

# Member Handbook

FEBRUARY 1, 2020



Member Services: 844-289-2264

TTY: 711

# Welcome to HealthChoice YouthCare Illinois

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Welcome to HealthChoice Illinois YouthCare program. We are honored that Illinois Healthcare and Family Services (HFS) chose us to implement this specialized healthcare program for Department of Children and Family Services (DCFS) youth in out-of-home placement, as well as former foster youth. All of the information in this member handbook is meant for DCFS Youth in Care or Former Youth in Care who are referred to as “youth”, “member”, or “you” throughout this handbook. We are keenly aware of the myriad of individuals and organizations involved in a youth’s life while in foster care, as well as the needs of adoptive parents once the youth move to permanency. We also tailor programs to meet the needs of young adults aging out of DCFS on their own.

We are passionate, and we are committed to improving outcomes, reducing the burden on those serving these youth, and to overall assisting with the transition to permanency. We strongly believe foster care should be a temporary stay for youth until they return home or find a forever home. We also know that once the judge bangs the gavel, there are still issues to overcome.

We are happy to be the healthcare partner to the Illinois DCFS system of care to help overcome those issues.

As a YouthCare HealthChoice Illinois member, you have access to many services, resources and experienced staff.

Inside, you will find information about:

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- Covered services including: medical, dental, vision, and behavioral health

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  - Health Care Coordination and health education

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  - Promoting Adoption Success™

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  - Choosing your PCP and how to get care

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  - Adolescent to Adult (a2A)

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  - And much more!

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Please read everything in this handbook. Write down any questions you might have. You can call us at 844-289-2264 (TTY: 711) with your questions.

We look forward to partnering with you!



YouthCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English through qualified interpreters, and information written in other languages

If you need these services, contact YouthCare at 844-289-2264 (TTY: 711).

# Important Phone Numbers & Contacts

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Contact YouthCare through the following methods:

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<b>Member Services</b>	844-289-2264 (toll-free)
<b>TTY (Illinois Relay Services)</b>	711
<b>24/7 Nurse Advice Line</b>	844-289-2264
<b>Transportation</b>	844-289-2264
<b>Emergency</b>	911
<b>Website</b>	<a href="http://ILYouthCare.com">ILYouthCare.com</a>
<b>Mailing Address</b>	PO Box 92050 Elk Grove Village, IL 60009-2050

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YouthCare HealthChoice Illinois' business hours are 8:00 a.m.-6:00 p.m. (CST) Monday through Friday.

YouthCare HealthChoice Illinois plan is available in all Illinois counties.

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# Member Services

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Welcome to the YouthCare HealthChoice Illinois program. Our Member Services department is ready to help you get the most from YouthCare. Call 844-289-2264 (TTY: 711). Hours are from 8:00 a.m.-6:00 p.m. (CST) Monday through Friday.

YouthCare HealthChoice Illinois is designed as a partnership to the DCFS system—for youth currently in care, and youth who were previously in care. Our goal is to be your health care partner; and that means having expert resources to meet the needs of the youth and the caregiver. We are here to help you. You can contact us to find out the following information:

- Benefits
- How to receive healthcare services
- Authorizations needed for any healthcare services
- How to receive emergency services
- How to access post-stabilization services
- Rights and responsibilities as a YouthCare member
- How to submit a grievance and an appeal
- How to file a complaint
- Fair hearing procedures
- Our Certificate of Coverage, which explains that we are contracted by the State of Illinois
- Our contracted providers
- How to obtain information

Most of this information can be found in this handbook. YouthCare will notify you every year of your right to receive this basic information.

## 24/7 NURSE ADVICE LINE

We also have a toll-free 24/7 Nurse Advice Line. Everyone has questions about their healthcare. If you have a question, please call our 24/7 Nurse Advice Line at 844-289-2264 (TTY: 711). Callers will receive medical advice from registered nurses. The nurses can also confirm your eligibility for benefits. The line is open 24 hours a day, every day of the year.


# Member Identification (ID) Card

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You will receive a Member ID Card. You should always carry your card with you. It has important phone numbers. You will need to show it when you get services.

## Information on your Member ID Card:

- Member Name
- IL Medicaid ID #
- Plan Name
- Effective Date
- PCP Information (name & phone number)
- Pharmacy Information: RxPCN, RxBIN, RxGroup
- Member Services Phone Number (includes behavioral health, dental, vision, and transportation)
- 24/7 Nurse Advice Line
- YouthCare Mailing Address and Website
- Important Provider Phone Numbers
- Claim Submission Information (paper claims and payer ID #)

**YouthCare HealthChoice Illinois**


<b>Member Name:</b>	<b>RXBIN:</b> 020545
<b>Medicaid ID #:</b>	<b>RXPCN:</b> RXA383
<b>Effective Date:</b>	<b>RXGROUP:</b> RXGMCIL01
<b>PCP Name:</b>	
<b>PCP Number:</b>	

<p><b>MEMBERS</b>          Member Services, Behavioral Health, Dental, Transportation, 24/7 Nurse Advice Line:          844-289-2264          TTY: 711          ILYouthCare.com</p>	<p><b>Mailing Address</b>          YouthCare          HealthChoice Illinois          PO Box 92050          Elk Grove Village, IL 60009-2050</p>
<p><b>PROVIDERS</b>          24/7 Eligibility and Prior Auth Check:          844-289-2264          Envolve Pharmacy Solutions Help Desk:          800-678-6237</p>	<p><b>Paper Claims</b>          YouthCare          HealthChoice Illinois          Attn: Claims          PO Box 4020          Farmington, MO 63640-4402</p>
<p><b>Payer ID #:</b> 68069          Claim and EFT/ERA information on ILYouthCare.com</p>	

specializing in trauma informed interventions, community mental health centers, and other medical and behavioral health providers and facilities. We are interested in hearing from you, learning about the providers you use, and ensuring we get them into our network. Members do not need referrals to see specialists; however, we encourage you to work with your PCP to coordinate any care you may need.

You must use providers in the YouthCare network for all your healthcare needs. You must have our approval prior to using an out-of-network provider. *The only exceptions are for emergency medical care in the United States and for care at Indian Health Care Providers (IHCPS).*

## Open Enrollment

Former Youth in Care will be automatically enrolled in the YouthCare program. Their parents/legal guardians have up to 90 days after enrollment to change to another managed care organization. DCFS Youth in Care will be enrolled in this program by the DCFS Guardianship Administrator. The DCFS Guardianship Administrator has the authority to make changes in managed care plans for DCFS Youth in Care. Please call the Advocacy Office at 800-232-3798 or email [DCFS.HealthPlan@illinois.gov](mailto:DCFS.HealthPlan@illinois.gov).

## Provider Network

YouthCare partners with a wide range of providers, including primary care providers (PCPs), specialists, hospitals, psychiatrists, behavioral health clinicians, clinicians

## Primary Care Provider (PCP)

Your primary care provider (PCP) is your personal doctor who will give you most of your care. They may also send you to other providers if you need special care. With YouthCare you can pick your PCP. You can have one PCP for your whole family. Or you can choose other PCPs for each family member. *You may choose a specialist as a PCP if you have chronic health conditions, disabilities, or special healthcare needs and the specialist agrees to take on that role.*

If you are an American Indian/Alaskan Native member, you have the right to get services from an Indian Tribe, Tribal Organization, or Urban Indian Organization provider in and outside of the State of Illinois.

