

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

**Prepared by
Department of Children & Family Services
Department of Healthcare & Family Services**

September 20, 2019

***UPDATED INTERIM PLAN
For review by Child Welfare Medicaid Managed Care
Implementation Advisory Workgroup***

Pursuant to Public Act 100-0646, passed by the 100th General Assembly, the Department of Children & Family Services (DCFS) and the Department of Healthcare & Family Services (HFS) 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 (IlliniCare) for DCFS youth managed care was originally signed on November 2, 2018, and is currently being updated. The actions described below should be considered tentative and subject to change based on other factors impacting the implementation of managed care. The Departments have updated this interim plan as an effort to promote transparency and accountability in the implementation of managed care for DCFS Youth in Care.

Per Public Act 100-0646, the transition plan shall address, but is not limited to, the following initiatives, listed on the left with the Departments' actions described on the right:

Initiative	Action
<p>1) an assessment of existing network adequacy, plans to address gaps in network, and ongoing network evaluation;</p>	<p>IlliniCare is the Medicaid Managed Care Organization (MCO) that will coordinate the physical and behavioral health of DCFS Youth, including Youth in Care and Former Youth in Care. This initiative is called <i>HealthChoice Illinois YouthCare</i>.</p> <p>IlliniCare must ensure they have adequate physical, professional and provider network capacity to provide Medicaid covered services for all enrollees. IlliniCare Health Plan’s Medicaid network has already been assessed by the Health Services Advisory Group (HSAG), HFS’ External Quality Review Organization and was found to be adequate for their existing Medicaid enrollees.</p> <p>In August 2019, a Readiness Review for the new YouthCare program was conducted that assessed the network development strategy and process for the DCFS Youth specific network and involved the following activities:</p> <ol style="list-style-type: none"> 1) Receipt of a list of providers that have billed Medicaid for DCFS Youth in Care and Former Youth in Care during FY 2017 and 2018. <ul style="list-style-type: none"> • IlliniCare reviewed this list of approximately 20,000 line items, assessed who was already in network and developed a strategy to address those not in network. • Approx 1,700 providers required outreach and recruitment • At this time, 100% of the providers who had Medicaid claims for DCFS Youth in FY17 and FY18 have been contacted by IlliniCare. Discussions are underway to finalize provider contracts with these providers. 2) Requesting input from DCFS Purchase of Service (POS) agencies regarding providers that they are currently using who might not yet be identified by Illinicare. <ul style="list-style-type: none"> • IlliniCare will contact the provider directly. <p>Any interested provider should contact IlliniCare at ILContracting@centene.com.</p> <p>IlliniCare’s current HealthChoice Illinois Medicaid network is available for review through an online search function found at this link: https://www.illinicare.com/members/medicaid/find-a-provider.html. All YouthCare providers will be listed on the IlliniCare website by November 1, 2019. Network review will be ongoing.</p> <p>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 by which they must remedy such gaps or penalties may be assessed by HFS.</p>

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<p>2) a framework for preparing and training organizations, caregivers, frontline staff, and managed care organizations;</p>	<p>DCFS has developed a framework to inform and prepare all key stakeholders on the implementation of Medicaid Managed Care in Illinois. The framework relies on a systematic approach to help communicate, educate and promote Medicaid Managed Care to plan participants and stakeholders.</p> <p>As of December 1, 2018, when the Interim Transition Plan was published, the following three-part phased plan was included to ensure youth, families, caregivers and all other key stakeholders had the information they need.</p> <p>Phase One</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a) What’s happening and when b) What you need to know c) Who’s affected, benefit, enrollment, care coordination, transition, logistics d) Important calendar dates and action needed e) Frequently asked questions f) Process flows g) Where to get more information and/or additional resources h) Establish DCFS, HFS and IlliniCare as the trusted sources of information for implementation of Medicaid Managed Care i) Provide data links to DCFS, HFS, IlliniCare information j) Establish advocates in the child welfare community <p>Phase Two</p> <ol style="list-style-type: none"> 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

