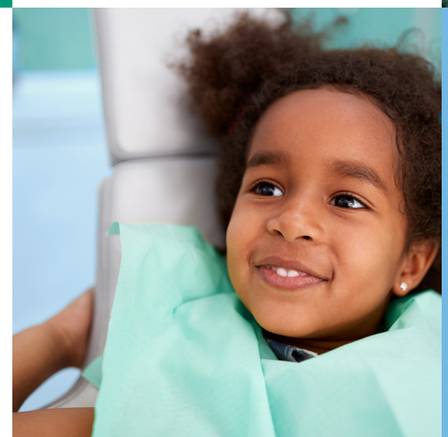
Member Handbook

September 2026

YouthCare™
HealthChoice Illinois

Welcome to YouthCare

Helping youth in care thrive



At YouthCare, we're dedicated to supporting the Illinois Department of Children and Family Services (DCFS) youth in care. Partnering with foster families, we do everything we can to help youth grow stronger and healthier.

Illinois Healthcare and Family Services (HFS) chose YouthCare to provide a tailored healthcare program for DCFS youth in care and former youth in care (FYIC). This handbook is a resource for the members and caregivers we serve. Inside is information on how to access all of the services, coverage, and benefits that YouthCare offers.

Keep reading to find out about:

- Covered care services, including medical, dental, vision, and behavioral health
- Care coordination and health education
- The process for choosing a primary care provider (PCP) and getting care
- The Promoting Adoption Success™ program
- The Adolescent to Adult (a2A) program
- And much more!

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 care. We're committed. We're passionate about:

- Improving outcomes
- Supporting and partnering with the people who serve youth in care
- Helping with youth's transition to a permanent home, whether that's through reunification, adoption, or adulthood

We're happy to be the healthcare partner to the Illinois DCFS system of care to help address all these needs.

We look forward to partnering with you!

Note: In different parts of the handbook, we'll use the term "you" when we're speaking to caregivers, and "youth" or "member" elsewhere.

YouthCare is committed to inclusion.

That's why we provide:

- Free aids and services to people with disabilities to communicate effectively
  - Qualified sign language interpreters
  - Written information via large print, audio, accessible electronic formats, and other formats
- Free language services to people whose primary language is not English, including:
  - Qualified interpreters
  - Information written in other languages

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

Contact YouthCare

Member Services, 24/7 Nurse Advice Care Line, Transportation

844-289-2264 (toll-free)

TTY (Illinois Relay Services)

711

Crisis and Referral Entry Services (CARES)

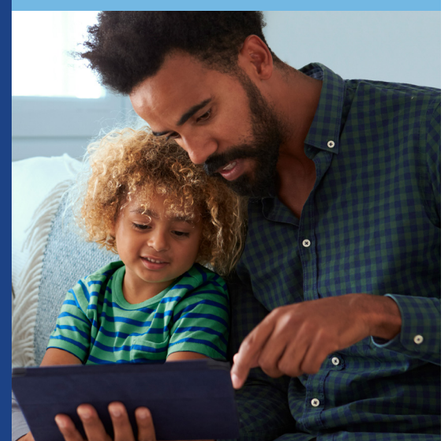
800-345-9049 (TTY: **773-523-4504**)

For emergencies, dial **911**.

For mental health emergencies, dial **988** to reach the Suicide and Crisis Lifeline.

Website
ILyouthcare.com

Mailing Address
PO Box 733
Elk Grove Village, IL
60009-0733



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Questions?

Member Services is here to help. Call Monday through Friday from 8 a.m. to 6 p.m.

If you have any questions or concerns about your YouthCare services, you can also call the DCFS Advocacy Office at **800-232-3798** or email **DCFS.HealthPlan@illinois.gov**.

Learn all about your health plan.

Member Services

Ready to help

Welcome to YouthCare HealthChoice Illinois. Our Member Services department is here to help members access all the benefits YouthCare has to offer. Call Member Services at **844-289-2264** (TTY: **711**) from 8:00 a.m. to 6:00 p.m., Monday through Friday.

YouthCare is designed as a partnership with the Illinois Department of Children and Family Services (DCFS) system—for youth currently in DCFS care and former youth in care. Our goal is to help members with the healthcare they need. That means having expert resources to meet the needs of youth and caregivers. You can contact Member Services to find out the following information about YouthCare:

- 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 the caregiver of 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

For easy reference, much of this information can be found in this handbook. YouthCare will notify you every year of your right to receive this basic information about the plan.

24/7 Nurse Advice Care Line

Help when it's needed

We have a toll-free 24/7 Nurse Advice Care Line at **844-289-2264** (TTY: **711**). Talk with a nurse about a youth's symptoms and discuss treatment options. The nurses can also confirm eligibility for benefits. The line is open 24 hours a day, every day of the year.

Member Identification (ID) card

The key to connecting with care

Every member will receive a YouthCare Member ID card. Members and caregivers should always carry this card with them.

For members, the card has important phone numbers and plan information. There are also details that providers need to see. Show the card whenever you get care services.

