



Children Need 2 Exams

There are two (2) exams that are required for every child that comes into foster care:

- An **Initial Health Screening (IHS)** is required for all children within 24 hour of being taken into custody by DCFS and preferably before placement. The purpose of the Initial Health Screening is to: Treat any acute medical needs, document the presence or absence of medical problems, document and treat any signs of physical abuse, sexual abuse or neglect, assess and treat any infectious or communicable diseases, provide the DCFS/POS Worker with medical information to be used in making the appropriate placement decision for the child.
- If the child was hospitalized at the time of custody being taken, then the Hospital Discharge Exam paperwork will replace the Initial Health Screen Paperwork.
- Part of the IHS paperwork is a Consent For Ordinary and Routine Medical and Dental Care, which has already been signed by the DCFS Guardianship Administrator. The site that you visit must have this form so they are able to examine and treat the child.
- At the bottom of the Health Services Encounter Form you will see who is to receive which colored copies of the form.
 - 1) White copy = HealthWorks
 - 2) Yellow copy = Foster Parent (SCG)
 - 3) Pink copy = DCFS
 - 4) Gold copy = Medical provider/clinic
- All children for whom a court awards DCFS Temporary Custody are required to receive a **Comprehensive Health Evaluation (CHE)**, within 21 days after temporary custody is awarded DCFS by the Juvenile Court. The purpose of this assessment is to perform an in-depth health evaluation of the child and to make appropriate future health plans. The Comprehensive Health Evaluation is usually performed by the Physician who will also be the child's assigned /selected Primary Care Provider.

Thank you for your continued cooperation

HEALTHWORKS of Illinois -- HEALTH SERVICES ENCOUNTER FORM

Please use 1 form for each child - Please see instructions on the reverse side

PLEASE PRINT!

Child's Name (Last, First, MI):			Sex:	Age:	D.O.B.:
Ethnicity:	Language Spoken:	Patient Social Security # (if known):			
Mother's Name:		Mother's Phone #:			
Current or Planned Placement Street Address:					Apt #:
City:	St.:	Zip Code:	Placement Location Phone #:		
Placement Type:	Name of Adult Contact at Placement Location:				

Current Case Worker Name:		Case Worker ID #:	
Telephone #:		Region/Site Field:	
DCFS Child Case #:	Prot Custody Date:	Prot Custody Time:	
Temp IDPA Medical Card Serial #:	Date Temporary Custody Awarded:		
Child's IDPA Recipient #:			
Child's IDPA Case:			
Previous Health Provider:			Phone #:

Exam Date	Time IN: AM	Time OUT: AM	Exam Type	Initial Health Screening Comprehensive Eval	# of Children in Group
Name of Adult Escorting Child to Exam:					
Who gave consent for examination/treatment:					
Phone #:					
Case worker:					
Care Taker:					
Supervisor:					
Parent/Guardian:					

Provider Site Name:		
Provider Street Address:		
City:	St.:	Zip Code:
Provider Phone #:		

Caseworker or Adult Escorting Child must complete the TOP portion of this form. Medical Provider completes BOTTOM portion of form.

Health Problems Identified / Suspected per Initial Health Screening:

Mental Health Status: _____

Substance Abuse: _____

Physical Abuse: _____

Sexual Abuse: _____

Immunization History: _____

Communicable Diseases: _____

Other Health Problems: _____

Follow-up Care & Evaluations Required / Recommended:

	With 24 Hrs.	With 72 Hrs.	Primary Care MD

Current Prescribed Medications: Rx:

(Include medications prescribed today and previous, if known)

Immunizations / Treatments Given Today:

Lab/Test Results Pending - Please call	Phone #:
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Referral for follow-up medical care made to:	Phone #:
----------------------------------------------	----------

PHYSICIAN: Please Indicate Placement Recommendation

<input type="checkbox"/> No Medical Restrictions on Placement
<input type="checkbox"/> Hospitalization Required - Admit to _____ Hospital
<input type="checkbox"/> Ongoing Supervision By Health Professional Required - see plan above
<input type="checkbox"/> Communicable Disease / Conditions
<input type="checkbox"/> Behavioral Concerns-Please Explain.
<input type="checkbox"/> Other-Please Explain

EXAM TYPE/Health Passport Status/Physician Signature		Examining Physician's Name	Examining Physician's Signature/Date:	Time
Exam Type	# of Children in Group	PLEASE PRINT!!		
<input type="checkbox"/> Initial Health Screening				
<input type="checkbox"/> Comprehensive Eval				
Was Child's Health Passport:	Initiated @ comp?			
If not, please indicate why				

