N.B., et al.

v.

Whitehorn, et al.

Report of the Expert

June 2026

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Sixth Annual Subject Matter Expert Report
June 2026

Introduction

The N.B. lawsuit was filed in 2011 on behalf of Medicaid-eligible children under the age of 21 in the State of Illinois seeking certain mental and behavioral health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement of the federal Medicaid Act. Federal EPSDT statute and policies require the states to provide comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

On February 13, 2014, the United States District Court for the Northern District of Illinois (Court) certified the case as a class action for the following individuals: "All Medicaid-eligible children under the age of 21 in the State of Illinois: (1) who have been diagnosed with a mental health or behavioral disorder; and (2) for whom a licensed practitioner of the healing arts has recommended intensive home- and community-based services to correct or ameliorate their disorders." The resulting consent decree (N.B. Consent Decree) was filed with the Court in January of 2018.

The N.B. Consent Decree requires HFS to develop, through an Implementation Plan, a behavioral health delivery "Model" to provide Class Members with a continuum of Medicaid-authorized and required mental and behavioral health services, including home- and community-based services. The initial Implementation Plan was developed by HFS with input from the Expert, Class Counsel, and stakeholders, and was finalized by agreement of the parties on December 2, 2019. The first revised Implementation Plan was developed and agreed to by the Parties and Expert in October 2022. The first revised Plan was filed with the court and published on October 24, 2022. The link to the first revised Implementation Plan is available at:

https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/nbconsentdecreefirstrevisedimplementationplanoctober242022.pdf

To meet several Consent Decree requirements, the Department of Healthcare and Family Services (HFS) developed the Pathways to Success program (Pathways). Pathways was officially launched to begin serving Class Members in January of 2023. CY 2025 represents the third full year of implementation of Pathways available to Class Members.

The N.B. Consent Decree also requires an Expert to evaluate, provide input, and report to the parties and the Court during implementation of its requirements. The Consent Decree requires the Expert to file a written report to the Court and parties within sixty (60) days

after the first anniversary of the approval of the Implementation Plan and annually thereafter. The report is to provide information regarding the Defendant's progress on implementing the requirements of this Consent Decree and the Implementation Plan as necessary to meet the Benchmarks in the Consent Decree. This is the sixth report of the Expert, encompassing the timeframe of January 1, 2025, through December 31, 2025.

HFS has made considerable progress implementing many of the milestones in the first revised Implementation Plan. The Implementation Plan represented design activities of the Model that was proposed by HFS. HFS has completed most of the detailed activities set forth in the revised Implementation Plan from CY 2022 and continues to work to implement the remaining programming and concepts.

Pathways is moving to a new phase of implementation. This Expert Report will now focus specifically on the execution of the State's workplan (described below), focusing on HFS's progress toward meeting the intent of key paragraphs in the Consent Decree.

As discussed in the CY 2024 report, the Expert recommended HFS develop and implement a workplan to address critical areas to ensure Pathways is implemented consistent with the Model. In that report, the Expert expressed concern about a lack of traction for areas that are critical to the success of Pathways. These areas include:

- Ongoing network development of Pathways services other than Care Coordination
- Enhanced referrals to CCSOs and increased engagement of Class Members by CCSOs
- Increased participation and engagement in Pathways of Class Members who are also YouthCare of the Illinois Department of Children and Family Services (DCFS)
- Complying with EPSDT screening and assessment requirements
- Developing data and a data use strategy for CY 2025 for quality improvement purposes.

The Expert recommended, and HFS developed and began to implement, plans for each of these focus areas. These plans include milestones, completion dates, and staff resources that can be used to track implementation. The Expert received and reviewed this draft workplan in September and again in December 2025. The workplan was finalized in February of 2026. This plan did include numerous activities that were completed in CY 2025. HFS provides written progress on this plan to the Expert and Class Counsel on a bi-monthly basis, starting in April of 2026.

The Expert continues to believe HFS is committed to implementing Pathways consistent with best practices and solid operational policies developed in the past several years. Over the past year, HFS made progress in the following areas set forth in the CY 2024 Expert Report. This includes several activities that HFS undertook during CY 2025 including:

- Provided orientation to Pathways for all new and existing N.B. Subcommittee members, given the change in membership for the N.B. Subcommittee.

- Met with the N.B. Subcommittee on a bi-monthly basis with substantive agendas for these meetings, including:
    - The CY 2024 Annual Quality Plan focusing on process and outcome measures in the plan.
    - Efforts to recruit providers of other Pathways services.
    - Efforts to increase engagement of referred N.B. Class Members.
- Discontinued MCOs' Family Driven Care Plans, given HFS has taken a more significant leadership role in the Pathways program and the integration of more family voice within the N.B. Subcommittee
- Continued to publicly post information regarding progress and development of Pathways (quarterly snapshots).
- Continued to request monthly the following information from CCSOs regarding:
    - Whether CCSOs are complying with HFS developed caseload ratio requirements for tiers of care coordination provided by CCSOs.
    - Whether the CCSOs are meeting timeliness standards set forth by HFS for:
        - Outreach
        - Date of first appointment
        - Date of initial and subsequent Child and Family Teams (CFTs) meetings
        - Date of the initial and subsequent development of the Crisis Prevention and Safety Plan (CPSP)
        - Date of the initial and subsequent completion of the IM+CANS
        - If the NB Class Member went into DCFS custody during enrollment.
- Provided each CCSO with Medicaid payments for services provided at both Tiers of Care coordination in addition to American Rescue Plan Act (ARPA) funds through grants.
- Continued to report monthly the number of youth referred to CCSOs (by tier) and the number of Class Members who are actively receiving care coordination and other Pathways services.
- Enrolled all existing CCSOs as Medicaid providers and ensured MCOs executed contracts with these organizations by April 2025.
- With partnered efforts of PATH, expanded fidelity reviews of care coordination statewide.
- Provided monthly information on the results of decision support criteria to the Expert, including specific information on the number of Class Members who were identified for both tiers of care coordination.
- Developed and implemented a process to address DSAs that needed providers of any Pathways services other than CCSO care coordination.
- Continued to meet with CCSOs on a regular basis and identified and addressed ongoing implementation issues, including:

    - Ensuring referrals to CCSOs include all Class Members identified by HFS beginning in January 2026
    - Lack of engagement of Class Members and providers in care coordination and Pathways in general
    - Identifying a process to determine Class Member needs for other Pathways services and strategies for ensuring CCSOs are familiar with new providers of other Pathways services.
- With PATH, determined the quality feedback process for CCSOs was needed throughout CY 2025. HFS also indicated that all CCSOs reported on some fidelity measures by the end of CY 2025. In various parts of this report, information from PATH regarding these reviews in CY 2025 is provided.
- With PATH, continued to report on trainings and technical assistance activities offered to other Pathways service providers.

In the CY 2024 Expert report, the Expert recommended HFS review current staffing capacity to determine if it has sufficient resources to develop and implement the needed policies and procedures. The Consent Decree (paragraph 21(d)) required an initial Implementation Plan that was to describe the hiring, training, and supervision of the personnel necessary to implement Pathways. The revised Implementation Plan set forth language that stated HFS has hired, and will continue to hire as necessary, personnel who will be responsible for implementing, overseeing, and monitoring the implementation of the Consent Decree.

As of the close of CY 2025, the Expert expressed concerns regarding staffing (especially policy analysts that can support the Pathways director). HFS has defined these roles but still needs to hire staff for them. These staff are needed to address many of the systemic issues identified in this report and it will be critical to meet the benchmarks HFS is required to certify as part of the Consent Decree. Without these staff, HFS is unlikely to meet the activities and timeframes set forth in the workplan (described on page 4) and benchmarks (described on page 41).The first benchmark is required to be certified to the Expert, Plaintiff's Counsel, and the Federal Court in October of 2027.

Progress on Key Provisions of the Consent Decree

As indicated earlier in this report, the Consent Decree was approved by the court in January 2018. The revised Implementation Plan was approved in CY 2022 and was generally completed in CY 2025. As indicated in the Introduction, HFS has completed most of the detailed activities set forth in the revised Implementation Plan from CY 2022 and continues to work to implement the remaining programming and concepts.

In the CY 2024 Expert Report, the Expert recommended HFS develop a workplan that addresses the key issues for complying with the consent decree. The areas of the workplan are set forth on page 4 in the introduction. HFS drafted the workplan in summer of 2025 and had the Expert review the workplan. HFS finalized the workplan in late CY 2025 and it

was accepted by the Expert and Plaintiff's Counsel in early CY 2026. The workplan serves as a foundation for HFS efforts for several of the paragraphs set forth in the Consent Decree and requirements of the First Revised Implementation Plan.

The Consent Decree sets forth various provisions that frame its purpose, implementation requirements, benchmarks for success, and other areas. Listed below are the key paragraphs from the Consent Decree, the Department's progress toward meeting the requirements, and proposed recommendations from the Expert for CY 2026. Intertwined in the status and recommendations for each paragraph are HFS workplan activities that were completed in CY 2025 and projected to be completed in CY 2026.

Some of these paragraphs have several components. The Expert discusses each of these components separately as necessary.

V. The System for Providing Mental and Behavioral Health Services to Children under the EPSDT Requirements

7. The purpose of this Consent Decree is to design and implement a systemic approach through which Class Members will be provided with reasonable promptness the Medicaid-authorized, medically necessary intensive home- and community-based services, including residential services, which are needed to correct or ameliorate their mental health or behavior disorders.

This paragraph has two components. The first component requires HFS to design and implement a systemic approach for Class Members to access Medicaid-authorized, medically necessary home and community-based services. The second component requires these services to be provided with reasonable promptness.

Component 1

Through the creation and implementation of Pathways, the State is to offer an array of services and supports to Class Members. These services are described in more detail here: 5thannualnbexpertapdxa062025.pdf (pages 20-22). HFS has developed the services set forth in the Pathways program (with the exception of PRTF which is discussed below).

As stated in the CY 2024 Expert Report, the Expert expressed significant concern regarding the development of Pathways services (other than Care Coordination provided by CCSOs). During CY 2025, HFS undertook various activities to significantly increase the number of providers offering other Pathways services and ensured that CCSOs were available statewide. Specifically, HFS undertook the activities outlined in Paragraph 9.

During CY 2025, HFS continued to provide several services discussed below and has begun to provide other Pathways services to Class Members. This section provides information on the number of youth that received each of the services included in the Pathways program in CY 2025. These services include:

- Integrated Assessment and Treatment Planning (IATP)—All Medicaid enrolled providers who want to offer behavioral health services to Medicaid eligible children and families are required to be trained and certified annually to render the IM+CANS. IM+CANS is the standardized, state-wide assessment HFS has implemented as required by the N.B. Consent Decree and is the assessment used to determine if a youth is a Class Member. As of December 31, 2025, HFS reported that 32, 413 Illinois youth (under 21) received an IM+CANS. Of these youth, 1,536 or 4.74 % were identified as Class Members eligible for Tier 1 Care Coordination. 12,166 (37.53% of all youth receiving an IM+CANS) were eligible for Tier 2 Care Coordination.
- Mobile Crisis Response (MCR)—The number of youth receiving MCR in CY 2025 was 18,231 and the number of Class Members who received MCR was 3,101. As discussed below, HFS is ensuring that all youth who receive MCR will be referred to a provider who can complete an IM+CANS which can better identify if these youth are potential N.B. Class Members.
- Crisis Stabilization—Class Members participating in Pathways will have access to Crisis Stabilization, although this service is not exclusive to Pathways The number of youth receiving Crisis Stabilization in CY 2025 was 727 Medicaid youth. HFS reports 164 Class Members received Crisis Stabilization in CY 2025.
- Care Coordination—including two levels of care coordination intensity to meet the behavioral health needs of Class Members: High Fidelity Wraparound (Tier 1) and Intensive Care Coordination (Tier 2). These two levels of care coordination offered by CCSOs are exclusive to Class Members participating in Pathways. As indicted above 1,536 Class Members were identified as needing Tier 1 Care Coordination in CY 2025,. During the same period, 12,166 Class Members were identified as needing Tier 2 Care Coordination. In CY 2025, 884 Class Members were referred by HFS to CCSOs for Tier 1 care coordination. 4,305 were referred by HFS to CCSOs for Tier 2 care coordination. Of the Class Members referred to CCSOs, 410 received Tier 1 care coordination and 2,130 received Tier 2 care coordination. 652 in Tier 1 and 7,861 in Tier 2 were identified but not referred to CCSOs due to staffing capacity issues. HFS reports all Class Members will be referred to CCSOs for care coordination in January 2026.
- Intensive In-Home Services (IHB)—This service is exclusive to Class Members. HFS reports that 99 Class Members received IHB in CY 2025.
- Respite—This service is exclusive to Class Members participating in Pathways. As of CY 2025, no Class Member received respite through Pathways.
- Family Peer Support—As of CY 2025, 183 families of a Class Member received family peer support through Pathways.
- Therapeutic Mentoring—This service is exclusive to Class Members participating in Pathways. As of CY 2025, 300 youth received therapeutic mentoring through Pathways.

- Therapeutic Support Services (TSS)—HFS reports 89 Class Members received TSS during CY 2025.
- Individual Support Services (ISS)—HFS reports 581 Class Members received ISS during CY 2025.
- Out of State PRTFs—This service is exclusive to Class Members. HFS reports that 96 youth received PRTF services in out-of-state facilities. As of December 31, 2025, 50 youth remained in these facilities. This is a decrease of 12 or 19% of youth from CY 2024 that remained in these facilities.

In addition, the Consent Decree lists In-State Psychiatric Residential Treatment Facilities (PRTFs) as a benefit to be developed for Class Members. There are several factors that are affecting implementation of this service. First, the Expert has referenced in previous reports and to stakeholders the need for intensive community-based services to be available to divert youth from needing behavioral health inpatient services, including PRTFs. Second, the U.S. Congress (Senate) released a report regarding the conditions of various residential facilities (including PRTFs) in other states and has drafted legislative language that would address the treatment and oversight of these facilities at the federal and state level. This language is expected to be introduced by the Senate later in CY 2026. Finally, several states have recently developed in-state PRTFs and are struggling to have the resources necessary to implement and oversee these facilities according to federal and state standards. For these reasons, the Expert is suggesting that HFS not expend resources yet for the development of in-state PRTFs.

Component 2

The second component requires that these services are provided with reasonable promptness to Class Members. Since the beginning of Pathways, HFS has developed timeliness standards for various CCSO functions specific to care coordination:

- Initial outreach to Class Members/Caregivers by CCSO (within 7 days after receiving referrals)
- Initial development of CPSPs (within 10 days of enrollment)
- Initial strengths, needs, and cultural discovery process completed (within 21 days of enrollment)
- Initial and ongoing Child and Family Team meetings (initial within 30 days of engagement and ongoing dependent on tier).
- IM+CANS updates (every 30 days for Tier 1 and every 60 days for Tier 2)
- Crisis prevention and safety plan review (every 30 days for Tier 1 and every 60 days for Tier 2).

