

Community Care Program Advisory Committee Minutes

10:00 a.m., Tuesday, December 1, 2015

Agriculture Building, Springfield

Members in Attendance:

Tracy Barczewski, Midland AAA; Jean Bohnhoff, Effingham City/County Committee on Aging; Theresa Collins, Senior Services Plus/IACCPHP; Kevin Cosgrove, Guardian Medical Monitoring; Cary Crawford, Chicago Commons; Andrea Davenport, BCBS; Diane Drew, CHELP; Tom Gonzalez, ADT; Joanne Glenn, Comprehensive Quality Care; Lori Hendren, AARP; LaShun James, Addus; Mary Killough (for Ella Grays, Gareda Home Care); Matt Lisovitch, Philips Lifeline; David Lukens, VRI; Lubertha Mercer, HCI; Elio Montenegro, Fox Valley Older Adult Services; Kristin Murphy, IlliniCare; Lori Pence, Central Illinois Area Agency on Aging; Marta Pereyra, CLESE; Robert Spaulding, Healthcare Plus Senior Care; Susan Simmons, Help at Home, Inc.; Robert Thieman, CAE, IACCPHP; Jennifer Triplett, Community Care Systems Inc.; Kathy Wyatt, McDonough District Hospital

Members Not in Attendance:

Carol Aronson, Shawnee Health Service; Debbi Baldauff, Catholic Charities DOJ; Sherry Barter Hamlin, River to River Residential; Robert Childers, Williamson County Programs on Aging, Terri Harkin, SEIU; Greg Kyrouac, SIU School of Medicine; Lori Long, Chinese Mutual Aid Association; James Scherer, Aetna; Vicki Schlomann, IADA; Jane Stansell; Mary Lee Tomsa, DuPage County Senior Services; Kathy Woodworth, Healthcom; Barbra Wylie, IANP/Peace Meal

Illinois Department on Aging: Jose Jimenez, Jodi Becker, Brent Ellis, Gidget Freeberg, Mary Gilman, Sandy Leith, Mary Mayes, Lora McCurdy, Robin Morgan, Jennifer Reif, Brad Rightnowar, Maureen Squires, Becky Ward

Guests: Cheryl Aquirre, Home Life Healthcare; Gail Briggs, HCI; Dale Claus, LSSI; Betty DeGroot, Cass County Mental Health; Melissa Edie, CCSI; Lisa Fanning, ACHS; Stephanie Garrigan, Lifeline; Becky Gillen, McDonough County Hospital; Awilda Gonzalez, Universal Industries; Marsha Johnson, CCSI/CCU; Jean Jones, Cass County Mental Health; Richard Juarez, Lawndale Christian Health Care; Gustavo Saberbein, Abcor; Kerri Stein, Healthcom; Mikal Sutton, Cigna-HealthSpring; Bill Wheeler, ICCN; Mary Whitlow, ACHS; Cindy Worsley, Fox Valley Older Adults.

Welcome and Introductions:

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

Jose asked for October 20 meeting minutes to be approved. Elio Montenegro said he wanted the minutes to reflect his absence at that meeting. Elio then made a motion to approve with that change. The motion was seconded by LaShun James and minutes were approved.

Jose asked if there was anyone who wanted to come speak as part of the public comment portion of the meeting, and Bob Spaulding asked to speak.

Bob said that due to the budget impasse he wanted providers to be aware of private alternative/revolving lines of credit that may be available to them. After he described the service and answered questions on rates etc., Jose noted that he wanted the committee to be clear that the Department does not endorse such transactions but was simply accommodating Bob's request to convey the information as part of the public input portion of the agenda.

Jose noted that the Department does assist providers, when able, with paperwork requested by their financial lenders.

Co-Chairperson Diane Drew then called for Sub-Committee Reports:

Universal Assessment Tool

With the absence of Kathy Woodworth, Chairperson of the UAT Sub-Committee, Gidget Freeberg reported that the sub-committee is in a holding pattern due to contract delays that have slowed the implementation of UAT down. She said she has been working in the meantime on researching assessment tools in other states.

Jose said the sub-committee can resume when contract issues are resolved. Lora noted that the UAT will become a reality as our state has accepted appropriations from federal CMS to implement it.

Quality Assurance Sub-Committee

Jean Bohnhoff reported that the Quality Assurance Sub-Committee met following the Oct. 20 CCPAC meeting and also conducted two teleconferences (November 5 and 17) since then. She reported that the sub-committee continues to focus on the new federal HCBS regulations specific to Person-Centered Planning (PCP). The sub-committee is in the process of reviewing 20 questions related to PCP that will assist the Department in assessing its current PCP processes in order to determine areas that will need to be strengthened in order to comply with the new regulations. The sub-committee is still discussing the questions and will meet again following today's meeting.

