Community Care Program Advisory Committee Minutes

10:00 a.m., Tuesday, September 9, 2015

Department of Agriculture Building, Illinois State Fairgrounds

Members in Attendance:

Carol Aronson, Shawnee Health Service; Jean Bohnhoff, Effingham City/County Committee on Aging; Robert Childers, Williamson County Programs on Aging; Theresa Collins, Senior Services Plus/IACCPHP; Kevin Cosgrove, Guardian Medical Monitoring; Andrea Davenport, BCBS; Diane Drew, CHELP; Stephanie Garrigan, Philips Lifeline (for Matt Lisovitch); Joanne Glenn, Comprehensive Quality Care; Tom Gonzalez, ADT; Ella Grays, Gareda Home Care; Sherry Barter Hamlin, River to River Residential; Lori Hendren, AARP; LaShun James, Addus; Greg Kyrouac, SIU School of Medicine; Lubertha Mercer, HCI; Elio Montenegro, Fox Valley Older Adults; Kristin Murphy, IlliniCare; Lori Pence, Central Illinois Area Agency on Aging; Kerri Pendley, IADSA; Marta Pereyra, CLESE; James Scherer, Aetna Better Health of Illinois; Robert Spaulding, Healthcare Plus Senior Care; Susan Simmons, Help at Home, Inc.; Jane Stansell; Mary Lee Tomsa, DuPage County Senior Services; Jennifer Triplett, CCSI, Kathy Woodworth, Healthcom; Barbra Wylie, IANP/Peace Meal

Members Not in Attendance:

Tracy Barczewski, Midland AAA; Debbi Baldauff, Catholic Charities DOJ; Cary Crawford, Chicago Commons; Terri Harkin, SEIU; Lori Long, Chinese Mutual Aid Association; David Lukens, VRI; Vicki Schlomann; Illinois Adult Day Services; Robert Thieman, CAE, IACCPHP; Kathy Wyatt, McDonough District Hospital.

Illinois Department on Aging: Acting Director Kris Smith, Jose Jimenez, Jodi Becker, Lori Brannan, Gidget Freeberg, Mary Gilman, Karen Kloppe, Lora
Welcome and Introductions:

The meeting was called to order at 10:08 a.m. by Jose Jimenez.

Members and guests introduced themselves. The committee has expanded and now includes MCOs. A membership list with current members’ terms and contact information was distributed.

Minutes from June 23, 2015 were approved.

Jose asked if there was anyone who wanted to come forward with public comment. The Public Comment portion has been incorporated into the restructured agenda.

Greg Kyrouac informed the committee about an upcoming Savvy Caregiver Conference to be held October 3, 10 and 17 in Effingham and the annual Memory Loss Conference to be held Nov. 13-14 at Hope Church in Springfield.

Jose introduced Kris Smith, Director, Department of Human Services/Division of Rehabilitation Services (DHS/DRS), who has been named Acting Director of IDoA.
Kris said yesterday was her first day with the Department. She said the Department is still searching for a permanent Director but she will serve in the position for a maximum of 60 days (as did Jennifer Reif). She said she is a strong believer in communication and collaboration and has an open-door policy. Her work at DRS has intersected with Aging in the past as participants “age out” of DRS. The partnership between DRS and Aging can only be strengthened during her time as Acting Director. She will continue to work out of both offices. Her email is kris.smith@illinois.gov.

**Budget**

Department Chief Financial Officer Jodi Becker said some federal monies were recently moved so there is cash going out this week. Initially it was thought it could be disbursed tomorrow but it may be Friday. She said the federal fiscal year is approaching (Oct. 1). She said the state eCCPIS system is extremely full of pending invoices and there is a lot of billing on hold. Payments are ready to go as soon as a budget is signed and the Comptroller allows payments to go out. The state is not able to expedite any payments at this time. Colbert-related payments are given priority due to court order and the “right to night” process.

Carol Aronson asked about “Money Follows the Person,” BIP, and other grant programs payments, and Jodi replied that it depends on how contracts are obligated with each vendor.

Lori Hendren asked why the Department is not moving billings over at this critical time, though Jody said the Department is not allowed to release monies outside of Colbert. The Department has only had three Colbert-related requests thus far.

