



MEDICAID ADVISORY COMMITTEE (MAC)

Aug 6, 2021

Virtual WebEx Meeting

10AM - 12PM

CONFIDENTIAL

1



AGENDA

- I. Call to Order**
- II. Thank you To Past MAC Members**
- III. Introduction of Newly Appointed MAC Members**
- IV. Roll Call of Committee Members**
- V. Introduction of HFS Staff**
- VI. Review and Approval of the Minutes**
- VII. Public Comments**
- VIII. Healthcare & Family Services Executive Report**
- IX. HealthChoice Illinois Update**
- X. Subcommittee Reports**
- XI. Medicaid Advisory Committee Recommendations**
- XII. New Business/Announcements**
- XIII. Old Business**
- XIV. Adjournment**

- I. Call to Order**
- II. Thank you To Past MAC Members**
- III. Introduction of Newly Appointed MAC Members**
- IV. Roll Call of Committee Members**
- V. Introduction of HFS Staff**

Welcome New Members

Name	Organization
Brian Cloch	Transitional Care Management
Kim Mercer-Schledier	Illinois Council on Developmental Disabilities
Derek Robinson	Blue Cross Blue Shield
Larry McCulley	Metro-East - Southern Illinois Health Foundation
Audrey Pennington	Aunt Martha's (BH/FQHC/CMHC)
Kathy Chan	Cook County Health & Hospitals System
Sergio Obregon	Chicago Public Schools

VI. Review and Approval of
May 7, 2021 Meeting Minutes

VII. Public Comment(s)

VIII. Healthcare & Family Services Executive Report

- A. Strategic Plan Overview
- B. ARPA Funding Plan
- C. Healthcare Transformation Update
- D. Enrollment, Eligibility & Redetermination
- E. Federal Waivers, State Plan Amendments, and Other Changes
- F. Nursing Home Rate Reform
- G. Legislative Update

A. Presenter: Theresa Eagleson, Director

Our Foundation for the Future

We do..

Mission

Describes why HFS exists – what are we doing right now and why

We strive towards..

Vision

Describes in the best possible future for HFS – what we want to stretch for.

We may be doing some of this now, but these are areas in which we still want to grow and improve.

We operate with...

Values

Describes the qualities and characteristics of the everyday work experience in your organization.

Provides a framework within which you can test decisions, accomplish tasks, and interact with others.

HFS Mission Statement

We work together to help Illinoisans access high quality health care and fulfill child support obligations to advance their physical, mental, and financial well-being.

New Mission: Four Key Parts

All HFS staff work together and with sister agencies. We can only achieve our mission by working together.

We exist to ensure access to care; to ensure that care is high quality and to ensure all care meets the needs of our customers.

We work together to help Illinoisans **access high quality health care** and **fulfill child support obligations** to **advance their physical, mental, and financial well-being.**

We exist to ensure child support obligations are fulfilled – this includes establishing and enforcing those obligations.

The outcomes of our work serve to advance physical, mental and/or financial well being for our customers.

Our Vision for the Future

WE IMPROVE LIVES.

