



State of Illinois
Illinois Department on Aging

OASAC Medicaid Enrollment Oversight Subcommittee Meeting

June 9, 2020 (Approved September 8, 2020)
1:00- 2:30 p.m.

Call in option: Dial: #1-415-655-0002 Access Code: 286 603 124 #; then press # again

Video System option: Please see Outlook invite to join by video

Members in Attendance:

Paula Basta, Director, Illinois Department on Aging
Lora McCurdy, Deputy Director, Illinois Department on Aging (Chair)
Pat Curtis for Kelly Cunningham, Illinois Department of Healthcare and Family Services
Darby Anderson, Addus HomeCare, Inc.
Marla Fronczak, Northeastern Illinois Area Agency on Aging
Marsha Johnson, Community Care Systems, Inc.
Dave Lowitzki, Lowitzki Consulting
David Olsen, Alzheimer's Association

Department on Aging staff:

Rhonda Armstead, Mike Berkes, Aster Bowden, Samantha Brill, John Eckert, Kimberly Flesch, Sophia Gonzalez, and Amy Lulich

Guests:

Meghan Carter (Legal Council for Health Justice), Nigia Cusic (Legal Council for Health Justice Intern), Lynn Thomas (HFS) and Pam Winsel (HFS)

Members Unable to Attend:

Lori Hendren, AARP
Anna Moeller, State Representative
Terri Bryant, State Representative
Iris Martinez, State Senator
Gabriela Moroney, Illinois Department of Human Services
Dave Syverson, State Senator
Ann Irving, AFSCME Council 31

Welcome & Introductions

Lora McCurdy, IDoA Deputy Director and Subcommittee Chair welcomed everyone to the meeting. All members, guests and IDoA staff in Chicago, Springfield and on the phone introduced themselves.

Approval of March 10, 2020 Subcommittee meeting Minutes

Lora McCurdy, asked for a motion to approve the March 10, 2020 meeting minutes. Marsha Johnson made a motion to approve the minutes. Marla Fronczak 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 the overall enrollment numbers are not significantly different for Medicaid and Non-Medicaid. The total PSA percentage for May 2020 is at 71.9%, there has been an increase of 7% as of September 2018. She added that every PSA has had an increase, except for PSA 08. The graph bar shared shows very similar percentages. PSA 06 is trending higher; it shows that 81% of the participants are on Medicaid. The line graph shows the trend for all PSA's in 7 different periods in time and all are showing an increase. Lora McCurdy asked for theories on the trend and suggested that perhaps the rate increase for assessments in July, may have had a positive impact. Flesch stated that she was interested in hearing from DHS and HFS about changes that occurred between February and May. One of the changes is for Medicaid redeterminations and with this change, there should not be many individuals falling off Medicaid. Percentages for CCP redeterminations are going up and the CCUs are getting people enrolled in Medicaid. Marsha Johnson mentioned that maybe the changes made by HFS have helped. The COVID changes have also helped the CCUs catch up, since they have been doing phone assessments and have been forced to use the ABE system. McCurdy shared that the enrollment trend information is positive. Flesch added that receiving the list of due redeterminations from HFS has also been helpful. The Department has been sharing these lists with the CCUs and this helps the CCUs know what participants have a Rede due. It was also shared that the average number of Rede's due per month has changed due to COVID-19; in May no Rede's were due and in June 577 were due. Marla Fronczak asked if the Rede's would be compiled. It was clarified the Department has been informed that Rede's would just be extended. Pat Curtis (HFS) shared that approval was received from CMS to delay medical redeterminations during the Emergency Declarations. Each month the IES system will update certification period end dates. McCurdy asked if this policy memo is on the website. Curtis confirmed that this policy is on the website and the links can be shared with the group after the meeting. Flesch shared that she will be updating graphics on CCP and MCO caseloads from the budget presentation for the next meeting. These will include average income, DON scores, and MMSE scores for MCO vs. CCP. She also shared that gender ratio is close to the same but there is a difference between the white and Black ratio. Regarding living alone 54% on CCP live alone. Impairments are pretty much the same for CCP (arthritis, high blood pressure and heart issues. Marla Fronczak shared that the information shared is a great snapshot and thanked the Department. Marsha Johnson stated that she would like to know what the number of participants under MCO that live alone.

