

The Community Care Program Advisory Committee Minutes
Tuesday, March 19, 2019 10:00 am
Dept of Agriculture John R Block Building Auditorium, Springfield, IL

Members Present: Robert Thieman, IACCPHP/IADSA; Dary Mien, Chinese Mutual Aid Association; Ella Grays, Gareda; Tammy Tenton, Premier; Mikal Sutton, Blue Cross Blue Shield of Illinois; Kathy Woodworth, Healthcom/VRI; Jill Ohnesorge, Bond County Senior Center; Robert Childers, Williamson County Programs on Aging; Marta Pereyra, CLESE; Cary Crawford, Chicago Commons; Shana Holmes, Southeastern Illinois Area Agency on Aging, Inc.; Peter Valessares, Hellenic Foundation; Brycie Kochuyt, Alternatives; William Wheeler, ICCCU; Mary Callahan, Tunstall; Theresa Collins, Senior Services Plus; Louie Prado, ADT Health; Stephanie Garrigan, Philips Lifeline; Marsha Nelson, Shawnee Health Services; Sherry Barter-Hamlin, The Voyage Senior Living; LaShun James, Addus Homecare-Chicago

Members Present on the Phone: Amy Nathan, North Shore Senior Center; Richard Juarez, Lawndale Christian Health Center; Kevin Cosgrave, Guardian Medical Monitoring; Sandra Pastore, Oswego Senior Center; Susan Simmons, Help at Home; Mary Lee Tomsa, DuPage County Senior Services; Laura Altenbaumer, Active Day; Lori Hendren, AARP Illinois;

Members not Present at this meeting: Joanne Glenn, Comprehensive Quality Care, Inc. Foundation; Mary Hemp, Community Care Adult Day Services, Inc.; David Lukens, VRI; Beth Menz, SEIU Healthcare Illinois/Indiana; Lori Pence, Central Illinois Area Agency on Aging; Robert Spaulding, Healthcare Plus Senior Care;

Guests Present: Linda Hubbartt, ECCOA; Lisa Kracht, ECCOA; Jean Jones, Cass County Mental Health; Sarah McCoy, HCOP; Jackie Bowers, OSF Senior World; Lori Elliott, WCPA; Awilda Gonzalez,; Rebecca Wheat, Advocate Bromenn ADS; Tonia Oberg, ECCOA; Betty DeGroot, Cass County Mental Health; Ket Herena, CMAA; Mary Killough, Gareda; Carrie McCann; Paul Luu, CASL

Guests on Phone: Denise Smith; Max Lukashevich; Tracy Barcewski, Midland AAA; Lisa Koch, VMA; Jennifer Chlela, DuPage County Senior Services; Susan Real; Teresa Smith, Macon County Health Dept; Dennise Garcia, Catholic Charities; Gustavo Saberbein, Help at Home; Amy Lucas, Livingston County Health Dept; Jeanie Moccio, DuPage County Senior Services

Illinois Department on Aging Staff: Paula Basta, Director; Jamie Ewing, Deputy Director; Jim McDonough, Chief of Staff;; Lora McCurdy; Sandy Leith; Carla Mills, Jody Martin; Kim Flesch; Amber Bolden; Carla Rapp; Rhonda Armstead; Chrystal Wofford; Mike Berkes; Mary Gilman; John Eckert ; Robin Morgan; Anna O'Connell; Teri McKeon

IDOA on Phone: None

Call to Order: The meeting was called to order at 10:03 am by Robert Thieman. Motion to call to order was made by Marta Pereyra; motion was seconded. Roll call was taken; a quorum was declared.

Welcome and Introductions: Chief of Staff, Jim McDonough introduced the newly appointed Director of IDoA, Paula Basta to the membership and guests.

Approval of January 15, 2019 Minutes: With minor corrections a motion to approve the January 15, 2019 minutes was made by Louie Prado and seconded by Robert Childers. The motion to approve carried.

Public Comments: None

CCPAC Quality Sub-Committee Report on meetings held January 15, 2019 and February 5, 2019:

Lora McCurdy, Planning: At the February 5, 2019 meeting IDoA staff reported Critical Event Data specific to falls via a PowerPoint® presentation that had also been presented to OASAC in November 2018. Person-centered planning federal waiver requirements and the work that the Department has been doing was reviewed with the Quality Sub-Committee members. We are working with the CCU work group to help us vet some of the policies that will directly impact the care coordination agencies. There were no formal recommendations coming out of the meeting.

