N.B., et al.

v.

Whitehorn, et al.

Report of the Expert

June 2025

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Report of the Expert

May 2025

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Fifth Annual Subject Matter Expert Report
June 2025

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.

To address the Consent Decree, the Department of Healthcare and Family Services (HFS) developed the Pathways to Success (Pathways) program. Pathways was officially launched in January of 2023. CY 2024 represents the second full year of implementation. HFS has taken an approach, similar to other states, to enroll youth on a more gradual basis. This approach allows HFS to closely monitor the quality of care coordination and other Pathways services as the capacity of the service system grows. During CY 2024, HFS projected approximately 5,000 youth meeting class certification would be referred for Pathways services. HFS reports that as of December 31, 2024, 5,625 Class Members were referred to Pathways. However, there were an additional 1,400 youth that were identified as Class Members and were yet to be referred. Therefore, referrals to Pathways are still staggered and not processed in "real time' as proposed by HFS in the 2024 Annual Report.

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 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 Plan was filed with the court and published on October 24, 2022. The link to the revised Implementation Plan is available at:

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

HFS agreed to provide updates regarding their progress on the Implementation Plan to the plaintiff's attorneys and the Expert on a quarterly basis. However, these reports were not provided on a quarterly basis in CY 2024. Some of the updates occurring in CY 2024 were monthly reports to the Expert regarding the implementation of Pathways. As discussed later in this report, the Expert is recommending changes to the overall reporting process for Pathways. One change recommends that HFS develop and implement a plan to address critical areas to ensure Pathways is implemented as designed. The current quarterly reporting structure does not provide sufficient detail to determine if and how these major areas are being addressed. These areas include:

- Ongoing network development of other Pathways services
- Enhanced referrals to CCSOs and increased engagement of Class Members by CCSOs
- Increased participation of DCFS Class Members and engagement in Pathways
- Complying with EPSDT screening and assessment requirements
- Developing data and a data use strategy for CY 2025 for quality improvement purposes.

The Expert has recommended HFS develop plans for each of these areas, including key areas, milestones, and completion dates that can be used to track implementation. The Expert is recommending HFS provide the Expert with these plans by July 2025 and with written progress on these plans on a monthly basis starting in September of 2025.

The current milestone document, verifying completion of the tasks set forth in the revised Implementation Plan, should continue to be provided by HFS to the Expert and plaintiff's counsel on a regular basis. HFS has made considerable progress implementing many of the milestones in the revised Implementation Plan. The remaining items should be reported. However, the cadence of this reporting is recommended to be on a semi-annual basis.

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 fifth report of the Expert, encompassing the timeframe of January 1, 2024, through December 31, 2024.

While HFS has met many of the milestones established in the revised Implementation Plan, substantive activities (many that were well underway in CY 2023) were not further developed or implemented. The Expert is concerned about this lack of traction for areas that are critical to the success of Pathways. Therefore, many of the recommendations for a

number of these areas are from CY 2024 carried into CY 2025. There are also new recommendations in this Report from the Expert that were based on data provided by HFS, discussions with the N.B. Subcommittee, and discussions with Class Members' caregivers and other representatives.

While progress on many areas did not occur, the Expert believes HFS is committed to implementing Pathways consistent with best practices and solid operational policies developed over the past several years. To accelerate progress on the five areas identified above, the Expert recommends HFS review current staffing capacity to determine if it has sufficient resources to develop and implement he needed policies and procedures. While the HFS staff overseeing Pathways provides assistance on an individual basis to Class Members and Pathway providers, additional staff to address many of the systemic issues identified in this report is needed.

There are several data points that have been requested by the Expert and HFS is in the process of providing. Given the uncertainty when this information will be provided, the Expert will file this report without this information and file an addendum to the Court once the information is provided.

Overview of Report

The first section of this report provides an assessment by the Expert regarding the progress HFS has made regarding key activities in the original and revised Implementation Plans that were to be completed in Calendar Year (CY) 2024. This section of the report also provides an assessment of whether HFS is complying with the substantive paragraphs of the Consent Decree. The first section of the report summarizes the recommended activities HFS was to complete in CY 2024 and the progress made in CY 2024 regarding these activities. This section also recommends activities HFS should undertake in CY 2025 to further the implementation and quality of services provided to youth in the class and participating in Pathways.

The next section provides information regarding HFS's efforts to address the relevant paragraphs of the Consent Decree. This section also provides recommendations from the Expert to the Department regarding policy and additional implementation activities that the Expert believes will ensure the Department meets its goals and objectives set forth in the Implementation Plan and overall Consent Decree. Some of these recommendations should be considered for the plans requested on page 4.

Progress on Implementation During CY 2024

The Consent Decree requires HFS to implement various provisions to ensure the availability of services, supports, and other resources of sufficient quality, scope, and

variety to meet the obligations of the Consent Decree through the development of a Medicaid behavioral health delivery model ("Model") for Class Members. Both Implementation Plans have several sections that provide additional details of the Model components, the action steps required to implement this plan, and the federal and state authorities under which the Model components are authorized and funded.

There were many activities HFS was to complete during this reporting period. Progress was made on many of the activities set forth in the initial and first revised Implementation Plan. However, HFS did not complete some important activities in CY 2024 and the Expert recommends these be completed in the next calendar year. Below is a summary of activities HFS was to complete during the reporting period, activities accomplished, and activities the Expert recommends for CY 2025.

Model Component #1--Ongoing Class Member and Family Input

Activities the Department was to complete in CY 2024:

- Meet with the N.B. Subcommittee on a quarterly basis. HFS was to develop substantive agendas for these meetings and seek targeted feedback on several activities, including the process, outcome, and baseline measurement strategies for the CY 2024 quality assurance plan and the DCFS pathway to care.
- HFS was to review the current membership of the N.B. Subcommittee and solicit youth and caregivers who have direct experience with Pathways. This would provide substantive information to HFS regarding the experience of care for individuals participating in Pathways.
- HFS was to review the MCO's Family Driven Care Plans to ensure they are addressing Pathways services.
- HFS was to finalize the integration of the N.B. Subcommittee and the MCO Family Leadership Council.

Accomplished activities in CY 2024:

- HFS met with the N.B. Subcommittee during CY 2024. Initially the meetings were quarterly and, starting in July 2024, the meetings were moved to a bi-monthly basis at the request of Subcommittee members. HFS developed substantive agenda for each Subcommittee meeting and solicited targeted feedback on several items.
- HFS reviewed the current membership of the N.B. Subcommittee and identified new members of the N.B. Subcommittee who were youth and caregivers having direct experience with Pathways. Invitations to these new members of the N.B. Subcommittee were still pending as of the end of CY 2024.
- During CY 2024, HFS provided and discussed with the N.B. Subcommittee structural measures regarding Pathways. A copy of these measures is provided in Appendix A.

- HFS provided and sought feedback from the N.B. Subcommittee on an overview of the DCFS pathway to care in April of 2024.
- HFS has reviewed the MCO's Family Driven Care Plan and has provided each MCO feedback regarding the plan specific to the Pathways program. The Expert received and reviewed a sample of the MCO's plans and HFS feedback to the MCO regarding these plans. The Expert finds this feedback to be sufficient, yet questions the value add for these plans (see below)
- HFS made a decision not to integrate the Family Leadership Council with the N.B. Subcommittee but rather to enhance the membership of the Subcommittee. The Expert agrees with this decision.

Activities recommended by the Expert for CY 2025:

- HFS should provide an orientation to Pathways for all new and existing N.B. Subcommittee members, given the change in membership for the N.B. Subcommittee.
- HFS should continue to meet with the N.B. Subcommittee on a bi-monthly basis. HFS should continue to develop substantive agendas for these meetings including:
    - The CY 2024 Annual Quality Plan focusing on process and outcome measures in the plan.
    - Strategies for increasing the enrollment of DCFS youth into Pathways.
    - Information on HFS efforts regarding the design and implementation of Psychiatric Residential Treatment Facilities (PRTF).
    - Efforts to recruit providers of other Pathways services.
- HFS should discontinue the process of reviewing the MCO's Family Driven Care Plans to ensure they are addressing Pathways services. The initial vision for the role of MCO efforts regarding Pathways has been revised. HFS has taken a more significant leadership role in the Pathways program. While MCOs have some participation, HFS ongoing efforts to implement Pathways have been more substantial than anticipated. Rather, the Expert recommends that MCOs should focus more of their reporting efforts on ensuring network adequacy of all Pathways services.

Model Component #2-- Managed Care Organizations

Activities the Department was to complete in CY 2024:

- HFS was to complete the needs assessment and finalize the PRTF model. Once completed, HFS was going to provide the findings of the needs assessment and proposed PRTF model to the N.B. Subcommittee for review before finalization.
- HFS was to complete the first annual Pathways services quality assurance plan and review the plan with the N.B. Subcommittee.

- HFS was to continue tracking the number of care coordinators (providing each level of care coordination) by CCSO and ensure caseload sizes are consistent with the expectations set forth in state rules and other guidance.
- HFS was to publicly post information regarding Pathways, including the annual number of Class Members receiving each Pathways service, service utilization, and expenditures.
- HFS was to report the number of providers that submitted claims for each youth by Pathways services to determine if providers are beginning to use a sustainable Medicaid funding source rather than relying on ARPA funds.
- HFS was to finalize process and outcome measures for care coordination and other Pathways services and share those with the N.B. Subcommittee for their input.
- HFS was to begin efforts to collect and analyze information regarding service utilization and expenditures, assessing Class Members' needs against service capacity, and develop the baseline for Class Members' use of emergency departments (EDs), inpatient psychiatric hospitals, substance use disorder (SUD) residential, and other out-of-home placements.
- HFS was to oversee the established policies and processes for MCO care coordinators' interactions with the Child and Family Team (CFT) to ensure consistency in practice and solicit feedback to fine tune guidance as needed.
- HFS was to apply MCOs' network adequacy when there were referrals of eligible Class Members in real time to Pathways. This would allow HFS and the MCOs to review changes in the number of organizations providing other Pathways services.

Accomplished activities in CY 2024:

- HFS has continued to work during CY 2024 with a contractor to undertake the PRTF needs assessment. However, HFS or the contractors did not complete the needs assessment and finalize the PRTF model in CY 2024. There is pending legislation that requires HFS to complete the needs assessment and submit a state plan amendment for PRTFs by January 1, 2026. This legislation can be found here IL SB2421 | 2025-2026 | 104th General Assembly | LegiScan.
- HFS completed the first Pathways services Quality Assurance plan (2024 Plan) but did not review the plan with the N.B. Subcommittee in CY 2024. HFS reports this review will occur early in CY 2025.
- HFS continues to track the number of care coordinators (providing each level of care coordination) by CCSO and ensure caseload sizes are consistent with the expectations set forth in state rules and other guidance.
- HFS has publicly posted information regarding Pathways, focusing on the number of Class Members receiving care coordination through CCSOs, the number of CCSOs statewide, the number of providers of other Pathways services and number of individuals participating in training by service type. In addition, HFS reports the

number and percent of Class Members referred for Intensive Care Coordination versus all youth who have received an IM+CANS. HFS has not reported service utilization or expenditures by Class Member or service.