If you need help finding or changing your PCP, please contact Member Services at 844-289-2264 (TTY: 711). Hours are 8:00 a.m. - 6:00 p.m., Monday through Friday.



# How to Change PCPs

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You can change your PCP at any time. Please contact Member Services at 844-289-2264 (TTY: 711). Hours are 8:00 a.m.-6:00 p.m., Monday through Friday.

# Healthworks of Illinois (HWIL)

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HWIL began as a collaborative effort between the Illinois Department of Human Services (DHS) and the Illinois Department of Children and Family Services (DCFS). The primary purpose of HWIL is to assure that youth in DCFS care, from birth to age 21, receive comprehensive quality health care services. HealthWorks is carried out through local health departments, child welfare offices, community based agencies, hospitals, public and private clinics and private physicians.

The key features of the HealthWorks program are:

- An Initial Health Screening refers to the medical screening that is conducted within twenty-four (24) hours of DCFS temporary custody to identify health conditions that require prompt medical attention and to consider in making substitute care placement decisions.
- A Comprehensive Health Evaluation conducted within 21 days of custody, which includes an Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) examination and a vision, hearing, and dental screening, when appropriate. Mental health, developmental, and alcohol and substance abuse screenings performed, when appropriate. Referrals for specialized services made as needed.

HealthWorks of Illinois lead agencies assist YouthCare with the recruitment of primary care physicians and specialty care providers. Collaboratively, HealthWorks and YouthCare

serve as the front door for health care for youth entering the child welfare system.

# Women’s Health Care Provider (WHCP)

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As a woman with YouthCare coverage, you have the right to select a Women’s Health Care Provider (WHCP). A WHCP is a doctor licensed to practice medicine specializing in obstetrics, gynecology, or family medicine.

# Family Planning

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YouthCare has a network of Family Planning providers where you can get family planning services; however, you may choose to get family planning services and supplies from any out-of-network provider without a referral and it will be covered.

# Specialty Care

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A specialist is a doctor who cares for you for a certain health condition. An example of a specialist is a Pulmonologist (asthma) and Orthopedics (bones and joints). If your PCP thinks you need a specialist, he or she will work with you to choose one. Your PCP will arrange your specialty care. With the YouthCare HealthChoice Illinois program, you do not need a referral to see a specialist if they are an in-network provider.

# Scheduling Appointments

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It is very important that you keep all appointments you make for doctor visits, lab tests, or X-rays. Please call your PCP at

least one day ahead of time if you cannot keep an appointment or if you need assistance with transportation. If you need help in making an appointment, please contact Member Services at 844-289-2264 (TTY: 711). Hours are 8:00 a.m.-6:00 p.m., Monday through Friday.

## Urgent Care

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Urgent care is an issue that needs care right away but is not life threatening.

Some examples of urgent care are:

- Minor cuts and scrapes
- Colds
- Fever
- Earache

Call your PCP for urgent care or you can call YouthCare Member Services at 844-289-2264 (TTY: 711). Hours are 8:00 a.m.-6:00 p.m., Monday through Friday.

## Emergency Care

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An emergency medical condition is very serious. It could even be life threatening. You could have severe pain, injury, or illness.

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Difficulty in breathing
- Broken bones

What to do in case of an emergency:

- Go to the nearest Emergency Department; you can use any hospital or other setting to get emergency services
- Call 911
- Call an ambulance if no 911 service in area
- No referral is needed
- Prior authorization is not needed, but you should call us within 48 hours of your emergency care

## Post-Stabilization Care

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Post-Stabilization Services are needed services given to a youth after the youth is stabilized following an emergency medical condition, in order to make the youth better. For a list of providers or facilities providing post-stabilization care, call Member Services at 844-289-2264 (TTY: 711). Hours are 8 a.m. - 6 p.m., Monday through Friday.

## Covered Services

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All services must be medically necessary. Some services require prior authorization. Your provider will submit any needed prior authorizations. You do not need to contact us to request a prior authorization. Prior authorization is not required for approved waiver services for the following waiver recipients: persons with disability, elderly, supportive living facility, brain injury, and HIV/AIDS waiver members.

You do not need referrals to see specialists, however you may want to see your PCP first. Your PCP can help coordinate referrals to specialists, hospitals, and other providers.

You do not need a referral for behavioral health or substance use treatment.

If you need clinical advice, call our 24/7 Nurse Advice Line. It is staffed with your Health Services Manager or our Health Engagement Specialist team. After hours, our Nurse Advice Line will answer. Call 844-289-2264 (TTY: 711).

## Covered Medical Services

Here is a list of some of the medical services and benefits that YouthCare covers:

Abortion services
Advanced Practice Nurse services
Ambulatory Surgical Treatment Center services
Assistive/Augmentative communication devices
Audiology services
Blood, blood components, and the administration thereof
Chiropractic services for members under age twenty-one (21)
Dental services, including oral surgeons
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members under age twenty-one (21)
Family Planning services and supplies
Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs), and other clinic visits
Home health agency visits
Hospital ambulatory services
Hospital Emergency Department visits
Hospital inpatient services;
Inpatient and outpatient psychiatric facility services, including: psychiatric and substance use services

Laboratory and X-ray services
Medical supplies, equipment, prostheses, and orthoses
Nursing care
Nursing Facility services
Optical services and supplies
Optometrist services
Outpatient mental health and alcohol and substance use services, including: family, group, & individual therapy, and telepsychiatry
Palliative and Hospice services
Pharmacy services
Physical, Occupational, and Speech Therapy services
Physician services
Podiatric services
Post-Stabilization services
Renal Dialysis services
Respiratory equipment and supplies
Services to prevent illness and promote health
Substance use services
Transplants
Transportation to secure covered services

**Department of Rehabilitative Services (DRS), Persons with Disabilities, HIV/AIDS:**

- Adult Day Service
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home
- Home Health Aide
- Nursing, Intermittent
- Skilled Nursing (RN and LPN)
- Occupational Therapy

- Home Health Aide
- Physical Therapy
- Speech Therapy
- Homemaker
- Home Delivered Meals
- Personal Assistant
- Personal Emergency Response System (PERS)
- Respite
- Specialized Medical Equipment and Supplies

**Department of Rehabilitative Services (DRS),  
Persons with Brain Injury:**

- Adult Day Service
- Adult Day Service Transportation
- Environmental Accessibility Adaptations-Home
- Supported Employment
- Home Health Aide
- Nursing, Intermittent
- Skilled Nursing (RN and LPN)
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Prevocational Services
- Habilitation-Day
- Homemaker
- Home Delivered Meals
- Personal Assistant
- Personal Emergency Response System (PERS)
- Respite
- Specialized Medical Equipment and Supplies
- Behavioral Services (M.A. and PH.D.)

**HealthCare and Family Services (HFS),  
Supportive Living Facility:**

- Assisted Living

## Limited Covered Services

- YouthCare may cover sterilization services only as allowed by State and federal law.
- If YouthCare covers a hysterectomy, YouthCare shall complete HFS Form 1977 and file the completed form in the member's medical record.

