

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

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## **Medicaid Advisory Committee**

Virtual WebEx Meeting

May 7, 2021: 10AM - 12PM

### **Agenda**

- I. Call to Order**
- II. Roll Call of Committee Members**
- III. Introduction of HFS Staff**
- IV. Review and Approval of the Minutes**
- V. Public Comments**
- VI. Healthcare & Family Services Executive Report**
  - A. Healthcare Transformation
  - B. COVID-19 Response Update
  - C. Nursing Facility Rate Reform
  - D. Managed Care Program Statistics
  - E. Enrollment, Eligibility & Redetermination
  - F. Post-Partum Waiver Approval
- VII. Subcommittee Reports**
  - A. Public Education Subcommittee Report
  - B. Quality Care Subcommittee
  - C. Opioid Use Disorder Withdrawal Management Subcommittee Update
- VIII. New Business/Announcements**
  - A. New Sub-Committees
    - 1. Health Equity & Quality Sub-Committee
    - 2. Community Integration Sub-Committee
- IX. Old Business**
- X. Adjournment**

## Medicaid Advisory Committee Meeting

### Closed Captioning Available

### Instructions for Meeting Attendance

To attend the meeting, please register [here](#):

<https://illinois.webex.com/illinois/onstage/g.php?MTID=e67ee1df73e789efc13f18ace0b6210e1>

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### To Provide Public Comments, You Must Register In Advance As follows:

To speak during the meeting, interested parties must register using the above link **by no later than 5:00pm on Tuesday, May 4, 2021.** All public speakers must provide their name, title, organization name, email address and contact number when signing up to speak.

Registrants will be provided with details of how to join the meeting to provide comments by **5:00pm on Thursday, May 6, 2021.**

The Department will try to accommodate as many requests as possible, however there is limited availability for public comments. At the Department's discretion and based upon the public comment time allotted, each speaker will be limited to 1-3 minutes. Speakers on the same subject are encouraged to collaborate and have a single spokesperson, if possible.

Additionally, interested parties may also provide written comments to the Department in lieu of speaking during the meeting. Please email all comments to [Melishia.Bansa@Illinois.gov](mailto:Melishia.Bansa@Illinois.gov).

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**Illinois Department of  
Healthcare and Family Services  
Medicaid Advisory Committee**  
Virtual WebEx Meeting  
May 7, 2021: 11:02AM – 2:00PM

**MAC Members Present:**

Alejandro Clavier, VIDA Pediatrics  
Andrea Danes, Consumer Representative  
Thomas Huggett, Lawndale Christian Health Center  
Marvin Lindsey, Community Behavioral Healthcare Assn.  
Ann Lundy, ACCESS Community Health Network  
Howard Peters, HAP Inc. Consulting  
Amber Smock, Access Living  
Kai Tao, Alliance Chicago  
Neli Vazquez-Rowland, A Safe Haven  
Sameer Vohra, SIU SOM  
Cheryl Whitaker, Next Level Health

**MAC Members Absent:**

Kathy Chan  
Arnold Kanter, Barton Healthcare

**HFS Staff Present:**

Melishia Bansa	Kimberly McCullough-Starks
Kelly Cunningham	Robert Mendonsa
Arvind K. Goyal	Laura Phelan
Jane Longo	

## Meeting Minutes

- I. **Call to Order:** Chairperson Dr. Cheryl Whitaker.
  - A. Called to order on May 7<sup>th</sup>, 2021 at 11:02 a.m.
  - B. A quorum was established.
- II. **Roll Call of Committee Members & Introduction of HFS Staff**
  - A. **Roll Call:** Moderated by HFS Staff - Kimberly McCullough-Starks, Deputy Director for Community Outreach.
    1. Melishia Bansa - New HFS Staff Member that will be supporting MAC and Subcommittee Efforts and Coordination.
  - B. Operations:
    1. Amber Smock, MAC Member expressed concern for the absence of the close captioning feature in the meeting platform utilized, which resulted in meeting not being disability compliant.
      - a) Recommendations were made on how to address instances when the close captioning feature is not available.
        - Transcriptions should not be considered as a substitute.
        - Sign language interpreters should be present to assist individuals with disabilities.
        - Individual use of a back up captioning application is not the same as the state providing support features for disability compliance.
        - Meetings that are not accessible in terms of disability acceptance should be canceled and postponed to a later date.
      - b) The support team of the State's preferred platform entity had been contacted and was notified of this technical error, however a resolution while using the current version of the platform was unable to be obtained. Therefore, immediate alternatives were offered and implemented by Kimberly McCullough-Starks, Deputy Director for Community Outreach, to ensure disability compliance by the State.
        - Neli Vazquez Rowland, MAC Member went on record in support of Amber Smock's concern, to thank Kimberly McCullough-Starks for offering alternative options, and to acknowledge in support of the Chair making a decision that would accommodate her needs.
        - Cheryl Whitaker, MAC Chair, reinforced the importance of our need to ensure disability compliance, acknowledged the State's great efforts in this targeted area, and recommended that we transition to an alternative meeting option that would enable to public to attend.
      - c) Committee Members were asked to weigh in on the following options:
        - Should MAC meeting be rescheduled?
        - Should a transition be made to a new meeting platform that could potentially prevent the public from attending and hearing out input and deliberations?
          - Ann Lundy, MAC Member, voted in full support of