BODY DIAGRAM

Name: _____

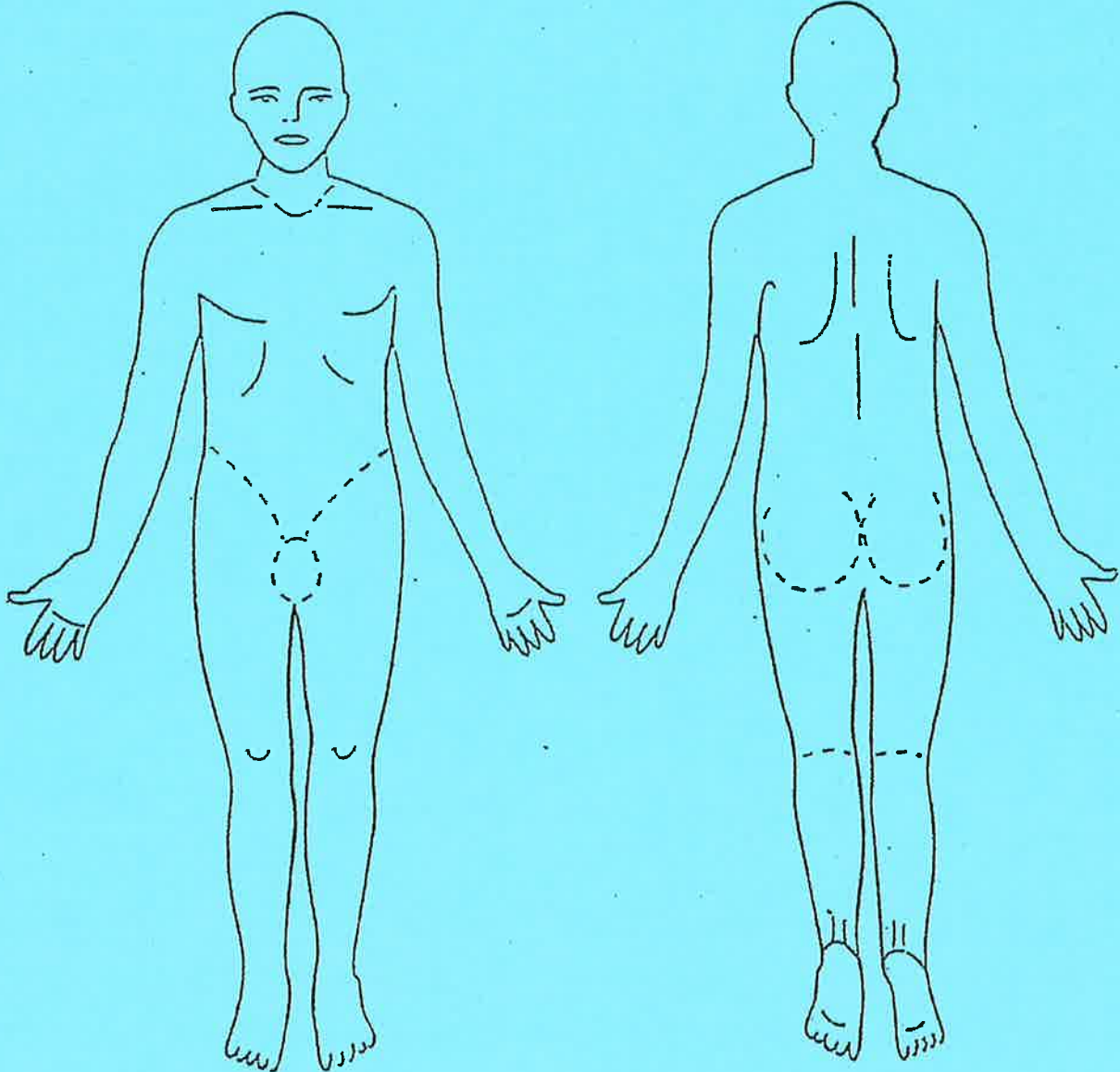
CAP Case: _____

Body diagram:

_____ Chart any injuries or skin injuries noted.

_____ None

Comments: _____

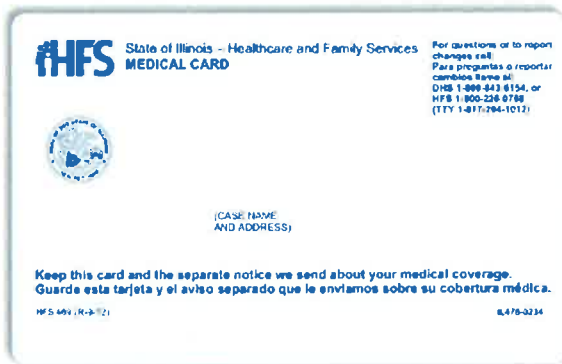


WHITE COPY: HealthWorks

YELLOW COPY: Retain with Health Passport

PINK COPY: DCFS

GOLD COPY: Provider Records



MEDICAL CARD COVERAGE &

PROVIDER PAYMENT FOR MEDICAL SERVICES

Children in the care and custody of DCFS are eligible for medical services through the Department of Healthcare & Family Services and are issued a Temporary Medical Eligibility Card when protective custody is taken of the child. A Recipient Identification Number (RIN) is issued for each child and will begin with the numbers “98”. Children in category 98 (DCFS related/responsible) are excluded from co-pays and enrollment in managed care plans. Children in category 98 who have an Illinois Medicaid card should receive medical services from an Illinois Medicaid enrolled provider. Illinois Medicaid enrolled providers should accept Illinois Medicaid payments as payment in full.

