

Transition Plan
for Illinois Child Welfare Medicaid Managed Care Implementation
Advisory Workgroup:
HealthChoice Illinois YouthCare

Prepared by
Department of Children and Family Services
Department of Healthcare and Family Services

January 3, 2020

Pursuant to Public Act 100-0646, passed by the 100th General Assembly, the Department of Children and Family Services (DCFS) and the Department of Healthcare and Family Services (HFS) (collectively, the Departments) must develop and post publicly, a transition plan for the provision of healthcare services to DCFS Youth prior to their enrollment into a Medicaid managed care plan. The final transition plan shall be posted at least 28 days before the Departments' implementation of managed care.

The Contract Addendum between HFS and IlliniCare Health Plan (now YouthCare) for DCFS Youth managed care was originally signed on November 2, 2018 and was subsequently revised and executed on December 13, 2019.

The Departments posted the first draft of the Interim Transition Plan online in July 2018 and subsequently established the Child Welfare Managed Care Implementation Advisory Workgroup (the Workgroup) to promote transparency and accountability in the implementation of managed care for DCFS and to develop the final transition plan. The Workgroup started meeting regularly in September 2019 and will continue to meet on a regular basis post-transition. The Departments have updated this plan with input from the Workgroup and other stakeholders.

Per Public Act 100-0646, the Acting Director of DCFS attests that "the transition plan will not impede the Department's ability to timely identify the service needs of youth in care and the timely and appropriate provision of services to address those identified needs."

DCFS Youth include Youth in Care and Former Youth in Care. Former Youth in Care are youth under 21 years of age who were previously under the guardianship of DCFS prior to reunification, adoption, subsidized guardianship, or cases where Juvenile Court closed their case and the youth are no longer under the legal custody of DCFS.

The transition plan addresses, but is not limited to, the following initiatives, listed on the left with the Departments' actions described on the right:

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<p>1) an assessment of existing network adequacy, plans to address gaps in network, and ongoing network evaluation;</p>	<p>YouthCare is the Medicaid Managed Care Organization (MCO) that will coordinate the physical and behavioral health care of DCFS Youth, including Youth in Care and Former Youth in Care. This initiative is called HealthChoice Illinois YouthCare.</p> <p>Creating the conditions to support a smooth transition of Medicaid-covered services for DCFS Youth is a top priority for YouthCare and the Departments. Therefore, YouthCare and the Departments have completed several steps in determining which Medicaid-enrolled providers should be brought into network while also working to expand the number and type of Medicaid-enrolled providers serving DCFS Youth.</p> <p><u>Step 1: Initial Network Development for Existing Medicaid Population Served by IlliniCare</u></p> <p>As of June 2019, the existing Medicaid population served by IlliniCare was approximately 350,000 individuals. To meet network adequacy requirements for this population, IlliniCare contracted with over 30,000 physical and behavioral health providers. IlliniCare regularly monitors that existing network to ensure that network adequacy standards continue to be met for the existing Medicaid population.</p> <p><u>Step 2: Initial Identification of DCFS Youth Providers Already in Provider Network</u></p> <p>HFS provided YouthCare information regarding every Medicaid-enrolled provider who had served DCFS Youth over the last two years of available claims data (approximately 20,000 lines of provider information). YouthCare determined that its existing provider network included approximately 38% (approximately 11,000) of the providers identified by HFS.</p> <p>YouthCare also contacted providers in its network who were not serving DCFS Youth and added 8,000 of them to the YouthCare provider network. Through these efforts, the YouthCare network started with approximately 19,000 providers available to serve DCFS Youth.</p> <p><u>Step 3: Outreach and Contracting for Medicaid-enrolled Providers NOT Already in YouthCare’s Provider Network</u></p> <p>Since July 2019, YouthCare has been contacting the remaining DCFS Medicaid-enrolled providers, starting with providers who provided the most services to DCFS Youth. Based on authentication from HSAG (HFS’ external quality review organization, Health Services Advisory Group, Inc.), 89.9% of the Medicaid-enrolled providers with DCFS claims were in YouthCare’s provider network as of December 20, 2019.</p>

