State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

February 26, 2019
3:00- 4:30 p.m.

Chicago Location: IDoA Conference Room
160 N LaSalle St., 7th Floor
Chicago, IL 60601

Springfield Location: IDoA Offices (at DNR Building)
One Natural Resources Way
Rock River Conference Room
Springfield, IL 67202

Members in Attendance:
Jean Bohnhoff, Director, Illinois Department on Aging
Jamie Ewing, Deputy Director, Illinois Department on Aging (Chair)
Darby Anderson, Addus HomeCare, Inc.
Kelly Cunningham, Illinois Department of Healthcare and Family Services
Marla Fronczak, Northeastern Illinois Area Agency on Aging
Lori Hendren, AARP
Ann Irving, AFSME Council 31
Dave Lowitzki, Lowitzki Consulting
Gabriela Moroney, Illinois Department of Human Services
Marsha Nelson proxy for Marsha Johnson, Community Care Systems
Dave Syverson, State Senator

Department on Aging staff:
Rhonda Armstead, John Eckert, Kimberly Flesch, Mary Gilman, Sophia Gonzalez, Lora McCurdy and Jose Jimenez

Members Unable to Attend:
Terri Bryant, State Representative
Anna Moeller, State Representative
Andrew Kretschmar, Alzheimer's Association Illinois Chapter
Iris Martinez, State Representative

Welcome and Opening Remarks
Deputy Director Jamie Ewing thanked everyone for joining the meeting. Ewing reaffirmed the primary purpose of the OASAC Subcommittee which is to look at Medicaid enrollment to maximize federal Medicaid funding for the Community Care Program (CCP) to create savings for the State of Illinois through federal match. He shared that the subcommittee will meet for 5 years on a quarterly basis to review data and progress. Three data sets that will be reviewed: looking at individuals that are CCP Medicaid enrolled, CCP non-Medicaid enrolled individuals, and individuals that are CCP

non- Medicaid but would be eligible for Medicaid. Ewing shared that the subcommittee will also be looking at the $200 Medicaid Enrollment Application Fee (added to BIMP). Ewing shared that the Department is looking into the feasibility of this rate with the current rate studies.

Call to Order

Ewing called the meeting to order. All members and attendees introduced themselves in Chicago, on the phone and in Springfield.

Approval of Inaugural Subcommittee meeting Minutes

Ewing requested approval for the September 25th minutes. Gabriela Moroney had some corrections. Marsha Nelson made a clarification that the CCP billing code 89 is not used for Medicaid applications but is used by CCUs for follow up visits to return to client's home for a FTF visit when additional information needs to be gathered. Ewing shared that he believes that code 89 is also being used redeterminations but we can clarify. Marsha Nelson stated that the CCUs do not use that bill code for Medicaid Redeterminations only for return visits to the home or to the Medicaid office. Lora McCurdy stated that the Department advised the CCUs to go ahead and use code 89 to assist people with Medicaid redeterminations, but it must be a face-to-face (FTF) visit separate from an assessment. Marsha Nelson agreed that the FTF visit had to be simply for the redetermination. Ewing asked if minutes are approved with that amendment. No objections. Minutes were approved.

CCP and Waiver Eligibility Requirements

Lora McCurdy shared that the Department thought it would be helpful for the subcommittee to understand the CCP and Medicaid Waiver eligibility requirements. The four objectives of the PowerPoint included: 1) to review IDoA's CCP eligibility requirements and the Elderly Medicaid 1915 (c) Waiver eligibility requirements; 2) to review IDoA's role in initiating the Medicaid application and the redetermination process; 3) to review the current inter-agency collaboration required for processing of Medicaid applications and the existing IDoA limitations for the review of data specific to the status of Medicaid applications and 4) to discuss additional data sets and management reports that would be beneficial to the Subcommittee discussion in their deliberations towards the goal of maximizing federal Medicaid funding for CCP. McCurdy discussed eligibility requirements for both CCP Non-Medicaid) and CCP Elderly Medicaid 1915(c) waiver. She noted that the functional eligibility is the same; meaning that the people must have a score of 29 or more on the Determination of Need (DON). Also, for both you must be a U.S. Citizen or non-citizen within non-specified categories and a resident of the State of Illinois. One difference noted was that for CCP (Non-Medicaid) you must be age 60 or older and for CCP Elderly Waiver you must be age 60-64 for disabled or 65 or older for elderly. For CCP non-Medicaid you must have a total value of nonexempt assets below $17,500 and for CCP Elderly Medicaid 1915 (c) Waiver you must have less than $2000. For CCP Income is self-reported and not used to determine eligibility for services. For CCP Medicaid, income is limited to 100% of the federal poverty level, which is at or below $12,490 for 2019. For both you must provide financial related documentation to support eligibility and be safely maintained in the home or community-based setting with the services provided in the plan of care. For CCP Non-Medicaid you must agree to apply for Medicaid if assets are below $4000. McCurdy shared that this information will be reviewed again during the flow chart review, but it is important to know that CCP participants must agree to apply for Medicaid and cooperate if assets are below the

$4000. She also shared that the CCUs have been instructed not to authorize services if the CCP participant does not cooperate and apply for Medicaid.

