

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: November 19, 2019

Time: 2:00 p.m.

MINUTES

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

I. Welcome and Call to Order

Kristine called the meeting to order at 2:02pm.

II. Introductions and Roll Call

Margie Beers completed roll call for workgroup members.

III. Review of Minutes

The November 12th minutes were reviewed and approved.

IV. Update on Soft Launch

YouthCare reported that it has been two weeks since the soft launch began. Health care coordinators are completing outreach to over 6,500 youth identified as having complex care needs. They are reaching out to children’s caseworkers and other authorized representatives as well as hospitals and residential facilities to complete a health risk screening (HRS). Health care coordinators are learning what the complex children’s needs are and how YouthCare can support the children’s care teams. The need for expanding telepsychiatry is being addressed.

So far, YouthCare staff have completed 1,348 health care screenings, which is double from a week ago. They are looking to recruit providers who represent many practitioners to join the network. YouthCare has set a goal to comprehensively assess the complex needs of these high-risk youth and encourage those providers and practitioners who now care of these youth to join the YouthCare network. YouthCare will provide more comprehensive discharge planning for those youth in inpatient settings who are BMN to ensure there is no gap in care and that adequate medication is available for these youth. Too often a youth is discharged, given a 30-day supply of meds, is followed up with within the mandatory seven-day period, but cannot be seen by a physician/psychiatrist for several months and cannot get their prescriptions refilled. YouthCare and Streamwood Hospital are collaborating to provide health care screenings and to assist the BMN kids to move out of the hospitals and into a more permanent placement.

Town Hall meetings have been held throughout the state with the assistance of Illinois Collaboration on Youth (ICOY). In conjunction with the Foster Parent Support Specialists Council, two events/presentations are being set up in a single day, one in the morning and one in the evening to accommodate all who are interested. Lunch and Learn events are being scheduled for DCFS and POS staff in collaboration with UIUC. This communication process will be on-going throughout the implementation of YouthCare.

YouthCare and DCFS are working to ensure that their rosters match, and everything is being scheduled, tracked and monitored. Forty-four (44) youth in residential facilities have had health care screenings to ascertain the resources needed, a treatment plan in place, and an ongoing service plan alignment.

Workgroup and Public Comment

Q: In your research and fact finding, are you surprised with what you are finding?

A: Not really – given previous implementations there are not many surprises in this roll out so far.

Q: With regard to hospital providers who are not in the network and do not want to contract with YouthCare, will you be going to individual providers to establish contact for a rate for services they intend to provide?

A: Yes

Q: With various providers being contacted, will contracts and rates potentially be different for the same services provided, and will they be able to bill YouthCare for each unit at their particular agreed upon rate?

A: Yes

Q: Who will ultimately pay the providers for the services they render to the DCFS and their youth in care?

A: YouthCare will establish contracts with existing and new providers now being used by the DCFS for their youth in care.

Q: Will caseworkers have to make a double entry – one into the Significant Event Screen and another into Illinicare?

A: This is being looked into.

Q: Are we responding to and using the current transition plan guidelines?

A: The transition plan is being revised. We are asking for comments and suggestions. Please send these comments and suggestions to the DCFS/HFS comments mailbox.

Q: The Infant-Parent Institute has a wealth of knowledge and expertise in certifying/approving and billing for services. Will YouthCare continue using them or work with them to allay the fears of many residential providers that there will be mass confusion when they stop using the MBS billing system?

A: This will be looked into.

Q: How will the provider rates work?

A: Dr. Naylor will consult on this and report at a later date.

Q: Why are youth being discharged without adequate meds? Why can't the patient contact the hospital for the prescription?

A: Although residential treatment facilities are required to see these discharged patients within a week, often an appointment with a CMHC physician/psychiatrist may be several months in the future resulting in the patient being without meds. This is being looked into so there is a better matching of needs and services, as well as addressing this issue at the time of discharge.

Q: Will out-of-state Tele-psychiatrists be brought in?

A: The task of building up the number of providers is on-going.

V. Appeal and Grievance Process

This topic was not covered.

VI. Public Comment

Q: Is there a contact person in the Peoria area?

A: Contact 844-289-2264 which is the main number for YouthCare; or email ilyouthcare@illinicare.com or ilcontracting@illinicare.com

Q: There are several issues POS agencies are concerned with. How are POS agencies going to transition from MBS to Illinicare?

A: YouthCare will be providing billing training for providers who are new to using the YouthCare billing process.

Q: Will the new system support foster parents who have developmentally challenged and disabled youth? What if the providers now being used are not in the network? What about other medically fragile youth? What services are available to them? These cases can wait several months to be seen.

A: Send in a list of the providers you are currently working with and they will be contacted to join the network. At this point being non-contract doesn't mean they are excluded. Send this information to Theresa.R.Johnson@centene.com

A calendar for the remainder of the meetings to be held this year, as well as a January schedule will be forthcoming.

VII. Adjournment

Marc Smith motioned for adjournment; Tracy Johnson seconded. The meeting was adjourned at 3:10 p.m.

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

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Via WebEx at:

[Child Welfare MCO Implementation Workgroup November 19th](#)

Call-in: 1-415-655-0002

Access Code: 806 942 667