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	<p>YouthCare offers several contracting options for providers, which allows flexibility for providers who may not be interested in serving the full Medicaid population. Providers can choose to join the YouthCare network and only serve DCFS Youth. Providers also can choose to complete a single-case agreement to provide services only for specific DCFS Youth. This option allows a provider to not officially join the network but to continue to offer services for specific DCFS Youth. This arrangement is often beneficial to small community providers who serve a small number of DCFS Youth.</p> <p>If a provider declines to join the YouthCare provider network or to provide services through single-case agreements, YouthCare will identify an equally qualified provider through its provider network or through other single-case agreements to ensure that services continue to be provided for the DCFS Youth.</p> <p><u>Step 4: Continuity of Care for Medicaid-enrolled Providers Serving DCFS Youth Who Are NOT in Provider Network by February 1, 2020</u></p> <p>Contracting with new providers will be an ongoing effort. To ensure that Medicaid-covered services continue for DCFS Youth, YouthCare will implement a continuity of care period. For 180 days, all Medicaid-covered services will be reimbursed at the Medicaid rate even if the Medicaid-enrolled provider is not contracted with YouthCare.</p> <p><u>Step 5: Evaluating Service Gaps and Ongoing Provider Network Contracting</u></p> <p>There are currently service gaps throughout the State, particularly in rural communities. HFS and HSAG regularly evaluate provider network adequacy to identify service gaps. As gaps are identified, YouthCare must address the gaps within timeframes established by HFS or penalties may be assessed. The YouthCare network development team is working on expanding access to trauma-informed services, oral surgery, and other specialty care.</p> <p>While 10% of the DCFS Medicaid-enrolled providers have not yet joined the provider network as of December 20, 2019, YouthCare has expanded the type and number of Medicaid-enrolled providers available to DCFS Youth. For example, through YouthCare’s expanded provider network there will be additional access to psychiatrists available to serve DCFS Youth, helping to close a critical gap in psychiatric services for DCFS Youth.</p> <p>As YouthCare is implemented, identification of new service needs will be solicited from stakeholders in several ways. The Departments will establish advisory groups, and feedback will be collected through phone and email. YouthCare will continue to expand the provider network and</p>

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	<p>will work to increase quality and evidence-based practices to better serve DCFS Youth. After the initial implementation period, YouthCare will introduce new and innovative services through pilot initiatives.</p>
<p>2) a framework for preparing and training organizations, caregivers, frontline staff, and managed care organizations;</p>	<p>The Departments and YouthCare have developed a framework to inform and prepare key stakeholders for the implementation of Medicaid Managed Care for DCFS Youth. The framework relies on a systematic approach to communicate, educate, and promote Medicaid Managed Care to plan participants and other stakeholders.</p> <p>This framework is centered around engaging stakeholders in-person, online, and through mail to build awareness, set expectations, and address concerns in a timely manner. The focus has been on highlighting the benefits for both youth and caregivers, as well as the value added for the caseworkers. The framework has been implemented in several phases. The first phase of preparation and training included the introduction of the concept of managed care, responding to questions and concerns, and establishing a foundational understanding for DCFS and POS agency leadership. The second phase focused on empowering advocates in the child welfare industry and direct outreach to caregivers, adoptive families, and community stakeholders. The third phase focused on reinforcing key messaging, evaluating readiness, and preparing the Departments and YouthCare to respond to anticipated questions and concerns during implementation.</p> <p>As of December 20, 2019, the following activities occurred or are planned for preparing and training key stakeholders:</p> <ul style="list-style-type: none"> • Town Hall meetings during 2018 in Rockford, Des Plaines, Peoria, Harvey, Belleville, and Chicago • 28 additional Town Hall meetings between August 28, 2019 and December 20, 2019 • 10 Child Welfare Managed Care Implementation Advisory Workgroup meetings from September to December 2019 continuing into 2020 • Presentations at multiple Foster Care and Adoption Advisory Council meetings between August 28 and December 20, 2019 • 12 presentations at Foster Parent Support Group meetings across the State • Presentations at five (5) statewide conferences • 10+ individual meetings/presentations with DCFS foster care and residential providers • Multiple meetings with key provider associations • Starting in January 2020, one online Town Hall meeting weekly through the end of May 2020 <p>YouthCare has created a unique internal structure, deploying staff to</p>