Information on the Member ID card

1. YouthCare website
2. YouthCare Member Services phone number
3. Member's name
4. Plan name
5. YouthCare HealthChoice Illinois member ID number
6. When the member's coverage begins
7. Contact information for the member's primary care provider (PCP)

8 Prescription coverage information (for use by pharmacies)

9 Phone number for Behavioral Health, Vision, Dental, Transportation, 24/7 Nurse Advice Care Line

10 Phone number providers use to ask YouthCare questions about coverage

11 Claim submission information (for use by providers)

12 YouthCare mailing address

YouthCare HealthChoice Illinois

Regulatory Agency – Healthcare and Family Services

ILYouthCare.com 1

Member Services: 844-289-2264 (TTY: 711) 2

Member Name: Jane Doe 3
Plan Name: YouthCare HealthChoice Illinois 4
Medicaid ID #: 123456789 5
Effective Date: 09/23/2023 6
PCP Name: Healthcare Center for Kids, Ltd. 7
PCP Number: 555-555-5555

RxBIN: 003858 **RxPCN:** MA **RxGROUP:** 2EJA 8

MEMBERS 9
Behavioral Health, Vision, Dental, Transportation, 24/7 Nurse Advice Line: 844-289-2264 (TTY: 711)

PROVIDERS 10
24/7 Eligibility & Prior Auth Check: 844-289-2264
Pharmacists Only: 833-750-4409

PAPER CLAIMS 11
YouthCare HealthChoice IL
Attn: Claims
PO Box 4020
Farmington, MO 63640-4402

MAILING ADDRESS 12
YouthCare HealthChoice IL
PO Box 733
Elk Grove Village, IL
60009-0733

Plan enrollment

Starting YouthCare benefits

Youth in care will be enrolled in YouthCare by the DCFS Guardianship Administrator. The DCFS Guardianship Administrator has the authority to make changes in managed care plans for DCFS youth in care. You can contact the Advocacy Office at **800-232-3798** or by emailing DCFS.HealthPlan@illinois.gov.

Former youth in care (FYIC) will be automatically enrolled in the YouthCare program. Their parents/legal guardians have up to 90 days after enrollment to make a change. This is when they can choose another managed care organization.

Provider network

Providers and pharmacies across Illinois

YouthCare partners with a wide range of providers, including:

- Primary care providers (PCPs)
- Specialists
- Hospitals
- Mental health clinicians
- Community mental health centers
- Psychiatrists
- Clinicians specializing in trauma-informed interventions
- And other medical and behavioral health providers and facilities

Members don't need referrals to see specialists. However, we encourage you to work with the member's PCP to plan specialist care.

Members must use providers in the YouthCare network for all healthcare needs. YouthCare must approve, in advance, your use of any out-of-network provider. There are a few exceptions. These are:

- Family planning services
- Emergency medical care in the United States
- Care at Indian Health Care Providers (IHCPs)

We want to learn about the providers that every member uses. That way, we can work to add them to the YouthCare network. Call Member Services to let us know which providers you want in our network.

Primary care provider (PCP)

The go-to provider for most care

A PCP is a member's partner in care. PCPs may also send members to other providers for specialty care.

With YouthCare, members can pick or change their PCP at any time. Members with a chronic health condition, a disability, or special healthcare needs may choose a specialist as a PCP. The specialist needs to agree to take on the PCP role.

Members who are American Indians/Alaska Natives have the right to get services from an Indian Tribe, Tribal Organization, or Urban Indian Organization provider. This provider can be in or outside of the state of Illinois.

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

How to change PCPs

Switch to a new provider.

Members can change their PCP at any time. To change PCPs over the phone, contact Member Services at **844-289-2264** (TTY: **711**). Hours are 8:00 a.m. to 6:00 p.m., Monday through Friday.

To change PCPs online, log on to the Member Portal at member.ILyouthcare.com.

Women's health care provider (WHCP)

Specialized care for women & girls

With YouthCare coverage, you can select a WHCP. This is a doctor licensed to practice:

- Obstetrics
- Gynecology
- Family medicine

Family planning

Birth control supplies youth need

YouthCare has a network of providers where youth can get family planning services.

However, members may choose to get family planning services and supplies from any out-of-network provider without a referral. The care will still be covered.

Specialty care

Treating specific health needs

A specialist is a doctor who cares for a certain health condition. Some examples are:

- Cardiologist (heart health)
- Orthopedic surgeon (bones and joints)
- Allergist (allergies and immune system)
- Dermatologist (skin)

If a PCP thinks a specialist is needed, the PCP will work with you to choose one. You will not need a referral if the specialist is in the YouthCare network.

Appointments

Help making appointments

If you need help making an appointment, please contact Member Services at **844-289-2264** (TTY: **711**). Hours are 8:00 a.m. to 6:00 p.m., Monday through Friday.

It's very important to keep all appointments. That includes doctor visits, lab tests, or x-rays. Please call the provider at least one day ahead of time if you need to cancel.

Telehealth and virtual care

Online connections to providers

YouthCare makes it convenient to connect with in-network providers. Members can access telehealth and virtual services from anywhere.

Telehealth services/virtual care may be available for:

- Routine care and appointments
- Care for eating disorders
- Mental health services for youth age 13 and over

Urgent care

Care that's needed right away

Urgent care treats an issue that needs care right away but isn't life-threatening.