Department Reports:

Lora McCurdy, Planning

Critical Event Reporting: Presented a PowerPoint that covers not just falls, but other major issues. Thanks to the Network, the Department is receiving a lot of great data which is helping us to move more in the direction of developing programs and support services based on the data; it is allowing us to defend the data. Federal CMS required the IDoA to implement an automated, centralized critical event reporting system in 2016 when the waiver was renewed. The new system went live in July 2017. In August 2018, a new CER application (CERA) was launched to improve upon the efficiency of monitoring and reporting by the Department. All systems must report abuse, neglect, and exploitation. More categories to be recorded were added. Falls (without and with injury) are required to be reported.

The Feds require that we not only report on CERs, but that we do something to prevent future critical events through Risk Mitigation. Over the past 18 months, our focus has been on critical event reporting, but now we are moving to Phase 2 – Risk Mitigation.

We have some upcoming Quality Webinars that will highlight specific areas on which the Department feels we need to focus. We need to help supply providers and care coordinators the tools needed to prevent future falls. The first Webinar was presented on February on Medications and Fall Risks. There were over 300 people who participated in the webinar.

CQI: We now have the question of how the Department can improve the services and supports that we provide. We need to determine what types of additional data and information do we need to collect and examine. This will be the focus of the Quality Sub-Committee meeting following this CCPAC Board Meeting.

Mike Berkes & Kim Flesch: PowerPoint: Co-presented the PowerPoint reporting on the statistics for all critical (CER) events for which the Department has data.

A conversation regarding after care services when a fall is reported was held. Questions regarding data on correlation to services following a fall were raised; specifically, whether a participant following a fall is offered additional services to recover from the fall. Are those services based on a re-determination or are they interim services? Is there any correlation with the services provided post-fall and the prevention of falls?

Lora: Lora said that we will look at that. We want to make sure that people are linked up to evidence-based services currently offered that are supported by the AAAs; we are evaluating services that we offer as well as what might be offered in the future - home

modifications, for example. We are evaluating what the participants need, and whether the services currently offered meet the needs of our participants; supporting their ability to remain in their own homes.

Kathy Woodworth inquired as to the origin of the falls data. **Mike Berkes** explained that the CERA reporting will be modified for easier reporting using a single radio button. This makes it more reliable for the CCU to enter the fall into the system than to rely on or expect the participant to report that they have fallen.

Peter Valessares wanted to know what medical impairments were being tracked as risks for falls.

Lora: Lora explained that impairments we look at include dementia and Alzheimer's. Those are tracked. DON scores look at those at cognitive-related issues as well. The list of impairments discussed here are limited by our own tracking system because we can only enter eight. Hopefully, it will be improved by the rollout of the new IT system. We are hindered by our own current technology resources which allow us to enter only eight impairments; it is apparent that some people have more than eight impairments.

Lora McCurdy

ADS Workgroup: New policies have come out of the workgroup – Integrated Care Plan Policy and the Health, Welfare and Safety Policy developed by OCCS in response recommendations to the Federal OIG audit held last year. **We will send out a Save the Date for a webinar on Apr 9, 10-11:30 mandatory for ADS supervisors and CCUs.** CCUs will play a role in enhanced communications between ADS providers and the CCUs on the new Integrated Care Plan. Feds told us that we cannot have two separate care plans for ADS' and CCUs. There must only be ONE care plan. Policies have been approved through the HFS policy review committee. We will send out the policies effective April 15, 2019.

Anna O'Connell – Financial:

This is the first CCPAC meeting since the governor announced his FY20 Budget. For IDoA, there are not a lot of changes. We are asking for a sizable appropriation from the Commitment to Human Services Fund for CCP Service providers. Also asking for additional appropriations for our CCUs to get them on a payment rhythm that has been positive for our service providers. There are still vouchers that have not yet been warranted. We had some issues at the beginning of the fiscal year getting vouchers attributed to the correct funding source. They will be paid eventually. Most of the commitments from the Commitment to Human Services Fund have been processing very quickly.

Anna suggested that the members look at the FY20 proposed budget online either through <https://www2.illinois.gov/sites/budget/Pages/default.aspx> or the PowerPoint presentation at the stakeholder briefing on February 20, 2019 located on the IDoA website https://www2.illinois.gov/aging/Documents/FY20_IDoA_IntroducedBudget.pdf#search=fy20%20budget . .