making a motion for the rescheduling MAC Meeting at the earliest possibility to ensure the sharing of full participation.

- Alejandro Clavier, MAC Member, requested confirmation if whether a backup closed-captioning system was indeed available and if it could be utilized for today's meeting to enable its continuation. Concerns were shared regarding cancelling a meeting that had already been scheduled prior to.
- Neli Vazquez Rowland, MAC Member, shared concerns regarding the utilization of a closed captioning backup system for one individual would preclude the public that may also need disability accommodations from participating.
- Cheryl Whitaker, MAC Chair, recommended that this issue not be individualized, but be categorized as a general compliance issue.

d) Cheryl Whitaker, MAC Chair, allotted a five-minute meeting break to give way to a smooth transition to an appropriate meeting platform that would be disability compliant.

- MAC meeting attendees received a new link and prompt support in transitioning to a different meeting platform with closed captioning feature, enabling ADA compliance.

**III. Meeting Reconvened & Roll call re-confirmed:** Cheryl Whitaker, MAC Chair.

**IV. Review and Approval of the Minutes:** Cheryl Whitaker, MAC Chair.

A. Madam Chair made a motion to approve the minutes from the February 5<sup>th</sup> meeting; the motion was seconded by Howard Peters, MAC Member; along with all committee members voting unanimously to approve.

**V. Public Comments:** Cheryl Whitaker, MAC Chair

A. Dr. Patricia Farrell, PhD Chair, Healthcare Reimbursement Committee Illinois Psychiatric Association.

**VI. Healthcare & Family Services Executive Report:** Updates provided by HFS Executive Management Team Leadership Staff.

**A. Healthcare Transformation (HTC) Update** - Presented by HFS Staff: Kimberly McCullough – Starks, Deputy Director for Community Outreach

1. HFS provided a statewide virtual informational to any providers or entities that were interested in hearing more about the HTC effort, which was well attended by over 200 participants. The HTC application was released on March 9, 2021. Governor Pritzker signed healthcare transformation legislation on March 12, 2021. The Statewide virtual informational session was held on March 12, 2021 and applications were due on April 9, 2021. As a result, Twenty-Four Applications were received and are currently under review. Successful applicants are scheduled to be notified in June of 2021. We are embarking upon a second round of funding which is tentatively scheduled for Fall of September 2021. There will also be consulting funds available in which we will issue and application for interested parties to apply. Currently, there is a letter of intent that is posted to the department's website. Interested applicants should apply no later than June 15<sup>th</sup> 2021. If you are interested in receiving direct updates regarding HTC please register to join on our listserv. You can stay informed by visiting our HFS website:

<https://www.illinois.gov/hfs/Pages/HealthcareTransformation.aspx>

**a)** Follow-up question posed by Marvin Lindsey, Community Behavioral Healthcare Assn: Have the Department settled on a number of applications that will be accepted for the first round?

- Response provided by Kimberly McCullough-Starks, Deputy Director for Community Outreach: There is not set number that has been determined and applications are under review to determine which proposals can move forward in the process.

**B. COVID-19 Response Update** - Presented by HFS Staff: Kelly Cunningham, Medicaid Administrator

1. Status of CARES Act Funding Distribution: confirmation that money that was appropriated to HFS to be distributed to our provider community is now complete.

