State of Illinois
Illinois Department on Aging

Minutes of the Meeting of
The Illinois Long-Term Care Council
Tuesday, January 19, 2016
10:00am – 3:00pm

Voting Members Present: Jamie Freschi, Stephen Iden, Marsha Johnson, Pam Neibuhr, Wayne Smallwood and Greg Wilson

Voting Members Present via Teleconference: Bill Bell, John England, Matt Hartman, Lori Hendren and David Sutor

Voting Members Absent: Ann Ford, John Hosteny, Phyllis Mitzen and Dr. Carolyn Peck

State Agency Representatives Present:

Department on Aging - Acting Director Jean Bohnhoff, Deputy Director Jennifer Reif, Jose Jimenez, Brad Rightnowar, Lyle VanDeventer, LaRhonda Williams, Gidget Freeberg, Brent Ellis and Jessica Blood

Department of Healthcare and Family Services – Janene Brickey and Michelle Eckhoff

Secretary of State - Mary Riseling

State Agency Representatives on Phone:

Department on Aging – Jessica Belsly

Department of Public Health – Darlene Harney, Connie Jensen, George Logan and Sean Dailey

Guests and Others on Phone: N/A

Recorder: Jessica Blood

Welcome & Introductions

The meeting was called to order by Chairman Stephen Iden at 10:08 a.m. Introductions were made by attendees. Roll was taken by Jessica Blood.

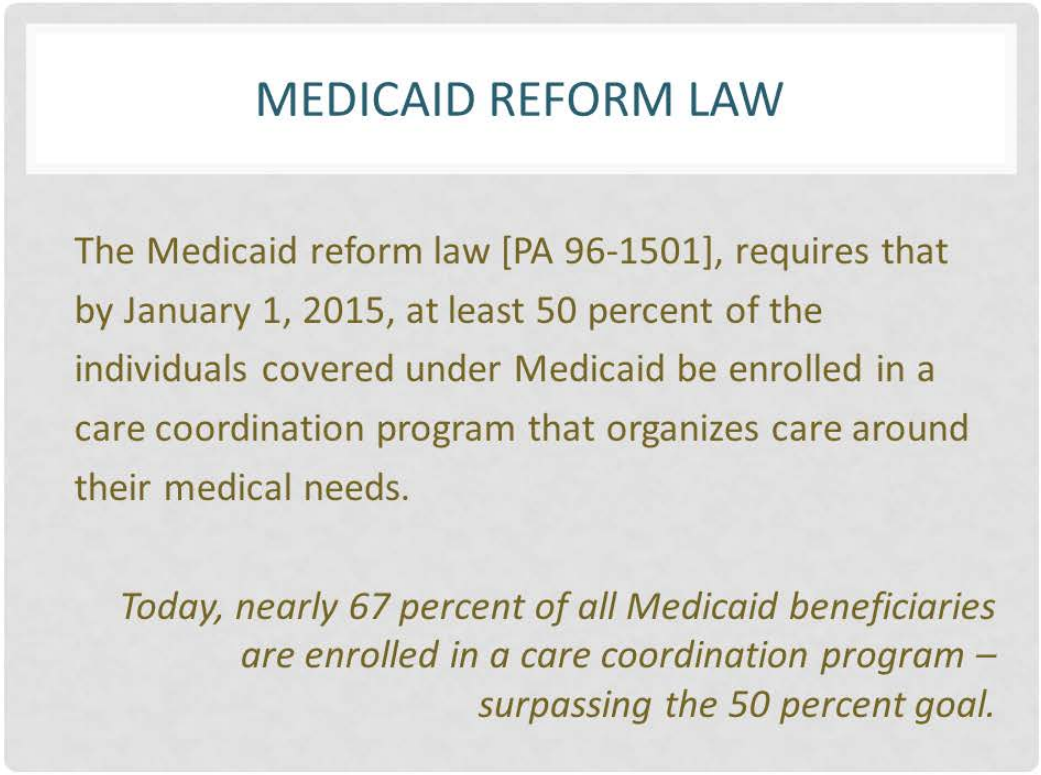
Approval of Minutes

Members reviewed the minutes of the previous meeting of the Council held October 21, 2015. Chairman Iden asked the members if there were any corrections that needed made; hearing none, he requested a motion for approval of the minutes.

Motion: Wayne Smallwood made the motion to approve the October 21st, 2015 minutes with no corrections. Mary Riseling seconded the motion. All members voted aye and the motion carried.

