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CCA/IDOA Workgroups Context and Strategy

Coordinated Care Alliance and the Illinois Department on Aging participated in a shared listening session in July of 2024 to identify the network’s top challenges and priorities. Our collaboration identified four major areas of focus, and it was recommended that workgroups be developed to analyze the issues, gather feedback, and make recommendations for both IDOA and CCA on how to mitigate these challenges. Workgroups met biweekly for six months and workgroups included individuals both from a variety of CCU’s as well as representatives from IDOA.

The four areas of focus are:

WORKFORCE RETENTION CCU’s struggle with recruitment and retention of the workforce for a number of reasons including but not limited to pay, benefits, remote work, and complexity of work.

TRAINING and Education: CCUs shared a desire for more training opportunities aimed at billing, staff safety and leadership development.

ASSESSMENT/DOCUMENTATION/INEFFICIENCIES- IDOA Liaison/Policy CCUs shared concerns with fragmented guidance, lengthy documentation and complex systems that take valuable time away from direct participant services and make training and retention of new Care Coordinators difficult at best.

RATE STUDY/Rates – Exec/Business Development and IDOA Liaison: CCUs shared concerns over the role of the CCU and the current funding model which is tied to specific tasks such as assessments and plan of care adjustments rather than encompassing the totality of the work that the CCU performs daily, especially for MCO members, and does not account for travel time. CCUs feel that reimbursements should more closely align with the time it takes to perform the work and that monthly monitoring payments (Code 051) should be expanded to better capture the additional work

Workforce Retention

Workforce retention and recruitment has been an ongoing chronic challenge for the Care Coordination Units. A survey of CCA Member organizations was completed in December of 2024. 35 responses were recorded, and a summary of recommendations based on the survey response is below. The full survey is included in Appendix A. The following were the top responses from member organizations when asked what would help with recruitment/retention.

Top responses members choose to help with recruitment/retention:

1. Redesign and streamline the assessment
2. Ensure AgingCares decreases redundancies
3. Reduce documentation requirements
4. Create a Statewide incentive program
5. Update software to allow electronic signature

To alleviate the challenges of workforce retention and recruitment, The Workforce Retention Workgroup proposes the following for IDOA to consider:

1. Review and revise policies and/or Administrative codes that relate to educational requirements and experience required for CC position and CCP Supervisor position. Review waiver process. Include the experiences of CCU's in development of any new policies or procedures.
2. Consider allowing certain activities to be completed via telephone/telehealth
 - a. Initial interim assessments – a follow up face to face assessment will be completed in the home 15 days after services start.
 - b. 6-month review –if needs are identified that require a change in service level a face-to-face home visit must be completed.

Other recommendations that overlap with other workgroups which impact retention –

3. Redesign and streamline comprehensive assessment
4. Complete a comprehensive rate study to identify potential areas where reimbursement rates are not reflective of the time and effort involved in operating the CCP program

The following recommendations are made to CCA's Executive Team and Committees:

1. Develop peer to peer training and education and information sharing opportunities to share best practices. Operationalize a process to memorialize experiences and create space for CCUs to share. Topics to cover include:
 - Structure of departments – CC, Case aide, billing specialists
 - Number of assessments required weekly/monthly
 - Weekend coverage
 - Internal Salary/Benefits Survey
 - Incentive programs- have they worked
 - Conduct Annual CCA Workforce Survey

Training and Education

The Training and Education committee revealed that IDOA does offer several trainings focused on the Community Care Program implementation. However, the CCU network requests more robust practical training on the “tips and tricks” that become critical to successfully operating the CCP program. We recommend that CCA and IDOA partner to showcase best practices, leverage existing knowledge and resources, and seek input from external experts. Considering the rollout of Aging Cares, we recognize that the timing for these training courses must be flexible but responsive to the needs of the network.

The workgroup’s recommendations are as follows:

1. IDOA attend Training and Education Committee meetings to ensure there is no duplication and that existing IDOA trainings are enhanced by the efforts of the CCA Training and Education Committee.
2. To be more uniform and consistent across the network, we recommend CCA’s Training and Education committee develop a training calendar for 2025-2027 which covers the following suggested topics.

Topic 1: Billing - Recognizing that the Aging Cares expansion take upwards a year, this committee recommends a billing best practices session be hosted by CCA. CCU billing “experts” will be available to answer questions and demonstrate their best practices. IDOA will also collaborate to include their existing trainings and resources.

Specific billing topics to be covered are:

- ECCIPS, CMIS, PSS, are defined
- IDOA will participate to share how compliance reports and percentages are shared.
- CCU’s will share how they pull reports to show things like care coordinator productivity, timelines, etc.
- Billing resources that will be hosted on CCA’s Member Site.

This training should be scheduled for April 2025.

Topic 2: Case Notes

The T&E committee recommends CCA host a Case Notes Best Practices training, showcasing tools and resources from the CCU network along with IDOA insight on auditing practices. CCA’s Training and Education committee will organize, schedule, and source experts for this training. IDOA will be invited and asked to provide insight on how case notes are interpreted from an auditing perspective. This training will incorporate the work of the Assessment and Documentation group if appropriate.