- HFS has provided the Expert a report on claims submitted by CCSOs by each tier of care coordination services to determine if these providers are beginning to use Medicaid as a sustainable funding source rather than relying on ARPA funds. HFS reports there are significant gaps between expected and actual revenues generated from claims for CCSO care coordination activities.
- HFS has made changes to its fee schedule in CY 2024 for care coordination and other Pathways services and was designing a new reimbursement methodology to incentivize CCSO to improve engagement. This is discussed further in paragraph 9.
- HFS has developed the first Annual Quality plan for CY 2024 with recommendations regarding process and outcome measures for care coordination and other Pathways services.
- HFS did report utilization of other Pathway services (see Paragraph 7). HFS did not report expenditure information for Class Members regarding other Pathway services. HFS did not report an assessment of Class Members' needs against service capacity.
- HFS did propose in their CY 2024 Quality Assurance Plan to collect information regarding the baseline for class members' use of emergency departments (EDs), inpatient psychiatric hospitals, substance use disorder (SUD) residential, and other out-of-home placements. HFS did not finalize the process for the methodology for developing the utilization of this critical information.
- HFS has developed and implemented a feedback process to collect information from youth, caregivers, and CCSOs regarding MCO care coordinators' participation in Child and Family Team meetings. Initial feedback indicates that MCO care coordinators are often present at CFT meetings and provide added value to the service planning and prior authorization process (when needed).
- Given the lack of providers of other Pathway services, HFS has not requested MCOs to report on network adequacy.

Activities recommended by the Expert for CY 2025:

- HFS should continue to publicly post information regarding Pathways.
- HFS should complete the needs assessment and finalize the PRTF model in CY 2025. Once completed, HFS should provide the findings of the needs assessment and proposed PRTF Model to the Expert and N.B. Subcommittee for review before finalization.
- HFS should release information to the Expert and N.B. Subcommittee regarding the initial results of their quality assurance efforts. HFS should also complete the second Pathways services quality assurance plan that should include baseline for

collecting information regarding EDs, inpatient psychiatric hospitals, SUD residential, and other out-of-home placements. This will require HFS to finalize the methodology in the beginning of CY 2025 and run the necessary reports to establish the baseline.

- HFS should continue to track the number of care coordinators (providing each level of care coordination) by CCSO. HFS should include the following additional items in their tracking efforts:
    - Whether CCSOs are complying with HFS developed caseload ratio requirements.
    - Whether the CCSOs are meeting timeliness standards for engagement set forth by HFS.
    - Whether the CCSOs are complying with the contact requirements established by HFS.
- HFS should implement a new reimbursement strategy for CCSO to improve referrals and engagement of Class Members to CCSOs. As indicated in Paragraph 7, HFS, in addition to enhanced reimbursement rates implemented in late CY 2024, is developing a methodology for increasing referrals and engagement of Class Members in care coordination.
- HFS should continue to track the information on Class Member referrals and engagement. HFS should also continue to track Medicaid payments to CCSOs to determine if the actual payment is consistent with the expected payment.

Model Component #3—Care Coordination

Activities the Department was to complete in CY 2024:

- HFS was to ensure that all youth who are eligible for Pathways are referred to the Pathways program by the end of the calendar year.
- HFS was to continue reporting the number of youth referred to CCSOs (by tier) and the number of youth who are actively receiving care coordination and other Pathways services.
- HFS was to enroll CCSOs for the remaining DSAs by the end of CY 2024.
- HFS was to ensure MCOs execute contracts with the remaining CCSOs who enroll as a Medicaid provider.
- HFS was to review the quality of the care coordination offered by CCSOs in the following areas:
    - The reasons Class Members who are referred to CCSO are not engaged in Pathways. As indicated by data provided by HFS, 3.252 (59%) of Class Members referred to CCSOs as of 12/31/2024 declined all Pathways to Success services or the CCSO was unable to engage the Class Member and family.

    - The timeliness of engagement into services upon referral, particularly as a lack of timely engagement could be contributing to the high number of Class Members not engaged in Pathways, as noted above.
    - The amount of care coordination services by tier to ensure that the amount of care coordination required is being delivered.
- HFS, based on the efforts of PATH, was to report on whether CCSOs are fulfilling their care coordination activities with fidelity to the Model. This is discussed in more detail in paragraph 9.
- HFS was to track the timeliness of other care coordination activities established by HFS standards once the Class Member was engaged by a CCSO.
- HFS was to continue reporting on the results of decision support criteria to the Expert, including specific information on the number of Class Members who are identified for both tiers of care coordination.
- HFS was to review the decision support criteria as required and determine if any adjustments to the decision support criteria are needed.

Accomplished activities in CY 2024:

- HFS has not referred all Class Members to the Pathways program at the end of CY 2024. A major issue has been referrals of youth in DCFS custody who have been identified as Class Members. This issue and recommended strategy is discussed more in paragraphs 9 and 17.a. As of 12/31/2024, there were 5,625 Class Members referred to CCSOs based on current capacity. There were 1,399 additional Class Members identified for Pathways that have not been referred to CCSOs.
- HFS reports the number of Class Members referred to CCSOs (by tier) and the number of Class Members who are actively receiving care coordination and other Pathways services. As of 12/31/24, 848 Class Members were referred to CCSOs for Tier 1 care coordination and 4,777 Class Members were referred to CCSOs for Tier 2 care coordination.
- HFS has performed readiness reviews on CCSOs for the remaining DSAs by the end of CY 2024. HFS reports that these CCSOs will be enrolled in Medicaid and have a contract early in CY 2025.
- HFS provides quarterly information on the results of decision support criteria to the Expert, including specific information on the number of youth who are identified for both tiers of care coordination. The percent of youth identified for Tier 1 consistently exceeds 3% for the past 18 months, which is the standard recommended by the Expert and Plaintiff Counsel.
- HFS provided information to the University of Kentucky at the end of CY 2024 to determine if any adjustments to the decision support criteria are needed but has not determined if further adjustments to the decision support criteria are needed.
- HFS has yet to provide information regarding CCSO activities for the following areas:

  - The reasons Class Members who are referred to CCSO are not engaged in Pathways.
  - The timeliness of engagement of Class Members into care coordination services upon referral to CCSOs.
  - The amount of care coordination services provided to Class Members on a monthly basis to ensure that the amount of monthly care coordination required is being delivered.
- PATH has piloted the care coordination fidelity review process as described in paragraph 9.

Activities recommended by the Expert for CY 2025:

- HFS must refer all youth, including DCFS youth, who are Class Members, to CCSOs by the end of CY 2025. As recommended in paragraph 17.a, HFS should develop a plan with DCFS to ensure referrals of Class Members in DCFS who can appropriately benefit from Pathways.
- HFS should continue to report 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.
- HFS should enroll CCSOs into Medicaid and ensure MCOs execute contracts with these organizations for the remaining DSAs by April 2025.
- HFS should provide the following information to the Expert regarding CCSO activities by October 2025:
  - The reasons Class Members who are referred to CCSO are not engaged in Pathways. Currently HFS provides information on Class Members and caregivers that decline Pathways care coordination, but this is a small number/percent (19 Class Members total in CY 2024, approximately, less than 1%). While it is important to understand why they decline care coordination, the larger issue is to understand why Class Members are not engaged by a CCSO or cannot be found by these organizations. As indicated above, this number and percent are increasing and the Expert has significant concerns about the CCSO engagement efforts. This is discussed more in paragraph 9.
  - The timeliness of engagement into care coordination and other Pathway's services upon referral, particularly as a lack of timely engagement could be contributing to the high number of Class Members not engaged in Pathways, as noted above.
  - The amount of care coordination services by tier to ensure that the amount of care coordination required is being delivered.

- HFS, based on the efforts of PATH, should expand the care coordination fidelity reviews statewide and report initial findings to the Expert and N.B. Subcommittee by the end of CY 2025.
- HFS should continue to provide monthly information on the results of decision support criteria to the Expert, including specific information on the number of Class Members who are identified for both tiers of care coordination.
- HFS should determine what, if any, adjustments to the decision support criteria are needed by the second quarter of CY 2025. If adjustments are needed, these adjustments should be provided first to the Expert and Class Counsel for review and, if revisions are needed, HFS should incorporate these revisions and share with the N.B. Subcommittee by the end of CY 2025.

Model Component #4--New Services, Providers, and Policies to Enhance Access to Behavioral Health Services

Activities the Department was to complete in CY 2024:

- HFS was to implement the policies and procedures for EPSDT screening for youth behavioral health conditions, develop tool kits for referrals and collaborate with the Illinois Chapter of the American Academy of Pediatrics (ICAAP) to implement proposed training for pediatricians and PCPs.
- HFS was to develop the disposition measures for EPSDT screening discussed in paragraph 17.b and c.
- As indicated in paragraph 9, HFS and MCOs were to immediately address the gaps in other Pathways services. This includes successfully recruiting and enrolling providers into the Medicaid provider network that responded to CY 2024 Requests for Application. HFS was to ensure these providers receive ARPA funding on a timely basis, and commencing efforts to serve Class Members and caregivers as identified in the Plan of Care (POC). HFS and MCOs were to continue to monitor and address DSAs with no Pathways providers.

Accomplished activities in CY 2024:

- HFS and MCOs made extensive efforts to address the gaps in other Pathways services during CY 2024. This included:
    - HFS revising the reimbursement rates for care coordination and most other Pathways services. For instance:
        - Care Coordination rates increased by 74% for Tier 1 (from $862.57 to $1,700) and 117 % for Tier 2 (from $460.41 to $1,000)
        - Family Peer Support rates increased by 46% (from $29.26 to $43.00 off-site).

        - Intensive Home-Based Services rates increased by 37-59%, depending on the practitioner and location of the services.
        - Therapeutic mentoring rates increased to 63% (from $29.26 to $43.00 off-site).
        - Respite care rates increased by approximately 23% (from $40.50 to $50.10 for individual respite and from $13.50 to $16.67 for group respite).
    - HFS identified and secured ARPA funds for start-up funds for new Pathways providers.
    - HFS performed outreach to additional providers and existing CCSOs to garner interest to provide other Pathways services. These CCSOs are allowed by CMS to provide other Pathways services after HFS had performed its due diligence with other providers. HFS started this due diligence in CY 2023 and was completed in CY 2024. HFS due diligence process did identify CCSOs who could become providers of other Pathways services.
    - HFS released a Request for Application for new providers of Pathways services. These efforts allowed HFS to identify and contract with new providers as discussed in paragraph 9. These new providers will be enrolled in IMPACT beginning in early CY 2025. These new providers will offer IHB, Respite, Therapeutic Mentoring, and Family Peer Specialists. There is still a gap in providers offering these services in a number of DSAs.
    - HFS also identified and approached more than 80 Behavioral Health Clinics to offer other Pathway Services. The Expert has requested but not yet received information regarding the outcome of HFS' efforts with BHCs.
- HFS did not implement the policies and procedures for EPSDT screening for youth behavioral health conditions, develop referral tool kits, and collaborate with ICAPP, and therefore training for pediatricians and PCPs did not occur.
- HFS did not develop the disposition measures for EPSDT screening discussed in paragraph 17.b and c.

Activities recommended by the Expert for CY 2025:

- HFS should implement the policies and procedures discussed in the CY 2023 Report of the Expert for EPSDT screening for youth behavioral health conditions, develop referral tool kits, and collaborate with ICAPP to implement proposed training for pediatricians and PCPs.
- HFS should develop the disposition measures for EPSDT screening discussed in paragraph 17.b and c.
- HFS should report by DSA on the service capacity versus need by Class Members for:
    - Intensive Home-Based Services
    - Therapeutic Mentoring

  - Family Peer Support
  - Respite

  This assessment of need was discussed in Model #2 and in Paragraph 9.
- HFS should also begin to monitor and report on Individual Support Services and Therapeutic Support Services (separately) to determine if youth are accessing these services, the utilization by service category, and average cost of these services (by category).
- HFS and MCOs should develop a plan to address DSAs that are needing providers of any other Pathway services. These plans are discussed in paragraph 9.
- HFS should provide network adequacy reports on all Pathways services by the third quarter of CY 2025. HFS should provide the format and direction for assessing network adequacy for all Pathways services to the Expert at the end of CY 2025.

