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MEMORANDUM

DATE: November 13, 2006

TO: Members of the Medicaid Advisory Committee

FROM: Anne Marie Murphy, Ph.D.
Administrator, Division of Medical Programs

RE: Medicaid Advisory Committee (MAC) Meeting

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The next meeting of the Medicaid Advisory Committee is scheduled for November 17, 2006. The meeting will be held via videoconference from 10 a.m. to 1 p.m. Those attending in Springfield will meet at 201 South Grand Avenue East, 3rd floor Videoconference Room B. Those attending in Chicago will meet at 401 South Clinton, 7th floor Videoconference Room.

The following meeting material has been posted to the department's Web site: the agenda for the November 17, 2006 meeting, the draft minutes from the July 21, 2006 and September 15, 2006 meetings and Ethics Training Material.

The current meeting material has been sent to the committee members electronically. Interested parties can access the meeting information by going to: <http://www.hfs.illinois.gov/mac/> or <http://www.hfs.illinois.gov/mac/news/index.html>

In order to receive information on future MAC meetings, you will need to register to receive e-mail notification when information is posted to the MAC Web page. To register to receive the MAC e-mail notifications go to: <http://www.hfs.illinois.gov/mac/notify.html>

If you have any questions, or need to be reached during the meeting, please call 217-782-2570 in Springfield.

MEDICAID ADVISORY COMMITTEE

401 S. Clinton, 7th Floor Video-conference Room
Chicago, Illinois
and
201 South Grand Avenue East
3rd Floor Videoconference Room
Springfield, Illinois

November 17, 2006
10 a.m. - 1 p.m.

AGENDA

- I. Call to Order
- II. Introductions
- III. Review of July 21st and September 15th Meeting Minutes
- IV. Administrator's Report
 - All Kids Program Update
 - DM and PCCM Update
- V. Old Business
 - All Kids and FamilyCare Update
 - Medicare Part D Update
 - Veterans Care Update
- VI. New Business
 - Ethics Training
- VII. Subcommittee Reports
 - Long Term Care (LTC) Subcommittee
 - Dental Policy Review (DPR) Committee
 - Public Education Subcommittee
 - Pharmacy Subcommittee
- VIII. Adjournment

**Illinois Department of Public Aid
Medicaid Advisory Committee**

401 S. Clinton Street, Chicago, IL
201 S. Grand Avenue East, Springfield, IL

July 21, 2006

Members Present

Eli Pick, Chairman
Neil Winston, M.D.
John Schlofrock, Barton Mgt.
Robert Anselmo, R.Ph.
Robyn Gabel, IMCHC
Janette Michaels for N. Crossman, DHS
Jill Fraggos for Susan Hayes Gordon
Diane Coleman, PCIL
Mike Jones, IDPH
Ralph Schubert, DHS

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S
Alvin Holley
Kim Mitroka – Christopher Rural Health
Debra Kinsey, DCFS

HFS Staff

James Parker
Theresa Eagleson Wyatt
Jacquetta Ellinger
Sinead Madigan
Stephanie Hanko
Mary Miller
Kathy Chan
Carla Lawson
James Monk

Interested Parties

Kenzy Vandebroek, CDPH
Randall Mark, CCBHS
Esther Morales, Harmony Health Plan
Peggy Powers, IADDA
Gerri Clark, DSCC
George Hovanec, Consultant
Mathew Marsigha, AHS
Joy Mahuria, Comp. Bleeding Disorder Ctr.
Mark Miller, KOS pharm.
Peter Engebretson, TCOS pharm.
Kathy Bovid, Bristol-Myers, Squibb

Medicaid Advisory Committee (MAC)
Meeting Minutes

July 21, 2006

I Call to Order

Eli Pick called the meeting to order at 10:07 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

January, March and May minutes were reviewed. The minutes for the three meetings were approved.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided an update on 1) All Kids; 2) Disease Management (DM) and Primary Care Case Management (PCCM) activity.

1) All Kids

Theresa Wyatt, Deputy Administrator for Programs, stated that the application numbers are up and we are continuing to receive sign-ups. Enrollment statistics were provided to members.

Chairman Pick asked how All Kids and PCCM/DM programs interrelate.

Mr. Parker stated that tying PCCM and All Kids together has caused some confusion. A common mistake is to think that PCCM applies to kids only or to the expansion group only. He noted that the expansion group would not be able to choose an MCO.

He explained that MCO agreements expire at the end of the month. Negotiations are complete for the new plan year. Effective August 1, only Harmony and Family Health Network are participating. Amerigroup has dropped out and their enrollees will be converted to fee for service. There are an estimated 37,000 Amerigroup enrollees affected.

Chairman Pick noted that the changes are complicated, so there is an opportunity to create confusion.

Mr. Parker stated that the Outreach Unit has been going around the state to help explain the plans and programs. We get many questions and recognize the need for education. We will continue the outreach process over the next 6 months.

Ms. Fraggos stated that Children's Memorial hospital has developed a fact sheet describing the main changes. It addresses different parties affected, e.g., what do the changes mean for physicians or beneficiaries. She plans to share the fact sheets with HFS and AHS.

Mathew Marsigha stated that Automated Health Systems (AHS) would be developing educational materials and plans to work with the Educational Subcommittee of the MAC.

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, stated that although not having met as of late, the MAC Public Educational Subcommittee has 10 appointed members. Kenzy Vandebroek, of the Chicago Dept. of Public Health has been the most active member. Ms. Ellinger stated that AHS should make sure they have HFS staff, Kathy Chan's contact information as she will help staff the education workgroup.

2) Disease Management (DM) and Primary Care Case Management (PCCM)

Mr. Parker stated that AHS is the PCCM vendor. AHS has started working with Rural Health Centers (RHC) around the state. The nurse consultation line is up and running. Primary Care Providers (PCPs) are being secured. Access Community Health Network and others have shown a good response. AHS is beginning to recruit PCPs generally.

The next step after meeting with the RHCs is working with FQHCs so persons can choose as their PCP. The educational materials are ready. In the next couple of weeks, everyone will receive the educational packet. The contract has incentives so that if more persons choose rather than being defaulted to a PCP, the vender will receive more money.

The PCP referral process will not be in place until a year from now when the PCP system is in place. HFS has contacted hospitals, clinics and large practitioners on how to know who to see and ability to refer to others. HFS wants to make sure we have a system that works well.

Robyn Gabel stated that school health center clinics are trying to fill out the PCP form. She asked whom to call for assistance in completing the process.

Mr. Parker identified Kelly Carter, Bureau of Contract Management Chief. He further stated that the PCP form has only gone to the FQHCs so far.

Jill Fraggos had a copy of an agreement from another meeting and asked if this is what is being sent to providers. She also asked if providers must complete an application and agreement to be a PCP.

Mr. Parker advised that the actual agreement packet includes more detail about PCP and confirmed that providers must complete the agreement to become a PCP.

Diane Coleman asked what was meant in the May minutes about the establishment of protocols and standards.