Old Business

Speaker – Michelle Eckhoff, Department of Healthcare and Family Services



Care coordination
is the centerpiece of Illinois' Medicaid reform. It's aligned with Illinois' Medicaid reform law and the federal Affordable Care Act.

DID YOU KNOW?

- HFS Medicaid has traditionally been a fee for service model, but is evolving into a capitated risk- based model that:
  - Provides quality care
  - Results in better health outcomes
  - Reduces costs
- HFS managed care has expanded to five mandatory regions in Illinois.
  - Eligible individuals in the mandatory regions must enroll in one of the available health plans.
  - The 5 mandatory managed care regions include: Greater Chicago, Rockford, Central Illinois, Quad Cities, and Metro East

(Of the 102 counties in Illinois, 30 counties are included in the 5 mandatory managed care regions.)

- HFS contracts with several health plans to serve more than 2 million Medicaid individuals currently enrolled in a Managed Care Program.

MANAGED CARE TERMS

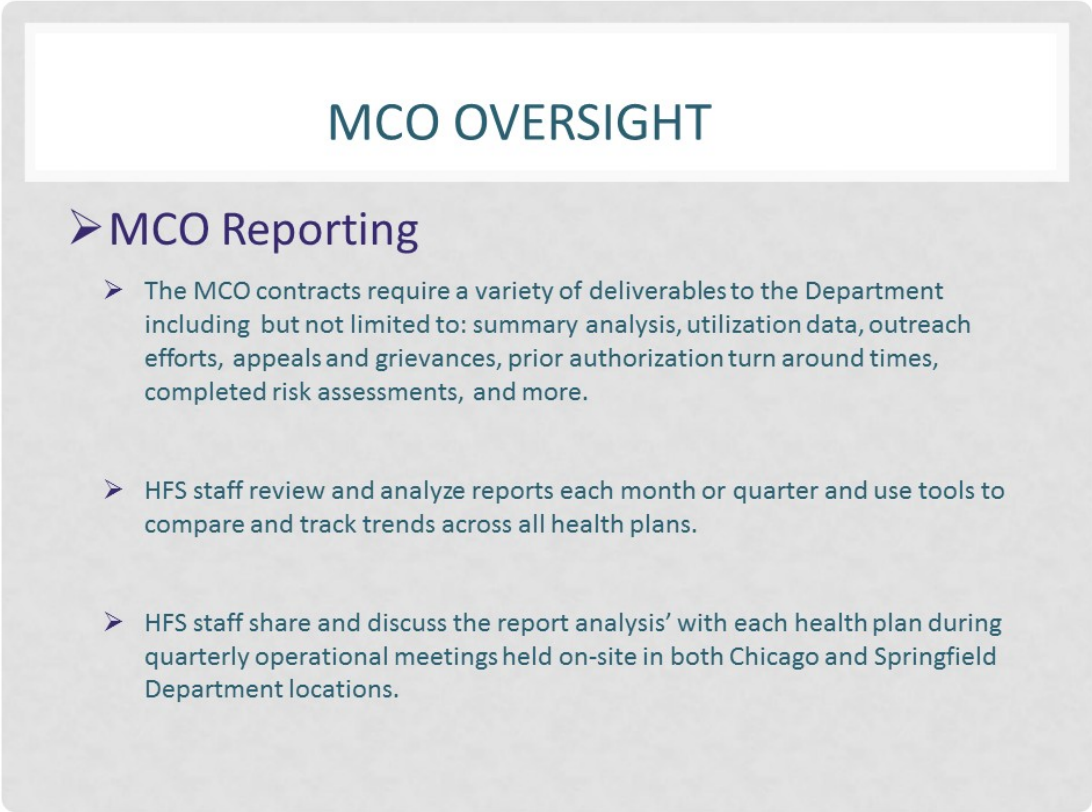
- Care Coordination
  - The organization of an individual's care activities and the sharing of information among all of the participants concerned to achieve safer and more effective care; this integration of care is implemented by HFS through Managed Care Programs
- Capitation - A set fee regardless of health care services provided; payment model in which providers are reimbursed by MCOs
- Fee For Service - A separate fee for each health care service provided; payment model in which providers are reimbursed by HFS
- Health Plan
  - An entity that manages health care services; also referred to as a Managed Care Entity (MCE)
- Managed Care Organization (MCO)
  - A Health Plan that receives an upfront capitated per member per month payment in exchange for providing health care services to members
  - Under this full-risk arrangement, MCOs must also provide care coordination services consistent with each member's level of need
  - MCOs include Health Maintenance Organizations (HMOs) and Managed Care Community Networks (MCCNs)

