

Child Welfare Medicaid Managed Care Advisory Workgroup

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

3419 Professional Park Drive
Marion, IL

Date: October 1, 2019

Time: 9:30a.m.

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via phone)	MEMBERS ABSENT
Theresa Eagleson	April Curtis	Desiree Silva
Marc Smith	Nacole Milbrook	Royce Kirkpatrick
Anika Todd	Julie Hamos	Kelly Cunningham
Ashley Deckert	Carol Sheley	Lauren Tomko
Kristine Herman	Josh Evans	Pam Winsel
Leslie Naamon	Ruth Jajko	Laura Ray
Raul Garza	Howard Peters	Karen Cook
Michael Naylor		Leyda Garcia-Greenawalt
Helena Lefkow		Kara Teeple
Deb McCarrel		Kathleen Bush
		Gregory Cox
		Daniel Cazares
		Brenda Cazares
		Marjorie Fujara
		Ericka Sanders
		Arrelda Hall
		Peter Nierman
		Rashad Saafir
		Trish Fox

I. Welcome and Call to Order

II. Introductions

Directors Eagleson and Smith opened the meeting. Roll call was done for workgroup members. The chairs stated that the implementation of managed care for DCFS would be delayed until February 1, 2020. This meeting will be more of a listening meeting, and the next workgroup meeting there will be a presentation from Illinicare on other topics, such as network adequacy.

III. **Review of Minutes**

A question was raised about the absence of public comments/questions in the minutes. The workgroup discussed holding the September 25 minutes to address questions previously asked. A motion was made to suspend approval of the minutes in order to add this information. The motion passed and minutes are now structured accordingly.

IV. **Comments/Questions from Workgroup**

Q: Will there be risk stratification?

A: Yes, Illinicare will be utilizing a Health Risk Screening along with other assessment and claims information to stratify DCFS Youth into risk categories including Complex, High, Moderate and Low. These categories will be based on the intensity of both the physical and behavioral health needs of the youth. Additional detail will be provided at the October 15th Workgroup meeting. Illinicare can also use predictive modeling (e.g., determining the likelihood that child will be psychiatrically hospitalized).

Q: Regarding predictive analytics, since Centene has worked with this population in other states, are they using that data to inform what happens in Illinois?

A: Illinicare's predictive modeling is based upon their years of experience in other states. Because of this experience, Illinicare understands the nuances of working with youth in care and what risk factors often lead to poor outcomes for DCFS Youth. In addition, Illinicare's Health Care Coordinators have experience working with this population. From the DCFS perspective, caseworkers can have a sense of relief there is another expert available to assist in making decisions about health care.

Q: How will caseworkers and providers be able to access information that Illinicare has about the youth's medical services?

A: Illinicare has both a client/member portal and provider portal. They are currently working through logistics and issues with HIPAA compliance.

Q: Practitioners (therapists, psychiatrists) do not have enough information about this transition, for example, the roles of stakeholders, models being used, etc. The links on the web do not work.

A: Illinicare and the State Agencies are in the process of developing a communications plan to target providers, foster parents and other interested partners. This will include timelines, etc. for roll out (i.e., the "who, what and when"). Additionally, town halls are still scheduled across the state and more will be added. There will be additional targeted meetings with foster parents, caseworkers and others to help clarify what this transition means for each group.

Information can be found on DCFS' website at this link:

<https://www2.illinois.gov/dcf/aboutus/policy/Pages/MCO-MCAC.aspx>

Information can be found on HFS' website at this link:

<https://www.illinois.gov/hfs/About/BoardsandCommissions/Pages/dcf.aspx>

Q: Can you speak to the support planned for hospital discharge planning and for youth who are in hospitals beyond medical necessity?

A: Illinicare has a unique discharge plan approach. Discharge planners will reach out to the hospital at the time of admission, coordinate with Utilization Management (UM)/Utilization Review (UR) teams and talk to DCFS about additional Medicaid covered services that can be accessed to help in supporting placement after discharge.

Q: How will information be distributed going forward?

A: There will be one main page where transition information will be stored, and it will have links to the various agencies involved. This main page will include important updates that people need to know.

Q: A recent individual provider reported a concern that they had been interested in working with Illinicare and had submitted the contract, but it had been two years and the contract was still not complete.

A: Please provide their information directly to Illinicare. There are currently 23 Illinicare staff going directly to providers to work on contracts and answer questions. If there are additional providers who have concerns, the public comment email can also be used to communicate those (HFS.DCFSMCOComments@illinois.gov).

V. Comments/Questions from Public

Q: Regarding staffing for care coordinators, will all children be assigned to a care coordinator? What will care coordinators' caseload sizes be?

A: Additional detail will be provided at the October 15th Workgroup meeting.

Q: Who is the audience for the Illinicare town halls? If it includes doctors, the professional associations should be engaged.

A: Town Hall participants include providers, advocates, trades and association members. However, direct outreach to professional associates for doctors, psychiatrists and other practitioners will be made for upcoming Town Halls and specific meetings with these various associations.

Q: Will Centene (Illinicare) engage these professional organizations before developing a model?

A: Feedback from Town Hall participants and other organizations has been incorporated into the planning for the roll out of Illinicare's model in Illinois. Feedback will continue to be incorporated into the model as implementation proceeds to ensure that the model works as effectively and efficiently as possible. The model should not be viewed as static or unchanging but as growing and developing as more feedback is gathered throughout the implementation process.

Q: Families received a letter three weeks prior to roll-out, and there is a concern regarding provider availability in-network. Will the contracting process be escalated?

A: Yes. Illinicare is also willing to do YouthCare-only contracts for those providers who wish to continue seeing their DCFS-involved patients but not Illinicare members outside that population. The Provider Network is growing on a daily basis, and stakeholders are encouraged to contact Illinicare with information regarding providers who need to be brought into the network.

There is also an HFS mailbox for public and members to submit written comments:
HFS.DCFSMCOComments@illinois.gov

VIII. Adjournment

The meeting was adjourned at 11:37a.m.

Next Meeting Date and Location: October 15, 2019, 2:00-3:00p.m.

- WebEx information to be posted