HFS has developed a monthly reporting template for CCSOs to complete regarding the timeliness of various activities. This includes:

- Date of first outreach (and second and third outreach attempts if the initial attempts were not successful)
- Initial completion of crisis prevention and safety plan

- Completion date of initial strengths, needs, and cultural discovery process
- Completion date of most recent Child and Family Team meetings (by tier)
- Date of most recent IM+CANS update or reassessment

For CY 2025, HFS reports that the information has been provided by CCSOs on a monthly basis but has yet to be validated.

For other Pathways services, HFS has not developed specific timeliness standards.

Expert Recommendations

- HFS should continue to track and provide the Expert with the number of Class Members who are eligible for Tier 1 and Tier 2 Care Coordination and the numbers referred to and engaged in Care Coordination offered by the CCSO.
- HFS should provide the Expert with information regarding the timeliness of various care coordination activities (initial outreach to Class Members/caregivers) performed by CCSOs as requested in the HFS CCSO template. HFS should continue to review this template, especially for quality of information provided by each CCSO.
- HFS should develop and message timeliness expectations regarding referrals from CCSOs to other Pathways services.
- HFS should develop a process to determine if referrals for other Pathways services are occurring and whether Class Members who are referred to these services receive them in a timely manner. This could be included in a review of a sample of Class Members.

9. Defendant shall ensure the availability of services, supports and other resources of sufficient quality, scope and variety to meet their obligations under the Consent Decree and the Implementation Plan as necessary to achieve the Benchmarks required in Paragraph 35. Defendant shall implement sufficient measures, consistent with the preferences, strengths and needs of the Class Members, to provide the services required by the terms of this Consent Decree.

This paragraph focuses on two components. First is the extent to which the services, supports, and other resources discussed in paragraph 7 are of sufficient quality, scope, and variety to meet the obligations under the Consent Decree. The first component will be critical to meet Benchmark No. 2 (paragraph 35) that requires HFS to certify to Class Counsel, the Expert, and the Court that the Model (including Pathways services) is at capacity to substantially serve Class Members' needs for intensive home and community-based services.

The quality of services, supports and other resources is set forth in the second component of this paragraph that requires HFS to implement sufficient measures consistent with the preferences, strengths, and needs of Class Members to provide the services set forth in

paragraph 7. There are multiple subcomponents for each of these components that are addressed separately.

Component 1a

In CY 2025, HFS made significant progress to assure the availability of services (care coordination and other Pathways services) to Class Members in all or most areas of the State. For instance, in 2025:

- HFS and its partners (e.g., University of Illinois Office of Medicaid Innovation (OMI), MCOs and PATH) ensured that all DSAs have an operational CCSO. In CY 2025, two remaining CCSO providers were enrolled, staff were trained, and HFS began referrals of Class Members to these CCSOs for both tiers of care coordination.
- HFS did not develop a stand-alone network development plan but did include many network development activities in their workplan. HFS undertook the following steps to increase the number of providers of other Pathways services:
    - Enrolled and trained existing Behavioral Health Clinic (BHCs) who expressed interest in offering other Pathways services prior to HFS surveying all BHCs.
    - Surveyed additional BHCs to determine their interest in providing other Pathways services. Based on the results of this survey, HFS provided outreach to BHCs who expressed an interest in offering Pathways services. While this survey netted some interest from BHCs, HFS has only been successful in enrolling and training a few BHCs to offer these services. HFS states they will continue to work with BHCs who have indicated interest in offering other Pathways services but are not yet enrolled.
    - Identified and recruited CCSOs who were not prohibited from providing other Pathways services[1]. While HFS will continue their efforts into CY 2026 to recruit eligible CCSOs to provide other Pathways services, HFS was able to recruit, enroll, and train one current CCSO to provide Intensive Home-Based services.
- HFS has been conducting meetings between the CCSOs and other Pathways service providers in each DSA to have both parties understand the roles of each provider and to develop the necessary relationships to ensure timely referrals.

These efforts have resulted in all but one DSA having at least one provider of other Pathways services (Intensive Home-Based services, therapeutic mentoring, family peer support, and respite). There is also one DSA (DSA 8) that does not have an Intensive Home-Based provider). HFS reports:

[1] The 1915i prohibits certain CCSOs from providing other Pathways services due to conflict of interest standards set forth by the Centers for Medicare and Medicaid Services (CMS).

- A total of nine organizations offering IHB (in most DSAs there are multiple IHB providers) will serve 30 of the 32 DSAs and were enrolled in Medicaid to provide this service during CY 2025.
- Thirteen (13) therapeutic mentor providers will serve 31 DSAs. In most DSAs there are multiple therapeutic mentoring providers.
- Thirteen (13) providers have been enrolled in the Medicaid program to offer family peer support. These thirteen providers will offer these services in 31 DSAs. Similar to other services, most DSAs have multiple providers offering family peer support services.
- Thirteen (13) providers are enrolled in the Medicaid program to provide respite and serve 31 DSAs. As indicated in Paragraph 7, no Class Members received respite in CY 2025. HFS has indicated that these youth will receive respite services early in CY 2026.

As indicated above, this is a marked improvement from CY 2024, when there were few of these other Pathways service providers across the state. The Expert does have some concerns about the bandwidth of some of these providers that are offering multiple services within and across a DSA. In the Expert's opinion, these providers may experience some "growing pains" based on this expansion. The stretched bandwidth of these providers could also impact timeliness and service intensity.

The Expert is also concerned that no Class Members received respite in CY 2025. This has been a critical service needed and offered in other states who provide intensive home and community-based services. Recommendations for addressing this concern are discussed below.

Expert Recommendations

- HFS should continue efforts in the one DSA that has no other Pathways services beside care coordination offered by the CCSO. This is a location where the CCSO is prohibited from providing other Pathways services due to federal conflict of interest requirements. In addition, HFS's efforts to identify BHCs that could provide these services netted some providers of Pathways services. HFS should undertake the following activities specific to various DSAs:
    - Determine whether providers of other Pathways services in adjacent areas would be willing to provide services in this DSA.
    - Determine if other providers who have contracts with other agencies can provide these Pathways services. This will require these providers to be willing to enroll in Medicaid and offer the service to Class Members in their DSA.
- HFS will work with internal policy bureau and administration to determine if agencies can establish a formal arrangement with respite agencies and caregivers to provide respite or recategorize as a Self-Directed service under

the 1915(i).

- HFS should ensure providers of other Pathways services (especially providers serving multiple DSAs) have the support they need from HFS and PATH to ensure sustainability of these services. For instance:
    - HFS should ensure that CCSOs are appropriately and expeditiously making referrals to these providers.
    - HFS should include in the quality plan utilization of each service through a claims process to:
        - Determine the number of youth receiving each Pathways service.
        - Ensure youth are staying in these services for an appropriate period of time (more than a one-off service consumption).
    - As part of the review of a sample of the Class Members Plan of Care ensure that youth are receiving these services on a timely basis (according to developed HFS standards) and ensure youth are receiving the intensity of services set forth in the Plan of Care.
    - Ensure that providers are able to sustain services in a particular DSA.
    - Determine if the provider can offer other Pathways services in additional DSAs.
- HFS should continue provider recruitment efforts to ensure that youth and caregivers have a choice of providers within a DSA.

Component 1b

The Expert recommended and HFS developed a workplan to analyze and implement strategies for addressing the high number of Class Members who do not participate in Pathways. HFS continues tracking and reporting on a quarterly basis the number and percentage of Class Members who have been referred to a CCSO but who are not engaged by a CCSO. This includes youth and caregivers who decline Pathways or who decline care coordination (Tier 1 or Tier 2) but continue to express interest in receiving other Pathways services.

In CY 2024, 3,252 youth and/or caregivers (58%) either declined services or the CCSO was unable to engage the Class Member/caregiver. This was an increase of 20% from CY 2023 and represents the majority of referrals to Pathways. For CY 2025, 5,545 (61%) of youth and/or families declined services or the CCSO was unable to engage the caregiver. This was an increase of 5% from CY 2024 and continues to represent the majority of referrals to Pathways. The Expert has discussed this concern with HFS and recommended they include activities that would improve this engagement strategy.

Engagement will be critically important given that HFS will begin to refer all Class Members to Pathways that have been identified through the IM+CANS process beginning in January 2026. Several states have developed strategies aimed at improving engagement of youth and caregivers in High Fidelity Wraparound (HFW) and other care coordination strategies. This includes ensuring that individuals with “lived experience” are part of initial contact

and engagement efforts with children and their families. Many states, such as Tennessee, Washington, and Massachusetts, include Family Partners in their care coordination approaches. For example, Massachusetts's intensive care coordination uses a dyad of a care coordinator and a family partner who work weekly with each family. Tennessee, using Certified Family Support Specialists, and Washington, using Family Partners, deploy these staff to initiate calls about the service with families. In New Jersey, care coordination and family support are offered by separate agencies, but together these services are initiated and coordinated. The Care Management Organization in New Jersey coordinate with its Family Support partners on the introduction of services to referred families, including care coordination and wraparound.

In CY 2025, HFS undertook the following activities to improve engagement:

- Consistent with previous years, HFS required monthly CCSO staffing reports which indicated their current capacity to accept referrals from HFS regarding Class Members and to track CCSOs' progress toward hiring the minimum number of staff to be able to serve all N.B. Class Members on a no-decline basis by January 1, 2026.
- HFS also collected information from each CCSO for each Class Member regarding the timeliness of various care coordination activities. As indicated above, HFS is reviewing the quality of this information provided by CCSOs.
- HFS began to break out information on whether the youth and/or caregiver cannot be engaged or declined participation in Pathways. This occurred for October 2025. In December of 2025, 3,126 Class Members were referred to CCSOs. Of these individuals, 980 (31%) declined Pathways and 607 (19%) were unable to be engaged.
- In September 2025, HFS sent each CCSO a Letter of Non-compliance that includes the minimum number of staff that each CCSO must hire to meet the requirement to serve all N.B. Class Members in their DSA on a no-decline basis by January 1, 2026. The letter notified each CCSO that they must begin hiring the required staff immediately to meet the January 1, 2026, timeline. HFS and OMI continue to work with CCSOs to meet this requirement. HFS reports that most CCSOs have or are in the process of adding staff to address these capacity issues.
- As part of their efforts to address non-compliance, HFS provided information regarding ARPA fund grant disbursement to CCSOs to remind them of HFS's commitment to underwriting CCSOs' efforts during start up.

Expert Recommendations

- HFS should begin automated referrals of all N.B. Class Members to all CCSOs (with the exception of N.B. Class Members who are also DCFS youth in care, discussed in Paragraph 17) by October 1, 2026.
- HFS should continue to track information regarding N.B Class Member referrals and engagement rate statewide and per CCSO. This includes identifying youth that decline participation for Pathways or decline participation in care coordination (Tier

1 or 2) but still want other Pathways services. The Expert is recommending HFS consider establishing a goal for an engagement rate of 55% for both Tiers of Care Coordination in CY 2026.

- HFS should develop a strategy to utilize claims reviews to determine trends for youth who initially participate in Pathways (first 90 days) but have no participation after this timeframe. HFS should report this information to the Expert.
- HFS should continue to monitor each CCSO's progress toward hiring the minimal number of staff required to serve all referred N.B. Class Members. This should occur through monthly reporting, one-on-one meetings, and additional support for CCSOs that request assistance or who are not making progress toward their hiring numbers.
- HFS should require corrective action plans by May 2026 for any CCSO that has not hired the minimum number of staff needed to serve all N.B. Class Members in their DSA on a no-decline basis by January 1, 2026. HFS should monitor these corrective action plans to ensure CCSOs are implementing the necessary activities to accept all referrals.
- HFS should require a corrective action plan during the course of CY 2026 if a CCSO stops improving in engagement or begins to show lower engagement numbers within each 90 day period.
- HFS, in collaboration with the N.B. Expert, should develop a standardized list of reasons that youth and families may decline participation in Pathways. HFS will develop a process for collecting this information expeditiously from CCSOs and develop strategies in cooperation with CCSOs to improve engagement. HFS will work with PATH to provide individualized technical assistance to providers to improve engagement.
- HFS will collaborate with PATH to connect CCSOs that have higher engagement rates with CCSOs that have lower engagement rates to facilitate CCSO to CCSO learning opportunities regarding effective engagement strategies.
- HFS should complete an analysis of costs and reimbursement rates to determine if adjustments need to be made to existing care coordination rates. This analysis could include reimbursement for CCSOs to hire staff with "lived experience" to perform the initial outreach to Class Members and their caregivers to discuss:
    - The purpose of care coordination
    - Benefits of care coordination as compared to other forms of care coordination funded by HFS (including care coordination provided by MCOs)
    - The opportunity to receive other Pathways services and have these services coordinated by a CCSO
    - Identification of need for other formal services and supports.

  Once HFS completes the cost analysis (described above) they should provide CCSOs with clear information on how to seek reimbursement for staff.

Component 1c

As of the end of CY 2025, HFS has not developed network adequacy standards for care coordination or other Pathways services for MCOs. In the CY 2024 Report, the Expert recommended HFS application of the MCOs' network adequacy should commence once there is an ability to refer Class Members in real time to CCSOs and there is a substantial increase in organizations providing other Pathways services. HFS will be referring all Class Members to CCSOs in January 2026 and HFS has made significant progress to ensure providers of other Pathways services exist in most DSAs.

Currently, the State's External Quality Review Organization (EQRO) and the Health Services Advisory Group (HSAG) are responsible for monitoring whether Medicaid MCOs are meeting these network adequacy standards.

Expert Recommendations

- HFS work with the Expert and EQRO to develop and monitor network adequacy for Class Members' ability to access Pathways services (including care coordination).
- HFS should consider a process to include secret shoppers as a method to determine if the network adequacy is reported accurately by the EQRO and Pathways providers.
- HFS should notify and work with EQRO and the MCOs regarding their network adequacy reporting efforts.
- HFS should receive provider network adequacy reports from the MCOs and provide a summary of their reports to the Expert.
- HFS should review these reports and determine which areas of the state MCOs are indicating they do not meet network adequacy standards. HFS should use this information to determine which areas of the state will need additional provider network development focus.
- HFS should meet with each MCO to discuss the information included in these reports and should expect the MCOs to partner with HFS to find additional providers in DSAs where there are network adequacy issues.

