

Community Care Program Advisory Committee Minutes

10:00 a.m., Tuesday, October 20, 2015

Crowne Plaza, Springfield

Members in Attendance:

Carol Aronson, Shawnee Health Service; Jean Bohnhoff, Effingham City/County Committee on Aging; Robert Childers, Williamson County Programs on Aging; Theresa Collins, Senior Services Plus/IACCPHP; Kevin Cosgrove, Guardian Medical Monitoring; Cary Crawford, Chicago Commons; Andrea Davenport, BCBS; Diane Drew, CHELP; Joanne Glenn, Comprehensive Quality Care; Sherry Barter Hamlin, River to River Residential; LaShun James, Addus; Mary Killough (for Ella Grays, Gareda Home Care); Greg Kyrouac, SIU School of Medicine; Lori Long, Chinese Mutual Aid Association; Lubertha Mercer, HCI; David Lukens, VRI; Kristin Murphy, IlliniCare; Lori Pence, Central Illinois Area Agency on Aging; Marta Pereyra, CLESE; Vicki Schlomann, IADSA; Robert Spaulding, Healthcare Plus Senior Care; Susan Simmons, Help at Home, Inc.; Jane Stansell; Kathy Woodworth, Healthcom; Robert Thieman, CAE, IACCPHP; Kathy Woodworth, Healthcom; Kathy Wyatt, McDonough District Hospital

Members Not in Attendance:

Tracy Barczewski, Midland AAA; Debbi Baldauff, Catholic Charities DOJ; Tom Gonzalez, ADT; Terri Harkin, SEIU; Lori Hendren, AARP; Matt Lisovitch, Philips Lifeline; Elio Montenegro, Fox Valley Older Adult Services; Kerri Pendley, IADSA; James Scherer, Aetna Better Health of Illinois; Mary Lee Tomsa, DuPage County Senior Services; Barbra Wylie, IANP/Peace Meal

Illinois Department on Aging: Acting Director Kris Smith, Jose Jimenez, Jodi Becker, Lori Brannan, Brent Ellis, Elizabeth Delheimer, Mike Dobrinsky, Gidget

Freeberg, Jamie Freschi, Mary Gilman, Sandy Leith, Lora McCurdy, Jody Martin, Robin Morgan, Jennifer Reif, Brad Rightnowar, Maureen Squires

Guests: Cheryl Aguirre, Home Life Healthcare; Gail Briggs, Healthcare Consortium of Illinois; Dale Clause, LSSI; Melissa Edie, CCSI, Lori Elliott, Williamson County Programs on Aging; Betty DeGroot, Cass County Mental Health; Lisa Fanning, Adult Comprehensive Human Services; Becky Gillen, Macon County Health Department; Toni Gerencir, CCSI; Topaz Gunderson-Schwesca, Molina; Julia Haage, CIAA/Mature Solutions; Mary Hemp, CCSI; Julie Herr, ACM Care; Marsha Johnson, CCSI/CCU; Jean Jones, Cass County Mental Health; Richard Juarez, Lawndale Christian Health Care; Nelly Morales, Casa Central; Lori Outman, Molina; Outman, MHIL; Juana Reyes, Casa Central; Lindsay Spelling, ACMCare; Keri Stain, Healthcom; Bill Wheeler, ICCCU; Mary Whitlow, Adult Comprehensive Human Services

Welcome and Introductions:

The meeting was called to order at 10:08 a.m. by Jose Jimenez and roll call was taken.

Greg Kyrouac passed out registration flyers about the 20th Annual Memory Loss Conference which will be held November 13-14 at Hope Church in Springfield. The first day of the conference is geared toward professionals in health care and aging; the second is geared toward caregivers and persons with early-stage memory loss.

Jose asked for the minutes to be approved from September 9. A motion was made by Theresa Collins and they were approved with no changes.

Jose asked if there was anyone who wanted to come forward with public comment, and there was not.