MANAGED CARE PROGRAMS

- Primary Care Case Management (PCCM)
  - Most HFS Medical Program Recipients in the voluntary counties who are not enrolled in managed care
- Integrated Care Program (ICP)
  - Seniors and Persons with Disabilities (SPD) age 19 and older
  - 5 mandatory managed care regions
- Medicare-Medicaid Alignment Initiative (MMAI)
  - Persons with *full* Medicaid and *full* Medicare benefits aged 21 and older; often referred to as Duals
  - Greater Chicago and Central Illinois regions
- Family Health Plan (FHP)
  - Families, Children with Special Needs, and Affordable Care Act Adults (ACA Adults)
  - 5 mandatory managed care regions

Wayne Smallwood inquired about the status of the MLTSS provision of the MMAI program. Ms. Eckhoff replied the following regarding the MLTSS program:

- It is slated to begin its first rollout in July 2016.
- HFS is currently still working on the programming.
- The program will expand to the greater Chicago area first; Central Illinois is still in discussions at the moment.
- MCOs have contracts in draft form.
- On track to start mandatory enrollment for anyone who has opted out of MMAI:
    - Individuals have to be full Medicare/Medicaid.
    - Those who have LTSS through HFS will be required to choose an MCO to provide those needs; at the same time, these individuals will be reminded of the opportunity to enroll in voluntary MMAI program which offers a more complete, holistic view of their care.
- HFS is choosing the same MCOs who serve the MMAI population to serve the MLTSS population.
- Central Illinois region is on hold because there is not yet a second choice of MCO; HFS is currently working on finding another MCO.

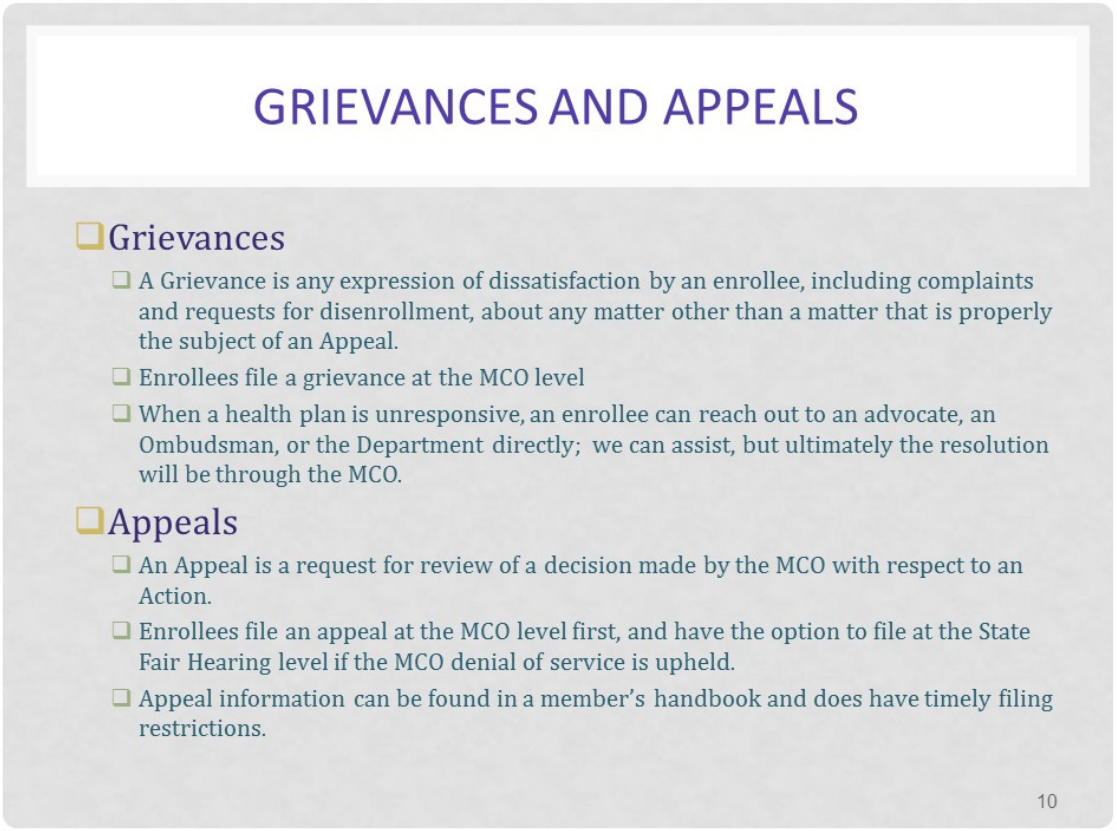


Wayne Smallwood inquired whether the metrics for the Quality Indicators listed on the HFS website are up to date. Ms. Eckhoff stated that she wasn't sure if those were current, but that would be the place to find them. Wayne also inquired who the new bureau chief for Quality Management and Ms. Eckhoff stated that the bureau chief is Silvia Riverton-Lewis.

