Agenda

IlliniCare Overview

YouthCare Model

Care Coordination

Transition to YouthCare
  • 11/1/19 Soft Launch
  • 2/1/20 Go-Live

10/15/19
IlliniCare Health Overview
We are local and committed to serving Illinois

Established in 2011

Operates State-wide participating in all Medicaid Managed Care products in Illinois

942 employees servicing 351,582 members*

*Includes HealthChoice Illinois, MMAI

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<tr>
<td>Members</td>
<td>16,000</td>
<td>22,000</td>
<td>88,000</td>
<td>200,000</td>
<td>205,000</td>
<td>210,000</td>
<td>240,000</td>
<td>351,582</td>
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5 Office Locations

**BURR RIDGE**
1333 BURR Ridge Parkway
Burr Ridge, IL 60527

**CHICAGO**
77 W. Wacker Drive
Suite 1500
Chicago, IL 60601

**NAPERVILLE**
1255 Bond Street
Suite 121
Naperville, IL 60563

**ROCKFORD**
345 Executive Parkway
Suite M3
Rockford, IL 61107

**CARBONDALE**
1175 E. Main Street
Carbondale, IL 62901

10/15/19
We have rich expertise in providing healthcare

WHO WE ARE
IlliniCare Health provides:

Medical  Behavioral Health  Pharmacy  Dental  Vision

Our parent company, Centene Corporation, has 30+ years of experience

IlliniCare Health employees are local and have market knowledge

• Our Integrated Care Teams understand the communities we serve and the resources available within those communities
Our mission and role for YouthCare is:

IlliniCare Health’s approach to YouthCare focuses on **improving the overall health outcomes** for children and youth who are, or have been, in the foster care system.
<table>
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<th>HFS: Medicaid</th>
<th>DCFS: Child Welfare</th>
<th>IlliniCare Health: Partner</th>
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<td>The contracting entity</td>
<td>The legal guardian / the parent for youth in out of home care</td>
<td>The MCO delivering YouthCare</td>
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<td>Expectations:</td>
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<tr>
<td>o Improved health care and quality outcomes</td>
<td>o Improved access integrated health and behavioral health</td>
<td>o Partner with HFS and DCFS to improve outcomes, support permanency and expand quality providers and access to care</td>
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<td>o Improved coordination of services</td>
<td>o Integration, innovation and collaboration with system of care</td>
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<td>o Increased number and quality of providers across the state</td>
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Our Goal

• To help adapt the Medicaid world to the Child Welfare System

• We serve as the healthcare partner, allowing the child welfare system to focus on other needs

• We become part of the team
YouthCare Model
YouthCare Model
Four Pillars

- Care Coordination
- Training
- Community Partnerships
- Psychotropic Medication Oversight

- HFS
- DCFS
- UIC
- Foster Parents
- Community Stakeholders
- Dental, Hearing & Vision
- Behavioral Health Providers
- Physical Health Providers
- HealthWorks Providers
- HealthWorks Lead Agencies

10/15/19
We are aligning YouthCare staff by region

Regional Layout

8 DCFS Liaisons:
- 2 per Region
- Qualifications: 100% with IL child welfare system experience and either Social Work or Community Relations experience
  - Local approach – DCFS Liaisons within DCFS offices working in collaboration with caseworkers to troubleshoot issues
  - Serve as entry points for inquiries and questions

Trainers:
- Southern & Central: 1
- Northern & Cook: 1
- Floaters: 2
- National: 4
  - Clinical provider trainers available to educate on 200 different evidence based curriculums
  - Help support understanding of trauma, abuse, neglect, brain development, developmental ages, difference between mental health issue and behavioral issue, ADHD and trauma, etc.
ICH YouthCare Rapid Response Team

New dedicated department developed specifically for YouthCare to centralize coordination and response to inquiries, questions and complaints

**Internal Rapid Response Team**
- Inquiry Coordinator (1)
- Stakeholder Advocates (2)
- Provider Network Coordinators (2)
- Claims Specialist (1)
- PDM (1)
- Grievance & Appeals (2)
- DCFS Liaison Supervisor (1)