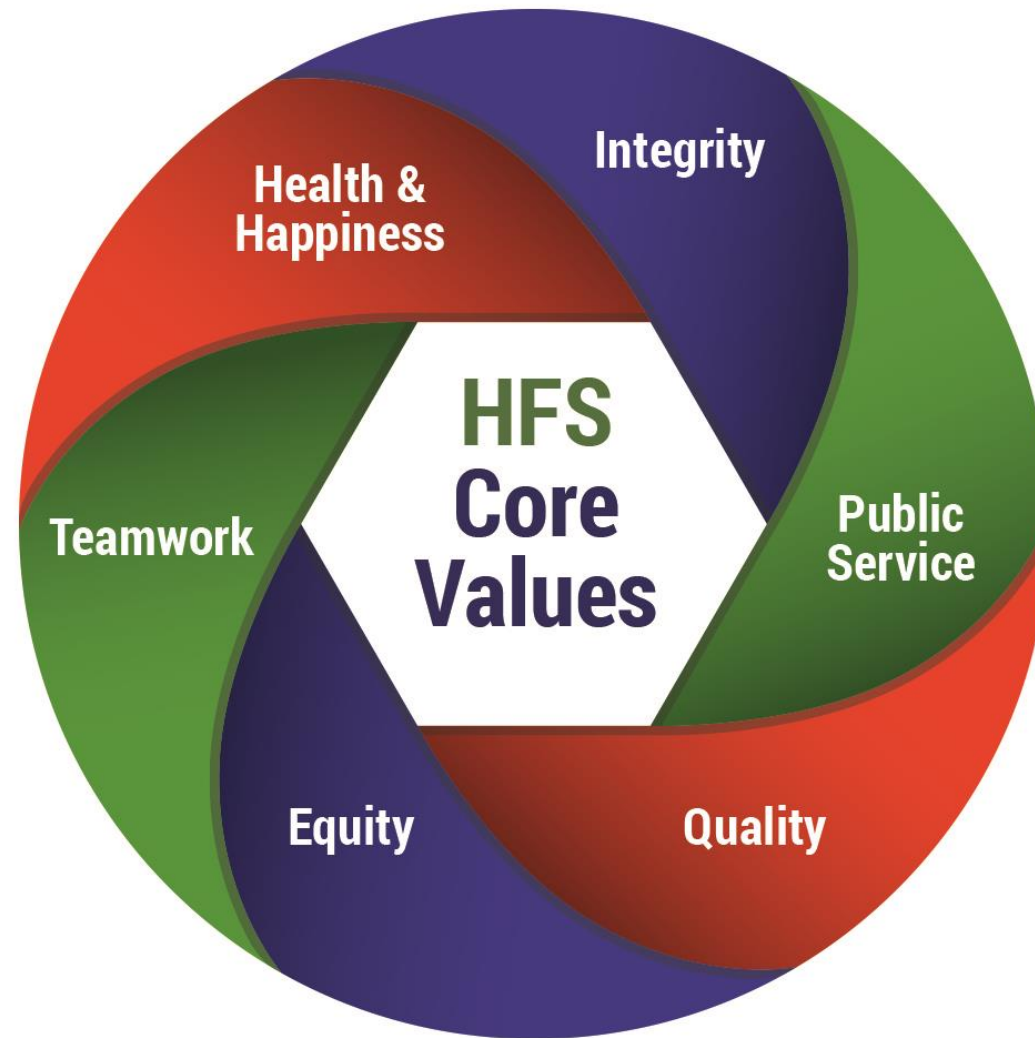
- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responsive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.



This is possible because...

...WE VALUE OUR STAFF AS OUR GREATEST ASSET. We do this by:	...WE ARE ALWAYS IMPROVING. We do this by:	...WE INSPIRE PUBLIC CONFIDENCE. We do this by:
<ul style="list-style-type: none">▶ Fully staffing a diverse workforce whose skills and experiences strengthen HFS.▶ Ensuring all staff and systems work together.▶ Maintaining a positive workplace where strong teams contribute, grow and stay.▶ Providing exceptional training programs that develop and support all employees.	<ul style="list-style-type: none">▶ Having specific and measurable goals and using analytics to improve outcomes.▶ Using technology and interagency collaboration to maximize efficiency and impact.▶ Learning from successes and failures.	<ul style="list-style-type: none">▶ Using research and analytics to drive policy and shape legislative initiatives.▶ Clearly communicating the impacts of our work.▶ Being responsible stewards of public resources.▶ Staying focused on our goals.

HFS Core Values: Deeply Interwoven



HFS Core Values Definitions

Integrity

- We are trustworthy and reliable.
- We operate honestly, sincerely, and ethically

Public Service

- We are proud to work for and serve the people of Illinois.
- We address the needs of and produce positive outcomes for our customers.

Quality

- We strive for timely completion and skillful execution of all our work.
- We efficiently and effectively communicate and manage projects.
- We use data-driven policies to ensure high quality partners and services.

Equity

- Providing every employee, individual, community, or population what is needed to succeed, so everyone can reach their full potential.
- Examining differences in outcomes for various populations and working to mitigate negative impacts.

Teamwork

- We support, respect and inspire one another.
- We use consistent, clear communication to ensure cooperation and collaboration.
- We move in the same direction(s) towards common goals.
- We seek out different perspectives and voices to make our teams stronger.

Health & Happiness

- We hope to create a culture within HFS that supports the health and happiness of our employees and customers.
- We want to work in an environment that promotes joy, fosters respect and supports fun as part of a hard working HFS culture.

B. Presenter: Kelly Cunningham

- HFS submitted an initial spending plan and narrative on July 12 to implement Section 9817 of the American Rescue Plan Act and enhance, expand, and strengthen Medicaid Home and Community-Based Services (HCBS).
 - The submission is posted on the COVID-19 page of the HFS website.
- The spending plan estimates \$349.2M in state share savings from the enhanced HCBS FMAP and allocates \$242.3M of the savings towards HCBS workforce investments, HCBS tools and technologies, enhanced HCBS services, and initiatives that support HCBS transitions.
 - Unallocated savings will be allocated in future quarterly spend plans toward initiatives that are still under development.
- The submission is currently under review at CMS, which has 30 days to review it.
 - The state cannot move forward with proposals until they have been approved by CMS, even if CMS approval takes more than 30 days.