Component 2

As stated above, the second requirement of this paragraph requires that HFS ensure Pathways services are of sufficient quality to achieve the benchmarks in paragraph 35. In addition, HFS must ensure services, supports, and other resources are of sufficient quality for the purposes of the Consent Decree. The Expert is recommending that HFS not focus on the quality of singular services, rather on the quality of the total package of Pathways services, including care coordination. Youth and their caregivers are likely to receive multiple services through Pathways, therefore making it difficult to determine whether functional and clinical changes were related to an individual or a combination of services.

In addition, the measures regarding quality will be essential to determine if Pathways is working for Class Members. While not specifically mentioned in the benchmark, HFS efforts in this area will be critical to meet the intent of this paragraph.

In previous reports, the Expert recommended, and HFS developed, a Quality Assurance Plan (QAP). HFS QAPs for CY 2024 and CY 2025 are provided in Appendix A.

The Quality Assurance Plan incorporated most measures proposed in the CY 2024 Expert Report (5thannualnbexpertapdxa062025.pdf (pages 26-35)). The Expert recommended HFS include information from PATH in the QAP regarding various process measures collected and analyzed in FY 2025 through PATH's record review and coaching exercise.

In CY 2025 HFS performed the following activities:

- Drafted the Quality Assurance Plan (QAP) that covered program implementation and services through FY 2024 and FY 2025.
- HFS discussed the QAP with the N.B. Subcommittee and incorporated feedback from this Subcommittee to finalize the measures included in the FY 2024 – FY 2025 QAP.
- HFS developed a data review/quality assessment workgroup to provide input regarding the data dictionary in September 2025. Key HFS and OMI staff should facilitate this workgroup, gather recommendations from this workgroup, and determine which recommendations from this workgroup will be incorporated into the FY 2026 QAP.
- HFS and PATH continued collecting, analyzing, and providing feedback to CCSOs regarding various process measures.
- HFS and PATH conducted initial fidelity review of CCSOs statewide in CY 2025 specific to Tier 1—HFW.
- HFS developed a data dictionary for all data components in the FY 2024 – FY 2025 QAP and identified the data sources available to support the measures set forth in the QAP.
- HFS tested the finalized measures in the FY 2024 – FY 2025 QAP against the data dictionary.

Expert Recommendations

- Once the data dictionary is finalized, HFS should populate the following from the QAP for CY 2024 and CY 2025: structural measures, process measures, outcome measures, and all measures required under the 1915(i) State Plan Amendment (SPA).
- HFS should analyze the outcomes from the QAP for CY 2024 and CY 2025 and make determinations and conclusions regarding areas of Pathways that are meeting expectations and those that are falling below expectations. For areas that need improvement, HFS should develop and implement strategies for improving these processes and track the results of these efforts in subsequent QAPs.
- HFS should develop the baselines discussed in the QAP for 2024 and 2025 that can begin to be established for comparison in upcoming years. These baselines focus on inpatient behavioral health hospitalization, use of emergency departments, mobile crisis response and stabilization, out of state Psychiatric Residential

Treatment Facilities, and Residential Treatment through the Family Support Program.

- HFS should provide information regarding the Interim Relief Program. Specifically, HFS should provide:
    - The number of N.B. Interim Relief Services Applications submitted to HFS
    - The number of Class Members eligible to receive services through the N.B. Interim Relief process
    - For those Class Members eligible to receive services through the N.B. Interim Relief process, provide:
        - The date they were found eligible for services, and
        - The date that they received services and the specific services which they are receiving.
- HFS should analyze service utilization and expenditure data for all N.B. Class Members in each DSA for all Medicaid behavioral health services. HFS should review this data with each CCSO. Specifically, HFS should identify and develop strategies to address utilization issues with CCSOs. This data will be shared with the N.B. Expert on a monthly basis.
- HFS should begin to report the information from the QAP for CY 2024 and CY 2025 to the general public through the use of dashboards or other mechanisms that are easily digestible to stakeholders.

10. Annual budgets submitted by Defendant on behalf of her agency shall request sufficient funds necessary to develop and maintain the services, supports and structures described in the Consent Decree for which Defendant's agency has statutory and regulatory authority. Nothing contained in this Paragraph shall be deemed to create or operate as (a) a condition or contingency upon which any term of the Consent Decree depends; or (b) a circumstance entitling Defendant to alter, amend or modify the implementation or timing of Defendant's obligation under the Consent Decree.

HFS expended $16.2M (million) for Pathways specific to services provided to Class Members in FY 2025 (July 1, 2024 – June 30, 2025). Currently the state budget process is based on a fiscal year basis that runs from July 1 to June 30 of the following calendar year. HFS has proposed a $52.2M budget for Pathways for FY 2027.

HFS, in their effort to promote a solid start-up for Pathways providers, continued efforts to provide start-up funds of approximately $27 million in CY 2025 to Pathways providers (including CCSOs and other Pathways services). Of this $27 million, HFS provided $2 million in ARPA funds in CY 2025 for the two remaining CCSOs for start-up activities. In addition, HFS reports they provided $25 million in CY 2025 for new providers of other Pathways services to assist in their implementation efforts. This included providers of intensive home-based services, therapeutic mentoring, respite, and family peer supports. In addition, HFS provided ARPA funds through grants to Family Run Organizations (FRO)

established in several DSAs. These one-time ARPA funds were made available to providers through a grant process to support costs related to hiring and training staff and setting up operations as a behavioral health provider. The grant funds must be spent by the Pathways provider on allowable costs by March 30, 2026.

HFS reviewed and provided each CCSO with information on the status of the CCSO ARPA fund grant agreements. Specifically, HFS provided information on the ARPA funding that each CCSO received for care coordination start-up and how much each CCSO (within a DSA) actually spent to outline for each CCSO how much funding remained for each CCSO to continue with onboarding staff. The amount varied widely across CCSOs from 22% to 100% of all ARPA funds expended with an average of 77% of these funds expended by CCSOs. CCSOs will only have until March 30, 2026, (3 months) to expend the remaining funds.

HFS also provided to the CCSOs the expected staff costs that the CCSO would incur if they staffed appropriately to accept all referrals for care coordination (Tiers 1 and 2) provided to Class Members beginning in CY 2026. In addition, HFS provided each CCSO with monthly and annual revenue estimates that each CCSO could obtain if the CCSO was able to accept and bill for care coordination services for all referred NB Class Members. Finally, HFS provided the actual amount of claims paid for CY 2024 for each CCSO's care coordination services to demonstrate the total amount of revenue the CCSO could receive if it served the expected number of Class Members versus the amount the CCSO was currently serving.

An analysis of the projected annual revenues versus the projected expected costs of staff needed to deliver care coordination services (Tiers 1 and 2) indicated that in all but one instance the projected revenues exceeded costs by 22-65% for all Class Members receiving care coordination. This is a sizeable difference in projected revenue for the provider versus costs to the provider. Even if CCSOs are not able to engage all youth assigned to them (especially if youth and caregivers choose not to engage), the expected revenues would be larger than the costs of providing care coordination. This indicates the rate for care coordination (Tiers 1 and 2) is set well and revenue exceeds costs. It also indicated that HFS created "a nice buffer" for these providers, so there is little reason for CCSOs to curtail program growth, only an incentive to grow it.

There is a significant gap between the actual revenue CCSOs earned in CY 2024 (number of children served) and the projected revenue (numbers of children to serve) in CY 2026. Data on the actual (numbers served) revenue of CCSOs in CY 2025 is not yet available. Understanding if CCSOs continued to increase their revenue (numbers served) in CY 2025 is important to understand if CY 2026 targets will be achieved, and if certain CCSOs are demonstrating an ability to meet expectations.

HFS is currently working with their actuaries (Myers and Staufer) to develop and implement a cost reporting process for all Medicaid behavioral health services including care coordination provided by CCSOs and other Pathways services. One significant goal is to

have costs related to engagement in care coordination be reflected in the rates paid to the CCSOs (e.g., the addition of staff with lived experience).

Expert Recommendations

- HFS should continue working with Myers and Staufer to complete the cost reporting process for CCSOs and other Pathways providers. This includes finalizing the cost reporting process and providing the necessary guidance to CCSOs and other Pathways providers.
- HFS should review billing for care coordination for CY 2024 against similar billing for CY 2025 to determine whether CCSOs have an increase in overall revenues. In addition, HFS should review revenue generated from claims in CY 2025 and compare this to real expected revenue for CY 2026 when all Class Members will be referred to CCSOs. HFS should determine on a CCSO-specific basis if there are significant differences between CY 2025 revenues and CY 2026 expected revenues.
- Based on the analysis in the second bullet, HFS should meet with CCSOs that have made little if any progress in revenue generation from CY 2024 to CY 2025 and determine the willingness and type of support these CCSOs may be provided to increase revenues for care coordination provided to Class Members. Targets should be established and monitored by HFS in discussion with these CCSOs to more adeptly assess, modify, and intervene.
- HFS should request CCSOs to provide revenue projection plans that account for ongoing sustainability.
- HFS should consider pursuing a new Request for Proposals process to identify new CCSOs for care coordination if CCSOs are not serving a significant number of Class Members and/or not performing well.

11. Subject to the provisions of this Consent Decree, Defendant will make available to Class Members a continuum of medically necessary mental and behavioral health services authorized and required by the EPSDT requirement of the Medicaid Act (see 42 U.S.C. §§ 1396a(a)(43); 1396d(a)(4)(B); 1396d(a)(13)(C), 1396d(a)(16), and 1396d(r)(5)).

12. The continuum of care will be provided through the development of a Medicaid behavioral health delivery model ("Model"). The process and principles of the Model shall be set forth in the Implementation Plan. Among other matters, Defendant shall be allowed to incorporate SOC, care coordination, case management, and community integration into the Model and Implementation Plan.

13. The Model shall be developed and implemented in phases and the Medicaid services included in the continuum of care under the Model shall be set forth and defined in this Consent Decree and the Implementation Plan. The continuum of care available to Class Members shall

include all medically necessary home- and community-based services and supports, as well as inpatient psychiatric services in a Psychiatric Residential Treatment Facility ("PRTF"), that are authorized, approved, and required under 42 U.S.C. § 1396d(a)(16), 1396d(h) and implementing federal regulations and that are eligible for Federal Financial Participation. The Implementation Plan shall describe a method to triage or otherwise phase in the utilization of PRTF services during the development of home- and community-based services in the Model so as to serve Class Members in the least restrictive appropriate setting and avoid the unnecessary institutionalization of Class Members. Nothing in this Consent Decree shall require or authorize any particular service to be covered or made available to any Class Member if such service is beyond the federal Medicaid provisions that authorize services. This Consent Decree shall not override or supersede applicable Medicaid law, and nothing in this Consent Decree shall require the provision of any type of service prior to approval from CMS.

Paragraphs 11 through 13 are addressed together. There are four components to these paragraphs. The first component requires HFS to make available a continuum of medically necessary mental health and behavioral health services as required under EPSDT. The second component requires HFS to develop a Medicaid behavioral health delivery model (and subsequent Implementation Plan) that incorporates system of care, care coordination, case management, and community integration. The third component allows HFS to develop and implement the Model in phases consistent with the Implementation Plan. The fourth component requires HFS to include a phased implementation strategy regarding community-based services including PRTFs.

As indicated in previous Expert reports and as discussed in paragraphs 7 and 9, HFS has addressed the first two components discussed above. Specifically, paragraph 7 sets forth the continuum of medically necessary services (including PRTF) for Class Members enrolled in Pathways. As indicated in the introduction to this Report and paragraph 7, the Expert is recommending that HFS consider delaying the implementation of PRTFs. There are several reasons the Expert recommends this delay:

- HFS has developed capacity to provide care coordination (Tiers 1 and 2) in all DSAs as well as other Pathways services in almost all DSAs. These Pathways services will be instrumental to diverting youth from inpatient, emergency departments, and residential services (including PRTFs). Many of these service providers will be new at offering other Pathways services. HFS will need to ensure these providers are able to serve Class Members consistent with service standards.
- HFS will require that all Class Members are referred to CCSOs in January 2026. This will be a heavy lift for CCSOs, and they may not have the bandwidth to fulfill their required engagement of Class Members who seek admission to in-state PRTFs.
- Recent information from other states that have recently developed in-state PRTFs indicates challenges with these other states' efforts to oversee these facilities, especially, that the amount of resources needed far surpassed the ability to monitor these facilities sufficiently.

- As indicated previously in this report, Congress has developed legislation to change program requirements for all youth facilities funded with federal funds. A section by section summary of the proposed legislation is provided here: rtf_section_by_section.pdf. In addition, if passed, this legislation will likely impact how states (including state Medicaid agencies) license and monitor these facilities consistent with these new program standards. This legislation, if passed this year, will take several years to implement at the state level and will significantly change the approach HFS must take to implement any service of this kind.
- As discussed in previous Expert reports, the Medicaid program in Illinois does not include systemic coverage of in-state PRTFs, thus there are no Class Members in an in-state PRTF. HFS does fund services in PRTFs in other states for N.B. Class Members through the Interim Relief program. The Interim Relief program refers Class Members who meet medical necessity to receive services in out-of-state PRTFs. The Interim Relief program identifies appropriate out-of-state PRTF providers. HFS reports that 50 Class Members received Interim Relief in an out-of-state PRTF as of December 2025. In December 2024, there were 62 Class Members who were placed in out-of-state PRTFs.

As indicated in paragraph 9, HFS developed and has begun efforts to implement a Model that sets forth the specific services and supports that will be provided to the Class Members. This Model was described in the Department's Initial Implementation Plan (December 2019), as well as the First Revised Implementation Plan (October 2022), and in the final approved 1915i application for Pathways in June 2022. As indicated in the first annual Expert report, in the opinion of the Expert, the Department has set forth the necessary services for the members of the N.B. Class. However, as indicated in paragraph 9, there are two DSAs that need other Pathways services that HFS must address. While HFS has made considerable progress to ensure each DSA has a CCSO and providers of other Pathways services, it has yet to determine if there is sufficient capacity to meet the needs of Class Members. As recommended below, HFS should consider developing a strategy this year for how best to assess whether current capacity specific to each Pathways service meets the needs of Class Members.

As indicated in the revised Implementation Plan and in other parts of the Expert report, HFS has chosen to implement the Model in phases. Pathways has been operational for three years and most DSAs have other Pathways services available.

Expert Recommendations

- HFS should move toward referring all N.B. Class Members to CCSOs rather than only referring a proportional number of N.B. Class Members to each CCSO based on the CCSO's staffing levels, as has been done for the past three years for the Pathways program. As indicated in this report, HFS will refer all non-DCFS N.B. Class Members to CCSOs in January 2026 and proposes to refer N.B. Class Members who are DCFS Youth in Care in October of 2026, or as soon as HFS can secure DCFS's consent for referral of these youth to Pathways services.

