

August 14, 2012

On behalf of Health & Medicine Policy Research Group (HMPRG), we are writing today in regards to the Colbert Consent Decree, Draft Implementation Plan (Implementation Plan, or Plan). Thank you for the opportunity to provide our feedback as the Department of Healthcare and Family Services (HFS) moves forward with the important, critical and timely job of moving people from nursing homes to a home and community-based setting.

Since 2001, HMPRG's Center for Long-Term Care Reform has advocated for an accessible, affordable, adequate, high-quality home and community-based setting for individuals who require long-term supports and services (LTSS). We are pleased to see the state's progress with moving people from institutions to the most integrated setting, per the Colbert Consent Decree. In this letter, we will share several of our comments and concerns with the Colbert Implementation Plan draft released July 13, 2012.

Overall Colbert Implementation Plan

HMPRG is in support of HFS and the state of Illinois' efforts to develop a better coordinated care system for Medicaid—and Medicare—beneficiaries through various managed care initiatives: the Integrated Care Program (ICP), the Innovations Projects, and the Duals Alignment Initiative. We feel strongly that Medicaid and Medicare reforms are necessary to better serve Illinois' most vulnerable citizens, and in particular individuals who require LTSS.

However, in a prior letter to HFS regarding the Duals Alignment Initiative, we emphasized our concern with how quickly Illinois is moving forward with implementing its vision for managed care. While we understand the need to move quickly to take advantage of partnering with the federal Centers for Medicare and Medicaid Services (CMS), it is worth restating our concern about how quickly Illinois is moving towards implementing a series managed care initiatives.

The Implementation Plan draft has a managed care entity (MCE) taking the leadership role in transitioning individuals currently residing in nursing facilities in Cook County, into community settings. Without prior experience to draw on, it is not clear how Illinois will ensure that MCEs are held accountable and that MCEs will provide more coordinated care that will result in better health outcomes for Medicaid beneficiaries (and lower costs for the State).

As such, HFS is taking a great risk in integrating the Colbert Implementation Plan with the ongoing MCE development and implementation. With so much change associated with the new managed care initiatives, this Colbert Implementation Plan adds another extremely important and complex population to provide care for in a community setting through a managed care approach.

Illinois has yet to have a managed care LTSS initiative up-and-running. Without waiting to learn from evaluations of on-going managed care efforts (the Integrated Care Program in the collar counties has repeatedly postponed implementing its LTSS phase), the State is moving forward with other managed care initiatives.

While we think that there is great opportunity for managed care in Illinois, the Colbert Implementation is based upon a managed care infrastructure that does not yet exist. In the Implementation Plan, there are many details left out that are of concern as they relate to managed care:

- It is not clear how the state (HFS) will partner with the MCEs to ensure that the ‘managed care professionals’ are providing evaluation, supportive transition planning and care coordination. Applications to become an MCE have already been accepted by HFS, and Colbert transition support activities appears to be a new requirement. HFS has not made it clear how they will partner with MCEs to provide oversight and accountability for Implementation Plan activities. While the MCEs will be responsible for carrying out the activities described in this Implementation Plan, HFS is accountable to the Court.
- **HMPRG recommends that HFS use language that clearly describes this partnership and the requirements of the partnership in any contract between the State and MCEs for providing Colbert transition support.**
- On page 18 of the Implementation Plan it is stated that “The professionals employed by these entities [MCEs] will be well-trained in available community resources and possess a skill set representing cross-disciplines.” It is not clear how HFS will evaluate whether or not the MCE professionals meet the expected guidelines for professionals charged with transitioning individuals from nursing facility to community (i.e. the Care Coordinators).
- On page 18, the requirements for Care Coordinators include the following skills: “the act of engaging an individual requires skill and proper training...the Care Coordinators from the various managed care entities must be good listeners.” On page 19: “The Care Coordinator will meet the Class Member to engage him/her in a conversation, and begin to develop the relationship that is deemed so necessary to a successful transition.” However, there are no skill or training requirements articulated in the Implementation Plan. It is not clear what skills, nor what training, will be required for Care Coordinators employed by the MCEs.
- On page 19 there is discussion about MCE “Cross Disciplinary Teams”. It is not clear if there are requirements for what disciplines need to be represented on these teams.
- **HMPRG recommends that HFS clearly defines how MCEs will be evaluated for meeting guidelines required for the Care Coordinator position.**
- **HMPRG recommends that HFS have Care Coordinator education/experience requirements as follows: Licensed Clinical Social Worker, or Master level Social Worker with at least 2 years of experience in care coordination; or a Bachelor level Social Worker with at least 5 years of experience in care coordination. The Care Coordinator position requires many skills that social workers are trained in: assessment of person in environment: taking into account an individuals’ preferences, goals, informal support network, mental and physical health/illness, education level, access to health care, and more; ability to listen and build rapport/relationships with individuals and their families/support systems; ability to advocate with and on behalf of individuals who need additional assistance.**
- **HMPRG recommends that HFS clearly defines who should comprise the “Cross Disciplinary Teams” at the MCEs, and how HFS will ensure that the MCEs follow this requirement.**

