

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

October 1, 2020 – 4:00pm -5:00pm

MINUTES

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

I. Welcome and Call to Order

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

II. Introductions and Roll Call

A quorum was present.

III. Approval of Minutes

Audrey Pennington motioned to approve the minutes.

Ruth Jajko seconded the motion to approve the minutes.

Kristine Herman: Any discussion or edits to the minutes that we need to discuss? Okay, all in favor of approval of the minutes? Opposed? The ayes have it and the motion carries.

IV. Update on Implementation

Kristine Herman: We're going to start with Jamie Dornfeld and she's going to give us an update from the DCFS perspective.

Jamie Dornfeld: Today marks one month since the DCFS youth in care transitioned into managed care. I think we can all agree that the first month was a success. We are continuing to work through issues as they arise and are focused on how we can improve the program. As I mentioned in the last meeting that we provided training to caseworkers and supervisors twice per week from mid-July through late August. We also had additional trainings in September. We just had our last scheduled training this past Wednesday. We're working on compiling all of the questions from those sessions to create a resource for the caseworkers and supervisors. We had worked with ICOY to identify gaps in training providers, specifically providers that are not familiar with managed care and billing. ICOY did provide a great outline that we were able to incorporate into the townhall meetings that kicked off last week. The townhall meetings are geared towards providers and they cover topics like claims, utilization, management, quality, care coordination and pharmacy. If anyone would like to participate there is information on the YouthCare website. I've been on the last two and they have been very well attended – we've had over one hundred participants in each one. Care coordination activities are well underway. One of the priority focus areas is to connect care coordinators with youth in hospitals and other temporary emergency placements. We're focusing on discharge planning and working with caseworkers and caregivers to give support during the transition to the least restrictive setting possible. I want to reiterate that foster parents, case workers, and any caregivers should feel empowered to ask for what they need. There is no reason for anyone to wait for a care coordinator to contact them. We want caregivers or caseworkers to call YouthCare at any time they're looking for support. YouthCare is here to help take the burden off of foster parents and caseworkers as it relates to the healthcare needs of the youth. I often talk about the Advocacy Office as that is the single point of contact for any issues. They're still not experiencing a large increase in volume since the beginning of the transition. We continue to track all inquiries coming through the Advocacy Office as well as any grievances, appeals and unresolved access care issues that come from YouthCare. Our joint resolution team has been meeting every week to work through issues and look at system-wide needs. In the past month we have only had one grievance and one service appeal. Both were resolved in the member's favor. That's all I have for today.

Kristine Herman: Thank you Jamie. I will now go to Dr. Alexander from YouthCare to get the YouthCare's perspective. Dr. Alexander the floor is yours.

Dr. Alexander: With all of the collaboration that we do, some of our updates overlap. I want to let the group know how much we are collaborating. We are spending a lot of time working with HFS and DCFS each day to touch base and troubleshoot any issues that we may have seen. We are closely monitoring any trends that we see in order to get ahead of those. That is what this first month has really focused on – understanding the needs of the population and making sure we're meeting those in the way we're expected to and identifying any gaps that may come up. So far so good. We're looking at the call volume in terms of the member service team. The main call drivers continue to be updating PCP, benefits, eligibility, and provider searches. These are calls we expected to see. We have had two townhalls and we have two more coming up – October 7th and October 14th. I encourage you to attend those if you need to. We have had a great turnout. We want to take every opportunity we can to connect to the providers to address any issues or concerns. Those townhalls have functional leads and experts for Q&A. We are relying on our feedback from the participants. We'll be sending out a survey following the townhalls and we hope to keep that line of communication going.

Kristine Herman: Thank you. We will now go to Keshonna Lones for the update from the HFS perspective. The floor is yours.

Keshonna Lones: Thank you. I want to echo the comments from Jamie and Dr. Alexander. We are working very closely to assess the go live efforts and look for any and all opportunities for improvement. It's been rewarding to see the success of the program over the past month. We're working closely with our external auditor or vendor which is responsible for our on-going care coordination activity and network reviews. We had a couple conversations discussing what that looks like as well as the on-going monitoring post implementation. These conversations are very helpful and rewarding to have the opportunity to step-back and assess the opportunities to increase provider education and network opportunities. It's been very hands-on. We have daily reports, like Jamie and Dr. Alexander mentioned some of the on-going conversations we're having regarding the state reporting metrics and touching base to have collaborative conversations on what are some of the trends as far as best practices. We also talked about the townhalls. We want to provide additional education from the HFS standpoint. The main key is the on-going work between YouthCare and DCFS has been critical in the success of this program.

Kristine Herman: Thank you very much for the update. Before we open to comments, I want to say that it has been very rewarding to see this roll out and to see the positive impacts that we have already seen with kids. It is also rewarding to see the relationships that we have established to identify and resolve any issues that we have faced. It speaks volumes to the work that we have done not only with this committee, but with other stakeholders in the community.

IV. Public Comment

Kristine Herman: We will now open for comments from committee members.

Deb McCarrel: Deb McCarrel from ICOY. I wanted to say thank you to YouthCare and the agencies. The webinars have been very comprehensive. Thank you to everybody for all of the work that you have done. Are you guys planning on putting out a fact sheet for some of the oddball questions? Some of those questions are the fee for service folks – which populations will be excluded? Perhaps listing the DCFS services that are remaining with DCFS and listing the ones that are transitioning to YouthCare? And what about the services that are currently billed to MBS and will be billed to YouthCare – is there a way to list those out? What are your plans for following up on that?

Jamie Dornfeld: Thank you to you and to your team. We are still planning to put information out there. I will be reaching out to you. We are working on a running Q&A.

Deb McCarrel: We haven't received many questions. That speaks volumes to the information that you have put out there.

Ruth Jajko: This is Ruth with LLSI. I know that former youth in care, for example kids that have been adopted, can request through their parents or guardian a different provider. There is also a provision through DCFS for youth in care 18 and over to request a different MCO and also going through the Guardian a youth in care can request a different MCO. I'm interested in learning about the volume of those requests. Is there a report on the volume of those kinds of requests?

Jamie Dornfeld: All of those requests for current youth in care under 18 are going through the Advocacy Office. The volume is very low. The main reason people are looking to switch is because their provider is not in network. In 98% of those we were able to get the provider in network.

Ruth Jajko: If it was determined that it would be better for youth to go to a different MCO how would the foster organization find out about that?

Jamie Dornfeld: So far that communication has been directly with whoever has requested it, so the caregiver. We can put a mechanism in place so that the agencies can be made aware too. That's a good suggestion.

Ruth Jajko: Thank you.

Kristine Herman: Any other comments or questions from the committee? Hearing none we can move to questions and comments from the public. Any member of the public?

Unknown: We have a meeting scheduled for two weeks from today, October 15. Following that meeting hopefully everyone agrees that we will be ready to go to a monthly meeting.

Kristine Herman: At the next meeting we can have a discussion and a vote on change of the meeting schedule.

V. Adjournment

Jamie Dornfeld motioned to adjourn the meeting.

Dr. Naylor seconded the motion.

The motion carried and the meeting was adjourned.