Some issues that can be handled at urgent care are:

- Minor cuts and scrapes
- Colds
- Fever
- Earache

To get urgent care, call the member's PCP or YouthCare Member Services at **844-289-2264** (TTY: **711**). You can also use the Find a Provider tool at ILyouthcare.com to locate the in-network urgent care center nearest you.

In case of a mental health crisis, call the Crisis and Referral Entry Services (CARES) line at **800-345-9049** (available 24/7).

Emergency care

Treatment for serious and life-threatening conditions

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

Some examples of an emergency are:

- Heart attack
- Severe bleeding
- Poisoning
- Trouble breathing
- Broken bones
- Suspected drug overdose
- Mental health crisis

There are three ways to get emergency care:

- Go to the nearest emergency department (also called emergency room). You can use any hospital to get care during an emergency
- Call 911
- Call an ambulance if there's no 911 service in the area

No referral is needed for emergency care. Prior authorization is not needed, either. But you should call us within 48 hours of getting emergency care.

If anyone in your family has thoughts of harming themselves or others, call 988. You'll be connected to a mental health professional.

Or call the Crisis and Referral Entry Services (CARES) & Screening, Assessment and Support Services (SASS) at **800-345-9049**. CARES can help youth in crisis and in need of a mental health assessment.

Post-stabilization care

Follow-up after an emergency

After a physician says an emergency is under control, patients still need to follow up with their PCPs. These are called post-stabilization services. To get help finding post-stabilization care, call Member Services at **844-289-2264** (TTY: **711**). Hours are 8 a.m. to 6 p.m., Monday through Friday.

Covered services

Medically necessary care is covered.

To be covered, all services must be medically necessary. That means the member needs the service to get or stay healthy.

Some services may require prior authorization. This means we need to approve the care service before the member receives it. The member's provider will work directly with us on this. You don't need to contact us.

Prior authorization is not required for approved services for members with these waivers:

- Persons with disability
- Supportive living facility
- Brain injury
- HIV/AIDS

Members don't need referrals to see specialists. If you have questions about specialist care, talk to the member's PCP. PCPs can help find specialists, hospitals, and other providers.

You don't need a referral for mental health or substance use treatment. Members can visit providers in our network for this care.

If you need medical advice or don't know what kind of care might be needed, call our 24/7 Nurse Advice Care Line. Your Health Services Manager or our Health Engagement Specialist team can answer your questions during the day. After hours, our registered nurses will help you. Call **844-289-2264** (TTY: **711**).

Covered medical services

The benefits that youth need

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

Abortion services	*Covered*
Advanced Practice Nurse services	*Covered*
Ambulatory Surgical Treatment Center services	*Covered*
Assistive/augmentative communication devices	*Covered*
Audiology services	*Covered*
Behavioral health (also known as mental health)	*Covered*
Blood, blood components, and the administration thereof	*Covered*
Chiropractic services for members under age twenty-one (21)	*Covered*
Dental services, including oral surgeons	*Covered*
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for members under age twenty-one (21)	*Covered*
Family planning services and supplies	*Covered*
Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Community Mental Health Centers (CMHCs), and other clinic visits	*Covered*
Gender-affirming care	*Covered*
Home health agency visits	*Covered*
Hospital ambulatory services	*Covered*
Hospital emergency department visits	*Covered*
Hospital inpatient services	*Covered*
Laboratory and X-ray services	*Covered*
Medical health services	*Covered*
Medical supplies, equipment, prostheses, and orthoses	*Covered*
Nursing care	*Covered*
Nursing facilities services	*Covered*
Optical services and supplies	*Covered*
Optometrist services	*Covered*
Palliative and hospice services	*Covered*
Pharmacy services	*Covered*
Physical, occupational, and speech therapy services	*Covered*
Physician services	*Covered*
Podiatric services	*Covered*
Post-stabilization services	*Covered*
Renal dialysis services	*Covered*
Respiratory equipment and supplies	*Covered*
Services to prevent illness and promote health	*Covered*
Subacute alcoholism and substance use disorder services	*Covered*
Telehealth and virtual care	*Covered*
Transplants	*Covered*
Transportation (non-emergency) to covered services	*Covered*
Transportation by ambulance (emergency) using your YouthCare Member ID	*Covered*

Covered Home and Community Based Services

Only for members in service waiver programs

YouthCare covers certain services only for members who are in a Home and Community Based Service Waiver program. Here's a list of some of these benefits.

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
- Physical therapy
- Speech therapy
- Homemaker
- Home-delivered meals
- Personal assistant
- Personal emergency response system (PERS)
- Respite
- Specialized medical equipment supplies

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

- Adult day service
- Adult day service transportation
- Environmental accessibility adaptations–home
- Home health aide
- Supported employment
- Nursing, intermittent
- Skilled nursing (RN and LPN)
- Physical therapy

- Occupational therapy
- Speech therapy
- Prevocational services
- Habitation–day
- Homemaker
- Home-delivered meals
- Personal assistant
- Personal emergency response system (PERS)
- Respite
- Specialized medical equipment supplies
- Behavioral services (provider holds an M.A. or Ph.D.)

