Sen. Heather A. Steans

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AMENDMENT TO SENATE BILL 2382

AMENDMENT NO. _____. Amend Senate Bill 2382 by replacing everything after the enacting clause with the following:

"Section 1. Findings; intent. According to the Congressional Research Service reporting, approximately 35% to 60% of children placed in foster care have at least one chronic or acute physical health condition that requires treatment, including growth failure, asthma, obesity, vision impairment, hearing loss, neurological problems, and complex chronic illnesses; as many as 50% to 75% show behavioral or social competency issues that may warrant mental health services; many of these physical and mental health care issues persist and, relative to their peers in the general population, children who leave foster care for adoption and those who age out of care continue to have greater health needs.

Federal child welfare policy requires states to develop strategies to address the health care needs of each child in

foster care and mandates coordination of state child welfare and Medicaid agencies to ensure that the health care needs of children in foster care are properly identified and treated.

The Department of Children and Family Services is responsible for ensuring safety, family permanence, and well-being for the children placed in its custody and protecting these children from further trauma by ensuring timely access to appropriate placements and services, especially those children with complex emotional and behavioral needs who are at much greater risk for not achieving the fundamental child welfare goals of safety, permanence, and well-being.

The Department remains under federal court oversight pursuant to the B.H. Consent Decree, in part, for failure to provide constitutionally sufficient services and placements for children with psychological, behavioral, or emotional challenges; the 2015 court-appointed Expert Panel found too many children in the class experience multiple disruptions of placement, services, and relationships; these children and their families endure indeterminate waits, month upon month, for services the child and family need, without a concrete plan or timeframe; these disruptions and delays and the inaction of Department officials exacerbate children's already serious and chronic mental health problems; the Department's approach to treatment and its system of practice has been one shaped by crises, practitioner preferences, tradition, and system

expediency.

The American Academy of Pediatrics cautions that the effects of managed care on children's access to services and actual health outcomes are not yet clear; it outlines design and implementation principles if managed care is to be implemented for children.

It is the intent of the General Assembly to ensure that children are provided a system of health care with full and inclusive access to physical and behavioral health services necessary for them to thrive.

The General Assembly finds it necessary to protect youth in care by requiring the Department to plan the use of managed care services transparently, collaboratively, and deliberately to ensure quality outcomes and accountable oversight.

Section 5. The Children and Family Services Act is amended by adding Section 5.45 as follows:

(20 ILCS 505/5.45 new)

Sec. 5.45. Managed care plan services.

(a) As used in this Section:

"Caregiver" means an individual or entity directly providing the day-to-day care of a child ensuring the child's safety and well-being.

"Child" or "youth" means a child placed in the care of the Department pursuant to the Juvenile Court Act of 1987.

"Department" means the Department of Children and Family Services, or any successor State agency.

"Director" means the Director of Children and Family Services.

"Managed care organization" has the meaning ascribed to that term in Section 5-30.1 of the Illinois Public Aid Code.

"Medicaid managed care plan" means a health care plan operated by a managed care organization under the Medical Assistance Program established in Article V of the Illinois Public Aid Code.

(b) Every child who is in the care of the Department pursuant to the Juvenile Court Act of 1987 shall receive the necessary services required by this Act and the Juvenile Court Act of 1987, including any child enrolled in a Medicaid managed care plan. The Department shall adopt rules as set forth in this subsection (e) before the Department is permitted to utilize Medicaid managed care services for children.

(c) The Department shall not relinquish its authority or diminish its responsibility to determine, provide, or authorize necessary services that are in the best interest of a child even if those services are directly or indirectly:

(1) provided by a managed care organization, another State agency, or other third parties;

(2) coordinated through a managed care organization, another State agency, or other third parties; or

(3) paid for by a managed care organization, another

State agency, or other third parties.