- HFS should develop and implement strategies consistent with the Expert's recommendation for paragraph 9 for existing Pathways services. These strategies should ensure that each DSA has the full continuum of other Pathways services (excluding PRTFs).
- HFS should develop a strategy in CY 2026 to ensure there is sufficient capacity to offer and engage Class Members in Pathways services. HFS should plan on reviewing capacity against Class Member needs in CY 2027. HFS should ensure this strategy includes a coordinated and agreed-upon plan with DCFS for those N.B. Class Members who are in DCFS care.

15. Services provided through the continuum of care shall be based on clinical decisions and medical necessity criteria as determined by Defendant, consistent with applicable law. Defendant may make medical necessity determinations and establish utilization control procedures through the use of such entities as Quality Improvement Organizations or other entities chosen by Defendant. Defendant shall retain the authority to establish medical necessity criteria and cost sharing as permitted under Title XIX and, where applicable, approval by CMS. Defendant may require Class Members to enroll with a managed care entity for any or all care coordination, case management and services. Nothing in this Consent Decree shall prohibit Defendant from using managed care entities as determined by Defendant and authorized or required under applicable law. Any services provided pursuant to this Consent Decree shall remain subject to all applicable requirements herein, even if arranged through managed care entities or other third parties.

There are four components to this paragraph.

Component 1

Since CY 2022, HFS has developed and implemented criteria and processes for identifying N.B. Class Members and determining eligibility for Pathways. The initial criteria were reviewed and approved by the Expert and Class Counsel in CY 2022. The IM+CANS assessment and decision support model criteria are the primary methods the Department will use to determine eligibility for services in Pathways. The current decision support criteria (DSC) can be found at:

https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/01232023behavioralhealthdecisionsupportmodeldescriptionfinal.pdf

HFS indicated its commitment to reviewing the data from IM+CANS for Tiers 1 and 2 from the first two full years (CY 2023 and CY 2024) of implementation. As indicated in the CY 2024 Expert report, HFS provided Dr. John Lyons (the developer of the IM+CANS and DSC) with data to complete a data analysis and review of the current DSC. The purpose of this analysis and review was to determine if the DSC is functioning and stratifying Class Members appropriately or if any revisions are needed. Dr. Lyons has completed some of

the analysis and has developed preliminary recommendations for potential minor changes to the DSC. The Expert reviewed the preliminary report, providing feedback and comments to Dr. Lyons.

This report has not been finalized and reviewed by the Expert or Class Counsel. HFS reports that Dr. Lyons and his team moved their operations from the University of Kentucky to the University of Chicago. This move occurred after Dr. Lyons's team did an initial review of the DSC but prior to completing the review and analysis and issuing a final report and recommendations. HFS reports this move has required HFS to work with its university partner (OMI) to establish a new arrangement to obtain the services of Dr. Lyons and his team. As of December 31, 2025, HFS did not have an arrangement with the University of Chicago to secure the services of Dr. Lyons moving forward, and therefore, the analysis and review did not occur in the 2025 calendar year. HFS reports that the necessary arrangement to secure the services of Dr. Lyons and his team will be established in 2026 so that the report and proposed updates to the DSC may be finalized.

HFS continues to generate reports (and provide to the Expert) on the percent of Class Members who are determined to be eligible for Pathways and stratified by care coordination tier. The Expert and the Class Counsel recommend that at least 3% of youth (under age 21) for whom an IM+CANS indicates a behavioral health need be stratified by the decision support criteria into Tier 1 Care Coordination provided by CCSOs. This threshold is based on reviews and discussions with the IM+CANS developer and other states.

HFS continues to provide the Expert with monthly and quarterly information regarding the percent of Class Members who are stratified into Tier 1 Care Coordination. The percent is based on the number of Class Members who were stratified into Tier 1 Care Coordination (numerator) divided by the denominator which is the total number of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS (including Class Members and non-Class Members). As indicated above, HFS reports that the percent of Class Members recommended for Tier 1 Care Coordination was 4.74%, above the expectation of 3% during CY 2025.

Component 2

In addition to using the DSC as the criteria for enrollment in Pathways, HFS has identified specific services that will require prior authorization. Specifically, the Department requires Respite, Therapeutic Support Services, Individual Support Services, and Psychiatric Treatment Facility Services to be prior authorized. Given the lack of in-state PRTFs, there have been no requests for prior authorization for this in-state service. Prior authorizations for out-of-state PRTF services are discussed later in this Report.

HFS reports that HFS has continued to receive requests for TSS and ISS in CY 2025. HFS works directly with OMI on the PA process and already reviews each denial. HFS also reports that they have received no initial requests for respite services provided to Class

Members during CY 2025. The table below provides information regarding the three services requiring prior authorization.

Prior Authorizations

Services	Unduplicated Number of Class Members Requesting Prior Authorization in CY 2025 (by service)	Unduplicated Number of Youth Approved in CY 2025 to Receive the Service
Individual Support Services	3340	2821
Therapeutic Support Services	279	246
Respite*	0	0

This information indicates that 84% of all requests for ISS were approved in CY 2025. Approximately 16% were not. 88 percent of all requests for TSS were approved. 12% of all requests for TSS were not approved. Given there were no youth served through respite, no prior authorizations or approvals occurred.

Component 3

This component allows HFS to retain the authority to establish medical necessity criteria and cost sharing as permitted under Medicaid. As discussed in component 1, HFS has developed medical necessity criteria for Pathways participation through the development and implementation of the Decision Support Criteria. HFS has determined that there will be no cost-sharing for Class Members choosing to participate in Pathways.

Component 4

The final component allows HFS to require Class Members to enroll with a managed care entity for any or all care coordination, case management, and services. Currently, 8,234 Class Members (approximately 90%) are enrolled in managed care with the State's MCOs. Enrollment in managed care is required for all Medicaid enrolled individuals except for specific, smaller groups such as those who have high third party liability payments (e.g., youth having other commercial insurance coverage from another source with Medicaid coverage being secondary). In addition, Medicaid enrolled youth who are in Illinois Department of Juvenile Justice (IDJJ) facilities are also excluded from participating in managed care. An additional 915 Class Members (or 10%) remain in Fee for Service.

Expert Recommendations

- HFS should finalize the arrangement between OMI and the University of Chicago early in CY 2026 to develop the report regarding proposed changes to the DSC.

- HFS should review the final report and recommendations from Dr. Lyons and his team, determining whether any changes to the DSC should be implemented.
- HFS should share Dr. Lyons's report and recommendations with the Expert and Class Counsel, as well as the outcome of HFS's review and determination regarding any proposed changes to the DSC.
- HFS should provide the Expert and Class Counsel an update regarding the review and analysis of the Decision Support Criteria (DSC). This should include:
    - An overview of data provided to Dr. Lyons for review of the current DSC
    - Process used by Dr. Lyons to review current functioning and potential revisions to the DSC
    - Recommendations for changes to the DSC that were reviewed and preliminarily suggested by HFS
    - Specifics regarding the proposed changes and the rationale for the change
    - The expected impact on enrollment into Pathways (existing and new Class Members) resulting from any proposed changes to the DSC
    - The proposed impact on providers that administer the IM+CANS.
- HFS should finalize the draft revised DSC and review with the N.B. Subcommittee and other stakeholders and post the final revised DSC.
- HFS should continue to track and report information on youth stratified into Tier 1 during CY 2026, given the possible changes to the DSC.
- HFS should provide information to the Expert on a regular basis (possibly through monthly reports) during CY 2026 regarding HFS's prior authorization efforts for Respite, ISS, and TSS.
- HFS should provide information to the Expert regarding the utilization and expenditures of ISS and TSS to determine if CCSOs are making referrals to these services and Class Members are getting these services in a timely manner. The Expert will provide HFS with a template for reporting this information consistent with other states that provide these services. The Expert suggests HFS should do this on a bi-annual basis to ensure oversight of these expenditures.

17. *Defendant shall timely develop and implement a Model in the Implementation Plan that shall, at a minimum:*

    a. *Include a structure to link Class Members to medically necessary services on the continuum of care.*

During CY 2023, the Department developed and implemented a process flow that establishes how children and youth (who are in DCFS care and not in DCFS care) are identified as a Class Member and enrolled in Pathways and identifies how Class Members will be offered Tiers 1 or 2 of care coordination from the CCSO and the other Pathways services. The flow for non-DCFS youth can be found on page 9 of the following link: https://www2.illinois.gov/hfs/SiteCollectionDocuments/Pathways%20to%20Success%20Program%20Overview.pdf

HFS has estimated the number of N.B. Class Members who are also youth in the care of DCFS to be approximately 1,257 Class Members throughout the full CY 2025. These N.B. Class Members who are also youth in DCFS care were eligible to be enrolled in Pathways, but the vast majority did not participate in Pathways services in CY 2025.

The timing for starting referrals of these N.B. Class Members who are also youth in DCFS care is discussed in Expert Recommendations. The Expert reviewed the training materials from CY 2024 regarding the process flow (including timeline) for youth in DCFS care. This process requires:

- HFS to email DCFS on a timely basis (monthly) regarding eligible N.B. Class Members who are in DCFS care, along with the Class Member's assigned CCSO.
- DCFS to forward the information to the DCFS Regional Administrator or Statewide Monitoring Administrator, the youth's case worker, and the caseworker's supervisor.
- The DCFS youth's caseworker and/or the supervisor to contact the CCSO for enrollment and other information.
- CCSO to provide support to the caseworker and/or supervisor regarding the Pathways program.
- DCFS caseworker or supervisor to make the decision to enroll the DCFS Class Member in Pathways.
- If enrolled, the CCSO to begin their work immediately.
- If the DCFS caseworker or supervisor declines Pathways, the youth will remain eligible for 6 months from being determined a Class Member.
- DCFS caseworker to partner with the care coordinator from the CCSO to support the child in meeting their goals.
- DCFS caseworkers to actively participate in the CFT.
- DCFS case workers to ensure that all child welfare mandates are met and document all activities (including CFT meetings) in Statewide Automated Child Welfare Information System (SACWIS).

HFS has worked with DCFS since the fall of CY 2023 to implement the referral process to Pathways, including piloting the referral process with a small number of youth in DCFS care who were N.B. Class Members. This pilot allowed both HFS and DCFS to identify what worked well and what needed to be adjusted for future, more large-scale referrals. As indicated in the CY 2024 report, this pilot provided some information to both agencies to refine the referral process. Perhaps the biggest takeaways were:

- Better communication was needed between the DCFS casework and the CCSO care coordinators.
- Care coordination was not always effective given the lack of other Pathways services needed by DCFS Class Members. DCFS caseworkers were reluctant to make these referrals given the lack of these services (which has been resolved since the pilot).

As indicated in the CY 2024 Expert Report, DCFS referred no Class Members to CCSOs. The lack of referrals continued in CY 2025.

The Expert continues to have significant concerns regarding the lack of referrals of DCFS Class Members to CCSOs. Having a significant number of N.B. Class Members who could benefit from Pathways services but not participate in Pathways is a significant concern to the Expert. This is not consistent with paragraph #11, which requires HFS to make available to N.B. Class Members a continuum of medically necessary mental and behavioral health services authorized and required by the EPSDT requirement of the Medicaid Act.

The Expert recommended and HFS developed a workplan dedicated to working with DCFS and improving referrals of N.B. Class Members who are in DCFS care to Pathways. Specifically, this workplan provided the groundwork for substantially expanding participation of N.B. Class Members in DCFS care in Pathways to Success. This included both agencies agreeing on criteria and strategies to determine which DCFS youth who are N.B. Class Members will be referred for services by October 1, 2026. The workplan also included information on the number of DCFS youth who are N.B. Class Members that will be referred by DSA and the process for tracking referrals of DCFS Class Members to Pathways. This workplan also included information HFS was to report on a quarterly basis to the Expert regarding the involvement of DCFS Class Members in Pathways.

During CY 2025, HFS undertook the following efforts to engage DCFS leadership and staff in referrals of N.B. Class Members in DCFS care to Pathways:

- HFS Director and DCFS Director met and came to an agreement that DCFS Youth in Care, who are N.B. Class Members, will be referred for Pathways services.
- HFS Director's designee and DCFS Director's designee determined that the existing Decision Support Criteria used to identify all N.B. Class Members will be the only criteria used to identify which N.B. Class Members, including those who are in DCFS Care, should be referred to Pathways to Success. These criteria were discussed in paragraph 15.
- HFS shared these criteria with HFS and DCFS operational staff.

Initially, HFS and DCFS met to review and refine the process flow developed in CY 2023 for referrals of Class Members in DCFS care to Pathways. There were some substantive changes to the process both agencies agreed to. However, these changes were not yet memorialized. As of the end of CY 2025, HFS and DCFS had agreed to proceed with finalizing the refined process and beginning system-wide enrollment of N.B. Class Members in DCFS care into Pathways. However, since that time, DCFS leadership has chosen to pause this progress with HFS, raising questions of potential duplicity of services offered to DCFS Class Members (especially care coordination). The Expert contacted the Expert monitoring the DCFS B.H. Consent Decree to understand why progress on these planning and implementation activities had been stopped. There were several additional

reasons the Expert thought contributed to this progress being paused. The N.B. Expert recommended a set of strategies DCFS and HFS could work on over the next several months to continue referrals of Class Members in DCFS care to Pathways. These included:

- Have DCFS and HFS finalize and memorialize the updates to the process flow (including timelines) for DCFS Class Members to be engaged with Pathways.
- Have a standard set of criteria that DCFS caseworkers or their supervisors (as the guardian) would use to determine when a Class Member in DCFS care should be referred to Pathways (including CCSOs) and/or referred to other Pathways services. The criteria is to assist with providing some consistency in decisions to refer Class Members in DCFS care to Pathways care coordination provided by CCSOs and/or other Pathways services.
- HFS should provide information to DCFS on the role of the YouthCare care coordinator and intersection with Pathways. Reviewing this information again will allow DCFS and their B.H. Expert to better understand the significant differences between care coordination provided by CCSOs and YouthCare's care coordinators. HFS has developed a specific role for the MCO care coordinator to assist N.B. Class Members in gaining access to medically necessary services and support the High Fidelity Wraparound (Tier 1) or Intensive Care Coordination (Tier 2) processes, which are much more intensive and tailored to the mental health service needs of N.B. Class Members. The YouthCare care coordination supports but does not otherwise encompass the same activities as the CCSO care coordination – these are two different, beneficial processes for Class Members.

Expert Recommendations

- HFS and DCFS should immediately undertake the activities discussed above, especially refining the referral flow, establishing additional criteria for DCFS caseworkers to apply to determine when to refer Class Members in DCFS care to Pathways and reviewing MCO care coordination relationships with CCSOs. In addition, HFS Director's designee and DCFS Director's designee should determine if any updates are needed to the current process for HFS to:
    - Notify DCFS of N.B. Class Members who are DCFS Youth in Care and should be referred to Pathways to Success; and
    - Review the internal process DCFS uses for referring N.B. Class Members who are DCFS Youth in Care to Pathways.