Jose asked for Sub-Committee Reports:

Universal Assessment Tool

Kathy Woodworth, Chairperson of the UAT Sub-Committee reported that the sub-committee met following the last CCPAC meeting and again by telephone on October 7.

The sub-committee moved to hold monthly meetings until the UAT progresses more in development. Alicia Urven with the Illinois Department of Healthcare and Family Services (HFS) presented to the sub-committee an overview of the federal Balancing Incentive Program (BIP) designed to increase use of home and community-based services, and how the UAT will fit into this.

The objective, she said, is to provide more “person-centered” care to older adults and individuals with disabilities.

Illinois and other states were offered incentives to rebalance the system and prepare for new ways of handling case management. It was originally intended to have structural changes in place by October 1, but that deadline has been extended.

Ultimately, the new UAT will be used to determine eligibility for Medicaid services. Part of this program will be creating a No Wrong Door/Coordinated Point of Entry so persons can be screened regardless of age, income, disability, or behavioral health needs. The Department’s Senior HelpLine has been expanded to serve as one Point of Entry.

Any changes must work in accordance with new waiver requirements. There are many moving parts or stages of development at this point. Progress is being made, however. Alicia said a Consumer Bill of Rights has been developed, for example.

Eight CCU sites have been selected to serve as pilot sites for the UAT throughout the state. They are: Elder Care Services of DeKalb County; DuPage County Human Services; Alternatives for the Older Adult; Livingston County Health Department; Southwestern Illinois Visiting Nurses Association; Shawnee Alliance for Seniors; Health Care Consortium of Illinois; Catholic Charities – South Suburban Senior Services. These CCUs had previously agreed to be pilot sites and the Department will verify their participation closer to the pilot being launched.

Some MCOs are already using the Inter-Rai assessment. The sub-committee is working on finding a source with an MCO to report to the sub-committee and describe how the Inter-Rai is working for them.

The sub-committee's next meeting will be immediately prior to the close of the CCPAC meeting today.

Quality Assurance Sub-Committee

Jean Bohnhoff reported that the Quality Assurance sub-committee last met following the Sept. 9 CCPAC meeting. Committee members identified areas to concentrate on. These consist of: HCBS Waiver Performance measures, the new HCBS federal regulations specific to Person-Centered Planning, Documentation/Client Choice, Tracking of CCP participants once they are terminated from CCP, and Estate Recovery language.

HCBS Performance Metrics & HCBS Final Regulations

The sub-committee asked the Department to provide the Performance Measures used for DoA's HCBS Waiver along with the final HCBS regulations that address person-centered planning requirements. The documents were emailed to sub-committee members prior to the meeting. Committee members discussed compliance with the final regulations and the necessary training that will need to occur in order to comply with the new regulations.

Documentation of Client Choice

Jean reported that the sub-committee also wants to know how to properly document client choice – important component of the final HCBS regulations. In particular, she said, sub-committee members want to be sure that the person-centered plan reflects that the participant made informed choices presented ethically to them.

Coding

Jean said the sub-committee felt it would be good to know why participants leave CCP. She said the Department needs a better tracking or coding system within its

computer system to determine how many move in with family (and therefore don't need any more CCP services), how many had health improvements so CCP services were no longer needed, how many died, or entered long term care facilities.

Estate Recovery

Jean said that Karen Kloppe will be assisting the sub-committee with a better way of explaining estate recovery to participants. Jean said she and other sub-committee members feel that some applicants for CCP may be afraid to sign up due to fear over the state taking their house away. She said perhaps there should be a more "soft-sell" way of explaining the reality of the program so the applicant understands that the idea is to keep them independent in the home and not to go after their house to recoup Medicaid dollars spent on them.

New Business

In response to a member-requested addition, the Beeks Consent Decree was added to today's meeting agenda.

IDoA General Counsel Brad Rightnowar reported that reimbursements for providers for all the state's Medicaid recipients enrolled in CCP are being processed and sent over to the Comptroller for payment during the budget impasse in compliance with the decree.

