

# Community Care Program Advisory Committee Minutes

## 10:00 a.m., Tuesday, December 6, 2016

### Department on Aging, Chicago

**Members in Attendance:** Susan Simmons, Help at Home; Cary Crawford, Chicago Commons; LaShun James, Addus; Mary Lee Thomsa, DuPage County CCU; Tuyet Ngo, Chinese Mutual Aid Association; Lubertha Mercer, HCI; Kathy Woodworth, Healthcom; Teri Harkin, SEIU; Tom Gonzalez, ADT; Joanne Glenn, Comprehensive Quality Care; Stephanie Garrigan, Philips Lifeline; Diane Drew, CHELP; Bob Thieman, IACCPHP; Kathy Wyatt, McDonough District ADS; Bob Spaulding, Healthcare Plus Senior Ctr.; Kevin Cosgrave, Guardian Medical Monitoring; Ella Grays, Gareda, LLC; Dave Lukens, VRI

**Illinois Department on Aging:** Director Bohnhoff, Jose Jimenez, Lora McCurdy, Jim Ofcarcik, Matt Ryan, Jennifer Reif, Shirley Morely, Becky Ward

**By Telephone:** Lynn Sellers for Greg Kyrouac, Montgomery Co. Health Dept.; Andrew Kretschmar, Alzheimer's Association; Barbra Wylie, Sarah Bush Lincoln Peace Meal; Tracy Barczewski, Midland AAA; Lori Pence, Central Illinois Agency on Aging; Brycie Wilson, Alternatives; Dave Lowitzki, SEIU; Sherry Hamlin, River to River; Linda Hubbard, Senior Services – ECCOA; Jennifer Triplett, CCSI; Becky Edwards, Macon County Health Dept.; Aleksandra Zaborowska, Homelife Health Care; Corinne Fassett, Homelife Health Care; Marta Pererya, CLESE; Carol Aronson, Shawnee Health Service; Marsha Nelson, Shawnee Health Service; Tonia Oberg, Senior Services – ECCOA; Bill Wheeler, ICCCU; Theresa Collins, Senior Services Plus; Susan Real, ECIAAA

**Guests:** Gustavo Saberbein, Help at Home; Kim McCahill, AgeOptions; Jennifer Chlela, DuPage County CCU; Carol Lentz, LSSI; Annette Rice, HCI; Alvaro R. Obregon, AARP; Wyvonnica Walker, Catholic Charities CCU; Marta Cerda, ASI; Elio Montenegro, Genesis; Kristin McCracken, AMAC/Tunstall; John M. Tar, CQC; Marsha Johnson, CCSI; Christy Lear, CCSI; Mable Gin, Chinese Mutual Aid Association; Jason House, HCI; Rich Degler, Meridian; Richard Juarez Sr, Lawndale Christian Health Center; Emerita Nieves, Rincon Family Services; Ron Ford, Help at Home; Peter Valessares, Hellenic Foundation; Tracy Kreye, IL Valley Economic Development Corp.; Dennis Mondero, Chinese Mutual Aid Association

#### **Welcome and Introductions:**

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

Jose indicated the October 18, 2016 meeting minutes would be approved at the next CCPAC meeting.

Jose asked if there was anyone who wanted to speak as part of the Public Comment portion of the meeting.

#### **Public Comments:**

Bob Thieman asked for a status of provider agency payments. Jose indicated provider payments would be a topic of discussion during DoA's fiscal updates.

Bob Spaulding asked if the Chicago minimum wage issue would also be discussed during the meeting. It was indicated the wages would be discussed as well.

## **Department Updates:**

### **Director Bohnhoff's Report**

Director Bohnhoff introduced Jim Ofcarcik, DoA's new CFO. It was indicated that Becky would send out Jim's contact information to the Committee. The Director mentioned that Anna O'Connell, DoA's interim CFO would provide the CFO update in today's meeting.

### **State Ombudsman Report (Jamie Freschi)**

The Federal three (3) year demonstration grant for the Home Care Ombudsman Program was nearing an end of its funded term; therefore, the State's Ombudsman reviewed the Program for improvements and the future of the program. The review was based on the number of cases and inquiries that were seen throughout the three (3) years, and it was determined the Program would be restructured and handled by the State Ombudsman staff at DoA. Contractual Home Care Ombudsman staff were hired in December, 2016. Two (2) of the new hires already have some Ombudsman experience. All Home Care Ombudsman referrals will go through the DoA's Senior HelpLine. The Ombudsman appeal process won't change; the only change will be the Ombudsman servicing locations. The Program staff will begin providing services on January 1, 2017. There will be three (3) individuals covering the Chicago area and two (2) covering downstate.