  If it is determined that revisions are needed to the existing process between HFS and DCFS, they should work together to revise the current process and implement the new processes. This should involve both departments' operational staff. Once implemented, the DCFS and HFS should develop a feedback process to determine if the referrals and engagement of N.B. Class Members in DCFS care are working as intended.
- Given that the HFS Directors and DCFS Directors have determined the existing criteria will be utilized to determine which N.B. Class Members who are DCFS Youth

in Care will be referred to Pathways, HFS and DCFS operational staff should use the criteria to identify by DSA the number of N.B. Class Members who are DCFS Youth in Care. Once identified, these youth should be referred to Pathways for care coordination and other services set forth in the Plan of Care starting in October 2026, or as soon as HFS can secure DCFS's consent for referral of these youth to Pathways services. DCFS, as the guardian, should determine which youth will be approved for enrollment in Pathways and for which youth it will decline enrollment in Pathways, based on the criteria developed by DCFS to determine which NB Class Members who are DCFS Youth in Care will be enrolled in Pathways. HFS should request that DCFS ensure that all relevant DCFS and collaborating agency staff receive:

  - Training regarding the Pathways to Success services
  - Protocols for how child welfare staff interface with Pathways care coordination
  - Criteria developed for DCFS caseworkers to determine when referral of N.B. Class Members in DCFS care should be referred into Pathways and the process that DCFS and collaborating agency staff will use to obtain consents and complete the referral process.

- HFS, CCSO staff, and DCFS staff should meet with all relevant DCFS and collaborating agency staff to establish open and regular communication regarding the referral process, the progress of DCFS N.B. Class Members in Pathways to Success, and any barriers in the process. HFS should provide information to the N.B. Subcommittee to report on the progress of DCFS N.B. Class Members who have been referred to Pathways and gather feedback on additional strategies for increasing the enrollment of Youth in DCFS Care who are N.B. Class Members into Pathways.

b. Provide statewide medically necessary mental and behavioral health services and supports required and authorized under the EPSDT requirement of the Medicaid Act that are sufficient in intensity and scope and appropriate to each Class Member's needs consistent with applicable law.

There are two components to this paragraph. The first requires HFS under EPSDT to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate mental and behavioral health conditions, based on certain federal guidelines. This was discussed in greater detail in paragraph 9. As indicated in this Report, HFS has developed capacity for Pathways services that are covered under EPSDT in almost all DSAs. As indicated in paragraph 9, there is one DSA with no other Pathways services (besides care coordination) and one DSA that needs an IHB provider(s).

The second provision requires these services to be sufficient in intensity and scope and appropriate to each Class Member's needs. For youth who are receiving these services, HFS has not reported whether they are sufficient in intensity and scope based on Class

Members' needs. As indicated in the CY 2024 Expert report, a measure under the State's 1915i SPA requires the State to report the number and percent of person-centered service plans, or plans of care (POC), that address assessed needs of 1915(i) participants, based upon the completed IATP and person-centered service plan. In CY 2025, HFS reported measures required under their 1915i agreement with CMS regarding these requirements. Findings from this report indicate that CCSOs did not always have service plans that reflected the needs of Class Members. In FY 2024 and FY 2025, the small percentage of a sample of Class Members' plans indicated that 30% and 17% of the CCSOs, respectively, complied with the requirement that the service plans reflect Class Members' needs. The Expert found this sample size and the percent of CCSOs complying with these measures to be too low.

HFS did indicate that it will address this issue in FY 2026, by implementing a more robust compliance process in parallel to the ongoing training, coaching, and mentoring that will continue to be offered to CCSOs. The compliance process will include a sample size that is consistent with sampling criteria outlined in the 1915(i) SPA.

While HFS is taking the necessary steps to improve this measure, the Expert is very concerned about whether HFS has the staff needed (as discussed in the introduction) to ensure that CCSOs are adequately assessing Class Member needs and including services that meet these needs in their plan of care.

Expert Recommendations

- HFS should take the necessary steps recommended in Paragraph 9 to ensure availability of Pathways services in each DSA is sufficient to meet the capacity needed for Class Members.
- HFS should implement the strategies set forth in the remediation section of the 1915i evaluation and should set a target in CY 2026 of at least 50% of the POCs sampled identifying needs of Class Members.
- HFS should develop a process for reviewing a sample of POCs against services delivered to ensure Class Members are being referred and getting the necessary services to meet their needs.

> c. *Provide notice to HFS-enrolled Primary Care Physicians ("PCPs") who perform periodic and medically necessary inter-periodic screenings to offer Class Members and families the opportunity to receive a mental and behavioral health screening during all periodic and inter-periodic screenings;*

EPSDT requires physicians and other practitioners to screen for certain conditions, including developmental and behavioral screening. The N.B. Consent Decree recognizes the need to improve behavioral health screening for children and youth who may have mental health or behavioral issues and to create the necessary referral processes for

pediatricians and other primary care practitioners to refer children for additional assessments or treatment and supports. Screening is an essential component for creating the necessary referral processes for potential Class Members.

As indicated in the CY 2024 Expert Report, HFS states there was little progress toward finalizing the policies and implement the activities undertaken in CY 2023. The Expert expressed concerns to HFS, given the requirements of the N.B. Consent Decree which recognized the need to improve behavioral health screening for children and youth who may have mental health or behavioral issues.

HFS developed a workplan, recommended by the Expert, which would address the Expert's concern. The workplan built off the strategies and policies developed in CY 2023. These strategies included developing:

- Various billing codes for screening.
- The necessary operational capacity (including capacity in each MCO) for tracking screening efforts.
- Referral processes and protocols for PCP/pediatricians. The workplan included the development and implementation of policies and protocols for the intersection of pediatricians / PCPs and CCBHCs, BHCs, CMHCs, CCSOs, and FQHCs, who will offer follow up services regarding expediting appointments for assessment and connections to needed services.

This workplan also included strategies to train practitioners on screening tools and updating the provider manual for behavioral health screening and referrals under EPSDT. Finally, the workplan addresses HFS efforts to measure the effectiveness of screening efforts on an annual basis.

HFS stated that youth screening positive for a behavioral health need did not automatically require the youth to receive an assessment through the IM+CANS and therefore determine if they were a Class Member. Youth that had minor behavioral health needs may receive behavioral health services from their pediatrician / PCP or may be referred to other behavioral health services in their community, rather than receiving an IM+CANS. Practitioners performing the screening or behavioral health providers serving these youth could refer youth to a behavioral health provider who would complete the IM+CANS based on their clinical judgement.

The CY 2024 Report of the Expert recommended HFS have a clear strategy for screening and referral of youth from the Illinois Department of Juvenile Justice (IDJJ). This strategy would be consistent with the Consolidated Appropriations Act of CY 2023, which requires screening for all adjudicated youth 30 days prior to their release. The Illinois Behavioral Health Transformation also includes re-entry activities for adjudicated youth in the Illinois Department of Juvenile Justice (IDJJ) custody. HFS has indicated they are meeting with the IDJJ to have youth in their custody referred for IM+CANS as needed.

Expert Recommendations

- HFS should finalize and implement policies and procedures for pediatricians and other PCPs, including relevant staff in FQHCs, to screen Medicaid youth for behavioral health conditions.
- HFS should provide guidance, communication, education, and training to pediatricians and other PCPs on how to refer a youth for an IM+CANS or when a child screened with a behavioral health need could be referred to routine outpatient behavioral health or MRO resources in their community.
- HFS should work with the Illinois Department of Juvenile Justice (IDJJ) re-entry to ensure adjudicated youth in IDJJ custody who could be Class Members are receiving the required EPSDT screenings and assessments, including IATP prior to or once released from an IDJJ facility. This is an important step to determine if these youth may be Class Members and would benefit from Pathways services post their transition.
- HFS should measure the effectiveness of their screening efforts on an annual basis at least, starting in CY 2026. At a minimum this should include:
    - The percent of screenings that are performed by pediatricians and other PCPs serving Medicaid youth.
    - The percent of Medicaid youth that have a positive screen for a possible behavioral health condition.
    - The percent of youth with a positive screen for which a claim was submitted indicating that an IATP had been completed. This percentage will not represent all youth who received a positive screening, as a percentage of these youth will receive behavioral health services that do not require an IATP. However, it will help HFS see how many youth with a positive screening are subsequently having IM+CANS completed and who require further assessment.
- HFS should consider developing a process for screeners and practitioners providing behavioral health services to consistently identify if a youth would benefit from an assessment through the IM+CANS. Some states (e.g., Colorado) have developed additional screening items for youth to more consistently refer youth to an IM+CANS assessment.

d. Implement a standardized assessment process, including an assessment tool that shall be utilized statewide, for the purpose of determining Class Members' strengths and needs and informing treatment planning, medical necessity, intensity of service, and, as applicable, appropriate services for Class Members;

As indicated in the second Report of the Expert, HFS developed and implemented a standardized assessment process to meet the intent of this paragraph. The standardized assessment tool created for this process is the IM+CANS. The IM+CANS was described in Paragraph 9. The Department, through its partnership with PATH, has developed and implemented the necessary training and certification process for providers to deploy the IM+CANS. As of December 31, 2025, there are approximately 20,000 individuals that are certified to render an IM+CANS. As indicated throughout this report, a total of 32,418 youth received an IM+CANs.

HFS has stated that there are still a number of youth who receive one or multiple MCR visits who have not been referred for an IM+CANS. The Expert and HFS find this puzzling since many of these youth would likely benefit from this assessment and it would further identify Class Members.

Expert Recommendations

- HFS currently utilizes the Illinois Medicaid – Crisis Assessment (IM-CAT) tool. This tool can be used to collect some of the information needed to populate the IM+CANS. HFS should require MCR providers to use the IM+CAT and have either that provider or another provider (certified to provide the IM+CANS) to complete the IM+CANS for these youth which will determine whether they are Class Members.
- HFS should develop a strategy for identifying the number of youth that receive an IM-CAT and how many of these youth become Class Members through the IM+CANS and DSC.

> *j) Include a plan to coordinate among providers the delivery of services and supports to Class Members in order to improve the effectiveness of services and improve outcomes;*

This subparagraph specifically calls for a plan to ensure services to Class Members are well coordinated, which improves the effectiveness of the services and the outcomes for Class Members. In previous reports, the Expert stated it was premature for HFS to develop the plan required under 17.j, given the lack of providers of other Pathways services. The Expert recommended HFS outline in writing a clear description of future network development activities in lieu of a plan as required in this paragraph. HFS has developed a workplan and has implemented initial activities to address the availability of other Pathways services. This was discussed in more detail in paragraph 9.

In addition, HFS contractually requires each CCSO to have a community resource manager that is responsible for identifying and developing a resource manual for Tier 1 and 2 care coordinators regarding formal and informal supports (e.g., summer camps, boys and girls clubs). Each CCSO community resource manager is to submit a bi-annual report that sets forth their efforts to develop provider networks, including engagement of community stakeholders that can provide these services. The Expert requested and

reviewed a sample of reports from the CCSOs regarding their DSA-specific plans. On a bi-annual basis, CCSOs are required to submit a report to HFS regarding:

- Status of hiring or appointing staff for the Community Relations Manager position
- Providing an update on outreach efforts to engage with community providers and separately with stakeholders
- Provide a status update on the Community Network Services in their DSA
- Identifying areas that would be considered a strength
- Identifying areas that would be considered a weakness
- Improvements to the CCSOs' efforts to serve Class Member in Pathways
- Obstacles that may prevent a CCSO from exploring or implementing improvements.

All of these reports reviewed provided this information. However, HFS did state that while they have reviewed these bi-annual reports they have yet to take specific actions with CCSOs regarding areas of improvement or addressing obstacles that CCSO face.

The second component of this paragraph focuses on the effectiveness and outcomes for Class Members. In previous reports, the Expert recommended various structural, process, and outcome measures for Pathways QAP. These were included in HFS QAP for CY 2024 and CY 2025. This is discussed in more detail in paragraph 9.

Expert Recommendations

- HFS should continue to implement the workplan for developing other Pathways services. These activities are set forth in paragraph 9 and include efforts to increase:
    - Intensive Home-based services providers
    - Therapeutic Mentoring
    - Respite
    - Family Peer Support.

  Once these services are available and offered by multiple providers in each DSA, HFS should develop a strategy to review Class Member needs against the current capacity for providers to offer these services.
- HFS should consider adding a summary of meetings between the CCSO and other community providers who serve Class Members in the DSA. Currently HFS is meeting individually with CCSOs and other community behavioral health providers to facilitate relationships among these agencies. While this activity is laudable, it is unstainable. Having each CCSO's community resource staff perform this function on an ongoing basis would be a prudent use of resources.
- HFS should also review whether providers (behavioral health and others) are attending the CFTs to ensure a coordinated plan of care. HFS should consider reviewing a sample of meeting minutes and/or agenda to ensure this is occurring.
- HFS should implement the recommendations set forth in paragraph 9 regarding the development of process and outcome measures included in the QAP for CY 2024 and CY 2025.

> *k) Establish a process to communicate with Class Members, families, and stakeholders about the service delivery, service eligibility, and how to gain access to the Model, regardless of the point of entry or referral source; and*

There are two components of this subparagraph. One component requires HFS to establish a process for communication with Class Members and their caregivers. The second component is specific to this communication process with stakeholders regarding the Pathways model.

In CY 2021, HFS did provide robust information to Class Members, caregivers, providers, and other stakeholders regarding Pathways. HFS reports they have not provided additional information regarding Pathways consistently since CY 2021, given the slow growth of Pathways during CY 2022 through 2024. As indicated before, HFS chose (and the Expert agreed) that limited referrals to CCSOs would occur (as done in other states). In addition, it took several years for HFS to develop other Pathways services during this period.

HFS has provided information on a regular basis to stakeholders through the N.B. Subcommittee. As indicated in the introduction, HFS has developed structured agenda and presentations specific to Pathways services and policies. HFS has solicited feedback from the N.B. Subcommittee on these areas on a bi-monthly basis. At each meeting, the co-chairs of the N.B. Subcommittee solicit feedback from the public that attends these meetings.

Expert Recommendations

- HFS should develop and implement a new communication plan regarding Pathways for potential Class Members and their caregivers. This could include HFS holding additional statewide meetings (in person or virtually) for Class Members and caregivers as well as broader communication through other strategies.
- HFS should develop a schedule for continuing to provide information on the Pathways to Success program on an annual basis.
- HFS should continue their efforts to develop structured agenda and solicit feedback from stakeholders through the N.B. Subcommittee meetings.

> *l) Contain procedures to minimize unnecessary hospitalizations and out-of-home placements.*

This subparagraph requires HFS to ensure critical policies are in place for diversion from inpatient and out-of-home placements. As indicated in previous Expert reports, HFS included language in the Provider Manual for CCSOs and MCR that one goal of Pathways is to implement more effective home and community-based services to reduce inpatient behavioral health hospitalizations and out-of-home placements.

