



Rep. Stephanie A. Kifowit

Filed: 3/4/2020

10100HB4880ham001

LRB101 17748 KTG 70657 a

1 AMENDMENT TO HOUSE BILL 4880

2 AMENDMENT NO. _____. Amend House Bill 4880 by replacing
3 everything after the enacting clause with the following:

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

6 (20 ILCS 505/5.45)

7 Sec. 5.45. Managed care plan services.

8 (a) As used in this Section:

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

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

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

16 "Director" means the Director of Children and Family

1 Services.

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

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

8 "Workgroup" means the Child Welfare Medicaid Managed Care
9 Implementation Advisory Workgroup.

10 (b) Every child who is in the care of the Department
11 pursuant to the Juvenile Court Act of 1987 shall receive the
12 necessary services required by this Act and the Juvenile Court
13 Act of 1987, including any child enrolled in a Medicaid managed
14 care plan.

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

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

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

23 (3) paid for by a managed care organization, another
24 State agency, or other third parties.

25 (d) The Department shall:

26 (1) implement and enforce measures to ensure that a

1 child's enrollment in Medicaid managed care supports
2 continuity of treatment and does not hinder service
3 delivery;

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

8 (3) not require any child to participate in Medicaid
9 managed care if the child would otherwise be exempt from
10 enrolling in a Medicaid managed care plan under any rule or
11 statute of this State; ~~and~~

12 (4) make recommendations regarding managed care
13 contract measures, quality assurance activities, and
14 performance delivery evaluations in consultation with the
15 Workgroup; ~~and~~

16 (5) post on its website:

17 (A) a link to any rule adopted or procedures
18 changed to address the provisions of this Section, if
19 applicable;

20 (B) each managed care organization's contract,
21 enrollee handbook, and directory;

22 (C) the notification process and timeframe
23 requirements used to inform managed care plan
24 enrollees, enrollees' caregivers, and enrollees' legal
25 representation of any changes in health care coverage
26 or change in a child's managed care provider;

1 (D) defined prior authorization requirements for
2 prescriptions, goods, and services in emergency and
3 non-emergency situations;

4 (E) the State's current Health Care Oversight and
5 Coordination Plan developed in accordance with federal
6 requirements; and

7 (F) the transition plan required under subsection
8 (f), including:

9 (i) the public comments submitted to the
10 Department, the Department of Healthcare and
11 Family Services, and the Workgroup for
12 consideration in development of the transition
13 plan;

14 (ii) a list and summary of recommendations of
15 the Workgroup that the Director or Director of
16 Healthcare and Family Services declined to adopt
17 or implement; and

18 (iii) the Department's attestation that the
19 transition plan will not impede the Department's
20 ability to timely identify the service needs of
21 youth in care and the timely and appropriate
22 provision of services to address those identified
23 needs; and -

24 (6) review and automatically appeal all claim denials
25 for youth in care and former youth in care who are enrolled
26 in or received services provided by a Medicaid managed care

1 plan. The Department shall cover all costs associated with
2 any appeal it files in accordance with this paragraph. The
3 Department shall cover all costs associated with any
4 medications or health care services provided to a youth in
5 care or a former youth in care during the appeal process if
6 the youth's claim is ultimately denied after appeal.

7 (e) The Child Welfare Medicaid Managed Care Implementation
8 Advisory Workgroup is established to advise the Department on
9 the transition and implementation of managed care for children.
10 The Director of Children and Family Services and the Director
11 of Healthcare and Family Services shall serve as
12 co-chairpersons of the Workgroup. The Directors shall jointly
13 appoint members to the Workgroup who are stakeholders from the
14 child welfare community, including:

15 (1) employees of the Department of Children and Family
16 Services who have responsibility in the areas of (i)
17 managed care services, (ii) performance monitoring and
18 oversight, (iii) placement operations, and (iv) budget
19 revenue maximization;

20 (2) employees of the Department of Healthcare and
21 Family Services who have responsibility in the areas of (i)
22 managed care contracting, (ii) performance monitoring and
23 oversight, (iii) children's behavioral health, and (iv)
24 budget revenue maximization;

25 (3) 2 representatives of youth in care;

26 (4) one representative of managed care organizations

1 serving youth in care;

2 (5) 4 representatives of child welfare providers;

3 (6) one representative of parents of children in
4 out-of-home care;

5 (7) one representative of universities or research
6 institutions;

7 (8) one representative of pediatric physicians;

8 (9) one representative of the juvenile court;

9 (10) one representative of caregivers of youth in care;

10 (11) one practitioner with expertise in child and
11 adolescent psychiatry;

12 (12) one representative of substance abuse and mental
13 health providers with expertise in serving children
14 involved in child welfare and their families;

15 (13) at least one member of the Medicaid Advisory
16 Committee;

17 (14) one representative of a statewide organization
18 representing hospitals;

19 (15) one representative of a statewide organization
20 representing child welfare providers;

21 (16) one representative of a statewide organization
22 representing substance abuse and mental health providers;
23 and

24 (17) other child advocates as deemed appropriate by the
25 Directors.