## Non-Covered Services

Here is a list of some of the medical services and benefits that YouthCare does not cover:

- Services that are experimental or investigational in nature
- Services that are provided by an out-of-network provider and not authorized by YouthCare
- Services that are provided without a required referral or required prior authorization
- Elective cosmetic surgery
- Infertility care
- Any service that is not medically necessary
- Services provided through local education agencies

For additional information on services, please contact Member Services at 844-289-2264 (TTY: 711). Hours are 8:00 a.m. – 6:00 p.m., Monday through Friday.

## Dental Services

- Dental services provided in school dental programs
- Periodic oral evaluation (1 per 6 months)
- Fluoride treatments (1 per 6 months)
- Oral surgeons
- Dental cleanings (1 per 6 months)
- Restorations

- Complete dentures
- Extractions
- Sedation
- Practice visits

Orthodontics - Members must have a score of at least 28 on the HFS Handicapping Labio-Lingual Deviation Index (HLD) Score Sheet.

All members are covered for emergency dental services.

All dental services must be medically necessary. Prior authorization may be required for dental services. You must go to an in-network dentist. To find a dentist call Member Services at 844-289-2264 (TTY: 711).

## Vision Services

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You/your child can get an eye exam once a year (more if you/your child’s eyesight changes a lot). You can also get your/your child’s glasses replaced as often as you need to if they lose them or break them. Call member services or your care coordinator if you have one.

You/your child do not need a referral from your/your child’s doctor to see the eye doctor for routine eye care. Some eye doctors can also treat you/your child for eye diseases that do not need surgery. You can get these eye care services from Envolve Vision Services. To pick an eye doctor, call YouthCare at 844-289-2264 (TTY: 711). You must use an in network provider.

Choose from our standard selection of frames, or opt-out and use a \$100 allowance toward the retail value of frames. If the value of the frames for this opt-out election is above \$100, members are responsible for the difference in price out of pocket. Members can choose either glasses or contacts.

- **Lenses:** If certain prescription requirements are met, single, bifocal, trifocal and lenticular

lenses are covered in full. Additionally, polycarbonate lenses are covered in full.

- **Contact Lenses:** The fitting fee is fully covered and members are entitled to use an \$80 retail value allowance toward the price of the contact lenses. If the value of the lenses for this opt-out election is above \$80, members are responsible for the difference in price out of pocket. *Members can choose either glasses or contacts.*

- **Replacement Glasses:** Eyeglasses may be replaced as needed, without pre-authorization.

Additionally, coverage is provided for services obtained through vendors used by Chicago Public Schools (CPS) to manufacture eyeglasses for youth enrolled in CPS.

## Pharmacy Services

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Effective January 1, 2020, YouthCare will use a Preferred Drug List (PDL), designed in partnership with the Illinois Department of Healthcare and Family Services (HFS). A PDL is a list of the drugs that we prefer you use.

If you need a medication that does not appear on the PDL, your provider may ask for a review. Please call Member Services at 844-289-2264 (TTY: 711).

You must pick up your drugs at one of our 1,500 pharmacies. Prescriptions from out-of-state pharmacies may not be covered. To find an in-network pharmacy, call Member Services at 844-289-2264 (TTY: 711).

YouthCare provides another option for you to receive your medication. This is our maintenance medication program. You can get a 90 day supply (three month supply) of the drugs you take every day at most in-network pharmacies, or delivered directly to you. Please call Member Services at 844-289-2264 (TTY: 711) to find out more, or to sign up for drug delivery.

# Psychotropic Medication Consent

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The Illinois Department of Children and Family Services (DCFS) is responsible for providing consent for psychiatric care for youth in its custody. Written consent from the DCFS Guardian must be obtained prior to prescribing a psychotropic medication to a youth.

The list of psychotropic medications that require DCFS consent will be defined and updated by the DCFS Centralized Psychotropic Medication Consent Program.

# Transportation Services

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If you need transportation to or from an appointment, please call us at least two (2) business days in advance and we will schedule transportation for you. You can bring a guest if needed. Call YouthCare at 844-289-2264 (TTY: 711).

YouthCare will provide transportation including:

- Public Transportation
- Door-to-door service upon request
- Americans with Disabilities Act (ADA) paratransit
- Caregiver reimbursement of personal mileage
  - > If your caregiver takes you to the doctor, they could qualify to receive reimbursement. Your caregiver needs to call Member Services at least 2 business days ahead of time to request a trip log, trip number, and obtain required forms.
  - > Youth who are at least 12 years of age can travel alone pending the completion of a parental waiver
  - > Youth under the age of 12 years old must be accompanied by an adult at least 18 years of age or older

We will select the best transportation method for your needs. This will be based on the distance from your home to the provider's office, accessibility needs, and cost effectiveness. We will ask you a series of questions to determine the best transportation option for you. These questions include:

- Do you own and drive a working car?
- Do you have a friend or family member who is able to transport you?
- Are you able to take public transportation?
- Are you able to walk from your door to the vehicle with little or no assistance?
- Do you use any devices, such as a walker, cane, wheelchair, etc.?
- Are you able to step into the vehicle, or do you require a lift?
- Do you normally travel alone, or do you require an attendant?

# Added Benefits

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**Free Gym Membership** when a youth, 16 years or older, completes a health risk screening, annual wellness visit, and BMI measurement.

**Free After School Care** when you complete a health risk screening and annual well-child visit.

**Free School Uniforms** when you complete a health risk screening, annual well-child visit, have up to date vaccinations, and complete a BMI measurement.

**MY HEALTH PAYS™**  
My Health Pays™ is YouthCare's program that rewards you for completing healthy behaviors. You will receive a My Health Pays™ card with reward dollars pre-loaded when you complete your first healthy behavior. New rewards will be added to your card once you complete more healthy behaviors. For more information call Member Services at 844-289-2264 (TTY: 711).



You can earn reward dollars when each of the following occurs:

- \$10 when you complete the Health Risk Screening (paper, online, or via the phone)
- \$20 when you go to your annual PCP visit
- Up to \$45 when you complete prenatal visits (visits while you are pregnant)
- \$20 when you complete one postpartum visit (visit after you have the baby)
- \$15 when you complete an annual colorectal cancer screening
- \$15 when you complete an annual cervical cancer screening
- \$50 when you complete an annual breast cancer screening
- \$50 when you complete the annual Comprehensive Diabetes Care screenings:
  - > Cholesterol screening
  - > Nephropathy screening: a test for kidney disease
  - > A1c screening: a blood test that checks your blood sugar levels; and,
  - > Eye exam
- \$10 when you complete statin therapy. Statin therapy is diabetic medication prescribed by your PCP
- \$10 when you complete ACE/ARB therapy. ACE/ARB therapy is diabetic medication prescribed by your PCP
- \$10 when you complete a well child visit in 1st, 2nd, 3rd, 4th, 5th and 6th year of life (up to \$60 total)
- \$25 when you follow up with a Behavioral Health provider within 7 days of being discharged from a Behavioral Health facility
- \$25 when you follow up with your PCP within 14 days of being discharged from an inpatient hospital stay

The My Health Pays™ card can be used for everyday items at Walmart, utilities, transportation, rent, telecommunications,

child care, and education. The funds on your My Health Pays™ card can also be used for health-related items, such as:

- Baby care items
- Diabetes care items
- First aid items
- Home health care items
- Over-the-Counter medicine
- Personal care items

### **MEMBERCONNECTIONS® COMMUNITY HEALTH SERVICES**

MemberConnections® Community Health Services is a field-based team that provides education, coaching, and support to YouthCare members in the community. The team is staffed by trained Community Health Services representatives who provide face-to-face nonclinical support and assistance. Our Community Health Services representatives can visit members in their homes, at a health care facility, or in the community. They provide education and coaching on a variety of topics such as: diabetes, preventing hospital readmissions, avoiding the emergency department, preparing for a doctor's appointment, and more. Some coaching topics only require one visit, however coaching can occur weekly for a short period of time.