Mr. Parker advised that during the first year of the contract, the vendor is working with providers on protocols. In the second year, patient profiles will be developed. Both the DM and PCCM vendors are working with providers on protocols and standards of patient care.

Ms. Coleman asked if the Rehab Institute of Chicago (RIC) would be involved with identifying standards. She suggested calling several persons, including Dr. ~~Christy Kirshner~~[Kristi Kirsehner](#)

Mr. Parker stated that we would look at doing this.

Ms. Coleman asked what the mandatory component would encompass.

Mr. Parker stated that, beginning December 2006, persons in eligible groups would be asked to choose a PCP. He stated this included most persons with medical coverage with some exceptions such as dual eligibles, SSI recipients, DCFS children and nursing home residents. AHS will help persons find a PCP. There will be 30-day notices. After 60 days, persons will be auto-assigned to a PCP. The name of the PCP will appear on the second notice.

Ms. Coleman asked if department staff could meet with network offices of the Centers for Independent Living, so staff might field questions. She recommended meeting with the Illinois Network of Centers for Independent Living (INCIL).

Bureau of Healthcare Quality Improvement staff, Stephanie Hanco, gave an update on the Disease Management component, Your Healthcare Plus. The vendor, McKesson Health Solutions, is notifying provider groups about the program. They are starting to do preliminary assessments of persons appropriate for the disease management program. Enrollment is voluntary. The 3 target groups for disease management are: 1) persistent asthmatics; 2) persons with chronic conditions but not receiving Medicare; and 3) person with excessive use of the emergency room in non-emergency situations. McKesson has started working with the persistent asthmatic group. They are focusing on the highest users that represent about 2% of the target population. Mary Miller added that McKesson has about 70 staff to do outreach. Staff includes nurses, pharmacists and caseworkers in 20 catchment areas.

V. Old Business

All Kids and FamilyCare update. Enrollment statistics through May 31, 2006 were provided by Theresa Wyatt.

Robyn Gabel suggested that the department simplify the reporting by not reporting individual numbers for phases I, II and III for All Kids and also to combine the FamilyCare reporting to a one line entry. Ms. Wyatt advised that the department would look at doing this.

Medicare Part D. Sinead Madigan, Bureau of Pharmacy Services Chief, gave a Medicare Part D update. She stated that Part D open enrollment begins on November 15th. There is also continuous enrollment as persons age into Medicare.

In August, the Social Security Administration (SSA) will do redeterminations for persons receiving Extra Help. Some redeterminations will be passive in that the participant will respond only if anything has changed. SSA will also perform redeterminations requiring people who are randomly selected to complete an Extra Help application.

Chairman Pick asked about the payment to providers for participants enrolled in the prescription drug program who needed prescriptions filled for drugs that were not on the formulary. The providers were told there was a 90-day waiver to cover non-formulary prescriptions. Facilities are being charged for medications and want an update to determine if providers will be paid.

Ms. Madigan stated that the department would look into this.

VI. New Business

Ms. Ellinger reported on the citizenship documentation issue. She stated that a little known change in the Deficit Reduction Act says states will get FFP (Federal Financial Participation) for persons declaring to be citizens only if proof of citizenship is provided. That means states may no longer accept declaration of citizenship.

The Secretary of the U.S. Department of Health and Human Services (DHHS) has filed interim final rules that are far more restrictive and complex than required by the Deficit Reduction Act. The governors of California and Ohio have said they would not implement the rule change. Governor Blagojevich sent a letter to DHHS Secretary Leavitt at the end of June advising that we would make a “good faith effort” to implement the rule, but would not harm any beneficiary that could not comply. To our knowledge there has not yet been a response to the Governor’s letter.

The rules were promulgated as interim final and were effective on July 6, 2006. The rule of interest is in Volume 71 – 133, starting at 39214. Ms. Ellinger encouraged members to give comments to CMS by August 11.

Ms. Ellinger has found the paperwork reduction rules to be ludicrous in that the federal estimate is that this new requirement will only add a few minutes of time for state staff.

She noted that the rule excludes persons who receive Medicare. This helps although we still have 10,000 persons in nursing facilities that do not receive Medicare.

For persons receiving Supplemental Security Income, states can use Social Security information to determine place of birth. This should help DHS and HFS to document eligibility for SSI recipients. DHS will need to do a programming change to implement the new requirements.

According to the rules, individuals must show original documents. They may not be copies, even notarized copies. The state must have a hard copy in the case record. CMS initially would not take electronic documents but now is considering doing so.

Primary documentation is a passport, certificate of citizenship or certificate of naturalization. Both identity and citizenship are covered by these documents. If another document is used to establish citizenship, then a second document is needed to establish identity. Illinois expects many applicants and recipients will use a driver's license or State identification card to show identity. HFS does not want persons to send original documents. While "face to face" contact is not required, the rule appears almost to require it. There is no leeway for a person that can't prove who they are. Persons with disability or cognitive impairment are at risk. The rule is harmful to frail or disabled persons and is very harsh as written.

Illinois had stopped asking for birth certificates for children as part of application simplification.

CMS has directed states not to enroll persons without documents. HFS questions why the state should be at risk of loss of FFP if it meets the documentation requirement retrospectively.

The rule provides that eligibility for recipients may continue for a "reasonable period of time" but has not defined the period. As of this point, Illinois has decided not to refuse enrollment or discontinue enrollment if documents are not provided. Nonetheless, HFS is working to get processes and resources in place to get these birth certificates.

Chairman Pick had understood that affidavits could be admitted as proof.

Ms. Ellinger stated that an affidavit may be used to document citizenship of an adult. However, two individuals must provide affidavits and only one of them may be related to the applicant or recipient. The witnesses must also provide proof of their own citizenship and identity. CMS expects this proof to be used only rarely.

Parents and legal guardians can attest to the identity of children under age 16. HFS expects this will be used frequently for children.

Ms. Coleman noted that there is a national class action lawsuit filed by the Sargent Shriver National Center on Poverty Law. She was aware of the Medicare and SSI exceptions. She has also heard that the birth certificate must be issued within 5 years of birth.

Ms. Ellinger added the kinds of documents that are acceptable are organized in a complicated scheme under the rule. There are levels 1 through 4. A birth certificate is a level 2 document and highly reliable.

Ms. Vandebroek asked if the state knew the number of Illinoisans affected or estimated the cost to comply.

Ms. Wyatt stated that HFS estimates on the order of 1.5 - 1.7 million persons from whom we will have to seek documents. Ms. Ellinger stated that we had not yet estimated the cost.

Ms. Fraggos understood that the state does not plan to disenroll those unable to provide proof. She asked if a policy memorandum had been issued.

Ms. Ellinger stated HFS has provided caseworkers with written policy. HFS will ask participants for documentation if they declare they are citizens.

Ralph Schubert asked if it could be assumed the state is preparing comments. Ms. Ellinger advised that HFS wants to get a draft ready early – thinking by sharing it will help other groups file comments. It will be a more powerful statement if coming from multiple groups.