The CCP Administrative rule requires CCP participants to make a good effort to apply for and if financially eligible enroll in Medicaid as a condition to receive CCP services. An exception is if a participant has between $4000 and $17,500 in assets they are not required to complete a Medicaid application but are still eligible for CCP, based on having assets below the $17,500. Also, an individual who is between the ages of 60 and 64 and does not qualify for disability benefits, does not have to apply for medical assistance per DoA current policy. Once the individual reaches the age of 65, they are required to apply and enroll for medical assistance if their assets are under $4000. It was noted that if the intent of the CCP Medicaid policy is to ensure that persons that may be eligible for, but not enrolled, in Medicaid be required to apply, then the guidelines that drive whether someone is required to apply, should be updated to reflect newer eligibility rules. The Department plans to review CCP administrative rule and Medicaid policy ensure that they align with the ACA eligibility requirements. Gabriela Moroney, DHS, reviewed a fact sheet titled Impact of Employment on Eligibility for Medical Assistance for Individuals with Disabilities that is from the DHS website. The fact sheet was developed in response to questions about how income from employment effects eligibility for Medicaid members who have disabilities, but she thought this document might be a useful document because it was recently written with input from HFS. This is a good reference tool to highlight the differences in categories. The Affordable Care Act (ACA) group is a category of persons between the ages of 19-64 that went into effect in Illinois on January 1, 2014. For the ACA group, the individual's income level should be at or below 138% below the Federal Poverty Level (FPL) and these individuals do not need to have a disability or be the caretaker of minor children. The eligibility is based on low income and as long as they meet the other Medicaid eligibility requirements of living in the State of Illinois and U.S. citizenship or being in an eligible category for immigrants. This is the new group and there is no asset limit for this group and this category shifts the way that CCP looks at eligibility. Gabriela shared that the other eligibility category that has been more relevant to CCP in the past is the Aid to the Aged, Blind and Disabled (AABD). This category is for individuals under 65 and are on disability and are low income. This category has a lower income threshold; either disabled or over age 65. The AABD income level is 100 FPL and the asset limit of only $2000. If someone has assets over the $2000, they would not be eligible until those assets are spent down.

DoA staff reviewed spenddown and how it impacts Medicaid eligibility. Individuals that are between the $2000 and $4000 asset level can use spenddown to qualify for Medicaid. CCP costs can count towards spenddown.

DoA staff provided an updated report with a break out of the MCO, Medicaid and non-Medicaid CCP populations. In the CCP category, those not in an MCO, 51% are Medicaid and 49% are Non-Medicaid (1st pie chart). DoA staff reviewed the pie chart on the PowerPoint. Both the orange and the blue sections in the second pie chart are both Medicaid, but they also wanted to point out those people that are on spenddown because 36% of the aging participants that are on Medicaid are on Medicaid because they met Spenddown. These people would appear to be over assets or over income, but they are meeting their Medicaid criteria through the spenddown process. The other four categories on the 2nd pie chart is the Non-Medicaid population. The gray section are CCP participants who look like they would not meet the qualifications for Medicaid and we would not require them to apply for Medicaid. The yellow section are people who

look like they would not meet the Medicaid criteria but, in our policy, they would have been required to apply 9 about 21% of all our participants). The pink section are those that are age 60-64, income is not included, income for IDoA is self-reported. There are 2,000 people who are 60-64. Per DoA current policy they aren't required to apply for Medicaid unless they did have a disability. The green area are the people that according to their assets and income level a, appear to be eligible for Medicaid but are currently not enrolled on Medicaid a total of 8,170 individuals (10% of CCP). Department staff have been working with HFS staff further analyzing the 8,170 individuals (green section) and the reasons as to why they are not enrolled on Medicaid. Medicaid applications are either submitted through ABE electronically or sent into the DHS local offices. Right now, the Department on aging is not notified when an application is submitted.

DoA reported on the critical role of the CCUs in assisting with Medicaid and Redetermination processes is critical. There are two ways to apply for Medicaid; the automated Application Benefits Eligibility (ABE) system and submission of a paper application at the local DHS offices. There is a function within ABE IES - manage my case which allows the Care Coordinators to assist participants with the online application process. Marsha responded that they are part of that process in ABE, however they do not always get a client's name, only ID case number and they cannot always look them up. She added that it would be helpful if they received those notifications with client names. One of the biggest issues with the ABE system for Marsha's CCU is the time lost uploading the documentation. IDoA has data limitations that impact its ability to analyze trends or to resolve issues. The Department is in the process of developing a system to track client specific data related to the submission of Medicaid applications.

Dave Lowitzki asked how many people fall off each time they have a redetermination. Dave stated that this analysis would be important because these persons circumstances don't change a lot for a reason, if we had reasons on why they fall off, it would be helpful in identifying the problem, how many have private insurance. McCurdy asked Marsha Nelson, Shawnee Health Systems, if there are any consistent findings as to why people are denied or what documentation is missing. Marsha shared that the biggest issue they have is that they send/upload the documentation and get notification that they need the same documents again to both the FCRC and the ABE system. Apparently, documentation gets lost and sometimes participants end up with multiple applications because they do not get the notice to complete an appeal.

Enrollment Application Fee

The Governor's introduced budget includes $24 M to assist with compensating the CCUs for assisting CCP participants with the Medicaid application process.

Other Issues and Announcements

No announcements.

Motion to adjourn

The meeting was adjourned at 4:26pm.