**External Rapid Response Team**
- DCFS Liaisons (8)
- Community Trainers (2)
- Provider Relations (4)
IlliniCare YouthCare
Care Coordination Program
Care Coordination Topics

- Definition of Care Coordination
- Staffing for IlliniCare Youth Care Program
- Pre-Stratification of members prior to “Go-Live”
- Outreach Approach at “Go-Live”
- Ongoing Care Coordination
Care Coordination defined…

A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health needs through communication and available resources to promote quality, cost-effective outcomes.
Health Risk Screenings

- A DCFS specific HRS has been developed for this program
- The HRS will be completed upon a child coming into YouthCare
- The HRS is scored, and will trigger additional assessments as applicable
- Children and Youth will be stratified as low, medium, high and complex
YouthCare Staffing Model

Youth stratified as **High / Complex** will be managed by **Health Service Managers**; these staff are licensed Behavioral Health clinicians and Registered Nurses.

**Mixed Caseload 1:55** youth with **High** and **Complex** needs

**Contractual Outreach:** Every 30 days for **High** and every 14 days for **Complex**

**Face to Face Requirements** as needed for both populations

10/15/19
Youth stratified as **moderate** will be managed by **Health Service Specialist**; these staff are trained professional and have experience in the medical and/or behavioral field. They serve as the “Social Workers” on the Integrated Care Team and have a degree in the Human Services (or related field)

They have a caseload of 150 youth with moderate needs

**Contractual Outreach: Every 90 days**
Youth stratified as low will be managed by Health Care Coordinators; these staff have experience in the medical field, customer service, and/or behavioral health.

Caseload of 600 youth with low needs

Contractual Outreach: Every 180 days
YouthCare Clinical Team

- Medical Director (Pediatrician)
- Medical Director (Psychiatrist)
- Clinical Director (LCPC/LCSW/RN)
- Clinical Manager(s) (LCPC, LCSW, RN)
- Utilization Manager (RN)
- Clinical Supervisor(s) (LCSW, LCPC, RN)
- Integrated Care Team (HSM, HSS, HCC)
- Health Engagement Coordinators
- Transitions of Care Specialist
- Utilization Management (Utilization Managers (RN, LCPC/LCSW), Prior Authorization and Concurrent Review Nurses (RN), Referral Specialist and Utilization Review Coordinators
Information that Feeds Care Coordination Stratification

- Caregivers
- Integrated Assessment
- Claims Data
- IM-CANS
- HealthWorks
- Health Risk Screening
- DCFS Caseworker
- Stratification
Outreach Approach

Demographic information for youth received by IlliniCare at “Go-Live”

Clinical Medical Management Leadership will assign youth for outreach to all Care Coordination team

Care Coordinators will review TruCare for claims information, and any clinical information that may have been provided prior to outreach

The Case Lead will outreach to authorized representatives, HealthWorks, POS Agencies, etc. to gather additional information

Upon completion of a Health Risk Screening, the youth will be stratified and assigned a case Lead

Care Coordinators will outreach to authorized representatives to complete the Health Risk Screening

Assigned Case Lead will ensure all needed services are in place for the youth by working with the Care Giver, DCFS Case Worker and any additional resources as needed

Based on the youths stratification, an Individualized Plan of Care (IPoC) will be created and shared with the appropriate parties

Ongoing outreach will be based on the members needs- but no less than contractually stated

10/15/19
Ongoing Care Coordination

Once the youth is enrolled in Care Coordination, they will receive a Welcome to Care Coordination Letter with information on how to outreach the Care Coordination Department.

Ongoing telephonic outreach and face-to-face visits (based on role and needs) will continue to ensure the youths’ needs are met. Families are always able to connect with the Case Owner by calling into the Health Plan.

Ongoing Assessment of needs, individualized plans of care, advocacy, collaboration, and training to ensure we, as a health plan, are meeting the needs of the members.

10/15/19
Timeline

November 1, 2019 – Soft Launch
  • Begin care coordination
    o 17K Youth in Out of Home Care
  • Continue community meetings statewide
  • Continue contracting providers

February 1, 2020
  • Begin care coordination
    o 18+ Former Youth in Care
  • Begin 6-month Continuity of Care
  • Continue contracting providers