CMS may exclude foster children; however, it may not be a major issue as DCFS generally has the documents needed.

Ms. Gabel asked how identity is documented.

Ms. Ellinger explained that a driver's license, state ID or school ID could be used. Ms. Chan noted that four documents might be needed just to get a driver's license.

CMS requires a parent or legal guardian to sign an affidavit for a child. This may be problematic as many children live with family members that are not legal guardians.

VII. Subcommittee Reports

Long Term Care (LTC). No report for this period.

Diane Coleman shared that an RFP was issued for a “Money follows the person” demonstration project. The project is designed to move persons from an institutional setting into the community. This project could be a way to give more flexibility and choice to ~~special needs~~ individuals in need of some form of long term care.

She stated that IDHS had funded the centers for independent living to INCH had helped about 1000 persons over the last several years with a similar program, Community Reiteration “Home Again”. Moving the first 900 persons over a 6 year period saved the government about \$55 million, according to IDHS figures. In FY’06 IDOA began implementing a similar program for seniors called “Home Again”.

Ms. Coleman added that only states may apply for the federal grants. She encouraged the state to do so. She wants the state to be supportive and suggested that the MAC make a recommendation to participate.

Chairman Pick suggested that this be referred to the Long Term Care subcommittee for recommendation and then be brought back to the MAC.

Ms. Wyatt stated that the state is aware of the RFP and is looking into it.

Dental Policy Review (DPR). No report for this period.

Public Education Subcommittee. No report for this period.

Pharmacy Subcommittee Charge. No report for this period.

VIII. Adjournment

Chairman Pick adjourned the meeting at 11:22 a.m. The next MAC meeting is scheduled for September 15, 2006.

**Illinois Department of Public Aid
Medicaid Advisory Committee**

401 S. Clinton Street, Chicago, IL
201 S. Grand Avenue East, Springfield, IL

September 15, 2006

Members Present

Neil Winston, MD.
Diane Coleman, PCIL
Mike Jones, IDPH
Ralph Schubert, DHS
Debra Kinsey - DCFS
George Hovanec for Susan Hayes Gordon

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S
Alvin Holley
Kim Mitroka – Christopher Rural Health
Eli Pick, Chairman
John Schlofrock, Barton Mgt.
Robert Anselmo, R.Ph
Robyn Gabel, IMCHC
Nancy Crossman, DHS

HFS Staff

James Parker
Sinead Madigan
Carla Lawson
Lynne Thomas
Pat Curtis
James Monk

Interested Parties

Kenzy Vandebroek, CDPH
Gerri Clark, DSCC
Marianne Brennan, Health & Medical Policy Research
Group
Esther Morales, Harmony/Wellcare
Itseko Staples, Harmony/Wellcare
John Peller, ASDS FDN of Chicago
Mary Davis - Comprehensive Bleeding Disorder Center
Joy Mahurin - Comprehensive Bleeding Disorder Center
Bonnie Schaatsma - Kankakee Co. Health Dept.

Medicaid Advisory Committee (MAC)
Draft Meeting Minutes

September 15, 2006

I Call to Order

Jim Parker called the meeting to order at 10:15 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

Diane Coleman requested corrections to the July minutes. There was not a quorum, so approval of the minutes was deferred until the next meeting.

IV Administrator's Report

James Parker, Deputy Administrator for Operations, provided an update on: 1) Medicaid/All Kids payment cycle and 2) Disease Management (DM) and Primary Care Case Management (PCCM) activity.

1) Medicaid/All Kids Payment Cycle

The payment cycle for doctors moved to 30 days for children's services beginning in July. The department has paid down virtually all claims from last year.

Claims are being pulled on a weekly cycle for services to children defined as person under age 19. The comptroller is paying on a weekly basis. One complaint has been received from a provider who was paid in 32 days.

In August, a letter was sent to doctors who treat Medicaid patients notifying them that HFS is going to pay their claims in 60 days. The department has sent out more than \$24 million and essentially paid down the backlog.

Every claim 50 days or older was pulled to pay. Physicians should be receiving the money. Some claims require a prepay review and will take a little longer. Some claims are still pending. We want to hear from physicians if claims older than 60 days have not been paid.

Bonnie Schaatsma stated that the Kankakee Health Department has doctors providing well child services and the services are billed under the health department. She advised that the payments are 90 days behind with bills going back to April with some \$50,000 in outstanding payments. She asked when these bills would be paid.

Mr. Parker advised that at this point we are using only the provider type 10 that covers payment to physicians. RHC (Rural Health Centers) have been on a 30-day payment schedule for 3-4 weeks now and should be seeing some weekly checks. This will be the payment cycle all fiscal year and is similar to the expedited payment schedule. There has been coordination with the Comptroller's office.

The department is moving toward adding FQHC (Federally Qualified Health Centers) to a 30-day payment cycle for services to children and 60 days for services rendered to adults. We will also look to add other provider types, with the plan to eventually be at an average of 57 days for all provider types.

Mr. Parker advised that he couldn't give specifics for the FQHC payment cycle. But he will ask staff to review.

A goal particular to PCP (primary care providers) is timely payment. Mr. Parker noted that PCPs are eligible for enhanced payment rates. For example payment rates for office visits in some cases have doubled.

We are working with FQHC patients to sign up with a PCP. Under the voluntary program that began July 1, we have had 5,000 beneficiaries choose an FQHC as their PCP. We have another couple of thousand persons with a pending PCP enrollment.

This November letters will go out to northern Illinois beneficiaries advising of the need to choose a PCP. Within 60 days, a default PCP assignment letter will go out.

Dr Winston stated that he would take in good faith that the 60-day cycle is being achieved. He has heard concerns from health department professionals in Springfield and in discussions with inter-city colleagues that the cycle is not there.

Dr Winston stated that if the goal is to sign up more providers, a more effective approach to knocking on doors is to show a demonstrable, sustained success in making payments to providers. He shared that next week, HFS' Medical Advisor, Dr. Steve Saunders, will participate in a panel meeting with 180 physician leaders from throughout the state. HFS should provide him with hard data to demonstrate progress in making timely payments from a year ago to now. If leaders hear positive data, it will be the most effective "door knocking."

Mr. Parker stated that he appreciated Dr. Winston's comments and understood the skepticism regarding the payment cycle. He planned to bring the hard data for this meeting that will show the progress made since last June.

Mr. Parker had been in talks with Rural Health Centers (RHC) last week. They have started to see the payments but want to know that there will be sustained commitment to stick with 60 and 30-day payments including working with the Comptroller and do everything possible to dispel the skepticism.

Ralph Schubert asked Ms. Schaatsma what portion of the health department's billing is for children's services.

