

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
Long Term Care Subcommittee
March 11, 2011**

401 S. Clinton St., Chicago, Illinois
201 S. Grand Avenue East, Springfield, Illinois

Members Present

Mike O'Donnell, East Central Illinois
Agency on Aging, Inc., Chair
Wayne Smallwood, Affordable Assisted
Living Coalition
Pat Comstock, Illinois Health Care
Association, Illinois Council on Long
Term Care (phone)
Tony Paulauski, The Arc of Illinois
Susan Hughes, University of Illinois at
Chicago

DHS-Division of Rehab Services

Kristen Murphy
Joe Hamlett

DHS-DD

Joe Turner

**University of Illinois at Chicago, Division
of Specialized Care for Children**

Gerry Clark, RN, MSN, Associate Director
for Program Services

Members Absent

Eli Pick, Ballard Health Care, MAC Chair

Others

Lora McCurdy, IARF
George Hovanec, Consultant

Healthcare and Family Services

Kelly Cunningham
Mary Milburn
Theresa Eagleson
Amy Wallace
Stephanie Hoover

I. Call to Order

Meeting called to order at 10:15 a.m.

II. Introductions and Approval of Minutes

Attendees in Springfield and Chicago introduced themselves. The minutes for the 12/17/10 meeting were approved.

III. Medicaid Administrator's Report

Care Coordination: HB 5420, the Medicaid Reform legislation requires that 50% of Medicaid recipients be in some form of coordinated care within the next 5 years. HFS believes that a coordinated care system will lead to better outcomes for Medicaid participants, while also saving money. Savings will not occur right away, but are expected to happen once the program is up and running. While HFS continues to work on the Integrated Care Program in the Chicago area, HFS will also be developing another form of coordinated care that will be a more open system with minimum standards and principles around care coordination. HFS will hold public forums to design the system and will also review procurement rules to allow an open development process with many stakeholders. There will be two types of care

coordination. One will be full risk/full capitation and the other will have some risk and cover most services. The Primary Care Case-Management (PCCM) system does not qualify as coordinated care as it only covers medical services and there is no risk; however, it has been a valuable learning tool and will be used as a stepping-stone for the future.

As part of the Administrator's report, Theresa Eagleson also announced that Kelly was the new Deputy Administrator for Long Term Care and HCBS Waivers.

IV. New Business

Long Term Care Rebalancing (presentation): Kelly Cunningham presented on long-term care rebalancing including the State catalysts for rebalancing such as the increased availability of HCBS waiver services, the Americans with Disabilities Act, the Olmstead Decision, the Federal Real Systems Change Grants, Money Follows the Person, the addition of Section Q on the Minimum Data Set, and the three class action lawsuits in Illinois (Williams, Colbert, and Ligas).

As rebalancing was discussed, there were many inquiries regarding the State's direction on the opportunities offered under the federal Affordable Care Act. The Department needs to do much analysis on the impact of the options before making decisions.

V. Old Business

Money Follows the Person: The Operational Protocol for MFP was approved in June 2008. Since calendar year 2009, Illinois has transitioned the following numbers of participants into the community: 2009-57; 2010-183; 2011-25 (to date). For many reasons, the transitions are lower than initial projections. Illinois, as well as many states have realized that this is a difficult population to move and maintain in the community.

VI. State Agency Reports

Healthcare and Family Services: Mary Milburn presented on three of the eight HCBS waiver programs, operated by sister agencies, that are under a federal review. Federal CMS has increased their oversight and monitoring expectations for HCBS waivers. Expectations include developing performance measures, using statistically valid representative samples, remediating findings up to 100%, analysis of trends and patterns, and systems improvement activities. HFS is working with CMS to comply with requirements and obtain federal approval. Kelly Cunningham added that the SLF waiver is under the same level of scrutiny and HFS is implementing system changes for the SLF program as well.

Department of Human Services (DHS), Division of Rehabilitation Services (DRS): Joe Hamlett discussed budget issues including the CILS losing 50% of their budget and that DRS was moving away from funding the Community Transition Program to working almost exclusively with MFP so that federal funding can be maximized. DRS also indicated that through MFP they have found that many people with disabilities also have mental health issues and that DRS was working with DMH

on these cases. DRS stated that the MFP risk assessments have been instrumental in identifying risks and in service-planning as well as the notifications of recent hospitalizations, which then involve re-staffing for MFP participants.

Department of Human Services (DHS)-Division of Developmental Disabilities (DDD): Dr. Turner from DDD stated that DDD is continuing to participate in the dialogue surrounding the Integrated Care Program.

VII. Solicitation of Future Agenda Items: There were many suggestions:

- Unified LTC Budget and Implications
- Affordable Care Act Opportunities
- Facilitating the Medicaid Application in the Local DHS Office for Older Adults
- DRA Rules Update
- MFP Overview of Quality Assurance Processes- Cheryl Schraeder

VIII. Adjournment

Meeting adjourned at 11:50 a.m.

The next MAC LTC Subcommittee meeting is scheduled for June 10, 2011.