

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Healthcare and Family Services
401 S. Clinton
7th Floor Videoconference Room
Chicago, IL

201 S. Grand Ave.
1st Floor Video Conference Room
Springfield, IL

and

Via WebEx

Date: December 3, 2019

Time: 2:00p.m.

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via phone)	MEMBERS ABSENT
Kristine Herman	Tracy Johnson (for Leslie Naamon)	Ashley Deckert
Debra Dyer-Webster	Julie Hamos	Pam Winsel
Raul Garza	Ruth Jajko	Royce Kirkpatrick
Carrie Muehlbauer (for Deb McCarrel)	Howard Peters	April Curtis
Dr. Michael Naylor	Trish Fox	Rashad Saafir
Anika Todd	Kara Teeple	Josh Evans
Lauren Tomko	Theresa Eagleson	Gregory Cox
Helena Lefkow	Nacole Milbrook	Kelly Cunningham
	Carol Sheley	Leyda Garcia-Greenawalt
		Brenda Cazares
		Dr. Marjorie Fajara
		Judge Ericka Sanders
		Arrelida Hall
		Marc Smith

I. Welcome and Call to Order

The meeting was called to order at 2:03p.m.

II. Introductions

Kristine opened the meeting. Roll call was completed for workgroup members. Jamie Dornfeld was introduced; Debra Dyer-Webster will be leaving DCFS at the end of the year, and Jamie will replace her on the workgroup.

III. Review of Minutes

The November 19 minutes were reviewed and approved with amendments.

IV. Discussion: November 1 Soft Launch

It has been 19 working days since the soft launch began on November 1. Illinicare continues to track year-to-date outbound calls, and how many staff are making those calls. This began with the 3,737 youth in the seven identified categories and will eventually roll up to the full (approximately) 17,000 youth in care.

Effective December 2 at 3:00p.m., Illinicare staff had made 10,920 outbound calls. They have been gathering information for Health Risk Screenings (HRS), getting information on providers currently seeing youth so they can get them into the network, identifying needs and determining if resources are currently needed, and doing preliminary stratification - whether child has primary physical or behavioral health needs, requires durable medical equipment, etc.

2,233 HRS have been completed to date. They have been an approximately 20-minute conversation each between the health care coordinator and the youth's identified contact. An additional 391 comprehensive assessments have been completed, as well as 168 care plans.

Illinicare continues to move down the list of enrollees and is working with HFS and DCFS as they run into challenges. The goal is to get as many HRS as possible completed, before the "go-live" date of February 1.

During the soft launch, Illinicare has also been meeting with foster parent groups on Monday and Tuesday evenings. They have also been getting requests from adoptive families to speak and have some scheduled in December. They had their first meeting with an inpatient psychiatric hospital (Streamwood) on the Friday before Thanksgiving. YouthCare staff, along with DCFS, met with the clinical director and utilization management team; the group was able to talk through the HRS process and look at youth who are in the hospital beyond medical necessity (BMN). Illinicare is setting up some specialized meetings with DCFS to figure out how to serve youth in the hospital.

Some positive notes of the soft launch thus far include Illinicare locating resources for a foster parent who needed them, and another foster parent who reported being excited about the timeliness of connecting with YouthCare staff and providers. In another case, a youth's caseworker had an older youth come in, and they completed the HRS together.

Questions and Comments

Q: The news reported that CVS acquired Illinicare. How will this affect YouthCare?

A: Illinicare is selling its business, with the exception of YouthCare and Medicare-Medicaid Alignment Initiative (MMAI), so this will not affect the transition for current and former youth-in-care.

Q: Has the issue with the call back number, mentioned in previous meetings, been addressed?

A: Yes, that number is currently being answered by a live person.

V. Former Youth in Care Enrollment Process

A letter to former Youth-In-Care was shared in the meeting and will be distributed via email after the meeting. Letters are scheduled to be mailed the week of December 9. The letter has also been provided to enrollment services, DCFS, and the HFS benefit services department. Comments received previously regarding clarity of language on enrollment and transition to managed care were incorporated into this new letter.