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

- Assisted living

Limited covered services

Some care that may be or may not be covered

YouthCare follows the law when covering and making records of some 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

Some care that isn't authorized

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
- Retail costs beyond the allowed amount for glasses and contact lenses

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

Dental services

Care that keeps smiles healthy

Dental services are a covered benefit for all members. Services from vendors in school dental programs are covered. So is care from our in-network providers. YouthCare dental benefits include:

- Dental services at in-school dental programs
- Routine preventive exams and cleanings (twice per calendar year)
- Oral surgery
- Restorations
- Complete dentures
- Extractions
- Sedation
- Practice visits to help young children get over fear of the dentist
- Orthodontics

All emergency dental services are covered.

All dental services must be medically necessary. Prior authorization may be required. You must go to an in-network dentist or an approved vendor. To find a dentist, call Member Services at **844-289-2264** (TTY: **711**) or go to ILyouthcare.com and use the Find a Provider tool.

Vision services

Coverage for eye care

Members don't need a PCP referral for routine eye care from an eye doctor.

Some eye doctors can also treat members for eye diseases that don't need surgery. YouthCare vision benefits cover all these services.

You must use an in-network provider. To pick an eye doctor, call YouthCare at **844-289-2264** (TTY: **711**). Or, you can call your Care Coordinator for support getting eye care.

YouthCare covers eyecare visits and the member's choice of either glasses or contacts.

Eye care visits: Members can get an eye exam once a year. If eyesight changes a lot, more exams are covered. Members can also get their lost or broken glasses replaced as often as needed.

Frames: Members getting eyeglasses can choose from our standard selection of frames. Or they can opt out and use a $100 allowance toward the retail value of frames. If the value of the retail frames is above $100, you will need to pay the difference.

Lenses: Single, bifocal, trifocal, and lenticular lenses are covered in full. Polycarbonate lenses are covered in full.

Contact lenses: YouthCare covers the full fitting fee. Members can use an $80 retail value allowance toward the price of the contacts. If the retail price of the lenses is above $80, you will need to pay the difference.

Replacement eyeglasses: If glasses are lost or broken, replacement glasses are covered. Initial frames are covered up to a $100 allowance. Replacement frames are covered up to a $25 allowance. Members are responsible for any costs that exceed the applicable allowance.

For youth enrolled in Chicago Public Schools (CPS), some services may come from eyeglass vendors. YouthCare covers care from those vendors.

Pharmacy services

About getting no-cost medications

YouthCare uses a preferred drug list (PDL) created jointly with the Illinois Department of Healthcare and Family Services (HFS). This is also called a formulary. It's a list of drugs that can be used to treat health conditions and improve outcomes.

If your youth in care needs a drug that does not appear on the formulary, the prescriber may ask for a review.

You must pick up drugs at one of our 1,500 in-network pharmacies. Prescriptions filled at out-of-state pharmacies may not be covered.

YouthCare provides another option for members to receive drugs that they take daily. This is our maintenance medication program. You can get a 90-day (three-month) supply at most in-network pharmacies, or have them delivered to you.

Please call Member Services at **844-289-2264** (TTY: **711**). We'll answer your questions and help you sign up for prescription delivery.

Psychotropic medication consent

Some mental health drugs need DCFS consent.

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 to get youth to their appointments

YouthCare covers services to help transport members to their appointments. These include:

- Healthcare appointments
- Court-ordered activities
- Visits to siblings and birth family
- Activities to address social drivers of health (SDOH) needs, like going to food pantries and housing appointments
- Activities to support cultural/ethnic identity

If you need transportation to or from a member's appointment, please call us at least **three (3) calendar days in advance** and we will schedule a ride. You can bring a guest if needed. Youth under the age of 18 cannot ride alone. They must be accompanied by an adult at least 18 years of age. Members who are pregnant or parenting can ride without an adult. Call YouthCare at **844-289-2264** (TTY: **711**).

YouthCare pays for gas if you're able to drive your youth in care or if you get a ride to and from any qualifying appointments.

YouthCare will provide other transport, including:

- Public transportation
- Door-to-door trips, if medically necessary
- Americans with Disabilities Act (ADA) paratransit

We'll help you 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
- 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

Extras to help youth thrive

Free gym membership at select locations for youth age 16 or older. Youth must complete a health risk screening, annual wellness visit, and BMI measurement to be eligible.

After-school care at one of our local partners for youth who qualify. Youth must be between ages 6 and 18 and complete a health risk screening and annual well-child visit.

Three free school uniforms every year for youth in grades 1 to 5. Members must complete a health risk screening and annual well-child visit, have up-to-date vaccinations, and complete a BMI measurement.

My Health Pays® is YouthCare's program that rewards members for getting needed care. Members will receive a My Health Pays debit card pre-loaded with reward dollars earned. New rewards will be added to that card as the member completes more eligible activities. For more information, call Member Services at **844-289-2264** (TTY: **711**).

