Department of Children and Family Services
Medicaid Managed Care Transition - Frequently Asked Questions
Updated November 19, 2020

I. FOSTER CARE

1. Are DCFS foster care providers permitted to bill YouthCare for Medicaid-eligible behavioral health services?

Yes. All programs providing Medicaid-eligible services to DCFS Youth in Care or Former Youth in Care should pursue a contract with YouthCare or any other Medicaid MCO serving Youth in Care or Former Youth in Care. All providers should bill for Medicaid-eligible services consistent with their contracts with Medicaid MCOs, including YouthCare.

Providers billing Medicaid-eligible services to a Medicaid MCO will receive payment for those services directly through the Medicaid MCO contract.

Medicaid revenue received through the Medicaid MCO contract and the costs associated with the Medicaid program must be reported on the DCFS annual cost report, in one of two ways:

- **METHOD 1:** Report the Medicaid revenue specific to each DCFS program in which Youth in Care are placed. Medicaid revenue received from the Medicaid MCO would be reported on line 4 Medicaid Rehab Option Payments. Each DCFS program's total cost and revenue will be used to calculate excess revenue. Any adjustments due to excess revenue will be drawn from DCFS non-Medicaid funds.
- **METHOD 2:** Report Medicaid costs and revenue as a separate program/cost center on the cost report and remove such Medicaid costs and revenues from the specific DCFS program(s) in which Youth in Care are placed. The method for determining allocation of Medicaid costs must be documented in the cost allocation plan. The allocation plan must demonstrate that Medicaid-specific costs are reasonable and allocable to the Medicaid services provided. The Medicaid program/cost center is not subject to excess revenue adjustments using this method but remains subject to Department audit.

Please keep in mind that no matter how Medicaid costs and revenues are reported, providers must have a reasonable, consistent methodology to allocate costs and revenues among the programs. This methodology should be described in a written cost allocation statement.

2. **Do DCFS foster care providers have to bill YouthCare?**

   Foster Care providers should bill YouthCare or any Medicaid MCO for Medicaid-eligible behavioral health services to be reimbursed for such services. Foster care placement per diem rates for non-Medicaid services will continue to be paid in full based on monthly calculated childcare days as reflected in the DCFS board system.

3. **Can foster care providers bill for Medicaid services even if they are the case management agency of record?**

   Yes, foster care providers can bill for Medicaid-eligible behavioral health services whether or not they are the case management agency of record.

4. **Can foster care providers continue to use subcontracted behavioral health providers to serve Medicaid-eligible youth in the DCFS foster care programs? If yes, how will subcontractors be paid?**

   YouthCare will only reimburse providers for services the provider delivers directly.

   Providers may choose to continue to use subcontracted behavioral health service providers to serve Medicaid-eligible youth placed in their DCFS foster care programs, however Medicaid billing must be submitted only by the direct provider of the service.

II. RESIDENTIAL

5. Can residential treatment providers use subcontracted behavioral health providers to serve Medicaid-eligible youth in the residential program? If yes, how will subcontractors be paid?

Yes, providers may choose to continue to use subcontracted behavioral health service providers to serve Medicaid-eligible youth placed in their DCFS residential treatment programs.

Subcontractors should bill YouthCare directly for Medicaid-eligible behavioral health services if they are able. If applicable, the DCFS contracted provider must accurately reflect the reduction to their own costs on the annual cost report to DCFS as described above.

If subcontractors are not able to bill YouthCare directly, then the DCFS contracted provider is responsible for paying the subcontractor through the existing DCFS contracted funds. Additional funds from DCFS will not be provided for subcontracting.

6. Does YouthCare cover youth placed in Residential Treatment settings?

Yes. YouthCare covers Medicaid-eligible physical and behavioral health care for Youth in Care in any DCFS out of home placement, including residential treatment settings. Coverage is tied to youth Medicaid eligibility and rather than placement setting.

7. Can residential staff with the qualification of Rehabilitative Service Associate (RSA) bill for Medicaid-eligible behavioral health services provided? [Ref. 140.453 Section (b)(6)]

Costs supporting RSA-level staff in residential programs are currently included in DCFS placement per diem rates and are reimbursed to the Department through Title IV-E/non-Medicaid funds.

Residential providers who wish to have RSA-level staff participate in Medicaid billing for Medicaid-eligible behavioral health services are required to report costs and revenues associated with RSA staff in a separate Medicaid program/cost center on the annual cost report, as described in **METHOD 2** below. RSA staff costs for Medicaid services must be allocated to the Medicaid program, along with any of the Medicaid revenue received for RSA-level Medicaid reimbursable services. Allocation of such RSA costs must be clearly articulated in the cost allocation statement.

