

Community Care Program Advisory Committee Minutes

10:00 a.m., Tuesday, August 28, 2018

Thompson Center, Chicago, IL

Members: Bob Thieman, IACCPHP; Peter Valessares, Helenic Foundation; Cary Crawford, Chicago Commons; Susan Simmons, Help at Home; Shana Holmes, Southeastern IL AAA; Louis Prado, ADT; Terri Harkin, SEIU; Tammy Tenton, Premier Home Health; Theresa Collins, Senior Services Plus; Ella Grays, Gareda; Robert Spaulding, Healthcare Plus Senior Care; Marta Pereyra, CLESE

Illinois Department on Aging: Jose Jimenez, Lora McCurdy, Sophia Gonzalez, Shirley Morley, Michael Schumacher, Tom Brenner; Yesenia Garcia, Rhonda Armstead, Sandy Leith, Mike Berkes, John Eckert, Lois Moorman, Director Bohnhoff

By Telephone: Lori Hendren, AARP; Brycie Wilson, Alternatives; Rosetta Cutright, HCI; Jean Jones, Cass County Mental Health

Guests: Terence Simms, Gareda; Marsha Nelson, Shawnee CCU; Ket Herena CMAA; Marta Cerda, ASI Services, Megan Gallegos, Healthcom; Jeanie Moccio, DuPage County Senior Services; Awilda Gonzalez, Universal Industries

Welcome and Introductions:

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

Public Comments:

None

Department Reports:

Adult Protective Services (APS) Update- Lois Moorman

The new Department Administrative Rules for APS Self-neglect reports began July 1, 2018. APS investigates allegations of abuse, neglect and exploitation of individuals 60 years and older and adults with disabilities 18-59 years old in the community. The APS Act has been amended to add an APS abuser registry. The alleged abuser must be in a caregiver role, whether paid or a volunteer. If the APS provider agency provider substantiates abuse, neglect and exploitation has occurred from a caregiver to the alleged victim and the finding is verified (clear and convincing evidence that the abuse occurred), the case must be forwarded from the provider agency to the Department on Aging.

The office of APS receives record and they review the record to ensure the provider agency followed the standards in conducting the investigation. If the Department concurs with the findings, they sent notice to the caregiver that their identity would be recommended to be placed on the abuser registry.

Timeline: The Provider agency has 30 days to reach its substantiation decision. If they verify against the caregiver, they have five days to get the case record to the Department. The Department has 30 days from time of receipt to concur or not concur with the findings of the provider agency.

However, in rare circumstances, if the provider agency determines the participant is at eminent risk if the caregiver continues to provide services, the provider agency is required to notify the Department within 24 hours to send a substitute caregiver to the participant. The alleged abusive caregiver won't be able to provide care until an appeal process has been complete.

If the Department concurs with APS findings, the caregiver is notified of the intent to add their name to the abuser registry and their rights to appeal the decision. If there's an appeal, the appeal moves forward and is heard by an administrative judge.

The caregiver can bring forward in the appeal process, that is in the public's interest that the person's name not be placed in the registry. It is not an appeal to challenge the findings but rather that the name does not get forward to the registry.

If there's no appeal in 45 days, the Department sends the name to the abuser registry and the person is not able to work as a caregiver voluntarily or/and in exchange of compensation.

If a provider finds the name on the registry, they can't hire the individual for a direct care position. Providers need to document they checked in all registries on all potential new employees.

If appeal process moves forward, and administrative judge makes recommendation that the caregiver's name gets added to registry, the recommendation will go from the administrative judge to the Director of IDoA for final administrative decision and IDoA places name on registry.

Access to the registry is limited to state agencies of aging, human services, public health, healthcare and family services and direct care providers those state agencies fund.

The Department conducting investigations started getting cases in July. The Process has begun but there are no names in the registry yet. There's nothing retroactive because rules were not in effect and people were not offered due process. There are confidentiality provisions to contents of case record in the appeal process to the Department due to the Freedom of Information Act with exceptions to allow disclosure to a court order.

During the investigation process, the APS agency must be upfront with alleged victim and let them know of the consequences their caregiver may have if their name is forwarded to the registry. Agencies should not hire caregivers on the registry. The Department is working on a written guidance for APS registry.

Cooperation from the provider agency is needed to help the Department with information such as current address and social security number for alleged abuser.

Ella Grays asked, if they appeal and their name is not on the registry, how does that help provider agencies if they transfer agencies?

If they don't get placed in the list, they shouldn't be affected and can take a direct care position.

