Pursuant in SB 1851, passed by the 100th General Assembly, the Department of Children & Family Services (DCFS) and the Department of Healthcare & Family Services (DHFS) must develop and post publicly, a transition plan for the provision of health care services to children enrolled in Medicaid managed care plans. The final transition plan shall be posted at least 28 days before the Department’s implementation of managed care.

The contract addendum between HFS and IlliniCare Health Plan for DCFS youth managed care was signed on November 2, 2018. While the addendum has been signed, the actions described below should be considered tentative and subject to change based on other factors impacting the implementation of managed care. The Departments are posting this interim plan as an effort to promote transparency and accountability in the implementation of managed care for DCFS youth.
Per SB 1851, the transition plan shall address, but is not limited to, the following initiatives, listed on the left. The Departments’ actions are described on the right.

<table>
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<tr>
<th>Initiative</th>
<th>Action</th>
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<tr>
<td>1) an assessment of existing network adequacy, plans to address gaps in</td>
<td>IlliniCare Health Plan must ensure they have adequate physical, professional and provider network capacity to provide Medicaid covered services for all DCFS Youth enrollees. These capabilities will be addressed by the Health Services Advisory Group (HSAG), HFS’ External Quality Review Organization, under the 2018 readiness review. A Readiness Review is scheduled for December and will focus on requirements that IlliniCare must meet for Medicaid-covered DCFS youth. IlliniCare Health Plan’s network has already been approved by HSAG and the Department of Healthcare and Family Services under their HealthChoice Illinois statewide contract. The December Readiness Review will assess IlliniCare’s recruitment of providers who have historically offered Medicaid-covered services to DCFS youth. IlliniCare is actively recruiting these providers now. IlliniCare’s current HealthChoice Illinois network is available for review through an online search function found at this link: <a href="https://www.illinicare.com/members/medicaid/find-a-provider.html">https://www.illinicare.com/members/medicaid/find-a-provider.html</a>. IlliniCare’s network will be reviewed on a quarterly basis for adequacy and/or gaps in care. If gaps in care are identified, IlliniCare will be provided a timeframe for remedying such gaps.</td>
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<td>network, and ongoing network evaluation;</td>
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| 2) a framework for preparing and training organizations, caregivers,     | DCFS is developing framework to inform and prepare all key stakeholders on the implementation of Medicaid Managed Care in Illinois. The framework will rely on a systematic approach to help communicate, educate and promote Medicaid Managed Care to plan participants and stakeholders. Preparation and training of stakeholders will leverage a phased plan to ensure youth, families, caregivers and all other key stakeholders have the information they need. Phase One  
1. Introduce concept and awareness of Medicaid Managed Care  
2. Gain (DCFS and private agency) leadership buy in and commitment of support  
3. Engage all key stakeholders:  
   a) What’s happening and when  
   b) What you need to know:                                                                                                                                                                                                                                                                                                                      |
|    frontline staff, and managed care organizations;                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |


Who’s affected, benefit, enrollment, care coordination, transition, logistics

c) Important calendar dates and action needed
d) Frequently asked questions
e) Process flows
f) Where to get more information and/or additional resources

4. Establish DCFS, HFS and IlliniCare as the trusted sources of information for implementation of Medicaid Managed Care
5. Provide data links to DCFS, HFS, IlliniCare information
6. Establish advocates in the child welfare community

Phase Two
1. Educate and engage eligible Medicaid Managed Care plan participants and key stakeholders
2. Provide a better understanding of the implementation process
3. Provide information on the latest updates, FAQs, best practices
4. Reinforce DCFS, HFS and IlliniCare as the trusted sources of information for implementation of Medicaid Managed Care
5. Explain to youth and families the benefits of IlliniCare
6. Empower advocates in the child welfare community
7. Provide updated process flows as more information is available

Phase Three
1. Encourage health plan engagement for older youth and former youth in care
2. Reinforce key messaging
   a. Where to get information
   b. Where and how to enroll in health plan, as applicable
   c. Anticipated transition date
   d. Feedback and FAQs
3. Evaluate the preparation and training program
   a. Measure response
   b. Monitor effectiveness
   c. Evaluate
   d. Revise

Training and preparation will be a coordinated effort across all stakeholder groups. DCFS will strive for at least four communication touch points (via email, in-person training, etc.) for stakeholders to access information.

DCFS is also preparing to train IlliniCare staff on Illinois child welfare topics, as well as DCFS processes. This training will be designed to provide health plan staff with foundational-level knowledge to enable
them to communicate effectively with enrollees, caregivers, caseworkers and providers.

| 3) the identification of administrative changes necessary for successful transition to managed care, and the timeframes to make changes; | At this time, the following DCFS rules and procedures have been identified as requiring updates to align with managed care implementation. As implementation planning develops, the Department may find that additional rules, procedures and policies need to change as well.

Rule 301/Rule 301.90(b): Specialized Foster Care  
- Anticipated revision start date: 2/1/19

Rule 302/Rule 302.310: Adoption Assistance
Rule 302/ Rule 302.410: Subsidized Guardianship  
- Anticipated revision start date: 2/1/19

Procedures 300.100: Medical Requirements for Reports of Child Abuse and Neglect  
- Revision has started

Procedures 302.360: Health Care Services  
- Anticipated revision start date: 2/1/19

Procedures 315.95: Worker Assessments of the Child and Family  
- Anticipated revision start date: 2/1/19 |

| 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; | DCFS and HFS will continue to engage key stakeholders in their work towards ensuring roles and responsibilities are defined and understood by the departments, providers, IlliniCare, youth in DCFS care and their families.

