

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 5, 2019

Time: 2:00p.m.

APPROVED MINUTES

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

I. Welcome and Call to Order

Director Eagleson welcomed participants to the meeting.

II. Introductions and Roll Call

Kristine completed roll call for workgroup members.

III. Review of Minutes

The October 29, 2019, minutes were reviewed and approved.

IV. Discussion: November 1 Soft Launch Update

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 “went 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, began “phase one.” Youth Care Health care coordinators began making contact with DCFS Youth in Care who are in the following seven priority populations identified by DCFS:

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 total number of DCFS Youth in Care in these categories is 3,737.

YouthCare Health care coordinators have begun reaching out to caseworkers and placement contacts (including hospitals) and completing the health risk screenings for these children. Over 820 calls had been made at the time of the update. Numbers of Health Risk Screenings completed will be reported at the next Workgroup meeting.

The majority of calls were very positive with caseworkers and foster parents being very helpful once they were assured that they could speak to YouthCare. DCFS posted a notice on their website and internal webpage that caseworkers and foster parents were able to access, to confirm that DCFS supported them speaking with YouthCare.

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

Updates on the soft launch will remain an agenda item for the Workgroup throughout the soft launch time period.

V. Workgroup and Public Questions/Comments on Update

Q: Are there individuals other than the caseworker that can be contacted to complete the Health Risk Screening, since some caseworkers do not have much history with the Youth in Care that they are assigned?

A: The YouthCare Health care coordinator can only speak to the individuals authorized for contact by DCFS. However, the caseworker can authorize the YouthCare Health care coordinator to speak to other individuals, if there are others who have additional relevant information.

Q: Do private agencies all know about the transition to DCFS Youth in Care into the YouthCare program?

A: The feedback from providers and caseworkers has been mostly positive. Those caseworkers or foster parents who were initially confused were comfortable moving forward with discussions after they read the notice from Director Smith. No phone calls with complaints or concerns have come to HFS Administration and the DCFS Advocacy Office has received very few. All of these reports indicate that the soft launch is going well for the first few days.

Q: How was the prioritizing of the seven populations done, and could the agencies serving these populations of DCFS Youth in Care be notified regarding which children are under their care?

A: The priority populations were identified by DCFS. The list could be sorted by provider to ensure better communication with private agencies. YouthCare staff will work with DCFS to regroup the list by provider and offer more targeted communication to each provider about which DCFS Youth in Care will be contacted first during the soft launch timeframe.

VI. Discussion: Illinicare Grievance and Appeal Process

Illinicare provided a high level overview of the Grievance and Appeal Process that is currently utilized for the Medicaid population enrolled in the Illinicare Managed Care Program. However, they noted that the process will be revised for DCFS Youth in Care based on feedback from DCFS and from the Workgroup.

First, a distinction was made between a grievance and an appeal. A grievance is any expression of dissatisfaction about anything other than an adverse service determination. There are no timeframes for submission of a grievance, and there is no prescribed process. However, once a grievance is received, Illinicare must send a letter of acknowledgment within 48 hours and must resolve the grievance within 90 days.

Appeals are requested reviews of an adverse decision related to a service or benefit denial that is presented by the member or the member's authorized representative. The appeal must be filed within 60 days of the adverse benefit determination. The appeal must be acknowledged within 48 hours and a decision must be made within 15 days. The appeal decision can be extended for an additional 14 days if Illinicare determines that an extended timeframe will result in a ruling in favor of the member.

Appeals can be expedited, with a decision being made within 24 hours, for services or procedures that are necessary for the health and safety of the member.

If the decision is not in favor of the member, the member does have the right to ask for an independent review or can access the State Fair Hearing process to have their appeal reviewed.

VII. Workgroup and Public Questions/Comments on Grievance and Appeal Process

Q: How will the Illinicare appeals process differ from or be coordinated with the DCFS Service Appeal process?

A: Appeals related to Medicaid-covered services that are provided under YouthCare should be submitted to YouthCare for review.

Q: This will result in multiple appeals going to Illinicare and to DCFS. How will this be addressed?

A: The current process for service appeals that are received by DCFS related to Medicaid-covered services is for DCFS to send those appeals to HFS for review. Under the YouthCare initiative, appeals received by DCFS related to Medicaid-covered services provided under YouthCare will be sent to YouthCare for review.

The Workgroup members and public expressed ongoing concern with the coordination of the DCFS Service Appeal and YouthCare Appeal process. The Workgroup agreed to continue discussion on this agenda item at the next Workgroup meeting.

VIII. Adjournment

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

Attendees were reminded that the Q and A document and the Transition Plan were 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 2:59p.m.

Next Meeting Date and Location: November 12, 2019, 2:00-3:00p.m.

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Via WebEx at:

[Child Welfare MCO Implementation Workgroup November 12th](#)

Call-in: 1-415-655-0002

Access Code: 806 960 907