- **HMPRG recommends the inclusion of the Aging and Disability Resource Center (ADRC) network as a critical resource for the Care Coordinators. The ADRC Network is supported at a federal and state level as a gateway to long-term services and supports. Illinois has invested in its ADRC system, expanding and improving ADRC sites across the state. Given that ADRC's are a single-point-of-entry system for all disability groups, this is a natural support for the Colbert Care Coordinators. Further, ADRC leadership is from the Aging Network (Department on Aging, Area Agencies on Aging) in partnership with the disability Centers for Independent Living (CIL) network. Both the Aging Network and the CILs network have decades of experience in providing access to and coordination for home and community-based services for seniors and persons with disabilities. It is in the State's best interest to partner with these entities through the ADRC network.**
- On page 21 there is discussion about provider collaboration, that is, in reference to providers who are contracted to provide care through the MCEs: "It is expected that providers will be working in collaborative, cross-disciplinary teams, with the Care Coordinator assigned to the Class Member, creating a more cohesive, person-centered environment than the current fragmented system". While this is a good vision, how it will be operationalized is unclear. Many providers will be working through contracts with several different MCEs, and therefore several different Care Coordinators.
- **HMPRG recommends that provider's time spent to support Colbert Members' transitions is taken into account when HFS sets the reimbursement rates for MCEs. Providers cannot afford to work in collaboration with others if their time is not reimbursed.**
- On page 31 in regards to training of MCE professionals: "Managed Care Entities will be required to provide a plan for on-going training of its staffs and encourage their staffs to attend state and local conferences and workshops." There are no training requirements discussed.
- **HMPRG recommends that HFS develop a benchmark for a minimal level of training in regards to training content, amount of time in training, and trainer qualifications.**

Ombudsman Program

- On page 9, the Ombudsman Program is described as playing an integral role of informing and educating Class Members. We agree that the Ombudsman Program is positioned well for this role. However, we are also aware of the shortage of Ombudsman in several areas, including within the city of Chicago. This would be a new focused initiative for the Ombudsman, requiring targeted training.
- **HMPRG recommends an analysis of current Ombudsman availability in the targeted Cook County area.**
- **HMPRG recommends a specific training for the Ombudsman to ensure that they are the most useful.**

Money Follows the Person Program

- On page 15, the Implementation Plan states “CMS has validated the inclusion of the Colbert Class Members in the MFP Program, in a conversation on June 1, 2012.” This is an extremely important part of the Implementation Plan, allowing the State to use MFP services and supports for Colbert members.
- **HMPRG recommends that a more formal letter or some other written form of validation from CMS be shared as an appendix, rather than assuring the reader of such validation.**

Long-Term Services and Supports

- On page 12, it is stated: “All of these MCEs offering services to Seniors and Persons with Disabilities who **desire** long-term care services...” (Bold emphasis added).
- **HMPRG recommends changing this language. Long-term services and supports (LTSS) are not provided to those who desire these services, but to those with an assessed need for such services. Although a simple distinction, we think this is an important one to emphasize in order for LTSS to be viewed as an essential component of health care, and not an optional component for those who merely want it.**
- On page 22 in regards to the determination of eligibility for Medicaid waiver programs: “It is expected that those entities responsible for determining eligibility [the Department on Aging and the Department on Human Services Division of Rehabilitation Services] for the waiver services will determine eligibility in a timely manner. It is also expected that the Care Coordinator working with the Class Member will assure that a timely eligibility determination is made.” It is not clear how the Care Coordinators will be able to ensure a timely determination of eligibility is made. As it’s written, it seems that the same entities who determine eligibility now in the fee-for-service environment will be determining eligibility in the managed care environment. From our experience with a hospital to home transitional care program, the Department on Aging is able to perform determination of eligibility screenings in a timely manner. However, the Department of Human Services Division of Rehabilitation Services (DRS) is not able to perform the determination of eligibility in a timely manner. Despite working with DRS leadership, our experience is that persons with disabilities experience a long-wait for receiving a determination of eligibility screening from DRS; many individuals wait long than a month.
- **HMPRG recommends that if HFS is expecting a timely determination of need for waiver services, there must be a change to the current system that is not yet been articulated. In particular, the DRS system for waiver determination of eligibility for persons with disabilities requires reform.**
- **HMPRG recommends that HFS more clearly articulate/define what constitutes a ‘timely manner’. For some individuals with greater needs, services should be available immediately. HMPRG recommends that HFS consider requiring some sort of health risk assessment to more effectively triage and support transitioned Colbert Members.**

Evaluation

- On page 18, a successful transition is described in little detail. A successful transition is described as someone not returning to a nursing home in a 'short period of time'. Further, the Implementation Plan states that "Class Members transitioned to community residency are to maintain a relationship with their managed care professionals providing the evaluations and supportive transition planning and the care coordination in the community." It is not clear what is being achieved by maintaining this relationship.
- **HMPRG recommends that HFS further define what constitutes a short period of time for returning to a nursing facility.**
- **HMPRG recommends that HFS articulate the intention behind maintaining the Care Coordinator and Class Member relationship by developing additional measurements of a successful transition to include quality of life of the individual living in the community; health outcomes; and other relevant measurements. This information will help the State learn what kinds of supports and services individuals require and prefer, and what aspects of the Care Coordinator and Class Member relationship are important in order for the Class Member to remain healthy and safe in the community.**

Thank you for the opportunity to provide these comments as you move forward with the development of the Colbert Consent Decree Implementation Plan. We are happy to provide further feedback and support.

Sincerely,

Handwritten signatures of Phyllis B. Mitzen and Kristen Pavle in black ink.

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