



State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

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

Call in option: Dial: #1-415-655-0002 Access Code: 2457 8260634#; 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.
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:

Rhonda Armstead, Mike Berkes, Selma D'Souza, Kimberly Flesch, Sophia Gonzalez, Jennifer Hebel, Amy Lulich, and Iris Schweier

Guests:

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

Members Unable to Attend:

Ann Irving, AFSCME Council 31
Lori Hendren, AARP
Anna Moeller, State Representative
Terri Bryant, State Representative
Dave Syverson, State Senator

Welcome, Introductions & Call to Order

Mike Berkes welcomed everyone to the meeting and shared that John Eckert is out and he will be facilitating the meeting today. Sophia Gonzalez shared the names of all attendees.

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

Approval of April 19, 2022, Subcommittee Meeting Minutes

Mike Berkes asked for a motion to approve the April 19, 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 shared that there is not a lot of new information on the trend reports, noting a very slow increase in the number of individuals that are staying or getting on Medicaid continues. Quarterly numbers continue to show the same trends seen for about a year now. The high Medicaid numbers are likely due to the Public Health Emergency (PHE). A 4th year has been added because we are at year four of these meetings. The graphs show the Medicaid percentages by PSA, and these tend to show a better story than just the numbers. Most of the PSAs continue to show an increase in the Medicaid numbers, except for PSA 08 that shows a downward trend. The monitoring team had a conversation with PSA 08 to try to find out why they have a decrease. Apparently, there was a misunderstanding on enrollment requirements to apply for Medicaid. They have now understood the requirements and we are seeing a slight trend increase from April. There was a 76.3% total Medicaid percentage, and it went up to 76.4%; we should continue to see an upward trend. Flesch reminded everyone that the 75.1% decrease in January was from the terminations that were done to cleaned up caseloads. Those are now being done monthly and we should not see an impact in the data moving forward. Flesch asked if there were any questions before moving forward. No questions were asked.

Kimberly Flesch went over the Monthly Medicaid Upload Reports by PSA, she pointed out that the Department has a system when doing fiscal year rollovers and they have floating Medicaid reports that have no assessments to match. The 2% total for PSA 08 is due to the misunderstanding. Dave Lowitzki asked for clarification on the misunderstanding. Flesch stated that they were told they did not have to apply for Medicaid to be eligible and they chose not to apply and could not be terminated due to the PHE. Moving forward they will make sure this is corrected.

Kimberly Flesch added that she was asked to talk about whether lower DON scores and high assets would impact the numbers directly once the PHE ends. Over 358 individuals possibly have a lower DON score of 29 and 1,022 individuals have higher assets than \$17,500. She asked if there were any questions. Mike Berkes thanked Flesch and stated that there are about 1,400 individuals that are on the program due to the PHE. He added that there is a lot of discussion on the process for addressing individuals who are enrolled but found not to be eligible when the PHE goes away. The unwinding process that includes a FTF redetermination to ensure or confirm they should be on the program. Aging is trying to be proactive.

Lora McCurdy added that the Department has a call upcoming with Pam Wenzel and Robin Morgan from HFS and asked them if they had anything to share on the PHE and unwinding. Pam stated that there is nothing concrete to share at this time, they had a national directors call, and it was mentioned that the PHE will not be extended in January but have not received anything in writing. There will be a 60-day advance notice (October/November), once they get informed, they will pass it on.

CCU and In-home Workforce survey results

Mike Berkes introduced Sandy Pastore, the new Division Manager of Home and Community Services. She also oversees the Older American Services the work with the AAA's. Pastore shared that a Workforce survey was sent out to the CCUs, and in-home

providers and the results were received last Wednesday. A total of 47 CCUs responded and 95 in-home care providers. The data will be reviewed to understand what kind of workforce issues they are having. Initially we thought it was only rural areas, but it is across the state. She shared that the CCUs were asked about strategies to get their redeterminations completed on time and what are their top three agency strategies to stabilize their Care Coordination workforce. Regarding workforce they were asked to compare now to pre-Covid and what are the three differences for recruiting and retaining the workforce needed to meet the community demand, beyond rate increases. Things like how many more staff are needed to be fully staffed and when people are leaving where are they going.

Sandy Pastore noted that the providers were asked the same type of questions, but they were geared toward in-home providers. They were also asked about FHCAs, the percentage prior to Covid and now. A significant increase was reported, FHCAs now make up a good portion of the workers in this field. Mike Berkes added that there have been several stakeholder meetings and Aging has received good responses. He also added that Sandy and her team asked these responses to be ranked and that will help us prioritize.

Appendix K holdover- Family Homecare Aides

Mike Berkes shared that Appendix K allowed flexibilities for Elderly the waiver during the pandemic, including remote casework and allowing legally financial responsible adults to be homecare aides. The Department learned that this last allowance helped older adults remain at home during the pandemic. Positive feedback has been received from the network. The Department plans to amend the waiver to allow for FHCAs to continue as HCAs when the PHE is over. Lora McCurdy clarified that the intention is to make this permanent and allow for spouses to be HCAs. The previous policy allows agencies to opt out from allowing family members to be HCAs. The Department wants to make sure that we have enough agencies that allow this option. Agencies have the choice, and we want to make sure that everyone has access to a family HCA, if that is what they want.

Marla Fronczak shared that there was a discussion years ago that HCAs should be properly trained, and a little more oversight was required. She shared that the VIP Veteran program requires background checks, training and uses the DRS model that is participant directed. Lora McCurdy stated that the policy in place allows for flexibility and could be amended to require agencies to allow for family HCAs. Pam Winsel shared that the DRS model under Appendix E requires more oversight for self-directed, it allows for an extra set of eyes for a family worker (supervision). Darby Anderson suggested that there may be a need to revisit if there is a need for additional supervision for a family HCA, if it is something that was put in place long time ago. McCurdy thanked Darby and shared that the Department is tracking PSAs to ensure there is at least one provider in each PSA that accepts family HCAs. Sandy Pastore stated that this was one of the questions in the survey if they were accepting family HCAs.

Public Comment, Other Issues & Announcements

None.

Adjournment

David Olsen made a motion to adjourn the meeting. Marla Fronczak seconded. All members voted in favor. The meeting was adjourned at 1:30 p.m.