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	<p>work together in multidisciplinary teams throughout the DCFS regions. The teams include clinical and non-clinical staff, representing the key YouthCare operations, to build local community relationships and to focus on local needs of DCFS Youth.</p> <p>Staffing for YouthCare includes the following:</p> <ul style="list-style-type: none"> • Eight (8) YouthCare DCFS Liaisons placed at regional DCFS offices • Approximately 200 healthcare coordinators hired specifically for YouthCare • Staff for two (2) new initiatives: <ul style="list-style-type: none"> • “a2A” (“adolescent to Adult”), designed for youth transitioning from the DCFS system • “Promoting Adoption Success,” to support adoptive families to help ensure permanency <p>All YouthCare staff have received four (4) weeks of training, including three (3) weeks of classroom training and one (1) week of on-the-job “preceptor”/mentoring. DCFS also has trained YouthCare staff on Illinois child welfare topics, as well as DCFS processes. This training was designed to provide health plan staff with foundational knowledge to ensure effective communication with enrollees, caregivers, caseworkers, and providers.</p>
<p>3) the identification of administrative changes necessary for successful transition to managed care, and the timeframes to make changes;</p>	<p>DCFS has reviewed current administrative rules and procedures and has not identified any required changes at this time. DCFS will make required changes as necessary.</p>
<p>4) defined roles, responsibilities, and lines of authority for care coordination, placement providers, service providers, and each state agency involved in management and oversight of managed care services;</p>	<p>DCFS will continue to be the legal guardian of Youth in Care with responsibilities for securing placement, permanency planning, attending court, and coordinating educational activities. DCFS will continue to contract with and pay placement providers, such as residential and foster care agencies. DCFS and Purchase of Service (POS) caseworkers will continue to be responsible for scheduling and facilitating Child and Family Team meetings, establishing and implementing the DCFS Service Plan, ensuring that all services required in the DCFS Service Plan are provided, and ensuring that the permanency goal in the Service Plan is appropriate and that services are provided to support that goal. The DCFS or POS caseworker will</p>

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	<p>be responsible for communicating with the YouthCare healthcare coordinator regarding the healthcare service needs of the DCFS Youth and for inviting the healthcare coordinator to participate in the Child and Family Team, as needed. DCFS and POS caseworkers will collaborate with the healthcare coordinator to ensure all Medicaid-covered services needed are accessible and appropriate. DCFS and POS caseworkers will complete the DCFS referral and contracting process for non-Medicaid covered services. DCFS will pay for all necessary services that are not covered by Medicaid.</p> <p>The YouthCare healthcare coordinator will be responsible for supporting the Child and Family Team and working closely with DCFS and POS caseworkers. The healthcare coordinator will ensure that the DCFS Youth has access to all necessary Medicaid-covered healthcare services and coordinating physical, behavioral, dental, and vision services. The healthcare coordinator will communicate with the caseworker to ensure that DCFS Youth who need additional Medicaid-covered behavioral health services to stabilize in a placement have access to those services as soon as possible. Healthcare coordinators also will be responsible for communicating with foster parents regarding DCFS Youths’ healthcare needs and communicating that information back to DCFS or POS caseworkers. Healthcare coordinators will be responsible for making referrals and arranging appointments and transportation for all Medicaid-covered services.</p> <p>YouthCare is responsible for paying for all necessary Medicaid-covered physical, behavioral, dental, and vision services for DCFS Youth.</p> <p>YouthCare and the Departments will continue meeting with stakeholder groups, including the Child Welfare Medicaid Managed Care Implementation Advisory Workgroup and its subcommittees to identify and resolve issues related to roles, responsibilities, and oversight of services.</p> <p>Meetings will continue to be held weekly between the Departments and YouthCare to work through challenges with implementation and to ensure that procedures are being revised and training topics are being developed to address challenges as they arise.</p>
<p>5) data used to establish baseline performance and quality of care, which shall be utilized to assess quality outcomes and identify ongoing areas for</p>	<p>Data used to establish baseline performance and quality of care are identified in the contract and attachments found at this link: https://www.illinois.gov/hfs/SiteCollectionDocuments/2018MODELCONTRACTAdministrationcopy.pdf</p> <p>Additional quality outcomes and goals used to establish baseline</p>

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improvement;	<p>performance and quality of care specific to DCFS Youth include:</p> <ul style="list-style-type: none"> • Preventable inpatient hospitalizations for physical health will be reduced. • Discharge planning and identification of Medicaid community-based services available after discharge will be completed for 100% of Youth in Care admitted to an inpatient psychiatric hospital. • For Youth in Care hospitalized Beyond Medical Necessity (BMN), specialized care conferences with the DCFS caseworker will be convened within 20 days for BMN Youth in Care. • HEDIS/CHIPRA measures for Youth in Care will remain consistent or will improve in relation to those measures reported by DCFS as of the Contract Addendum execution. • Equal or increased percentage of Youth in Care with behavioral health issues will be engaged in behavioral health treatment. • Equal or increased percentage of Youth in Care who receive screening for trauma symptoms will be referred for further trauma assessment and trauma-oriented behavioral health services. <p>The baseline period will begin on February 1, 2020 and will end on January 31, 2021, to establish the benchmarks against which YouthCare will be measured for quality outcomes and to establish ongoing areas of improvement. Penalties and incentives will be assessed six (6) months after the initial benchmark period and every six (6) months thereafter.</p>
6) a process for stakeholder input into managed care planning and implementation;	<p>For more than a year, YouthCare and the Departments have engaged with various stakeholder groups to share information and solicit feedback. Such engagement will continue through the Child Welfare Medicaid Managed Care Implementation Advisory Workgroup. The Workgroup includes representatives from the entire child welfare system who met regularly prior to the finalization of this transition plan. This will continue to be the official forum for stakeholders to provide input directly to the directors and leadership of the Departments. Recommendations from the Workgroup are reflected in the final version of this transition plan.</p> <p>Additionally, DCFS has established a feedback portal at https://www2.illinois.gov/dcfs/brighterfutures/Pages/YICHealthFBS.asp X</p>
7) a dispute resolution process, including the rights of enrollees and representatives of enrollees	<p>DCFS has established its Advocacy Office as the single point of contact for healthcare coverage inquiries and dispute resolution. The Advocacy Office will respond to inquiries, disputes, complaints, concerns, and suggestions related to healthcare coverage. All</p>