Community Health Services representatives can help members connect with healthcare providers. They also assist scheduling preventive care and screenings. In addition, the team can help members find resources in their community such as: housing, food, utilities, and transportation services. The Community Health Services team helps members understand and find their way through the large healthcare system by providing education, navigation, and materials to keep track of healthcare information.

MemberConnections® Community Health Services will:

- Help you select a provider or PCP
- Assist you with scheduling an appointment with your PCP, specialists, and behavioral health services
- Explain your health benefits and how to get care quickly
- Provide education and coaching to help you better communicate with your providers and understand your health
- Find support in your community, such as: food, shelter, transportation, and health programs
- Visit you at your home, a healthcare facility, or in the community
- Host member events to meet members face-to-face

For more information about MemberConnections® Community Health Services, call Member Services at 844-289-2264 (TTY: 711).

**CONNECTIONS PLUS®**

Connections Plus® is part of the program that provides free cell phones to high risk members in care coordination who qualify, do not have access to telephones, and who do not qualify for a SafeLink telephone. This program allows our members to contact physicians, care managers, and 911. To learn more about the program, please contact Member Services 844-289-2264 (TTY: 711).

**SAFELINK**

YouthCare has partnered with SafeLink Wireless in order to better connect with our members. SafeLink is a federally-funded program. It provides free cell phones to people that qualify. SafeLink provides:

- A free cell phone
- 350 minutes per month
- The ability to make and receive calls to/from your providers, nurses, 911, YouthCare, and family
- 411 directory assistance at no additional cost

- Voicemail
- Communication access 24 hours a day

YouthCare members get all the same benefits of a SafeLink phone, plus more! There is no added cost for these extras!

- Unlimited inbound text messages
- Unlimited calling to YouthCare Member Services - These phone calls will not count toward your 350 minutes

**Health Care Coordination**

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YouthCare has several programs to improve the health of our members. We do this through education and personal help from YouthCare staff. This is referred to as care coordination. The goal of this service is to add to the quality of your care and give you the support you need. If you qualify for care coordination and choose to stay in care coordination, a Health Care Coordinator will be assigned to you to assist you in managing your care through:

- Frequent contact with you or your caregiver and health providers
- An assessment and evaluation of your conditions
- Care planning and setting short and long-term goals
- Coordination of services to provide necessary and efficient care

A HEALTH CARE COORDINATOR is a resource person that:

- Answers questions about treatment
- Helps you meet your health needs by using their knowledge of the healthcare system
- Helps you consider your options and choices
- Helps with referrals for treatment at healthcare facilities
- Acts as your link to YouthCare
- Identifies covered benefits and helps with

referrals to specialists

- Helps plan your transition out of the hospital
- Helps connect you with community resources

The information obtained through our health care coordination process is confidential. It is shared only when needed to help plan your care and to properly pay your claims. YouthCare provides health care coordination services in an ethical manner based on Commission for Case Management (CCMC) and Care Management Society of America’s (CMSA) Statement on Ethics and Standards of Practice. Information on our policies and standards for ethics for care management is available.

For more information about YouthCare’s health care coordination program, or to request a health care coordinator, call Member Services at 844-289-2264 (TTY: 711).

## Disease/Health Education Management Programs

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If you have or are at risk for having one of the health conditions listed below, you may be eligible for our specialized care coordination program. Please call YouthCare and talk to a care coordinator. There is no cost to you.

**Diabetes Program:** We offer information, resources, and care management to help members take control over the condition.

**Heart Disease Program:** We offer care management and information to address heart-related issues.

**Asthma Program:** We provide care management services for asthma. We will help you develop a healthcare plan to help keep you healthy. Please contact us if you have asthma.

**Other Healthcare Needs:** YouthCare has medical professionals who are trained to help

our members with many other complex and/or special needs. Please call us if you would like help with your serious illness or condition.

**Start Smart for Your Baby®:** Start Smart for Your Baby® (Start Smart) is our special program for women who are pregnant. YouthCare wants to help you take care of yourself and your baby through the whole pregnancy. Information can be provided to you by mail, telephone, and through the Start Smart website, [www.StartSmartForYourBaby.com](http://www.StartSmartForYourBaby.com). Our Start Smart staff can answer questions and give you support if you are having a problem. We can even arrange for a home visit if needed. To enroll in the Start Smart program, fill out a Notice of Pregnancy form and talk to your YouthCare Health Care Coordinator.

For more information about YouthCare’s disease management programs, call Member Services at 844-289-2264 (TTY: 711).

## Recipient Restriction Program

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YouthCare, in partnership with the Department of Healthcare and Family Services (HFS), implements a pharmacy lock-in program for members who qualify. Through this program, we help members work with one pharmacy or provider for drug coverage. Coordinating pharmacy services through one pharmacy or provider can help prevent duplicate prescriptions and catch medication errors. For more information about this program, call Member Services at 844-289-2264 (TTY: 711).

## Mobile Crisis Response Services

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YouthCare members can use the 24 hour Crisis and Referral Entry Services (CARES) line to talk to a behavioral health professional. You

can call if you are a risk to yourself or others, having a mental health crisis, or if you would like a referral to services. Call the CARES line at 1-800-345-9049 (TTY: 1-773-523-4504).

## Promoting Adoption Success™

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We know that the transition to adoption is a sensitive and critical process for not only the youth and sibling group, but for the adoptive parents, and other siblings in the family. The approach of supporting adoption is unique and a critical element of preventing adoption disruption during placement or after finalization. YouthCare, and its parent company, have extensive expertise and have implemented this comprehensive initiative across the country.

Adoption support should be put in place as early as possible, and continue post finalization, for as long as the family and child need support. YouthCare will offer comprehensive physical and behavioral health services and health care coordination in combination with enhanced adoption-specific advocacy for youth as they transition to adoption, are in adoptive placement, and after adoption finalization receiving adoption support.

## a2A

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The needs of young adults leaving the DCFS system are vast. In an effort to support continued health access and outcomes, YouthCare will implement a program specifically designed for youth when they hit the age of 17. a2A, also known as Adolescent to Adulthood, is a specialized care management approach to support these youth as they transition out of the system and age through 21.