As indicated in paragraph 9, HFS has finalized a Quality Assurance Plan for CY 2024 and CY 2025 that will provide critical information on the effect that MCR and CCSOs have on diverting youth from these settings. Specifically, this QAP included the development of a baseline regarding hospitalizations, emergency department use for behavioral health purposes, and out-of-home residential services (including out-of-state PRTFs). In previous reports, the Expert recommended HFS complete an analysis of baseline data regarding use of these settings, provide CCSOs with this information for youth referred for care coordination, and based on this analysis, provide CCSOs with technical assistance to improve their diversion strategies. HFS has not completed the analysis but has included these efforts in the workplan submitted in CY 2025 for work to be completed in 2026.

Additionally, PATH has been reviewing crisis prevention and safety plans (CPSP) for a sample of youth in each CCSO. They selected FY 2024 as the baseline for determining progress in subsequent years across various domains, including the CPSP. The Expert has recently reviewed findings from the February 2026 Document Review Report and found that statewide scores for CPSP development increased during CCSOs during the engagement phase but had little change in the implementation phase.

Expert Recommendations

- HFS should undertake the steps set forth in paragraph 9 for the CY 2024 and CY 2025 QAP specific to developing baseline measures. Specifically, HFS should perform the analysis and implement efforts to track use of inpatient and out-of-home placements (including out-of-state PRTFs) for Class Members by the end of CY 2026. The Expert recommends that a minimum of two years (calendar or fiscal) should be used for setting the baseline. The baselines can be used for these services for comparison in upcoming years. In addition, HFS should consider developing baseline data on a statewide, CCSO, and MCR-specific basis for Class Members.
- HFS should use information identified in the previous bullet to make determinations and conclusions regarding CCSOs and MCR providers that are meeting implementation expectations and those that are falling below expectations in future years.
- HFS should develop a communication plan to ensure ED providers are aware of Class Members who are receiving care coordination and the role of CCSOs in addressing crises (prior to and after a crisis).
- PATH should continue to provide technical assistance to CCSOs that have poorer scores on the CPSP domain and continue to report on the change from the baseline for this year.

VI. Implementation

21. Within nine (9) months after the Approval Date, Defendant shall provide Class Counsel and the Expert with a draft Implementation Plan. Class Counsel and the

Expert will provide input regarding the draft Implementation Plan, which shall be finalized within twelve (12) months following the Approval Date. If, after negotiation, the Expert or Class Counsel disagrees with Defendant's proposed Implementation Plan, the Court shall resolve all disputes and approve a final Implementation Plan. The Implementation Plan, and all amendments or updates thereto, shall be filed with the Court and shall be incorporated into and become enforceable as part of this Consent Decree. Defendant shall make the Implementation Plan available to Class Members and the public by posting it to Defendant's website within five (5) business days after it is filed with the Court and within five business days after any changes to the Implementation Plan are filed with the Court. The Implementation Plan must, at a minimum:

a. *Establish specific tasks, timetables, goals, programs, plans, strategies and protocols describing Defendant's approach to fulfilling all of the requirements of this Consent Decree;*
b. *Describe the hiring, training and supervision of the personnel necessary to implement this Consent Decree;*
c. *Describe the activities required to support the development and availability of services, including inter-agency agreements, and other actions necessary to implement this Consent Decree;*
d. *Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any Medicaid-authorized services or supports anticipated or required in Service Plans developed pursuant to this Consent Decree that are not currently available in the appropriate quantity, quality or geographic location;*
e. *Describe the methods by which information will be disseminated, the process by which Class Members may request services, and the manner in which Defendant will maintain current records of Class Member service requests;*
f. *Describe the requirements of an interim plan of care for individuals receiving services in accordance with Paragraphs 24-25 that is consistent with Paragraph 17(g); and*
g. *Describe the methods by which Defendant intends to meet the obligations of this Consent Decree.*

22. The Implementation Plan shall be reviewed by the Defendant at least annually and updated or amended, as necessary. Class Counsel and the Expert shall have the opportunity to review and comment upon any proposed updates or amendments at least 60 days before the effective date of any updates or amendments. In the event Class Counsel or the Expert disagree with Defendant's proposed updates or amendments, Class Counsel shall state all objections in writing at least 30 days before the effective date of any updates or amendments. In the event that Defendant and Class Counsel do not agree on updates and amendments, the Court shall resolve any and all disputes before any updates or amendments become effective.

Paragraphs 21 and 22 are addressed together. The initial Implementation Plan was finalized in December 2019, just over 18 months after the Consent Decree was signed. After the initial Implementation Plan was finalized, HFS pursued substantial changes to the Medicaid authority to implement the Pathways program. In June 2022, CMS approved the Medicaid authority (1915i) and the Pathways Model. In late CY 2022, HFS revised its Implementation Plan to reflect these changes and provided this plan for review by the Expert and Class Counsel. Both the Expert and the Class Counsel provided input regarding the draft update to the Implementation Plan. The First Revised Implementation Plan was filed with the court and published in October 2022. A copy of this plan can be found at:

https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/nbconsentdecreefirstrevisedimplementationplanoctober242022.pdf

Initially, HFS agreed to provide the Expert and Class Counsel with quarterly reports regarding HFS's progress on the Implementation Plan. HFS did not provide these written quarterly reports on the activities and milestones set forth in the revised CY 2022 Implementation Plan for eighteen months (July 2023 through December 2024) but provided monthly Snapshot updates on implementation and had regular communication with the Expert regarding progress during this time. HFS has since submitted a retrospective report that provides activities and milestones for that eighteen-month period. As indicated in this summary report, HFS has completed most of the detailed activities set forth in the revised Implementation Plan from CY 2022 and continues to work to implement the remaining programming and concepts. HFS provided a report for CY 2025 that provides the status of remaining items in the Implementation Plan early in CY 2026. The Expert has concluded that almost all major items set forth in the revised Implementation Plan have been completed by HFS. As discussed throughout this report, there are continued issues regarding implementation of the Model. The Expert recommended and HFS developed a workplan for five key areas to address these implementation issues. This workplan spans CY 2026 through CY 2027 with most activities being completed during CY 2026.

Expert Recommendations

- HFS should implement the workplan developed at the end of CY 2025, addressing several major areas, including:
    - Network development plans for each of the other Pathways services (beyond care coordination)
    - Enhanced referral to CCSOs and increased engagement of youth and families with CCSOs
    - Increased participation of N.B. Class Members who are in the care of DCFS Youth in Care and engagement in Pathways
    - Screening to comply with EPSDT requirements
    - Data and data use strategy for CY 2025 for quality reporting.
- HFS should begin reporting to the Expert regarding their progress on the activities undertaken in the workplan on a bi-monthly basis. This includes:
    - Activities that have been completed

- Activities that have been delayed, specifying:
    - Any change that is 90 days or less should be reflected but no additional information needed from HFS regarding this delay.
    - Any change that is 91 days or more (from the original date identified in the plan finalized in January 2026) should be identified
    - Activities that have been substantially changed should be included in the bi-monthly report.
- HFS should provide documentation to the Expert and Plaintiff's Counsel that major milestones in the workplan were completed.

VII. Named Plaintiffs and Class Members Who Received Preliminary Help or Interim Relief

After the Approval Date, any services granted to a Named Plaintiff or Class Member pursuant to any TRO or PI dissolved in accordance with Paragraph 23, or pursuant to a request made by Class Counsel without the entry of a court order during the pendency of this litigation prior to the Approval Date, shall continue until the services are either no longer necessary or the Class Member's needs are addressed in a manner consistent with the provisions of the Consent Decree and Implementation Plan. No later than 30 days after the Approval Date, Class Counsel shall provide a list identifying all individuals eligible for services pursuant to this Paragraph.

24. For each Named Plaintiff or Class Member who is receiving services pursuant to Paragraph 24, Defendant will assign a care coordinator, from an entity contracted by Defendant to provide such services, to manage the Class Member's case and provide care coordination services. The care coordinator will assist in developing an interim service plan in accordance with the Implementation Plan. Each Named Plaintiff or Class Member, and his or her family as necessary, shall cooperate with the care coordination service.

Paragraphs 24 and 25 are addressed together. According to the Plaintiff's Counsel, there have been no identified service access issues for the original Class Members. It should be noted that all of the original named Class Members are now 21 and older and therefore are no longer Class Members.

VIII. Benchmarks

35. Defendant is expressly permitted to implement the Model described in Paragraph 17 in phases. Defendant shall provide certification to the Court, Class Counsel and the Expert upon substantially meeting the following Benchmarks, pursuant to the standards that shall be established through timely amendment to the Implementation Plan as appropriate for each Benchmark:

A. Benchmark No. 1: Within five (5) years after approval of the Implementation

Plan, Defendant shall accurately certify to Class Counsel, the Expert and the Court that substantially all systems and processes that Defendant intends to utilize to implement the Model in accordance with the Implementation Plan are at least operational as outlined in the Implementation Plan.

B. Benchmark No. 2: Within two (2) years after the successful certification of Benchmark No.1, Defendant shall accurately certify to Class Counsel, the Expert and the Court that the Model is at a capacity to substantially serve the Class's needs for intensive home- and community-based services on a systemic level statewide. After successful certification of Benchmark No. 1, the Implementation Plan shall be amended (in accordance with the process set forth in Paragraph 22) to establish the standard for sufficient capacity that is necessary to substantially serve the Class's needs for intensive home- and community-based services on a systemic level statewide. Nothing in this Consent Decree shall be interpreted to require that the standard for Benchmark No. 2 guarantees that each Class Member will receive care or services precisely tailored to his or her particular needs.

During CY 2024, the Expert recommended to HFS and the Class Counsel that Benchmark 1 should be based on the First Revised Implementation Plan date (October 2022) versus the initial Implementation Plan. The Revised Implementation Plan reflected significant changes to the model and Medicaid authority needed to implement the model. Given the delayed approval from CMS regarding Pathways, the Expert deemed implementation did not occur until July 2022, after HFS received final approval from CMS. The new date for Benchmark 1 will be October 2027.

Benchmark 2 is dependent on Benchmark 1 requiring HFS to certify the model is at sufficient capacity systemwide to meet Class Members' needs for intensive and community-based services. The HFS workplan for the five critical areas, including the ongoing annual QAP and network development plans discussed throughout this document, if implemented successfully, should provide sufficient capacity to meet this Benchmark.

IX. Conclusion

HFS has made significant progress in CY 2025 regarding several Pathways areas. For instance, HFS provided a detailed workplan regarding the five areas in which the Expert had significant implementation concerns. HFS has made significant progress regarding the development of other much needed Pathways services beyond care coordination. In addition, HFS has provided the necessary supports and structure to the N.B. Subcommittee.

As indicated in the introduction, the Expert expects that HFS will hire sufficient staff that will be able to undertake activities set forth in the workplan during CY 2026. Without these supports, it may not be likely that continued implementation will go as planned.

The lack of referrals of N.B. Class Members in DCFS care for services through Pathways is tremendously concerning. HFS has taken many steps over the past three years to ensure the process supports these youth so that they may be referred and benefit from services through Pathways. Unfortunately, DCFS has not yet taken advantage of these efforts. Therefore, over 1,200 N.B. Class Members who are also youth in DCFS care did not get the benefit of services offered by Pathways. This needs to be addressed in CY 2026.

Pathways to Success Quality Assurance Plan

Table of Contents

Introduction

In 2011, the N.B. lawsuit was filed on behalf of Medicaid-eligible children under the age of 21 in the State of Illinois seeking mental and behavioral health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement as outlined in sections 1902(a)(43) and 1905(a)(4)(B) of the Social Security Act. The case was certified as a class action by the United States District Court for the Northern District of Illinois on February 13, 2014, with the class defined as:

> "All Medicaid-eligible children under the age of 21 in the State of Illinois: (1) who have been diagnosed with a mental health or behavioral health disorder; and (2) for whom a licensed practitioner of the healing arts has recommended intensive home-and community-based services to correct or ameliorate their disorders."

The court approved a Consent Decree in January 2018, which required the Illinois Department of Healthcare and Family Services (HFS) to develop a behavioral health delivery model to provide Class Members with a continuum of Medicaid-authorized and required mental and behavioral health home- and community-based services.

To address the requirements of the N.B. Consent Decree, HFS has developed the Pathways to Success program that provides access to an evidence-informed model of care coordination and additional mental health services to children identified as N.B. Class Members. The goals of the program are to: 1) improve access to crisis supports and appropriate home- and community-based services for Class Members, (2) closely coordinate care across programs and service delivery systems, (3) reduce the number of out-of-home placements, (4) increase family and youth involvement in services, and (5) improve clinical and functional outcomes for Class Members and their families.

Pathways to Success introduces an enhanced care coordination model and additional home- and community-based services for N.B. Class Members who require intensive services. The program is organized with the Systems of Care philosophy and principles at the core. Care Coordination and Support Organizations (CCSOs) are the centralized, accountable care coordination providers, providing Care Coordination and Support (CCS) services at one of two tiers: (1) High Fidelity Wraparound Care Coordination or (2) Intensive Care Coordination. In addition to CCS services, the following services are provided through the Pathways to Success program: Intensive Home-Based (IHB), Family Peer Support, Therapeutic Mentoring, Respite, Therapeutic Support Services (TSS), and Individual Support Services (ISS).

HFS administers the Pathways to Success program with support from contracted Managed Care Organizations (MCOs) and the University of Illinois. To be eligible for participation in Pathways to Success, an individual must (1) be Illinois Medicaid-eligible, (2) be under the age of 21, and (3) demonstrate a need for Pathways to Success Services pursuant to the State's Behavioral Health Decision Support Model.

A Behavioral Health Decision Support Model identifies N.B. Class Membership and eligibility for Pathways to Success. A key component of the Decision Support Model is the information obtained from the assessment of the individual using the Integrated Assessment and Treatment Planning tool known as the Illinois Medicaid – Comprehensive Assessment of Needs and Strengths (IM+CANS). Community mental health providers complete the IM+CANS assessment with individuals and then submit the IM+CANS data to HFS through the HFS Provider Portal. That information is then utilized to determine if

the individual meets the eligibility criteria established in the Behavioral Health Decision Support Model to be considered an N.B. Class Member and, therefore, eligible for the Pathways to Success program.

Purpose of the Plan

The Pathways to Success Quality Assurance Plan (the Plan) establishes the process to monitor, evaluate, and improve key performance measures for delivering services to N.B. Class Members through the Pathways to Success program. This Plan outlines the initial structural and process measures the Department will utilize to evaluate progress toward implementing Pathways to Success including eligibility determinations and referrals to Pathways to Success, as well as access to Pathways services and provider technical assistance and training.