Lyle VanDeventer inquired if, when MLTSS starts, whether the MCOs would also manage the waiver services. Ms. Eckhoff stated that LTSS services would be handled by their MCO, like with MMAI. However, with MLTSS, Medicare providers would bill Medicare (fee for service, another MCO on a Medicare advantage plan, stand-alone Part D plan, etc.).

Wayne Smallwood inquired whether HFS had an idea of the number of people who have opted out of MMAI. Jennifer Reif stated that there are 11,000 individuals who have opted out of MMAI; these individuals will be mandated to sign up for MLTSS.

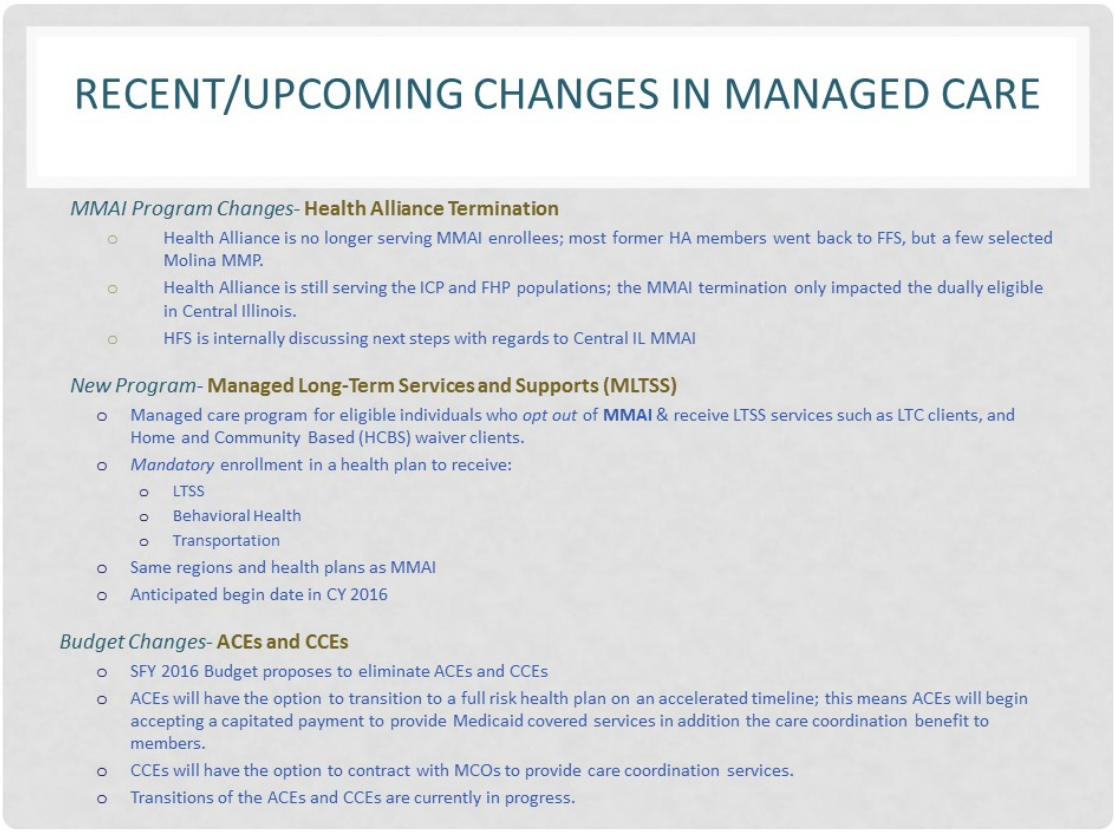
Wayne Smallwood stated that the department currently passes the Medicaid fee for service rate on to the providers through the first three years of MMAI and inquired whether or not that is expected to continue and when they may have to start negotiating rates with MCOs. Ms. Eckhoff stated that HFS provides all of their rate data and historical claims to the MCOs. There are certain services where HFS has stipulated in the contract that not only do they need to fairly distribute to those providers if the client doesn't have a particular provider in mind, but also at no less than the state rate. In some services, there is flexibility where the provider could pay a different rate than the Medicaid rate; this is a contract between the provider and the MCO.