Ms. Schaatsma was not sure of the portion but stated that there is \$50,000 in unpaid bills from last November through this June. Although it sounds like a small amount, many of the bills are for EPSDT (Early Periodic Screening and Diagnosis Treatment or Healthy Kids) services. The health department is paying the physicians in good faith that it will receive reimbursement from the state. Ms. Schaatsma indicated that their OB services are not being paid. Our staff has spoke with BCHS Bureau Chief, Steve Bradley. She added that prior to last November, they received payment on a 6-week cycle.

Mr. Parker advised that the department would review the payment schedule for children's services to other provider types. He added that it is important there is steadiness in payment from week to week.

2) Disease Management (DM) and Primary Care Case Management (PCCM)

Mr. Parker stated that the issue of "referral after the date of service" was raised at the stakeholder meeting, as well as other forums. A decision has been made that there would be a 14-day period to transmit the information to AHS (Automated Health Systems) for approval. Urgent care standards were also a concern. Mr. Parker advised that the department would use the 14-day standard for all services.

V. Old Business

All Kids and FamilyCare update. Enrollment statistics from May 2005 through May 31, 2006 were provided. Lynne Thomas, Bureau of All Kids Chief, explained that in response to the committee's suggestion, the reporting categories have been compressed to Assist, Rebate, Share and Premium Level 1 and the new expansion groups. The expansion groups continue to grow and enrollment numbers are up substantially.

Medicare Part D. Sinead Madigan, Bureau of Pharmacy Chief, gave a Medicare Part D update. She stated that "Part D open enrollment" begins on November 15 and continues through December 31. In anticipation, the department has issued invitations to all existing plans and is encouraging new plans to participate. Ms. Madigan advised that the department is also working with 6 Advantage plans.

Ms. Madigan advised the committee that the department was informed by the federal CMS that the average premium is \$29.66. She stated that the department

would use this amount for Illinois Cares Rx. The national rate has gone down from \$32 to \$27.35.

This year CMS will pay fewer plans. Last year there were 40 plans [i.e., Blue Cross/Blue Shield had 4 plans].

Having fewer plans will make it easier to administer. About 70 percent of enrolled participants will pay higher premiums. About 30 percent in low income plans will need to change plans. Nationally about 6,000 participants will be affected.

The department expects to know the plans that will be coordinating with I-Care Rx by the end of the month. We want to give members the opportunity to see which plans are available and to do this before November 15th.

Last year we had 2 “stand alone” and 6 advantage plans. We are not going to disrupt the 185,000 that chose. During open enrollment a person may choose a new plan, including ones not covered by the state.

VI. New Business

Pat Curtis, Bureau of Health Benefits for Workers with Disabilities Chief, reported on Illinois’ new Veterans Care health insurance program. The program is designed primarily for veterans that were previously receiving benefits, but effective 2003 lost coverage. The program offers full medical benefits. Ms. Curtis stated that this is not an entitlement program. HFS has the authority to suspend applications or make other programmatic changes to ensure that program expenses do not exceed the funds appropriated for the program.

The Illinois Department of Veterans Affairs does all the marketing and is responsible for taking applications. The applications must be done in conjunction with a Department of Veterans Affairs office. The application is not available on the Internet.

The program covers veterans that are Illinois residents and 19-64 years of age. Some of the eligibility requirements are:

- Individual cannot be eligible for federal VA healthcare.
- Individual cannot have a dishonorable discharge.
- Individual must have at least 6 months active duty.
- Individual cannot qualify for other Illinois healthcare programs.

In addition, the veteran must have been without health insurance for at least 6 months. Health insurance is defined as minimally covering physician and inpatient hospital services.

Income is also an eligibility factor and varies by county, which is consistent with the Veteran Administration's procedure of establishing income standards by county. Each Illinois county has specific income standards. The Veterans Care program is using the geographic means test by county, plus 25 percent of the federal poverty level. While family size is considered, the program only provides insurance coverage for the veteran.

The financial determination for the Veterans Care program is different from the Veteran Administration, which looks at both assets and income. For Veterans Care, we look only at income of the veteran and spouse. We do not consider assets.

The premium level is \$40 per month and the first 2 months of premium payment is waived. The co-payment structure for the Veterans Care program is the same as the All Kids Level 3.

Program coverage began September 1st. Prior to this applications were taken at the State Fair. The enabling legislation sunsets the program on January 1, 2008. Eligibility rules were filed by HFS on 9/15/06. Currently 11 applications have been filed and 3 veterans are enrolled.

It was asked who determines if there was previous insurance. Ms. Curtis indicated that the Veterans Administration verifies the type of military discharge and if there was coverage under federal veteran's insurance. HFS verifies if there was other insurance if there is any question.

Ms. Curtis stated that the identification card for Veterans Care looks like the MediPlan Plus card, but has Veterans Care printed on it.

VII. Subcommittee Reports

Long Term Care (LTC). Diane Coleman shared that the committee had met. She stated there were a couple of key points. Citizenship documentation requirement initiated by the federal CMS was discussed. Some providers expressed appreciation that the State previously announced that it does not intend to harm persons that do not provide the required proof, but HFS is making a good faith effort to comply with the rule.

The committee also discussed the "Money Follows the Person" (MFP) demonstration project RFP. It was noted that the department has filed a letter of intent to apply.

Ms. Coleman stated that last month a consortium of advocacy agencies, that included Progress Centers for Independent Living, Arc of Illinois and Access Living, had attended a 2-day CMS sponsored seminar on the “Money Follows the Person” program. The seminar included national advocates who gave updates on efforts in other states.

She advised that since the last LTC committee meeting, consortium members met with Kelly Cunningham, Anne Marie Murphy and Theresa Wyatt to assist the department with its response to the RFP request. The consortium submitted a prospectus outlining proposed elements for an Illinois MFP program. She hoped this was helpful and encouraged Ms. Wyatt to include the consortium in the process of preparing the state’s application.

Ms Coleman shared that currently the Illinois Department on Aging’s “Cash and Counseling” program is looking for a fiscal management resource. The Department of Rehabilitation Services (DRS) does fiscal management which Ms. Coleman believes could be relevant to the Cash and Counseling program

Dental Policy Review (DPR). No report for this period.

Public Education Subcommittee. No report for this period.

It was asked if the committee had met with AHS staff. At the last meeting there was discussion that AHS would work with the subcommittee. Ms. Kenzy Vandebroek stated that the committee has not met since the last MAC.

Mr. Parker advised that he would discuss with appropriate parties and get a meeting schedule.

Pharmacy Subcommittee Charge. No report for this period

VIII. Adjournment

The meeting was adjourned at 11:06 a.m. The next MAC meeting is scheduled for November 17, 2006.

Medicaid Advisory Committee
September 15, 2006
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 07/31/06:
 - a. 1,164,498 All Kids Assist (Up to 133% of FPL)
 - b. 49,916 All Kids Rebate, Share, Premium Level 1 (133% to 200% of FPL)
 - c. 7,755 All Kids expansion children
 - d. 5,341 Moms and babies expansion (133% to 200% of FPL)
 - e. 354,567 pre-expansion parents (up to approx. 35% of FPL)
 - f. 126,190 FamilyCare expansion parents

Web-based application capability

We implemented our web-based application statewide on August 11, 2005. Since then, we have received a total 43,360 web apps: 28,829 from the general public and 14,531 from AKAA's.

