

**Illinois Department of Healthcare and Family Services
Medicaid Advisory Committee
Long Term Care Subcommittee
September 10, 2010**

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

FINAL MINUTES

Members Present

Mike O'Donnell, East Central Illinois Agency on Aging, Inc., Chair
Wayne Smallwood, Affordable Assisted Living Coalition

Members Absent

Tony Paulauski, The Arc of Illinois
Eli Pick, Ballard Health Care, MAC Chair
Susan Hughes, University of Illinois at Chicago
Robert Anselmo, Target Pharmacist
Pat Comstock, Illinois Health Care Association, Illinois Council on Long Term Care
Jan Costello, Illinois Hospice and Homecare Council

Public

Matt Werner, LSN
Chris Burnett, IARF
Lora McCurdy, IARF
Lisa Bard, AETNA
Tom Jerkovitz, DSCC

Healthcare and Family Services (HFS)

Barb Ginder
Kelly Cunningham
Bill Dart
Dawn Wells
Monica Hay
Amy Wallace
Stephanie Hoover
Dan Leikvold

Illinois Department on Aging (IDoA)

Sandy Alexander

DHS-Division of Rehab Services

Nyle Robinson
Joe Turner, Clinical DD Services

Centers for Medicare & Medicaid Services (CMS)

Michelle Baldi
Megan O'Connor

I. Call to Order

Meeting called to order at 10:07 a.m.

II. Introductions

Attendees in Springfield introduced themselves. There were no attendees in Chicago. Mike O'Donnell announced that past meeting minutes must be approved by a quorum prior to being posted to the HFS website per the Open Meetings Act. Dec 09 and June 10 meetings were reviewed and changes offered. Oct 09 and March 10 minutes, along with the corrected Dec 09 and June 10 minutes will be emailed to the membership for review, changes, and approval.

III. Medical Administrator's Report

HFS announced the selection of AETNA and Centene-Illini Care to provide the state's first-ever integrated health care program for 40,000 seniors and non-dually eligible persons with disabilities in the Medicaid program. This program will bring local primary care physicians, specialists, hospitals, nursing homes, and other providers together to organize care around a patient's needs. The new program will cost \$450M annually for capitation payments to the 2 managed care companies and save an estimated \$200M over the next 5 years. Five managed care insurance entities responded to the state's RFP. These companies will cover

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suburban Cook DuPage, Kane, Kankakee, Lake, and Will counties beginning in early 2011 in 3 phases.

IV. State Agency Reports

Illinois Department on Aging (IDoA)

Aging announced the introductory rules allowing application of the cost of services toward spend down and eliminated co-pay for CCP.

DHS-DRS

The Home Services Program has lost 2/3 of their field staff. DRS and DoA are in the process of converting their pre-screening paper forms to an electronic version.

V. New Business

HFS Administrative Rules—Overview of Proposed Long Term Care Eligibility Rule Changes (DRA of 2005)

HFS is proposing changes in its rules governing eligibility for nursing homes and other long term care services by closing loopholes relative to transfer of assets after 2/8/06. The rules provide an incentive for purchasing and using private long term care insurance to encourage individuals to prepare for the possibility they will need long term care in their later years. The incentive is to disregard the amount of assets paid out from long term care insurance up to the point of the Medicaid application. Long term care participation policies are not available yet, though the Department of Insurance has some concerns with inflation protection in order to keep it affordable.

Federal and State Budget Implications for Long Term Care (ARRA)

Enhanced FMAP match is currently at 61.88%. Authorization of the enhanced match has been extended through December 2011, though at a lower level. (HFS will lose \$200-250M relative to earlier projections.) SB3762 accelerates NH payments for all programs to get match. No word on whether the agency will borrow money to make payments.

MDS 3.0 Implementation and Impact

A revised and updated version of the mandated nursing facility resident assessment instrument, known as the Minimum Data Set (MDS) 3.0, goes into effect October 1, 2010. Many components of the MDS 3.0 will be based much more heavily on resident interview protocols. Additionally, a newly-revamped Section Q will be rolled out which specifically addresses a nursing facility resident's interest in learning about transitioning to the community. The Department is implementing a nursing facility rate freeze beginning April 1, 2011 until such time as adequate MDS information is collected and analyzed for rate setting.

CMS has made changes to the MDS 3.0 instrument to increase clinical relevancy including:

- expanded questions on cognition
- relying more on resident's answers to mood than currently on staff observations
- risk assessment by staff on presence of behaviors
- listing specific interventions for pain
- skin issues
- treatments
- Section Q and discharge to the community

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Nursing Home Safety Task Force (NHSTF)

SB326 has passed and has been signed by the Governor. A key piece of the legislation charges HFS with convening a work group consisting of nursing home providers, labor, nursing facility resident advocates and other state agencies to report to the General Assembly by 11/1/10 on issues related to nursing facility staffing standards necessary to the provision of care and services and the preservation of resident safety, a comprehensive rate review considering the adoption of an evidence-based nursing facility rate methodology, and a provider assessment. Ten members have been appointed by Director Hamos. There have been 3 meetings, all open to the public. Information is posted on the Governor's website, with a link on HFS' home page.

DPH plays a key role in writing rules to increase nursing home standards and in implementation of other requirements of the Act.

VI. Old Business

Money Follows the Person (MFP)

To date, 124 participants have transitioned to the community: 41 from DoA (21 went to SLFs), 91 from DMH, and 32 from DRS. Target for CY10 is 192.

Money Follows the Person (MFP) has been extended to 2016 and includes a revision of the Nursing Facility (NF) stay qualification time period from 6 months to 90 days, excluding Medicare short-stay individuals.

Supportive Living Facility Solicitation

HFS issued a solicitation at the end of March that closed 7/31/10 seeking applicants for a dementia care pilot program to serve SLF residents with Alzheimer's or related dementias. This could be a program within an existing SLF facilities or nursing facility. The rules governing the program were adopted in August 2009. The solicitation also sought new SLF development for individuals age 22-64 with physical disabilities. Nineteen were received for the dementia care pilot and 15 for the 22-64 w/physical disabilities group.

Integrated Care RFP

See Medicaid Administrator's Report.

VII. Solicitation of Future Agenda Items

VIII. Adjournment

Meeting was adjourned at noon.

The next MAC LTC Subcommittee meeting is scheduled for December 17, 2010.