Andrew Kretschmar from the Alzheimer's Association asked if the State's Ombudsman would be keeping the same number of volunteers working on Homecare Program. Jamie indicated the number of volunteers would be reduced and that all cases would be housed in Springfield, except for the City of Chicago, which would continue to be Access Living, as Jamie also indicated there didn't need to be as many people working under that Program. The Homecare Ombudsman Program will still be funded by state and federal funds. Deputy State Homecare Ombudsman, will assign the referrals from the Senior HelpLine. Andrew asked how many Homecare Ombudsman cases there were throughout the state and Jamie indicated there were approximately 50 cases. Susan Real about contacting the individuals with open cases and Jamie indicated those individuals were notified in September. Regional letters will be sent to staff regarding job tasks and that individuals should be directed to the Senior HelpLine number. It was indicated the Senior HelpLine would be adequately staffing the HelpLine to ensure the ability take all calls. The State Ombudsman will provide an update at the next CCPAC meeting.

### **Chief Financial Officer Report (Anna O'Connell)**

Jim Ofcarcik introduced himself as the new CFO who joined the Department from IDOT. Jim indicated he has worked in state government for years and is familiar with the day to day dealings with GRF.

Anna O'Connell provided the Excel spreadsheet that showed October and November payments. She indicated approximately \$20 million in hardship requests had been sent to the Comptroller's office. It was also indicated the new Comptroller was going to try to follow same protocol as previous comptroller regarding payments. A total of about \$80 million in payments have been made. Payments

for case management have been paid through September and part of October. It was indicated the DoA would try to get provider payments caught up, if possible. It was also indicated that \$13-\$15 million was still pending for home care providers.

It was asked if MCOs were paid up to date and Anna indicated she was not sure since those payments are made by HFS.

It was mentioned that Medicaid billings were still being vouchered to the Comptroller's office and payment was determined by the court decrees.

Diane Drew asked if Illinois was receiving federal dollars for Medicaid then why the providers weren't receiving payments. Jim indicated that although it is federal money, it goes into the State's GRF.

### **Division of Planning, Training, Research and Development (Lora McCurdy)**

The renewal of Federal CMS waiver effective date was November 1, 2016. Federal CMS asked for specific dates on a number of quality assurance measures, one of which included documentation showing that all CCUs provide participants with an APS brochure at assessment. The Department will be providing copies of the APS brochures to all CCUs.

A revised Critical Incident Reporting System that will combine all current reporting systems (SIP, APS, and Death and Injury) is being created by the IT Department.

Federal CMS asked about the plans of care for adult day service and in-home care and indicated there needs to be one (1) plan of care for waiver participants.

The EHRS rate study is scheduled to begin in the near future.

AMD Rule revisions were presented to HFS. HFS provided feedback and the rule changes are now being reviewed by DoA's Legal Division. The Rule revisions were made to obtain eligible providers. The Legal Division indicates they hope to submit them in the first session of JCAR. The Department will provide notification when the Rule is submitted to JCAR.

Federal CMS has concerns with ADS sites that are on the grounds of a hospital or nursing home and has indicated Federal CMS considers those sites to be on a status of "heightened scrutiny". There are six (6) ADS sites that fall in the category of "heightened scrutiny". There is a site that positive ADS information/feedback can be provided and we will send that to everyone after the meeting. The Department hopes to report positive feedback of the ADS sites to Federal ADS.

### **Chief of Staff (Matt Ryan)**

Matt announced the recent launch of a Medication Management Demonstration project. Notification was provided in a press release, which will be shared with CCPAC. Matt indicated that facts show participants may have 30%-66% prescription discrepancies, in part due to medications being prescribed by different doctors. It is estimated that three (3) million adults are admitted to hospitals and nursing homes due to medication issues. The Medication Management Demonstration project is an initiative

that addresses this issue the most effectively. The Department has partnered with APC, and the Company has offered to participate in the Demonstration, pro bono.

In the Medication Management, the medications are delivered to the home. The Company will go into the home, provide case management and handle all medication issues and prescriptions for the participant. The Company is then able to provide an accurate list of medications to physicians. The Catholic Charities CCUs will participate in the Demonstration project. Catholic Charities CCU is able to offer a good mix of Medicaid and non-Medicaid participants and demographics. A status report will be provided after six (6) months of the program.

Kathy Woodworth mentioned that EHRS providers would be interested in meeting to discuss medication management equipment and products. Matt indicated the Demonstration may be expanded to other areas as it progresses.

Matt indicated that participants only have to meet one of the requirements listed in the Demonstration to be eligible to participate; however, the participant has the choice whether to be willing to accept the program. Matt indicated there may be fact sheets distributed regarding the Demonstration project.