Healthcare Transformation Update

C. Presenter: Kimberly McCullough-Starks, Deputy Director for Community Engagement

Governor JB Pritzker signed this historic initiative into law on March 12, 2021. On June 30, 2021, \$94.3 million was awarded to eight collaboratives demonstrating innovative visions and equity-focused solutions in support of HFS' goal to reimagine healthcare in Illinois. Additional proposals are under review and more awards may be announced in the coming weeks. HTC's first awardees are:

1. Chicago North Side Collaborative	A partnership to mitigate barriers to care and increase health equity among the communities it serves.
2. Collaborative Bridges	A partnership to improve behavioral health and other health outcomes and reduce health care costs by creating an unprecedented continuity of care between hospital and community.
3. East St. Louis Health Transformation Partnership	A partnership to affect large scale realignment of the health delivery system and improve the life circumstances of those living in the East St. Louis Metro Area.
4. Integrated Hub	A collaborative to increase quality of care for adult Medicaid beneficiaries with behavioral health, substance use disorder, and physical health needs.
5. The Prison Emergency Early Release Response (PEERR) Network	A model approach to care coordination and social determinants of health for men and women released from incarceration returning to Cook County.
6. South Side Healthy Community Organization	A collaborative driven by community input and dedicated to fundamentally advancing health care access and better health outcomes for Chicago's South Side residents.
7. TARGET Health	A collaboration with an 'all-in' approach to improve access to a wide range of healthcare services and improve the health and wellness of individuals and the entire community.
8. West Side Health Equity Collaborative	A partnership to increase convenient access to culturally responsive healthcare, supporting the unique and changing socio-economic needs of individuals and families.

D. Presenter: Jane Longo

Applications and Redeterminations

- 5,986 medical applications 45 days or older as of June 30 - a 96% reduction from January 2019.
- 3,968 total medical renewals on hand as of June 30 - a 98% decrease from January 2019

Senior Immigrant Program (65+)

- As June 30, 6,412 enrollees for whom HFS received \$54.5 million in claims
- Total ever enrolled 6,845 with \$59.6 million in claims

D. Presenter: Jane Longo

Eligibility Related Legislation

- A new state-funded health benefits program for immigrants 55-64 years of age who are ineligible for Medicaid only due to their immigration status
- Technical change to move CHIP children in a separate state program to a CHIP program identical to Medicaid
- State coverage of post-kidney transplant anti-rejection drugs for immigrants ineligible for Medicaid only due to their immigration status
- Change to extend the initial term of unmet spend down to 6 months from 3 months
- Submission of a family planning state plan amendment to federal CMS

E. State Plan Amendments: Public Comment Period or Recently Submitted

Diabetes Prevention Program and Diabetes Self-Management Education and Support

ICF/DD and MC/DD Wage Increases

Hospital SMART Act Rate Reduction Repeal

Increased Psychiatric Rates for Safety-net hospital inpatient services

1915 i. State Plan Amendment Development

Pathways to Success Children's Behavioral Health Program; new services established plus transition of several 1115 Behavioral Health transformation pilots not operationalized

Home and Community-Based Waiver Activity

Adults with Developmental Disabilities rate increase

Supportive Living Facility compliance with HCBS settings rules/dementia services

Elderly Waiver Renewal

Initial Approval of HCBS Statewide Transition Plan under settings rule

F. Presenter: Kelly Cunningham

Status of HFS Nursing Home Rate Reform

- HFS initiated legislation in the spring, culminating in HB4045 as introduced by Rep. Moeller and now co-sponsored by 26 of her colleagues.
- The Spring Session did not yield an increase in funding nor reimbursement reforms.

Status of HFS Nursing Home Rate Reform

- In the BIMP, the legislature asks HFS to return detailed recommendations to them by September 30 in advance of the October Veto Session:

*305 ILCS Sec. 5-2.10. **Increased accountability for nursing facilities.** The Department shall develop a plan for the revitalization of nursing homes licensed under the Nursing Home Care Act and shall report to the Governor and the General Assembly on a recommended course of action, including, but not limited to, the following:*

- 1) significantly increasing federal funds by streamlining and raising the nursing home provider assessment on occupied beds;*
- 2) improving payments through increased funding and providing additional incentives for staffing, quality metrics and infection control measures; and*
- 3) transitioning the methodologies for reimbursement of nursing services as provided under this Article to the Patient Driven Payment Model (PDPM) developed by the federal Centers for Medicare and Medicaid Services.*

Status of HFS Nursing Home Rate Reform

No later than September 30, 2021, the Department shall submit a report to the Governor and the General Assembly, which outlines the steps taken by the Department, including discussions with interested stakeholders and industry representatives, and recommendations for further action by the General Assembly to provide for accountability and to achieve the program objectives outlined in this Section, which shall require action by the General Assembly.

