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**Medicaid Advisory Committee**  
**Community Integration (CI) Subcommittee**  
**WebEx Meeting Minutes -- Approved**  
**November 4, 2021, 3-5 PM**

**CI Subcommittee Members**

**Present**

Amber Smock (Chair), Access Living  
Jessie Beebe, AIDS Foundation of Chicago  
Kathy Carmody, Institute on Public Policy for People with Disabilities  
Sydney Edmond, Illinois Public Health Institute  
Maria 'Carmen' Gonzalez DJangi, Metropolitan Family Services  
Lori Hendren, AARP  
LaShun James, Addus Homecare  
Jordyn Jensen, UIC Department of Disability and Human Development  
Ann Lundy, Access Community Health Network  
Jodi Mahoney, North Central Behavioral Health Systems  
Missy Munday, Cornerstone Services  
Marsha Nelson, Shawnee Health Service  
Mark Stutrud, Lutheran Social Services of Illinois  
Ashley Warren, NAMI Chicago  
Greg Will, SEIU Healthcare Illinois-Indiana

**Department of Healthcare and Family Services (HFS) Staff Present**

Melishia Bansa  
Arvind Goyal, MD  
Maureen Haugh Stover

Kiran Mehta  
Robin Morgan  
Gabriela Moroney  
Lauren Tomko

**Other State Staff Present**

Amy Lulich, Department on Aging (Aging)  
Carrie Wilcox, Department of Human Services (DHS) Division of Mental Health  
Farrah Borders, Aging  
Joe Danner, Aging  
Kimberly Mercer-Schleider, Illinois Council on Developmental Disabilities  
Lora McCurdy, Aging  
Rahnee Patrick, Director, DHS Division of Rehabilitation Services  
Sally Lisnek, Aging  
Sarah Myerscough-Mueller, DHS Division of Developmental Disabilities

**Public Attendees**

Paul Bennett, AgeOptions  
Kathy Chan, Cook County Health  
Sara Dado, Lightways  
Josh Evans, Illinois Association of Rehabilitation Facilities (IARF)  
Kristen Feld, Clearbrook  
Brenda Fleming, West Central Illinois Area Agency on Aging  
Leticia Galvez, CareAdvisors  
Val Guzman, Age Guide Northeastern Illinois

Kristina Hamilton, American Lung Association  
Jill Hayden, Medicaid Policy Network  
Dave Hurter, Amita Health  
Martha Jarmuz, Choices Coordinated Care Solutions  
Marsha Johnson, CCSI-Case Coordination  
Andrea Kindseth- LIFE CIL  
Winnie Lam, Chinese American Service League  
Kelsie Landers, Heartland Alliance  
Jana Le, Vietnamese Association of Illinois  
Emily Miller, IARF  
Shqipe Osmani, SO Strategies LLP  
Brielle Osting, CareAdvisors  
Beth Owens, IARF  
Shelly Richardson, Statewide Independent Living Council of Illinois  
Andrea Rizer, Equip for Equality  
Trisha Rodriguez, Illinois Association of Medicaid Health Plans  
Meryl Sosa, Illinois Psychiatric Society  
Darrell Stoller, Apostolic Christian Life Points  
Martha Tellez, Medical Home Network  
Katie Thiede, AllianceChicago  
Ryan Voyles, Health News Illinois  
Kaoru Watanabe, Cambodian Association of Illinois

- I. **Call to Order** – Amber Smock, chairperson of the subcommittee, called the meeting to order at 3:04 PM.
- II. **Review and approval of meeting minutes from September 2, 2021**—Ann Lundy moved to approve the minutes from September 2<sup>nd</sup>, 2021. Kathy Carmody seconded the motion, which was approved by the subcommittee.
- III. **Discussion of HFS mandatory training for subcommittee members** – Kiran Mehta from HFS reviewed the mandatory training requirements for subcommittee members. All subcommittee members will receive a login to the OneNet system to complete the required trainings.
- IV. **Department of Human Services - Division of Rehabilitation Services brief presentation on customer feedback on Home Services Program** – Director Rahnee Patrick presented on a Town Hall process used to gather customer feedback on the Home Services Program. Some questions and answers were offered. See Appendix A for presentation.
- V. **Input from subcommittee members on needs and opportunities for improving community integration for older adults and individuals with disabilities** – Subcommittee members shared observations and concerns about the needs of older adults and individuals with disabilities to remain integrated in the community. Several key themes emerged:

