

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

September 17, 2020 – 4:00pm -5:00pm

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via WebEx/Telephone)	MEMBERS ABSENT
N/A	Anika Todd	April Curtis
	Carol Sheley	Arrelda Hall
	Deb McCarrel (Proxy/ Sarah Denos)	Trish Fox
	Desiree Silva (Proxy/ Stacy Short)	Director Eagleson
	Nacole Milbrook Proxy Jeff))	Ashley Deckert
	Helena Lefkow Proxy Leah Daniels	Kathleen Bush
	Jamie Dorfled	Dr. Peter Nierman
	Julie Hamos	Dr. Rashid Saafir
	Kara Teeple	Gregory Cox
	Karen Brach (Proxy/ Shawnte Alexander)	Howard Peters
	Keshonna Lones	Josh Evans
	Kristine Herman	Judge Ericka Sanders
	Raul Garza (Proxy/ Audrey Pennington)	
	Royce Kirkpatrick	
	Ruth Jajko	
	Dr. Marjorie Fujara	
	Dr. Michael Naylor	
	Director Smith	

I. Welcome and Call to Order

Kristine Herman with Behavior Health for Healthcare and Family Services introduced herself as the moderator and welcomed the group. She called the meeting to order.

II. Introduction and Roll Call

It was determined that a quorum was present.

III. Review and Approval of Minutes

Kristine Herman: We will move on to the business of the meeting. Can I receive a motion for approval of the minutes?

Jamie Dorfled motioned to approve the minutes.

Dr. Naylor seconded to approve the minutes.

Kristine Herman asked if there were any correction that need to be made? No comments were made. The minutes from the August 20th meeting were approved.

IV. Update on Implementation

Kristine Herman: I'm going to hand this to Jamie Dorfled from DCFS. She is going to give us an update from DCFS perceive. Jamie, the floor is yours.

Jamie Dorfled: Alright, thank you Kristine. We're happy to report that the transition to managed care for DCFS youth in care that took place on September 1st has been successful. We have been working through issues as they arise. We have been training caseworkers and supervisors twice per week from mid-July through August, and we have also offered some training through September. I believe there are two or three left. As I have mentioned these are follow up trainings to the training that we offered last winter that outlined the roles of caseworkers and case coordinators. They've been interactive and we are we are complying all the questions from all the session to create a resource for our caseworkers and supervisors. We have also been working with ICOY to identify gaps in trained providers specifically around those providers that are not as familiar with the Medicaid Managed Care and billing. We're finalizing some training materials and resources. I know Youth Care is planning to conduct townhall meetings starting as early as next week covering topics like claim utilization management, quality care coordination, and pharmacy. That information will be going out in the next couple of days. I just want to remind everybody – I know I talked about this every time, but continuity of care services is through February 2021. During this time all services will be reimbursed even if the medical or behavioral health providers are not in the network. Youth Care continues to work with the providers to add them to the network or secure single case agreements for them individuals in care if they do not want to be part of the network. We have received inquiries about providers who are not familiar with the continuity of care period and most have been receptive to learn how they can be of use without having a contract in place. We want to make sure that Youth Care has the opportunity to reach out to anyone that is in need of more information. We are directing them to contact the Advocacy Office or Youth Care. Families have been instructed to contact the Advocacy Office if they need help during this transition. We have not had a large increase in volume since the transition – maybe 4-6 calls per day related to the youth in care managed care. They are typically looking for general information. The Advocacy Office did staff up and increase their hours to evenings and weekends to make sure there are no critical issues – or that if there are that they are immediately dealt with. After September 1st all complaints or issues that have been filed with Youth Care have been shared with the Advocacy Office. We have our joint revolutions team made up members of DCFS, HFS, and Youth Care. We're meeting every week to address system wide needs. There have not been any grievances have been filed so far. Youth Care typically receives fifty calls per day from families. Most are related questions about eligibility, provider search, or inquiries about whether providers are in the Youth Care network. The DCSF Advocacy Office is also set up to track service appeals. They will be notified if service is denied for youth in care. So far there have not been any service denials reported, if there are any the Advocacy Office will also receive an acknowledgement letter to letting them know an appeal has been filed as well as a resolution letter once it has been resolved. This will ensure that the Advocacy Office and Guardianship Administrators Office is aware of all service appeals in process and can intervene or get involved as necessary. If a youth or family needs help filing an appeal the Advocacy Office can help with that. We talked about opting out. There are other Illinois help choice plans that are available to serve youth in care. Those choices are Blue Cross Blue Shield, County Care, and Molina. Youth who are 18 years and older can request another plan by calling the Advocacy Office and requesting the change. For youth in care under 18 they must go through their guardianship administrator and he/she must approve of any changes to