The Plan also provides an overview of additional process measures the Department will capture to analyze the systemic implementation of the Pathways to Success program in CY 2025. In addition, this Plan includes a set of baseline measures that will assist in determining if Pathways is having the intended effect on utilization of high-end services (e.g., inpatient psychiatric hospitalization). The Plan also sets forth outcome measures the Department may use to measure the effectiveness of Pathways to Success. Outcome measures will begin to be collected in CY 2026. Feedback regarding these additional process, baseline and outcome measures was received from the N.B. Consent Decree Subcommittee of the Medicaid Advisory Committee (N.B. Subcommittee), state child-serving agencies and other stakeholders and was included in this Plan.

This Plan outlines the initial structural and process measures, addressing the following information:

- Identification of youth who are eligible for N.B. Class Membership and enrolled in Pathways.
- The number of enrolled N.B. Class Members who are participating in the Pathways core services (e.g., care coordination)
- Availability of care coordination and other Pathways services (intended to identify service gaps during the first several years and inform network development efforts for Pathways Services);
- Care Coordination Service Organizations' (CCSOs) delivery of care coordination consistent with key areas of a High-Fidelity Wrap-around approach, as determined by HFS.
- Quality of training, technical assistance and coaching for service providers.

The Plan outlines the data sources HFS will use for each of the structural measures, and the process HFS will use to analyze, review and act on the data.

The quality assurance process will be on-going with the goal of monitoring and improving the implementation of Pathways to Success and the outcomes for N.B. Class Members using data-driven measures. In addition, the Plan will summarize how HFS anticipates sharing the Quality Assurance measures with stakeholders, including the N.B Subcommittee and the public.

Quality Assurance Oversight

HFS has established a Joint Oversight Committee (JOC) to oversee the implementation and effectiveness of the Pathways to Success services and supports. The JOC is comprised of HFS leadership from the HFS Bureau of Behavioral Health and the HFS Bureau of Managed Care, as well as key staff from HFS's

contracted Managed Care Organizations. HFS will collect and provide the JOC with information initially on the structural measures set forth in this Plan. The JOC will review the data collected, as outlined in the Quality Assurance Plan, on a quarterly basis. Through that review, the JOC will identify strengths and weakness and will develop strategies to address any identified weaknesses. The JOC will compile strengths, weaknesses, and recommendations for improvement into a Pathways to Success Quality Assurance Report for the Administrator of the HFS Division of Medical Programs. Once the Administrator has reviewed the Quality Assurance Report and approved or amended the recommendations, the JOC will assign the implementation of recommendations to the proper staff and will monitor the implementation of those recommendations. Progress toward the implementation of recommendations will be reported in the subsequent Quality Assurance Reports.

Process for Dissemination to Stakeholders and the Public

HFS has developed a public-facing data report that is posted quarterly on HFS' Pathways to Success webpage. The data points included in the posted data report were jointly developed among HFS, stakeholders from the N.B. Subcommittee and the court appointed N.B. Consent Decree Expert (N.B. Expert). HFS will also post the annual Quality Assurance Plan each calendar year.

As more data become available throughout the implementation of Pathways to Success and more quality assurance data is gathered, HFS will utilize the same process of gathering additional recommendations regarding data points to post publicly from the N.B. Subcommittee and the N.B. Expert.

Pathways to Success Structural Measures

The Pathways to Success Structural Measures section encompasses program implementation areas that the Department tracks on a regular basis to ensure that the provider network and other supportive structures necessary for the operations of Pathways to Success are developing efficiently and effectively. The Structural measures include:

- CCSO capacity by Designated Service Area
- Provider capacity of other services offered through the Pathways to Success Program
- Illinois Medicaid-eligible individuals under 21 with behavioral health needs indicated on their IM+CANS and information about how many youths were eligible for Tier 1 and Tier 2.
- N.B. Class Member referrals to CCSOs
- Engagement of referred N.B. Class Members in care coordination provided by the CCSO.
- The number of N.B. Class Members and caregivers declining care coordination offered by CCSOs.
- Requests from youth, caregivers, and providers to re-tier youth to a different tier of care coordination
- Training provided and staff trained.

The tables below include the Structural Measures and a detailed explanation of how the data are obtained. This information is critical to ensure data is obtained and used consistently throughout the Quality Assurance process. The data for these Structural Measures are pulled monthly and publicly posted on the HFS website quarterly. The Department utilizes these Structural Measures to monitor the

implementation of Pathways to Success services and supports and adjusts implementation activities to address any areas that require intervention.

Table 1: Pathways Enrollees and Referrals to CCSOs

Metric 1.a	Total number of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS (includes N.B. Class Members and non-Class Members[1])
Data Source	List generated from the Enterprise Data Warehouse of youth who have had an IM+CANS completed and uploaded into the HFS Provider Portal within the previous six months who are stratified into Tiers 1-4 upon application of the Decision Support Criteria.
Data as of date	**Number**
March 8, 2023	6,925
June 14, 2023	5,006
September 30, 2023	7,806
December 31, 2023	14,602

Metric 1.b	Number / percentage of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS stratified into Tier 1 **Error! Bookmark not defined.**	
Data Source	List generated from the Enterprise Data Warehouse of youth who have had an IM+CANS completed and uploaded into the HFS Provider Portal within the previous six months who are stratified into Tier 1 upon application of the Decision Support Criteria.	
Data as of date	**Number**	**Percent**
March 8, 2023	209	3.02%
June 14, 2023	149	2.98%
September 30, 2023	245	3.14%
December 31, 2023	480	3.29%
	Number / percentage of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS stratified into Tier 2 **Error! Bookmark not defined.**	
Data Source	List generated from the Enterprise Data Warehouse of youth who have had an IM+CANS completed and uploaded into the HFS Provider Portal within the previous six months who are stratified into Tier 2 upon application of the Decision Support Criteria.	
Data as of date	**Number**	**Percent**
March 8, 2023	2,306	33.30%
June 14, 2023	1,734	34.64%
September 30, 2023	2,914	37.33%
December 31, 2023	5,284	36.19%

Pathways Development Area	Total number of N.B. Class Members that have been referred to CCSOs
Data Source	BBH approved list of prioritized unique N.B. [1] Class Members who have been referred by HFS to CCSOs based on the CCSO's staffing capacity
Data as of date	**Number**
March 8, 2023	536
June 14, 2023	1,469
September 30, 2023	2,444
December 31, 2023	3,227
Pathways Development Area	Number of referred N.B. Class Members eligible for Tier 1
Data Source	BBH approved list of prioritized unique N.B. Class Members who were stratified into Tier 1 and have been referred by HFS to CCSOs based on the CCSO's staffing capacity.
Data as of date	**Number**
March 8, 2023	134
June 14, 2023	255
September 30, 2023	357
December 31, 2023	450
Pathways Development Area	Number of referred N.B. Class Members eligible for Tier 2
Data Source	BBH approved list of prioritized unique N.B. Class Members who were stratified into Tier 2 and have been referred by HFS to CCSOs based on the CCSO's staffing capacity. (This is based on initial enrollment.)
Data as of date	**Number**
March 8, 2023	402
June 14, 2023	1,214
September 30, 2023	2,087
December 31, 2023	2,777

Information in Table 1 provides an overall review of the identification and referral of Class Members to Pathways. As of 12/31/2023, HFS identified 14,602 Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS (including N.B. Class Members and non-N.B. Class Members.[2]). Of these individuals, HFS identified 5,764 youth (39.5%) who are N.B. Class Members eligible for care coordination and other Pathway services. The identified N.B. Class Members were stratified into Tier 1 and Tier 2 of care coordination as follows:

- 480 N.B. Class Members were stratified into Tier 1, representing 3.29% of the overall number of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS, which is a greater percentage than the initial expectation of the Expert and Class Counsel identified in CY2022.
- 5,284 N.B. Class Members were stratified into Tier 2, representing 36.2% of the overall number of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS.

Of the 5,764 individuals who were identified as N.B. Class Members and stratified into Tiers 1 and 2 as of 12/31/23, 3,227 of those Class Members were referred to CCSOs. This referral process is consistent with the strategy HFS developed for referrals of N.B. Class Members to CCSOs based on developing staffing capacity within these organizations. HFS is working with MCO partners, Provider Assistance and Training

[1] HFS is utilizing a temporary manual process to match Class Members to CCSOs based on the CCSO's staffing capacity. This process will be automated once all CCSOs have sufficient staffing capacity to serve all eligible youth.

[2] Initial data includes youth who are not Medicaid eligible and, therefore, not N.B. Class Members. HFS has identified this issue, and at this time it appears to be a small number of youth. HFS is working to confirm the number of these individuals and is reviewing ways to address this issue, if needed.

Hub (PATH) and CCSOs with a goal to have all identified N.B Class Members who are referred to CCSOs by the end of CY 2024. Because a portion of these N.B. Class Members are under the custody of the Department of Children and Family Services (DCFS), HFS will continue working with (DCFS) to initiate referrals of N.B. Class Members who are DCFS Youth in Care into Pathways.

Table 2: Tracking Engagement in Pathways or Care Coordination

Metric 2.a	Number of N.B. Class Members referred to CCSOs who declined all Pathways to Success services or the CCSO was unable to engage the youth and family
Data Source	Notifications were sent to HFS from the CCSO indicating that the referred Class Member / family either declined services or the CCSO was unable to engage the Class Member / family. (The method of notification was transitioned from email to OneDrive upload in August 2023.)
Data as of date	**Number**
March 8, 2023	75
June 14, 2023	380
September 30, 2023	838
December 31, 2023	1,436
Metric 2.b	Number of N.B. Class Members referred to CCSOs who declined only care coordination services under Pathways to Success.
Data Source	Notifications were sent to HFS from the CCSO indicating that the referred Class Member / family declined only care coordination services under Pathways to Success. (Method of notification transitioned from email to OneDrive upload in August 2023.)
Data as of date	**Number**
March 8, 2023	Not reported
June 14, 2023	5
September 30, 2023	7
December 31, 2023	7

HFS tracks the number and percent of referred N.B. Class Members whose CCSOs are unable to locate or who declined participation in Pathways. In the first quarter (January 2023- March 2023) 14% of referred N.B. Class Members were unable to be located or declined participation in Pathways. This percent increased such that by 12/31/2023, 44.5% of all referred N.B. Class Members were either not located or declined participation in Pathways. HFS is concerned about this trend and, in CY 2024 and possibly CY 2025, will review the number and percent of referred N.B. Class Members declining participation in Pathways versus referred N.B. Class Members who cannot be located. This information will be helpful as identification and engagement strategies for each group will differ. HFS is considering several different strategies to increase the number of referred N.B. Class Members who can be located and who agree to participate in Pathways, including but not limited to the following:

- For N.B. Class Members who are unable to be located, HFS may request MCOs to assist with an identification and outreach strategy, given that they may have more recent contact information for these youth.

- HFS will also consider using pharmacy claims (which may have the most current contact information) for outreach strategies and work with the CCSOs to use this information to contact the referred N.B. Class Members.
- For referred N.B. Class Members who are contacted but decline to participate in Pathways, HFS will develop a strategy to collect information regarding the reasons why these referred N.B. Class Members are declining participation in Pathways. HFS will develop strategies that may include enhanced engagement efforts by CCSOs informed by successful engagement practices by higher-performing CCSOs.
- HFS and PATH will also consider reviewing the timing of successful contact by CCSOs to determine whether CCSOs adhere to required contact timelines for referred N.B. Class Members. HFS will consider reviewing the number of N.B. Class Members who either signed a consent to participate in Pathways or signed a non-participation form declining Pathways services, measured from the date of initial referral to the date of the N.B. Class Member's or caregiver's, signature to determine if the length of time from initial referral to successful contact impacts the rate of non-participation, broken down by the following timeframes:

    - Less than 7 days
    - 8-30 days
    - 31-60 days
    - 61-90 days
    - 91 to 120 days
    - 121 days or longer

- Based on this review, HFS will determine if the timing of contacts shows any impact or correlation with rate of participation in Pathways. If so, HFS will work with PATH and CCSOs to improve the timing of contacts, as needed. HFS will then continue to track this information for subsequent years to determine if efforts to improve the timeliness of contacts are successful or if new strategies need to be developed and implemented.

In subsequent reports, HFS will report the number and percent of referred N.B. Class Members declining participation in Pathways separate from referred N.B. Class Members who cannot be located.

Only a small portion of referred N.B. Class Members have declined participation in care coordination offered by CCSOs. HFS will continue to monitor referred N.B. Class Members declining participation in CY 2024 and CY 2025 to determine if strategies need to be developed to understand why some referred N.B. Class Members are not interested in care coordination offered by CCSOs but do want to participate in other Pathways services.

Table 3: Re-tiering Requests

Metric 3.a	Number of Requests for Re-tiering received from Class Members that have been referred to CCSOs
Data Source	Number of Requests for Re-tiering that were submitted to the HFS.Pathways@illinois.gov inbox
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	11

September 30, 2023	25
December 31, 2023	37
Metric 3.b	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 2 to Tier 1
Data Source	Number of Requests for Re-tiering to move from Tier 2 to Tier 1 that were submitted to the HFS.Pathways@illinois.gov inbox
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	10
September 30, 2023	22
December 31, 2023	29
Metric 3.c	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 2 to Tier 1 that were approved
Data Source	Number of Requests for Re-tiering to move from Tier 2 to Tier 1 that were reviewed by HFS staff and were approved for movement to Tier 1, based on the manual application of Decision Support Criteria
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	3
September 30, 2023	12
December 31, 2023	15
Metric 3.d	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 2 to Tier 1 that were denied.
Data Source	Number of Requests for Re-tiering to move from Tier 2 to Tier 1 that were reviewed by HFS staff and were denied, based on the manual application of Decision Support Criteria
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	7
September 30, 2023	10
December 31, 2023	14
Metric 3.e	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 1 to Tier 2[3]
Data Source	Number of Requests for Re-tiering to move from Tier 1 to Tier 2 that were submitted to the HFS.Pathways@illinois.gov inbox
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	1
September 30, 2023	3
December 31, 2023	8

HFS tracks the number of referred N.B. Class Members engaged in CCSO care coordination, assigned a tier, and subsequently requested a change in the tier. Tracking includes referred N.B. Class Members

[3] All Requests for Re-tiering that are received from Class Members referred to CCSOs to move from Tier 1 to Tier 2 will be approved provided that the requests are properly completed, and the request was made by the Class Member in consultation with the Child and Family Team.

who are initially stratified into Tier 1 and request to be considered for Tier 2. HFS also tracks referred N.B. Class Members who are initially stratified into Tier 2 and request to be considered for Tier 1. HFS approves all requests for a referred N.B. Class Member to move from Tier 1 to Tier 2 with proper documentation. HFS reviews requests for referred N.B. Class Members to move from Tier 2 to Tier 1 to ensure that the N.B. Class Member meets the criteria for Tier 1. If any N.B. Class Member is denied a re-tiering request, they or their caregiver can appeal that decision.