In order to accomplish this, the Department's IT Department had to rewrite some Department billing codes.

Carol Aronson commented that CCUs are assisting individuals to become eligible for Medicaid. When the CCU enters billing into eCCPIS for these initial assessments, the individual will not yet be on Medicaid. Therefore, how can CCUs be reimbursed for these assessments?

Jodi Becker indicated that whenever an individual is verified by HFS to be on Medicaid for the month of service, the Department does process payments for those individuals.

Mary Killough asked about the level of difficulty for providers knowing how much of their bills will be paid or not.

Jodi responded that some providers have access to the Medi program that can indicate what portion of their billing is being paid.

Brad reiterated that the Department is trying to actively manage things but that its billing system is not perfect. It was suggested that it may be a good topic for a sub-committee to address.

Robin Morgan added that the search screen currently in development internally will include information on Medicaid status so providers will be able to check to see which of their clients are Medicaid or not.

Department Reports

Kris Smith told the committee that she has two weeks remaining in her position as Acting Director of the Department. She said a new Director should be coming on soon, as the Governor's Office is in discussions to identify a permanent Director.

She said she wanted to give kudos to Jodi Becker and the Department's Fiscal Office as well as to David Weibring of the Department's MIS Department for continuing to handle business during the budget impasse.

She said she has enjoyed serving in her capacity as Acting Director with such dedicated individuals and that during her time at Aging, she has capitalized on improving collaboration with the Department of Human Services/Division of Rehabilitation Services (DHS/DRS). This can only help with the goals of reintegration of systems.

She understands the negative effect of the budget impasse on the Aging Network, and the Department continues to be in daily contact with the Governor's Office to apprise them of the hardships.

Carol Aronson said she understood that DHS has two hubs for processing payments, one in Decatur and one in Chicago. She said she has heard they are being inundated and can't keep up.

With regard to several problems brought up, Kris Smith said she was planning to meet with DHS Secretary Dimas later in the day and would find out answers.

Mary Killough asked if DRS is paying its providers of Personal Assistants regardless of whether they are Medicaid-only.

Acting Director Smith said DRS providers are being paid because DRS is considered a “co-employer” with the provider and there was no way to break the caseload out by group. Thus, they are being paid in totality.

Jose said the Department is exploring new concepts and the Department has greatly benefited from her time serving as Acting Director at Aging.

Marta Pereyra asked if the Personal Assistants were covered under Colbert and was told that yes, they are.

Kathy Woodworth asked for clarification of the type of providers serving DRS and was told they include CNAs, LPNs, and Personal Assistants.

Lora McCurdy noted that DRS does not serve many non-Medicaid clients.

Budget

Department Chief Financial Officer Jodi Becker stated that she is trying to keep up with emails from the network and can check as to where payments are in the system for providing and invoice number etc.

She said \$37 million was recently released covering vouchers 480 through 1205. When new money is released it will cover vouchers up to 1849. That will satisfy payments through the billing date of September 11.

She said the Department will continue working with the Comptroller’s Office on bulk releases.

She said the Department would like to get all July services paid across the board. Monies are being dispersed in manageable chunks.

Kevin Cosgrove asked whether any money could help providers who may be going under.

Jodi replied that the Department is operating under current rules with regard to expedited payments.

Jean Bohnhoff asked if the Department reviews cash reserves during an audit, and Jodi responded yes.

Kevin asked if the Department is being pro-active in addressing providers who may be in a crisis mode and Brad said that the Department is, in fact, being pro-active. Brad again stressed that communication is the key to understanding exactly what hardships any given provider is operating under and that the Department does have a “triage mechanism” occurring on multiple levels.

Jose said the Department continues to monitor any services negatively affected by the budget situation. Unfortunately, some entities went out of business due to a combination of factors. With Medicaid dollars coming in, that has at least slowed down any threat of more closures.