Q: Who will receive this letter?

A: Families who have achieved reunification within a year, youth who emancipated from DCFS, and families who achieved permanency via adoption or guardianship.

Q: Do adopted children qualify if their parents opt for Medicaid?

A: Yes, they will be covered up to the age of 21 under YouthCare.

Q: Doesn't the Affordable Care Act provide Medicaid coverage of former youth in care up to age 26?

A: Yes, but these youth will be covered by a regular Medicaid managed care plan after age 21, not YouthCare.

Q: Has the letter to former youth in care been peer reviewed by foster parents or foster care alumni?

A: It incorporated previous comments but has not been vetted with consumer groups.

Q: Have Purchase of Service (POS) providers been told this letter is going out?

A: Sample enrollment material can be posted on Illinicare website, the D-net, and the public-facing DCFS website.

VI. Review of Revised Transition Plan

HFS and DCFS are nearing the deadline to have the final transition plan complete and posted. It needs to be posted by January 2, 2020. There are portions of the plan that focus on assessment of network adequacy, plans to address gaps, and ongoing evaluations. The workgroup needs to set a date to assess the status of these items. Kristine proposed December 20, 2019.

Howard Peters made a motion to accept this date, Debra Dyer-Webster seconded. The motion passed.

Kristine reviewed the most recent draft plan and benchmarks to be updated as of December 20.

Comments should be submitted to HFS.DCFSMCOComments@illinois.gov.

VII. Feedback on Questions and Answers Document

None at this time.

VIII. Public Comment

Q: How will care plans be shared with the primary care provider (PCP)?

A: Care plans can be shared with providers via the provider portal (updated in real time) or the health care coordinator can send directly to the provider via secure email. Providers can let Illinicare know the preference for receiving that info.

Q: Under the current system, providers will need to submit the same information to SACWIS and Illinicare – is there a plan to deal with double entry?

A: The agencies do not have an answer to this yet. Agencies will get together and try to figure out a solution that helps systems to talk to each other.

Q: There is some confusion regarding the enrollment letter going out to former youth in care. I thought former youth in care would be enrolled in Illinicare, not YouthCare.

A: They will be enrolled in YouthCare but can opt out and enroll in another Managed Care entity.

Q: So, the rest of special needs children who are not in YouthCare can opt into another plan as well?

A: Yes.

Q: Please clarify the language in the letter that mentions youth in care having children; what does this mean? The letter should make this language clearer.

A: Youth in care who have their own children will be in YouthCare, but they can choose to opt into another plan for their own children. Teen Parent Service Network (TPSN) offered to assist with dissemination of a revised letter to these youth.

Q: Is there a benefit to teen parents who select YouthCare for their children? Can we encourage teen parents to select YouthCare and include the advantages? Can TPSN communicate that if the broker cannot?

A: Keeping parent and child in the same plan can be an advantage, as providers can be aligned. We would worry about a parent having to navigate multiple entities if they are in different plans.

HFS cannot encourage or point consumers toward a particular plan. DCFS, as the guardian can share the benefits of keeping the YouthCare plan. Providers cannot encourage consumers to enroll in a specific plan, but can use a template that documents who they contract with.

Q: Is there a way to send enrollment letters to the DCFS Advocacy Office so they have copies?

A: Yes, they will be shared as they are developed.

VIII. Adjournment

Howard Peters made a motion to adjourn, and Raul Garza seconded. The motion passed.

The meeting was adjourned at 2:54p.m.

Next Meeting Date and Location: December 10, 2019, 2:00-3:00p.m.

Department of Children and Family Services

100 W. Randolph St.

Room 6-275

Chicago, IL

406 E. Monroe St.

7th Floor Video Conference Room

Springfield, IL

Via WebEx at:

[Child Welfare MCO Implementation Workgroup December 10h](#)

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