(d) The Department shall:

(1) implement and enforce measures to prevent enrollment in Medicaid managed care plans from disrupting service delivery or hindering continuity of treatment for any child;

(2) establish a single point of contact at the Department for health care coverage inquiries and dispute resolution systemwide without transferring this responsibility to a third party such as a managed care coordinator;

(3) prohibit mandatory participation in Medicaid managed care plans for any child; and

(4) develop managed care contract measures, quality assurance activities, and performance delivery evaluations with input from health care providers, caregivers of youth in care, State agency personnel, representatives of youth in care, managed care organizations, child welfare providers and related trade associations, parents of children in out-of-home care, academic institutions, pediatric experts, court stakeholders, and other child advocates; and

(5) post on its website:

(A) a link to any rule adopted in accordance to subsection (e) of this Section;

(B) each managed care organization's contract,

enrollee handbook, and directory; and

(C) the State's current Health Care Oversight and Coordination Plan developed in accordance with federal requirements.

(e) The Department shall adopt rules regarding the provision of health care services to children enrolled in Medicaid managed care plans. The proposed rules shall address, but not be limited to, the following:

(1) an assessment of existing network adequacy, plans to address gaps in network before transition to managed care, and ongoing network evaluation;

(2) preparation and training of organizations, caregivers, frontline staff, and managed care organizations;

(3) the identification of administrative changes necessary for successful transition to managed care, and the timeframes to make changes;

(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;

(5) data used to establish baseline performance and quality of care, which shall be used to evaluate outcomes and identify ongoing areas for improvement;

(6) a process and timeline for stakeholder input into managed care contract development;

(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;

(8) the relationship of the dispute resolution process described in paragraph (7) to the administrative review process under the Administrative Review Law;

(9) an initial enrollment process and enrollment process for those children entering or exiting the Department's care after the implementation of managed care;

(10) protections to ensure the continued provision of health care services if a child's residence or legal guardian changes;

(11) a method, as informed by pediatric experts, that the Department shall use to ensure an appropriate rate is utilized for Medicaid managed care plans to meet the specialized needs of children in the Department's care;

(12) the notification process and timeframes to inform managed care plan enrollees and enrollees' caregivers of any changes in health care coverage or a change in a child's managed care provider;

(13) defined pre-clearance requirements for prescriptions, goods, and services in emergency and non-emergency situations, if applicable;

(14) implementation of a robust, responsive

beneficiary support system that has the capacity to provide assistance in navigating the Medicaid managed care system to all current and prospective beneficiaries and their representatives, including, but not limited to:

(A) establishing a single point of contact systemwide;

(B) defining informational notice requirements;

(C) explanation of enrollment and disenrollment rights;

(D) education on grievance process and requirements for timely responses; and

(E) key beneficiary protections.

(f) Reports.

(1) On or before February 1, 2019, and on or before each February 1 thereafter, the Department shall submit a report to the House and Senate Human Services Committees, or to any successor committees, on measures of access to and the quality of health care services for children enrolled in Medicaid managed care plans, including, but not limited to, data showing whether:

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

(B) each child is receiving the early periodic screening, diagnosis, and treatment services as required by federal law, including, but not limited to,

regular preventative care and timely specialty care;

(C) children are assigned to health homes;

(D) each child has a health care oversight and coordination plan as required by federal law;

(E) there exists complaints and grievances indicating gaps or barriers in service delivery;

(F) stakeholders, including pediatric experts, have and continue to be engaged in quality improvement initiatives;

(G) there exists disenrollment trends and related reasons such as poor quality of care, lack of access to services covered by the managed care organization, lack of access to providers experienced in addressing enrollees' needs, limitations of in-network and out-of-network coverage, or any other factors.

The report shall be prepared in consultation with health care providers in the program, caregivers of youth in care, State agency personnel, personnel of the Department of Healthcare and Family Services, representatives of youth in care, managed care organizations, parents of children in out-of-home care, and other agencies, organizations, or individuals the Director deems appropriate in order to obtain comprehensive and objective information about the managed care plan operation.

(2) During each legislative session, the House and

Senate Human Services Committees shall hold a hearing to take public testimony about managed care implementation for children in the care of, adopted from, or placed in guardianship by the Department. The Department shall present testimony, including information provided in the report required under paragraph (1), compliance with adopted rules, and any recommendations for statutory changes to improve health care for children in the Department's care.

Section 99. Effective date. This Act takes effect upon becoming law.".