Model Component #5--PRTFs

Activities the Department was to complete in CY 2024:

- HFS was to finalize the needs assessment to determine the potential number of PRTF beds needed and locations of these facilities by July of 2024.
- HFS was to develop a model for PRTF services by July 2024. As indicated in paragraph 13, several states have recently implemented PRTFs and have developed models that are consistent with the Building Bridges philosophy.
- HFS was to develop the process flow for youth who will be referred to in-state PRTF, including the role of CCSOs in the transition into and from these facilities.
- HFS was to identify the Target Population for PRTF services.
- HFS was to develop a selection process for PRTF services by December 2024 for implementation in CY 2025.
- HFS was to develop a training and oversight process to ensure that PRTFs deliver the model as designed.

Accomplished activities in CY 2024:

- HFS did not finalize the PRTF needs assessment to determine the potential number of PRTF beds needed and locations of these facilities by mid-2024 as recommended.
- HFS did not develop a model for PRTF services by July 2024.
- HFS did not develop the process flow for youth who will be referred to in-state PRTF, including the role of CCSOs in the transition into and from these facilities.
- HFS did not identify the Target Population for PRTF services.
- HFS did not develop a selection process for PRTF services by the end of CY 2024.
- HFS has not developed a training and oversight process to ensure that PRTFs deliver the model as designed.

Activities recommended by the Expert for CY 2025:

- HFS should finalize the PRTF needs assessment to determine the potential number of PRTF beds needed and locations of these facilities by July of 2025.
- HFS should develop a model for PRTF services by the fourth quarter of 2025. This model should include robust caregiver engagement and participation in the youth treatment offered by these facilities.
- HFS should develop the process flow for youth who will be referred to in-state PRTF by the end of CY 2025, including the role of CCSOs in the transition into and from these facilities. This process flow should provide a clear path for youth who are ready for discharge to be rapidly connected to CCSOs or other services.
- HFS should define the Target Population for PRTF services.
- Given the lack of other Pathways services in some DSAs, as uncertainty whether the DSAs with other Pathways providers have sufficient capacity, the Expert does not recommend a specific date for implementation of in-state PRTF services. The Expert has always recommended PRTF development be based on HFS efforts to develop sufficient capacity of other Pathways services.

Model Component #6: Implementation Training and Technical Assistance

Activities the Department was to complete in CY 2024:

- HFS was to provide initial training for the remaining CCSOs (assuming they were going live in CY 2024).
- HFS and PATH were to continue meeting with CCSOs monthly to identify and address ongoing implementation issues.
- HFS was to develop a process to meet with providers of other Pathways services (especially IHB) during the initial months of implementation (similar to the process for CCSO during start up) to identify and address initial implementation issues on a timely basis.
- HFS was to identify the roles of the Department, PATH, and MCOs.

Accomplished activities in CY 2024:

- HFS, via PATH, provided initial training for the remaining CCSOs who will go live in CY 2025.
- HFS and PATH continue to meet with CCSOs monthly to identify and address ongoing implementation issues.
- HFS has developed a process to meet with IHB providers during the initial months of implementation (similar to the recommendations regarding CCSO start up) to identify and address initial implementation issues on a timely basis. HFS states that this will occur early in CY 2025. HFS does not yet have a similar process developed

for other Pathways services (family peer support, therapeutic mentoring, or respite care).

Activities recommended by the Expert for CY 2025:

- HFS should continue to meet with CCSOs on a regular to identify and address ongoing implementation issues including ensuring referrals to CCSOs include all Class Members identified by HFS, 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 Pathway's services.
- HFS and PATH should determine if the quality feedback process for CCSOs is needed if all CCSOs report fidelity by the end of CY 2025.
- HFS and PATH should report on trainings and technical assistance activities offered to other Pathway service providers. HFS should summarize technical assistance activities (quantitative and qualitative) to support these providers to deliver services consistent with HFS standards.

Model Component #7: Cross-Agency Collaboration on Model Development and Implementation

Proposed activities in CY 2024:

- HFS was to solicit feedback from state child service agencies regarding the measures (structural, process, and outcome) recommended in the quality assurance plan once drafted. Feedback from these agencies was to be incorporated into the final quality assurance plan.
- HFS was to identify reports for other state agencies that included information from the quality assurance plan and referenced in paragraph 9 of this report. The Department was to meet with leadership from the other child-serving agencies to identify the information, format, and frequency of these reports.
- HFS was to develop referral and participation protocols for other state and local child-serving agencies, similar to protocols developed for DCFS to use for referring children to Pathways. The protocols should also specify the expectations of participation by the other state child-serving staff (e.g., participation in Child and Family Team meetings, conflict resolution process, etc.) for Class Members.
- HFS and DCFS were to expand the number of Class Members involved with DCFS referred to Pathways during CY 2024, based on the pilot conducted at the end of CY 2023. Both agencies were to develop jointly a target for these referrals and track these referrals.

- HFS and DCFS were to continue their efforts to track barriers and other reasons Class Members eligible for Pathways and referred to CCSOs decline enrollment and develop strategies to address these barriers.

Accomplished activities in CY 2024:

- HFS has developed referral protocols for DCFS. HFS has not developed referral and participation protocols for other state and local child-serving agencies, especially for Illinois Department of Juvenile Justice and the Illinois Department of Human Services, Division of Developmental Disabilities, similar to protocols developed for DCFS to use for referring children to Pathways.
- HFS and DCFS did not expand the number of Class Members involved with DCFS referred to CCSOs during CY 2024. HFS and DCFS have not developed a target for these referrals or developed a process for tracking these referrals. Currently, 18 youth in DCFS care were identified for the CY 2023 Pathways pilot. No additional Class Members were referred to CCSOs in CY 2024.
- HFS and DCFS have not tracked barriers and other reasons youth referred to Pathways decline enrollment, given the low participation rate of DCFS youth in Pathways.
- HFS has not solicited feedback from state child service agencies regarding the measures (structural, process, and outcome) recommended in Model Component #2. As indicated in paragraph 9, HFS will discuss these measures with the N.B. Subcommittee prior to reviewing them with other state child-serving agencies.
- HFS has not identified reports for other state agencies that include information from the quality assurance plan, as referenced in paragraph 9 of this report. The Department has not met with leadership from the other child-serving agencies to identify the information, format, and frequency of these reports. This activity was dependent on the N.B. Subcommittee reviewing the report and providing comments prior to sharing this with state child-serving agencies.

Activities recommended for CY 2025:

- HFS should solicit feedback from state child service agencies regarding the measures (structural, process, and outcome) recommended in Model Component #2, once HFS incorporates feedback from the N.B. Subcommittee. Feedback from these agencies should be incorporated into the first annual quality assurance plan for CY 2025.
- HFS should identify reports for other state agencies that include information from the quality assurance plan, as referenced in paragraph 9 of this report. The Department should meet with leadership from the other child-serving agencies to identify the information, format, and frequency of these reports.
- HFS should develop referral and participation protocols for the Department of Juvenile Justice and the Illinois Department of Human Services, Division of

Developmental Disabilities. The protocols should specify the expectations of participation by these agencies (e.g., participation in Child and Family Team meetings, conflict resolution process, etc.).

- HFS and DCFS should expand the number of youth involved with DCFS referred to Pathways during CY 2025. Both agencies should develop a target for these referrals and track these referrals. It is likely that the approximately 1,400 youth eligible for Pathways that have yet to be referred represent a sizable portion of these youth.
- HFS and DCFS should identify and track barriers and other reasons DCFS Class Members referred to CCSOs decline enrollment and develop strategies to address these barriers.

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. 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 Consent Decree sets forth various provisions that frame the purpose of the Consent Decree, 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 in the paragraph, and recommendations set forth by the Expert.

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 Medicaid authorized, medically necessary home- and community-based services. The second component requires these services to be provided with reasonable promptness.

As indicated in the CY 2023 Report of the Expert, HFS began implementation of the Model to address the first component. CY 2024 is the second year of implementation of this Model. The Model provides a systemic approach meeting the expectations of this

paragraph. Through the creation and implementation of Pathways, the State is to offer an array of services and supports to Class Members. These services include:

- Integrated Assessment and Treatment Planning (IATP)— the process HFS has developed for assessing the needs and strengths of all Illinois Medicaid-eligible children seeking behavioral health services, including potential N.B. Class Members, using the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS). As described in the previous reports, the IM+CANS is a standardized framework for assessing the needs and strengths of all Medicaid youth that present with a mental health condition, including potential Class Members who require mental health treatment. 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. As of December 31, 2024, HFS reported that 17, 377 Illinois youth (under 21) received an IM+CANS, which indicated behavioral health needs. This number reflects the IM+CANS that were rendered from July 1, 2024, through December 31, 2024. This number includes N.B. Class Members and non-Class Members[1].
- Mobile Crisis Response (MCR)— includes face-to-face crisis screening, short-term intervention, crisis safety planning, brief counseling, consultation with other qualified providers to assist with the client's specific crisis, referral, and linkage to community services, and, in the event that the client cannot be stabilized in the community, facilitation of a safe transition to a higher level of care. Class Members will have access to MCR, although this service is not exclusive to Pathways. In CY 2024, The number of youth receiving MCR in CY 24 was 19,268 and the number of Class Members who received MCR was 760.
- Crisis Stabilization—created and offered to youth following an MCR event. Crisis Stabilization includes observing, modeling, coaching, supporting the implementation of the client's Crisis Safety Plan, performing crisis de-escalation, and responding to the behavioral health crisis, when necessary. Crisis Stabilization is to be provided in the youth's home or other community setting where the crisis has occurred. Class Members participating in Pathways will have access to Crisis Stabilization, although this service is not exclusive to Pathways. The Expert has requested and HFS is preparing information regarding the number of youth receiving Crisis Stabilization in CY 24, and the number of Class Members who received Crisis Stabilization.
- Care Coordination—including two levels of care coordination intensity to meet the behavioral health needs of Class Members: High Fidelity Wraparound (high intensity level) and Intensive Care Coordination (moderate intensity level). As indicated above, 5,625 Class Members were referred to CCSOs for High Fidelity Wraparound care coordination or intensive care coordination. Of these Class

[1] 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.

Members 2,373 received either tier of care coordination. These two levels of care coordination offered by CCSOs is exclusive to Class Members participating in Pathways.

- Intensive In-Home Services (IHB)—Interventions are designed to enhance and improve the family's capacity to maintain the child within the home and community, and to prevent the child's admission to an inpatient hospital or other out-of-home treatment settings. This service is exclusive to Class Members. HFS reports that 46 Class Members received IHB in CY 2024.
- Respite—including activities to relieve stress and maintain individuals in the home and community, as respite services provide safe and supportive environments on a short-term basis for children with mental health conditions when their families need relief. This service is exclusive to Class Members participating in Pathways. As of CY 2024 no Class Member received respite through Pathways. This is discussed in more detail in paragraph 9.
- Family Peer Support—including activities that assist the family to engage in services and supports, assisting the family in self-advocacy, assisting in systems navigation, providing information about the child's behavioral health needs and strengths, identifying and building natural supports, and promoting effective family-driven practice. This service is exclusive to Class Members participating in Pathways. As of CY 2024 no family of a Class Member received family peer support through Pathways. This is discussed in more detail in paragraph 9.
- Therapeutic Mentoring—including activities that assist the child or youth with improving their ability to navigate various social contexts, observing and practicing appropriate behaviors and key interpersonal skills that build confidence, improving emotional stability, demonstrating empathy, and enhancing positive communication of personal needs without escalating into crisis. This service is exclusive to Class Members participating in Pathways. As of CY 2024 no youth received therapeutic mentoring through Pathways. This is discussed in more detail in paragraph 9.
- Therapeutic Support Services (TSS)—helping children and youth find a form of expression beyond words or traditional therapies in an effort to reduce anxiety, aggression, and other clinical issues while enhancing service engagement through direct activity and stimulation. This service is exclusive to Class Members participating in Pathways. HFS reports 57 Class Members received TSS during CY 2024.
- Individual Support Services (ISS)—providing non-traditional activities, services, and goods that offer therapeutic supports to children with significant behavioral health needs in support of the child's person-centered service plan and serve as an adjunct to traditional therapeutic services the child receives. This service is exclusive to Class Members participating in Pathways. HFS reports 448 Class Members received ISS during CY 2024.
- Psychiatric Residential Treatment Facilities—generally, a PRTF is a non-hospital facility that provides inpatient services benefit to Medicaid enrolled youth under

the age of 21. PRTF is a federal Medicaid benefit and designation. Commercial payers do not have a similar benefit. The Centers for Medicare and Medicaid Services (CMS) require PRTFs to be accredited by JCAHO or any other accrediting organization and meet various federal requirements, mostly focusing on restraint and seclusion. As discussed in paragraph 13, there are no in-state PRTFs funded by HFS and therefore no Class Member received this service in-state.