STATUS OF HFS NURSING HOME RATE REFORM

- Reform discussions were suspended near the end of the Spring Session
 - Extensive review of Federal PDPM payment methodology
 - \$140M or more in new Federal funding via increase in nursing home assessment
 - More than 5% of *total* SNF payments attached to staffing or performance
 - Substantial support from two of three industry trade groups
- HFS is updating its recommendations with more recent data and planning for discussions with industry, stakeholder and legislative leaders and staff
- Outstanding questions
 - Should reforms wait until COVID's impact is fully resolved?
 - Should adoption of the Federal PDPM methodology have any financial impact on nursing homes?
 - Should payment be tied to staffing and performance?

ARP HCBS Spending Plan for Nursing Homes in the BIMP

Of a potential allocation several times larger, on the last day of the session the legislature adopted language in the BIMP and appropriating \$75M to SNFs for the purpose:

*BIMP 305 ILCS 5/5-5.7a(8). “From funds appropriated, directly or indirectly, from moneys received by the State from the Coronavirus State Fiscal Recovery Fund for Fiscal Years 2022 and 2023, the Department shall establish a program for making payments to long term care service providers and facilities, **for purposes related to financial support for workers in the long term care industry**, but only as permitted by either the CARES Act or Section 9901 of the American Rescue Plan Act of 2021 and related federal guidance, including, but not limited to the following:*

ARP HCBS Spending Plan for Nursing Homes in the BIMP

- *monthly amounts of \$25,000,000 per month for July 2021, August 2021, and September 2021 where at least 50% of the funds in July shall be passed directly to front line workers and an additional 12.5% more in each of the next 2 months;*
- *financial support programs for providers enhancing direct care staff recruitment efforts through the payment of education expenses;*
- *and financial support programs for providers offering enhanced and expanded training for all levels of the long-term care healthcare workforce to better achieve patient outcomes, such as training on infection control, proper personal protective equipment, best practices in quality of care, and culturally competent patient communications.*

The Department shall have the authority to audit and potentially recoup funds not utilized as outlined and attested."

DRAFT APPROACH FOR ARPA PAYMENTS

Latest PBJ Data: 4Q2020*

Single per-Q420 nurse hour funding amount, i.e., each NF's % of statewide nurse staffing

50/62.5/75% devoted to pass-through funding	50/62.5/75% devoted to non-pass-through funding
---	---

Allowable uses of pass-through funding	Allowable uses of non-pass-through funding
--	--

Bonus pay (hazard, vaccine bonus, etc.)	X	X
Temporary benefits such as day care, etc.	X	X
Signing bonuses for new hires	X	X
TNA and CNA training cost reimbursement		X
Education expenses enhancing direct care staff recruitment		X
Increased training for nursing facility staff		X
Other financial support for NF workers		X

Single Distinction between High- and Low-Performing Facilities w.r.t. staffing, e.g., % of STRIVE 4Q2020

Higher Accountability
(1/3 of homes)

Higher Flexibility
(2/3 of homes)

Submit Budget	Yes	Yes
Submit interim (i.e., July) report	Yes	No
Hold 3rd month for report	Yes	No
Award amounts posted	Yes	Yes
Budgets posted	Yes	Yes

*Measured nursing hours per day from the PBJ for 4Q2020; when missing, nursing hours are imputed using the statewide median hours per resident day * statewide median occupancy for the same period * the nursing facility's # of licensed beds

G. Kimberly E. McCullough-Starks

IX. HealthChoice Illinois Update: Presenter – Keshonna Lones

Managed Care

Effective July 1, 2021, the Medicare-Medicaid Alignment Initiative (MMAI) program expanded statewide

- A. Program Overview
- B. Expansion Activities
- C. MCO Approvals by County
 - HFS Provider Notice:
<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210723a.aspx>
- D. Passive Enrollment Cohorts
 - June mailings- September 1st effective date
 - July mailings- October 1st effective date
 - August mailings- November 1st effective date
 - September mailings- December 1st effective date

X. Subcommittee Reports

- A. Newly Constituted Subcommittees
- B. Opioid Use Disorder Withdrawal Management Subcommittee Update
- C. Public Education Subcommittee

XII. New Business/Announcements

- A. Appointment of Nominating Committee: Nomination of MAC Chair and Vice Chair for 2-year term beginning January 2022

XIII. Old Business

XIV. Adjournment



THANK YOU!