The contract and addendum will establish the basis for role clarification among individuals coordinating and managing the case, to promote meaningful collaboration for youth and families. The departments and IlliniCare will continue meeting with stakeholder groups – including the Child Welfare Medicaid Managed Care Implementation Advisory Workgroup and sub-committees of the Child Welfare Advisory Committee – to identify and resolve problems related to roles and responsibilities, and further develop a framework that meets the needs of children in DCFS care. Meetings will be scheduled as needed with the departments and IlliniCare to work through implementation challenges related to role clarity. This phase of engagement will feed the development of policies, procedures and training topics. The revision and expansion of said policies, procedures and trainings will be ongoing. |
| 5) data used to establish baseline performance and quality of care, which shall be utilized to assess quality outcomes and identify ongoing areas for improvement; | Information utilized to assess quality outcomes is identified in the HealthChoice Illinois contract. Attachments XI ‘Quality Assurance’ and Attachment XIII ‘Required Deliverables, Submissions and Reporting’ list data collection requirements that DHFS has established to ensure federal and state requirements are being met. Additional quality outcomes specific to DCFS Youth are included in the contract for IlliniCare.  

The contract and those attachments can be found at this link: [https://www.illinois.gov/hfs/SiteCollectionDocuments/2018MODELCONTRACTadministrationcopy.pdf](https://www.illinois.gov/hfs/SiteCollectionDocuments/2018MODELCONTRACTadministrationcopy.pdf) |
|---|---|
| 6) a process for stake holder input into managed care planning and implementation; | For more than a year, DCFS has been engaging with various stakeholder groups to share information and solicit feedback. Such engagement continues.  

SB 1851 also requires the DCFS and HFS to establish a Child Welfare Medicaid Managed Care Implementation Advisory Workgroup. The Workgroup will include representatives from the entire child welfare system, and is required to meet at least three times prior to the finalization of this transition plan. This will be the official forum for stakeholders to provide input directly to DCFS and HFS directors and other leaders. Recommendations from the workgroup will be reflected in the final version of this transition plan.  

Additionally, DCFS has established a feedback portal at [https://www2.illinois.gov/dcfs/brighterfutures/Pages/YICHealthFBS.asp](https://www2.illinois.gov/dcfs/brighterfutures/Pages/YICHealthFBS.asp). |
| 7) a dispute resolution process, including the rights of enrollees and representatives of enrollees under the dispute process and timeframes for dispute resolution determinations and remedies; | IlliniCare is contractually required to have a procedure to accept and review enrollees’ grievances and appeals. An enrollee’s authorized representative can also submit an appeal on behalf of the enrollee. Those grievances and/or appeals can be submitted orally or in writing at any time. IlliniCare must meet different timeframes for resolution based on whether a grievance or appeal was submitted. IlliniCare provides information for their members regarding what grievances and appeals are, how to file a grievance or appeal, and what those timeframes are. IlliniCare’s current HealthChoice Illinois member handbook has that information and can be found at this link: [https://www.illinicare.com/members/medicaid/resources/handbooks-forms.html](https://www.illinicare.com/members/medicaid/resources/handbooks-forms.html) |
Additionally, DCFS will utilize its Advocacy Office to respond to complaints, concerns, inquiries and suggestions about managed care. The Advocacy Office will provide connections to appropriate DCFS staff and suggestions to executive staff for improvements and changes for managed care.

The Advocacy Office toll-free number is 800-232-3798

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<th>8</th>
<th>the process for health care transition for youth exiting the Department’s care through emancipations or achieving permanency; and</th>
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<td>9</td>
<td>protections to ensure the continued provision of health care service if a child’s residence or legal guardian changes.</td>
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Children that become former youth in care (reunification, adoption, subsidized guardianship, or cases where Juvenile Court closed the case and the child is no longer under the legal custody of DCFS) will be mailed a new enrollment packet with education included on all health plans available to them. The materials will explain their 30-day timeframe to choose a health plan, along with the 90-day option to change health plans after enrollment. IlliniCare care coordinators will also 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.

Communication and data sharing among DCFS, HFS and IlliniCare will be key to ensuring placement changes do not unduly disrupt a child’s care.

Data solution: HFS, DCFS and IlliniCare are establishing a data file to ensure Contractor is aware of placement, caregiver and other related changes. This information will allow Contractor to contact enrollee and/or caregiver to ensure a child is able to transition to new providers.

Client service solution: Youth and/or caregivers will continue to have access to IlliniCare’s toll-free 24-hour phone lines, which will be printed on IlliniCare insurance cards. Once IlliniCare receives updated caregiver information, its care coordinators can communicate health information with them and help identify health services for youth.

Training solution: DCFS will educate caseworkers to ensure updated caregiver information is entered promptly in the DCFS case management system. Caseworkers will also be trained to ensure new caregivers are in receipt of or have easy access to:

- a) Youth’s insurance card, which includes IlliniCare contact information
- b) IlliniCare’s toll-free number(s), which will connect youth/caregiver to IlliniCare care coordinators and/or nurse advise line
- c) Provider directory.