**a)** Remaining dollars are currently in the process of working to get programmed.

- We are working with consultants that are assisting with the CARES Act Funding Distribution and managing the require Federal reporting by applicants that received funding. Several provider notices have been issued regarding this topic. Please be mindful of reporting deadlines.

2. American Rescue Plan (ARP): Currently undergoing a review and evaluation.

**a)** Some dollars will be available to the State through the ARP.

**b)** Interest has been received from the Home and Community-Based Services in which there is a 10% enhanced FMAP being offered for certain home and community-based services and activities being offered in the next year. We are awaiting federal guidance from the Centers for Medicare & Medicaid Services (CMS) on fund utilization guidance.

3. Vaccines: Working with sister agencies such as the Department of Public Health on Vaccine related issues, monitoring guidance from federal government regarding any changes to administration rates or fee schedules.

4. Public Health Emergency Status: We remain in the Public Health Emergency State. Currently federal government is extending it ninety days at a time and will most likely be in affect to the end of this calendar year. States will be given 60-day notice before the Public Emergency State has ended.

**a)** Follow-up question posed by Neli Vazquez Rowland, MAC Member: How is the Public Health Emergency impacting HFS?

- Response provided by Kelly Cunningham, Medicaid Administrator: The Medicaid programs all across the country were granted certain flexibilities regarding changes to the Medicaid programs that would otherwise require federal approval. The most significant change is that individuals that were on Medicaid at the time of the Public Health Emergency remain on Medicaid without redetermination or change in status. Also there has been a pivot to telehealth services.

**C. Nursing Facility Rate Reform Update** - Presented by HFS Staff: Kelly Cunningham, Medicaid Administrator

1. We are looking to update the case mix methodology index since 2014 that we use to reimburse nursing facilities and move to a new system called Patient Driven Payment Models. This new system will allow us to capture and reimburse based on the needs of the nursing home residents.

2. Increasing and streamlining provider assessment programs such as: licensed beds and occupied beds which will now be combined.
3. Over 30 Meetings today with Nursing home Leadership
4. Deeper look into nursing home data analytics to review nursing home staffing and quality: Focus on Equity and Quality, Increase in Staffing, and Reduction in Overcrowding.
  - a) Data reveals there has been a very disproportionately negative impact on our black and brown nursing home residents, and it is inexcusable. During the pandemic, facility conditions have contributed to risk of infection and death. The impact has increased the burden on this population. Now that we know the data, we feel compelled to change.
  - b) 2019 Data also reveals that Illinois ranks last in terms of nursing home staffing which is a very dubious honor.
  - c) Residents are not benefiting from proper staffing or programming.
5. Proposed Path forward to highlight increasing nursing facility provider assessments, Creation of Incentive program to drive quality, and update in case mixed methodology.
  - a) Howard Peters, MAC Member, has been a critical part in the development of this path forward.
  - b) We are trying to debunk the argument that nursing home inadequacies are just due to payment. "if you pay us more, we do more."
  - c) We must hold nursing home facility owners and operators accountable to the dollars they are given. We must hold people accountable to ensure that the right level of care is provided for the right person at the right location so that people needs are met, facilities adequately staffed, and people are housed in appropriately sized rooms.
    - Much discussions are ongoing with the General assembly regarding these issues and more support is needed.
6. Timeline: We are seeking legislative approval regarding certain aspects of this proposal during the spring session. Federal approval still needed as we continue to modify nursing home assessment mechanisms.
  - a) Follow-up suggestion for consideration posed by Ann Lundy (also further expanded by Madam Chair Whitaker): Would there be some consideration to work with Nursing home facilities perhaps on an incentive basis to reintegrate some of the appropriate nursing home patients back into their home settings?
    - Response provided by Kelly Cunningham: Not all the money that we hope to get back through this enhancement is going to nursing home facility quality. We would like to retain a portion of the funds increase our efforts around home and community-based services such as supportive living, aging community care programs, and other long-term care programs. Working with MCOs very closely on the new Community Transition Incentive program that help support the transition of appropriate nursing home residents back into the community.
    - Response provided by Howard Peters: Categorized this initiative as the most important undertaking of the department in decades especially as it relates to nursing homes. Encouraged meeting attendees to learn more about the data as it relates to this effort and the devastation that has occurred in nursing homes and the disproportional impact on black and brown residents such as

increased in resident illnesses and death. Nursing homes are getting millions of dollars to serve Medicaid beneficiaries, yet they are not delivering quality care. Under the new concept, nursing homes will only get paid if they deliver.