the plan. We have had few requests for changes in plans. I want to remind everyone that there are a few exempt populations that are not eligible for Youth Care or Managed Care and they remain under fee for service Medicaid. That includes youth who are part of the of the medical fragile technology dependent or MFTD waiver, those who are Medicaid or Medicare dual eligible, and those who are inmates in the Department of Corrections. There is also a group that is covered under their family's private insurance and they do have secondary insurance, Medicaid, but they are not eligible for Managed Care. Anyone with private insurance needs to report that directly to the Bureau of Corrections (that number is 217-524-2490). Again, there are kids who have private insurance - unless it is reported to HFS they don't know that they're on their family's private insurance and they get enrolled in Youth Care which becomes confusing. Another reminder that we have a lot of resources available on the DCFS website (DCFS.healthplan.illinois.gov). There's an email address available at that website. That's all I have.

Kristine Herman: Thank you, Jamie, so much! I will now turn this over to Dr. Alexander to give the update from the Youth Care perspective. Dr. Alexander the floor is yours.

Dr. Alexander: Thank you for having me today. We calibrated a little since Jamie presented those items, but it just speaks to the collaboration we've been having since the "go live". We are tracking the metric daily and watching closing for any trends or issues we may see so that we are able to get ahead of those things. Thankfully things have been going pretty well. We're not getting that many calls 50-70 those call drivers are typically about PCC updates, checking eligibility updates, and provider searches from the member perspective. In respect to the providers we are seeing calls specifically related to benefits eligibility, credentialing and prior off status checks. So again, we're watching those calls to just really kind of look for any trends and look for opportunities where we can provide additional education and support. I want to mention the upcoming townhalls. Youth Care will be hosting some townhall webinars for providers and partners that will be September 23 & 30 and October 7 & 14. We look forward to having some opportunities to connect with providers and other partners. The subjects that we will be covering include updates on the Youth Care transition, care coordination, utilization management, quality pharmacy and claims. This invitation can be found on our website. We will also be sending some invitations via email and text blasts. We're hoping as many providers can attend as possible. We want to create avenues to get out information and educate our partners on the process of Youth Care. Those townhalls are planned for October. We hope to add more as we see engagement with our providers. If we add more townhalls we will certainly let the group know. September marks the kickoff month for our new flu prevention campaign program. The program will run through 2021 (flu vaccine). The goal of this is to spread awareness about the flu vaccine and encouraging our members to get the vaccine. We're really looking to reduce potential flu and covid19 high risk membership. You'll see us really kicking things up into higher gear this month to get the word out. Outreach will take place via social media, on our hold message, direct mail, public service announcements, and emails. That's all I have. That is a lot of what Jamie already touched on. I don't want to be repetitive, but that is where we are with the Youth Care update.

Kristine Herman: Excellent, Dr. Alexander. Thank you so much. We have noticed Director Smith has joined us. He is a guest of honor. Director Smith do you have any comments you would like to make?

Director Smith: We have had a positive experience transitioning into this work. I'm really looking forward to expanding and even increasing the level of support our kids are receiving. We couldn't have

done this work without the people participating in this WebEx that have been contributing for years. I think that when you have people committed to trying to make something work and really try to focus our energy on being solution focused and thinking about how we drive forward and really challenge each other and challenging ourselves to do the best, I think we can have a real positive outcomes and I think this is a real good representing of that. I really appreciate everybody's hard work, focus, and energy on this. Once the dust settles, we have the opportunity to have something excellent for the kids that we are serving. Keep pushing for that good work.

Kristine Herman: Thank you so much Director Smith. I appreciate your comments. We will move now to an update from the HFS perspective from Keshonna Lones. Keshonna I will now turn the floor over to you.

