

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

February 18, 2021 – 4:00pm -5:00pm

MINUTES

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

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. Introductions and Roll Call

Kate Smith took roll call. It was determined following roll call that a quorum was present.

III. Approval of Minutes

Minutes were voted upon and approved without any edits.

IV. New Member Discussion

Kristine Herman: We need to vote to reach out to members that have consistently not participated and ask if they would like to participate and if not, we will need to nominate new members.

Helena Lefkow motioned in favor

Dr. Naylor seconded the motion.

Dr. Naylor: How many would we be looking to replace in terms of non-attendance?

Jamie Dornfeld: We have about four that are not attending, and we have two vacancies for youth in care. If anyone has any information for youth in care that would be interested in becoming a member, please send me that contact information.

Kristine Herman: Any other questions or comments? Okay, let's vote

The motion passed.

Kristine Herman: We will reach out to members that have not been participating to see if they want to continue, and if not, we will look for some replacements.

V. Update on Implementation

Kristine Herman: We will first go to DCFS for their update. Jamie Dornfeld, the floor is yours.

Jamie Dornfeld:

It's hard to believe we are almost 6 months into the transition of DCFS youth in care into managed care. We planned so long for the implementation and now we are out of that mode and focused on enhancing the system we have created and tackling more complex issues. It really feels like DCFS, HFS, and YouthCare are functioning as a cohesive team. I have received a lot of feedback over the last couple of months – and especially the last several weeks – from my colleagues at DCFS who have expressed that they are actually experiencing the additional support that was promised to them from the beginning and they feel the progress in the interactions over the last several months. DCFS has now been participating in YouthCare's weekly behavioral health and physical health rounds for the last few months. I know I have mentioned in the past that this has been really helpful because it allows everyone to provide insight into the individual cases and also identify barriers or issues that can be resolved in real-time. For example, if we find out that the care coordinator has not been able to reach the caseworker, we are able to make that connection immediately. Or if we find out there is an issue with a medication consent, we can escalate that immediately. We have also had many opportunities to think outside the box because we have so many people looking at the same situation from many different perspectives. Our Joint Resolution Team also meets weekly to review specific cases related to Mobile Crisis Response, hospital discharge planning, service denials, or issues that have been reported to the Advocacy Office. DCFS maintains an internal list of high acuity youth that we rotate into the weekly meetings to ensure we keep them at the forefront of our work. We have 3 clinical meetings scheduled each week to discuss cases as needed, as well as the other more process-oriented and operational meetings. The continuity of care period is coming to an end at the end of this month. We have been tracking progress of bringing out-of-network providers into the network or at least securing single case agreements to serve individual youth. I promised I wouldn't steal Shawnte's talking points, so I will let her provide an update on the progress that has been made and how we are moving forward with out-of-network providers starting on March 1st. As we move forward, we are working on solving more dynamic and long-term issues. We are meeting with various groups including the DCFS Youth Enrollee Advisory and Stakeholder Subcommittee that we mentioned when we met in December. We also had a follow up meeting with the Illinois Health and Hospital Association and several hospital members. It was a good step in the right direction to discuss concerns and work together collaboratively to best serve youth in care. We have a follow up meeting scheduled in a few weeks. We have also met with Illinois CASA, the

DCFS OIG, and we continue to meet with the ACLU, and Cook County Public Guardian. We have a couple of town hall meetings scheduled over the next couple of weeks to present to CWAC on the status of the implementation and improvements to the system. Lastly, I want to remind everyone of the value that YouthCare brings to our children, families, and caseworkers. It is so easy to fall back into the old way of doing things. We need to continue to remind our caregivers and direct service staff to reach out to YouthCare whenever there is a healthcare need or concern. The assigned care coordinators will track down providers and schedule appointments, as needed. The program is new, and we need to take advantage of all of the benefits that come with it.