The second component requires that these services are provided with reasonable promptness to Class Members. The Department has developed timeliness standards for referrals to CCSOs for care coordination. Once eligible for Pathways, HFS requires referrals of Class Members to CCSOs within 10 business days. The Expert has requested and HFS reports that on average Class Members receive a referral to a CCSO within the 10 business days.

In addition, the Expert requested information regarding the timeliness standards (as developed by HFS) of various CCSO activities including:

- Engagement of Class Members in Care Coordination
- Development of plans of care (including crisis and safety plans)
- Initial and ongoing Child and Family Team meetings
- Reviews and updates regarding IM+CANS and plans of care.

HFS is preparing information regarding the timeliness of care coordination efforts discussed above.

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 sufficient to meet the obligations under the Consent Decree. Second is the requirement that these services are of sufficient quality to achieve the benchmarks in paragraph 35. This paragraph requires HFS to implement measures that are consistent with the terms of the Consent Decree.

There are several proxies for the first component regarding the sufficiency of services and supports prior to the Benchmarks in paragraph 35 being finalized. The first proxy is the extent to which Pathway to Success services and supports are generally available to Class Members in each Designated Service Area (DSA). The CY 2023 Report of the Expert recommended HFS undertake the following activities to address the first proxy. This included:

- HFS and their partners (e.g., OMI and PATH) should immediately deploy efforts discussed in this paragraph to ensure all DSAs have an operational CCSO.
- HFS and their MCO partners should immediately deploy efforts discussed in this paragraph to increase the number of organizations that offer other Pathways services. This information should be reported by sub-regions of the state on a quarterly basis.
- HFS should develop a plan to ensure that all DSAs have at least one provider of other Pathways services. This plan should be developed in the third quarter of CY 2024 and have specific implementation dates.
- HFS should continue to assess the workforce in CY 2024 to identify and address gaps in services due to workforce shortages and determine alternative staffing strategies (including the use of telehealth) to ensure consistent access to quality services offered to N.B. youth and their caregivers.

Regarding the first recommendation from the CY 2024 Report of the Expert, HFS reports that 24 CCSOs have completed Medicaid enrollments and are serving Medicaid youth referred for care coordination. This is an increase from 19 CCSOs at the end of CY 2023. These CCSOs cover 30 of the 32 DSAs. As indicated above, HFS has identified CCSOs for the other 2 DSAs and has stated they will enroll these providers in early CY 2025, ensuring that all DSAs will have a CCSO providing High Fidelity Wraparound and Intensive Care Coordination.

Regarding the second recommendation from the CY 2024 Report of the Expert, HFS and the Medicaid managed care organizations (MCOs) took steps in CY 2023 to identify and solicit interest from providers to offer other Pathways services. During CY 2024, HFS and the Medicaid MCOs took the following steps to increase the number of organizations that offer other Pathways services:

- HFS identified start-up funds for the new providers of Pathways services. Specifically, HFS identified American Rescue Plan Act (ARPA) funds that would support the development of these services.
- HFS solicited participation of providers for other Pathways services through a Request for Application process.
- HFS and their MCOs selected providers in multiple DSAs to provide other Pathways services.
- HFS increased the reimbursement rates for these services during CY 2024 to attract new providers to offer these services.
- HFS requested that the Office of Medicaid Innovation (OMI) begin the process of informing and enrolling these providers of other Pathways services into IMPACT, the Medicaid provider enrollment system.

HFS provided initial information to the Expert regarding the potential availability of these services by DSA in December of 2024. This information indicated:

- Three (3) additional IHB providers will serve 16 DSAs and will be enrolled in Medicaid to provide this service in early CY 2025. This is in addition to the four IHB providers offering this service in CY 2024. Some DSAs have multiple IHB providers. Therefore, one-half of the 32 DSAs have or will have a provider that will offer IHB services.
- Seven (7) therapeutic mentor providers will serve 20 DSAs. There were no providers previously offering this service.
- Five (5) family run organizations have been identified to possible offer family peer specialist providers in 20 DSAs. There were no providers previously offering this service.
- Three (3) respite providers will serve 13 DSAs. There were no providers previously offering this service.

Regarding the third recommendation, HFS did not develop a plan during CY 2024 to ensure that all DSAs have at least one provider of other Pathways services.

Regarding the fourth recommendation, HFS did continue to assess the workforce by CCSO in CY 2024 to determine referrals for Class Members for care coordination. For other Pathways services, HFS did not undertake an analysis of gaps in services due to workforce shortages.

The number of providers offering other Pathways services does not meet the requirements of the Consent Decree to ensure that there is sufficient capacity to offer services to Class Members who meet HFS's medical necessity criteria for these services. While HFS and their MCO partners have taken steps to increase the number of providers offering other Pathways services, HFS has not implemented all steps available to them. There are still gaps in various DSAs regarding providers of other Pathway services.

As indicated in the previous report, the low number of providers offering new services has generally occurred in the initial start-up year. However, in the Expert's opinion, the length of time HFS and MCOs took to get some increases in Pathways is too long. Other jurisdictions have been successful at ensuring a modicum of access by the end of the second full year of implementation.

As indicated in the 2023 Report of the Expert, the lack of these services impacts youth and their families who need but do not have access to these services. These youth and families may need to rely on other community-based mental health services (e.g., Medicaid Rehabilitation Option) that may provide in-home services but are not always available in the intensity needed. In some instances, services available may be office-based and organizations may not have flexible schedules (after-hours and weekends) or the ability to provide services out-of-office.

The continued lack of services in some DSAs continues to create difficulties for CCSOs and their CFTs who identify needs but do not have local organizations to address these needs. This can result in CCSO care coordinators trying to "jerry rig" formal and natural supports to address needs identified by the CFT. In some instances, care coordinators may attempt to offer clinical and other supports to the family, which detracts from their other care coordination efforts.

The lack of other Pathways services in many DSAs may impact the credibility of the Pathways program. Information regarding the Pathways to Success Program discussed services that would be offered to Class Members. This included care coordination, mobile crisis response, and other Pathways Services. The Plaintiff's Counsel and Expert have received several complaints from caregivers that services offered under Pathways have not been available to their children who have been determined to be a Class Member. In addition, referrals to Pathways, especially from other child-serving agencies (i.e., DCFS), are hindering enrollment.

The second proxy is the number of Class Members eligible for Pathways but not referred to CCSOs. As indicated in previous reports and as encouraged by the Expert, HFS has done a deliberate roll-out of Pathways to ensure the quality of care coordination and other services are not compromised. This titrated roll out allows the State to provide better oversight of the implementation of care coordination and allows CCSOs to recruit and retain staff, given the overall workforce shortage. HFS had agreed that all youth eligible for Pathways would be referred to CCSOs in real time by the end of CY 2024[2]. As indicated earlier in this report, HFS referred 5,625 youth in CY 2024 to Pathways, 625 or 12% more than HFS projected. However, there are still 1,399 youth, as of December 31, 2024, who are eligible for Pathways but have yet to be referred. HFS has not met this goal for referring youth in real time to the program—meaning there is still a waiting list of Class Members not referred to a CCSO and not receiving other Pathways services.

In addition, the 2024 Report of the Expert recommended HFS analyze and develop 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.

Information from Appendix A indicates 3,252 youth or families (58%) either declined services or the CCSO was unable to engage the Class Member/caregiver. This is an increase of 20% from CY 2023 and represents the majority of referrals to Pathways. Appendix A notes that only a very small number of Class Members and their caregivers affirmatively decline participation on Pathways (19 children cumulatively since the

[2] The Expert defines real time as immediate referrals of Class members once they are enrolled in Pathways to Success.

beginning of Pathways). Therefore, almost all children referred to CCSOs that are not participating in Pathways have never been initially engaged in order to participate or affirmatively decline.

While there are current efforts discussed in paragraph 17.h to improve CCSO engagement, additional analysis and strategies are needed to reduce the number of Class Members and their caregivers who are referred but who do not engage in Pathways.

The third proxy regarding access is whether the network adequacy standards for these services exist and if MCOs and providers are meeting these standards. As reported in the CY 2023 Report of the Expert, HFS has included access standards for Pathways services in their MCO contracts. For this proxy, the 2024 Report of the Expert recommended HFS application of the MCO's 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.

However, since there were so few providers of other Pathway services in CY 2023 and 2024, HFS (as recommended by the Expert) delayed these network adequacy reports until CY 2025. In addition, HFS has led the work in developing the network for other Pathway services. As indicated earlier in this paragraph, there has been improvements in the number of Pathways providers of other services. However, it is less clear if the continued HFS efforts are sustainable to ensure sufficient capacity for these services. HFS efforts to develop and provide technical assistance to CCSOs have been successful. Similar network development efforts for additional Pathways services may take additional HFS resources, whereas MCOs may have the resources needed to further enhance the network.

The fourth proxy is reviewing plans of care to determine if Class Members are receiving the services in the stated amount and intensity. HFS is required by the 1915i approved application to review a sample of these plans to ensure they meet the assessed needs of the youth. HFS reports they have not provided information to CMS.

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. This paragraph requires HFS to develop and implement measures that are consistent with the terms of the Consent Decree. In previous reports, the Expert recommended the Department develop measure sets for various measure categories (structural, process, and outcomes). In the CY 2024 Report of the Expert, the following recommendations were made:

- HFS should consider additional process measures for youth enrolled in Pathways consistent with CMS requirements to report on Core Measures for youth enrolled in Medicaid.

- HFS should use CY 2024 to finalize outcome measures, identify data sources for each of these measures, and test these measures by collecting and reviewing a cohort of youth who were initially enrolled in Pathways. This would require sufficient IM+CANS updates to track changes in these outcome measures.
- HFS should collect and analyze utilization and expenditure information per child. This information should be used to review each CCSO and other Pathways service providers, especially IHB, to determine if there are any patterns across these providers that may reflect utilization or spending issues that HFS should address. The timing of efforts to review other Pathways services should be aligned with sufficient service capacity discussed earlier in this report.
- HFS should report information regarding the need and availability of IHB by DSA including:
    - The number of IHB providers
    - The number of youth for whom a CFT recommends IHB
    - The number of youth for whom the CFT recommends IHB and who receive IHB.
- HFS should finalize and collect information regarding the baseline discussed below and report this information to the N.B. Subcommittee in late CY 2024.
- HFS should also review several key aspects on Mobile Crisis and Response services for Class Members. This includes:
    - Call wait time
    - Time from call to MCR dispatch (when appropriate)
    - Time from MCR dispatch to a face to face visit with the youth in crisis.

In CY 2024 HFS completed a draft quality assurance (QA) plan which incorporated many of the recommendations set forth above and additional comments provided by the Expert and his team. Discussed below are the measure sets included in the first annual QA plan.