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	<p>Phase Three</p> <ol style="list-style-type: none"> 1. Encourage health plan engagement for older youth and former youth in care 2. Reinforce key messaging <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> a. Measure response b. Monitor effectiveness c. Evaluate d. Revise <p>As of September 20, 2019, when this Updated Transition Plan is being reviewed, the following activities have occurred or are being planned for preparing and training organizations and frontline staff:</p> <ul style="list-style-type: none"> • Town Hall meetings were held during 2018 in Rockford, Des Plaines, Peoria, Harvey, Belleville and Chicago. • Additional 14 Town Hall meetings are underway across the state, in partnership with Illinois Collaboration on Youth. • Presentations have been made to the Adoption Council and are scheduled for CBHA and the Statewide Foster Care Council in the next week. • A specific meeting is being scheduled for Residential Providers the week of the 23rd. • An email announcing YouthCare was sent to all DCFS providers. • Presentations and webinars are being organized for DCFS regional administrators and area administrators, who will then share information with DCFS supervisors and caseworkers. • Webinars are being organized for DCFS service providers. <p>IlliniCare is creating a unique internal structure for YouthCare. This program will have its own staff, with leadership reporting directly to the CEO. A local and regional approach has been employed in program development. Pods of staff members will work together as multidisciplinary teams in regions that are aligned with DCFS regions.</p> <p>The pods will include clinical and non-clinical staff, representing the key IlliniCare operations, in order to build local community relationships and to focus on local needs of Youth in Care. IlliniCare is currently in the process of staffing and training specialized staff for YouthCare:</p> <ul style="list-style-type: none"> • Eight (8) IlliniCare DCFS Liaisons are being hired to be placed at regional DCFS offices

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	<ul style="list-style-type: none"> • Over 100 IlliniCare care coordinators have been hired specifically for YouthCare • Staff for two new initiatives are being hired: “a2A” (“adolescent to Adult”), a program designed for youth transitioning from the system, and “Promoting Adoption Success”, a program to support adoptive families to help ensure permanency <p>Four weeks of training have been developed for all YouthCare staff, including three (3) weeks of classroom training and one (1) week of on-the-job “preceptor”/mentoring. 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.</p> <p>IlliniCare is not authorized to contact or directly work with Youth in Care and their parents or caregivers until November 1, 2019, when the Contract Addendum to the HFS Managed Care Contract takes effect.</p>
<p>3) the identification of administrative changes necessary for successful transition to managed care, and the timeframes to make changes;</p>	<p>DCFS is currently evaluating administrative processes that may need to be clarified as the transition to managed care is implemented. Identified so far are:</p> <ul style="list-style-type: none"> - The referral processes between caseworkers and IlliniCare for physical and behavioral health services, - Access to information for and from reports regarding Youth in Care’s physical health services, etc. - Amendment of Contracts - Modification of DCFS Procedures
<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 responsible for Youth in Care, including placement, permanency planning and educational activities. DCFS will continue to contract with and pay for services performed by placement and service providers. IlliniCare will be responsible for coordinating the overall physical, behavioral, dental and vision needs of Youth in Care. IlliniCare’s care coordinators will work closely with DCFS caseworkers, HealthWorks lead agencies and Purchase of Service (POS) agencies across the state.</p> <p>The Contract and Contract 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 Youth in Care.</p>

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	<p>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.</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 improvement;</p>	<p>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 HFS has established to ensure federal and state requirements are being met. Additional quality outcomes specific to DCFS Youth are included in Attachment XI to the contract for IlliniCare:</p> <p>“1.2 Additional Outcomes for DCFS Youth in Care” 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 contract and those attachments can be found at this link: https://www.illinois.gov/hfs/SiteCollectionDocuments/2018MODELCONTRACTadministrationcopy.pdf</p>
<p>6) a process for stakeholder input into managed care planning and implementation;</p>	<p>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 includes 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.</p>

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	<p>Additionally, DCFS has established a feedback portal at https://www2.illinois.gov/dcfs/brighterfutures/Pages/YICHealthFBS.aspx</p>
<p>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;</p>	<p>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.</p> <p>IlliniCare is reviewing its current processes to identify modifications needed for this unique and high needs population. IlliniCare will work on the front end with the case worker to develop a plan of service, allowing for authorizations to occur at that time. Should a dispute occur, 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</p> <p>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.</p> <p>The Advocacy Office toll-free number is 800-232-3798.</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 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 Medicaid 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, if they so choose.</p>
<p>9) protections to ensure the continued provision of health care service if a child’s residence or legal guardian changes.</p>	<p>Communication and data sharing among DCFS, HFS and IlliniCare are key to ensuring placement changes do not unduly disrupt a child’s care. HFS, DCFS and IlliniCare have established a data file to ensure Contractor is aware of placement, caregiver and other related changes to allow Contractor to contact enrollee and/or caregiver to ensure a child is able to transition to new providers if necessary.</p>

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	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> 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.

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