



State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

April 19, 2022 (Approved on September 6, 2022)
1:00- 2:30 p.m.

Call in option: Dial: #1-415-655-0002 Access Code: 2465 570 3855#; 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)
Kelly Cunningham, Department of Healthcare & Family Services
Darby Anderson, Addus HomeCare, Inc.
Marsha Johnson, Community Care Systems, Inc.
Dave Lowitzki, Lowitzki Consulting
David Olsen, Alzheimer's Association Illinois Chapter

Department on Aging staff:

Mike Berkes, Sarah Carlson, Selma D'Souza, John Eckert, Kimberly Flesch, Sophia Gonzalez, Amy Lulich, Katherine Ostrowski, and Iris Schweier

Guests:

Meghan Carter and Robin Morgan (HFS)

Members Unable to Attend:

Ann Irving, AFSCME Council 31
Lori Hendren, AARP
Marla Fronczak, Northeastern Illinois Area Agency on Aging
Anna Moeller, State Representative
Terri Bryant, State Representative
Dave Syverson, State Senator

Welcome & Introductions

Director Basta welcomed everyone to the meeting and Sophia Gonzalez shared the names of all attendees.

John Eckert asked for a motion to call meeting to order, Marsha Johnson made a motion to approve the minutes. David Olsen seconded.

Approval of February 8, 2022, Subcommittee Meeting Minutes

John Eckert asked for a motion to approve the February 8, 2022, meeting minutes. David Olsen made a motion to approve the minutes. Marsha Johnson 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 clarified that the quarterly report numbers were set up based on the month that these meetings were held, and these numbers have been kept on the report to show totals from 1-3 years back. Flesch shared that there is not a lot of difference from the last meeting. The Department had reported during the last meeting that there was a large difference showing in the percentage of Medicaid individuals due to the Department processing terminations. An update was provided that in the beginning of April an automatic process was out in place for these terminations. Flesch pointed out that the graphs show an increase of 3% since January and added that for the most part PSAs are staying the same. It was noted that PSA 4 did go up again this time and they do continue to increase in their Medicaid percentage. It was also noted that the lower graph shows the change this last month due to the deceased terminations and this should be consistent moving forward. The PHE will be discussed later, however, if that continues, we will not see a significant change. Once the PHE ends, we will see how it impacts our Medicaid percentages. For now, we just continue to stay at this 75/76%. Flesch asked if there were any questions on the trend and there were none. Flesch shared that she included a report with the number of Medicaid reports that were uploaded into the system. It was noted that the percent for March is higher than it has usually been, and we hope that the numbers continue to go up. There was one CCU that had not been entering their reports into the system but have now started entering them and this could be impacting these numbers. Eckert pointed out that Lori Hendren had requested that the Department look at this report based on race and ethnicity. Flesch has started looking into this.

Unwinding the Public Health Emergency (PHE)

Mike Berkes shared that unwinding is the federal term being used to describe when we go back to seeing everyone FTF again, the new normal, pre-covid. He shared that the PHE has been extended to April 13th. It was clarified that once the PHE period ends, there is an additional 90-day extension, if PHE were to end mid-April then that would take us to the middle of July 2022. Berkes stated that it is important to remember that Appendix K, our operational flexibilities during COVID -19 for the Community Care Program (CCP) would not sunset until 6 months after the end of the PHE. He shared that this timeframe is unique to Illinois because very early on IL requested a waiver extension, our Appendix K. Berkes shared that the Department continues to watch these dates and continues to work with HFS, our Medicaid agency, on a weekly if not daily basis to answer questions coming from the Feds for when we return to FTF visits. The Aging network at large has gone back to FTF visits during Phase 5 with only a few exceptions. He shared that HFS wants to know when our monitoring compliance visits will resume. There have been a couple of visits during the PHE to reopen ADS sites and we are getting ready to go back out into the community to complete four reviews. During the PHE period the federal guidance told us that we could not terminate or reduce services, which was wonderful, however, it will be difficult to manage the influx of individuals receiving services that will need to be unwinded. The unwinding is a requirement that will be passed on from the Feds to the States, federal CMS is requiring that FTF redeterminations to continue receiving waiver services. We are waiting on the PHE to sunset to complete these unwinding redeterminations. Lora McCurdy pointed out that an attachment from ACL that talks about preparing for changes when the PHE period expires. McCurdy suggested that the Department go over the Appendix K lessons learned in more detail during the September meeting. The Department will also ask this subcommittee for feedback. Berkes agreed to go over Appendix K during the next meeting. He shared that HFS wants to know what we are intending to keep from Appendix K. Kelly Cunningham added that federal CMS is asking for formal plans on

flexibilities, and they are working with sister agencies to ask what they want to keep. Every state is doing this exercise.

Omnibus Bill

Katherine Ostrowski shared that the Medicaid Omnibus had several different provisions pertaining to different areas of Medicaid services, she will discuss the parts that might impact the Aging community. This bill includes a CNA internship program that may help the healthcare workforce issues. Also included is SB2962, which increases the community spouse allowance. The Medicaid Omnibus is housed under HB4343 and even though there have been many amendments to include a lot more provisions, the underlying language pertaining to state recovery waivers was still maintained. Amy Lulich can expand on this better, but it includes Exparte redeterminations that could ease eligibility renewals for older adults. Ostrowski asked if Lulich had anything to add or if anyone else wanted to chime in. McCurdy asked Cunningham, the Medicaid Director, to speak on the Exparte renewal process and the impact on the Aging population. Cunningham shared that it means conducting a redetermination where an individual is presumed to keep their eligibility absent of a change in their circumstance, under which X renewals are allowed or negotiated with CMS. They try to use a mechanism for eligibility as much as possible because it is a lot easier, and it lessens administrative burden. It is easier on the customer, if there has not been a change in their circumstance and there is no reason for them to be fully reassessed to determine eligibility if nothing has changed. Cunningham shared that they have had many discussions with the federal government to negotiate circumstances and continue to have these conversations. She shared that if there is interest in this group in learning more, she would encourage an invite to her counterpart Tracy King, the administrator of the Division of Eligibility who knows the process and status of those discussions in and out. McCurdy asked about asset verification, she recalls discussing this before during a previous meeting. Cunningham clarified that the asset verification was going to point on what is contingent on the next renewal based on the presence of data through various systems that would indicate to us that the client hasn't had a change in their circumstance. The Exparte process is not state determined, it is the federal guidelines that determine who qualify for X renewal and what is not. McCurdy gave congratulated HFS for the passing of the nursing home rate reform, it is a huge for our state and our population. Director Basta added that HFS has done a terrific job in everything they did as part of the team. She shared that she was at the ASA Conference last week in New Orleans on a national panel and was able to give a shout out to HFS and say that IL is doing groundbreaking work on nursing home reform. Cunningham shared that she has been on several calls with federal CMS on this topic. She noted that the nursing home reform work took a very long time, a couple of years and a lot of cooperation. It had to be looked at it as a moral imperative to help the state focus when faced with barriers. She added that it is the right thing to do for the people we serve, especially people in nursing facilities, who maybe at the end of their life in frail and vulnerable conditions.

Public Comment, Other Issues & Announcements

None

Adjournment:

David Olsen made a motion to adjourn the meeting. Marsha Johnson seconded. All members voted in favor. The meeting was adjourned at 1:29 p.m.