Ms. Eckhoff clarified the difference between a grievance and an appeal that clients can make.

- Grievances include:
  - Doctor was rude in the office
  - Individual does not want to be enrolled in the program
- Appeals include:
  - Medication being denied
  - Client unable to get durable medical equipment that they requested
  - Client and doctor think they need a surgery, but surgery was denied by the MCO

Wayne Smallwood inquired if HFS knew the percentage of complaints that go through the appeal process. Ms. Eckhoff stated that they don't have a percentage, but the number isn't high and many of them are overturned because the provider did not provide all of the information that was required.



Ms. Eckhoff stated that the Department of Healthcare and Family Services put out a provider notice on January 4th that describes in detail where the enrollees in the formally fee for service care coordination models are now going. One former ACE, Next Level, has recently become an MCCN and took on their membership January 1st. The Department of Healthcare and Family Services now has 13 MCOs across the state. MCOs are working with CCEs, hiring staff, to make sure that clients aren't just moving to an MCO but are able to take their care coordination team with them.

Jamie Freschi asked if the MLTSS would be utilizing the same MCOs that are currently under MMAI. Ms. Eckhoff confirmed that yes, they would be.

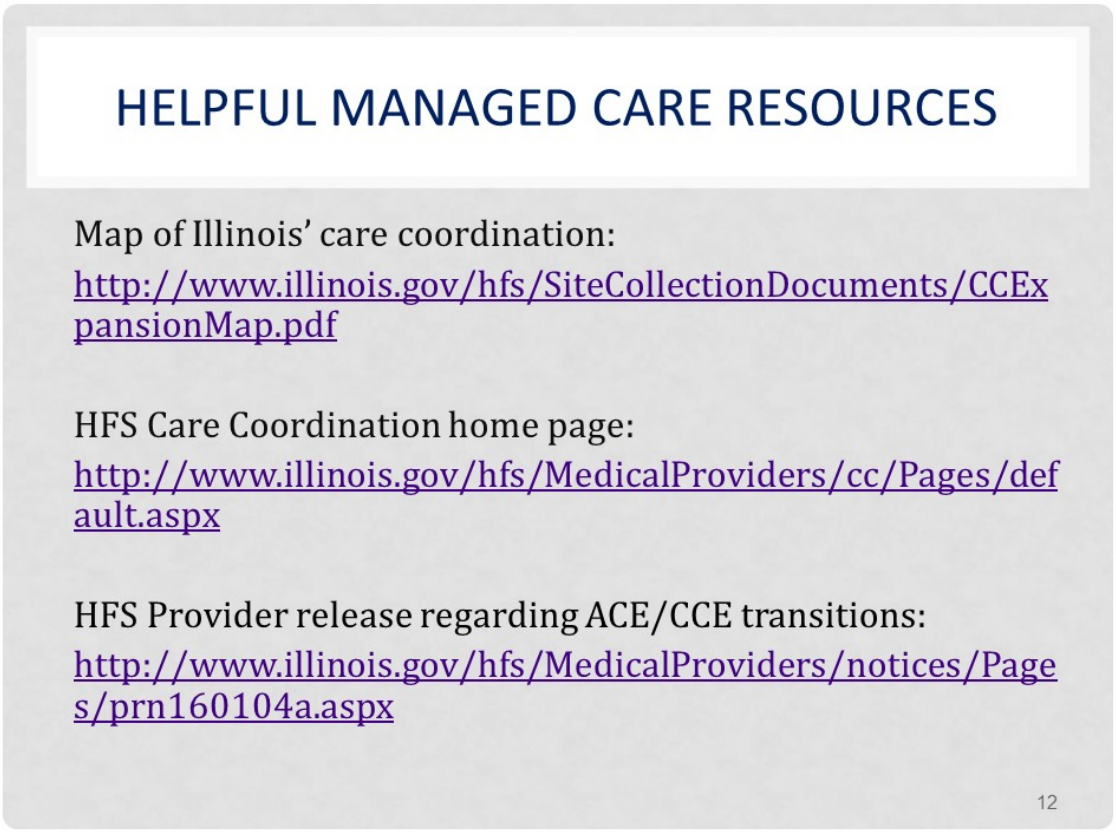
Jamie then inquired whether they were close to a second option for Central Illinois and Ms. Eckhoff stated that they are currently exploring their options.

Wayne Smallwood asked what the Department of Health and Family Services' stance was on expanding beyond the five current geographic regions. Ms. Eckhoff stated that she hasn't heard of expansion primarily because it is difficult to build networks in rural areas.