#### **Home and Community Based Services (Jose Jimenez)**

Senate Bill 2929 (SB2929) was passed during this legislative session. The legislation requires CCUs to meet assessment timelines and provide hospital discharge information to nursing homes. Jose indicated the Department was opposed to the legislation; however, it passed. The law goes into effect on January 1, 2017, and requires CCUs to do the hospital pre-screens within 24 hours of notification and submit Form 25 to the nursing home. If a CCU is unable to meet the 24-hour pre-screen timeline, they are to contact DoA's BEAM and let them know why they are unable to meet that requirement. Jose indicated there are a lot of components factoring into the issues from the legislation and the Choices for Care Policy directly affects the situation as it is important for all options to be offered to individuals while they are at the hospital and before they are placed in a nursing home. The 24-hour timeline has created the issue of CCUs providing weekend coverage to do pre-screens. HFS will review the revised Choices for Care policy next week and on December 20<sup>th</sup>, the DoA will provide a training on the policy for all CCUs. It is important for the CCUs to have contacts and a working relationship with the hospital(s) in their service area. Some CCUs have multiple large hospitals, etc. One example that may occur if the hospital does not notify the CCU of the need for a patient pre-screen would be if a patient was discharged to a nursing home on a Saturday without a pre-screen, the nursing home may not get paid for the care provided to the participant over the weekend. Lora indicated it is important to try to deflect individuals from nursing homes, if possible and the Choices for Care policy is only one piece of the puzzle, and the deflection needs considered prior to an individual leaving a hospital.

Senate Bill 3131 (SB 3131) is a follow up bill to SB2929. IDoA's Legislative Division is currently monitoring the bill.

Mary Lee Tomsa asked about upcoming training for the revised Choices for Care policy. Lora indicated a webinar was scheduled for December 20, 2016. Lora mentioned that one of the bigger issues would be

the pre-screen assessments being done prior to an individual being transferred or going home. Mary Lee indicated there were issues regarding interim services being provided because sometimes there is not enough available staff and/or hiring difficulties. Diane Drew mentioned that background checks could also cause issues when trying to hire individuals. Jose indicated there would have to be further discussion regarding hiring issues.

The Director indicated there were over 107,000 pre-screens completed in 2016, which could be quite an impact if the CCUs were to lose the pre-screen process, including the funding and payment for those assessments. The Department would be happy to attend provider meetings to hear concerns.

In regards to the CCU coverage for screens, Jose mentioned it was suggested that CCUs stagger staffs' work schedules. If CCUs want to continue the responsibility of the pre-screens, the DoA and CCUs need to figure out ways to provide the service and guarantee the safety of individuals. Lora indicated the Department continues having discussions on how to assist the CCUs with follow up plans.

A question was asked about sending the pre-screen information to the nursing home by secure email rather than fax. Lora mentioned that further discussions were necessary to determine best practices for submission of the information. Lora clarified the timeline of the prescreen process with the new legislation changing the hospital notification from two (2) days to 24 hours' notice of a patient discharge. The pre-screens need to be completed within 24 hours of notification and must be face to face assessments, regardless of the date of the previous assessment. Lora also indicated the Department was working closely with the Hospital Association regarding the new requirements.

CCUs were notified they are allowed to use eCCPIS billing code 89 for in person participant assistance filling out Medicaid applications or redeterminations. It was also noted that eCCPIS contains the Medicaid redetermination due list.

It was mentioned that providers and CCUs sometimes experience difficulty utilizing ABE System, the DHS Central Office, etc. The Director asked that those issues be emailed to her, as she would like to share the information with the DHS director.

UAT preparations and planning have reconvened and there is a training scheduled for January, 2017. CCPAC's UAT Subcommittee needs to begin meeting again and should be able to provide an updated UAT report at the next CCPAC meeting.

Bob Spaulding mentioned the issue of the Chicago minimum wage increase and that the county and city minimum wage rates had different implementation amounts per year. The issues regarding the wage increase and how it affects the network needs to be determined, as well as suggestions of what needs to be done to ensure there is a sufficient amount of available providers. It was mentioned that home care agencies want to continue to be partners but are having difficulties, specifically with the lack of a rate increase. Chicago's mandate requiring additional time off for staff is another issue, as employers have to pay those costs.

The exact timeline for CRP has not been determined, as finalized plans are still contingent on a budget. There are a lot of considerations to be made regarding the new initiative such as contracts, etc. The

Department's IT staff continues to build the new billing system which will be utilized for both CCP and CRP participants.

Motion to adjourn at 1:49 pm.