## Advance Directives

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An advance directive is a written decision you make about your health care in the future in case you are so sick you can't make a decision at that time. In Illinois there are four types of advance directives:

- **Healthcare Power of Attorney** - This lets you pick someone to make your health care decisions if you are too sick to decide for yourself.
- **Living Will** - This tells your doctor and other providers what type of care you want if you are terminally ill which means you will not get better.
- **Mental Health Preference** - This lets you decide if you want to receive some types of mental health treatments that might be able to help you.
- **Do Not Resuscitate (DNR) order** - This tells your family and all your doctors and other providers what you want to do in case your heart or breathing stops.

You can get more information on advance directives from YouthCare or your doctor. If you are admitted to the hospital they might ask you if you have one. You do not have to have one to get your medical care but most hospitals encourage you to have one. You can choose to have any one or more of these advance directives if you want. You can cancel or change it at any time.

YouthCare recommends all of our members take the time to provide their advance directive to their primary care provider (PCP). You can complete the Illinois Power of Attorney for Health Care form found on the Illinois Department on Aging website: [https://www.illinois.gov/aging/AboutUs/Pages/legal\\_adv-directives.aspx](https://www.illinois.gov/aging/AboutUs/Pages/legal_adv-directives.aspx). You can also call YouthCare Member Services at 844-289-2264 (TTY: 711).

Once you have completed your advance directive, ask your PCP to put the form in your file. You can also talk to your PCP about the decision making process of creating your Living

Will or Advance Directive. Together, you can make decisions that will set your mind at ease.

If you should ever need or want to, you can change your Advance Directive at any time. You should make sure others know you have an Advance Directive. You may also choose to designate a Medical Power of Attorney. That person should be made aware of your advance directive or living will as well. With an Advance Directive, you can be sure that you are cared for as you wish, at a time when you cannot give the information.

## Grievance & Appeals

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We want you to be happy with services you get from YouthCare and our providers. If you are not happy, you can file a grievance or appeal.

### **GRIEVANCES**

A grievance is a complaint about any matter other than a denied, reduced, or terminated service or item.

YouthCare takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. YouthCare has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

These are examples of when you might want to file a grievance:

- Your provider or a YouthCare staff member did not respect your rights
- You had trouble getting an appointment with your provider in an appropriate amount of time
- You were unhappy with the quality of care or treatment you received

- Your provider or a YouthCare staff member was rude to you
- Your provider or a YouthCare staff member was insensitive to your cultural needs or other special needs you may have

You can file your grievance on the phone by calling YouthCare at 844-289-2264 (TTY: 711). You can also file your grievance in writing via mail or fax at:

YouthCare  
Attn: Grievance and Appeals Dept.  
PO Box 92050  
Elk Grove Village, IL 60009-2050  
Fax: 877-668-2076

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling 844-289-2264 (TTY: 711).

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at 711.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform YouthCare in writing with the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

### **APPEALS**

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an

“Adverse Benefit Determination” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

You may not agree with a decision or an action made by YouthCare about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than ten **(10) calendar days** from the date on the Adverse Benefit Determination letter. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

#### **Here are two ways to file an appeal.**

1. Call Member Services at 844-289-2264 (TTY: 711). If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:

YouthCare  
Attn: Grievance and Appeals Dept.  
PO Box 92050  
Elk Grove Village, IL 60009-2050  
Fax: 877-668-2076

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at 711.

#### **CAN SOMEONE HELP YOU WITH THE APPEAL PROCESS?**

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your primary care provider (PCP) or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY).

To appoint someone to represent you, either:  
1) Send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or,  
2) Fill out the Authorized Representative Appeals form.

#### **APPEAL PROCESS**

We will send you an acknowledgment letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.



YouthCare will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. YouthCare may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If YouthCare's decision agrees with the Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If YouthCare's decision does not agree with the Adverse Benefit Determination, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed
- You have the option to see your appeal file
- You have the option to be there when YouthCare reviews your appeal

#### **HOW CAN YOU EXPEDITE YOUR APPEAL?**

If you or your provider believes our standard time frame of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

#### **HOW CAN YOU WITHDRAW AN APPEAL?**

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

YouthCare will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call YouthCare at 844-289-2264 (TTY: 711).

#### **WHAT HAPPENS NEXT?**

After you receive the YouthCare appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

#### **STATE FAIR HEARING**

If you choose, you may ask for a State Fair Hearing Appeal within one hundred-twenty **(120) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the YouthCare Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or

her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- Visit <https://abe.illinois.gov/abe/access/appeals> to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:

Illinois Department of Healthcare  
and Family Services  
Bureau of Administrative Hearings  
69 W. Washington Street, 4<sup>th</sup> Floor  
Chicago, IL 60602  
Fax: 312-793-2005  
Email: [HFS.FairHearings@illinois.gov](mailto:HFS.FairHearings@illinois.gov)  
Or you may call 855-418-4421,  
TTY: 800-526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:

Illinois Department of Human Services  
Bureau of Hearings  
69 W. Washington Street, 4<sup>th</sup> Floor  
Chicago, IL 60602  
Fax: 312-793-8573  
Email: [DHS.HSPApeals@illinois.gov](mailto:DHS.HSPApeals@illinois.gov)  
Or you may call 800-435-0774,  
TTY: 877-734-7429

## **STATE FAIR HEARING PROCESS**

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at <http://abe.illinois.gov/abe/access/appeals> you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least three (3) business days before the hearing, you will receive information from YouthCare. This will include all evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to YouthCare and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

## **CONTINUANCE OR POSTPONEMENT**

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

## **FAILURE TO APPEAR AT THE HEARING**

Your appeal will be dismissed if you, or your authorized representative, do not appear

at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within **ten (10) calendar days** from the date you received the Dismissal Notice, if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

### **THE STATE FAIR HEARING DECISION**

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of such review may be as short as **thirty-five (35) days** from the date of this letter. If you have questions, please call the Hearing Office.

### **EXTERNAL REVIEW (FOR MEDICAL SERVICES ONLY)**

Within **thirty (30) calendar days** after the date on the YouthCare appeal Decision Notice, you may choose to ask for a review by someone outside of YouthCare. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

### **Your letter must ask for an external review of that action and should be sent to:**

YouthCare  
Attn: Grievance and Appeals Dept.  
PO Box 92050  
Elk Grove Village, IL 60009-2050  
Fax: 877-668-2076

### **WHAT HAPPENS NEXT?**

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and YouthCare a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

### **EXPEDITED EXTERNAL REVIEW**

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services

toll-free at 844-289-2264 (TTY: 711). To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.

YouthCare  
Attn: Grievance and Appeals Dept.  
PO Box 92050  
Elk Grove Village, IL 60009-2050

### WHAT HAPPENS NEXT?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and YouthCare know what their decision is verbally. They will also follow up with a letter to you and/or your representative and YouthCare with the decision within forty-eight (48) hours.