For questions regarding the medical card, call the **DCFS medical card hotline** at 1-800-228-6533. This toll free number is used in the following situations:

- If a medical card was not received by the substitute caregiver/foster parent
- If a change in placement has resulted in a change in address
- If the child’s name and/or birth date is incorrect
- Providers may call to verify RIN number and periods of eligibility
- If HealthWorks Lead Agency receives a call that the ward does not yet have a medical card, the technical support staff can fax a copy or call with RIN information.

Medical providers who wish to enroll as a Illinois Medicaid Provider should contact the Department of Healthcare & Family Services to fill out a “Provider Enrollment Application/Illinois Medical Assistance Program”, as well as the “Primary Care Provider Agreement.” Please visit <http://www.hfs.illinois.gov/> or call the HFS Provider Participation Unit at 217-782-0538 for your enrollment.

State of Illinois

Department of Healthcare and Family Services



PRIMARY CARE PROVIDER HANDBOOK

1-877-912-1999

www.illinoishealthconnect.com

Illinois Health Connect is administered by:



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F. Excluded Populations from Mandatory Enrollment in IHC

Some HFS (Medicaid) clients are excluded from the IHC program and do not have to select a PCP:

- People who receive Medicare
- Children under age 21 who get Supplemental Security Income (SSI)
- Children in foster care and children who get Subsidized Guardianship or Adoption Assistance from DCFS (Department of Children and Family Services)
- Children under age 21 who are blind or who have a disability
- People who live in nursing facilities (i.e. ICF/DD; ICF/MI; State Operated)
- American Indians and Alaska Natives
- People with Spend-down
- People in Presumptive Eligibility programs
- Refugees
- People enrolled for treatment in the Health Benefits for Persons with Breast or Cervical Cancer Program
- People living in Community Integrated Living Arrangements (CILAs)
- Children under age 21 whose care is managed by the Division of Specialized Care for Children (DSCC) of the University of Illinois at Chicago
- People in the Program for All-Inclusive Care for the Elderly (PACE)
- People with high level private health insurance (third party liability)
- People enrolled in the following programs with no other medical eligibility
 - Illinois Healthy Women
 - All Kids Rebate and FamilyCare Rebate
 - Illinois Cares Rx (formerly SeniorCare/Circuit Breaker)
 - Transitional Assistance, age 19 and older
 - Emergency Medical Only
 - Hospice
 - Sexual Assault, Renal, and Hemophilia programs.
- Some people who get Home and Community-Based services, like the Community Care Program, or Community Services for Persons with Developmental Disabilities, that are not elderly or do not have a disability

While HFS encourages these clients to establish a medical home, care can be rendered by any HFS enrolled provider and the claim will not reject for lack of IHC Referral.

Important Note: All providers should verify via the MEDI system if the patient has a PCP. If MEDI does not list a PCP then the claim will not reject due to a lack of IHC referral. You should check even if you think the patient is in the excluded population. Providers should always verify that a PCP is not listed on the MEDI system.



42 CFR 438.50 - State Plan requirements.

§ 438.50 State Plan requirements.

(a) General rule. A State plan that requires Medicaid beneficiaries to enroll in managed care entities must comply with the provisions of this section, except when the State imposes the requirement—

- (1) As part of a demonstration project under section 1115 of the Act; or
- (2) Under a waiver granted under section 1915(b) of the Act.

(b) State plan information. The plan must specify—

- (1) The types of entities with which the State contracts;
- (2) The payment method it uses (for example, whether fee-for-service or capitation);
- (3) Whether it contracts on a comprehensive risk basis; and
- (4) The process the State uses to involve the public in both design and initial implementation of the program and the methods it uses to ensure ongoing public involvement once the State plan has been implemented.

(c) State plan assurances. The plan must provide assurances that the State meets applicable requirements of the following statute and regulations:

- (1) Section 1903(m) of the Act, for MCOs and MCO contracts.
- (2) Section 1905(t) of the Act, for PCCMs and PCCM contracts.
- (3) Section 1932(a)(1)(A) of the Act, for the State's option to limit freedom of choice by requiring beneficiaries to receive their benefits through managed care entities.
- (4) This part, for MCOs and PCCMs.
- (5) Part 434 of this chapter, for all contracts.
- (6) Section 438.6(c), for payments under any risk contracts, and § 447.362 of this chapter for payments under any nonrisk contracts.

(d) Limitations on enrollment. The State must provide assurances that, in implementing the State plan managed care option, it will not require the following groups to enroll in an MCO or PCCM:

- (1) Beneficiaries who are also eligible for Medicare.
- (2) Indians who are members of Federally recognized tribes, except when the MCO or PCCM is—
 - (i) The Indian Health Service; or