Lyle VanDeventer asked if there was any thought of expanding in the St. Louis metro east area. Ms. Eckhoff stated that they feel the three current counties are all that HFS can support at this time.

Wayne Smallwood asked if HFS feels like the information going on patients' credit files are accurate and sound. He stated that this had been an issue at one time and that billing and claims is the number one issue that providers are facing. Ms. Eckhoff stated that the patient credit file is accurate at this time as

confirmed by the most recent run. She also stated that the problem with the patient credit file is lag time, which HFS cannot control. She stated that it depends on when long term care data gets added to the case by the sister agency.



Term Letters
Chairman Iden then asked the members of the council if they had all received their corrected term letters and if there were any further corrections that needed made. Hearing no corrections, he moved on to the updated membership.

Membership List
Chairman Iden stated that David Sutor and Ann Ford's terms needed to be listed as their first terms since they had each had a break in service. He then asked the council members if there were any other corrections that needed to be made. Hearing no other corrections, Chairman Iden asked for a motion to approve the corrected list.

Motion: Marsha Johnson moved to approve the membership list with the stated corrections, Wayne Smallwood seconded the motion; all members voted aye and the motion carried.

By-Laws
Chairman Iden brought the members attention to the amended By-Laws and stated that a reference to the statute, Section 4.04(f) mentioned needed to be changed to Section 4.04a(f). Chairman Iden then asked the council members if there were any other corrections needed. Hearing none, he asked for a vote to approve the By-Laws with the above mentioned change.

Motion: Wayne Smallwood moved to approve the By-Laws with the change, Mary Riseling seconded the motion; all members voted aye and the motion carried.

Legislative Update

Brent Ellis stated that the legislative team is closely monitoring on-going appropriations discussions, but there have not been many updates since the formal end of the last session in late spring. He stated that the legislative team is also working to field a couple of proposals that have been put forward by the Department and are waiting to see what bills come from the General Assembly that will pertain to the Department on Aging. Chairman Stephen Iden asked if there was anything of particular interest that was coming and Brent replied nothing as of yet. Brent also stated that there is a periodic legislative update on the Department's website that would include not only reforms that directly affect the Department on Aging, but long term care in general. He added that there should be another legislative update on the website around the end of February.

Proposed Changed to Legislation

Chairman Iden brought the council members' attention to the proposed change in legislation that would amend the Illinois Act on Aging as follows:

Part of the current statute for the Illinois Long-term Care Council[4.04a(e)]:

(e) Composition and operation. The Illinois Long-term Care Council shall be composed of at least 18 but not more than 25 members concerned about the quality of life and long-term care facilities in protecting the rights of residents, including members for long-term care facilities. The State Long-term Care Ombudsman shall be a permanent member of the Long-term Care Council. Members shall be appointed to a 4-year term with initial appointments staggered with a 2-year, 3-year, and 4-year terms. A lottery will determine the terms of office for the members of the first term. Members may be reappointed to a term but no member shall be reappointed to more than 2 consecutive terms. The Illinois Long-term Care Council shall meet a minimum of 3 times per calendar year.

Proposed suggested change to the legislation:

(e) Composition and operation. The Illinois Long-term Care Council shall be composed of at least 18 but not more than ~~25~~ 30 members concerned about the quality of life and long-term care facilities in protecting the rights of residents, including members for long-term care facilities. The State Long-term Care Ombudsman shall be a permanent member of the Long-term Care Council. Members shall be appointed to a 4-year term ~~with initial appointments staggered with a 2-year, 3-year, and 4-year terms. A lottery will determine the terms of office for the members of the first term~~. Such terms shall be staggered among members. Members may be reappointed to ~~a~~ another term of four years. Appointments for 3 consecutive terms are disfavored, but shall be allowed for special circumstances as determined by the Department. ~~but a~~No member shall be reappointed to more than ~~2~~3 consecutive terms. The Illinois Long-term Care Council shall meet a minimum of 3 times per calendar year.

Reasons for the proposed changes - The majority of the stricken material is no longer relevant and is very confusing. The reason for the increase in members is that presently we are at 24 members with three required vacancies to fill. The reason for the proposed increase in consecutive terms is because some of the required member categories may be difficult to fill and

if someone is found and is willing to serve in that capacity they can be retained for an additional term. However, that third term is listed as disfavored to try to maintain the original statute's goal of bringing in fresh blood to the Council.
Note that if we do change the number of members, §4.04a (b)(4) will also have to be altered to reflect the change in membership from 25 to 30.