	5/31/2005		6/30/2005		7/31/2005		8/31/2005		9/30/2005	
	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current
	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
All Kids Assist	1,112,845	1,113,067	1,117,241	1,117,676	1,119,322	1,120,945	1,126,183	1,130,323	1,128,741	1,135,511
All Kids Rebate, Share, Premium Level 1	41,616	41,619	42,050	42,054	42,472	42,476	42,201	42,180	42,082	42,041
All Kids Expansion										
Moms and Babies Expansion	6,180	6,190	6,234	6,245	6,218	6,246	6,206	6,281	6,133	6,268
Pre-expansion Parents	349,762	349,899	349,586	349,839	350,119	351,050	351,359	354,003	351,035	355,644
FamilyCare Parent Expansion	102,195	102,195	104,323	104,339	105,876	105,961	107,620	107,789	108,856	109,139
Total	1,612,598	1,612,970	1,619,434	1,620,153	1,624,007	1,626,678	1,633,569	1,640,576	1,636,847	1,648,603

10/31/2005		11/30/2005		12/31/2005		1/31/2006		2/28/2006		3/31/2006		4/30/2006	
Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current	Previous	Current
Numbers	numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers	Numbers
1,136,401	1,140,066	1,134,338	1,140,340	1,138,801	1,143,669	1,141,337	1,149,436	1,150,068	1,153,807	1,149,357	1,155,477	1,151,808	1,156,943
42,526	42,487	42,959	42,610	43,143	43,109	43,344	43,290	43,559	43,589	43,765	43,789	44,135	44,181
6,242	6,318	6,205	6,339	6,215	6,303	6,205	6,359	6,327	6,397	6,175	6,305	5,738	5,861
355,346	358,239	354,164	358,783	357,938	361,098	358,108	363,897	363,324	365,702	362,659	366,421	364,708	367,666
109,899	109,923	109,871	109,935	110,259	110,279	112,882	113,017	114,473	114,877	115,832	116,449	119,605	120,431
1,650,414	1,657,033	1,647,537	1,658,007	1,656,356	1,664,458	1,661,876	1,675,999	1,677,751	1,684,372	1,677,788	1,688,441	1,685,994	1,695,082

5/31/2006		6/30/2006	7/31/2006
Previous	Current	Current	Current
Numbers	Numbers	Numbers	Numbers
1,147,874	1,160,163	1,162,190	1,164,498
46,048	46,082	47,223	49,916
			7,755
5,553	5,801	5,586	5,341
359,272	364,486	360,116	354,567
121,414	123,094	125,408	126,190
1,680,161	1,699,626	1,700,523	1,708,267



ETHICS TRAINING

for Appointees and Employees of State of Illinois Boards

January 2006

(Not for use by other than State of Illinois employees, appointees or officials without the prior consent of the Office of Executive Inspector General for the Agencies of the Illinois Governor)

Office of Executive Inspector General
for the Agencies of the Illinois Governor

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Chicago, Illinois 60601

www.inspectorgeneral.illinois.gov

Introduction/General Principles

All state employees and elected officials are expected to work on behalf of the state in a manner that always complies with laws, rules, regulations and policies. By doing so and by always acting with honesty and integrity they allow established values to guide their actions and decisions. That is what it means to follow the principles of *ethics*.

The actions and conduct of state employees and officials are essential to maintaining the public's trust in state government. Therefore, in addition to acting with honesty and integrity, state employees must always use state provided resources in the most productive and efficient way possible and only in support of the work of state government. They must avoid placing their personal or financial interests in conflict with those of the state. Furthermore, it is their duty to report any violation of laws, rules, regulations and policies that they become aware of as a state worker.

These same expectations apply to you as an employee or appointee of a state board, commission, authority or task force (i.e., a "state board"). The appointees to state boards and the state employees that support them are often called upon to make decisions with far-reaching economic and social consequences for the citizens of Illinois. As a result, it is essential that you become aware of laws, rules, regulations and policies that apply to your conduct as a state board employee or appointee.

Among the laws and rules that apply to you is the State Officials and Employees Ethics Act (5 ILCS 430), which became law in December 2003. The Ethics Act applies to full-time, part-time, temporary and seasonal employees, as well as to appointees and state officials. It also applies to contract workers. For purposes of the Ethics Act, the term "state employee" is defined to include all appointees.

The Ethics Act contains rules to guide the conduct of state employees, appointees and officials. For example, as a state employee, you are restricted from accepting certain gifts from certain specific "prohibited" sources. There are also restrictions that prevent you from participating in specific political activities during your state workday, unless you use your vacation or personal leave time. In addition, the Ethics Act prohibits you from using state property or resources to conduct or support certain specific political activities. The text of the entire Ethics Act, is available at www.inspectorgeneral.illinois.gov

The information that follows is intended to make you aware of selected elements of the Ethics Act and other laws and rules that relate to the ethical conduct of state employees and appointees. In addition to becoming familiar with this material, it is important that you review the rules that may be specific to your state board. If you have questions concerning ethics-related matters, each state board has an Ethics Officer who can provide answers to you and who, by law, is there to provide guidance to you in the interpretation and implementation of the Ethics Act.

Executive Ethics Commission

Established in 2004, the Executive Ethics Commission, in conjunction with the Executive Inspectors General and the Attorney General, is responsible for the oversight of compliance, implementation and enforcement of the State Officials and Employees Ethics Act. The commission consists of nine commissioners, appointed on a bipartisan basis, and it exercises jurisdiction over all officers and employees of state agencies under the control of the five constitutional officers of the state. For further information about the Executive Ethics Commission, visit its website at www.eec.illinois.gov

Ethics Training (from Ethics Act, Section 5-10)

Like other state officials and employees, state board employees and appointees must complete ethics training on an annual basis. *Your state board will notify you and provide instructions to you concerning when and how to participate in annual ethics training (by carefully reading and reviewing the material in this package and signing the attached Acknowledgement form you are completing this training for the current year).*

All new state board employees and appointees must complete ethics training within six months of their first day of employment or appointment.

Personnel Policies (from Ethics Act, Section 5-5)

State employees are required to follow the personnel policies of their state agency or state board. These policies must include requirements related to:

- Work time.
- Documentation of time worked/time sheets.
- Documentation for reimbursement for travel on official state business.
- Compensation.
- Earning and accrual of state benefits for those state employees eligible for benefits.

As a state board employee or appointee, you are expected to adhere to applicable board personnel policies.