## Rights & Responsibilities

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### YOUR RIGHTS:

- Be treated with respect and dignity at all times
- Have your personal health information and medical records kept private except where allowed by law
- Be protected from discrimination
- Receive information from YouthCare in other languages or formats such as with an interpreter or Braille

- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices
- Refuse treatment and be told what may happen to your health if you do
- Receive a copy of your medical records and in some cases request that they be amended or corrected
- Choose your own primary care provider (PCP) from YouthCare. You can change your PCP at any time.
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind
- Request and receive in a reasonable amount of time, information about YouthCare, its providers, and policies
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Exercise your rights, with the assurance that the exercise of those rights will not adversely affect the way you are treated

### YOUR RESPONSIBILITIES:

- Treat your doctor and the office staff with courtesy and respect
- Carry your YouthCare ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions
- Keep your appointments and be on time for them
- If you cannot keep your appointments cancel them in advance
- Follow the instructions and treatment plan you get from your doctor
- Tell YouthCare and your caseworker if your address or phone number changes
- Read your member handbook so you know what services are covered and if there are any special rules

# Fraud, Abuse, and Neglect

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**Report any suspected fraud, abuse, or neglect by calling Member Services at 844-289-2264 (TTY: 711). Or call our Fraud and Abuse hotline at 866-685-8664. All information will be kept private.**

Fraud, Abuse and Neglect are all incidents that need to be reported.

**Fraud** occurs when someone receives benefits or payments they are not entitled to. Some other examples of fraud are:

- To use someone else’s ID card or let them use yours
- A provider billing for services that you did not receive

**Abuse** is when someone causes physical or mental harm or injury. Here are some examples of abuse:

- Physical abuse is when you are harmed such as slapped, punched, pushed or threatened with a weapon
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated
- Financial abuse is when someone uses your money, personal checks or credit cards without your permission
- Sexual abuse is when someone is touching you inappropriately and without your permission

**Neglect** occurs when someone decides to withhold the basic necessities of life such as food, clothing, shelter or medical care.

If you believe you are a victim you should report this to your YouthCare Health Care Coordinator right away. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

**Child Protective Services:** 1-800-25-ABUSE (1-800-252-2873) TTY: 1-800-358-5117  
Illinois Department of Children and Family Services has the primary responsibility for protecting children in the investigation of suspected abuse or neglect. Your confidential call will ensure the safety of the child.

**Nursing Home Hotline:** 1-800-252-4343.  
Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.

**Supportive Living Program Complaint Hotline:** 1-800-226-0768.

**Adult Protective Services:** 1-866-800-1409 (TTY: 1-888-206-1327). The Illinois Department on Aging Adult Protective Services Hotline is to report allegations of abuse, neglect, or exploitation for all adults 18 years old and over. Your YouthCare Health Care Coordinator will provide you with 2 brochures on reporting abuse, neglect, and exploitation. You can request new copies of these brochures at any time.

**Home Care Ombudsman Program:** 1-800-252-8966.

You can also call Member Services at 844-289-2264 (TTY: 711) to report your incident.

# Notice of Privacy Practices

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

Effective 07.01.2017  
For help to translate or understand this, please call 844-289-2264. Hearing impaired TTY: 711. Si necesita ayuda para traducir o entender

este texto, por favor llame al telefono. 844-289-2264. (TTY: 711). Interpreter services are provided free of charge to you.

### **PRIVACY NOTICE AND PRIVACY RIGHTS**

YouthCare is required by law to protect the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your protected health information, abide by the terms of the Notice that is currently in effect and notify you in the event of a breach of your protected health information.

YouthCare describes how we may use and disclose your protected health information. It also describes your rights to access, amend and manage your protected health information and how to use those rights. All other uses and disclosures of your protected health information not described in this Notice will be made only with your written authorization.

YouthCare reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your protected health information we already have as well as any of your protected health information we receive in the future. YouthCare will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website.

### **INTERNAL PROTECTIONS OF ORAL, WRITTEN AND ELECTRONIC PHI**

YouthCare Plan protects your PHI. We have privacy and security processes to help. These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes
- We require our business associates to

follow privacy and security processes

- We keep our offices secure
- We talk about your PHI only for a business reason with people who need to know
- We keep your PHI secure when we send it or store it electronically
- We use technology to keep the wrong people from accessing your PHI

### **HOW WE USE OR SHARE YOUR PROTECTED HEALTH INFORMATION**

The following is a list of how we may use or disclose your protected health information without your permission or authorization:

**Treatment** - We may use or disclose your protected health information to a physician or other health care provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.

**Payment** - We may use and disclose your protected health information to make benefit payments for the health care services provided to you. We may disclose your protected health information to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:

- processing claims
- determining eligibility or coverage for claims
- issuing premium billings
- reviewing services for medical necessity
- performing utilization review of claims

**HealthCare Operations** - We may use and disclose your protected health information to perform our healthcare operations. These activities may include:

- providing customer services
- responding to complaints and appeals
- providing case management and care coordination



- conducting medical review of claims and other quality assessment
- improvement activities

In our healthcare operations, we may disclose protected health information to business associates. We will have written agreements to protect the privacy of your health information with these associates. We may disclose your protected health information to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
- reviewing the competence or qualifications of healthcare professionals
- case management and care coordination
- detecting or preventing healthcare fraud and abuse

**Group Health Plan/Plan Sponsor Disclosures –**

We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

**Fundraising Activities –** We may use or disclose your protected health information for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.

**Underwriting Purposes –** We may use or disclose your protected health information for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your protected

health information for underwriting purposes, we are prohibited from using or disclosing your protected health information that is genetic information in the underwriting process.

**Appointment Reminders/Treatment**

**Alternatives -** We may use and disclose your protected health information to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking.

**As Required by Law -** If federal, state, and/or local law requires a use or disclosure of your protected health information, we may use or disclose your protected health information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.

**Public Health Activities -** We may disclose your protected health information to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your protected health information to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness products or services under the jurisdiction of the FDA..

**Victims of Abuse and Neglect -** We may disclose your protected health information to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.

**Judicial and Administrative Proceedings -**

We may disclose your protected health information in judicial and administrative proceedings. We may also disclose it in response to the following:

- an order of a court
- administrative tribunal
- subpoena
- summons
- warrant
- discovery request
- similar legal request

**Law Enforcement** - We may disclose your relevant protected health information to law enforcement when required to do so. For example, in response to a:

- court order
- court-ordered warrant
- subpoena
- summons issued by a judicial officer
- grand jury subpoena
- We may also disclose your relevant protected health information to identify or locate a suspect, fugitive, material witness, or missing person.

**Coroners, Medical Examiners and Funeral Directors** - We may disclose your protected health information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your protected health information to funeral directors, as necessary, to carry out their duties.

**Organ, Eye, and Tissue Donation** - We may disclose your protected health information to organ procurement organizations. We may also disclose your protected health information to those who work in procurement, banking or transplantation of:

- cadaveric organs
- eyes
- tissues

**Threats to Health and Safety** - We may use or disclose your protected health information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or

imminent threat to the health or safety of a person or the public.

**Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your protected health information as required by military command authorities.

We may also disclose your protected health information:

- to authorized federal officials for national security
- to intelligence activities
- to Department of State for medical suitability determinations
- for protective services of the President or other authorized persons

**Workers' Compensation** - We may disclose your protected health information to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Emergency Situations** - We may disclose your protected health information in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the protected health information that is directly relevant to the person's involvement in your care.

**Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.

**Research** - Under certain circumstances, we may disclose your protected health information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your health information.

#### **HOW WE USE OR SHARE YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

We are required to obtain your written authorization to use or disclose your protected health information, with limited exceptions, for the following reasons:

##### **Sale of Protected Health Information –**

We will request your written authorization before we make any disclosure that is deemed a sale of your health information, meaning that we are receiving compensation for disclosing the health information in this manner.

**Marketing** – We will request your written authorization to use or disclose your protected health information for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

**Psychotherapy Notes** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for a certain treatment, payment or healthcare operations function.

#### **What are Your Rights?**

The following are your rights concerning your protected health information. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

##### **• Right to Revoke an Authorization -**

You may revoke your authorization at any time, the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your

written revocation.

- Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of protected health information for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.
- Right to Request Confidential Communications** - You have the right to request that we communicate with you about your protected health information by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your health information should be delivered.
- Right to Access and Receive Copy of your Health Information** - You have the right, with limited exceptions, to look at or get copies of your protected health information contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your protected health information. If we deny your request, we will provide you a written explanation and will tell you if the

reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

• **Right to Amend your Health Information -**

You have the right to request that we amend, or change, your protected health information if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the protected health information is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the protected health information you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

• **Right to Receive an Accounting of**

**Disclosures** - You have the right to receive a list of instances within the last 6 year period in which we or our business associates disclosed your protected health information. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.

• **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health

and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

**WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

**Right to Receive a Copy of this Notice -**

You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our website or by electronic mail (email), you are also entitled to request a paper copy of the Notice.

**USING YOUR RIGHTS**

If you have any questions about this Notice, our privacy practices related to your protected health information or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

YouthCare  
Attn: Privacy Official  
PO Box 92050  
Elk Grove Village, IL 60009-2050  
844-289-2264  
TTY: 711

Definitions

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**Appeal** means a request for your health plan to review a decision again.

**Authorized Representative** means an individual, case worker, group, entity, or other person(s) approved by the DCFS Guardianship Administrator who is legally authorized to speak for or on behalf of the member and which has been communicated to the Contractor by the Department by way of the 834 Daily File in a location agreed upon between the Contractor and the Department in the 834 Daily File.

**Beyond Medical Necessity** means a hospitalization that continues after a DCFS Youth in Care has been medically cleared for discharge. The hospital is reimbursed for the Beyond Medical Necessity stay by DCFS.

**Comprehensive Health Evaluation** means the evaluation that is conducted within twenty-one (21) days of DCFS temporary custody and includes: (i) an Early and Periodic Screening, Diagnostic and Treatment program (EPSDT) examination; (ii) vision, hearing, and dental screening, when appropriate; and (iii) mental health, developmental, and alcohol and substance abuse screenings, when appropriate. Resulting referrals for specialized services are made as needed.

**Co-payment** means a fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**DCFS** means the Illinois Department of Children and Family Services.

**DCFS Authorized Agent** means DCFS staff who have been appointed and authorized by the DCFS Guardianship Administrator to officially act in the place of the DCFS Guardianship Administrator to authorize and consent to matters concerning DCFS Youth in Care.

**DCFS Caseworker** means the representative of record who has primary responsibility for a DCFS Youth in Care's child welfare case management, working with the youth and the youth's family to identify services to address issues that brought the youth into the child welfare system and providing updates to and making court appearances in the youth's Juvenile Court case. The DCFS Caseworker may be employed by DCFS or by a contracted Purchase of Service (POS) agency and may also be referred to as a "permanency worker."

**DCFS Guardianship Administrator** means that person designated by the Director of DCFS to serve as guardian of children accepted by DCFS pursuant to the Juvenile Court Act, the Children and Family Services Act, the Abused and Neglected Child Reporting Act, and the Adoption Act. The DCFS Guardianship Administrator has the legal authority to consent to certain medical and behavioral health services for DCFS Youth in Care based on the specific orders entered in the Juvenile Court and on the specific ages of DCFS Youth in Care, in accordance with DCFS Rule 327.

**DCFS Liaisons** are YouthCare staff sitting in DCFS offices across the state responsible for helping bridge communications between DCFS and YouthCare.

**DCFS Service Plan** means a written plan on a form prescribed by DCFS that guides all individuals in the plan of child welfare intervention toward the permanency goals for DCFS Youth in Care. The DCFS Service Plan is developed by the DCFS Caseworker and other members of the Child and Family Team in accordance with DCFS Procedure 300, indicates all services required for the child including services that are ordered by Juvenile Court.

**DCFS Youth** means both DCFS Youth in Care and Former Youth in Care who are Potential Enrollees, Prospective Enrollees or Enrollees in the DCFS Youth Managed Care Specialty Plan.

**DCFS Youth in Care** means a youth who is under the legal custody or guardianship of DCFS.

**Durable Medical Equipment** means equipment and supplies ordered by a health care provider for everyday or extended use.

**Emergency Medical Condition** means an illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.



**Emergency Services** means the evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services** means health care services that your health insurance or plan doesn't pay for or cover.

**Former Youth in Care** means a youth under the age of 21 who was previously under the legal custody or guardianship of DCFS but was reunified with their biological family, was adopted, was placed in subsidized guardianship, or whose Juvenile Court case was closed and is no longer under the legal custody of DCFS.

**Grievance** means a complaint that you communicate to your health plan.

**Habilitation Services and Devices** means services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

**Health Engagement Specialist** is a staff person who will be assisting with the location of providers, as well as scheduling appointments. The Health Engagement Specialist is available to help trouble shoot any needs a member and/or caregiver may have.

**Health Service Manager** is a YouthCare licensed staff person who will be helping with your health care.

**HealthWorks** means a comprehensive system of health care developed by DCFS for all Illinois children and youth in foster care that ensures they have access to quality health care, routine health care and special health care that meets their identified health care needs and provides documentation of health needs and health care information that is readily accessible to

caregivers, other healthcare providers and DCFS. HealthWorks provides access to and referral for primary health care physicians, initial health screenings, comprehensive health evaluations, well-child examinations and immunizations.

**Home Health Care** means health care services a person receives at home.

**Hospice Services** means services to provide comfort and support for persons in the last stages of a terminal illness and their families.

**Hospitalization** means care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

**Hospital Outpatient Care** means care in a hospital that usually doesn't require an overnight stay.

**Integrated Health Home** means a fully-integrated form of care coordination for all members of Illinois Medicaid. The Integrated Health Home will coordinate physical, behavioral and social healthcare for its members. An Integrated Health Home is responsible for care coordination for members, but is not responsible for the members' health services and treatment. The Integrated Health Home will work closely with your health plan to coordinate your care.

**Juvenile Court** means a court that is presiding over matters related to petitions alleging that a child or youth is abused, neglected, dependent or delinquent under the provisions of the Juvenile Court Act, 705 ILCS 405.1 et seq.

**Medically Necessary** means health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.



**Out of Network** means providing a beneficiary with the option to access plan services outside of the plan's contracted network of providers. In some cases, a beneficiary's out-of-pocket costs may be higher for an out-of-network benefit.