Jamie Freschi suggested that the statute needed to clarify what would constitute a special circumstance with regards to a member being appointed to a third consecutive term. Chairman Iden replied that the proposed change was left vague so that the Department on Aging Executive staff could determine these circumstances on a case by case basis. Brad Rightnowar suggested that amending the Administrative Code or the Council By-Laws would be a better avenue to take with regards to listing the special circumstances in which the Department would appoint a member to a third consecutive term, for example:

- After a diligent search, nobody can be found within the vacant member category.
- Industry trends dictate that a certain individual has the expertise and should be retained.

Wayne Smallwood inquired why the change from 25 – 30 members was requested. Chairman Iden replied that the change was to make room for the current members serving on the Council as well as the current vacancies, which are mandated by the Act on Aging.

Lori Hendren inquired about who the final decision would fall to with regards to the special circumstances and a third consecutive term. Chairman Iden replied that the Director of the Department on Aging would be the final approval authority.

Lori Hendren then asked if the intent was to have the change filed in the House or the Senate in 2016. Brad Rightnowar replied that the Council members needed to have the proposed legislation circulated amongst them and provide feedback to a committee formed by the Council. Once the committee has a final draft, they could forward to the Department on Aging for additional review and corrections as necessary and then put forward as a potential administrative bill.

Chairman Iden then requested a motion to table the discussion on the proposed change in legislation until the next council meeting to ensure that each council member had the opportunity to review the proposed change and send any amendments to Jessica Blood in the meantime.

Motion: Lori Hendren made the motion to table the discussion until the next council meeting, Mary Riseling seconded the motion. All members voted aye and the motion carried.

Jamie Freschi requested to establish a deadline on sending the amendments. The council members decided that April 5th would be the deadline.

Chairman Iden then brought up the subject of committees within the council and suggested that the council needed to have a committee for the council's annual report. Jamie Freschi volunteered to be the representative for the Department on Aging and asked if there was anything that was specifically required to be included in the report. Alex Burke stated that the requirements were outlined in the statute and would be sending that to the committee members. Gidget Freeberg and Chairman Iden also volunteered to be a member of the committee. Chairman Iden then stated that the Director would appoint another individual to be a member of the committee to prepare the council's annual report.

New Business

State Agency Reports

Department on Aging

Deputy Director Jennifer Reif gave the following updates:

- New Director – Jean Bohnhoff, starting on February 1st
- Working to move funding to the network as quickly as possible:
    - Recently able to release some funding for Older American's Act, Ombudsman and Adult Protective Services because of the inability to decipher between Medicaid and non-Medicaid; CCP – Medicaid services only
    - Program staff in the field and on the phone providing technical assistance to keep providers with as much assistance as possible
- In continual contact with the Governor's Office regarding hardships and closures
- Quality Assurance will be a priority within the department; looking from the top down on how to put together more effective performance measures
- Working on FY17 budget, challenging but moving forward

Lori Hendren asked about the Older American's Act services funding for Home Delivered Meals and Ombudsman and whether or not those were state funds. Jennifer stated that it is a state and federal initiative. Lori then asked if the release of the funds was under a consent decree and Jennifer responded that it was based on the Beeks consent decree. Lori asked how much the funds would be and what the process was for agencies to get those resources. Jennifer stated that billings are paid by the date they are submitted to the department.

Department of Healthcare and Family Services

Janene Brickey gave the following updates:

- Revised statewide transition plan for the home and community based waivers have been posted in response to federal CMS and public comments; comment period for the revised plan ended January 18. HFS will be preparing to go through those comments and submit further changes as necessary.

Department of Public Health

Darlene Harney stated that there were no updates to report.

Ombudsman Program

Jamie Freschi gave the following updates:

- Gidget Freeberg has moved to the Ombudsman program and will be responsible for coordinating and implementing training sessions and conferences, monitoring the Money Follows the Person grant, as well as disaster preparedness policies and procedures
- Erin Davis is the attorney for the Ombudsman program under the supervision of General Counsel Brad Rightnowar
- New Regional Ombudsman in area 5
- Two Level II Trainings scheduled for February 2-3 in DuPage and in East St. Louis area March 2-3
- When there is a budget, Ombudsman program will host a train the trainer session to enable more Ombudsmen to implement Level II training more efficiently across the state

