

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 12, 2019

Time: 2:00p.m.

MINUTES

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

I. Welcome and Call to Order

Kristine called the meeting to order.

II. Introductions and Roll Call

Stefanie Polacheck completed roll call for workgroup members.

III. Review of Minutes

The November 5th minutes were reviewed and approved with one amendment to a member's attendance.

IV. Update on Soft Launch

YouthCare reported that it has been seven days since the soft launch began. Health care coordinators are completing outreach to the 3,737 youth identified as having complex care needs. They are reaching out to children's caseworkers and other authorized representatives to complete a health risk screening (HRS). Health care coordinators are learning what children's needs are and how YouthCare can support the children's care teams.

So far, YouthCare staff have completed 721 HRS; they are taking about 20-30 minutes to complete on average. YouthCare has set a goal to get through the 3,737 HRS, at which point they will begin to implement health care coordination (discharge planning for those youth in inpatient settings, etc). YouthCare reported that some residential and hospital providers have offered to work with them to complete HRS for groups of youth in their programs (for an example, if a provider has 45 children in placement, YouthCare can complete all 45 HRS with staff instead of making 45 unique calls).

Workgroup and Public Comment

Q: Are YouthCare staff meeting in-person with youth initially?

A: Outreach is currently being made to the identified authorized representative – for example, caseworker, hospital staff, residential staff. In the next phase, YouthCare staff will go in-person to placement settings, join staffings, etc.

Q: Are the Health Risk Screenings (HRS) able to determine behavioral health needs?

A: The HRS scores physical and behavioral health questions. If the youth's scores on the screening reach a certain level, a more comprehensive assessment is triggered.

Q: How does the authorized representative designation work, particularly for youth in residential settings when staff change?

A: YouthCare receives a daily notification file – if the authorized representative is no longer employed with a provider, the Health care coordinator will move to the next person in the notification list.

Q: For youth in medically complex foster care, nurses are an important part of the service team. Is there a way to better coordinate the process with YouthCare, including them?

A: Yes. Providers should reach out to YouthCare (Tracy) to make sure approvals are in place with DCFS to do a larger HRS approach that includes nurses.

Q: Staff have reported having a hard time getting a hold of a live person when calling Health Care Coordinators back. They state there are long waits, and that it is difficult to reach the original person who called when returning messages.

A: Today YouthCare revised staff scripts so that instead of requesting a direct call-back to the original caller, they provide a call-back number and ask for the HRS completion staff. YouthCare will also set up people to receive inbound calls only; currently, most calls are outbound from YouthCare.

Q: POS providers request that agency CEOs be notified which youth are identified for outreach, so that they can identify assigned caseworkers and help facilitate getting information needed by YouthCare.

A: DCFS Monitoring has offered to assist with identifying which POS agencies should receive these notifications on which youth. YouthCare is unable to sort by agency but has asked some organizations for their youth names. Anika reported that she has spreadsheet that contains information about youth in the priority populations and will connect with Monitoring.

Q: Can POS be provided with an outline of questions staff will be expected to answer as part of the HRS, so agency staff can prepare to answer them for their youth. It could also be sent out over the Residential list-serv.

A: YouthCare will provide a copy of the HRS as a follow up. Regarding the list-serv, this will be explored but it is important that it is used as an example and not completed by agency staff on specific youth not authorized to do so. Deb McCarrel at ICOY has offered to be the private agency contact.

V. Appeal and Grievance Process

YouthCare representatives conducted a presentation on the current Appeal and Grievance process. They also stated they would like to solicit input on how it aligns with existing processes and listen to stakeholder concerns about their processes.

Workgroup and Public Comment

Q: Traditionally, there have been some cases where DCFS will pay for services. If an issue goes through the YouthCare Appeal and Grievance process, then the DCFS Service Appeal process, could there then be a General Revenue spend to pay for the service?

A: The connection between the YouthCare Appeal/Grievance process and the DCFS Service Appeal process will be clarified in future workgroup meetings.

Q: Who is authorized to file appeals and/or grievances on behalf of youth in care?

A: Authorized representatives, not only caseworkers. This could include caseworkers, foster parents, providers, Guardians ad Litem, Court Appointed Special Advocates, etc.

Q: For appeals, will responses be sent to the actual person who filed them?

A: Yes, they will be copied on communications.

Q: Who will receive the notice of denial and result of appeals?

A: The authorized representatives identified by DCFS, as well as the person who filed.

Q: If there is an appeal and continuation of benefits is approved, is there a delay in payment? Also, if the appeal is denied, does the provider have to pay YouthCare back?

A: YouthCare will follow up on this, but the current agreement is that services will continue and be paid through the appeal process. If benefits are still denied through the appeal, they will not be paid going forward by YouthCare. YouthCare reported that a crosswalk will be developed for DCFS and YouthCare processes.

Comment: DCFS and YouthCare should examine trends related to appeals and grievances.

Q: Where will YouthCare's Grievance and Appeal policy be posted for constituents?

A: YouthCare will post the PowerPoint presentation from this meeting on their website. The policy is also published in their provider manual; they also offered to create a specific link to the policy on the YouthCare's website.

Comments/feedback can be submitted to ILYouthCare@IlliniCare.com.

VI. Public Comment

See above.

VII. Adjournment

The remaining agenda items were tabled in the interest of time. Attendees were reminded of the request for input on the Transition Plan and Q&A document, both of which will be discussed at the next meeting.

Deb McCarrel motioned for adjournment; Raul Garza seconded. The meeting was adjourned at 3:03p.m..

Next Meeting Date and Location: November 19, 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

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