



State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

February 8, 2022
1:00- 2:30 p.m.
(Approved on April 19, 2022)

Call in option: Dial: #1-415-655-0002 Access Code: 2452 106 0052#; then press # again

Video System option: Please see Outlook invite to join by video

Members in Attendance:

Paula A. Basta, Director, Illinois Department on Aging
Lora McCurdy, Deputy Director, Department on Aging (Chair)
Pamela Winsel for Kelly Cunningham, Department of Healthcare & Family Services
Darby Anderson, Addus HomeCare, Inc.
Meg Lewis for Ann Irving, AFSCME Council 31
Marsha Johnson, Community Care Systems, Inc.
Marla Fronczak, Northeastern Illinois Area Agency on Aging
Dave Lowitzki, Lowitzki Consulting
David Olsen, Alzheimer's Association Illinois Chapter

Department on Aging staff:

Sarah Carlson, John Eckert, Kimberly Flesch, Sophia Gonzalez, Amy Lulich, and Iris Schweier

Guests:

Meghan Carter, Robin Morgan (HFS), and Lauren Tomko (HFS)

Members Unable to Attend:

Lori Hendren, AARP
Anna Moeller, State Representative
Terri Bryant, State Representative
Dave Syverson, State Senator

Welcome & Introductions

John Eckert welcomed everyone to the meeting and meeting. Sophia Gonzalez shared the names of all attendees.

Approval of December 14, 2021, Subcommittee meeting Minutes

John Eckert asked for a motion to approve the December 14, 2021, meeting minutes. Marsha Johnson made a motion to approve the minutes. David Olsen seconded. No corrections or changes were noted. All members voted in favor. The approved minutes will be posted on the IDoA website.

Review Quarterly Report Data & Trends

Kimberly Flesch reviewed the Quarterly Enrollment Report; it shows the totals by PSA for the quarter. The Department IT ran a bunch of terminations for individuals listed on the IDPH deceased participant's list in December. This had not been done since January 2021 and a total of 4,200 participants were termed. As a result, Medicaid percentages went up, as shown on the report with the graph. Flesch stated that everything else remains the same. Previous year numbers have been included on the report to allow you to see the overall change from the time periods. In the Enrollment Trend report you can see that change in percentage from 74.6% in November to 76% in January. Overall, there is not really a significant change other than the terminations affecting that Medicaid percentage. The timeline graphics by PSA with lower percentages are still the same ones and we still do not know why. The upward trend throughout the last couple of years can be seen by going from 65% in September 2018 to 76% in January 2022. The Medicaid Report shows how we have been doing this. The CCUs have been submitting these reports for a couple of months now. Each CCU can see their last 12 months every time they get a report from us. If you look at December and January, those percentages have gone up a lot. There is a delay in initials coming in, as opposed to an increase in the Medicaid reports coming in. We will continue to update this information as we move on. As you can see there was an increase in December, but January is still slower, the report numbers are significantly different. The percentages are as expected 8% and when we get the numbers next month we will see those numbers go down a bit. Flesch clarified that the 76% is of the total number of CCP participants that are in Medicaid, not including MCO. She added that the breakout can be found on the Quarterly Enrollment reports. Marla Fronczak asked if there was a goal set for this subcommittee and if we are at that percentage. Eckert noted that we do not have a specific number required. Lora McCurdy added that we have made a lot of progress and have collected data. David Olsen asked for clarification on the deceased terminations if it is just a data issue or also a billing issue. Kim explained that the Department has a billing filter that stops billing as soon as we get the Public Health data on deceased. However, sometimes the data comes late, and some billing could go through. Flesch explained that this was based off authorizations, if the Care Coordinator had not entered a case authorization transaction (CAT) to terminate the individual from CCP after that deceased date. That is what was done by IT, CATs were entered and there were no billing issues, just data clean up. In the past this data clean up had been done every 3 months and this was just an oversight. David Olsen stated that this subcommittee has accomplished a lot and congratulated the Department.

Public Health Emergency (PHE) extension and Appendix K Extension

Amy Lulich shared that the federal CMS extended the PHE again for another 90 days, from January through April. The Department will have 6 months to unwind after the end of the PHE. During this time the flexibilities that were in place would still apply. Some of these flexibilities include CCUs completing remote telephonic assessments if necessary, these situations have been handled on a case-by-case basis. ADS services went remote and due to some challenges with acceptability some timelines for background checks were changed. The Department also allowed legally responsible adults to be in-home care providers. Some EHRs services were set up remotely (telephonically). Overall, there was remote flexibilities in general with all services. Meghan Carter, a guest, asked if it was the HFS Appendix K that allowed individuals to remain in Medicaid program unless they have died or moved out of state and automatically recertified them

until the end of PHE. Lulich clarified that is not Appendix K, it was an early piece of the federal legislation that required the continuity, non- termination, or suspension of services. It was just a general Medicaid continuity of care requirement; an order for states to be able to some additional federal matching percentage. Carter thanked Lulich for the clarification and asked if that continuity of Care for Medicaid will also end when the PHE ends. Lulich stated that is the unwinding of PHE that has been mentioned before, there will be a lot of things that will be unwound. Each State will be required to submit a plan on how they are going to unwind. McCurdy asked Marsha Johnson for feedback as a CCU, on the Appendix K flexibilities: how have these telephonic assessments been for the CCUs? Johnson shared that they were back in the field doing FTF when Omnicron hit hard, and they had to go back to telephonic assessments because some hospitals were not allowing for FTF visits in Chicago. She also shared that when they went back to the field 6 months ago, they noticed that seniors that had been active 1 or 2 times a week were not as mobile as they used to be. Perhaps because they had not been attending Senior Centers or other activities and had been home receiving Home delivered meals.