Members can earn the following rewards:

- $25 for child and adolescent well-care visits (age 3-21)
- $50 for comprehensive diabetes testing (age 18-21)
- $10 for Health Risk Screening
- $10 for Health Risk Assessment
- $50 when they follow up with a behavioral health provider within 7 days of discharge from a behavioral health facility
- $25 when they follow up with a behavioral health provider within 30 days of discharge from a behavioral health facility
- $50 if Notification of Pregnancy form is completed within first trimester
- $25 if Notification of Pregnancy form is completed within second trimester
- Baby gear for completion of the OB Assessment Form*
- $100 when they complete one postpartum care visit (7-84 days after they have the baby)
- $20 annual dental visit
- $10 well-infant visit (age 0-15 months, one (1) visit per calendar year)
- $10 well-child visit (age 16-30 months, two (2) visits per calendar year)

*Member's choice of playpen/cribette, high chair, stroller, car seat, or "Baby Shower in a Box"

Immunizations

- Infants age 0-24 months:
  - $25 rotavirus
  - $10 pneumococcal
  - $10 Hep A
  - $10 Hep B
  - $10 chickenpox
  - $10 HIB
  - $10 IPV
  - $10 DTaP
  - $25 flu
  - $10 MMR
- Youth age 11-13:
  - $25 Tdap
  - $25 meningitis
  - $50 HPV #1
  - $75 HPV #2

The My Health Pays card can be used to:

- Shop at Walmart (some restrictions apply)
- Pay for utilities, transportation, rent, telecommunications, and child care
- Buy over-the-counter medicines
- Purchase health and wellness items for:

- Baby care
- Diabetes care
- First aid
- Home health care
- Personal care (shampoo, body wash, feminine hygiene products, etc.)

Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.

If you use My Health Pays incentives for rent or utilities, Housing and Urban Development (HUD) requires it to be reported as income if you seek assistance. Contact your local HUD office if you have questions.

SafeLink Wireless®

YouthCare partners with SafeLink Wireless to help members stay connected. SafeLink is a federally funded program. It provides free cell phones and service to people who 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 basic benefits of a SafeLink phone, plus more at no cost!

- Unlimited inbound text messages
- Unlimited calling to YouthCare Member Services
  - Will not count toward 350 minutes

Care Coordination

Personalized plans for each youth's care

YouthCare Care Coordination provides education and one-on-one help for members. The program is designed to support members and get them the quality care they need. All members are assigned a Care Coordinator as soon as they're enrolled in YouthCare.

Each Care Coordinator helps manage the member's care by:

- Staying in touch with members or caregivers and their healthcare providers
- Building efficient care plans
- Assessing the youth's health needs
- Teaming up to set short- and long-term goals

A Care Coordinator is a resource person who:

- Acts as the link to YouthCare
- Explains covered benefits
- Answers general questions about getting treatment
- Assists with referrals to specialists and healthcare facilities
- Helps members navigate the healthcare system
- Talks through care options and choices
- Plans a discharge out of the hospital
- Connects members with community resources

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

Please contact Member Services at **844-289-2264** (TTY: **711**) to receive the member's Care Coordinator's name and contact information. Or you can find that information in the Member Portal at member.ILyouthcare.com.

Health coaching & disease management programs

One-on-one support for important health needs

YouthCare offers health coaching programs to help manage certain conditions. There's no cost for members to participate.

Each youth enrolled in these programs gets a coach. That's added support on top of the care coordination that all members receive.

Each Health Coach gets special training. Some are respiratory therapists. Others are dietitians, nurses, or diabetes specialists. And some can help a member quit smoking.

These are the health coaching programs and the age groups that are eligible.

- Exercise, stress, and weight management: age 18 and up
- Obesity and nutrition: age 2 and up
- Asthma: all ages
- Diabetes: all ages
- Tobacco cessation and Puff-Free Pregnancy: all ages
- Heart disease/high blood pressure: age 18 and up
- Anxiety and depression: age 18 and up

Complex and special healthcare needs

YouthCare has medical professionals who are trained to help members with their specific needs. Members of all ages can enroll. Please call us if you would like help with a member's serious illness or condition.

For more information about YouthCare's health coaching programs, contact the member's Care Coordinator or Member Services at **844-289-2264** (TTY: **711**).

Start Smart for Your Baby® program

Support for pregnant members

YouthCare wants to help members take care of themselves and their babies through the whole pregnancy. Start Smart for Your Baby is a special program for our pregnant members. You can get program information by mail, telephone, and at StartSmartForYourBaby.com. Or contact the member's Care Coordinator to learn more about this program.

Our Start Smart staff can answer questions and give support if there's a problem. We can even arrange for a YouthCare staff member to conduct a home visit if needed. To enroll in the Start Smart program, fill out a Notification of Pregnancy form in the Member Portal. And talk to the member's Care Coordinator.

Flu prevention

Flu vaccines to stay healthy

The flu vaccine is a safe way to prevent the flu. Everyone should get a flu vaccine each year. This is very important for people with chronic conditions, as the flu can cause serious health problems.

Members can get a flu vaccine at a local pharmacy or from their provider.

Recipient Restriction Program

Why you could need to work with a single pharmacy

It's important to prevent drug duplications and errors. YouthCare uses the Recipient Restriction Program, a pharmacy lock-in program. The program helps members who qualify work with a single source for prescription needs. To learn more, call Member Services at **844-289-2264** (TTY: **711**).