We are moving some of our appropriations that traditionally have been a part of the General Revenue Fund (GRF) to the CHS fund for our AAAs' home delivered meals. We are aware of payment delays and are having ongoing conversations with the Comptroller's office. We are sitting in a comfortable position with our payments. Any November vouchers will be processed beginning March 20, 2019 and December vouchers are slated for processing in April 2019.

We still have a couple of months that we can continue to draw down funds from the Commitment to Human Services Fund before we go to the GRF. GRF Payments are going to be delayed.

Teri McKeon: Audits: There were many questions regarding audits. Audit reports need to be submitted through the Grantee Portal (GATA). You may obtain the instruction manual on the GATA website at <https://grants.illinois.gov/portal/> It tells in detail how to do the audit reports.

Audit Certification Form: Money for CCP or CCU is considered **state dollars**, not federal dollars. You must submit the audits through the grantee portal. Any questions or issues, please contact Teri McKeon at Theresa.mckeeon@illinois.gov. Direct service worker & enhanced rate certification **must** come to IDoA. We cannot submit the audits for you. You **MUST** send them through the portal.

Russ Kemple – IT:

APS: March 11, 2019 we released version 2.0 for APS brought in a programmer from DoIT to review the code. He re-wrote almost all the database connections. The application works in a cell phone, and it will show all the services provided through IDoA.

Provider Profile: Provider profile went active on March 15, 2019. It has all the CCUs listed. Russ explained how providers are found on the site. The site lists all the AAA services. The application also works on a cell phone.

Lora re: Provider Profile: We must write a new policy on the provider profile. We need to ensure the CCUs are checking this website to make certain they are aware of all the local options. The federal requirement is that people can look up specific needs in the site. CCUs will now be able to assist participants with informed choice. CCU workgroup will be continuing to work on new policies.

Russ: Update on moving applications to the new server: The IDoA and eCCPIS systems are currently running on Windows XP® servers from 2003. We have a goal to move all the applications to the new, 2016 DoIT Shared Service servers. We've moved SHIP, Colbert, and PSS. Most of our reporting services have been moved to the new servers. We get an update from HFS daily. The actual eCCPIS billing system is the last one left to move. We are testing some of the move now.

New IT staff member: Todd Young will start as the new Data Base Administrator on April 1st to replace Rehan.

Partner (Provider) Portal (Dashboard): IDoA supports 27 different applications allowing providers to customize which applications they see and use located in one spot on their systems. It also provides a single portal through which providers may communicate with the Department and vice versa. This system will be going live very shortly once testing is complete.

CERS: We are working on launching Phase 2 of the CERS service. We are working on the Training/Tracking portal. It is in the testing mode.

Mary Gilman: Training/Tracking: This is part of the waiver requirements. It allows providers to be able to see which of their workers are due for licensing, training, background checks, etc. This will ensure 100% reporting status.

Fall Symposium: Details will be sent as soon as everything is in place.

Russ: CMIS Web: This will be a multi-step process replacing the current CMIS system. It was written originally about 30 years ago by an employee, and we no longer have the coding.

Step 1: We will be replacing our Senior Help Line. It is in testing phase.

Step 2: This will be a replacement for the CMIS application. When you go into the CMIS system for your CAPS, it will not allow you to create anything that will cause a claim to be rejected. The system will identify anything that could cause a reject and warn the data entry person prior to the CATS being submitted. In theory, we will have 0% rejects. We are anticipating to go live with this at the end of September 2019/beginning of October.

Step 3: eCCPIS replacement: Much of the problem is with the CAT uploads. The project manager/systems analyst is Victoria Emmanuel (Victoria.emmanuel@illinois.gov) .

Security System for eCCPIS: This allows you to re-set your password much easier by answering security questions.

It used to be that on the 2nd business day of the month, we would receive so many changes (CATS), that it would slow the system. This has been corrected by having an employee coming in on weekends to run the CATS so that it frees up the system.

Sandy Leith – SHIP:

Medicare Update: The new SHIP Grant begins April 1st. We continue to work with CMS (Centers for Medicaid and Medicare Services) and ACL (Administration for Community Living).

We will continue to work on the new Medicare brochure – editing, providing feedback, ensuring one form of Medicare (Medicare Advantage, traditional Medicare) is not pushed over the other form of Medicare, and that this is put out in non-biased terms.

We continue to get good feedback on the new Medicare card.