- Response provided by Sameer Vohra, MAC Member: How do we rethink the innovation to redesign and reimagine the creation of more age friendly systems that will think through the comprehensive nature and challenges of our aging population.
  - There are alternatives to nursing home care and other programs that we need to strengthen and incentivize and put into place to meet the needs of people that are vulnerable. Nursing home reform will help us to much more dramatically step up these efforts. Aligning incentives and having systems in place would be ideal.
- b)** Follow-up question posed by Neli Vazquez-Rowland: Did we use any benchmarks to consider what type of reimbursement rate should be utilized? Who did we look at to compare ourselves to across the country? We may want to also expand our licensing qualifications to include supportive housing or homeless providers that are providing housing to seniors.
  - Response provided by Kelly Cunningham: Based on our analysis for bench marking and comparative purposes, we utilized both Medicare facility cost reports. In doing so we were able to determine that are reimbursement rates exceed in some cases cost coverage. We are not arguing that more money is not needed in the system, but we are arguing that “more money doesn’t necessarily mean better care”.
- c)** Follow-up comment provided by Amber Smock: Let’s not overlook the role of the program that enables advocates to enter nursing homes and as a result there was lack of access to those that could help advocate for people in need. Going forward with all of these reforms we hope there will be continued key role and investment in the program.
- d)** Follow-up question proposed by Marvin Lindsey, MAC Member: What has been the key role of IDPH? Who oversees them and how will the department be working with them? The mental health of these patients in nursing homes should also be a concern especially in black and brown communities. Patients that I have seen in these facilities are not receiving adequate mental health services. Mr. Lindsey also a mental health professional shared personal and professional story regarding his brother’s death due to some neglect and the inability to attain adequate mental health services was a total lesson learned.
- e)** Questioned posed by Madam Chair Whitaker: What can the committee and public be given to ensure that the regulatory process will walk alongside HFS as the data is analyzed to ensure health safety and quality of life of residence in nursing home.
  - Response provided by Kelly Cunningham: The public have participated in every meeting; the data has been presented to nursing home facility industry repeatedly. We anticipate an ongoing close collaboration around these issues.
  - Recommendation proposed by Madam Chair Whitaker: We look forward to receiving and sharing the bill numbers so that they can be posted.



- D. Managed Care Program Statistics Update** - Presented by HFS Staff: Robert Mendonsa, Assistant Administrator for Managed Care.
1. Enrollment is posted by county by plan on our care coordination website.
    - a) Health Choice enrollment as of 3/1/2021 is 2,629,907 which is a 486,119 increase over enrollment last March.
    - b) MMAI enrollment as of 3/1/2021 is 61,255 which is a 7,542 increase over last March.
  2. 2020 Fourth Quarter MCO Performance Reports Are Posted in Info Center 15 Managed Care Program Statistics.
  3. MMAI Statewide Expansion Starting 7/1/2021.
    - a) Provider notices sent 4/30/2021, 2/23/2021 and 12/16/2020.
    - b) 4/30 notice contained a link to the MMAI Plans by County identifying which health plans will be available for opt-in enrollment, passive enrollment, or both effective upon initial expansion.
    - c) Passive enrollment means that if a customer does not choose a health plan, the customer will be auto assigned to a health plan.
    - d) Customers eligible to enroll in MMAI in the expansion counties may opt-in beginning in June 2021 for a July 1, 2021 effective date.
    - e) The MMAI passive enrollment implementation for the statewide expansion will be phased in over multiple cohorts. Enrollment materials for the first passive enrollment cohort will be mailed in June 2021 with a September 1, 2021 effective date.
    - f) Customers currently enrolled in MLTSS under Health Choice Illinois will not be included in the first or second passive enrollment cohorts.
    - g) Additional information regarding ongoing expansion activities and updates on which plans are available for the second wave of passive enrollment in the new MMAI counties will be provided at a later date.
  4. 2020 PRP Investments
    - a) MCOs spent \$100M as of 2/28/2020.
    - b) Over 80% in to 6 categories: Increased rates, Care coordination, Telemedicine, Peer Support, Housing Support, and SDOH Services.
- E. Enrollment, Eligibility & Redetermination Update** - Presented by HFS Staff: Jane Longo, Deputy Director for Innovation, New Initiatives.
1. Pending Applications For Medical Benefits: We started with 147,000 from end of January 2019. We are now at 8,000 medical apps over 45 days.
    - a) Throughout the period of the Public Health Emergency, there is a good chunk of automatic redeterminations being completed from electronic verification of eligibility based off data sources approved by the federal government.
  2. Immigrant Senior Program: Started in December 2020 is now up to 5,125 enrollees.
    - a) 86% enrollment in Cook and Collar counties.
    - b) \$35million in claims received (at payable amounts).
  3. COVID Public Health Emergency: PHE extended through at least 12/31/21.
    - a) COVID Public Health Emergency – Biden Administration announced Special