**Permanency Goal** means the desired outcome of child welfare intervention and service that is determined to be consistent with the health, safety, well-being, and best interests of the DCFS Youth in Care.

**Prior Authorization** means a decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It is sometimes called pre-authorization, prior approval or precertification. Your health insurance or plan may require pre-authorization for certain services before you receive them, except in an emergency. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

**Primary Care Provider** means a physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Prescription Drug Coverage** means health insurance or plan that helps pay for prescription drugs and medications.

**Promoting Adoption Success™** is a specialized YouthCare program supporting permanency for children and youth in foster care. This program will target children/youth moving towards adoption, youth and families as they adopt and families and youth until they turn 21.

**Psychotropic Medication** means any medication capable of affecting the mind, emotions and behavior. For the purpose of this definition, medications used to induce or sustain sleep or to treat symptoms of

aggression, enuresis and psychotropic medication-induced adverse effects are also included.

**Purchase of Service (POS) Agency** means a licensed child welfare agency with whom DCFS contracts to provide child welfare services to youth and families.

**Rehabilitation Services and Devices** means health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Retained Behavioral Health Services** means all behavioral health services which are potentially eligible for reimbursement under Medicaid but are being adjudicated by DCFS, as of the Contract Addendum Effective Date.

**Significant Events** are serious, sometimes traumatic occurrences that affect children and youth served by DCFS, are subject to mandatory reporting requirements, and are described in additional detail in DCFS Procedure 331.

**Skilled Nursing Care** means nursing services provided within the scope of the Illinois Nurse Practice Act (225 ILCS 65/50-1 et seq.) by registered nurses, licensed practical nurses, or vocational nurses licensed to practice in the state.

**Specialist** means a physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Urgent Care** means care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

# Disclaimers

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## **STATEMENT OF NON-DISCRIMINATION**

YouthCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. YouthCare does not exclude people or treat them differently based on race, color, national origin, age, disability, or sex.

YouthCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters, and information written in other languages

If you need these services, contact YouthCare at 844-289-2264 (TTY: 711).

If you believe that YouthCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Complaints and Grievances Coordination, P.O. Box 92050, Elk Grove Village, IL 60009-2050, 1-844-289-2264 (TTY: 711), Fax 1-877-668-2076. You can file a grievance in person, or by mail, fax, or email. If you need help filing a grievance, YouthCare is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/flight-with-ocr/index.html>.

## Language Assistance

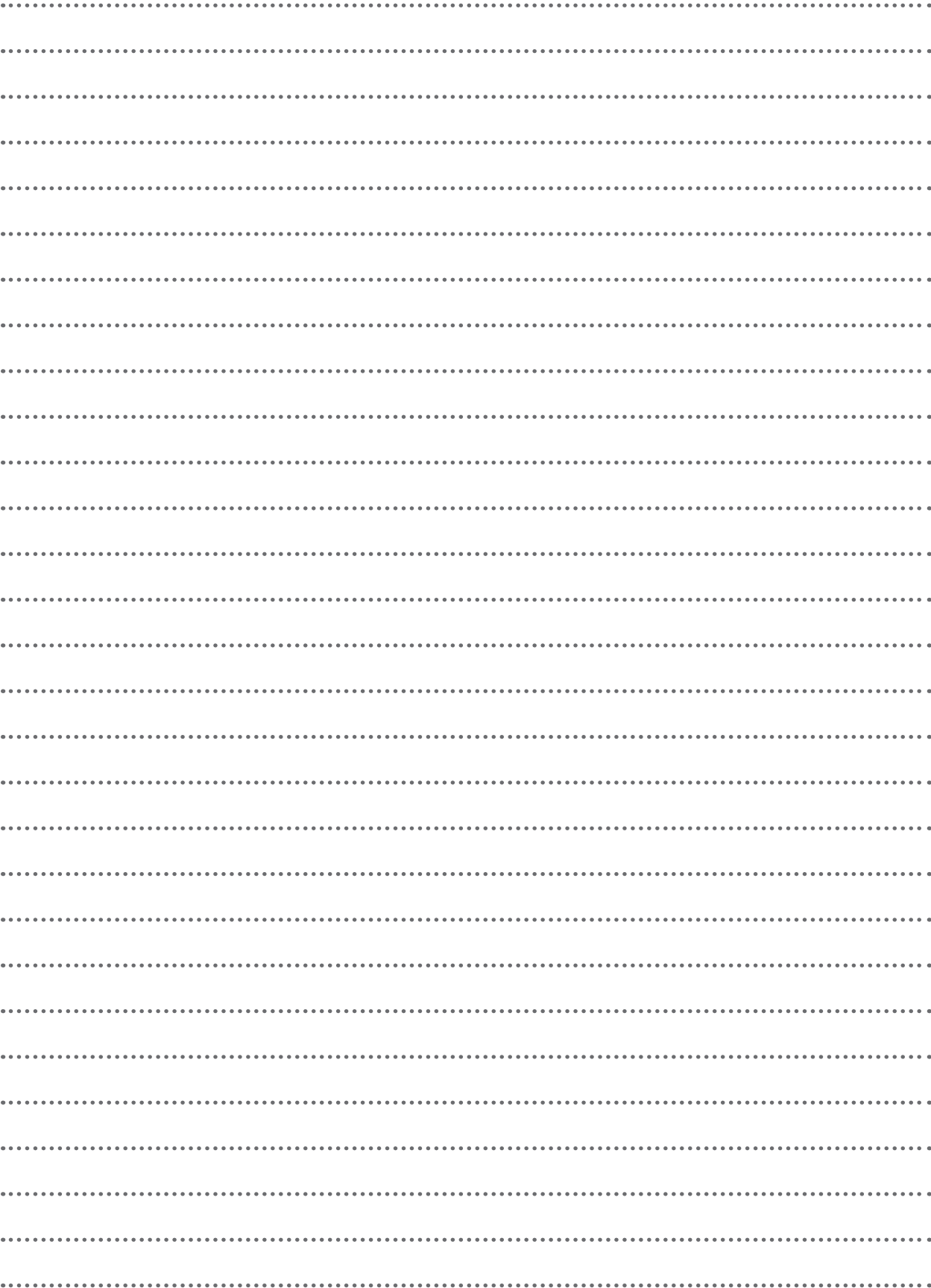
English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-289-2264 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-289-2264 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-289-2264 (TTY: 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-289-2264 (TTY: 711)。
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-289-2264 (TTY: 711) 번으로 전화해 주십시오.
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-289-2264 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 2264-289-844-1 (رقم هاتف الصم والبكم 711)
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-289-2264 (телетайп: 711).
Gujarati	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-844-289-2264 (TTY: 711).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-844-289-2264 (TTY: 711).
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-289-2264 (TTY: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-289-2264 (TTY: 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-844-289-2264 (TTY: 711) पर कॉल करें।
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-289-2264 (ATS: 711).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-844-289-2264 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-289-2264 (TTY: 711).



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**YOUTHCARE HEALTHCHOICE ILLINOIS**

PO Box 92050

Elk Grove Village, IL 60009-2050

*If you have questions, call Member Services at 844-289-2264 (TTY: 711).*