A question was asked, what if the alleged abuser is barred from providing care, but their name is still not on the list because they're going thru the appeal process in the 45 days, how would another agency know and prevent them from hiring?

The only time they are barred is when the Department has received notification that the caregiver's continuing involvement is putting the victim at eminent risk. APS Priority one situations- that the client is at high risk, that there is an exception to allowing due process to run its course.

A policy will be given soon for providers to know what their responsibilities are as a provider.

Senior Health Insurance Program (SHIP) Update- Sandy Leith

Open enrollment to Medicare is from October 15 to December 7, 2018. People will be making their elections for January 1, 2019. Plans will be announced, and marketing will start October 1. Usually there's an average of 24 plans, in 2019, we may see more plans.

A change in 2019 is allowing companies to have additional plans with similar benefits. There is also a change in moving from plan to plan, if individuals have low income and get additional help from part D and/or are dual eligible, they can move their drug plan or Medicare advantage plan every month currently. There will be a limit on those enrollments, one per quarter for the first three quarters of the year starting in 2019. In the last quarter of the year, there will be a limit to change plans, however, the plan will not be effective until January 1st of the new year. People on Medicare, who do not get extra help, do their enrollment only once every year and are not permitted to change plans mid-year unless there is a special enrollment period such as moving to a different state.

To combat opioid addiction, beneficiaries who are deemed 'at risk' will not be able to change plans during the year, even if they qualify for extra help for Part D. The Intent is to cut down on the abuse and overuse of opioids. If a beneficiary is using multiple prescribers or often jumping from part D plan to plan, they are deemed 'at risk' and are unable to change plans.

Medicare advantage plans in 2019 under regulation 4182-F are allowed to add supplemental benefits like adult day care, in home support services, home and bath safety devices, transportation, and palliative care for the terminally ill. These benefits could be available throughout the country, but we may not see these benefits in Illinois in 2019.

For the 2019 there is a new Medicare advantage disenrollment period where beneficiaries can change Medicare Advantage plans or go back to original Medicare during January 1 through March 31 of 2019. There will be enhancements to the plan finder on Medicaid.gov such as a health cost calculator wizard and a simplified login procedure.

Legislative Update- Alex Burke

Waiting on these bills for Governor to sign this week:

- Public Act 100-0641- Closes a jurisdictional gap between Adult Protective Services and the Office of the Inspector General involving investigations of alleged abuse, neglect, and exploitation.

- HB 4867-Disclosure of multiple guardianship. If there are more than five wards, it has to be disclosed to a judge when applying for guardianship and court would file a report.
- HB 4687-Update to visitation rights which adds spouses, adult grandchildren, parents, and adult siblings who can petition visitation rights when a guardian is keeping them from ward. Court is prohibited from allowing visitation when the ward is capable from communicating and does not want the visitation.

Updates will be on the website and the information will be sent to everybody on the e-mail list when it's ready.

Fiscal Update- Anna O'Connell

Currently processing payments for FY18 and FY19. Get FY18 payments submitted as soon as possible. No delays in system or controller's falling behind significantly. Report will be shared.

Automatic Medical Dispenser (AMD) Update- Lora McCurdy

AMD rolled out July 1, 2018. There are five approved providers- American Medical Alert, Healthcom, VRI, Guardian and Lifeline. There was a call with the CCUs to ensure AMD services are marketed and available to seniors. The feedback from CCUs is that enrolling participants in AMD can be a challenge. The requirement for a responsible party to respond to missed doses of medications is especially a barrier. The Department is hopeful that CCUs will initiate these services to those participants who this service is appropriate for.

The Department's five AMD providers plan to participate in a taping of a webinar to review the unique features of each of their devices. The Department sent out grid to the network that compares all five of the devices and their providers. In six months, there will be an evaluation to see how many individuals signed up in each PSA by each CCU to see if more outreach or training is needed. MCO's have also received AMD information.

Jeanie Moccio from DuPage mentioned clients are having difficulty meeting the screening criteria. There was a recommendation that the Department take into consideration the restrictive guidelines when evaluating this program.

Critical Event Reporting System Update- Lora McCurdy

The critical event reporting application went live on August 8, 2018. The Department made adjustments when designing the new system based on feedback from the twelve regional meetings. The new application is more efficient and user-friendly. The Department plans to move to Phase II which will focus on risk mitigation for the CER process. About 20,000 out of 80,000 CCP participants have experienced at least one critical incident and as a result are at higher risk for institutional placement as a result of experiencing multiple critical incidents.