We recommend scheduling this training in June 2025.

Topic 3: CCP Assessments, Training, and Checklists

While we are unsure of a timeline of Aging Cares, CCUs would still benefit from a “deep dive” into available resources and checklists related to the various assessments included in the community care

program. This includes but is not limited to initial, redetermination, six-month visits, choices for care screenings, etc.

Training date TBD by Assessment Ad-hoc Group recommendations.

NONCCP Training and Education Recommendations for 2025-2027.

Community-based organizations are dynamic and are often offering multiple programs. It is important that CCA members can access trainings that help their development beyond the CCP program. We recommend soliciting both internal and external experts on these topics. Here is a list of pertinent training topics that should be considered for the calendar:

- Medicaid/PSI training.
- Supervisors Trainings (best practices for employee appreciation, accommodations, etc)
- Safety (personal, workplace, environmental awareness, etc)

An additional list of training topics requested by the CCA network are included in **Appendix B.**

Assessment and Documentation

Across all workgroups, the assessment length and process to complete is a pain point for member CCU's. Workforce retention, rates, and training and education all brought up the assessment as an area of focus for IDOA and CCA. This group met biweekly to review the Participant Forms Manager, with a focus on the following:

Items that were discussed:

- Duplications/Capturing the same information in different areas of the assessment
- Adding some items that we need to capture due to changes in citizenship requirement

Specific recommendations are included in the appendix.

Of significant note, this work group included individuals from the Aging Cares pilot group. These individuals voiced many concerns about the implementation of Aging Cares and made it difficult to create recommendations that were applicable to both those who are implementing Aging Cares and those who are not yet.

Some recommendations for IDOA:

1. Have a master sheet populate from data entered that contains information such as referrals made and to whom. This would be helpful for participants to hang on fridge as a reminder for follow up. Having something that we can leave with the participant.
2. Including a place to embed case notes would be helpful
3. The structure and layout of the assessment is not always user friendly; there are issues printing pages, areas that are cut off, etc.
4. Look at other states' best practices for waiver services assessments. Or, what do the other waiver assessments look like for other programs?

Recommendations for CCA:

1. CCA to learn from Catholic Charities consultant on digitizing the PFM and other global observations about the workflow of CCP and running a CCU.
2. CCA to include training and best practices as part of the offerings of the Training and Education Workgroup.

Rate Study Workgroup

CCA/IDOA Adhoc Committee on Rates and Tasks Summary Report: March 17, 2025

Committee Members: Marsha Johnson, Bailey Huffman, Tony Linden, Tara Russo, Kathy Honeywell, Lisa Koch, Anne Rice, Byrcie Kochuyt, Catherine Stowers, Kelli Prichard, Nicole Mullins, Teresa Smith, Aron Chambers.

IDOA Members: Jennifer Hebel and Sandra Pastore.

Summary: The CCA/IDOA Ad-Hoc Committee has been meeting bi-monthly since August 2024. The committee was tasked with creating a document for the upcoming IDOA rate study, reviewing the time required for assessments, and developing a list of tasks not currently funded under the IDOA rates for assessments.

The committee meetings have been well attended, with valuable input from all members and recommendations provided by IDOA. It is important to note that the time associated with each task is conditional, as Care Coordination Units work directly with participants and their families. The time required can vary based on the complexity of the participant's needs, which can make the time spent on each task subjective.

Key Findings and Notes:

Translation Costs: The average cost for translation is \$150 per hour.

Weekend Screens: IDOA did not increase the rate for weekend screenings during the last rate change.

Mileage: The federal mileage rate is \$.70, while the average reimbursement rate is \$.55. In some areas, public transportation is used, and Care Coordination Units (CCU) provide a stipend averaging \$80 per month to cover transportation costs.

Travel by Region:

Chicago:

Transportation: Utilizes public transportation (CTA and Metra).

CTA Monthly Pass: \$75

Metra Pass: Ranges from \$75 to \$155, depending on the zones.

These rates were set during COVID and have not increased since.

Travel Time: Typically, 15 to 30 minutes to reach an assessment.

Suburban (Care Coordination Units)

Transportation: Utilizes public transportation (ranging from \$75 to \$150) and/or vehicle transportation.

Travel Time: Generally, 15 to 30 minutes to reach an assessment.

Central Region (Care Coordination Units)

Transportation: Primarily utilizes vehicle transportation.

Travel Time: Typically, 20 to 45 minutes to reach an assessment.

Rural/Southern Region (Care Coordination Units)

Transportation: Primarily utilizes vehicle transportation.

Travel Time: Typically ranges from 20 to 75 minutes to reach an assessment, depending on the location.

Average Care Coordinator Cost

The average cost for a Care Coordinator statewide range between \$70,000 and \$75,000 annually.

Appendix C contains an in-depth review of the following:

1. Tasks per billing code, along with associated time ranges.
2. A list of tasks not currently tied to funding, including the corresponding time for each task.