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 29, 2019
Time: 2:00p.m.
MINUTES

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

I. Welcome and Call to Order

Director Smith welcomed participants to the meeting.

II. Introductions

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

III. Review of Minutes

The October 15, 2019 minutes were reviewed and approved.

IV. Discussion: November 1 Soft Launch

The official full launch of YouthCare, managed care for youth in care and former youth in care, will be February 1, 2020. November 1, 2019, YouthCare is "going live" without paying claims. Between November 1 and February 1, the roll-out will focus on care coordination but not payment of claims.

Friday, November 1, 2019, will begin "phase one", which is implementation of care coordination. Youth Care care coordinators will begin outreach to approximately 17,000 current youth in care.

Youth Care's goal is to offer caseworkers support, determining what care coordinators can help with and how Youth Care can support services youth are receiving received

Youth Care has been working with DCFS to determine the top priorities. Seven priority populations have been identified within the 17,000 youth in care for a total of approximately 3,500 children. The groups are as follows:

1. Children and youth in inpatient psychiatric hospitalizations beyond medical necessity.
2. Children and youth currently in inpatient hospitalizations.
3. Children and youth in residential treatment both in and out of state.
4. Children and youth identified as medically complex.
5. Children and youth DCFS identified as having nursing referrals.
6. Children and youth in specialized foster care.
7. Children and youth who are involved with both DCFS and the Department of Juvenile Justice.

The soft launch will allow YouthCare to reach out to caseworkers and placement contacts (including hospitals) and complete the health risk screenings for these children. Initially, care coordinators will reach out to caseworkers, then the hospital or facility, then as the roll out moves toward traditional foster care, care coordinators will be working with foster parents, etc.

YouthCare has developed a Rapid Response Team that will be available to answer any questions or address any concerns that arise during the roll-out of Youth Care. The goal will be to provide answers quickly and efficiently to any DCFS stakeholder that needs assistance.

V. Workgroup Questions/Comments

Q: Will YouthCare be involved in placement/level of care decision-making?
A: YouthCare can offer advice, but ultimately this remains a DCFS/case management decision.

Q: YouthCare has talked about getting primary care physicians (PCPs) on contract, and you have a long timeline. I recommend moving them to get on contract sooner than later, so as to not delay payment.
A: YouthCare will continue working to identify and contract with PCPs during the soft launch that begins on November 1, 2019. In addition, February 1, 2020, begins the 180 day continuity of care timeframe, which is longer than the standard 90 days. During this time, YouthCare will work with providers to teach them how to bill. One of the biggest challenges with payment is correct provider submission, so YouthCare wants to get ahead of that. There are several reasons it behooves providers to get in network – fee schedule, access to portal, and it is easier to do a full contract than multiple single case agreements.

Q: When we talk about the enrollment of former youth in care, is this in addition to the 17,000 number?
A: Yes, but former youth in care have the ability to choose another managed care plan. They will not be enrolled until February 1, 2020.

Q: At what point do you start to see the intersection between primary care and mental health. What does the interaction look like between the PCP and psychiatrist/therapist?
A: YouthCare will be the "glue" to establish ongoing relationship between PCP and behavioral health providers, gathering behavioral health info and looping in the PCP, who the child may not see as often. Integration is a key component of the care coordination that YouthCare will be providing.

Q: How does DocAssist fit in?
A: DocAssist continues to be a resource for all PCPs needing consultation around psychiatric issues. HFS will ensure that YouthCare is aware of the DocAssist program and that they educate providers on its availability as well.

Q: Will you all do initial screening or will Healthworks do that?
A: Healthworks will continue to gather info as they do currently for physical health and will also facilitate appointments for the comprehensive health examination (CHE) as they do now. YouthCare will be paralleling that process with the YouthCare health risk screening, which helps document the needs of the child and helps determine the level of care coordination. It also helps identify not only what the child needs, but the current support they have.

VI. Public Comments/Questions

Q: How will the Clinical Intervention for Placement Preservation (CIPP) process be folded into the care coordination?
A: At this point, the DCFS Clinical department is trying to standardize the clinical review process for children who require a clinical response. These systems will be engaged with the work YouthCare is doing. DCFS, through CIPP, will ultimately make the decision on placement. YouthCare will be there to assist.

Q: Will CIPP change at all?
A: As we are developing these processes, there may be adjustments made.

Q: For many youth in hospitals beyond medical necessity, there isn't a home that is comfortable taking care of that child, or an available residential center. How do you envision the care coordinator assisting with this?

A: That is the initial population being engaged during the soft launch, to look at their needs. In identifying their needs, we can develop resources so children will not have to be in facility longer than they had to be. DCFS is working with residential providers to identify discharge placements. The length of time children are spending in hospitals beyond medical necessity has been decreasing. YouthCare will begin strategizing on November 1, examining the placement process, information sharing and interventions that can help children. They will explore what service arrays are needed and how they can find resources to make it happen. Discharge planners will work on this for youth in hospitals.

Q: Have Purchase of Service agencies received letters about what is going to happen on Friday (soft launch), so we can notify caseworkers about it?
A: There are emails and a communications plan. DCFS has drafted a letter to go out to all the caseworkers to their direct email addresses as well as on the D-net. This will go out no later than Thursday, October 31; it includes a description of the process and what to expect.

Q: For children and youth in hospitals beyond medical necessity, are the hospitals being notified of upcoming contact from YouthCare?
A: Caseworkers will notify entities involved with families. DCFS will notify residential providers directly.

Q: If notification is not going out until October 31 for a soft launch starting November 1, we will have glitches. It may be a rough week or so before everyone gets the information.
A: Yes, but we are starting with the seven priority categories listed so initially, it will be a smaller number. We will contact as many entities as possible.

Q: I recommend that in communications to providers, you include the consent process for releasing information to Youth Care– providers are hesitant to provide information before the actual rollout.
A: YouthCare is only going to speak to people they are authorized to speak to. Caseworkers will help obtain additional consent as needed. For example, YouthCare can't talk to everyone at a facility where a child is placed; the caseworker says who is authorized.

Q: Please make sure the letter is also distributed in Spanish.
A: Yes, we will do a Spanish version.

VIII. Adjournment

A motion was made to table the other agenda items in the interest of time. The motion passed.

Attendees were notified that they should have a hard copy the Q&A draft (dated 10/24/19) if they are present in person. It is also posted on the DCFS and HFS websites where the agendas for advisory group meetings are posted. Both agencies are still working on a consolidated website to contain all information related to the transition.

The meeting was adjourned at 2:57p.m.

Next Meeting Date and Location: November 5, 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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Via WebEx at:
Child Welfare MCO Implementation Workgroup November 5th

Call-in: 1-415-655-0002
Access Code: 802 367 387
Password: HFS19