Dr. Alexander: I think it is important to note that as we have been getting into the program, we have seen so much progress in the collaboration. We are working together very well. We have been able to troubleshoot some of the more complicated issues. I am proud of that work. Our network team has been tracking all the claims that are submitted by out of network providers and going out to target those providers to try to get them into network. Most have joined the network. Some providers that had initially declined we were able to bring them into network. We are working closely with our member service team to reach out to any members that may have been impacted by those out of network providers. This is something that we will be working on closely through the end of this month. We want to remind folks that providers can join at any time – that opportunity is always there. We have a team working together to figure out a way to better support the mobile crisis support team. They are out in the field really working to secure psychiatric services or care. After spending time to identify what the needs were, we have had focused meetings with the psych hospitals. We have created, what we are calling, CSMDT (Crisis Stabilization Multi-Disciplinary Team). We will launch this March 1, 2021. This is a shared responsibility between DCFS, HFS, and YouthCare that will bring some of the leadership to the table to guide some of those cases in which they are having difficulties securing appropriate services to the higher need youth in care. There is more to come on that. I will turn it over to Keshonna.

Keshonna Lones: Thank you, Dr. Alexander. I will highlight a few components that have been touched on. I first want to applaud YouthCare publicly regarding all the hard work that has been done to get all the out-of-network providers contracted and in-network. I cannot stress how critical this was in order to make sure there was no interruption in services and offering the additional assistance to providers that had some questions or confusion about the transition. I'd like to touch on the ongoing reporting that the department and DCFS collect, from YouthCare, to monitor the overall program key metrics as it related to call center times, authorization requests, and various key components of the operation of YouthCare. We have worked closely with YouthCare to discuss some of the updates. Some of the state-metrics that we were receiving daily we are now monitoring on a weekly basis. If there are any potential concerns, we can address those quickly. We have built and will continue to build those relationships. We are focused on how we can enhance the program. We are having more focused discussions around particular service gaps, that may not be specific to YouthCare, where we need to enhance the program to make sure members have access to the highest quality and a full-realm of services. For example, ABA therapy is a new Medicaid covered service. We wanted to enhance it because it is difficult to find those providers and get them in-network. YouthCare can help guide collaborations with community stakeholders and again I applaud YouthCare for the work they have done to get community organization feedback. I am very happy and excited about the great work that we have done. Thank you to all the committee members for your support during this process.

VI. Public Comment

Kristine Herman: Are there any comments or questions? Please, committee members first and then we will address the public.

Kristine Herman: Hearing no comments from the committee, we will now open to the public.

Leah Kirby: I am from Kirby Rehabilitation and I am a provider in the Roseland community. I have just become a member in, I believe the network, under Meridian. We serve adolescents for substance abuse treatment. I just wanted to introduce myself.

Kristine Herman: Welcome and thank you for participating.

Nancy Schwartz: Hi this is Nancy Schwartz from the Children's Association. I have two questions. We had two youth that we billed, and their RN Number changed in September. I am wondering why that billing was rejected?

Kristine Herman: We will need specific information on that. Can we follow up with you after today's meeting?

Nancy Schwartz: Yes. That will be great, thank you. The second one is I am just wondering where YouthCare is in securing additional psychiatric hospital beds. This has always been a challenge and continues to be a challenge. We had a youth that came to us after sitting in an ER program for several days. We worked with the coordinator and she couldn't find a bed either.

Dr. Alexander: This is a complicated issue and we recognize that. We are trying to partner with hospitals and the mobile crisis response workers. I had talked about the CSMDT earlier and that is one of the ways that we are really trying to tackle that. When we can make phone calls to the hospitals to see what the barrier is to accept these youth to see if there is anything we can do to facilitate that. We are hoping to see some of that happen with CSMDT and we will continue communication and working through barriers that the hospitals are having.

Nancy Schwartz: Have we added additional psychiatric hospitals to the YouthCare contracts?

Dr. Alexander: YouthCare has brought into the network some additional psychiatric services than what was previously available. I want to make that clear, but even with that we are still seeing some of the issues in terms of capacity. We haven't fully resolved that issue. We are collaborating with hospitals, DCFS, and Mobile Crisis Response in order to secure these resources for our youth.

Kristine Herman: Any other questions or comments?

VII. Meeting Dates (Next meeting will be held on April 15, 2021)

Kristine Herman: Our next meeting will be held on April 15, 2021 beginning at 4:00pm.

VIII. Adjournment

Audrey Pennington motioned to adjourn the meeting.

Ruth Jajko seconded the motion to adjourn the meeting.

Kristine Herman: Any discussion? All in favor?

Motion passed.

Kristine Herman closed the meeting.