The Chief of Staff sent a letter to all providers to send separate billings for Colbert that go outside of the state’s billing system (end of July/first of August).

With regard to death recoupment, Jodi reported that overpayments were pulled on clients deceased after the fiscal year closed. Stacey Dodd with IDoA Fiscal is able to help validate/reconcile information on individual clients. Total recouped to date is $330,000.
Jennifer Reif said the Department recognizes the “crisis mode” in which providers, CCUs and AAAs are now operating. She stressed that the Department is tracking all transactions and how such entities in every geographic region of the state are being impacted by lack of state budget. This hardship and any closures or possible closures are being flagged and regularly communicated with the Governor’s Office.

Jodi Becker added that the Fiscal Office is in daily contact with the Office of Management and Budget. There is a lot of pressure facing providers and this is also being communicated to the General Assembly.

Jose told the Committee that there was an email that went out and another one is expected that clarifies procedures when any provider has to close.

IDoA Legal Counsel Brad Rightnowar told the committee that if any business decision is made to alter a CCP contract, providers must be aware of obligations that do not violate the rights of participants of the service.

According to law, an agency must give 60 days’ notice to the Department prior to a reduction in the service area of the agreement. Further, CCUs and providers are required to give the Department at least 30 days’ notice in advance of any termination.

Cooperation with the Department and the CCU is required to help transition program participants. The waiver guarantees participants the right to choose whatever provider they want for their service.

To that end, there should be no action that would affect this freedom of choice. The Department must be notified in the event of an impending merge or sale of another entity and the same goes for entering into subcontracts. Any change must be reported to the Department in advance of the action.

Providers are allowed suspension of referrals in which case a request in writing is made to the Department. CCUs must keep providers on their lists until notified by the Department of any closure or suspension of referrals.
Brad reiterated the importance of keeping communication lines open with the Department. If providers cannot meet contract obligations, it is important to let the Department know with as much time as possible. He said the Department cannot help providers without such communication.

Kevin Cosgrave asked if the email the Department sent to providers the previous week underlining contract obligations were sent to Emergency Service (EHRS) providers.

Mary Gilman said she was not sure if EHRS providers received the email, nor whether it went to MCOs but will forward the email to EHRS providers and MCOs. When further clarification is provided, EHRS providers and MCOs will be included.

She said there has been a lot of misinformation being circulated.

Brad noted that any kind of “off-site negotiations” with regard to buying provider companies would get the attention of the Department and it is important to always comply with law.

Kathy Woodward said she would appreciate if the Department cleaned up its email list so important and timely information is sent to the right individuals. Mary Gilman responded that this is an ongoing effort of her area to keep the email list as current as possible.

It was asked if the Department would post any providers on its website that have gone out of business.

Jose said there is a process to follow to protect constituents who may have multiple contracts and it would not be a good idea to put such information on a website.

Jodi noted that any closures reported to the Department are then reported to the Office of Management and Budget, though such information is not put out to the public.
Mary Lee Tomsa asked how many providers have closed since she knew of two in her own area with 45 or so clients. Jose responded that there are probably a maximum ten at this point.

Lora McCurdy reinforced that Department is monitoring the situation closely.

Brad said every business has its “breaking point” or financial bottom line. If providers can look and see how many months out they can withstand lack of payment, the information should be conveyed to the Department. Further, if anyone has any information about how to remEDIATE over time, it would be helpful to share that information.

Elio Montenegro said it is also important for providers to communicate with other providers.

Jose said members of the Aging Network including Committee member Bob Thieman had a recent meeting with the Governor’s Office to let the Governor know in person that the network is suffering. Jose said it is not a “pretty picture” and that without the network, the Department can’t perform its job.

Ella Grays said she understands that everyone cares but providers are taking out extra lines of credit. She asked if interest would be paid back on late payments owed to them.

Jodi clarified that the state would have to pay interest penalties on any late payments. However, that date would begin on the date of “accepted good” i.e. when the payment was approved within the state system for payment. Interest is calculated from that date forward. All pending invoices have a “goods accepted” date which is not the date the service was delivered. Interest owed a provider may not necessarily equate to whatever they are borrowing.

