

APPENDIX VI

MANAGED CARE PROGRAM REQUIREMENTS FOR DCFS YOUTH

1 DEFINITIONS

For the purposes of this Appendix VI, the following defined terms apply:

- 1.1 **Caseworker** means the DCFS representative of record who is responsible for a Youth in Care's case management and managing the court requirements for care. In DCFS practice, Caseworker may also be referred to as a "Permanency Worker."
- 1.2 **DCFS Guardian** means the DCFS Office of the Guardian. This office has all parental rights and authorities for any Child for whom DCFS takes legal custody.
- 1.3 **DCFS Managed Care Program** refers to the separate managed care contract to be issued to one MCO for the Youth in Care and Former Youth in Care populations.
- 1.4 **Enrollee** means 1) a Youth in Care and 2) any Former Youth in Care.
- 1.5 **Enrollee's Family** means the DCFS identified combination of an Enrollee's biological, foster, and adoptive family members, which will be dependent upon the permanency goals for the DCFS Youth in Care.
- 1.6 **Former Youth in Care** means any child under the age of twenty-one (21) who was previously a Youth in Care and has been adopted or awarded a guardianship. Referred to as "DCFS Youth" when referenced in combination with "Youth in Care".
- 1.7 **SACWIS** means DCFS's statewide automated child welfare information system.
- 1.8 **Youth in Care** means a child for whom DCFS has legal responsibility. Referred to as "DCFS Youth" when referenced in combination with "Former Youth in Care".

2 OVERVIEW

Contractor shall comply with the following additional requirements for any individual enrolled as a DCFS Youth. The Contractor shall recognize the Department of Children and Family Services and all representatives thereof as the legal guardian of Youths in Care. As such, representatives of the DCFS Office of the Guardian , the Caseworker of record, whether employed by DCFS or a private agency, or a DCFS-designated substitute retain and exercise all rights as legal guardian under rules and procedures established by state law and by DCFS. Any services that are prescribed by an Enrollee's Child and Family Team or that DCFS is required by any court order to perform are presumed to be prior authorized, regardless of inclusion in the Medicaid State Plan, any amendments thereof, or other waiver authorities. DCFS retains full financial responsibility for services that are court-ordered and are not otherwise covered under Medicaid. Contractor shall consult as needed with DCFS and

the Child and Family Team to ensure that all services are delivered in accordance with DCFS policies, procedures, and consent decrees.

3 ENROLLMENT AND CARE COORDINATION

- 3.1 Enrollment in the DCFS Managed Care Program is mandatory for all Youth in Care. While enrollment in managed care is mandatory for Former Youth in Care, thirty (30) days after the adoption or guardianship becomes official, the Enrollee or Enrollee's Family may opt to remain enrolled in the DCFS Managed Care Program or may select a new MCO under a non-DCFS Managed Care Program. Youth in Care who are successfully reunited with their families shall remain enrolled with the Contractor for minimum six (6) months after they return to home.
- 3.2 Contractor will provide Continuity of Care for any Enrollee entering or exiting the DCFS Managed Care Program and will ensure appropriate Transition of Care for Enrollees as they transition between Providers while in the DCFS Managed Care Program. At the time of Enrollment in the DCFS Managed Care Program, each Enrollee will be given the opportunity to keep their Primary Care Providers (including a PCP from the previous Healthworks program).
- 3.3 Care Coordinators and supervisors who are serving the DCFS Managed Care Program must have a Child Welfare Employee License (CWEL) and attend training for CWEL, Child Endangerment Risk Assessment Protocol, and any other training required by DCFS.

4 REQUIRED ACTIVITIES

The requirements of this Appendix apply in addition to all contractual requirements identified in the managed care Model Contract (Appendix 1 of this RFP), inclusive of all attachments. In addition to this, Contractor is required to conduct the activities outlined in this section.