Jose Jimenez- Federal initiative to look at critical event management. We are in line with other states. Providers are entering reports, we are gathering data, monitoring timelines and now looking into step II which is quality- how to mitigate these risks and extend a person's time in the community.

Mike Berkes- We Can look at all info that has been entered in the system. You can all see one reporting piece still working on second reporting piece- CAN management reporting that will update in real time as system is used. It will be tied to your agency or contract number(s) and you can review your info.

Adult Daycare Services (ADS) Update- Lora McCurdy

The renewal of the Elderly two years ago directed the Department to create one integrated care plan for participants that are enrolled in ADS. The Department has been working with an ADS/CCU workgroup to develop an ADS Addendum plan. The Department is in the process of to develop a policy that outlines how ADS and CCUs will communicate and what information will be shared with each other. Crystal Alexander from the Department is working and scheduling a call with the workgroup next week. The timeline for completing the policy and template is December 2018.

Regional DON Training Update- Lora McCurdy

The Department's training staff have conducted Regional DON Trainings across the State over the past few months. The CCP taskforce recommended face to face regional training on administering the DON. The goal is that CCUs are administering the DON consistently throughout the state. Mary Gilman worked with a group of CCUs for the past 6 months to assist in putting the training together.

Rate Studies- Federal CMS requirement- Lora McCurdy

The federal CMS requires Waiver rates to be rebased every five years at point of renewal. The Department made a commitment to look at our rates for EHRs, ADS, and INH. Focus group meetings for ADS were held this summer. The first rate survey was sent out to ADS providers in the summer. The second survey was just sent out a few weeks ago. Only sixteen responses were received from ADS to the second survey. Some did not receive the second survey, we are making sure PCG is sending it out. If it was not received, email Lora McCurdy for the second survey. The timeline for the ADS rate report is the end of October by PCG, an independent vendor looking at the Department's services. Recommendations are sent to the Department and the Department reviews it along with the Governor's office. The Department with collaboration with PCG will send out the first survey for INH. The INH time completion deadline for the rate report is May 2019.

HHS OIG ADS Audits- Jose Jimenez

Twenty random ADS providers were chosen to conduct unannounced visits. The exit conference in December or January disclosed several findings- 111 findings were found. Their report is available on their website. Their focus on these audits was on the safety and wellness of participants. The

Department is committed to respond to the audits. One of our commitments was to work on the background checks. Everybody needs to do the same process, so, adding CCUs to the same process of background checks. Working on a background check policy to provide guidance to be compliant with the audit, be clear on the APS process, and adding CCUs to this process. Our Corrective Action Plan- all ADS Quality Improvement Reviews will be unannounced. The twenty ADS that were audited will be looked at first. There will be mandatory training in the fall for ADS to go over the new policies, new template, new plan of care and new addendum.

SIPS- Jose Jimenez

The Department is looking at SIPS based on PSA/provider. The goal is to work together to improve/resolve issues. The Department Initiated targeted reviews based on the SIPS. There were some Contract Action as a result of the SIPS as well. Before the CER system, there were only 217 SIPS reported with 85,000 people in a year. During the first year of system, 900+ SIPS were received thanks to technology and the new reporting system. The Department is trying to improve as a network, look at quality and close those SIPS.

New CCUs in PSA 12- Jose Jimenez

IDoA is working with new and current CCU's on on-site reviews. The Department is conducting on-site reviews within six months to show the process and provide technical assistance. There are more Care Coordinators now which helps minimize issues in rejects, help more people to stay in the community, and more referrals. The Department will continue to monitor all CCUs and providers. The Department is monitoring providers in a monthly basis, all CCU's get their data every month and all CCUs in PSA 12 have a quarterly call to review their progress.

The Department has created monthly reject task force within the Department to clear rejects. The solution is to have a better system as a lot of work is done manually. We Need vendor profile to get providers to login in the system. The goal is to have the system running by December 2018. The New system will help the Department to inform participants to make a choice on their desires and needs. Vendor profiles tie to federal person-centered planning. The system will allow communication in the PSA, add policies and will help communicating when there are changes. This system will be on the website available to everyone.

Someone mentioned the Spenddown process issues. The spenddown process should be done automatically in the system. If not, work with the CCU or DHS office. Check that the coding has been done correctly. CCU still sends Form 2538B. MCO's cannot assist in the Medicaid Redeterminations due to a conflict of interest.

Adjournment:

The meeting adjourned at 12:06 pm