federal requirement, IDOA must set up vendor profiles on the IDOA website. The vendor profiles will empower the network, clients, and potential clients to locate providers and access needed services. The service should be accessible in December. The website link will include a map of Illinois with labelled counties. The client will click on the county, and all available services (ADS, AMD, Meals on Wheels, etc.)

and how to access these services including referral forms will be listed. In addition, specific details such as available languages will be added.

The 20 follow up (to federal audit) on-site Adult Day Service Reviews are being completed. These reviews will be completed prior to December. IDOA is looking at the overall health and safety compliance policy in place for these facilities. IDOA is working with Public Health and DCFS to update this policy.

Providers will be notified soon about new CCU. If there are any questions following the notice please contact IDOA. There will be a meeting next week to discuss the transition to ensure no one goes without services.

The new home delivered meals referral form went live at the beginning of this month. There is now this one standardized form for the entire state. There were not a lot of changes to the form. Required questions were added. There is funding for this program and it should be utilized for anyone who needs the service.

Ella, Gareda, asked if the home delivered meals program eliminates community care in-home hours. Division Manager Jimenez explained that In-home care participants should not be screened from the home delivered meals program due to in-home hours. This was a practice of the city of Chicago, but the agency has been advised this is not allowed.

The in-home rate study services have been completed only a couple of providers did not respond. Four focus groups will be set up to discuss the in-home rates. IDOA will need individuals to participate in these focus groups that will be led by PCG. The focus will be on sustainability and access.

William, ICCCU, asked how to gain access to the rate study information online. Division Manager Jimenez stated that he would send the information to him

Additional Questions

Mary, Gareda asked about the revised APS/ Criminal Background Check policy. Division Manager Jimenez stated a meeting is scheduled with Illinois Department of Public Health to discuss the Public Health Registry. IDOA would like to work with Public Health to gain access to the portal for the additional checks as listed in the new policy since both Public Health and Adult Protective Services are housed in the portal.

Questions were raised about why EHRS installers would have to be fingerprinted since there is no caretaking relationship between installer and client. Fingerprinting can be costly, \$45 - \$55, and it is currently an unfunded mandate. **Division Manager Jimenez** explained that the thought is if an installer is fingerprinted and there is a substantiated finding the installer should not be allowed to work with Community Care participants.

Mary, Gareda commented that fingerprinting is costly and suggested it be added to the DSW side of budgeting.

Division Manager Jimenez explained that more will be known after the meeting with IDPH. Policy will be reviewed.

Adjournment:

The meeting was adjourned at 12:34 pm. Motion by Ella Grays, Second by Cary Crawford and Stephanie Garrigan.

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