<u>Structural Measures</u>

Structural measures developed by HFS for Pathways encompass areas the Department tracks on a monthly basis to ensure that the provider network and other supportive systems 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
- Youth with behavioral health needs indicated on their IM+CANS and information about how many of those youth were Class Members
- Class Members referred to CCSOs
- Engagement of Class Members referred in either tier of care coordination provided by the CCSO

- The number of youth and caregivers declining care coordination offered by CCSOs
- Requests from Class Members, their caregivers, and CCSOs to re-tier youth in different levels of care coordination
- Trainings provided and staff trained for care coordination and other Pathways services.

Appendix A includes information from CY 2024 regarding these structural measures. HFS continues to use these structural measures to monitor the implementation of Pathways services and supports and adjusts implementation activities to address any areas that require intervention. As indicated in the last report, the N.B. Subcommittee reviewed the data and provided feedback to HFS.

Process Measures

In addition to structural measures, process measures assess whether specific activities are implemented consistently with standards set forth by HFS. Process measures indicate what a provider (e.g., CCSO) does to maintain or improve a Class Member's behavioral health condition and often reflect generally accepted recommendations for clinical practice (e.g., adherence to wrap around philosophy and standards).

In CY 2023 and continuing through CY 2024, HFS determined if CCSOs were implementing care coordination according to program standards. HFS, in cooperation with PATH, developed and continues to implement a process to ensure that care coordination was provided by CCSOs to Class Members consistent with key components of the Pathways Model. The process measures were gathered through a record review-based coaching and technical assistance process conducted by PATH. This process is intended to identify areas of strength and areas in need of improvement for CCSOs for initial engagement strategies. PATH continues to review the following areas:

- Strengths, Needs and Cultural Discovery (SNCD).
- Initial Crisis Prevention and Safety Planning. .
- Initial Child and Family Team Convening.
- Development of an initial Individualized Plan of Care.

During CY 2024, PATH also reviewed implementation efforts post initial-engagement strategies in the four areas immediately above. The Expert recommends this information be included in the Quality Plan for CY 2025.

HFS and PATH will continue their efforts to review records and other information from Class Members and their caregivers participating in care coordination during CY 2025. PATH has indicated information from CY 2025 reviews will be compared to baseline information collected in CY 2024 to determine if additional training and coaching improved

various activities in certain areas and to determine whether additional training and coaching efforts should be developed to address these reviews.

In CY 2024 HFS and PATH began to implement fidelity reviews care coordination provided by CCSOs. PATH developed and implemented a fidelity review pilot from October through December of CY 2024 to test the fidelity processes and tools. This pilot was used to determine if CCSOs were able to use the initial fidelity tools (WFI-EZ). This pilot included 5 CCSOs serving 6 DSAs. Information from this pilot assisted PATH to work with the remaining CCSOs statewide to ensure CCSOs can successfully download the software necessary for conducting fidelity reviews; increase participation of youth and caregivers in the fidelity review process and develop resources (including reports) for CCSOs to make changes in how they deliver care coordination.

HFS and PATH report information collected during this pilot was not used for baseline purposes given the purpose of the pilot was to inform implementation.

As indicated in the CY 2024 Annual Plan, the Expert recommended that HFS should consider additional process measures for Class Members enrolled in Pathways consistent with CMS requirements to report on Core Measures for youth enrolled in Medicaid.

The CMS Children's Core Measures are comprised of quality measures collected by state Medicaid agencies, including HFS. These include:

- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17
- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17
- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17

HFS has developed various report cards (by MCO who are responsible for reporting this information) for these measures. For FY 2023 (latest year data is available) HFS reports that most MCOs are doing well with follow-up for all Medicaid enrolled youth after an Emergency Department visit for mental illness (7 and 30 days after the visit).

MCOs varied in their efforts to follow-up after hospitalization for mental illness (7 and 30 days) for all Medicaid youth with a behavioral health. With the exception of one MCO, most other Medicaid plans scored average or were low performing on these measures.

Outcomes Measures

Outcome measures assess whether the Model is achieving its intended results and could be used for the second benchmark measure in paragraph 35. As recommended in the CY 2024 Report of the Expert, HFS should finalize outcome measures in CY 2024, identify data sources for each of these measures, and test these measures by collecting and reviewing a cohort of youth who were initially enrolled in Pathways. HFS has not developed data sources for these measures, tested these measures, or determined if

any changes in the IM+CANS are in order to collect data regarding these measures. HFS reports they will perform these activities in CY 2025. The HFS draft QA 2024 plan includes the following outcome measures:

- Increased school attendance.
- Decreased involvement with the juvenile justice system.
- Increases in a child or youth's functioning in key areas. This can be done by analyzing changes in 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.

Utilization and Expenditures

The CY 2024 Report of the Expert recommended HFS collect and analyze utilization and expenditure information on a per Class Member basis. This information can be used to identify both under and over utilization (and therefore spending) for Class Members participating in Pathways. HFS reports this review will include all Medicaid behavioral health services (e.g., Medicaid Rehabilitation Option and outpatient services). In the CY 2024 Report of the Expert, it was recommended information be available in aggregate statewide and for each CCSO and other Pathways service providers, especially IHB.

HFS has not yet reviewed utilization and expenditure information Class Members enrolled in Pathways. Given the lack of many providers of other Pathways services, there was little information available to provide statewide information. However, in the draft 2024 QA plan, HFS proposes to review utilization and spending for youth participating in Pathways. The Expert's team has provided HFS with examples from other states on how to construct and display these measures. They have also provided sample reports that HFS could consider for displaying these measures.

Assessing Need Against Capacity

The CY 2024 Report of the Expert recommended HFS should collect information on the need for other Pathways and Medicaid behavioral health services. One strategy the Expert recommended HFS to consider was surveying CCSO care coordinators to identify services Class Members and their caregivers need but that were not available in the DSA. This would provide information on the number of youth by CCSO that needed but did not receive a specific Medicaid behavioral health service. The Expert recommended HFS develop an initial report on IHB and other Pathways service capacity by December 2024.

HFS has not implemented the recommendation from the CY 2024 report to collect information on the need for other Pathways and Medicaid behavioral services. There has been a long standing recommendation (over the past 3 years) for HFS to develop

projections regarding the number of children, youth, and caregivers that will likely need Intensive Home-Based services in the first and subsequent years of Pathways.

However, HFS continues to review the capacity of all CCSOs to determine the number of care coordinators for each tier. This information is then used to determine referrals of Class Members to CCSOs for care coordination. As part of this analysis, HFS reports they review the caseload of each CCSO care coordinator monthly to determine if they comport with the caseload requirements established by HFS. However, CCSO capacity has not increased as HFS planned in CY 2024 to ensure that real-time referrals to CCSOs occur when a child is identified as a Class Member.

HFS is proposing changes in CY 2025 to how CCSOs are reimbursed for care coordination. As indicated in this report, HFS has substantially increased monthly reimbursement rates for both levels of care coordination offered by CCSOs. In addition, HFS is also developing a funding strategy for CCSOs to ensure that all Class Members are referred to CCSOs on a timely basis and engagement efforts by these CCSOs increase significantly. HFS has not finalized this reimbursement strategy as of December 31, 2024.

Baseline Reporting

The CY 2024 Report of the Expert recommended HFS should finalize and collect baseline information and report this information to the N.B. Subcommittee in late CY 2024. Specifically, the outcome of HFS efforts under Pathways should determine whether utilization patterns of high cost and out-of-home services are being reduced. In the draft QA Plan, HFS has committed to develop and report baseline information for Class Members enrolled in Pathways for the following services and the lengths of stay for each of these services:

- Admission to an inpatient psychiatric hospital
- Admission to Emergency Departments for youth presenting with behavioral health issues
- Admission to an SUD inpatient facility (or hospital with a distinct part unit) or SUD residential treatment facility
- Admission to a Psychiatric Residential Treatment Facility (PRTF)
- Admission to residential treatment through the Family Support Program
- Interim Relief Placement, including out-of-state facilities.

However, HFS did not complete this baseline in time to provide this to the N.B. Subcommittee for their review. HFS indicates this will be done in early CY 2025.

Priority Recommendations

- HFS should develop a network development plan to ensure that all DSAs have at least one provider of other Pathways services. This plan is one of five plans the

Expert recommends for improvement in Pathways implementation. This plan should be developed in the third quarter of CY 2025 and have specific implementation dates. The Expert is recommending that HFS undertake the strategy in Paragraph 9 to determine the volume of services needed by Class Members compared to the capacity of other Pathways service providers (demand vs. supply). Understanding need in comparison to capacity is critical to any network development plan and assures the timeliness of referral and engagement of Class Members in these services.

HFS should delineate separate strategies for developing each of the other Pathways services. For instance:

- Intensive Home Based Services (IHB)—IHB is needed by a significant number of Pathways services. As indicated above, 50% of the DSAs have an IHB provider. However, there are a small number of providers (4) offering IHB services. HFS should consider a network development strategy for increasing the number of IHB providers rather than relying on new providers to address the gap in DSAs with no providers. The Expert has expressed concerns that HFS monitor and provide needed assistance to these new IHB providers rather than having them expand to additional DSAs.
- Respite—There are 13 DSAs that have identified respite providers. Class Members will need various types of respite. Any network development plan should address how to best serve Class Members and their caregivers who need planned respite. Other systems have allowed other caregivers to be paid respite providers to perform planned respite. HFS should consider this approach in their plan. On the other end of the spectrum is crisis respite. This should not be confused with MCR or crisis stabilization; however, network providers offering these services will likely need to address a crisis situation. In addition, HFS, as part of its network development efforts, should outreach to various associations or large providers that offer respite.
- Family Peer Support—HFS has provided initial start-up funding for the 5 providers serving 20 DSAs. Previous conversations with families or small family-run organizations indicated a strong need for start-up funds to underwrite their efforts. Given this concern, HFS will need to assist new organizations interested in delivering family peer support with locating sources of funding and will also need to ensure new organizations understand their roles and responsibilities. Similar to IHB, the network development plan should be cautious in their efforts to have newly contracted providers of other Pathways Services serve other DSAs with no family peer support provider. HFS in their network development plan should focus on strategies to locate new providers interested in offering this service.
- Therapeutic Mentoring—There are seven new therapeutic mentoring providers serving 20 DSAs. A network development plan should take into account the quality of therapeutic mentoring services offered by these new providers prior to expanding the network. Other systems have struggled with

understanding the specific interventions performed by agencies offering this service.

A network development plan should account for the current resources by HFS and/or MCOs needed to continue improving access to services. In the Expert's opinion, HFS has several options for these network development activities:

- HFS can continue network development activities for other Pathways services. As indicated in prior reports, HFS, in coordination with MCOs and OMI, have been successful at ensuring all DSAs have a CCSO. However, the Expert has expressed concern as to whether HFS resources needed for network development efforts for four additional services is sufficient to expeditiously expand access. If HFS proceeds with leading the efforts regarding network development of other Pathways services, additional staff resources knowledgeable of developing provider networks will be needed to perform this function.
- MCOs can undertake network development efforts. Per their current contract they are required to perform functions that ensure Class Members have access to all Pathways services. HFS will likely need to support MCOs in their efforts to expand the network of other Pathways services given they may need additional information and support to outreach and engage additional providers to offer these services.

The Expert recommends that a network development plan clearly identifies who will have the lead role in executing activities that are part of this plan and additional staff resources committed to these activities. The plan should also include information regarding the capacity of these providers to offer Pathways services (including care coordination) and compare this capacity against the needs of Class Members regarding other services (discussed below).