Mental health services

Care for each teen's and child's mental health

Behavioral health (or mental health) services are a type of healthcare that offers emotional support, treatment, counseling, and guidance. YouthCare covers inpatient hospital psychiatric services, an outpatient partial hospitalization program (PHP), and an intensive outpatient program (IOP). This plan also covers community and outpatient services in partnership with Illinois Department of Human Services (IDHS) Mental Health Rehab Option Services.

Substance misuse services: Substance misuse services are covered benefits through YouthCare's partnership with the Division of Substance Use Prevention and Recovery (SUPR). Inpatient substance use disorder (SUD) detoxification services are covered once every 60 days. Additional covered substance misuse services include:

- Detoxification
- Intensive outpatient care
- Outpatient services
- Screening and assessment

For children: YouthCare is committed to ensuring access to children's mental health services. We provide wraparound services for your family to help with your youth in care's mental health needs through opportunities like our Family-Driven Care Plan and our Family Leadership Council.

24-hour Crisis and Referral Entry Services (CARES): YouthCare offers a mental health crisis line called CARES. It is available 24 hours a day, 7 days a week by calling **800-345-9049**. All services are confidential.

Mental health crisis response

24/7 support for mental health needs

YouthCare members can use the 24-hour Crisis and Referral Entry Services (CARES) line to talk to a mental health professional. Call right away if the member:

- Is a risk to themselves or others
- Is having a mental health crisis
- Would like a referral to services

Call the CARES line at **800-345-9049** (TTY: **773-523-4504**).

If anyone in your family has thoughts of harming themselves or others, call 988. You'll be connected to a mental health professional at the Suicide and Crisis Lifeline.

Promoting Adoption Success™

Support from foster home to adoption

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. Supporting adoption is unique and a critical way to help prevent adoption disruption during placement or after finalization. YouthCare, and its parent company, Centene Corporation, have extensive expertise in supporting youth in care during adoption. Centene has implemented the Promoting Adoption Success 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 healthcare coordination in combination with enhanced adoption-specific advocacy for youth:

- As they transition to adoption
- In adoptive placement
- After adoption finalization

Contact the member's Care Coordinator or Member Services for more information.

Adolescent to Adulthood (a2A)

Access to care for youth age 17-21

Young adults who are leaving the DCFS system have many needs. Continued healthcare access is one of them. YouthCare supports these members. a2A is the YouthCare program designed to serve youth when they reach the age of 17. a2A keeps helping these youth through age 21.

LGBTQ+ affirming care

Access to tailored care and benefits

YouthCare has Care Coordinators who specialize in LGBTQ+ affirming care. These dedicated staff support the medical, mental health, and psychosocial needs of LGBTQ+ youth.

YouthCare covers gender-affirming medical care in accordance with the World Professional Association for Transgender Health (WPATH) standards and medical necessity.

Advance directives

Preparing for healthcare decisions

An advance directive is a written decision you make about your healthcare 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 healthcare 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 provider. 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 an advance directive. 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. You can complete the Illinois Power of Attorney for Health Care form found on the Illinois Department of Public Health website: https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/powerofattorneyhealthcareform.pdf. You can also call YouthCare Member Services at **844-289-2264** (TTY: **711**).

Grievances & appeals

If there are concerns about YouthCare services

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.

If you want help with filing a grievance or appeal, or have other concerns, you can call the DCFS Advocacy office at **800-232-3798** or email DCFS.HealthPlan@illinois.gov.

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 healthcare services or your benefits coverage. If the grievant is a customer of the Vocational Rehabilitation (VR) program, the grievant may have the right to the assistance of the DHS-ORS Client Assistance Program (CAP) in the preparation, presentation, and representation of the matters to be heard.

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

- Your provider or 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 733
Elk Grove Village, IL 60009-0733
Fax: 833-920-1747

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 or DCFS may have to pay for the services. You may have to pay for the cost for services you receive during the appeal review if the child is a former youth in care. If the child is a DCFS youth in care, DCFS may be responsible for paying for services provided during the appeal review.

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**).
2. Mail or fax your written appeal request to:

YouthCare
Attn: Grievance and Appeals Dept.
PO Box 733
Elk Grove Village, IL 60009-0733
Fax: 833-920-1747

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.

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. You may find this form on our website at ILyouthcare.com.

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 received during the appeal review if the child is a former youth in care. If the child is a DCFS youth in care, DCFS may be responsible for paying for the services provided 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, and the child is a former youth in care, you may be responsible for paying for the services provided to you during the appeal process. If the child is a DCFS youth in care, DCFS may be responsible for paying for the services provided 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/access/appeals to set up an ABE Appeals Account and submit a State Fair Hearing 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, 4th Floor
  Chicago, IL 60602
  Fax: 312-793-2005

  Email: **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, 9th Floor
Chicago, IL 60602
Fax: 312-793-3387

Email: **DHS.HSPAppeals@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 https://abe.illinois.gov/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 733
Elk Grove Village, IL 60009-0733
Fax: 833-920-1747

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 specification. Your letter must ask for an external review of that action.

