UNIVERSITY OF ILLINOIS CHICAGO

Division of Specialized Care for Children

Family Advisory Council

Closed Meeting

Aug. 6, 2026, 9 a.m.

Attendees

FAC Members: Ally Chenoweth, Jasmine Deida, Chelsie Hacker, Gail Koshgarian, Jaclyn Vasquez (Chairperson), Yesenia Aiken, Dena Chapman, Theresia Davis, Aurea Garvin, Marshae Young, Joyce Clay, Kelly Whistler, Margie Markevicius, Savannah Watts, Areli Flores, Byram Fager, and Esra Tasdelen

FAC Workgroup: Stephanie Leach, Haley Phelps, Adell Scott, and Erica Stearns (Chairperson)

DSCC Team Members: Ruann Barack, Jaleesha Allen, Amanda Simhauser, and Molly Hofmann

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Welcome and DSCC Updates

Erica Stearns, DSCC Home Care Family Outreach Associate and Co-Chair of the Family Advisory Council (FAC), welcomed FAC members and opened the meeting with general housekeeping and an overview of the agenda. Members were welcomed back and encouraged to participate throughout the closed meeting. Erica then provided DSCC updates and shared information and resources with FAC members. She emphasized the importance of connecting families with helpful resources, information, and peer support, particularly in areas

where specialized services may be limited. Erica also highlighted the value of building family knowledge, strengthening connections, and creating a sense of community among families navigating similar systems and experiences. Members were encouraged to review the resources and links shared throughout the meeting and to continue exchanging information that may benefit other families.

Member Updates "Getting Reacquainted"

Jaclyn Vasquez, Co-Chair of the Family Advisory Council, led FAC members in spending time to get reacquainted, sharing their locations, relationships with DSCC, and reasons for joining the FAC. Members also shared recent joys, wins, and milestones in their personal and family lives, as well as hobbies, interests, and experiences that have been meaningful to them. FAC members discussed their activities and involvement with other groups and organizations in their communities and identified opportunities to connect and share resources. A list of links to the groups, organizations, and resources discussed during the meeting is provided below.

Person-Centered Plans

Molly Hofmann, DSCC Director of Care Coordination, Systems Development, and Education, introduced the discussion on person-centered care plans, with ***Adell Scott***, Manager of Home Care Quality Improvement, assisting with facilitation and presentation materials. Molly explained that the closed FAC meeting provides an important opportunity for DSCC to hear directly from families with firsthand experience with DSCC programs and care coordination. Across the Core, Connect Care, Home Care, and Interim Relief programs, care coordination is intended to be person- and family-centered, strength-based, and focused on improving health outcomes, quality of life, and family satisfaction. Families are the primary partners in this process, along with medical providers, school teams, home nursing providers, community organizations, and others involved in the child's care.

Molly described the person-centered care plan as the written document that reflects the care coordination process, including the child's strengths and needs, family priorities, goals, and agreed-upon next steps. She explained the distinction between goals that are "important to" and "important for" the child and family. "Important to" goals may focus on routines, comfort, meaningful activities, family priorities, and quality of life, while "important for" goals may address health and safety, medical follow-up, equipment and accessibility needs, transition to adulthood, and future planning. Care coordinators may also help families identify additional needs while keeping the family's priorities at the center of the person-centered care plan.

Molly noted that DSCC must balance person- and family-centered practices with requirements from HFS, CMS, Medicaid managed care health plans, waiver programs, and other applicable requirements. Adell reviewed key expectations for person-centered care plans, emphasizing that personal goals should begin with what matters most to the child and family rather than simply completing a checklist. Person-centered care plans must be updated at least annually and when significant changes occur, such as hospitalizations, new diagnoses, school changes, moves, caregiver changes, or other circumstances that affect the child or family.

Adell explained that a comprehensive assessment helps care coordinators understand the child's strengths, needs, daily realities, and family circumstances. The person-centered care plan should reflect medical, social, financial, family, and daily living considerations, while also documenting when a family chooses not to focus on a particular area at that time. Health and safety risks should be addressed collaboratively with families. Goals identify what matters to the family, while action steps clarify who will do what and by when. Person-centered care plans may also include self-management activities, specialty follow-up, and prioritized goals to help families and care coordinators focus on the most immediate needs.

Adell shared that person-centered care plans are reviewed regularly, including during 30-day contacts, to monitor progress, identify changes, and keep the plan current and useful. Family

signatures reflect participation in and agreement with the plan, and families are encouraged to discuss anything that does not accurately reflect their priorities or understanding. Adell also highlighted DSCC's ongoing training for care coordinators on collaborative planning, plain language, realistic goals, progress tracking, risk discussions, and required processes. The overall goal is for the person-centered care plan to remain a meaningful and practical tool that supports children and families rather than simply another required form.

Discussion

Due to time constraints, the group was unable to complete the full FAC discussion originally planned for the person-centered care plan topic. Molly asked FAC members to review their child's current person-centered care plan and consider whether it accurately reflects their child's strengths, family priorities, current needs, caregivers, and daily reality. Members who do not have a current copy were encouraged to request one from their care coordinator. Families were asked to consider whether the person-centered care plan is currently useful, what would make it more helpful or meaningful, what additional information could be included, and what could make the overall care planning experience easier and more useful. Molly also encouraged members to share feedback as ideas arise rather than waiting until the next meeting. Feedback will help DSCC identify opportunities for improvement while also accounting for regulatory requirements, system capabilities, costs, and other operational considerations.

Erica encouraged members to pay closer attention to upcoming interactions with their care coordinators and consider how information gathered during those conversations contributes to the development and updating of the person-centered care plan. Members indicated interest in having additional time to discuss the topic. Erica will work with the FAC work group to determine whether to schedule an additional ad hoc meeting or continue the discussion at the November FAC meeting. A poll may be distributed to determine members' interest and availability for an additional meeting. Electronic forms or other digital options may also be

considered to provide members with additional ways to submit feedback. The presentation slides will be shared with FAC members for review.

Closing

Molly and Erica thanked FAC members for taking the time to participate and for sharing their perspectives and experiences throughout the meeting. They emphasized how much the DSCC team learns from FAC members and noted the value of hearing directly from families when evaluating and improving care coordination practices. Molly also recognized the connections members made with one another and the importance of families sharing resources and information that may benefit others.

Molly noted that the person-centered care plan discussion is an important example of how FAC feedback can help inform DSCC practices and support the continued delivery of services in ways that are responsive to families. Members were encouraged to review the resources and links shared in the meeting chat and to take time to review their person-centered care plans in preparation for future discussion. Appreciation was shared for Erica and Jaclyn for their FAC leadership and for Jaleesha Allen for assisting with meeting documentation and resources. The meeting concluded with plans to continue gathering FAC feedback regarding person-centered care plans.

The Next **OPEN** FAC meeting is scheduled for **Nov. 5, 2026**.