- **METHOD 2:** Report Medicaid costs and revenue as a separate program/cost center on the cost report and remove such Medicaid costs and revenues from the specific DCFS program(s) in which Youth in Care are placed. The method for determining allocation of Medicaid costs must be documented in the cost allocation plan. The allocation plan must demonstrate that Medicaid-specific costs are reasonable and allocable to the Medicaid services provided. The Medicaid program is not subject to excess revenue adjustments using this method but remains subject to Department audit.

8. Will YouthCare pay the add-on rate for behavioral health services provided to a DCFS youth in residential care?

YouthCare will pay established Medicaid service rates as posted on the HFS Fee Schedule for Providers of Community-Based Behavioral Services, including any applicable add-on rates for specific services.

https://www.illinois.gov/hfs/SiteCollectionDocuments/11092020CommunityBasedBehavioralHealthFeeScheduleEff07012020Final.pdf

Please contact YouthCare at (844) 289-2264 or ILYouthCare@centene.com for specific rate information.

III. BILLING/CONTRACTING

9. How should providers handle payment for Medicaid-eligible behavioral health services to parents of DCFS Youth in Care?

If services are integrated into the youth's treatment and focused on amelioration of the youth's presenting behavioral health concerns and diagnosis, Medicaid-eligible services may be billed to the youth's Medicaid MCO as family services through the youth's RIN.

If services to parents are focused primarily on the parent's own presenting behavioral health concerns and diagnosis, and not integrated into the youth's treatment:

- If the parent is insured, the DCFS provider should bill the parent's insurance for services provided.
- If the parent is not insured and has an open DCFS family case ID, then services may be covered through DCFS contracted funds.

10. How long will providers keep using the DCFS Medicaid Billing System (MBS)?

FY20 service dates of 07/01/19 thru 06/30/20 were accepted through the lapse period and are now closed.

FY21 services dates of 07/01/20 thru 08/31/20 must be entered into MBS on or before 11/30/20 for payment. MBS will be decommissioned on 12/01/20 and no further entry will be available.

11. Are we required to report our Medicaid services to DCFS or just to YouthCare?

DCFS does not require separate documentation of Medicaid-eligible services provided to DCFS Youth in Care or Former Youth in Care through the Medicaid MCO. DCFS reserves the right to access Medicaid service information if a need arises. Please refer to question 1 regarding the reporting of costs.

12. Are providers supposed to be submitting billing directly to YouthCare?

Yes. Medicaid service billing for service dates on or after February 1, 2020 should be submitted to YouthCare for enrolled DCFS Former Youth in Care. Medicaid service billing for service dates on and after September 1, 2020 should be submitted to YouthCare for enrolled DCFS Youth in Care.

13. Do providers need a contract with YouthCare, as with other MCOs, to submit their billings?

Providers who are not contracted with YouthCare and are not part of the YouthCare network may submit eligible billing to YouthCare during the continuity of care period, ending February 28, 2021.

Starting with service dates on or after March 1, 2021, YouthCare will only accept billing once a YouthCare contract has been executed and the provider is in the YouthCare network.

IV. MANAGED CARE TRANSITION – GENERAL

14. Are any DCFS Youth in Care NOT enrolled in YouthCare?

Most DCFS Youth in Care were auto enrolled in YouthCare effective September 1, 2020. A small number of DCFS youth are excluded from the Medicaid managed care program, including:

- Youth who are Medicare eligible
- Youth with high-level third-party insurance (such as private or commercial insurance)
- Youth under age 19 and enrolled in the Developmental Disabilities (DD) home and community-based waiver program
- Youth of any age who are enrolled in the Medically Fragile, Technology Dependent (MFTD) waiver
- Youth who are incarcerated in the Illinois Department of Corrections

Additionally, the DCFS Guardianship Administrator may choose to enroll specific youth in a different Medicaid MCO based on the youth's specific needs. Such decisions will be made on a case by case basis rather than categorically. Youth in Care 18 and over may also select a different Medicaid MCO.

YouthCare client enrollment can be verified in a number of ways, including:

- Contacting YouthCare at (844) 289-2264 or ILYouthCare@centene.com
- Contacting the DCFS Advocacy Office at (800) 232-3798 or DCFS.healthplan@illinois.gov
- Looking up the client directly in the MEDI system (http://www.myhfs.illinois.gov/)

15. What is the relationship between Centene, Meridian, and YouthCare?

YouthCare is a Medicaid MCO, operated as part of Meridian Health which is a subsidiary of Centene.

16. As providers are challenged to ensure that all clients are "moved to YouthCare," how can they confirm that a client has been successfully transitioned?

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