

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: October 15, 2019

Time: 2:00p.m.

MINUTES

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

I. Welcome and Call to Order

II. Introductions

Kristine opened the meeting. Roll call was done for workgroup members.

The workgroup and other attendees were notified that starting November 1, 2019, Illinicare care coordination will begin for youth in care, without changes in claims processing. Claims will still be paid by their current payer until February 1, 2020, when the full launch of managed care takes place.

III. Review of Minutes

The September 25, 2019, minutes (with the addition of workgroup and public comments and questions) were reviewed. An amendment was requested to reflect correct attendance. Deb McCarrel motioned to pass the amended minutes. Raul Garza seconded. Motion passed.

The October 1, 2019 minutes were reviewed. Deb McCarrel motioned to pass the amended minutes. Raul Garza seconded. Motion passed.

IV. Presentation

Illinicare presented on the YouthCare program and its components. Slide deck will be available on the web.

Dr. April Bellamy (Illinicare)

- Described how Illinicare is suited to meet needs of population
- Partnership between Illinicare/HFS/DCFS
- Overview of goals of Illinicare

Tracy Johnson (Illinicare)

- Structure/logistics: alignment by DCFS region
- Tailored initiatives of YouthCare program

Aisha Sanders (Illinicare)

- Care Coordination program overview – definition, staffing, pre-stratification, outreach approach at go-live, ongoing care coordination for YouthCare
- Stratification based on health risk screening (HRS)
- Staffing levels (caseload size) and outreach frequency based on complexity of need
- Overview of YouthCare clinical team members and credentials

Timeline of roll-out

- November 1, soft launch (care coordination without payment of claims)
- February 1, full launch with six months continuity of care

V. Workgroup Comment

Q: Can we access the Illinicare slide show? **A:** It will be posted on the web.

Q: Is it the intention to create workflows between primary care physicians (PCPs), purchase of service (POS) and Illinicare, etc.? These workflows do not really exist on the POS side, and they would help with the transition.

A: We (Illinicare) are not sure if one workflow will work for everyone, but if we can identify subsets that will be helpful.

Q: In my program, there is high demand for oral health services due to the challenges faced by population both before and after coming into care. I also suggest tele-dentistry to be evaluated.

A: Illinicare knows there is a need, but there are not enough providers. We are addressing this through a regional approach – who is providing services currently and what we can bring to bear. We will use creativity (perhaps mobile services, etc.). Shawn McCormick is on our team with the dental department, contacting non-Medicaid dental providers to see if they will contract for YouthCare.

Q: There is a concern about how all the various assessments will work together on DCFS Caseload (IM-CANS, Integrated Assessment, etc.)? Has thought been given to the burden of paperwork? How will electronic portals ensure that all this information is stored in one spot (HFS/IM CANS, CCWIS, Illinicare, etc.)?

A: As managed care rolls out, all assessments will be done in the same way as before. Further down the road, we will discuss how to streamline processes. We (HFS) are hoping that once IM-CANS portal is live, etc. that there will be one central portal for information. This is a major focus.

Q: We know that care coordination in IL has been ‘touch and go’. Does DCFS have a plan to inform the field that this is coming? The more information that case management has and support that the Administration provides, the better chance this has of succeeding.

A: HFS and DCFS are partnering on a communication plan to ensure that everyone knows information as soon as possible. The agencies are in the process of determining the best way to approach.

Q: Will Illinicare have someone physically placed in Advocacy Office?

A: This is a good idea.

Q: There are lots of members of the clinical care team with complex tasks they are performing. How do they work together (communication, etc.)?

A: The integrated care team at Illinicare will be working together from a regional approach and will be physically sitting together. They will manage different levels of acuity based on stratification, but will still work together. Staff will participate in clinical case rounds, supervision with supervisor, manager and the medical doctor.

VI. Public Comment

Q: These children, by definition, have been exposed to trauma. If you put them next to the general population, you would call them high risk. What assumptions did you make involving trauma and risk when coming up with the staffing and stratification plan?

A: We have contractual requirements to stratify the DCFS Youth into Complex, High, Medium and Low, based upon their physical and behavioral health needs. We looked at other markets to determine how many kids are typically in each of those levels and used that as a guideline. We then factor in child needs and the support system available. We understand that even if a DCFS Youth is in the Low level, they still have experienced trauma and will need additional supports over and above what a youth who is not involved with DCFS would need. Everything is looked at through a trauma-informed lens; we understand that no matter the level of acuity, the children have experienced trauma.

Q: Some of these children will be NB class members and will have integrated health homes (IHH) providing intensive care coordination. This is example of youth with additional support but they may be classified as low as a result.

A: We will discuss the integration between the IHH and managed care at the next workgroup meeting.

Q: What is the raw number breakdown of contracted providers now compared to the report provided at the subject matter hearing last month?

A: We are contracted currently with 81-82% of providers reflected in the current Medicaid spend. The goal is to get all providers that are seeing this population into the Illinicare network. We are currently preparing information by region, sorting providers added by region (hospitals etc.). We are asking families who their providers are as we currently only have billing/claiming info. Today Illinicare has 23 staff members across the state knocking on provider doors to ask them to serve YouthCare children. Some providers are doing YouthCare only contracts, particularly when they do not wish to serve the entire Illinois Medicaid population.

In addition to the contracting attempts and plan, we do have in place continuity of care for 180 days (beyond the contractual requirement of 90 days). In addition, because there has been concern about who will handle appeals, we are looking at instituting an automatic appeal process. If anything is denied from Illinicare, we are proposing that it automatically goes to third party for independent review.

The appeal process will be discussed in depth at the next workgroup meeting.

VIII. Adjournment

Kristine reported that the Q and A document has been drafted and is in the internal review process. It will be available for committee review and posting as soon as possible.

Deb McCarrel made a motion to adjourn, Raul seconded. Motion passed, meeting adjourned at 3:28p.m.

Next Meeting Date and Location: October 29, 2019, 2:00-3:00p.m.

Department of Healthcare and Family Services
401 S. Clinton
7th Floor Videoconference Room
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201 S. Grand Ave.
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Springfield, IL

Via WebEx at:

[Child Welfare MCO Implementation Workgroup October 29th](#)

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