Time Sheets (from Ethics Act, Section 5-5)

Each state agency, including each state board, shall require all employees to periodically submit time sheets. An employee's time sheet must document, to the nearest quarter hour, the time spent each day on official state business. Time sheets may be maintained on paper or in electronic format. *As a state board employee or appointee, you are expected to accurately report the hours that you work for the state, on a timely basis, as directed by your state board.*

Conflicts of Interest

It is unethical for a state board employee or appointee to place his or her interests or those of a friend, relative or business associate, above those of the state. This is what is meant by a conflict of interest. *Because of the importance of the functions of state boards, it is important that state board employees and appointees avoid even the appearance of a conflict of interest.*

Preexisting, potential or real conflicts of interest should be disclosed to the state by state board employees and appointees during the hiring/appointment process. *For example, a prospective appointee to a state board with responsibility for regulating a certain industry should disclose current or prior relationships with a business that is subject to the board's regulation. Specifically, for example, it would be unethical for a prospective board appointee to not disclose a financial interest in a business subject to the board's oversight.*

Potential or real conflicts of interest that arise or become known during the course of an individual's employment or appointment should be disclosed to the board's Ethics Officer, chairperson and "Executive Director" at the earliest opportunity, in order to determine the most appropriate course of action. This may include, for example, the need for a board appointee to recuse him or herself from certain board activities that are related to the conflict.

It is unethical for board employees and appointees to use information made available to them through their official duties and which is not generally known to the public, to benefit themselves, their friends, their family, or business associates. *For example it would be inappropriate for a board member to provide confidential information concerning a competitive bidding process for a state contract to a company owned by a personal friend that plans to submit a contract bid.*

All state business decisions, regulatory findings and rulemaking, granting of licenses, etc., made by state boards must be made in the best interests of the state and must be made in a manner that is consistent with applicable laws, rules, regulations and policies. *The personal interests of state board employees and appointees, or those of their family, friends or business associates must not be a consideration in such decisions.*

Prohibited Political Activities (from Ethics Act, Section 5-15)

A state board employee or appointee cannot participate in any of the following activities while acting, or appearing to act, in their capacity as a board employee or appointee or while conducting state business. If a state employee elects to take part in any of these activities during normal work hours, then he or she must use vacation, personal or compensatory time off. A state board employee or appointee may never engage in any of these activities using work facilities (such as state office telephones, state cell phones, photocopiers, or computers):

- Prepare for, organize, or participate in any political meeting, political rally, political demonstration, or other political event. *For example, a board employee cannot send an email to fellow workers during work hours and/or using a state email account, encouraging them to attend a rally for a candidate for public office.*
- Solicit contributions, including but not limited to purchasing, selling, distributing, or receiving payment for tickets for any political fundraiser, political meeting, or other political event. *For example, it is unlawful for a state board employee to ask coworkers, during the workday, for donations in support of someone running for political office.*
- Solicit, plan the solicitation of, or prepare any document or report regarding any thing of value intended as a campaign contribution.
- Plan, conduct, or participate in a public opinion poll in connection with a campaign for elective office, on behalf of a political organization for political purposes, or for or against a referendum.
- Survey or gather information from potential or actual voters in an election to determine probable vote outcome in connection with a campaign for elective office, on behalf of a political organization, or for or against a referendum. *For example, it is unlawful for a state board employee, during his or her workday, to call potential voters on behalf of a candidate to find out whom they might vote for in an upcoming election.*
- Assist at the polls on Election Day on behalf of any political organization, political candidate, or referendum question.
- Solicit votes on behalf of a candidate, political organization, or for or against a referendum, or help in an effort to get voters to the polls or participate in a vote recount on behalf of a candidate or political organization.
- Initiate, prepare, circulate, review or file a petition on behalf of a candidate for elective office or for or against any referendum question.
- Make a contribution on behalf of any candidate for elective office. *For example, it is unlawful for a state board employee to donate money, during work hours, to a coworker who is running for elective office.*
- Prepare or review responses to candidates' questionnaires.
- Distribute or prepare campaign literature, campaign signs, or other campaign material on behalf of any candidate for elective office or for or against any referendum question.
- Campaign for an elective office or for or against a referendum.
- Manage or work on a campaign for elective office or for or against a referendum.
- Perform work related to serving as a delegate, alternate, or proxy to a political party convention.

Political Contributions on State Property (from Ethics Act, Section 5-35)

Political campaign contributions cannot be intentionally solicited, accepted, offered or made on state property. *State property includes, for example, buildings or portions thereof that are owned or exclusively leased by the state. Therefore, it is unlawful for a state board employee or appointee to give or receive money for a candidate for public office while in state owned or leased office space or on state property.*

Ban on Gifts from Prohibited Sources (from Ethics Act, Section 10-10, 10-15 and 10-30)

In many instances, it is unlawful for a state board employee or appointee to accept gifts that are offered to them in their capacity as a state board employee or appointee or in the conduct of state business. Gifts may include, but are not limited to such things as free tickets to sporting events, cash, special discounted merchandise or services, food, drink and travel expenses.

A state board employee or appointee cannot solicit or accept a gift from certain individuals or entities that are defined by law as a “prohibited source”. It is also unlawful for an employee or appointee’s spouse or immediate family member living with them, to accept a gift from a prohibited source. The following are prohibited sources and thus, a state board employee or appointee cannot generally accept a gift from:

- A person or entity (*a business, for example*) seeking official action from the state board employee/appointee or the employee/appointee’s state board.
- A person or entity that does business or seeks to do business with the state board.
- A person or entity that conducts activities that are regulated by the employee/appointee of the state board.
- A person or entity that has interests that may be substantially affected by the performance or non-performance of the state board employee or appointee.
- A person or entity that is a registered lobbyist.

There are 12 specific exceptions to this ban on gifts from prohibited sources, including:

- Opportunities, benefits and services available to the general public on the same terms.
- Anything for which the employee paid market value.
- A lawful contribution under the Election Code.
- Educational materials and missions.
- Travel expenses for a meeting to discuss state business.
- A gift from a relative.
- Anything provided on the basis of personal friendship.
- Food or drink that does not exceed \$75 per calendar day.
- Food, drink, lodging and transportation related to outside business, employment or activities, if the benefits are customarily provided to others in similar circumstances.
- Intra-governmental or inter-governmental gifts (e.g. gifts between agency employees or between government employees).
- Bequests, inheritances, and other transfers at death.
- Any item or items from any one prohibited source during any calendar year that has a cumulative total value of less than \$100.

If a state board employee or appointee receives an improper gift from a prohibited source, she or he can correct the situation and not be in violation of the ban if she or he immediately does any of the following:

- Returns the gift to the giver.
- Gives the gift to a not-for-profit organization, a 501(c)(3) organization.
- Gives an amount of equal value to a not-for-profit organization, 501(c)(3) organization.

Any gift that is intended to improperly influence an employee or appointee's official conduct must not be accepted. Questions that a state board employee or appointee may have related to gifts received in their capacity as a board employee/appointee or while conducting state business, should be referred to their board's Ethics Officer.

Prohibited Offer or Promise (from Ethics Act, Section 5-30)

A state board employee or appointee cannot promise anything of value related to state government in exchange for a contribution to a political committee, political party or a candidate for political office.