- HFS should collect information on the Class Members' need for other Pathways and Medicaid behavioral health services. One strategy the Expert recommended in previous reports was surveying CCSO care coordinators to identify services youth and caregivers need but that were not available in the DSA. This would provide information on the number of youth by CCSO that needed but did not receive a specific Medicaid behavioral health service. Alternatively, MCO care managers who are part of the CFT can collect information on the service needs of Class Members. As previously indicated, most MCO care managers participate in CFT and could be a good resource to quantify the service needs of Class Members. Regardless of who performs this function, HFS needs this information for a network development plan that adequately assesses the service needs of Class Members with the capacity of Pathway providers.
- HFS should continue to assess the workforce for all N.B. services in CY 2024 to identify and address gaps in services due to workforce shortages and determine alternative staffing strategies (including the use of telehealth) to ensure consistent

access to quality services offered to N.B. youth and their caregivers. This should be part of the plan developed in the first recommendation.

- HFS should analyze and develop strategies for addressing the 3,200+ Class Members not participating in Pathways by the third quarter of 2025. Specifically, HFS should develop strategies for engaging youth who have not indicated they will participate in Pathways. These strategies should include:
    - Reviewing engagement by CCSO to determine which CCSOs have been more successful in their efforts to engage Class Members and those CCSOs that are experiencing challenges engaging Class Members.
    - Identifying strategies CCSOs with better engagement successfully used in their outreach and engagement efforts
    - Identifying strategies CCSOs with poorer engagement used in their outreach and engagement efforts and compare these efforts to CCSOs with better engagement rates.
    - Through PATH, coordinate calls between CCSOs with better and poorer engagement rates to have CCSOs with poorer engagement rates to develop better strategies for engagement.
    - Continue to track (by CCSO) engagement rates to determine if these and other strategies developed by HFS are improving engagement.
    - Determine if strategies can be incorporated in MCOs and the contracts with CCSOs that reward better performance and, conversely, consider if there are penalties that MCOs can implement for CCSOs with consistently poorer engagement rates.
- HFS should implement Network Adequacy Standards for MCOs by the end of CY 2025. Regardless of who is responsible for network development, the Expert recommends that HFS receive information on a regular basis on the network adequacy for care coordination provided by CCSOs and other Pathways services. This will provide additional information regarding the number of providers of these services and whether they are accepting new referrals for these services. The Expert is requesting to review the process and format that HFS will use to request plans to report their network adequacy for these services.
- HFS should begin to report the information for CY 2025 set forth in the 2024 Quality Assurance Plan. This includes:
    - Continuing snapshots of the Pathways program regarding the structural measures of the report. The Expert recommends HFS also include information on appeals from Class Members regarding eligibility for Pathways.
    - Information on aggregate on PATH's quality reviews of CCSOs and what actionable items will be taken based on these reviews.
    - Information on CMS Children's Core Measure Set specifically for Class Members and the actions that HFS will undertake to improve the plan's performance in those areas.
    - Initial information on expenditures and utilization, as set forth in the report.

- Initial baseline information.

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 has stated their CY 2025 budget for Pathways is $46 million. For CY 26 HFS has included $150 million for Pathways.

As described earlier in this report, the Department provided $30Mmillion in CY 2024 to support the existing CCSOs in their implementation efforts. HFS reports they will provide an additional $2M for the remaining CCSOs in CY 2025 after they have a contract. The State reports they are also providing $25 million for new providers of other Pathways services to assist in their implementation efforts. These one-time ARPA funds are available through March 2026.

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, the Department 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 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 Implementation Plan and in other parts of the Expert report, HFS has chosen to implement the Model in phases. 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 significant gaps in other Pathways services that need to be addressed.

As discussed in previous Expert reports, the Medicaid program in Illinois does not include systemic coverage of in-state PRTFs, thus there is no Class Members in an in-state PRTF. HFS does fund services in PRTFs in other states for N.B. Class Members. The Department also expanded resources in its Interim Relief program to support N.B. Class Members to identify appropriate providers and receive these out-of-state PRTF services. HFS reports 62 Class Members received Interim Relief in an out-of-state PRTF.

In the CY 2024 Report of the Expert, it was recommended HFS collect and analyze information regarding the need for PRTF beds during the first 180 days of CY 2024.
As indicated in the 2024 Report of the Expert, HFS contracted with a national consulting firm to provide detailed analytics on emergency department, inpatient behavioral health utilization, and interim relief placements to conduct a needs assessment for PRTF. As indicated in previous reports, the Expert believes a data informed approach is necessary to

identify the number of beds and locations for PRTFs. However, the analysis has continued to be significantly delayed and preliminary data regarding the number and location of in-state PRTF capacity was not provided to the Expert in CY 2024.

In addition, the 2024 Report of the Expert recommended HFS commence efforts to develop the PRTF Model in early 2024 and be developed no later than the third quarter of CY 2024. As indicated in the third Expert report, this includes exploring other states' efforts to implement the Building Bridges Initiative (BBI) as part of the design and specifications for this service. HFS did request information from the Expert on other state models for PRTF. The Expert provided information from other states, including exemplary PRTF provider manuals, procurement documents, and other resources, including information from Association of Children's Residential and Community Services (ACRC). ACRC is the home of BBI. This resource is critical to HFS given the initial and First Revised Implementation Plans indicate HFS will utilize clinical and treatment concepts from BBI to develop the PRTF Model. HFS has yet to develop a model for PRTF services. Therefore, additional recommendations regarding HFS seeking input regarding the PRTF Model from the N.B Subcommittee and other stakeholders and development of necessary PRTF policies, procedures, and administrative rules are delayed.

While the Expert is concerned HFS has not met the timelines regarding the progress in the PRTF model, obtaining stakeholder input and developing the necessary policies for in-state PRTF development, HFS needs to ensure that the community-based services required under the Pathways model is in place before creating in-state PRTF capacity. Creating PRTF capacity while having a dearth of other Pathways services in some areas of the state is not prudent. While PRTFs are a critical component of the service continuum, it cannot be the only Pathways (besides care coordination offered by CCSOs) service available in some DSAs. Other states have created PRTF capacity that have no or limited community services. These states have greater admissions to PRTFs and longer lengths of stay since there are not the necessary community-based services to divert youth from these facilities or to transition youth safely to their home or other community setting.

Recommendations

- 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) and has sufficient capacity to offer and engage Class Members in services. These network development strategies should be completed by the end of CY 2026.
- HFS should collect and analyze information regarding the need for PRTF beds during the first 180 days of CY 2025. Specifically, this information should identify the number of initial PRTF beds needed by Class Members and the potential locations (i.e., DSA) for PRTF development.

- Prior to having other Pathways services in place, HFS should develop but not finalize the PRTF Model during CY 2025. The Model should be based off of exemplary states that developed PRTF capacity (some exemplary state information has been provided to HFS by the Expert). In addition, HFS should consult with ACRC, other states that have recently developed in-state PRTF capacity, and other national organizations to begin efforts to design the model. At a minimum this should include:
    - Overall philosophy and approach to PRTF consistent with system of care, care coordination, and community integration principles and policies as required by the Consent Decree
    - Definition of youth who would benefit from PRTF services (initial medical necessity criteria)
    - Description of the treatment environment offered in PRTFs (e.g., trauma informed services and Class Member and caregiver engagement)
    - Description of the use of seclusion, restraints, and time out
    - Proposed staffing patterns, staff requirements, and training
    - Pathways to and from PRTFs for Class Members
    - Recommended data and process for quality improvement provided in PRTFs
    - Collaboration with other child serving state and local agencies
    - Collaboration and engagement of CCSOs when care coordination will be needed to support successful transition to their home
    - Plan for quality oversight and authorizations of 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.

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 was reviewed and approved by the Class Counsel. The IM+CANS and decision support model 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

To track whether the DSC is working as intended, HFS is generating reports (and providing 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 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 youth 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 (includes Class Members and non-Class Members). HFS reports that the percent of Class Members recommended for Tier 1 Care Coordination remained above the expectation of 3% during CY 2024. The table below shows these decisions.

Table 1: Percent of Class Members Recommended for Tier 1 Care Coordination

Quarter	Percent of Youth Recommended for Tier 1 Care Coordination
Quarter 1 (January-March 2024)	3.36%
Quarter 2 (April-June 2024)	3.27%
Quarter 3 (July—September 2024)	3.38%
Quarter 4 (October-December 2024)	3.58%

The Expert has requested HFS review the current DSC for Pathways with the IM+CANS developer (University of Kentucky) to determine if changes are needed. In CY 2024 HFS reports they have provided information to the University of Kentucky for their review but have yet to identify what, if any, changes are needed to the DSC.

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 respite and in-state PRTFs, there have been no requests for prior authorization for these services. The Table below provided information regarding the three services requiring prior authorization. HFS reports that MCOs have received requests for TSS and ISS provided to Class Members during CY 2024.

Table 2: Prior Authorizations

Services	Unduplicated Number of Class Members Requesting Prior Authorization in CY 2024 (by service)	Unduplicated Number of Youth Approved in CY 2024 to Receive the Service
Individual Support Services	539	448
Therapeutic Support Services	78	57

The Table indicated that 83% of all requests for ISS were approved in CY 2024. Approximately 17% were not. Seventy-three percent (73%) of all requests for TSS were approved. 23% of all requests for TSS were not approved.

Recommendations

- HFS should finalize any changes to the DSC during CY 2025. If changes to the DSC are recommended by the University of Kentucky, HFS should undertake the following activities:
  - Provide specifics regarding the changes and the rationale for the change
  - Assess the proposed impact on enrollment into Pathways (existing and new Class Members)
  - Assess the proposed impact on providers that administer the IM+CANS
  - Meet with the Expert and Class Counsel to review the proposed changes to the DSC
  - Finalize the draft DSC and review with the N.B. Subcommittee and other stakeholders
  - Post the final DSC and report on roll-out of the new DSC.
- HFS should continue to track and report information on youth stratified into Tier 1 during CY 2025 given the possible changes to the IM+CANS.
- HFS should provide information to the Expert on a semi-annual basis during CY 2025 regarding MCO's prior authorization efforts for Respite, ISS, and TSS. HFS should request MCOs provide aggregate information regarding the reasons Class Members were denied services.
- 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 will a template for reporting this information consistent with other states that provide these services.

16. After the Approval Date and before final approval of the Implementation Plan, the parties agree to work collaboratively to address the needs of Class Members who require PRTF services on an emergent basis.

As indicated in paragraph 7, the HFS does not have in-state PRTF capacity and relies on the Interim Relief Program to address the needs of Class Members who require the level of care provided by PRTFs. The initial and First Revised Implementation Plans set forth the specification of the Interim Relief Process. The Expert has reviewed this process and concurs with the Department's Interim Relief approach. During CY 2024, HFS identified 164 Class Members who were referred to Interim Relief. Of these 164 Class Members, 62 were referred to facilities providing the level of care often found in an out-of-state PRTF. The 102 Class Members who were identified for Interim Relief Process but who did not receive placement through the Interim Relief Process were either placed under other residential programs, did not respond to requests for information or were not successfully placed. This represents approximately 62% of all class members who were referred for Interim Relief but did not receive out-of-state PRTF services. This information should be further analyzed per the recommendations below.

In CY 2022, the Department developed and implemented a process to refer Interim Relief Class Members to a local CCSO to assist with community-based service planning for these Class Members while they were awaiting residential placement. In addition, during CY 2024, HFS also enrolled Class Members who are in out-of-state residential placement into Pathways and referred them to CCSOs to assist with transition planning and community-based services upon the youth's discharge. The Expert has requested and HFS is preparing information regarding the number of Class Members who received interim relief, were referred to CCSOs and were successfully engaged by CCSOs.

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.

The Department developed and implemented during CY 2023 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 youth will be offered either level of care coordination from the CCSO, the CFT process, and the service delivery options. 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 suggested the expert access DCFS training for caseworkers to access the DCFS flow since they do not have this information. The Expert is waiting for training information from DCFS.