- Making site visits to new Regional Ombudsman staff for one on one mentoring and technical assistance
- 3 of the 17 regional program assessments have been completed; several are overdue and some are struggling due to the budget impasse
- Working on getting RFPs out for FY17 for GRF and federal funding; will work on separate grant applications for Money Follows the Person and for the providers
- Homecare Expansion grant has to stay separate for now, but Ombudsman program will incorporate Money Follows the Person, provider grants with the GRF federal funds into one RFP
- All deliverables will remain the same for Money Follows the Person
- Working on bed counts for area funding
- Working on revision of State rules based on Federal rules which will be in effect July 1st, 2016
- Will need to revise policies and procedures to ensure program is in compliance with Federal rules after State rules are approved

Lyle VanDeventer gave the following updates:

- 3 funding sources for the homecare expansion, adding to approximately $2 million
    - Approximately ¼ of the funding comes from a federal grant to cover Managed Care Ombudsman services in Chicago and Central Illinois
    - Approximately ¼ is long term care funds (bed tax) that can't be released yet
    - Third funding source is federal funding that is treated as GRF; Division of Finance and Administration is working to get funds released
- Because of the budget impasse there are fewer opportunities for travel and therefore fewer opportunities to educate people about the program
- Working roughly 89 cases that are Medicaid waiver complaints; 40 Managed Care complaints
- Aging has a grant with the Coalition of Limited English Speaking Elderly (CLESE) to get translated information out about the Ombudsman program; also working with them for translated community training

Jamie Freschi added the following updates:

- Regional Ombudsman quarterly was held January 13-14 to discuss updates, difficult cases, open discussion and to provide necessary training
- Working with IT division on consumer choice website designed to give clients choice of facility based on personal needs and preferences in order to be compliant with the Act on Aging
    - Providers will fill out lengthy questionnaire to cover multitude of personal needs and preferences, i.e. allowing pets, family member staying over, culture and religious services, etc.
    - Website will have Ombudsman portal that will include:
        - Public health reports
        - Current forms
        - Calendar for training dates and upcoming events

Wayne Smallwood inquired as to the level of staffing of the Ombudsman program. Jamie Freschi stated that they were close to 100% staffed with all areas covered and the homecare expansion fully funded.

Chairman Stephen Iden inquired about the staffing of the local offices' volunteers and staff that go into nursing homes. Jamie Freschi stated that the regional programs are low at the moment due to staff cuts under the budget impasse. Regional programs are currently supplying the State Ombudsman with

quarterly plans during the impasse - 6 programs are sustaining at FY15 levels, 2 have put in 60 day notices to close. Several are cutting back on travel, not replacing staff and completing minimal visits.

Department on Aging – Legal Division

Brad Rightnowar gave the following updates:

- Aging was completely compliant last year with ethics training.
- Open Meetings Act – now that all members have completed their initial training, the council needs to select a designee to complete the training annually and suggested that individual be the Chairman of the Council.
- New attorney with Department – Steve Milburn; will be working primarily with Adult Protective Services.
- Emails – informed the members that council business is not to be conducted except in meetings that are compliant with the Open Meetings Act.
- Governor's office is looking at two options for council communications
    - Each member having a state email account for council business
    - Portal system where members can go for council updates and business; Brad stated that this option is the more likely, cost-effective option.

Lori Hendren asked Janene Brickey for an update on the 1915c waiver with regards to the DoN score for adult day services being changed to 37. Janene stated that the DoN score is 29 for all services and that the Governor withdrew the DoN change request. After some discussion regarding confusion over the waiver renewal document on the Department of Healthcare and Family Services website, Janene stated that she would reach out to her home and community based waiver contact for clarification.

Chairman Iden stated that if any of the members of the council had suggestions about speakers or topics that they would like discussed at subsequent meetings, to send to Jessica Blood to add to the agenda.

Pam Neibuhr asked if acronyms could be explained in the future for those members who may not be aware of what they mean. RFP was clarified as Request for Proposal and GRF was clarified as General Revenue Fund.

Jamie Freschi asked if the council had discussed filling the vacancies on the council. Chairman Iden asked Brad Rightnowar for clarification on priority of filling the categories mandated by the statute versus staying under the maximum membership of 25 members. Brad stated that he would look at the statute and get back to Chairman Iden. Jessica Belsly asked if a member could serve in more than one category. Chairman Iden stated that a member could be eligible for more than one category, but could not fill two slots simultaneously and therefore would be placed in the vacant spot.

Adjournment

Chairman Iden then entertained a motion to adjourn.

Motion: Wayne Smallwood made the motion to adjourn, Greg Wilson seconded the motion. All members voted aye and the motion carried. Meeting adjourned at 12:24pm.