For example, it is unlawful for a state board employee or appointee to offer an action by the state board, or to offer someone a state job or to offer an appointment to a state board, or to offer the award of a contract, in exchange for a political campaign donation. It is also unlawful, for example, for a state board employee or appointee, to offer a salary increase or promotion to another state employee in exchange for such a donation.

Revolving Door Restrictions (from Ethics Act, Section 5-45)

Contract Decision-makers

If within one year before leaving state service, a state employee or appointee participated personally and substantially in the decision to award state contracts with a cumulative value of over \$25,000 to a person, entity, its parent or subsidiary, that state employee or appointee cannot knowingly accept employment or receive compensation or fees for services from that person, entity, or parent or subsidiary for one year.

Regulatory or Licensing Decisions

If, within one year before leaving state service, a state employee or appointee made a regulatory or licensing decision that directly applied to a person, entity, its parent or subsidiary, that state employee or appointee cannot knowingly accept employment or receive compensation or fees for services from that person, entity, or parent or subsidiary for one year.

Application for Waiver of Revolving Door Restrictions

The Executive Ethics Commission ("EEC") may waive the revolving door restriction upon written request showing that the prospective employment or relationship did not affect the employee or appointee's prior regulatory or licensing decisions. EEC Rule 1620.610 provides instructions concerning the waiver application process.

Whistleblower Protection (from Ethics Act, Section 15-10)

An officer, state employee (or appointee), or state agency cannot lawfully take any retaliatory action (such as reprimanding, firing, demoting or suspending) against a state employee for doing any of the following:

- Disclosing or threatening to disclose any practice or action that the state employee reasonably believes is in violation of the law.
- Providing information or testifying about any violation of the law by any officer, member, state employee, or state agency.
- Assisting or participating in a proceeding to enforce the State Officials and Employees Ethics Act.

If someone does retaliate against a state employee for reporting a violation of law or assisting in an investigation, for example, then the employee could file a lawsuit seeking compensation and other remedies as provided by law.

Appointments to Boards, Commissions, Authorities or Task Forces (from Ethics Act, Section 5-55)

Appointees to state boards, commissions, authorities and task forces have specific additional laws and rules that apply to them.

Registered Lobbyists (from Lobbyist Registration Act, 25 ILCS 170/3.1)

A lobbyist is any person who communicates with an official of the executive or legislative branch of state government for the purpose of influencing executive, legislative or administrative action. Registered lobbyists are those individuals that meet certain criteria under the Lobbyist Registration Act and are therefore required to register with the Illinois Secretary of State.

A person required to register as a lobbyist cannot serve on a state board, commission, authority or task force authorized or created by state law or by executive order of the governor unless the individual falls under one of the following exceptions:

- The registered lobbyist is serving in an elective public office, whether elected or appointed to fill a vacancy.
- The registered lobbyist is serving on an advisory body that makes nonbinding recommendations to an agency of state government, but does not make binding recommendations or determinations or take any other substantive action.

Any registered lobbyist who serves on a board, commission, authority or task force under one of these exceptions must not take part in any decision that may affect one of his or her clients.

Spouses and immediate family members who are living with a person required to register as a lobbyist also cannot be appointed to a board, commission, authority or task force unless they fall under one of the exceptions above.

Holders of State Contracts (from Ethics Act, Section 5-55)

A person, his or her spouse, or any immediate family member living with that person, cannot serve on a board, commission, authority or task force if he or she meets any of the following criteria:

- The person has more than a 7 ½ percent interest in a state contract;
- The person, together with his or her spouse and immediate family members living with them, has more than a 15 percent interest in a state contract.

This ban does not apply if one of the following exceptions occurs:

- The contract in question is an employment contract.
- The person, the spouse, or the immediate family member is serving in an elective public office.
- The person, the spouse, or the immediate family member is serving on an advisory body that makes non-binding recommendations.

Any person who serves on a board, commission, authority or task force under one of these exceptions must not take part in any decision that may affect the contract in question.

Any individual appointed to a board, commission, authority or task force must disclose all contracts the individual has with the state.

State Contract-related Conflicts of Interest

An appointee to a board, commission, authority or task force cannot have or acquire a contract or a direct financial interest in a contract with the State that is related to the board, commission, authority or task force on which they sit.

Duty to Report Violations of Law, Rule, Regulation or Policy (from Administrative Order 6)

The Office of Executive Inspector General for the Agencies of the Illinois Governor (“OEIG”) acts as an independent state agency whose function is to investigate fraud and abuse in state government. Specifically, the OEIG receives and investigates complaints of violations of law, rule or regulation or abuse of authority or other forms of misconduct by state employees or those doing business with the state.

Although, by law, the OEIG cannot accept anonymous complaints, the identity of a complainant shall be kept confidential unless disclosure is otherwise required by law, or unless the individual complainant consents to disclosure.

All state employees have a duty to report violations of laws, rules, regulations or policies that they become aware of in the course of their work for the state. By law, every state officer or employee in a state agency must promptly report to the Executive Inspector General any information concerning waste, fraud, conflicts of interest or abuse by another state officer, employee or vendor relating to his or her employment. The knowing failure of any officer or employee to so report shall be cause for discipline, up to and including discharge. The knowing provision of false information to the Executive Inspector General by any officer or employee shall be cause for discipline, up to and including discharge. These requirements are contained in Administrative Order 6, issued December 11, 2003.

All state employees, including those of state boards, have a duty to report violations of laws, rules, regulations or policies that they become aware of in the course of their work for the state. *Appointees to state boards are also expected to report these same matters.*

Report work-related non-emergency violations of law, rule or regulation, to the Office of Executive Inspector General for the Agencies of the Illinois Governor (OEIG) at its toll-free hotline: **866-814-1113**.

The OEIG's website is: www.inspectorgeneral.illinois.gov

Duty to Cooperate (from Ethics Act, Section 20-70 & Administrative Order 6)

State board employees and appointees who become involved in an investigation conducted by the Office of Executive Inspector General, have a duty to cooperate. This means, among other things, that employees and appointees must participate in interviews as requested, tell the truth, not withhold information and respect the confidentiality of any investigation.

By law, every state agency, officer and employee, shall cooperate with, and provide assistance to, the Executive Inspector General and her or his staff in the performance of any investigation. In particular, each state agency shall make its premises, equipment, personnel, books, records, and papers readily available to the Executive Inspector General. The Executive Inspector General or his/her staff may enter upon the premises of any state agency at any time, without prior announcement, if necessary to the successful completion of an investigation. In the course of an investigation, the Executive Inspector General may question any officer or employee serving in, and any other person transacting business with the state agency, and may inspect and copy any books, records, or papers in the possession of the state agency, including those made confidential by law, taking care to preserve the confidentiality of information contained in responses to questions or books, records, or papers that is made confidential by law.

The Executive Inspector General may compel any employee in a state agency to truthfully answer questions concerning any matter related to the performance of his or her official duties. If so compelled, no statement or other evidence derived there from may be used against such employee in any subsequent criminal prosecution other than for perjury or contempt arising from such testimony. The refusal of any employee to answer questions if compelled to do so shall be cause for discipline, up to and including discharge.