*Services*

- The service array for individuals with a primary diagnosis of Substance Use Disorder may not be sufficient to prevent institutionalization.
- Varying requirements and services from one home- and community-based services (HCBS) waiver to the next make navigation challenging.
- Provider staff retention issues affect service availability.
- No HCBS waiver services for persons with mental illness.

*Administrative processes*

- Billing requirements can be onerous for providers, such as a requirement to bill Medicare and receive a denial before billing Medicaid, when it is already established that Medicare will deny the claim.
- Restriction on same-day billing for similar services can limit care provided.
- The multiple communications and paperwork that many customers receive can be confusing. There is a need to simplify the interface for customers.

*Stakeholder awareness*

- Lack of knowledge of the important opportunity to transition individuals newly admitted to nursing facilities back to the community with home and community-based services. Lack of awareness among housing providers of waiver services and how to access them.
- Need for marketing and outreach to increase customer knowledge and public awareness.

#### *Accessing services*

- The outreach and referral process for HCBS is not accessible for the population served by housing providers.
- The digital divide makes accessing services difficult. For example, no internet, inability to use laptop, electronic systems that are difficult to navigate. This is especially true for older adults and persons experiencing homelessness.
- Waiting lists are a big obstacle for accessing developmental disabilities waivers (referring to the PUNS list).
- Assessments for waiver enrollment can take from 30 days (Aging) to 60 days (HSP).

#### *Planning*

- Need for systematic shift to using predictive health measures to make decisions, rather than always being reactive.
- Will four-person group homes for persons with intellectual or developmental disabilities be considered institutional settings in the future.

#### *Ideas for expanding access to HCBS*

- Make the customer interface/entry point more accessible. For example, provide clear training or video for those working directly with customers to create awareness of HCBS programs and a simple way to access them.
- Work with faith-based community organizations.
- Simplify messaging.
- Promote better quality of life.
- Innovative models such as PACE.
- Create a new method of access that puts individuals at the center.
- Address language barriers.
- Ensure that care coordination models do not rely exclusively on technology such as phones, email, and/or texting.
- Ensure good customer service.

## **VI. Public comment**

Shelly Richardson spoke to the subcommittee about her experience providing and advocating for providers of home-based services. Ms. Richardson expressed her hope

that Medicaid will develop a Bridge subsidy for housing. She noted that waitlists are long, and that there would be value in expediting the approval of home modifications quickly. She noted that wages for in-home workers are not enough for the grueling nature of the work. She advocated for more telehealth and expressed concern about the disparity between hours approved for a person under 60 versus a person over 60.

Written public comment was submitted by the Illinois Hospice & Palliative Care Organization and is included as Appendix B.

- VII. **Discussion** – At various points throughout the meeting, members of the public jumped in with their comments. Josh Evans asserted lack of a support system for adolescents with autism or ID/DD experiencing crisis or high support needs. Andrea Kindseth stated that individuals over 60 with higher need are limited in the in-home services they can receive due to service cost maximum on home services accessed through the Aging waiver.
- VIII. **Identify agenda focus for November meeting** – Three topics were identified:  
Public Comment on needs and opportunities for improving community integration for older adults and individuals with disabilities;  
Update on the PUNS list;  
Presentation on HCBS Settings Rule; and  
Presentation on Program of All-Inclusive Care for the Elderly (PACE).
- IX. **Adjourn** – The meeting was adjourned at 5 PM.