HFS
Illinois Department of
Healthcare and Family Services

Pathways to Success
Notice of Youth and Family Non-Participation Form

Submit completed form to HFS via the CCSO OneDrive Folder

Section 1. General Information		
Youth Name:	**RIN:**	**Date of Birth:**
Legal Guardian Name:	**Date Referred to CCSO:**	

Section 2: CCSO Information	
CCSO Agency Name:	**Care Coordinator:**
Phone Number:	**Email:**

Section 3a: CCSO Notice of Youth and Family Non-Participation

Complete this section if the CCSO is requesting that action be taken to remove the youth listed above from the CCSO's Care Coordination and Support caseload due to youth and family non-participation. Skip this section if the youth/legal guardian is requesting the action.

I am requesting that action be taken on the case for the youth listed above because (check one)**:**

☐ The CCSO has documentation confirming the youth or their legal guardian has verbally declined participation in Pathways to Success, but the youth or their legal guardian is unable or unwilling to sign this Notice of Non-Participation Form.

☐ The CCSO has attempted all expected contacts and made all reasonable efforts but has been unsuccessful in getting the youth and family to engage, make contact, or otherwise complete the Pathways to Success enrollment process within 60 days after receiving the referral from HFS.

☐ The CCSO has attempted all expected contacts and made all reasonable efforts, but the youth and their parent or legal guardian have not actively participated in any aspect of the Pathways to Success program for a period of more than 90 consecutive days after initially agreeing to participate in the program.

Supporting Information: *List all dates and methods of attempted and successful contacts with the youth or family for the applicable timeframe (previous 60 or 90 days, respectively) below. Submit, along with documentation of the discussion or other communication that occurred during the successful contact with the youth or their legal guardian that resulted in the request to remove the youth from the CCSO's caseload. A separate attachment may also be provided.*

Care Coordinators are required to notify the MCO of any discharges, transitions, or transfers of care to another CCSO provider.

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Section 3b: Youth/Legal Guardian Request for Discharge

Complete this section if the youth and parent or legal guardian are requesting the discharge or declining Care Coordination and Support. Skip this section if the CCSO is requesting discharge.

By signing below, I confirm that (check one)**:**

1) Pathways eligible Youth and Caregivers declining all Pathways Services

☐ I am requesting disenrollment from the Pathways to Success program for the above-named youth. I understand the youth listed above will be disenrolled from the program as of the day I sign this discharge request form. I understand I may request for the youth to re-engage in Pathways to Success at any time by completing and submitting the Pathways to Success Request for Eligibility Determination form found on the HFS website at https://hfs.illinois.gov/medicalproviders/behavioral/pathways.html. I understand that the youth may also be offered a chance to re-engage once every 6 months by the CCSO if the youth continues to meet Pathways to Success eligibility criteria.

There may be several reasons for not wanting these services (choose the most accurate):

- ☐ I do not need or want the services offered by Pathways.
- ☐ I am no longer in crisis or do not have immediate needs for Pathways services (derivative of above).
- ☐ I am receiving other behavioral health services that are sufficient to meet their needs.
- ☐ I believe Pathways expectations are too intensive.
- ☐ I have too many providers and additional Pathways services would be too burdensome.
- ☐ I have lost Medicaid coverage and am no longer eligible for Medicaid covered services.

2) Pathways eligible Youth and Caregivers declining Care Coordination

☐ I intend for the youth listed above to continue to be enrolled in the Pathways to Success program but am declining participation in Care Coordination and Support (CCS) services, also commonly referred to as High Fidelity Wraparound or Intensive Care Coordination. I understand I must continue to engage with the CCSO to access the other services available through Pathways to Success and in order to complete the Pathways to Success redetermination process every 6 months. I understand I may request for the youth to re-engage in CCS services at any time while the youth is enrolled in Pathways to Success by contacting my CCSO.

There may be several reasons for not wanting Tier 1 or Tier 2 Care Coordination (choose the most accurate):

- ☐ I do not need or want Care Coordination services offered by Pathways but would like to participate in other Pathways services.
- ☐ I am receiving care coordination from another provider or receiving outpatient services (e.g., therapy) that I considered to be care coordination.
- ☐ I believe that Care Coordination expectations (Tier 1 or 2) are too intensive but would like to participate in other Pathways services.
- ☐ I would like an alternative care coordinator (or agency) that is not currently available (gender/language).
- ☐ I have too many providers and additional care coordination would be too burdensome.

Youth/Legal Guardian (print name)	Signature	Date	
Date MCO was notified. (Required for clients enrolled in an MCO)			

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INSTRUCTIONS

Submission Instructions

1. CCSOs must submit this form through their assigned OneDrive folder in the Disenrollments-Discharges Folder.
2. Families or representatives of the family may submit the form through fax or email.

Section 1. Youth Information

1. Youth Name. Enter the first and last name of the youth declining the service.
2. RIN. Enter the State of Illinois recipient identification number (RIN) of the youth declining the service.
3. Date of Birth. Enter the date of birth of the youth declining the service.
4. Legal Guardian Name. Enter the first and last name of the legal guardian for the youth declining services.
5. Date Referred to CCSO. Enter the date the youth was referred to the CCSO for Care Coordination and Support (mm/dd/yyyy).

Section 2. CCSO Information

6. CCSO Agency Name. Enter the agency name of the CCSO submitting the form.
7. Care Coordinator. Enter the name of the youth's assigned Care Coordinator.
8. Phone Number. Enter the phone number of the youth's Care Coordinator.
9. Email. Enter the email of the youth's Care Coordinator.

Section 3a. CCSO Notice of Youth and Family Non-Participation.

10. Request type. Check the appropriate box to indicate the reason for the youth and family's non-participation.

Section 3b.

11. Only complete this section if the youth and parent/legal guardian is requesting the discharge or declining Care Coordination and Support. When a client is discharged or declining Care Coordination and Support, the CCSO must immediately notify the client's Medicaid MCO provider by email.

Section 4.

12. **Do not complete this section – for HFS use only.**