Even if payments were being processed, there would still be a 45-day delay, she said. It is disturbing, therefore, that providers are running out at this juncture.

Jane Stansell asked if it is appropriate to put a cap on the number of clients or to put a moratorium on training, which was done in the past.
Brad responded that “anything and everything is on the table.” He said the Department would be willing to examine proposals. His email is brad.rightnowar@illinois.gov.

Jody interjected that care should be taken not to jeopardize future external audits. It could be problematic in “meeting deliverables” if certain temporary solutions are permitted. Any breach in contracts pertaining to monitoring, for example, could open the door to liability for fraud.

Mary Gilman stated that no measures should be taken without the Department’s permission. She said on-site supervisory visits are extremely important.

**Ethics**

Brad stated that the new administration is dedicated to being “open and transparent.” In addition to being Legal Counsel for the Department, he is also Ethics Officer. To that end, he asked Karen Kloppe to explain to the Committee its requirements for training.

Karen distributed ethics-related handouts explaining the rules governing the public body. She said committee members must complete the training course on ethics and print out the signature page and return it to Maureen Squires to keep on file. She urged committee members to complete the training at their earliest convenience to avoid end-of-year chaos in trying to gather the needed information to prove compliance. The training is mandatory and must be done each calendar year. Karen also instructed the board on how to ensure they are compliance with the Open Meetings Act.

**Legislation**

A handout with regard to new laws was distributed covering HB 1588, HB 2705, HB 2811, HB 2812, HB 3503, HB 3753, HB 3967, SB 689, SB 1298, SB 1309, and SB 1846.

**Medicaid Waiver**
Lora McCurdy provided an update on the Medicaid Waiver. She said the state has requested another 90 days.

IDoA, DHS and HFS are now reviewing comments and a response to the comments must be published. Timeline for this is Dec. 21.

The Department is awaiting more information from the administration as to how to proceed with the proposal to increase the DON.

The Department’s response to the comments is public though the comments themselves are not necessarily made public.

Kathy Woodworth asked what if the extension is granted and Lora responded that federal CMS has indicated the extension will be granted and has asked the Department for a timeline and submit the renewal. She said the Department is currently in a “holding pattern” and awaiting instruction. It has been pushed back and could be January.

Nothing in the plan has changed; it has simply been delayed. Level 1, she said, will not be rolled out September 30.

She reported that the Department hired seven staff for the BIP Hotline. They are currently being cross-trained.

Jose said the cities, suburbs and rural areas have been selected to be pilot sites. CCUs will be notified closer to when the pilots can start.

It was asked if the sister agencies are operating on the same timelines and Jose said yes.

Mary Lee asked for the Level 1 rollout date. Lora responded that a date cannot be given at this point.

She said with regard to the No Wrong Door Grant, the Department has requested an extension due to the assessment phase. Listening sessions were held and the Department has been gathering feedback on the current system. More listening sessions are slated.
Robin Morgan said the federal government has lifted the moratorium on any new Medicare-Medicaid Alignment Initiative (MMAI) passive enrollments. There were 14,000 clients as of August (though not all are CCP) that will be transitioning to MCO. They will start seeing these members enroll this October or November. There is still no news on when those clients who opt out of managed care plans will be forced to enroll.

Recently, new CCP provider contracts were sent out to some providers in the renewal process. MCOs were sent a chart showing the old provider numbers and their new ones so they can determine in eCCPIS which provider a member is using.

IT is developing a search engine that hopefully will be in operation sometime next month. This will allow CCUs, MCOs, and providers the ability to verify the client’s MCO history, Social Security Number, date of birth, death date and verify if the client is enrolled in any other Medicaid waiver. A notice will be sent out to the network when the new system is up and running.

MCOs will receive notice of agencies that have terminated so they can transfer their clients to other providers. The MCOs will be notified at the same time the CCUs are notified of these closures.

**Sub-Committees**

Items proposed for discussion at the sub-committee level include:

Longitudinal studies pertaining to CCP clients.

Automated Medical Dispersers (AMD) – making the application field fair to all. No AMD application has yet been approved by the Department as no provider has met the rules as written.

The meeting was adjourned and the sub-committees convened.