YouthCare
Attn: Grievance and Appeals Dept.
PO Box 733
Elk Grove Village, IL 60009-0733

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

You have rights and responsibilities. Here's what you need to know.

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

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 DCFS caseworker/post-adoption worker 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 & neglect

Let us know when something isn't right.

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 right away. You can call Member Services at **844-289-2264** (TTY: **711**).

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: 844-528-8444

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.

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

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

Definitions

Important terms to know

Adolescent to Adulthood (a2A) is the program providing healthcare access to youth in care when they reach the age of 17. a2A keeps helping these youth through age 21.

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 member has been medically cleared for discharge.

Care Coordinator is a YouthCare staff member who will be helping with your healthcare.

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 misuse 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 healthcare service, usually when you receive the service. The amount can vary by the type of covered healthcare 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 and 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 healthcare 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 healthcare 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 troubleshoot any needs a member and/or caregiver may have.

HealthWorks means a comprehensive system of healthcare developed by DCFS for all Illinois children and youth in care that ensures they have access to quality healthcare, routine healthcare, and special healthcare that meets their identified healthcare needs and provides documentation of health needs and healthcare information that is readily accessible to caregivers, other healthcare providers, and DCFS. HealthWorks provides access to and referral for primary healthcare physicians, initial health screenings, comprehensive health evaluations, well child examinations, and immunizations.

Home Health Care means healthcare 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 healthcare 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 healthcare service, treatment plan, prescription drug, or durable medical equipment is medically necessary. It is sometimes called preauthorization, prior approval, or precertification. Your health

insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization 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 healthcare services.

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

Promoting Adoption Success™ is a specialized YouthCare program supporting permanency for children and youth in care. This program will target children and youth moving towards adoption, youth and families during the process of adoption, and adopted youth until they turn 21 as well as their adoptive families.

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 healthcare 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.

Social Drivers of Health (SDOH) are the circumstances in which a person lives, works, grows, ages, and plays. These drivers affect how people receive healthcare and their health as a whole. They impact quality of life. Some of these drivers include income, safe housing, and access to education and healthy food.

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.

Start Smart for Your Baby® is our support program for pregnant members through the whole pregnancy. Start Smart staff answers questions, provides support, and can arrange home visits. Enroll in the program by filling out a Notification of Pregnancy form in the Member Portal.

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

YouthCare HealthChoice Illinois (YouthCare) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). YouthCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

YouthCare:

Provides free aids and services to people with disabilities to communicate effectively, such as:

- Qualified sign language interpreters
- 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
- Information written in other languages
- If you need these services, contact YouthCare Member Services 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 (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

1557 Coordinator
PO Box 31384
Tampa, FL 33631
855-577-8234 (TTY: 711)
FAX: 866-388-1769
SM_Section1557Coord@centene.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our 1557 Coordinator 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

This notice is available at **ILyouthcare.com**

English: YouthCare offers no cost language assistance, auxiliary aids and services, larger font materials, oral translation, and other alternative formats. For assistance call 844-289-2264 (TTY: 711), Monday through Friday, 8 a.m. to 6 p.m.

Español (Spanish): YouthCare ofrece sin cargo asistencia lingüística, servicios y ayudas auxiliares, materiales en letra grande y en otros formatos alternativos, y servicios de interpretación. Si necesita ayuda, llame al 844-289-2264 (TTY: 711), de lunes a viernes, de 8 a.m. a 6 p.m.

Polski (Polish): YouthCare oferuje bezpłatne wsparcie językowe, pomoce i usługi dodatkowe, materiały złożone większą czcionką, tłumaczenie ustne i inne alternatywne formy udzielania informacji. W celu uzyskania pomocy należy zadzwonić pod numer 844-289-2264 (TTY: 711), od poniedziałku do piątku od 8:00 do 18:00.

繁體中文 (Chinese): YouthCare 提供免費的語言協助、輔助工具和服務、更大字型的材料、口語翻譯和其他替代格式。如需協助，請致電 844-289-2264 (TTY：711)，週一至週五，上午 8 點至下午 6 點可致電。

한국어 (Korean): YouthCare 에서는 무료로 언어 지원, 보조 자료 및 서비스, 더 큰 글씨로 된 자료, 구두 번역 및 기타 대체 형식을 제공합니다. 도움이 필요하면 844-289-2264 (TTY: 711)로 월요일부터 금요일까지 오전 8시부터 오후 6시까지 전화하세요.

Tagalog (Tagalog-Filipino): Nag-aalok ang YouthCare ng libreng tulong sa wika, mga karagdagang tulong at serbisyo, mga materyal na may mas malalaking font, pasalitang pagsasalin, at iba pang alternatibong format. Para sa tulong, tumawag sa 844-289-2264 (TTY: 711), Lunes hanggang Biyernes, 8 a.m. hanggang 6 p.m.

العربية (Arabic): تقدم YouthCare مساعدة مجانية للخدمات اللغوية، وخدمات ومساعدات إضافية، ومواد مكتوبة بخطوط أكبر، وترجمة شفوية، وغيرها من التنسيقات البديلة. للمساعدة اتصل بالرقم 844-289-2264 (الهاتف النصي: 711)، من الاثنين إلى الجمعة، من الساعة 8 صباحًا إلى الساعة 6 مساءً.