Jose reminded the committee that the sub-committee meetings are posted on the website and anyone can join them either in person or by phone.

New Business

Jennifer Reif reported that the search continues for a new Director for the Department on Aging and that hopefully one will be named in the near future.

Diane asked if there is another Acting Director at this time, and Jennifer responded that there is not. Elio asked whether Kris Smith returned to DHS and Jennifer responded that Kris continues to work between both DHS and Aging offices and is able to still sign documents for Aging in her current capacity.

Fiscal

Jodi Becker told the committee that \$103 million in Medicaid funding has been released and \$110 million (non-Medicaid portion) is still pending. She said she expects to have another release of funds in December.

Elio asked what percentage would be going out, and Jody said approximately \$35 million would be available to release.

Matt Lisovitch asked if it is correct that non-Medicaid funds would not go out until a budget is passed, and Jodi stated that is correct.

He then asked for a breakdown in numbers, and Jose said we are working with providers on specifics they need.

Jodi noted that Fiscal can look up what providers need by warrant number.

Jose added said a Powerpoint was emailed out yesterday explaining eCCPIS/VRFP pending and accepted reports for both providers and CCUs.

Mary Killough asked how much of the funding has actually been paid out by the Comptroller.

Jodi said approximately \$100 million was released. She said invoices that were billed through the end of September should all be paid by the Comptroller. Of course, it depends upon when the provider billed.

Mary asked if that means when services were rendered or when they were billed. Jodi responded it means when billed i.e. the billing date contained in eCCPIS.

Bill Wheeler asked a question pertaining to a specific participant and was advised by Jodi to call her personally to rectify the situation.

Jodi said some participants come in and out of the Medicaid program due to various factors but if a provider does not think the Department is picking up enough of the cost of services at this point, he or she can call her so it can be reviewed.

Kristin Murphy asked what percentage of CCP is Medicaid-based; Jodi replied that approximately 60 percent are currently enrolled in Medicaid.

Mary Killough asked if any other programs were getting paid. Jennifer Reif replied that it would only be programs falling under the Beeks decree ordering reimbursements for providers for all the state's Medicaid recipients.

Jodi said the Department's Fiscal office has everything ready to go so there will be no delay once a budget is instituted.

Mary Killough asked about the prompt payment process.

Jodi said the 90-day "clock" for payment begins on the Friday of the week the voucher was accepted into the state system, and interest begins to be earned on the 91st day.

Matt Lisovitch asked about a scenario in which a state budget would not be passed.

Jennifer said any bills incurred will be paid.

The Department has the ability to correct/edit Medicaid billing on a two-year billing cycle.

Mary Killough asked if the Department could speak to any attempts to help providers.

Jose said providers are allowed to reduce the service area and transfer participants. Though some providers have terminated contracts, none have been terminated at a provider's request in the last two months.

Jennifer said the question of how providers are being helped is difficult to answer because the Department can help on a very case-specific basis. She reiterated that the Department is on the phone daily with different areas and problems are addressed "per area, per need." She said these are not ordinary times and there is no decisive way to address problems overall.

Mary Killough asked about how an increase in the city of Chicago's minimum wage would affect the situation.

Jodi replied that the Department has received instructions with regard to working on the submission of the FY 17 budget to the General Assembly, though it may be difficult in that much of the budget is predicated on the previous year.

Bill Wheeler asked about how things might be handled as the situation grows more dire as there have been items in the news with regard to i.e. gasoline for state cars, power bills for state lights etc. not being able to be paid.

Jodi replied that those issues are handled by CMS.

IDoA General Counsel Brad Rightnowar said some concerns brought forth are out of the Department's purview.

Bill Wheeler commented that the pressure has not been felt evenly among all parties.

Lori Hendren asked if providers are either reducing or enlarging clientele whether they will be allowed to return to previous levels of operation prior to the budget stall.

Brad responded that providers are contract-driven and that the Department believes strongly in its network. If providers have problems with regard to insurance, files etc., the Department works with them to rehabilitate the situation. Likewise, he said the Department is looking to have providers reassume their standard caseloads and the Department will help remedy where and when it can. He again stressed maintaining strong communication with the Department.

It was asked how many providers have closed; Jose responded that eight contracts were terminated though not all were due to budget-related problems.

Lori Hendren asked if a participant is transferred over to another provider if it was within close proximity and the response was that if another provider would pick up that person it would be within that provider's geographic region. It was then

asked what would happen to new participants coming on the program, and the response was that new participants are, in fact, being accepted by providers.

Brad reiterated that all participants will get service and the state will reimburse those falling within the Benson Vs. Blaser decree.

Jose mentioned that a New Provider training was taking place at the Department later in the week, so there are new providers coming on board currently.

Elio asked what the total number of current providers is.