- 4.1 Contractor will ensure every Enrollee receives an Integrated Assessment and an IM-CANS Assessment. DCFS may elect to perform the Integrated Assessment and an IM-CANS Assessment on each Enrollee entering its care.
- 4.2 The Effective Enrollment Date for an Enrollee in this program will be the date the Enrollee enters the DCFS system. DCFS will notify Contractor when this action occurs.
- 4.3 For any Youth in Care who has entered DCFS custody, the assigned Care Coordinator shall:
 - 4.3.1 Contact the Enrollee's Caseworker, the Enrollee, and the Enrollee's Family within twenty-four (24) hours after Contractor is notified of the enrollment;
 - 4.3.2 Coordinate with the Caseworker to ensure that the Enrollee receives an initial health screening, as defined by DCFS, not more than twenty-four (24) hours after the determination of temporary custody or sooner if a foster home or other living arrangement has been identified for the

Enrollee;

- 4.3.3 Conduct a face-to-face visit with the Enrollee's Caseworker, the Enrollee, and the Enrollee's Family within forty-eight (48) hours after Contractor is notified of the enrollment to initiate Care Coordination services; and
 - 4.3.4 Coordinate with the Caseworker to ensure that a Comprehensive Health Exam (CHE) is completed within twenty-one (21) days after the determination of temporary custody. The CHE must be a full EPSDT exam including, but not limited to, hearing and vision screening and full bloodwork.
- 4.4 For any Enrollee who is already in the custody of DCFS at the time of enrollment, the assigned Care Coordinator shall:
- 4.4.1 Review the referral documentation and any accompanying information, and initiate contact with the Enrollee's Caseworker within twenty-four hours (24) after enrollment;
 - 4.4.2 Initiate contact within forty-eight (48) hours with the Enrollee and the Enrollee's Family, and congregate care staff and other identified collaterals to arrange a face-to-face meeting;
 - 4.4.3 If the Care Coordinator is unable to make contact with the Enrollee or the Enrollee's Family within forty-eight (48) hours, the Care Coordinator will engage the Care Coordinator's supervisor and the Caseworker to determine additional engagement strategies; and
 - 4.4.4 Ensure that all physical health exams required by DCFS have been completed.
- 4.5 While the Care Coordinator is responsible for the facilitation of the Child and Family Team, the Caseworker must be present for all Child and Family Team meetings, or the Care Coordinator and Caseworker must make prior arrangements for the Caseworker's supervisor to attend. If either the Caseworker or his or her supervisor is not at the meeting, or if the child's authorized caregiver (e.g., Family member or guardian) is not at the meeting, any decisions made during the Child and Family Team meeting will not be implemented.
- 4.6 Contractor will ensure social service entities and education providers are engaged as required on the Child and Family Team for a Youth in Care.
- 4.7 Contractor shall act as the central point of coordination between Enrollees and community-based social service agencies; coordination activities will include assisting Enrollees in managing social services that have an impact on the health and well-being of Enrollees.
- 4.8 Contractor shall maintain regular, active communication with any Providers or other allied collateral individuals or entities (including probation officers, advocates, school personnel, and hospital or residential staff) involved with the Enrollee and their Family, regarding the Enrollee's physical and behavioral health services.
- 4.9 Contractor shall provide a copy of Child and Family Team meeting minutes to all members of the Enrollee's Child and Family Team within seven (7) calendar days following the Child and Family Team

meeting.