Русский (Russian): YouthCare предлагает бесплатную языковую помощь, вспомогательные средства и услуги, материалы с более крупным шрифтом, устный перевод и другие альтернативные форматы. Чтобы получить помощь, звоните по номеру 844-289-2264 (TTY: 711) с понедельника по пятницу, с 8:00 до 18:00.

ગુજરાતી (Gujarati): YouthCare કોઈ ખર્ચ વિના ભાષાકીય સહાય, સહાયક સહાય અને સેવાઓ, મોટી ફોન્ટ સામગ્રી, મૌખિક અનુવાદ અને અન્ય વૈકલ્પિક ફોર્મેટ ઓફર કરે છે. સહાયતા માટે 844-289-2264 (TTY: 711) પર, સોમવાર થી શુક્રવાર, સવારે 8 થી સાંજે 6 વાગ્યા સુધી કૉલ કરો.

اُردُو (Urdu): YouthCare بغیر کسی لاگت والی لسانی مدد، معاون امداد اور خدمات، بڑے فونٹ والے مواد، زبانی ترجمہ، اور دیگر متبادل فارمیٹس کی پیشکش کرتا ہے۔ مدد کے لیے کال کریں 844-289-2264 (TTY: 711)، پیر تا جمعہ، 8 بجے صبح تا 6 بجے شام۔

Tiếng Việt (Vietnamese): YouthCare cung cấp hỗ trợ ngôn ngữ, các dịch vụ và hỗ trợ phù hợp, tài liệu khổ chữ lớn, thông dịch, và các định dạng thay thế khác miễn phí. Để yêu cầu trợ giúp xin gọi 844-289-2264 (TTY: 711), thứ Hai đến thứ Sáu, 8 giờ sáng đến 6 giờ chiều.

Italiano (Italian): YouthCare fornisce, senza costi aggiuntivi, assistenza linguistica, servizi e supporti ausiliari, materiali a caratteri ingranditi, traduzione orale e altri formati alternativi. Per assistenza, è possibile contattare 844-289-2264 (TTY: 711), dal lunedì al venerdì, dalle 8:00 alle 18:00.

हिंदी (Hindi): YouthCare निःशुल्क भाषाई सहायता, सहायक साधन और सेवाएं, बड़े फ़ॉन्ट वाली सामग्री, मौखिक अनुवाद और अन्य वैकल्पिक प्रारूप प्रदान करता है। सहायता के लिए 844-289-2264 (TTY: 711) पर, सोमवार से शुक्रवार, सुबह 8 बजे से शाम 6 बजे तक, कॉल करें।

Français (French): YouthCare offre une assistance linguistique, des aides et services auxiliaires, des documents en plus gros caractères, une traduction orale et d'autres formats alternatifs gratuits. Pour obtenir de l'aide, appelez le 844-289-2264 (ATS : 711), du lundi au vendredi, de 8 h à 18 h.

λληνικά (Greek): Η YouthCare παρέχει δωρεάν γλωσσική υποστήριξη, συνοδευτικά βοηθήματα και υπηρεσίες, υλικά με μεγαλύτερη γραμματοσειρά, προφορική μετάφραση και άλλες εναλλακτικές μορφές. Για βοήθεια, καλέστε στο 844-289-2264 (TTY: 711), Δευτέρα έως και Παρασκευή, 8 π.μ. έως 6 μ.μ.

Deutsch (German): YouthCare bietet kostenlose Sprachassistenz, Hilfsmittel und Dienste, Material mit großer Schrift, mündliche Übersetzungen und andere alternative Formate. Für Unterstützung rufen Sie 844-289-2264 an (TTY: 711), Montag bis Freitag von 8 bis 18 Uhr.

Notice of privacy practices

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 protected health information (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 healthcare 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 healthcare services provided to you. We may disclose your protected health information to another health plan, to a healthcare 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
- 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 healthcare 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 contact you to ask if we can 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. You do not have to agree to this, and you can request that we do not contact you about this again.

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 of 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 healthcare; 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 healthcare 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 a 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, healthcare 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/.

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 733
Elk Grove Village, IL 60009-0733
844-289-2264 TTY: 711

Contact us.

YouthCare Member Services

844-289-2264
(TTY: 711)

Monday–Friday,
8:00 a.m. to 6:00 p.m.

Keep track of your care team.

Use this page to write down the names and contact information for the providers that the YouthCare member sees regularly. These could include PCPs, mental health providers, dentists, specialists, and more.

Provider name: _____
Specialty: _____
Phone number: _____
Address: _____
_____

Provider name: _____
Specialty: _____
Phone number: _____
Address: _____
_____

Provider name: _____
Specialty: _____
Phone number: _____
Address: _____
_____

Provider name: _____
Specialty: _____
Phone number: _____
Address: _____
_____

Provider name: _____
Specialty: _____
Phone number: _____
Address: _____
_____

Provider name: _____
Specialty: _____
Phone number: _____
Address: _____
_____

YouthCare™
HealthChoice Illinois

YouthCare HealthChoice Illinois
PO Box 733
Elk Grove Village, IL 60009-0733

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

State Approved: 09/25/2026