There is a new, huge re-design coming for Medicare.gov plan finders. We've been working with the House Ways and Means Committee and the AIG on a national level. SHIPS has been asked to give certain input.

There is a new app for your phone on Google Play and the AppStore called, "What's Covered". If you download it onto your phone or device, you can type a service into the search field; it will tell you whether that service is covered (or will be covered in the future) under Medicare.

Customer service reps for 1-800-Medicare are available for participants 24/7 to answer questions or handle issues.

Medicare enrollment period – any changes or Medicare Advantage disenrollment must be made before the end of March. After the end of March, people are locked in to the plan. They allow only one switch per quarter, however, if this becomes an issue, we can give that feedback to the feds.

Mikyl Sutton asked if a beneficiary on a Medicare/Medicaid Alignment Initiative (MMAI) plan would be able to switch plans once per month or are they held to the new Special Enrollment Period (SEP) for low-income beneficiaries? Sandy replied that we would check with HFS and provide an answer with the Post-Meeting documents.

Update: The answer from HFS was that they applied for an “exemption” from CMS which was granted. This means that beneficiaries on MMAI plans in Illinois may make enrollments/switches monthly.

New Medicare Cards: Everyone should have received their new Medicare card which eliminates the Social Security Number-based ID to a random number-based ID. If someone did not receive their new card, they need to speak with one of the counselors at 1-800-Medicare.

If you need to email SHIP: aging.ship@illinois.gov for SHIP brochures at your site or if you need training. If you want to become a SHIP advisor you can go through the 4-day training. Please make sure you ARE NOT licensed sell any insurance product. You cannot be licensed to sell insurance and still become a SHIP advisor.

Robin Morgan, BEAM:

CCP questions about services, please email us at: aging.occs@illinois.gov . For MCO & reject questions email us at aging.advisor@illinois.gov.

PSS system glitches. HFS did a programming change to their files that had an unintended effect. Some of our seniors that went into a long-term care facility for even only a day had their indicator codes taken off their records. MCOs noticed this. We investigated and found that this was happening due to HFS’ changes. They fixed the issue but did not have the mechanism to fix the billing backward. They’ve looked for people that they believe were affected. They are hoping to have all fixed by Wednesday (March 20, 2019). Those participants have been re-added; we re-added the participants retroactively so there should be no gap in services.

Provider Reminder: It is part of our policy that if you are a service provider and have a specific geographic service area for CCP and you have a contract with an MCO, you can only serve those participants in your specific geographic service area. We have a lot of MCOs that are mistakenly sending authorizations to providers to serve an area that they don’t normally serve. Providers should not be accepting those participants.

MCO Expansion: HFS is still planning to move forward. There is no date set yet. As soon as we receive that date from HFS, we will send out that information.

MMAI Enrollment: We were notified this week that HFS is passively enrolling MMAI clients in the central part of the state. Passive enrollment means that HFS will enroll previous Health Alliance participants into a managed care program. This is for participants previously enrolled in Health Alliance before it dropped out as an MCO provider for MMAI. If the participant does not wish to be enrolled in managed care, they may opt out of managed care.

Rejects: There was a mandatory training on February 11, 2019. We had several agencies that (according to the attendance logs) did not attend the mandatory training. There will be an email sent out to those agencies requiring them to view the webinar. There were some that logged on and logged off after a few minutes. Those providers will be required as well to view the webinar again and will receive an email in that regard. The link to the webinar will be included on those emails.

Most of the rejects appear to be due to contract number errors, however, if those contracts numbers were corrected and re-submitted, but the rejects were not deleted, the amount of those rejects are over-stated. We are asking that each provider delete the rejects that remain after they were corrected and paid. If you have a significant amount of rejects to

delete from your system you may contact aging.infotech@illinois.gov for assistance with deleting your rejects.

Sandy Leith (on behalf of Carla Mills): Senior Help Line/Benefit Access Program:

The Senior License Plate Discount and the Ride Free Pass Program is now up to date. If someone does an application for Benefit Access beginning after 12:01 am on April 16, 2019, they will have to provide their 2018 Income Tax information as proof of income for the application.

Robert Thieman: Next CCPAC Board meeting will be held on Tuesday, May 21, 2019 at the Illinois Department of Agriculture building'

Robert Thieman: Call for Adjournment: Motion to adjourn was made by Bob Childers and seconded by Cary Crawford. Unanimous vote to adjourn. Meeting was adjourned at 12:30 pm.