Law requires state board employees and appointees to cooperate with investigations of the OEIG. Failure to do so may result in disciplinary action, up to and including termination of employment/appointment.

Ex Parte Communications

Ex Parte Communications in Rulemaking (from Administrative Procedures Act, 5 ILCS 100, Section 5-165)

Under the Illinois Administrative Procedures Act, an ex parte communication is defined as any written or oral communication by any person, during the rulemaking period, that provides or requests information of a material nature or makes a material argument regarding potential action concerning an agency's (or board's) general, emergency or peremptory rulemaking that is communicated to the head of the agency or an employee of the agency, and is:

- not made in a public forum
- not a statement limited to matters of procedure and practice
- not a statement made by a state employee to fellow employees of the same board or agency

An ex parte communication received by any agency or board, its head, or its employee must be immediately reported to the agency or board’s Ethics Officer. The Ethics Officer must require that the communication be made a part of the record for the rulemaking proceeding and shall promptly file the communication with the Executive Ethics Commission.

These requirements under the Illinois Administrative Procedures Act apply to all state agencies and boards.

The intent of this section of the Administrative Procedures Act is to ensure that all parties who are interested in administrative rules under consideration by a state agency or board are made aware of communication that may occur outside of a public forum between the agency or board and other interested parties. Should you have any questions concerning whether or not a communication is subject to these ex parte rules, please contact your state board’s Ethics Officer.

Ex Parte Communications on Regulatory, Quasi-Adjudicatory, Investment and Licensing Matters (from Ethics Act, Section 5-50)

These requirements of the Ethics Act that are related to ex parte communications apply to the following state agencies and boards:

Executive Ethics Commission	Merit Commission for the Secretary of State
Illinois Commerce Commission	Merit Commission for the Office of the Comptroller
Educational Labor Relations Board	Court of Claims
State Board of Elections	Board of Review of the Department of Employment Security
Illinois Gaming Board	Civil Service Commission
Health Facilities Planning Board	Department of Financial Professional Regulation and its Boards
Industrial Commission	Department of Public Health and its Licensing Boards
Illinois Labor Relations Board	Pollution Control Board
Illinois Liquor Control Board	State Employees’ Retirement System Board of Trustees
Property Tax Appeal Board	Judge’s Retirement System Board of Trustees
Illinois Racing Board	General Assembly Retirement System Board of Trustees
Illinois Purchased Care Review Board	Illinois Board of Investment
Department of State Police Merit Board	State Universities Retirement System Board of Trustees
Motor Vehicle Review Board	Teachers’ Retirement System Officers Board of Trustees
Prisoner Review Board	Personnel Review Board for the Treasurer

Under the Ethics Act, an ex parte communication is defined as any written or oral communication by any person that provides or requests information of a material nature or makes a material argument concerning regulatory, quasi-adjudicatory, investment or licensing matters being considered by a state agency or board, that is:

- not made in a public forum
- not a statement limited to matters of procedure and practice
- not a statement made by a state employee to fellow employees of the same board or agency

An ex parte communication received by an agency or board, its head or an agency or board employee/appointee from an interested party or their representative, must be promptly made a part of the related official record. “Interested party,” means a person or entity whose rights, privileges or interest are a subject of the matter under consideration by the agency or board.

An ex parte communication received by other parties must be reported to the agency or board’s Ethics Officer. The Ethics Officer shall promptly require the communication to become a part of the record and will promptly file the communication with the Executive Ethics Commission.

The intent of this section of the Ethics Act is to ensure that all parties who are interested in certain matters under consideration by these boards are made aware of communication that may occur outside of a public forum between a board and other interested parties. Should you have any questions concerning whether or not a communication is subject to these ex parte rules, please contact your state agency or board's Ethics Officer.

Penalties

Penalties for violations of ethics-related laws, rules and policies by state employees and appointees are dependent upon the specific circumstances. Penalties may include administrative action up to and including termination of employment or appointment. In addition, the Executive Ethics Commission may levy administrative fines -- and illegal acts, such as bribery or theft, may result in criminal prosecution.

Ethics Questions or Concerns

State board employees and appointees who have questions or concerns about a work-related ethics issue should contact their board's Ethics Officer.

Ethical Obligations

The following are examples of actions or situations that must be avoided. Each represents unethical conduct:

1. An administrative assistant to a state board's Executive Director is instructed by his supervisor to run a personal errand for her during the workday.

It is wrong to engage in personal business that is contrary to state or board policy during scheduled work times.

2. A state board member accepts a gift of travel expenses in exchange for a favorable vote concerning a regulatory matter for which the board is responsible.

It is unethical and a violation of the law to accept a favor (monetary or other) in exchange for an official action. Such conduct may result in criminal prosecution.

3. During a meeting, a state board member votes in favor of a proposal to grant a state contract to a company owned by one of his/her close personal friends.

It is wrong for any state employee or appointee to take any official action that could be seen as placing personal interests or those of a family member, friend or business associate above those of the state.

4. A state board employee takes a 2-hour personal lunch break, however only reports a ½ hour break on his/her official time report.

It is unethical and unlawful to provide false information in a time report used as a basis for compensating a state board employee.

5. A temporary state board employee is directed by his/her supervisor to distribute political campaign literature to his state coworkers during the workday.

The State Officials and Employees Ethics Act prohibits this and certain other political activity from being done during a state employee's paid workday and/or using state facilities. The Ethics Act applies to full-time, part-time, temporary, seasonal and contract workers, including those of state boards.

6. A state board member uses his/her position as a board member to influence an applicant for a state license to do business with an associate of the board member -- as a condition for the board member's approval of the applicant's license.

It is unethical and unlawful for state board employees and appointees to exchange favors for an official action. Such conduct will result in discipline up to and including termination of employment/appointment and possible criminal prosecution.

7. The college-age son of a state board member receives a pair of tickets to a professional football game from an employee of a business that recently submitted an application requiring approval by his father's state board.

Acceptance of such a gift has the potential to represent either a real or perceived unethical act and thus should be strictly avoided or corrected, preferably by returning the gift.

8. A state board employee, who is responsible for performing analysis of information provided to a state board as part of a rulemaking process, accepts travel and lodging expenses for an out-of-town golf outing from a corporation that is a party to the rulemaking.

Acceptance of such a gift has the potential to be perceived as unethical and may in fact represent a violation of state law and board policy.



Acknowledgement of Participation in:

Ethics Training for Appointees and Employees of State of Illinois Boards

I have carefully read and reviewed the content of Ethics Training for
Appointees and Employees of State of Illinois Boards,
and I understand its subject matter.

Signature

(print: first, middle initial, last) Name

Month and Day of Birth
(i.e., birth date, excluding year)

Date

State Board Name

(To be properly credited for participating in Ethics Training, please submit this form as directed by your state board)

January 2006