26 To the greatest extent possible, the co-chairpersons shall

1 appoint members who reflect the geographic diversity of the
2 State and include members who represent rural service areas.
3 Members shall serve 2-year terms or until the Workgroup
4 dissolves. If a vacancy occurs in the Workgroup membership, the
5 vacancy shall be filled in the same manner as the original
6 appointment for the remainder of the unexpired term. The
7 Workgroup shall hold meetings, as it deems appropriate, in the
8 northern, central, and southern regions of the State to solicit
9 public comments to develop its recommendations. To ensure the
10 Department of Children and Family Services and the Department
11 of Healthcare and Family Services are provided time to confer
12 and determine their use of pertinent Workgroup recommendations
13 in the transition plan required under subsection (f), the
14 co-chairpersons shall convene at least 3 meetings. The
15 Department of Children and Family Services and the Department
16 of Healthcare and Family Services shall provide administrative
17 support to the Workgroup. Workgroup members shall serve without
18 compensation. The Workgroup shall dissolve 5 years after the
19 Department of Children and Family Services' implementation of
20 managed care.

21 (f) Prior to transitioning any child to managed care, the
22 Department of Children and Family Services and the Department
23 of Healthcare and Family Services, in consultation with the
24 Workgroup, must develop and post publicly, a transition plan
25 for the provision of health care services to children enrolled
26 in Medicaid managed care plans. Interim transition plans must

1 be posted to the Department's website by July 15, 2018. The
2 transition plan shall be posted at least 28 days before the
3 Department's implementation of managed care. The transition
4 plan shall address, but is not limited to, the following:

5 (1) an assessment of existing network adequacy, plans
6 to address gaps in network, and ongoing network evaluation;

7 (2) a framework for preparing and training
8 organizations, caregivers, frontline staff, and managed
9 care organizations;

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

13 (4) defined roles, responsibilities, and lines of
14 authority for care coordination, placement providers,
15 service providers, and each State agency involved in
16 management and oversight of managed care services;

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

20 (6) a process for stakeholder input into managed care
21 planning and implementation;

22 (7) a dispute resolution process, including the rights
23 of enrollees and representatives of enrollees under the
24 dispute process and timeframes for dispute resolution
25 determinations and remedies;

26 (8) the process for health care transition for youth

1 exiting the Department's care through emancipation or
2 achieving permanency; and

3 (9) protections to ensure the continued provision of
4 health care services if a child's residence or legal
5 guardian changes.

6 (g) Reports.

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

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

17 (B) each child is receiving the early periodic
18 screening, diagnosis, and treatment services as
19 required by federal law, including, but not limited to,
20 regular preventative care and timely specialty care;

21 (C) children are assigned to health homes;

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

24 (E) there exist complaints and grievances
25 indicating gaps or barriers in service delivery; and

26 (F) the Workgroup and other stakeholders have and

1 continue to be engaged in quality improvement
2 initiatives.

3 The report shall be prepared in consultation with the
4 Workgroup and other agencies, organizations, or
5 individuals the Director deems appropriate in order to
6 obtain comprehensive and objective information about the
7 managed care plan operation.

8 (2) During each legislative session, the House and
9 Senate Human Services Committees shall hold hearings to
10 take public testimony about managed care implementation
11 for children in the care of, adopted from, or placed in
12 guardianship by the Department. The Department shall
13 present testimony, including information provided in the
14 report required under paragraph (1), the Department's
15 compliance with the provisions of this Section, and any
16 recommendations for statutory changes to improve health
17 care for children in the Department's care.

18 (h) If any provision of this Section or its application to
19 any person or circumstance is held invalid, the invalidity of
20 that provision or application does not affect other provisions
21 or applications of this Section that can be given effect
22 without the invalid provision or application.

23 (Source: P.A. 100-646, eff. 7-27-18.)

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