During CY 2023, a very low number (37) and percent (.1%) of referred N.B. Class Members submitted a request to HFS to be moved from an existing Tier to a different Tier. Between 10/1/23 and 12/31/23, HFS received 29 requests from referred N.B. Class Members to be moved from Tier 2 to Tier 1 and 8 requests to move from Tier 1 to Tier 2. Of the 29 requests to move from Tier 2 to Tier 1, 15 (53%) were approved, and HFS denied 14 requests (47%). All eight requests for re-tiering from Tier 1 to Tier 2 were reviewed and approved by HFS.

Table 4: —CCSO Availability

Metric 4.a	Number of qualified CCSOs
Data Source	BBH approved the list of Providers that responded to RFQ and were selected as qualified to be CCSOs by HFS
Data as of date	**Number**
March 8, 2023	24
June 14, 2023	24
September 30, 2023	24
December 31, 2023	24
Metric 4.b	Number of CCSOs with completed enrollment
Data Source	IMPACT provider enrollment files showing the provider was selected as a qualified CCSO and has an approved and completed, appropriate Home and Community-Based Services Specialty and a Care Coordination and Support Subspecialty
Data as of date	**Number**
March 8, 2023	19
June 14, 2023	21
September 30, 2023	21
December 31, 2023	21
Metric 4.c	Number of Designated Service Areas (DSA) with a CCSO that has completed enrollment and has received referrals for N.B. Class Members
Data Source	BBH approved a list of CCSOs that have completed enrollment and readiness review and received referrals for N.B. Class Members in the CCSO's DSA
Data as of date	**Number**
March 8, 2023	20 of 32 DSAs
June 14, 2023	26 of 32 DSAs
September 30, 2023	29 of 32 DSAs
December 31, 2023	29 of 32 DSAs

Prior to the implementation of Pathways, HFS developed 32 Designated Services Areas (DSAs) that were designed to provide access to care coordination offered by CCSOs. HFS created these DSAs based on a statewide analysis of Medicaid-eligible youth who were likely to meet eligibility for N.B. Class Membership. To build a network of CCSOs, HFS, in cooperation with the MCOs, developed a process to solicit applications from organizations that were interested in becoming a CCSO. In Fall of 2022, HFS released a Request for Qualifications (RFQ), selected initial organizations to be CCSOs based on established criteria and enrolled them in the Medicaid program to begin to offer services beginning

1/1/2023. Initially, there were 19 CCSOs that were enrolled and providing both tiers of care coordination in the first quarter of 2023. These 19 CCSOs provided care coordination across 20 of the 32 DSAs. One CCSO had sites within two DSAs. By the end of CY2023, were 21 CCSOs enrolled and providing care coordination services in 29 of the 32 DSAs. HFS has prioritized recruiting, enrolling, and performing a readiness review for CCSOs in the remaining three DSAs.

Table 5: Other Pathways Service Capacity

Metric 5.a	Number of Intensive Home-Based Providers with completed enrollment
Data Source	IMPACT provider enrollment files showing providers who have an approved and completed, appropriate Home and Community-Based Services Specialty and an Intensive Home-Based Services Subspecialty
Data as of date	**Number**
March 8, 2023	1
June 14, 2023	1
September 30, 2023	1
December 31, 2023	1
Metric 5.b	Number of Providers of Other Pathways Services (Family Peer Support, Therapeutic Mentoring, and Respite) with completed enrollment
Data Source	IMPACT provider enrollment files showing providers who have an approved and completed, appropriate Home and Community-Based Services Specialty and a Children's Services Subspecialty
Data as of date	**Number**
March 8, 2023	3
June 14, 2023	2
September 30, 2023	2
December 31, 2023	3

HFS tracks the number of providers that are rendering Pathways services to N.B. Class Members other than care coordination. These other services include:

- Intensive Home-Based Services (IHB)
- Other Home and Community-Based Services (HCBS), including:
    - Respite
    - Family Peer Support
    - Therapeutic Mentoring

HFS can track enrollment of IHB. However, the current Medicaid enrollment system only tracks other home and community-based services on a combined basis. Therefore, HFS does not yet have data that identifies the number of providers that offer each of these services. As the network increases and these organizations submit claims, HFS will be able to provide more detailed information regarding the number of providers by DSA that offer each of these services.

As Table 5 indicates, there is more work that needs to be done to secure additional providers to offer other Pathway services. For instance, there is only one provider of IHB services in the state—generally

serving referred N.B. Class Members in the Chicago area. There are also very few other providers of Pathway services.

HFS has made identification, recruitment, and enrollment of these kinds of providers and ultimately service delivery a priority for CY 2024 and CY 2025. In the last quarter of CY 2023, HFS worked closely with providers and their MCO partners to identify issues for recruiting and enrolling organizations to offer these services. HFS worked with the MCOs to develop the Request for Information (RFI) process to solicit information from providers regarding barriers and strategies to address the low enrollment of other Pathways service providers. In addition, HFS has begun to develop strategies to address initial barriers identified through meetings with providers to provide incentives for start-up and ongoing reimbursement efforts to ensure other Pathway services are available statewide. In CY 2024 and CY 2025, HFS will track enrollment and service provision of IHB and other Pathways services by DSA area similar to current efforts with CCSOs. Are we saying this: In CY 2024 and CY 2025, HFS will track enrollment and service provision of IHB and other Pathways services provided by service providers by DSA, similar to current efforts with CCSOs.

Pathways to Success Initial Process Measures

Pathways has been operational in many areas of the State since 1/1/2023. As indicated above, HFS focused initial efforts on implementing care coordination offered by the CCSOs. Therefore, the initial implementation process measures were focused on the quality-of-care coordination provided by CCSOs.

The Department, with cooperation from PATH, also began assessing certain process measures to ensure that services were being provided in accordance with key components of the Pathways to Success Model. The process measures below were gathered through a record review-based coaching and technical assistance process conducted by PATH. This process was intended to identify areas of strength and areas needing improvement for CCSOs.

Each Designated Service Area's CCSO submitted documentation to PATH. PATH's coaching teams then reviewed the documents using a Document Review Tool. The Document Review Tool followed a 4-point, strengths-based scale, as follows:

0: Centerpiece strength – all components are present.
1: Useful strength – some components are present.
2: Identified strength – information is minimal and/or not connected to the family's voice.
3: Not yet identified strength – no components are present.

Initial data indicated that CCSOs are learning how to deliver a new service at start-up. Almost all activities across the four areas were generally rated positive or needed modest improvements. Overall, the most significant areas indicating the need for improvement were ensuring family voice was captured and the youth and family's cultural assets were explored during the SNCD.

PATH's coaching team leads met with reviewers following the completion of independent reviews to address any significant discrepancies in ratings and reach a consensus on ratings and narratives. The PATH Continuous Quality Assurance (CQA) team then ensured that ratings and averages were accurate and entered information into the tracking survey.

HFS and PATH are using the information collected from these reviews to develop and implement additional training efforts and new coaching strategies. Training efforts have been implemented during regular bi-weekly calls with all CCSOs. The efforts focused on several key areas:

- Improving CCSO engagement strategies
- Improving crisis and safety plans and individualized plans of care
- Ensuring adherence to the Wrap Around Process and Guiding Principles
- Identifying and engaging community partners in delivering services identified in the IPOC.

In addition, HFS, in cooperation with PATH, has created coaching opportunities for each CCSO. This coaching occurred during the fall of CY 2023 and was consistent with addressing the record review results. The PATH Coaching Lead submits the final document review tool to CCSOs. PATH Coaching teams meet with CCSO staff to discuss findings and to prioritize areas of strength and potential items for coaching and training intervention. Coaching was provided 1:1 and focused on:

- Enhancing CCSO's engagement efforts into Pathways and care coordination
- Enhancing efforts to improve the IPOC and crisis prevention and safety plan (CPSP)
- Improvements in information gathering and exploration during the SNCD process, including ensuring the family voice was captured and youth and family voices were explored during this process.

HFS and PATH will continue to review records and other information from referred N.B. Class Members and their families participating in care coordination during CY 2024 and 2025 to determine if training and coaching improved various activities in certain areas and whether additional training and coaching efforts should be developed to address these reviews. PATH will begin staggering document reviews throughout the year but maintain the expectation that CCSO will have 2 full document reviews completed in any given 12-month period.

For CY 2024 and CY 2025, HFS will begin implementation of fidelity monitoring of CCSO's care coordination efforts utilizing The Wraparound Fidelity Index, Short form (WFI-EZ), and the Team Observation Measure (TOM), developed by the Wraparound Evaluation & Research Team (WERT) at University of Washington.

The Wraparound Fidelity Index, Short Version (WFI-EZ) is a brief, self-administered survey that measures adherence to the Wraparound principles. N.B. Class Members, caregivers, facilitators, and team members answer questions in three categories: Experiences in Wraparound, Satisfaction, and Outcomes.

The Team Observation Measure (TOM) is designed to assess adherence to standards of high-quality Wraparound observed during team meeting sessions. It consists of 36 indicators, organized into seven subscales including Full Meeting Attendance, Effective Teamwork, Driven by Strengths and Families Based on Priority Needs, Use of Natural and Community Supports, Outcomes-Based Process and Skilled Facilitation.

Fidelity data obtained through the WFI-EZ and TOM will be utilized to provide training, coaching and technical assistance to CCSOs. PATH will begin utilizing the WFI-EZ with a small number of CCSOs in CY2024. Once that "pilot" is completed, HFS will use the lessons learned to expand the use of the WFI-EZ

to additional CCSOs by the end of CY 2024 with a goal of implementation for all CCSOs in early CY 2025. Information regarding the WFI-EZ pilot data will be available for HFS in CY 2025, and TOM data will be available in CY 2026.

CY 2024 and 2025 Areas of Focus for Quality Assurance

As indicated above, HFS has focused efforts in CY 2023 on collecting important structural measures and initial quality measures for care coordination provided by CCSOs. In subsequent reports, HFS is committed to continuing to collect and analyze this information to determine if new or additional strategies are needed, especially for creating access to CCSOs in each DSA and to other Pathways services.

In addition, HFS is developing and reviewing new process measures for CY 2024 and 2025 and future years that address several additional areas, including:

- Service plans: a) whether service plans address assessed needs of referred N.B. Class Members; b) whether service plans are consistently updated annually; and c) whether service plans adequately document the choice of services and providers.
- Eligibility Requirements: (a) whether an evaluation for N.B. Class Membership eligibility is provided to all applicants for whom there is a reasonable indication that Pathways services may be needed in the future; (b) whether the processes and instruments described in the approved state plan for determining Pathways eligibility are applied appropriately; and (c) whether the eligibility of enrolled Pathways participants is reevaluated at least every 180 days.
- Providers: whether providers meet required qualifications.
- Settings: whether Pathways service settings meet the home and community-based setting requirements as required under the 1915(i) State Plan Amendment that provides federal authorization for the implementation of Pathways.
- Fiscal Responsibility: HFS maintains financial accountability through payment of claims for services that are authorized and furnished to referred N.B. Class Members by qualified providers.
- Reporting of Abuse, Neglect, Exploitation, and Restraints: The state identifies, addresses, and seeks to prevent incidents of abuse, neglect, and exploitation, including the use of restraints.

HFS also collects information on the federal Centers for Medicare and Medicaid Services (CMS) Core Measures and other statutorily required measures for referred N.B. Class Members. CMS is required by statute to identify and publish a core set of healthcare measures, including behavioral healthcare quality measures for youth enrolled in the Medicaid program. CMS requires HFS to collect these core measures:

- Follow-up care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)
- Follow-up after Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
- Follow-up after Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)
- Follow-up after Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)

Outcome Measures

Outcome measures assess whether the Model is achieving its intended results. These measures are more challenging to develop since there is not a national set of outcome measures for most Pathways services. However, HFS proposes to mirror several states that have developed and use outcome measures for similar services. Areas HFS is proposing to focus on for measuring outcomes include:

- Increased school attendance.
- Decreased involvement with the juvenile justice system.
- Increases in a Pathways participant's functioning in key areas, as measured by changes in the individual's IM+CANS scores.
- Class Member, family, and caregiver satisfaction with services.

Most of these measures can be collected given they are reported through the initial and revised IM+CANS or through the fidelity monitoring process.

Utilization

HFS also proposes reviewing utilization and spending for Class Members participating in Pathways. This information will be used to determine if utilization and spending match expectations based on the number of Class Members enrolled in Pathways to ensure that these youth are receiving the anticipated type and amount of services and to identify billing or claiming issues that providers might be experiencing. HFS is considering the following measures for this area:

- Number and type of Medicaid behavioral health services received by Class Members enrolled in Pathways, measured at the State level and by CCSO. These services may include Medicaid Rehabilitation Options (e.g., community support, therapy/counseling, crisis intervention and stabilization, etc.) and medical and pharmacy services.
- The percentage of class members enrolled in Pathways receiving care coordination from CCSOs and accessing other Pathways and Medicaid behavioral health services. Possible areas HFS is considering:
    - Of the Class Members enrolled in CCSOs, how many are using multiple Medicaid behavioral health services during the reporting period?
    - Of the Class Members enrolled in CCSOs, how many are receiving concurrent crisis services during the reporting period.
    - Of the Class Members enrolled in CCSOS, how many are in inpatient psychiatric hospitals, or PRTFs, during the reporting period?
- Geographic distribution and utilization of Pathway services and other Medicaid behavioral health services

Baseline Reporting

Outcomes for youth enrolled in Pathways will be reviewed to determine if N.B. Class Members' needs are being met through Pathways services and, therefore, reducing Class Members' need for high-cost and out-of-home services. This outcome review is critical to understanding whether

Pathways services are meeting the intent of the N.B. Consent Decree to make community-based services available to N.B. Class Members to assist those Class Members with stability in their homes and communities. Utilization of the following services will be analyzed for youth enrolled in Pathways utilizing CY 2024 and 2025 as the baseline year:

- Admission of N.B. Class Members to an inpatient psychiatric hospital
- Admission of N.B. Class Members to Emergency Departments for youth presenting with behavioral health issues
- Use of crisis services by N.B. Class Members, including mobile crisis response and stabilization
- Admission of N.B. Class Members to an SUD inpatient facility (or hospital with a distinct part unit) or SUD residential treatment facility
- Number of N.B. Class Members that are admitted to Psychiatric Residential Treatment Facilities
- Number of N.B Class Members admitted to residential treatment through the Family Support Program

For CY 2024 and 2025, HFS will develop a sound methodology for developing the baseline and comparing changes in the baseline for subsequent years.