Kevin asked what the Governor’s response to the situation is.

Jose said the Governor’s staff wants to make sure seniors are being taken care. The Governor’s office is also asking the status of current providers to assist during the budget impasse.

Jodi said that federal funds directed to Title 3 and 7 are being released for Federal FY ’16 so that means that the Area Agencies on Aging will soon be getting an advance of these funds in early January.

It was asked whether Adult Protective Services is covered under the Consent Degree and that answer is no.

Mary Killough asked if any services affecting APS were closing. Jose said the Department is not aware of any.

Carol Aronson said she expects that APS providers will “all hit a wall at the same time.”

Jean Bohnhoff asked if the Senior HelpLine had been receiving calls from the public worried about services being cut off.

Elizabeth Delheimer responded that the majority of current calls revolve around the Medicare Open Enrollment period which started October 15 and runs through December 7.

Legislation

Brent Ellis said The Department will continue to monitor bills, including House Bill 2482 (which was amended) which states that CCP participants with a score of 29 or higher based on the DON assessment tool are eligible to receive CCP services until the state receives federal approval and implements the UAT. The legislation requires Aging, DHS and HFS to come up with the UAT but prohibits them from promulgating emergency rules regarding the tool. The bill also says the tool can't cause more than 1 percent of current participants to lose eligibility and that they can continue to receive services for at least a year following a re-assessment. The bill is sitting on the Governor's desk now and he must act on it by November 8. He deferred to Lora McCurdy to provide more analysis of the bill and how it may impact the waiver renewal process.

Policy

Lora McCurdy stated that the Department has applied for its fifth extension of its waiver. She said the Department is required to submit the application for renewal on November 20. However, this is complicated by HB 2482 and the November 8 timeframe as Brent mentioned.

The Department does not know the Governor's position; he could sign, veto or issue an amendatory veto of the legislation. She said there is much pressure to maintain the DON as is.

If this is not addressed somehow prior to November 20, that would mean the Department will need to request another extension on its waiver. Lora reported that the Department is ready either way.

She said another issue is that the Federal CMS 1915c already includes the person-centered requirements, and the Department is moving toward being compliant with these requirements.

Final rules specify that service planning for participants in Medicaid home and community-based service programs must reflect individual preferences and goals. This process is directed by the individual with long-term support needs, and may include representatives he or she wants involved in the process. Minimum requirements state that there must be identifiable goals and preferences in the plan, including those relating to community participation, employment, income and savings, health care and wellness, education and others. The plan must also reflect services and supports (paid and unpaid), say who is providing them and document what the individual is willing to do for themselves as well. (empowering the participant).

A survey on the rules conducted by HFS elicited responses from in home care providers as well as adult day center providers. The Department needs to respond to federal CMS by Dec. 2 on the concerns with the State's Transition Plan for compliance with the new HCBS regulations. Lora said the Department will continue to meet with HFS to move toward achievement of these goals.

She said there is not a lot to report in relation to the Balancing Incentive Program, or BIP.

A contract with the FEI organization was terminated which complicates the UAT process. CMS is aware of this situation.

Ombudsman

State Long Term Care Ombudsman Jamie Freschi left the Regional Quarterly Meeting of Ombudsman being conducted in another meeting room to address CCPAC. She told the committee that she started in her position June 1 and met with CCPAC briefly before. She said there are 17 Regional Ombudsman Programs working across the state. Due to not having a state budget, all but five of those programs have informed her that they are undertaking changes in order to continue operating and meeting their mandate. Those changes include laying

employees off, travel cuts, etc. Jamie explained that the program runs on a federal fiscal year and they are trying to maintain operations by incorporating best practices.

She said ombudsman throughout the state must continue advocating for individuals, most of whom are Medicaid beneficiaries. They also must advocate and appeal for those cut or denied services as well as any managed care recipient residing either at home or in a facility.

