

**MEDICAID ADVISORY COMMITTEE (MAC)
LONG TERM CARE SUBCOMMITTEE MEETING**

Final Minutes of Friday, December 18, 2009

Members Present

Mike O'Donnell, East Central Illinois
Agency on Aging, Inc., Chair
Tony Paulauski, The Arc of Illinois
Pat Comstock, Illinois Health Care Assn.
IL Council on Long Term Care
Susan Hughes, UIC

Members Absent

Robert Anselmo, Target Pharmacist
Wayne Smallwood, Affordable Assisted
Living Coalition
Eli Pick, Ballard Health Care and MAC
Chair

State Staff Present

Healthcare and Family Services:

Mary Milburn
Jim Parker
Sharon Woods
Monica Hay

Illinois Department on Aging:

Sandy Alexander

Illinois Department of Human Services:

Connie Sims, DDD

The meeting began at 10:07 am with introductions.

State Agency Reports:

Aging:

- o Sending out anonymous survey on way to expedite provider payments
- o Disability Resources Center project has begun; Advisory Council is setup and meets quarterly starting in January; AAAs are participating; reviewing all demos
- o MCC and CCRS programs-evals to be completed by end of January
- o Mutual agreement with Catholic Charities discontinued
- o Echo program will have no interruption of services during transition to CCP; all 1,200 to transition (Sandy will get info as to Medicaid/Medicare status for Echo clients)

DHS-DD:

- o Conducting FY10 conversion program initiative; out of 168 DD facilities, 166 responded; no match for FFP; invited to come under new waiver
- o \$45M in DD funding has been proposed to convert to Medicaid waiver, 7/1/10 goal; used to offset budget losses in FY10, voluntary
- o 60% are Medicaid eligible; some will lose services
- o Some new funding awards will be to home-based for children and adults; some are converting facilities to children's resident group homes

HFS:

- **SLF:** 118 operational with 9,200 units; 26 approved with 2,500 units
- Releasing solicitation for SLF Dementia pilots up to 5 SLFs for 3 years; open to current and new applicants
- Rules adopted in August; 72% of NF rate instead of 60% for regular SLF; rates from current NF dementia population; target is next few weeks for release, accepting apps 1/1-3/31/10
- Recommendations have been made for new SLFs
- **MDS:** The rule has changed on how often rates are calculated. The old rule was January 1 then quarterly; eff last October all facilities will have quarterly rate changes if there are any changes
- Vents will not be paid for thru the MDS, but thru an EC-type payment: from date of admit to date of discharge
- **MFP:** MFP now has 51 transitioned individuals: 10 DoA, 27 DMH, 14 DORS; target was lowered to 1,000 (BD will provide f-u #s via email)
- Transition Coordinators are in place but not statewide; training still being done

Medicaid Administrator's Report: New Business (Jim Parker):

- Administration wants to issue an RFP in January to obtain 2 licensed HMOs to develop an integrated care system for adults and elderly under Medicaid but not Medicare in Lake, Kane, DuPage, Will, Kankakee, and suburban Cook county
- 40K individuals that meet criteria will have to pick between 2 HMOs (fed law says must have a choice); mandatory to choose one
 - Phase I - State Plan (non LTC services)
 - (MH/DASA)
 - (EPSDT nsg-NPCS)
 - Phase II - NF/HBCS waivers (all but DD)
 - (Includes nsg ind MFTD)
 - Phase III - DD/ICFDD
 - (waivers)
- Phase length TBD. Governor's office wants implementation by July.
- A portion of 40K will be under review when they become Medicare eligible and they will transition out
- Final phase will be LTC/DD; purpose of waiting til the end is to not disrupt lives (Parker to supply documents)
- FQHC (?) will have to pay full rate, if they don't we make up the difference; undetermined at this time
- Client Enrollment Broker is Automated Health Systems. Their role is to make sure all get fair advice on 2 plans and help them decide on the best plan
- Face-to-face meetings will be banned as well as playing an active roll in enrollment; will use current broker for next few years (contract) (Hughes will send Comm Trust study of 10 Best Practice Service Plans-hard copy via USPS)

Old Business:

HCBS Waiver Updates:

- 2 Children w/DD waivers going thru quality review; submitted for evidentiary review 1 year ago, response received Dec. 8; an extension was requested thru Jan 31, will renew 7/1/10.

- Some facilities are remodeling, re-arranging, but no new construction

Rule for LTC Insurance Partnership Program:

- Rules almost finalized internally; will file soon after holidays
- There has been discussion of role for SCHIP with Dept of Insurance

Mike handed out 14A IL Assn of AAAs letter to Rick Cornell of Comptroller's Office regarding expediting payment of ½ of allocated funds (\$10,808,812) to AAAs to reimburse providers; many agencies may close their doors after the first of the year if payment isn't made.

Will be bringing this to public thru media with letters and human interest stories over next 30 days.

Mike also handed out a memo from N4A regarding \$27M in funds thru ARRA to help with chronic disease self-management.

DoA has a meeting on RFP. Stanford Univ, Tom Prohaska (?) leading current initiative. (didn't quite understand this)

Solicitation of Future Agenda Items:

- MC updates
- Residents w/MI in NFs
- Governor's NH Task Force (get info for handouts from upcoming Spring Session)

Adjourned at 11:26 a.m.