Keshonna Lones: Thank you. I have a couple of additional updates outside of what was already mentioned. We are excited about the progress and ongoing support from both DCFS. Since the program has went live, we are working closely with Youth Care to provide ongoing oversight of the program. As Dr. Alexander mentioned we have developed daily and weekly frequent reporting to discuss the findings to really assess and understand what some of the call center trends are, pharmacy trends, network, care coordination update and so it has really been a great opportunity to continue that ongoing conversation as we move forward with the program and continue to enhance it overall. The other component is that I wanted to highlight on the HFS side is that we also did some digging on our end to really access our hotline staff as well as our enrollment broker to see if there were any increased calls related to "go live." I am very to report that the volume has been very low. I think we only received a couple of questions and inquires that were shared with Youth Care. We always encourage youth and the care givers to reach out to the Advocacy Office. That information is always shared whenever we receive any inquiries on our end. I think that's it's pretty good to report from the overall consistent feedback from the frontline and hotline staff. Now that we have went live, we had a successful readiness review on our side. We are working closely with our external auditors that we're just providing that at one-point oversight as it relates to the network commission, training and staffing this pretty standard for the Managed Care space. We will definitely continue those efforts with you here. The last piece that I will call out today is that I want to remind everyone that we are still in a public health emergency as it related to COVID-19. So, there are still those virtual kind of check-ins as opposed to face to face. We will continue to work closely with CMC and monitor the federal guidelines. I will pass it back to you Kristine if you have anything else or if there is a question.

Kristine Herman: Keshonna, Thank you so much. That's the update that we have prepared on the implantation from the state and Youth Care. Now we will turn to comments and questions to the committee. Any questions? Or feedback? Please identify yourself and unmute yourself. The floor is open, first to the committee and then to the public.

V. Public Comment

Leah Daniels: This is Leah Daniels from the Hospital Association – thank you. This has been very helpful information. I had a question about the check-ins that are being done via telehealth. What specific check-ins are those?

Keshonna Lones: With the pandemic there has been a focus on telehealth services. It has been emphasized during the pandemic. It's really around the providers and medical providers just having

access to the technology. That has been really emphasized during the pandemic. They're on the state side. There have been some flexibilities as it related to the location and the site. Now a provider can call and talk to a member whether at home or there's some other kind of opportunity as it related to care coordination. We have extensive requirements as far as face to face requirements and meeting in person for members. Those have been relaxed due to the pandemic. A lot of those kind of specific face to face activities are occurring over the phone.

Leah Daniels: So, you're just referring to the existing emergency rules that allow for telehealth, not any check-ins between care staff and patients? Is that correct?

Keshonna Lones: Yes, that is correct.

Kristine Herman: Thank you for the question. Any other questions from committee members? Or feedback? If anyone is speaking, you're on mute. Hearing no other comments from committee members I open it up to public comment, questions, and feedback. Please identify yourself and be sure you are unmuted.

Michelle Churchey-Mims: This Michelle Churchey-Mims from SEBA. I had a question – we have had some members ask the question for clarification regarding MCR clients to clarify and confirm that the process of going through CARES that the eligibility period of youth in care is the same?

Kristine Herman: I will start. If anyone from the state side wants to fill-in please do. The process remains the same. CARES should be called and will still do the dispatch. There's a little nuance in that. You know, it was previous that they get ninety days of SAS eligibility. They go into a thirty-day period where there's no prior authorization for services, but that ninety-day period is really no longer necessarily because they've part of Youth Care. They have full access to all of the services that are provided through Youth Care. So that's kind of the only nuance there. The process remains the same. Are there any issues that you have heard? Or any issues that we need to address?

Michelle Churchey-Mimms: No there hasn't been. I guess I should have started by saying this is a large undertaking and it was very successful from all observations. I think it's just clarity as we're heading through the processes as implementation is – (outside interruption). I was asking for the sake of clarification just making sure people are aware of whether they need to do a private prior approval and what is that time frame to make sure they are in compliance.

Kristina Herman: I will let Dr. Alexander jump in on this. There is no prior approval for a crisis response. A crisis needs to be dealt with right away. The process remains the same. Call CARES and dispatch.

Marta Mudd: To do that at would providers need to look at continuation of services post thirty days in the nuance that we've talked about?

Kristine Herman: They should not. That should be a seamless process at this point in time. Again, Dr. Alexander if you would like to jump in and comment on that, please do.

Dr. Alexander: I am just echoing that there are no changes to that process. I want to reiterate here that here that youth care hopes to be an added value here and any role that you're playing in this is not to interrupt the current system. Our role is to be part of that care coordination for that use, and just making sure that if there's anything that we can do to assist with the services for that child that we're doing that.

Michelle Churchey-Mims: I knew that. Thank you.

Kristine Herman: Thank you for that question Michelle. Are there any other members of the public or committee with questions?

Uli Senz – I had a question. It took me back to my days as a foster parent advocate. The Tribute, some time ago, had a kind of a critical article. I don't know if the committee ever commented on that. That foster parents weren't too happy with the development into Managed Care right now.