Jamie said they have been working with MCOs to mail out a letter about the role of ombudsman and how they work to educate individuals of their rights either in a facility or at home. She said some MCOs have been more helpful than others.

Kristin Murphy asked if many ombudsman are volunteers.

Jamie replied that some programs utilize volunteers while others do not. If volunteers are used, they undergo the same training as paid staff. She said they are rolling out a Level 2 training now. She said many programs are not using volunteers with regard to the expansion piece because there is such a broad learning curve at this point. There are 97 volunteers working statewide in the ombudsman program currently.

Kristin said the MCOs are in client homes every 90 days so that could be an avenue to get the word out about ombudsman. She said she wondered why she has not heard about this effort before.

Jamie said she and LaRhonda Williams, Deputy State Ombudsman, are brainstorming on effective ways to provide outreach, including something like a postcard or magnet that could be handed out.

Andrea Davenport said that there is an annual meeting of MCOs coming up in November, and that would be a good venue in which to present information.

Carol said Lyle Van Deventer of IDoA addressed her agency on the ombudsman expansion which was very beneficial and could help other CCUs in performing both pre-screens and the overall assessment piece.

Managed Care

Robin Morgan reported that Health Alliance has terminated their MMAI contract with HFS. Health Alliance's MMAI affects 15 counties in the central part of the state and they currently have approximately 618 Department on Aging clients enrolled with their agency. These clients will be given the option of transferring to Molina (the only other MCO in the area for MMAI clients) or transferring back to fee for services Medicaid and back to traditional CCP services. Health Alliance sent out letters to clients indicating that a new election must occur. The contract for Health Alliance officially ends December 31.

Kathy Woodworth asked how providers would be notified of client transfers and Robin said it remain that CCUs would be responsible to notify providers.

Marsha Johnson asked how she would be expected to perform assessments on a large number of such people in a short amount of time. Robin said the transition to Molina will occur between now and January, and that not all clients will need a new assessment. If a client elects to transfer to Molina the CCU only has to enter a transfer CAT. If the client elects to return to CCP then the CCU will need to go out and complete a full comprehensive assessment on the client. These clients will start transferring as soon as November 1st. Robin also reported that lists will be provided to the CCUs indicating which clients will be affected for tracking purposes. She said this would have been announced earlier but it was not official until this week.

In other news, the MMAI demonstration project is asking for a three-year extension on the program which expires in December of 2016 and HFS is confident the extension will be approved by federal CMS.

Robin said the Department is conducting a meeting with MCOs next week and encouraged the committee to let her know if there are any issues that need to be addressed. HFS is setting up the meeting.

Bob Thieman asked whether there are any delays in managed care payments.

Robin said one thing providers do appreciate is the fact that MCOs are paying consistently. MCOs have also been responsive to any billing problems that have arisen.

Jean Bohnhoff asked why the contract with Health Alliance was terminated. Robin responded that all HFS told the Department is that Health Alliance did not feel it was fiscally feasible for their agency at this time.

SHIP

Sandy Leith told the group that Medicare Open Enrollment ends December 7. This is the time that individuals receive free counseling assistance to help Medicare-eligible individuals learn about Medicare choices for their Medicare Advantage plans and Medicare Part D. She noted that Congress may raise the Medicare Part B for 2016 and she is anxiously awaiting to see what they are. Many articles have been in the media about premiums going up for about 30 percent of Medicare beneficiaries.

Bob Thieman asked about an Electronic Visit Verification Vendor who terminated with no notice to the state.

Mary Gilman responded that this affects approximately 12 providers and they have been emailed as to what they need to do.

Another question was raised as to Automated Medication Dispensers. Lora said it is on the Department's "to-do" list. She said the Department knows the rule needs to be revised and it is still part of the Department's waiver.

The meeting was adjourned and the UAT and Quality Assurance Sub-Committees immediately convened.

The next meeting is set for Tuesday, December 1 in the auditorium of the Illinois Department of Agriculture on the Illinois State Fairgrounds in Springfield.