Jennifer Reif responded that the Department has 1800 providers currently.

Jean Bohnoff commented that if new providers are entering the arena of service they must have some level of faith in Illinois.

Brad added that providers are business entities and make business decisions; caring for older adults is an important business but still a business and providers follow the dictates of their own business cycle.

Marta Pereyra said she thinks that providers may be allowed to expand in these times due to the Affordable Care Act.

A 15-minute break was called.

Upon return, Jose called for a continuation of reports.

Policy and Planning

Lora McCurdy said the Department submitted its application for its waiver renewal on November 20, 2015. She said the Department had to add some language to it to meet Person-Centered requirements. She said the Department must ensure its care settings are integrated. She said Department managers were set to meet with HFS the next day to review the site validation tool that will be used to review the settings in which participants are served, including those ADS sites which are considered “institutional.” Some settings fall under categories of “heightened scrutiny.” When visiting these sites, Department personnel must

meet with both staff and participants. Ultimately, the Department must report back to CMS on these site visits.

As part of the transition plan, the site visits must be completed by next September.

Tracy Barczewski asked whether any income guidelines would change as part of the waiver renewal. Mary Mayes reported that proposals to change income guidelines were taken out of the application.

Kristin asked if more information about Person-Centered Planning could be shared with providers.

Lora said these new requirements are non-negotiable. Further, they will result in changes to Rule and necessitate training for the network. She said HFS is going to be conducting trainings for MCOs.

Lora said the Department is on a five-year clock with the waiver renewal, though there are windows in which amendments may be made.

Jose said because it took a year to submit, the renewal would expire again in four years (though it would normally be five).

The DON score will remain at a minimum of 29.

Kristin made the recommendation that Person-Centered Planning requirements and training be consistent across all waivers.

Jean asked what would happen if the Department were not to comply with new requirements.

Lora said the penalty language in the new regulations could be shared. Though she is certain efforts would be made to help Illinois meet compliance, penalties for non-compliance range upward to stopping enrollment in CCP.

Jose said the Department participates in bi-weekly phone calls with other agencies to ensure the agencies are all working together to accomplish what needs to be done in a timely manner.

Lora next discussed the Participant Outcomes and Status Measures Quality of Life Survey, or POSM. This survey, which was initiated in 2011, is designed to provide the Department feedback on quality improvement by measuring a CCP participant's quality of life at the time he or she is assessed and reassessed.

Lora said CCUs have room for improvement on making sure the POSM is completed and submitted. She said the Department is committed to the POSM as part of our waiver. It is intended to provide Care Coordinators with information on life measures that should be considered in developing the service plan as well as provide data for the state, CCUs and Care Coordinators.

Since not enough CCUs are currently submitting the survey, there is not enough data to share with regard to outcomes. Currently, not even half of the CCUs are in compliance with the requirement.

Lora said a letter will be going out soon to tell CCUs that the Department expects compliance with this requirement and will be conducting monitoring to make sure they are doing so. The letter will include instructions on entering the POSM data into eCCPIS.

Kristin asked if the letters would go to MCOs as well. HFS is responsible for monitoring MCO's compliance with completion of the POSMs.

It was mentioned that some CCUs might be experiencing technical difficulties in submitting the POSM. Robin Morgan said IT fixed issues previously hampering the process and the survey should be uploading without any problems.

Some members mentioned that they would like to see compliance and also would like to see feedback on the surveys pertaining to their particular area.

Elio asked if the POSM results reflect on providers.

Lora said a copy of the survey could be distributed at the next meeting to give committee members a better idea of what it asks and what data could be gathered.

Lori Hendren asked if there are any age changes in the waiver and Lora responded that there are not with the exception of adding language to address the federal PCP and integrated setting requirements.

Ombudsman

Jose said that Jamie wanted to address the Committee about getting into MCOs but is training a new Regional Ombudsman at this time.

Managed Care

Robin Morgan said a new MCO named Next Level – previously a Coordinated Care Entity (CCE) with HFS is currently undergoing Readiness Reviews and will be operating in Chicago effective January 1. Paul Bennett is the Director of Next Level.

Participants should be receiving a letter and the Department will notify CCUs (of which there would only be two – HCI and UIC – between them they serve 165 Affordable Care Act members.). These news clients will begin showing up on their extract files.

Bob asked what area and Robin replied they are in an area with 606 and 608 zip codes.

The state is terminating CCE and ACE as of July. Robin said they either need to partner with MCOs or become an MCCN.

In other developments, as of April 1, IlliniCare will no longer be the 3rd Party Administrator for County Care. There is a Request for Proposal available for any other entities interested.

New Business

Mary Killough asked if there was any update on Colbert transition. Jennifer said the goal was met and the cost-neutrality report should be coming out in the Spring.

Jose adjourned the meeting at 12:15 p.m.

