



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3542

Introduced 2/14/2020, by Sen. Andy Manar

SYNOPSIS AS INTRODUCED:

20 ILCS 505/5.45a new

Amends the Children and Family Services Act. Provides that any foster child 6 years old or younger who participates in the Family Case Management program established under the Illinois Family Case Management Act, shall be exempt from the State's Medicaid managed care program for those services that are provided by local health departments, federally qualified health centers, and local community-based agencies under the Family Case Management program. Requires the Department of Children and Family Services to refer foster children to the Department of Human Services for participation in the Family Case Management program for specified services and care, including, but not limited to: (i) prenatal care; (ii) early and periodic screening, diagnosis and treatment services; and (iii) other specialized services for families with additional challenges and needs. Provides that foster children shall also receive case management services under the Family Case Management program that involve individualized assessment of needs, planning of services, referral, monitoring, and advocacy to assist a client in gaining access to appropriate services.

LRB101 20352 KTG 69897 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Children and Family Services Act is amended
5 by adding Section 5.45a as follows:

6 (20 ILCS 505/5.45a new)

7 Sec. 5.45a. Managed care exemption for foster children.

8 (a) Findings and purpose. The General Assembly finds as
9 follows:

10 (1) The most formative years in a child's life are from
11 zero to 6 years of age when preventive health care
12 appointments are greater in number. This timeframe is a
13 critical growth and development stage that can affect and
14 influence a child's life course trajectory with
15 implications for the child's health later in life.

16 (2) Family case management services are proven to be
17 effective in improving the health outcomes of women and
18 children and lowering the incidence of infant morbidity and
19 mortality, particularly for those individuals linked to
20 the Special Supplemental Nutrition Program for Women,
21 Infants, and Children (WIC).

22 (3) Family case management improves the health and
23 development of children and families by providing the

1 earliest identification of their needs and promoting
2 linkages to address those needs.

3 (4) Data demonstrates significantly lower Medicaid
4 expenditures for pregnant and postpartum women and
5 children who have been enrolled in family case management
6 and WIC services than for Medicaid-eligible persons not
7 receiving case management services.

8 (5) Foster children already participate in other
9 health programs provided by local health departments and
10 community-based organizations. Foster children under the
11 age of 5 are automatically eligible for WIC services,
12 regardless of the income of the foster parent, which makes
13 the local health department staff uniquely equipped to
14 contact and support the addition and or continuation of a
15 child in WIC services. In addition to the WIC program,
16 there are other health department programs and services
17 that overlap with the population of foster care children
18 who are 6 years old or younger. Frequently children in
19 foster care have been exposed to drugs prenatally, received
20 poor prenatal care, and are born with risks that are
21 identified as adverse pregnancy outcomes. A referral from
22 the discharging hospital to the High Risk Infant
23 Follow-Up/Adverse Pregnancy Outcome Reporting System
24 program located in the local health department, leads to a
25 nurse case manager assignment and follow-up related to the
26 high risk medical needs of the child.

1 (6) As a critical component in delivering
2 comprehensive child health services in Illinois, it is the
3 purpose of this Section to provide for the recognition and
4 continuation of a program of family case management
5 services to ensure and provide statewide wrap-around
6 services targeted toward reducing adverse health outcomes
7 for foster children in the State of Illinois.

8 (b) Exemption. Any foster child 6 years old or younger who
9 participates in the Family Case Management program established
10 under the Illinois Family Case Management Act, shall be exempt
11 from the State's Medicaid managed care program for those
12 services that are provided by local health departments,
13 federally qualified health centers, and local community-based
14 agencies under the Family Case Management program. The
15 Department shall refer foster children to the Department of
16 Human Services for participation in the Family Case Management
17 program for the following services and care:

18 (1) prenatal care;

19 (2) early and periodic screening, diagnosis and
20 treatment services;

21 (3) immunizations;

22 (4) lead screenings;

23 (5) nutritional support; and

24 (6) other specialized services for families with
25 additional challenges and needs.

26 Foster children who are referred to the Department of Human

1 Services for participation in the Family Case Management
2 program shall receive case management services under the
3 program that involve individualized assessment of needs,
4 planning of services, referral, monitoring, and advocacy to
5 assist a client in gaining access to appropriate services.