Enhanced FMAP

John Eckert shared that the Department has has 7 spending areas approved for the Persons who are Elderly Waiver. The spending areas for the FMAP included: the CCU Workforce Retention grants; rate increases for CCUs, in-home and ADS; Fall detection and GPS features added to the EHRS service; expanding assistive technology and device access (Illinois Care Connections and ATAD education); ADS outings; and environmental home modifications and repairs. Eckert shared that the Department is looking forward to expanding these areas in the future and will have many meetings moving forward. McCurdy thanked the HFS team, and she shared that at the CCPAC meeting this morning the network was excited that the Department will be adding these services. These services will increase senior's ability to stay in their homes. Pam Winsel stated that she is happy to be working with the Department and was thankful to get the final approval. Eckert also stated that the Department plans to add additional staff to help operate these programs.

Review Subcommittee requirements and timeframe for final reporting

John Eckert stated that there had been some discussion on the role of the OASAC Subcommittee if the goals have been met and what else needs to be done. He shared that he reviewed the 5-page P.A.100- 0587 document that was circulated with the invite, it outlines the goals of this subcommittee. These requirements were that the Department provide an enhanced rate to ensure that older adults enroll in Medicaid, which was done with the new rate of \$200. These requirements were also for state agencies to make enrollment in the State and the department has collaborated with HFS. The Department has created a report using a developed Report Uploader to document when the CCUs are making sure that the applications are being entered into the HFS system. HFS has also added new staff and it expanded their capacity to process applications. There was a huge backlog. The legislation also includes the formation of this subcommittee and we have been meeting as required in the statute. While we have had limited participation from our legislative members, the Department continues to send them the information with the invite and hopefully they are looking at the information and know that we continue to move forward with the mandate. Flesch has broken down the numbers for reporting of Illinois residents enrolled in CCP and whether they are enrolled in medical assistance programs. We continue to look at those who are not enrolled and are eligible and have addressed all of those and we have all

just looked at a plan to address these all. Further in the P.A. 100-587 it again addresses streamlining the application process. This legislation went into effect on June 4, 2018, and we are required to continue this for 5 years; therefore, the subcommittee will sunset on June 4, 2023. David Olsen mentioned that the Alzheimer's Association Illinois Chapter would introduce legislation if we would like to sunset since we have clearly met the goal. We would need a consensus of members if that how we want to proceed. Dave Lowitzki shared that he would be fine with ending the subcommittee but suggested that the Department continue to share these data reports. Another suggestion was to keep meeting a couple of times a year or even provide updates during other quarterly OASAC meetings. Marsha Johnson commented that she is fearful that when Appendix K goes away that the traditional Medicaid will drop and added that she can go either way, they have quite a few over assets. Dave Lowitzki suggested that the data can be shared and discussed at CCPAC or OASAC meetings. McCurdy shared that the Department had received an audit finding for not scheduling one of these subcommittee meetings within the quarter in the past. She is not sure that we can end this subcommittee without having audit findings. Eckert agreed that we need to continue to meet. Johnson stated that it sounds like a lot of work to get out. Flesch shared that it doesn't sound like she is getting out either, if the reports will need to continue. Eckert commented that Lowitzki can try to repeal. Lowitzki responded that they will support the Department. Mala Fronczak stated that it would be interesting to follow how this will all unwind after the Appendix K. She added that she doesn't attend CCPAC or full OASAC for the FMAP updates. Eckert added that an update will be provided at AAA meetings too going forward. Eckert stated that perhaps the one-hour meetings will end up being 30 minutes.

Public Comment, Other Issues & Announcements

Meghan Carter, attorney at Legal Counsel for Health, commented that she is not a member but is interested in becoming a member. She echoed what Marla Fronczak and Marsha Johnson that she is very interested in how enrollment can continue when the PHE unwinds. She asked that if as a subcommittee we see a role as potentially thinking about ways to outreach because from the older adult's perspective, they have not heard much from HFS. Carter stated that she knows that HFS has been working hard and it would be great to support their efforts. Going back to meeting spenddown and having to meet the spenddown will be a big change that will affect this population and we can look at supporting outreach. Another suggestion is to look at HB4343 proposed by speaker Harris that would eliminate estate recovery. She has heard that fear of estate Medicaid recovery is one reason why Medicaid enrollment has been rejected by potential participants and this is something that could affect our population. Carter added that she would be happy to put the fact sheet or link to the bill in the chat. Johnson stated that she would love to have access to that information and agrees that we should support outreach in any way we can. Marsha Johnson stated that they have a few that are over assets. Eckert added that there will be a lot of people over income and assets that do not qualify and there will be a shift in numbers. Lora McCurdy stated that we can add unwinding to the agenda and share the federal guidance about unwinding.

Adjournment:

Marsha Johnson made a motion to adjourn the meeting. Dave Lowitzki seconded. All members voted in favor. The meeting was adjourned at 1:46 p.m.