- 4.10 Care Coordinator will ensure that Enrollee or the Enrollee's Family has chosen a PCP who is part of the existing Provider Network.
- 4.11 Contractor shall communicate all safety concerns related to the Enrollee to the Enrollee's Caseworker, as applicable, or other appropriate State authorities, including the State Central Registry (e.g., Child Abuse Hotline) if any safety concerns arise.
- 4.12 Care Coordinators assigned to Enrollees shall participate in case staffing, as requested by DCFS, or its designee, including, but not limited to, Administrative Case Reviews (ACR), court hearings, and administrative hearings.
 - 4.12.1 Care Coordinators will submit report a report to the Caseworker in a format approved by DCFS, no later than the fifth (5th) day of each month, that clearly outlines the Child and Family Team activities related to securing placements and services.
 - 4.12.2 At the discretion of DCFS, Care Coordinators must be present at court hearings to support the Caseworker in responding to court questions or to testify, if called upon to do so.
 - 4.12.3 Care Coordinators shall provide written reports for case staffings, including an ACR, administrative hearing, and other meetings or events, upon request of DCFS.
- 4.13 When family preservation or reunification is the goal for the Enrollee, the Child and Family Team shall coordinate services for the Enrollee and to the Enrollee's Family, and the Care Coordinator shall exercise best efforts to provide coordination and Continuity of Care and services to the Enrollee, in a manner consistent with the case goal.
- 4.14 If the Child and Family Team determines that a placement move is in the best interest of the Enrollee, the assigned Care Coordinator and the Enrollee's Caseworker will work with any and all relevant DCFS internal processes to ensure that a placement is secured that is consistent with the Child and Family Team authorized level of care and in the most efficient manner possible.
 - 4.14.1 Should a placement be court-ordered, the Care Coordinator shall work with the Caseworker to assist in securing the placement within seventy-two (72) hours after notification of the court-ordered placement.
 - 4.14.2 The Caseworker, the Care Coordinator, and other DCFS staff will work collaboratively to secure a placement for the Youth in Care and will maintain daily contact via phone and email until a placement has been secured.
- 4.15 If the members of the Child and Family Team cannot agree upon the level of care or services to be authorized in the Individual Plan of Care (IPoC), the Child and Family Team will initiate the Non-Consensus Review process as set forth in the DCFS Non-Consensus Review procedures.
- 4.16 All documents and contacts required for Enrollee shall be completed within the required timelines and will be documented in each Enrollee's clinical record.

- 4.16.1 If a document or contact is not completed within the required timeline, the clinical record will include documentation of the reason for the missed deadline(s).
- 4.17 Contractor will cooperate with any specific Youth in Care program review when and as requested by DCFS.
- 4.18 With respect to Mobile Crisis Response as provided in Model Contract Attachment XXII, section 8, Contractor shall provide to designated DCFS clinical staff a designated telephone line, separate from that provided in Model Contract Attachment XXII, section 8(b), and other appropriate modes of contact with the crisis line and mobile response staff.
- 4.19 Contractor will conduct quarterly outreach, engagement, and educational contact with Court Appointed Special Advocates (CASA), guardian ad litem, judges, state attorneys, and other parties involved with Enrollee to address questions and concerns related to the Contractor's implementation of Care Coordination.
- 4.20 All psychotropic medications prescribed for the Enrollee must be reviewed and approved via the DCFS Psychotropic Consent Line. Care Coordinators will coordinate with the DCFS consent process to ensure that reviews and approvals are processed in a timely manner.
- 4.21 Contractor will gather all physical health information that is required in the DCFS Health Passport and will ensure that the Caseworker receives that information. Health Passport information must be submitted into the DCFS SACWIS system through electronic transmission, but it may additionally be submitted in hard copy. Contractor shall modify its electronic health record system to interface with SACWIS.
- 4.22 Specific data reports on the following items will be sent to DCFS, by population:
- 4.22.1 Percentage of Youth in Care with PCP (monthly)
 - 4.22.2 Percentage of Youth in Care with IHS in twenty-four (24) hours (monthly)
 - 4.22.3 Percentage of Youth in Care with CHE in twenty-one (21) days (monthly)
 - 4.22.4 Percentage of immunizations for Youth in Care at two (2) years of age, three (3) years of age, and thirteen (13) years of age (monthly)
 - 4.22.5 Percentage of annual EPSDT exams for Youth in Care from age two to twenty-one (2–21) year of age and under two (2) years of age to meet the AAP periodicity table (monthly)
 - 4.22.6 Percentage of annual dental exams for Youth in Care three to twenty-one (3–21) years of age (monthly)
 - 4.22.7 Percentage of foster parent satisfaction (monthly)
 - 4.22.8 All Department-requested IM-CANS metrics (monthly)
 - 4.22.9 Mobile Crisis Response caseload and outcomes reports (quarterly)

Additional reports may be added at the discretion of HFS or DCFS.