

## Youth In Care Program

Dear Member,

Blue Cross Community Health Plans is offered by Blue Cross and Blue Shield of Illinois. The Youth In Care program is dedicated to members who are in the custody of the Illinois Department of Children and Family Services (DCFS). Current and former Youth In Care members are eligible for all the same benefits under Blue Cross Community Health Plans. There are no copays or deductibles, and prior authorization rules remain the same. We have included important information about your benefits below.

### **Important Phone Numbers and Contacts:**

If you have any questions or concerns about your Blue Cross Community Health Plans services, you can call the DCFS Advocacy Office at 800-232-3798 or email [DCFS.HealthPlan@illinois.gov](mailto:DCFS.HealthPlan@illinois.gov).

### **Psychotropic Medication 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 Guardianship Administrator 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.

### **Significant Events:**

Significant Events – 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.

### **Grievance and Appeals:**

To file a grievance or share concerns, call the DCFS Advocacy Office at 800-232-3798 or email [DCFS.HealthPlan@illinois.gov](mailto:DCFS.HealthPlan@illinois.gov). If you need help filing an appeal, the DCFS Advocacy Office can assist.

### **Adverse Benefit Determination:**

If the Blue Cross Community Health Plans decision agrees with the Adverse Benefit Determination and the child is a DCFS Youth In Care, DCFS may be responsible for paying for the services provided during the appeal review. If the Blue Cross Community Health Plans decision does not agree with the Adverse Benefit Determination, we will approve the services to start right away.

If you have any further questions, please call Member Services. We can be reached at **1-877-860-2837**. TTY/TDD users, please call **711**. We are available 24 hours a day, seven (7) days a week. The call is free.

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

To ask for supportive aids and services, or materials in other formats and languages for free, please call,  
1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, 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 Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35<sup>th</sup> floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, [Civilrightscoordinator@hcsc.net](mailto:Civilrightscoordinator@hcsc.net). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights 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 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