Marketplace open enrollment period continues until May 15.

**b)** During the COVID Public Health Emergency no one will lose medical program benefits unless they request cancellation, leave Illinois or pass away.

- Question posed by Ann Lundy: Would there be any educational materials for providers and community-based organizations that would assist or educate them on how to assess the seniors with getting all these benefits?
  - Response provided by Jane Longo: Several brochures describing the program are available on our website. Application process is identical to Medicaid and any other state program.

**F. Post-Partum Waiver Approval Update: 1115 Waiver Approval to Extend Postpartum Coverage:** Presented by HFS Staff: Laura, Phelan, Director of Policy.

1. On April 12, 2021, Illinois became the first state to receive federal approval to extend full benefit Medicaid coverage through 12 months postpartum with continuous eligibility.
2. The 1115 waiver authority will act as a bridge to the American Rescue Plan's State Plan Amendment (SPA) option, which begins in April 2022.
3. HFS continues to work with CMS to extend postpartum coverage for immigrants in the five-year waiting period and undocumented immigrants.
4. Medicaid and CHIP customers are staying continuously enrolled in coverage during the COVID-19 public health emergency, regardless of pregnancy or postpartum status.
  - Question posed by Kai Tao: Aside from the undocumented the 5-year waiting period what are the actual numbers that we will see get this extension?
  - Response provided by Laura Phelan: It impacts individuals between over 138% of the federal poverty level and up to 213% of the federal poverty level that otherwise would have lost coverage after 60 days postpartum. Additionally, the continuous eligibility provision is important, and impacts all women and individuals we cover during the postpartum period because with continuous eligibility they know and their providers know that they're supposed to have coverage during the total 12-month postpartum period.

## VII. Subcommittee Reports

**A.** Public Education Subcommittee Report: Submitted in written form to the Committee.

**B.** Quality Care Subcommittee Report: Submitted in written form to the Committee.

**C.** Opioid Use Disorder Withdrawal Management Subcommittee Report: Submitted in written form to the Committee.

- Question posed by Dr. Huggett, MAC Member: Will HFS also consider follow-up after hospital detox or medical stabilization programs as a HEDIS measures? Why isn't HFS doing something more (like nursing home rate reform efforts) to ensure linkage to outpatient care when patients are discharged from inpatient detox units at hospitals, while the opioid epidemic is responsible for thousands of deaths?
  - Response provided by Dr. Goyal: These beds are classified as medical surgical in a hospital setting and is restrained by federal rules. Secondly, If there are any

specific issues, make a complaint and we will see to it as our mission to go forward and fix that issue. Full Response will be provided following the MAC meeting.

- Response provided by Madam Chair Whitaker: Outpatient support for transition of care is needed. There's no accountability on discharge for those individuals and people can bill yet they scream up and down if they don't get paid. The person is not getting the type of care that they should be receiving under the standards we practice under.
- Response provided by Neli: We need to include substance, free options, and counseling to be a part of the delivery system for after care on a case by case basis.

### **VIII. New Business/Announcements**

**A.** New Sub-Committees Presented by Kimberly McCullough-Starks, Deputy Director for Community Outreach.

**1.** Health Equity & Quality Sub-Committee Presented by Kimberly McCullough and Jane Lundy.

- a)** Submitted in written form to the Committee to review.
- b)** Madam Chair approved the establishment of Health Equity & Quality Sub-Committee.

**2.** Community Integration Sub-Committee Presented by Gabriela Moroney, DMP Medical Admin.

- a)** Submitted in written form to the Committee to review.
- b)** Madam Chair approved the establishment of Community Integration Sub-Committee.

**IX. Adjournment: The meeting was adjourned at 12:02 P.M**