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<p>under the dispute process and timeframes for dispute resolution determinations and remedies;</p>	<p>contacts will be identified and tracked to ensure that resolution is achieved. The Advocacy Office will connect requestors to appropriate staff and will relay suggestions for improvement related to healthcare coverage to DCFS leadership, as needed. The Advocacy Office can be reached at 800-232-3798.</p> <p>In addition, DCFS’s current Service Appeal Process will be maintained and service appeals will continue to be addressed according to DCFS Rule/Procedure 337.</p> <p>YouthCare also will provide information for DCFS Youth and their authorized representatives regarding how to file a grievance or appeal, and associated timeframes. YouthCare’s current HealthChoice Illinois member handbook contains this information and can be found at this link: https://www.IlliniCare.com/members/medicaid/resources/handbooks-forms.html</p>
<p>8) the process for health care transition for youth exiting the Department’s care through emancipations or achieving permanency; and</p>	<p>Children may become Former Youth in Care through reunification, adoption, subsidized guardianship, or cases where Juvenile Court closed the case and the youth is no longer under the legal custody of DCFS. A new enrollment packet will be mailed to Former Youth in Care with information on all Medicaid health plans available to them. The materials will explain the 30-day timeframe to choose a health plan, along with the 90-day option to change health plans after enrollment. Former Youth in Care under the age of 21 will automatically be covered by YouthCare if they do not select another health plan. YouthCare care coordinators also will work with older youth who are transitioning to adulthood to ensure that they understand their healthcare coverage options and are transitioned seamlessly to another plan, if they so choose.</p>
<p>9) protections to ensure the continued provision of health care services if a child’s residence or legal guardian changes.</p>	<p><u>1) Protections to ensure the continued provision of healthcare services if a child’s residence/placement changes:</u></p> <p>Communication and data sharing among DCFS, HFS, and YouthCare are key to ensuring that residence/placement changes do not disrupt a DCFS Youth’s healthcare services. DCFS, HFS, and YouthCare have established a daily data file exchange that includes updated authorized representatives, residence/placement, caregiver, and other related information. This daily exchange allows YouthCare to contact the current authorized representatives and/or caregivers associated with the new residence/placement to ensure that any new relevant healthcare information is gathered and that the DCFS Youth is transitioned immediately to new providers, if necessary. In addition, caseworkers who are assigned a new Youth in Care due to a change in residence/placement can contact YouthCare’s toll-free 24-hour phone line, which will be printed on YouthCare insurance cards. Once YouthCare has confirmed that the new caseworker is the proper authorized representative,</p>

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	<p>YouthCare will provide the DCFS Youth’s healthcare information to the caseworker and begin assisting the new caseworker in identifying healthcare needs and services for the youth.</p> <p>YouthCare’s ability to track the placement changes of DCFS Youth and to provide continuity of healthcare information and services is a significant improvement. In the current system, there are delays and gaps in healthcare information available to a new residence/placement, caregiver, and case worker after a Youth in Care changes residence/placement.</p> <p><u>2) Protections to ensure the continued provision of healthcare services if a youth’s legal guardian changes:</u></p> <p>DCFS Youth become Former Youth in Care when their legal guardian changes through reunification, adoption, subsidized guardianship, or cases where Juvenile Court closed the case and the youth is no longer under the legal custody of DCFS. A new enrollment packet will be mailed to Former Youth in Care with information on all Medicaid health plans available to them. The materials will explain the 30-day timeframe to choose a health plan, along with the 90-day option to change health plans after enrollment. Former Youth in Care will automatically be covered by YouthCare if they do not select another health plan. YouthCare care coordinators also will work with older youth who are transitioning to adulthood to ensure that they understand their healthcare coverage options and are transitioned seamlessly to another plan, if they so choose.</p>