Kristine Herman: I apologize, could you please identify yourself?

Uli Senz: Yes. I am Uli Senz.

M – Okay thank you. I think what you were asking if the committee wanted to comment on the story?

Uli Senz: Yes. I am curious if there ever was a comment. I think I missed a meeting. Was there any comment on the article? I think the headline was foster parents don't think it was the right moment for this transition within the crisis.

Kristine Herman: Do we remember the date of the article? I think it was right before the "go live."

Jamie Dorfled: Aug 26 or something like that, I believe.

Uli Senz: About two weeks ago, I think.

Kristine Herman: I would ask the committee is there any comments?

Jamie Dorfled: This is Jamie Dorfled. I would just say that a lot of us did talk about that. Probably a lot of us have read the article but one of the things that stood out was that there was fear because this was a change. The fact that the article was before the transition it was speculation of the unknown. The families that were interviewed that had former youth in care that had transitioned back in February had positive experiences. I think we didn't comment on it because of the fact that it was not about the actual experience, but more about the anticipation. I understand the fear because change is difficult. We wanted to make sure this transition was seamless as possible. There are people that do not want to be in Managed Care. You will always find people that don't want to change. I think it is more important what people have to say post transition.

Uli Senz: I totally understand the fear of change, but I think in this context of the committee I think it deserved some attention. That was my whole point.

Kristine Herman: Carol Sheley, I saw you unmute. Did you have something to say? I just want to make sure you're able to get in on the conversation if you do have something to say.

Carol Sheley: From the foster parent perspective. I work with multiple foster parents. While change is difficult, change has been a very positive aspect in regard to the follow through with Youth Care. Any challenges I have experienced with the foster parents that I am in contact with as been deemed from one pharmacy. Overall the transition has been a positive one. I have heard very little complaint or rumblings. I'm sure you know the commitment we have from Kristine. She has made herself available to me 24/7. I am so thankful for that. Others are also available so that when there is a challenge, or something comes up it is worked through in 1-3 hours. It shows commitment. I am so thankful for that.

Those are the things that are sadly not getting out within the multiple articles and complaints that we are hearing.

Kristine Herman: Carol, thank you so much for your comment. I want to emphasize the partnerships we are building through this process. I think those partnerships have served us so well in this roll out. Carol you have been an amazing advocate and a good supporter. I think it's been a great partnership. I am excited for that to continue. I wish there were more media coverage of "this is going well" but that is generally not the case. Thank you again for all that you do and your continued partnership. Dr. Alexander do you have another comment? I saw that you had unmuted.

Dr. Alexander: Yes. I just wanted to echo what was said from a Youth Care perspective we understand that change is hard, but we also are looking for this transition to be an opportunity to prove that we can add value and that we are here to help. We are always open to feedback and improvement into that point. You know, I think that constant collaboration is necessary without people pointing out the areas. We wouldn't know that to close those loops. We can certainly appreciate the feedback, but also just this opportunity to show that we can really make a difference for these youth in a positive way.

Kristine Herman: Thank you.

Uli Senz: I want to address the fact that I think it is a good development. I also think that some frontline people are a little pre-occupied. That's all my point. Right? It's all along the improvement of the systems and something we need urgently. I just wondered what people thought about that article in the Tribune because that very much forms public opinion.

Kristine Herman: Other comments from the public or the committee?

Carol Sheley: Kristine, I would like to remind you that I was not always an advocate for Youth Care. Through the experience and building I have switched. Same for foster parents. I was part of the roll out – my children were a part of that. I was scared when it came to when we were going to roll it out to foster. I have changed and many others have changed too. I am so thankful we had the ability to extend and take our time and to do things as correctly as we could do them. We learned from each step that we took. We learn and we drive towards gaining from each of those steps and I am thankful for that.

Kristine Herman: Thanks Carol, and just for the record I do remember those initial conversation. We have come a long way. I hope that as we continue the roll-out and as we continue to be responsive to areas that need to improve. I want to emphasize it is a learning process. We have put together the best foundation. We have to continue on the learning and improving path. We are dedicated to that. Are there any other comments or questions from the committee or the public? Hearing none I will ask for a motion to adjourn.

VI. Adjournment

Kristine Herman: I need a motion to adjourn.

First and second motions were made to adjourn meeting.

Kristine Herman: All in favor (response) any opposed (no response). Hearing none the meeting is adjourned. Thank you all so much.