HFS has worked with DCFS since the fall of CY 2023 to implement the referral process to Pathways. Initially, HFS and DCFS sought to pilot this referral process with a small number of youth in DCFS care who were Class Members. This pilot would allow both HFS and

DCFS to identify what worked well and what needed to be adjusted for future, more large-scale referrals. Referrals of Class Members in DCFS care to CCSOs were initiated in September 2023. Initially HFS reported 21 Class Members were referred to CCSOs during the last quarter of CY 2023. Ten Class Members (48%) were engaged with their CCSO and eleven Class Members (52%) declined participation in Pathways. HFS reported there were several reasons Class Members participating in the pilot chose not to be engaged with CCSOs:

- Some Class Members elected not to sign additional consents despite additional engagement attempted
- CCSO or child welfare care coordinator tried to engage the youth but was not successful
- Class Members aged out of DCFS care
- Class Members and/or their caregivers declined services because (a) Class Members had many additional services; (b) caregiver was not in agreement despite additional coaching.

In CY 2024, DCFS referred no Class Members to CCSOs. The Expert has significant concerns regarding the lack of referrals of DCFS Class Members to CCSOs. As discussed in the recommendations below, DCFS and HFS must rectify this situation immediately.

The CY 2024 Report of the Expert recommended HFS and DCFS expand the number of youth involved with DCFS to Pathways during CY 2024. Specifically, the Expert recommended both agencies develop a target for referrals to Pathways and a process to track referrals. HFS and DCFS did not develop a target for CY 2024.

HFS indicates that despite continued effort on their part, there have been no additional referrals of DCFS Class Members. HFS has identified several reasons for this slow referral:

- Change in leadership at DCFS requires continued education and soliciting buy-in from the agency leadership.
- The lack of other Pathways services in DSAs has created reluctance on the part of DCFS caseworkers to make referrals to Pathways. While care coordination will be available in all DSAs by early CY 2025, DCFS caseworkers are questioning the presence and role of yet another care coordinator in their guardian's life.
- The Pathways services have been developed to divert Class Members from out-of-home placements (including DCFS residential placement as well as psychiatric inpatient units) and transition Class Members from these facilities to their caregivers and communities. While many Class Members and their caregivers could benefit from the current array of Pathways, Class Members in DFCS residential care may not benefit from Pathways services. It may be more likely that Class Members that have not recently been placed out-of-home or are transitioning

back to their communities could use other Medicaid services. However, this assessment would need to be done on an individual basis.

The Expert finds the lack of collaboration from DCFS in referring Class Members who are in DCFS custody to be extremely problematic and must be addressed immediately. While the reasons set forth above are deterrents, HFS has invested great energy in convincing DCFS to make referrals to Pathways. No referrals occurred in CY 2024, exacerbating concerns regarding service provision to these youth given they are enrolled in Medicaid and are required to receive the medically necessary services offered under federal Medicaid requirements.

Recommendations

- HFS should provide the Expert and Class Counsel an update by July 31, 2025, regarding changes to the Decision Support Criteria (DSC). This should include activities and timeframes for the following:
    - An overview of data provided to the University of Kentucky for review of the current DSC
    - Process used by the University of Kentucky to review potential revisions to the DSC
    - Recommendations of changes to the DSC that were reviewed and accepted by HFS
    - Process for implementing any changes to DSC.
- HFS should continue to provide information on a quarterly basis regarding the number of youth who have received an IM+CANS in the previous 180 days and the number of Class Members that have been determined to need Tier 1 Care Coordination.
- HFS should also continue to provide information set forth in paragraph 15 every 180 days regarding the number of youth seeking prior authorization for Respite, ISS, and TSS and the number of youth receiving these services.
- Having a significant number of Medicaid youth who could benefit from Pathways services but not offered these services is a significant concern to the Expert. This is not consistent with paragraph #11, which requires HFS to 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. HFS is requested to submit a plan by September 2025 which provides the groundwork for substantially expanding participation of DCFS Class Members in Pathways to Success. At a minimum, this plan should include:
    - Who from HFS will be working with DCFS' Director, or DCFS' Director's designee, to determine which DCFS youth who are NB Class Members will be referred for service in the next six months.
    - The total number of DCFS youth who will be referred by region and by month

- The process for tracking referrals of DCFS youth to Pathways including a quarterly report with the following items:
  - The number of DCFS youth referred to Pathways against the projected target for CY 2025
  - The number of youth engaged by CCSO in care
  - Utilization of other Pathway services (including expenditures) received by DCFS youth
  - As necessary, the reasons why DCFS youth, or their guardian, are choosing not to participate in Pathways, especially youth in DCFS care who decline enrollment with information regarding strategies to address these barriers.

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 health conditions, based on certain federal guidelines. This was discussed in greater detail in paragraph 9. As indicated in this Report, HFS has not developed sufficient capacity for Pathways services that could be covered under EPSDT. This includes both tiers of care coordination, intensive IHB, therapeutic mentoring, and PRTF.

The second provision requires these services to be sufficient in intensity and scope and appropriate to each Class Member's needs. For youth that are receiving these services, HFS has not reported whether they are sufficient in intensity and scope based on Class Members' needs. The recommendations in Paragraph 9 address the development of Pathways services to ensure services covered under EPSDT are available statewide. An additional proxy for determining whether HFS is meeting the second intent of this paragraph is the measure CMS requires the State to report. Specifically, the number and percent of person-centered service plans that address assessed needs of 1915(i) participants, based upon the completed IATP and person-centered service plan. HFS has yet to report this measure to CMS. In addition, this measure, while an important proxy, cannot be used to report whether a Class Member receives the services in the amount (intensity) set forth in the IATP.

Recommendations:

- HFS should take the necessary steps recommended in Paragraph 9 to ensure availability of Pathways services in each DSA sufficient to meet the capacity needed for Class Members.

- HFS should report measures required under their 1915i agreement with CMS regarding IATP requirements.
- HFS should review claims for a sample of Class Members to determine if services are delivered in the amount set forth in the IATP.

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. These screenings are essential to identify possible delays in growth and development, as well as behavioral health challenges. 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.

The CY 2024 Report of the Expert recommended HFS should include guidance for pediatricians and PCPs to discern when a child should be referred to Pathways and when they could be referred to routine outpatient behavioral health or MRO resources in their community. This guidance was key to assisting pediatricians and other PCPs to discern and have a referral pathway for urgent behavioral health presentations versus a referral pathway for more routine or non-urgent BH needs.

HFS made significant progress on this provision in CY 2023 as discussed in the CY 2023 Report of the Expert.

However, HFS indicates there was little progress in CY 2024 to finalize the policies and implement the activities undertaken in CY 2023. The Expert has 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. This screening is required under EPSDT. In addition, screening is an essential component for creating the necessary referral processes for potential Class Members to Pathways. The Expert also finds the lack of progress regarding screening disappointing given the significant work HFS and ICAAP undertook in CY 2023.

The CY 2024 Report of the Expert recommended HFS should also provide guidance to Federally Qualified Health Centers (FQHCs) reinforcing their role in screening for behavioral health conditions. As indicated in the CY 2023 Report of the Expert, relevant staff from FQHCs should be included in the training and receive the various HFS-developed policies and procedures regarding behavioral health screening. HFS did not develop this guidance.

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 reentry activities for adjudicated youth in IDJJ custody. HFS has yet to report on their efforts during CY 2024 to screen these youth.

Finally, the 2023 Report of the Expert recommended that HFS measure the effectiveness of their screening efforts at least on an annual basis. Given HFS has not implemented the activities regarding EPSDT screening for behavioral health conditions, measuring the effectiveness of screening efforts is moot.

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 to Pathways program and on 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 track the progress of implementing the provisions of the CAA 2023 and Section 1115 reentry Waiver to the Expert to ensure adjudicated youth in IDJJ custody who could be Class Members are receiving the required EPSDT screenings and assessments including IATP once release 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 at least on an annual basis 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.
    - Whether these screenings are occurring within the timeframes established by HFS.
    - The percent of Medicaid youth that have a positive screen for a possible behavioral health condition.
    - The timeliness of the receipt of the IM+CANS for Medicaid youth with a positive screen.
    - The percent of youth who are identified through the IM+CANS as Class Members.
    - The percent of youth who are identified through the IM+CANS as Class Members and referred to CCSOs.

- The timeliness of the referrals to CCSOs if the IM+CANS identifies youth as Class Members.

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 Illinois Medicaid–Comprehensive Assessment of Needs and Strengths (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, 2024, there are 5,095 individuals that are IM+CANS certified.

HFS implemented the IM+CANS in CY 2018. As stated in the first Report of the Expert, from July 2018 through December 2020, there were 77,747 children and youth under the age of 21 who have an IM+CANS. The table below provides information on the number of youth each year since who received an IM+CANS, where a youth was identified as having a behavioral health condition.

Calendar Year	Number of Youth Receiving an IM+CANS Who Have an Indicated BH Condition
2021	7,296
2022	14,127
2023	14,602
2024	17,337

As the table above indicates, HFS continues their efforts to provide IM+CANS to identify youth who have a behavioral health need. The number of youth with an identified behavioral health condition (as identified through the IM+CANS) has increased significantly from CY 2021 through CY 2024.

Recommendations

- HFS should revisit the decision to require an IM+CANS for all Medicaid enrolled youth who may have a behavioral health condition. At a minimum, HFS should develop referral protocols for youth whose screening and assessment indicates the need for more intensive community-based services.
- HFS should consider whether a brief CANS can be used for making decisions regarding Pathways eligibility. A more comprehensive IM+CANS can be completed

by a CCSO if a youth is eligible, enrolled in Pathways, and referred to a CCSO. The CCSOs can be instructed on how to ensure that information from the brief CANS is used by CCSO performing the comprehensive IM+CANS. This would lessen the burden on youth and caregivers to be able to repeat their story.

> *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 paragraph specifically calls for a plan developed by HFS, in cooperation with MCOs, to ensure services to Class Members are well coordinated, which improves the effectiveness of the services and the outcomes for Class Members.

The CY 2023 Report of the Expert recognized it was premature for HFS to develop the plan required under 17.j, given the lack of providers of other Pathways services. However, the CY 2023 Report recommended HFS outline in writing a clear description of future network development activities in lieu of a plan as required in this paragraph. The CY 2023 Report also recommended specific activities HFS should undertake as part of this plan. The Expert did not receive this plan in CY 2024.

HFS provided the Expert with regular information (written and verbal) regarding their activities for expanding the availability of other Pathways services. As indicated in paragraph 9, there were providers identified and HFS, in cooperation with OMI, began to enroll these providers. HFS has provided the Expert with written documentation of each of the other Pathways services by DSA. As indicated in paragraph 9, HFS's efforts, while improving the availability of providers, does not provide information on the capacity of new providers to offer these services nor is there a specific plan for ensuring these other services are available in each DSA with sufficient capacity.

The second component of this paragraph focuses on the effectiveness and outcomes for Class Members. The Expert recommends this component to be included in future quality assurance plans for HFS to ensure that services are coordinated across Medicaid providers and Class Members are achieving the necessary outcomes.

Recommendations

- HFS should develop a plan required under this Paragraph (17.j) for DSAs that have other Pathways services and other Medicaid providers serving N.B. Class Members. This plan should include:
    - Referral protocols from CCSOs to Medicaid service providers.
    - Requirements in CCSO and other Medicaid provider contracts (including providers of other Pathways services) ensuring participation in a CFT.

  - Engagement strategies other Medicaid providers offering services to Class Members should deploy to ensure youth and caregivers receive Pathways services on a timely basis.
  - Policies to address conflict resolution within CFTs and among providers when there is a disagreement regarding the services Class Members need or the provider's willingness and ability to provide these services.
- HFS should provide this plan to the Expert for review and provide quarterly information to the Expert regarding the adequacy of the Pathways provider network.

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

This paragraph has two components. The first component requires HFS to establish a process for communication with Class Members, caregivers and various stakeholders regarding the Pathway model. The second component requires HFS to ensure critical policies are in place for diversion from inpatient and out-of-home placements.