Activities to maintain CCP participant eligibility & ensure health, welfare & safety during COVID-19

HFS- Waiver changes approved by federal CMS (Appendix K):

Pam Winsel (HFS) shared that Appendix K is a stand-alone Appendix. She added that under this Appendix, there has been several requests made to make changes in the current Waiver during the emergency. Some of these changes were across all of the State's nine Waivers and others were specific to each Waiver. A setting rule change waived telephonic services, interactive personal care; monthly outreaches; eligibility determination service changes, remote/virtual contact in place of FTF, and signature requirements. For the Elderly Waiver there was an Adult Day Service (ADS) modification request. ADS suspended services effective March 16th and Care Coordinators worked with participants to increase their hours of support. A provider qualifications request was also made to change the Homecare Aide education

requirements. There was a request to temporarily suspend the fingerprint requirement for criminal background checks to prevent delays. The FTF visit requirement for the Automatic Medication Dispenser (AMD) was waived and the AMD providers could deliver units to the participant's door, for those that could follow directions telephonically. An Adult Protective Services (APS) modification request for investigations, the alleged victim can be contacted telephonically in place of the FTF visit. The Department does have plans to resume the APS priority one visits back to FTF. IDoA has also redefined what services are under ADS. A temporary ADS service was put in place. ADS providers make telephonic contact with participants, they deliver meals, provide medication educating via phone and ensure that ADS participants receive the services they need during the closure of ADS. The Department has continued to pay the ADS providers for these services. Changes to the AMD and EHRS installation services have been made. Family members are now allowed to care for participants that had not been allowed to before, to reduce the COVID-19 spread. Lora McCurdy shared that the collaboration with HFS has been very helpful. She added that the goal has been to make sure that people still have access to services. Pam Winsel added that the Departments will continue to make changes as needed; the Appendix K was approved through January 6, 2021.

HFS- Recent medical policy changes put in place to ensure CCP services continuity: Pat Curtis (HFS) shared that as of March there have really been no policy changes moving that are not related to COVID-19. She shared that there were a series of waivers submitted, including a disaster waiver. An 1135 Waiver request was submitted to waive signature requests. Curtis shared that with the disaster waiver that became effective March 18th, nobody should lose coverage and it became effective immediately. The IES program should not close medical cases, unless the request comes from the customer and the reason needs to be documented (e.g. if no longer an Illinois resident). The waiver also indicates that attestation should be accepted for income, Illinois residence, insured status, and incurred medical bills. For those in Spenddown, if the spenddown was met in March, then the spenddown will be met automatically until the end of the emergency. Pat also shared a 12-month extension for redeterminations was made in both the 1115 and the disaster waivers, but both were denied. In addition, Curtis contacted other States to find out if they had a protocol to request Rede extensions was informed that they have never been able to delay redeterminations. Pat clarified that ensuring access to care was approved by CMS, but they would need to look at eligibility after the emergency. It was also shared that Presumptive Eligibility was approved for parents of children and ACA adults. A request for Adult Presumptive Eligibility has been submitted for the Aid to the Aged, Blind or Disabled (AABD) but an approval has not been received; this request includes bypassing the transfer of assets look back rule. HFS shared that both the stimulus checks and the unemployment benefit increased during COVID-19 can be exempt as income. The stimulus checks are exempt as income for the month it was received but if not spent by the next month, it is counted as asset. Disregard assets for AABD was approved, all copays were suspended. For individuals that are uninsured, cases can be opened for COVID-19 test and diagnosis, but no approval has been received for this group (COVID Disaster Group) to receive treatment. Once the disaster ends, there will be a need for a transition period, to remove some of these services.

Director Basta thanked everyone and shared that some of these individuals need to get additional services, like Home Delivered Meals (HDM). Once the disaster period is over then services will need to be reviewed and there will be a need for language to take

some individuals off services that don't qualify. Pat added that it once you provide a service it is very difficult to take away. McCurdy asked if HFS anticipates any guidance from CMS. Lynn Thomas (HFS) responded that CMS has stated that they will provide guidance.

HFS- Budget Implementation bill & language on Medicaid Services for Undocumented individuals:

Lora McCurdy asked for an update on the undocumented individuals and asked for clarification if that language does not include waiver population. Lynn Thomas shared that this initiative is in the early planning stage and other State Departments will be involved soon.

HFS- Update on Medicaid Omnibus Legislation (PA 101-0209):

Pat Curtis shared that a report has been released for the activities completed in response to the Medicaid Omnibus legislation but there has been no update to it, since there has been a focus on COVID. Lynn Thomas added that requirement language needs to be revised.

Other Issues & Announcements

Medicaid Report Uploader- (End User Acceptance Testing):

John Eckert shared that an initial version of the uploader for the CCUs had been finalized, tested and that it needed additional work. A new version that is currently being tested by three CCUs and there have been positive results. The Department is planning for the uploader to be launched with all CCUs once the new normal takes place.

Cross Training (IDoA, HFS & DHS):

Lora McCurdy shared that cross training for Aging, HFS, and DHS has been something that the Department has talked about. John Eckert added that these agencies have a lot of moving parts (HUBS, local FCRCs, CCUs) and we want to get a group to explain each process from start to finish. The Department wants everyone to learn what everyone else is doing and build off that.

Adjournment:

Marsha Johnson made a motion to adjourn the meeting. Darby Anderson seconded. All members voted favor. The meeting was adjourned at 2:03 p.m.