October 11, 2022

In accordance with Senate Bill 1851, 20 ILCS 505/5.45, the Illinois Department of Children and Family Services (DCFS) submits an annual report to the House and Senate Human Services Committees on measures of access to and the quality of healthcare services for youth in care enrolled in Medicaid managed care plans. For purposes of this report, youth in care refers to youth who are currently under the legal custody or guardianship of DCFS. The transition of youth in care to a Medicaid Managed Care Organization (MCO) occurred on September 1, 2020.

DCFS is required to report annually on the following measures:

(A) **Children enrolled in Medicaid managed care plans have continuity of care across placement types, geographic regions, and specialty service needs.**

The YouthCare Healthplan has been ensuring quality health care for Illinois youth in care and former youth in care since September 2020. Since that time, the network has been significantly expanded. YouthCare is continually focused on recruiting quality, capable, and committed providers across all specialties to ensure that they meet the unique health challenges of different youth populations, including Autism providers, trauma informed providers and those that specialize in the LGBTQ+ community. In the event YouthCare is unable to service a young person's needs with network providers, they will locate a provider who can and execute a single case agreement with that provider.

(B) **Each child is receiving the early periodic screening, diagnosis, and treatment services (EPSDT) as required by federal law, including but not limited to, regular preventative care and timely specialty care.**

Federal law requires that children and young adults under the age of 21 who are enrolled in Medicaid receive a comprehensive array of healthcare services under EPSDT. This includes regular physical, dental, vision, hearing, and other necessary health screenings.

Youth in care are required to receive an initial health screening within 24 hours of DCFS assuming legal custody of the child and before placement. A comprehensive health evaluation (CHE) that meets EPSDT requirements is required within 21 days of the date on which DCFS was given legal custody of the youth in care. Youth in care receive regular physical, dental, vision, and hearing exams pursuant to DCFS rules. These requirements continue under managed care, with the addition of care coordination to enhance the communication among healthcare providers.

When screenings, exams, and diagnostic services identify the need for treatment, YouthCare health care coordinators work with caregivers and child welfare caseworkers to arrange

treatment through primary or specialty care providers. YouthCare has continued to expand its network of providers in order to ensure that a full continuum of care is available to all youth in its plan.

YouthCare utilizes health assessments to collect and identify immediate and long-term needs of the members. These needs are then developed into a comprehensive care plan that addresses member goals and healthcare needs. Families have a personal care coordinator who helps manage the youth's overall healthcare, research providers, schedule appointments, and arrange transportation services. The YouthCare team ensures preventative and specialty care occurs by removing any barriers related to access to care.

(C) **Children are assigned to health homes.**

Integrated Health Homes (IHHs) have not yet been implemented for the Medicaid population in Illinois. It is anticipated that IHHs will be introduced in the future.

(D) **Each child has a health care oversight and coordination plan as required by federal law.**

Section 205 of the federal Fostering Connections to Success and Increasing Adoptions Act requires states to develop a plan for the ongoing oversight and coordination of healthcare services for youth in care.

The statute requires an overarching plan for how the state will identify and address the health needs, including behavioral health needs, of Youth in Care and provide for continuity of services. It does not mandate individualized plans for each youth. This requirement is intended to ensure that Youth in Care receive quality healthcare.

Further details are set forth in the Fiscal Year 2020 Healthcare Oversight and Coordination Plan.

(E) **Whether there exist complaints and grievances indicating gaps or barriers in service delivery.**

Since last update, YouthCare has continued to receive few complaints or grievances related to gaps or barriers in service delivery. In the entirety of 2021, YouthCare received 42 grievances and 27 appeals. Common grievance categories include provider office staff complaints, dissatisfaction with transportation services, or difficulty obtaining an appointment with a provider. Common appeals received include denial of Orthodontic Services and Pharmacy denials.

YouthCare tracks and performs barrier analysis for member grievances and appeals in order to identify trends by type, practitioner/facility, as well as to identify early indicators of educational

opportunities both internally and externally. This data, along with corrective action recommendations is reviewed by the YouthCare Quality Improvement Committee. All grievances and appeals are shared with DCFS and HFS and discussed, as necessary, during weekly Joint Resolution Team meetings.

(F) **The Workgroup and other stakeholders have and continued to be engaged in quality improvement initiatives.**

The Child Welfare Medicaid Managed Care Implementation Advisory Workgroup (Workgroup), established by PA100-0646 (SB1851), has been meeting regularly since September 2019. The Workgroup is comprised of DCFS, HFS, and YouthCare staff, as well as providers, parents, former youth in care, and experts in physical and behavioral health. The Workgroup and members of the public have provided ongoing input into the transition into managed care, and their feedback has been incorporated into implementation processes and communications about the transition.

Workgroup members will continue to provide input into processes until the Workgroup dissolves. Public comment will also be accepted and integrated into processes as permitted by law, and as appropriate until the Workgroup dissolves.

Since the launch of the program there have been a range of topics discussed from Mobile Crisis Response performance training and improvement, leadership changes within the department and YouthCare, Medi System updates, Surveys to improve processes, Service gaps discussions etc.

During the Workgroup's meetings, DCFS and HFS have discussed a more proactive approach to managing children who frequent hospital emergency departments and children who are hospitalized beyond medical necessity.

HFS will also ensure ongoing quality improvement through measurement of outcomes in the Healthcare and Quality of Life Performance Measures. Additional performance measures were created by HFS to be evaluated please see attached YouthCare Quality Performance Measures. HEDIS results will be available on 10/17/22 and will be discussed with the work group.

Failure to achieve the agreed upon outcomes may result in the development of a corrective action plan by YouthCare, as well as financial penalties assessed by HFS.