HFS did provide robust information to Class Members, caregivers, providers and other stakeholders regarding Pathways in CY 2021. HFS reports they have not provided additional information to regarding Pathways consistently.

As indicated in the third report, HFS developed language that explicitly states in the Provider Manual and contracts for CCSOs and MCR that a goal of Pathways is to implement more effective home and community-based services to reduce inpatient behavioral health hospitalizations and out-of-home placements. The MCR and CCSO provider manuals include language that these services are explicitly for the purposes of reducing the unnecessary use of inpatient psychiatric hospitalization, residential treatment, and emergency rooms.

As indicated in paragraph 9, HFS has developed a draft Quality Assurance Plan for CY 2024 that will provide critical information on the effect that MCR and CCSOs have on diverting youth from these settings. The CY 2023 Report of 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 om this analysis, provide CCSOs with technical assistance to improve their diversion strategies. HFS has not completed the analysis recommended in the draft 2024 Quality Assurance Plan or the CY 2023 Report of the Expert.

Recommendations

- It is imperative that HFS perform the analysis and implement efforts to track use of inpatient and out-of-home placements by the end of CY 2025. This includes:
    - Developing baseline data on a statewide, CCSO-specific basis regarding inpatient stays and out-of-home placements (including out-of-state PRTFs) for Class Members. This information should be organized by:
        - Class members eligible but not yet referred to CCSOs
        - Class members referred but not yet engaged by CCSOs
        - Class members engaged in care coordination offered by CCSOs
    - Developing baseline data on IHB-specific basis regarding inpatient stays and out-of-home placements (including out-of-state PRTFs) for Class Members. This information should be organized by:
        - Class members eligible but not yet referred to IHB
        - Class members referred but not yet engaged by IHB
        - Class members engaged in care coordination offered by IHB
- HFS should ensure that current policies are being followed for CFTs' efforts to develop crisis safety plans—with clear goals and strategies for ensuring access to 24/7 strategies offered by MCR, CCSOs, and IHB to address crises as they occur. This should ensure that caregivers can contact the providers identified in the crisis and safety plan (during and after hours).
- HFS should develop policies to ensure that MCR and 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).
- HFS should work with MCR providers and EDs to discuss the strategies to redirect Class Members into Pathways services. This includes strategies to refer individuals based on the crisis plan and ensure these providers are aware of HFS's expectation for immediate follow-up.
- HFS should provide each CCSO and IHB provider with baseline information regarding youth receiving care coordination from their organization.
- HFS should work with PATH to provide technical assistance to CCSOs and IHB providers based on this analysis and have these providers develop plans to improve diversion from higher cost, more intensive services.

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. HFS pursued substantial changes to the Medicaid authority to implement the Pathways program. In June 2022, CMS approved the Medicaid authority 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 Plaintiff's 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

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 on the activities and milestones set forth in the revised CY 2022 Implementation Plan for eighteen months (July 2023 through December 2024). HFS has since submitted a retrospective report that provides activities and milestones for the eighteen month period. As indicated in this summary report, HFS has completed most activities set forth in the revised Implementation Plan from CY 2022. It should be noted that, although HFS did not provide quarterly reports, HFS did provide the Expert and the N.B Subcommittee verbally and in writing activities during the eighteen month period that reflected some of the implementation activities set forth in the Plan (e.g., the snapshot document in Appendix A). While this is helpful information, it is not sufficient for reporting progress on all aspects of the revised Implementation Plan.

Recommendations

- HFS should continue to report on the activities and milestones set forth in the revised Implementation Plan. As indicated in this paragraph, HFS has made good progress on implementing most of the plan. The Expert recommends that HFS report the progress on the remaining items of the Revised Implementation Plan on a semi-annual basis.
- HFS should develop the necessary annual plans by June 2025 for addressing several major areas, including:
    - Network development plans for each of the other Pathways
    - Enhanced referral to CCSOs and increased engagement of youth and families with CCSOs
    - Increased participation of DCFS youth 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 a quarterly basis for each of these plans starting in September 2025. HFS and the Expert will determine how best to report this information.

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

24. 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.

25. 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 Plaintiff's Counsel that Benchmark 1 should be based on the 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. During CY 2024, the Expert proposed various strategies for HFS to track and assess efforts to meet the certification process for Benchmark 1.

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. Network development plans discussed throughout this document, if implemented successfully, should provide sufficient capacity to meet this Benchmark. In addition, HFS may want to consider critical components of the Annual Quality Assurance Plan to supplement network capacity information to ensure Pathways is working as planned.

Monthly Pathways to Success System Development Snapshot
Report Date: January 7, 2025

The data provided in Table 1 of this Monthly Pathways to Success System Development Snapshot represents data available as of the date indicated in the column heading of the table and was pulled from the various sources identified in the table below. The data is cumulative from 12/01/2022, when Pathways to Success Care Coordination Services were initially implemented, unless a different timeframe is indicated for a particular area. To streamline the data reporting, the chart below has been organized into completed quarter totals, and individual rows for months in the current quarter.

TABLE 1: PATHWAYS DEVELOPMENT AREAS FOR REPORTING	
Pathways Development Area	Number of qualified CCSOs
Data Source	BBH approved 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
March 31, 2024	24
June 30, 2024	26
September 30, 2024	27
October 31, 2024	27
November 30, 2024	27
December 31, 2024	27
Pathways Development Area	Number of CCSOs with completed enrollment
Data Source	IMPACT provider enrollment files showing 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
March 31, 2024	21
June 30, 2024	22
September 30, 2024	23
October 31, 2024	24
November 30, 2024	24
December 31, 2024	24
Pathways Development Area	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 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
March 31, 2024	29 of 32 DSAs
June 30, 2024	29 of 32 DSAs
September 30, 2024	30 of 32 DSAs
October 31, 2024	30 of 32 DSAs
November 30, 2024	30 of 32 DSAs
December 31, 2024	30 of 32 DSAs
Pathways Development Area	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
March 31, 2024	1
June 30, 2024	1
September 30, 2024	3
October 31, 2024	3
November 30, 2024	4
December 31, 2024	4
Pathways Development Area	Number of Providers of Other Pathways Services 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
March 31, 2024	3
June 30, 2024	5
September 30, 2024	8
October 31, 2024	9
November 30, 2024	11
December 31, 2024	13

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
March 31, 2024	3,627
June 30, 2024	4,183
September 30, 2024	4,936
October 31, 2024	5,180
November 30, 2024	5,386
December 31, 2024	5,625
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. (This is based on initial enrollment.)
Data as of date	**Number**
March 8, 2023	134
June 14, 2023	255
September 30, 2023	357
December 31, 2023	450
March 31, 2024	542
June 30, 2024	648
September 30, 2024	770
October 31, 2024	803
November 30, 2024	825
December 31, 2024	848
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
March 31, 2024	3,085
June 30, 2024	3,535
September 30, 2024	4,166
October 31, 2024	4,377

[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.

November 30, 2024	4,561
December 31, 2024	4,777
Pathways Development Area	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 sent to HFS indicating that the referred class member / family either declined services or the CCSO was unable to engage the class member / family. (Method of notification 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
March 31, 2024	1,873
June 30, 2024	2,276
September 30, 2024	2,700
October 31, 2024	2,895
November 30, 2024	3,095
December 31, 2024	3,252
Pathways Development Area	Number of N.B. Class Members referred to CCSOs who declined only care coordination services under Pathways to Success
Data Source	Notifications sent to HFS 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
March 31, 2024	7
June 30, 2024	17
September 30, 2024	19
October 31, 2024	19
November 30, 2024	19
December 31, 2024	19
Pathways Development Area	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

March 31, 2024	42
June 30, 2024	45
September 30, 2024	52
October 31, 2024	54
November 30, 2024	65
December 31, 2024	67
Pathways Development Area	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
March 31, 2024	32
June 30, 2024	35
September 30, 2024	39
October 31, 2024	39
November 30, 2024	48
December 31, 2024	49
Pathways Development Area	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
March 31, 2024	16
June 30, 2024	19
September 30, 2024	23
October 31, 2024	23
November 30, 2024	27
December 31, 2024	28
Pathways Development Area	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
March 31, 2024	16
June 30, 2024	16
September 30, 2024	16
October 31, 2024	16
November 30, 2024	21
December 31, 2024	21
Pathways Development Area	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 1 to Tier 2[2]
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
March 31, 2024	10
June 30, 2024	10
September 30, 2024	13
October 31, 2024	15
November 30, 2024	17
December 31, 2024	18
Pathways Development Area	Care Coordination Core Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	15
June 14, 2023	26
September 30, 2023	36
December 31, 2023	42
March 31, 2024	50
June 30, 2024	59
September 30, 2024	66
October 31, 2024	71
November 30, 2024	74
December 31, 2024	75
Pathways Development Area	Care Coordination Core Training Attendees who completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	134
June 14, 2023	206
September 30, 2023	237
December 31, 2023	258

[2] 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.

March 31, 2024	286
June 30, 2024	319
September 30, 2024	348
October 31, 2024	369
November 30, 2024	385
December 31, 2024	389
Pathways Development Area	Care Coordination Supervisory Core Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	8
June 14, 2023	12
September 30, 2023	15
December 31, 2023	17
March 31, 2024	19
June 30, 2024	21
September 30, 2024	23
October 31, 2024	24
November 30, 2024	26
December 31, 2024	26
Pathways Development Area	Care Coordination Supervisory Core Training Attendees who completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	52
June 14, 2023	63
September 30, 2023	68
December 31, 2023	71
March 31, 2024	76
June 30, 2024	82
September 30, 2024	87
October 31, 2024	89
November 30, 2024	92
December 31, 2024	92
Pathways Development Area	Therapeutic Mentoring Core Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	4
June 14, 2023	7
September 30, 2023	9
December 31, 2023	11
March 31, 2024	11
June 30, 2024	13
September 30, 2024	16
October 31, 2024	17
November 30, 2024	18
December 31, 2024	18

Pathways Development Area	Therapeutic Mentoring Core Training Attendees who completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	22
June 14, 2023	38
September 30, 2023	46
December 31, 2023	52
March 31, 2024	52
June 30, 2024	59
September 30, 2024	70
October 31, 2024	75
November 30, 2024	80
December 31, 2024	80
Pathways Development Area	Family Peer Support Training Sessions held (includes 3 courses – Your Bridge to Family Peer Support, Continuing Your Bridge to Family Peer Support, and Developing Authentic Family Peer Support through Supervision and Coaching)
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	3
June 14, 2023	5
September 30, 2023	7
December 31, 2023	8
March 31, 2024	11
June 30, 2024	12
September 30, 2024	14
October 31, 2024	16
November 30, 2024	16
December 31, 2024	16
Pathways Development Area	Family Peer Support Training Attendees who completed the training (includes 3 courses – Your Bridge to Family Peer Support, Continuing Your Bridge to Family Peer Support, and Developing Authentic Family Peer Support through Supervision and Coaching)
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	12
June 14, 2023	17
September 30, 2023	21
December 31, 2023	22
March 31, 2024	26
June 30, 2024	27
September 30, 2024	29
October 31, 2024	33
November 30, 2024	33
December 31, 2024	33

Pathways Development Area	Intensive Home-Based Services Core Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	5
June 14, 2023	12
September 30, 2023	15
December 31, 2023	17
March 31, 2024	17
June 30, 2024	20
September 30, 2024	24
October 31, 2024	25
November 30, 2024	26
December 31, 2024	26
Pathways Development Area	Intensive Home-Based Services Core Training Attendees that completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	31
June 14, 2023	58
September 30, 2023	68
December 31, 2023	73
March 31, 2024	73
June 30, 2024	85
September 30, 2024	103
October 31, 2024	106
November 30, 2024	108
December 31, 2024	108
Pathways Development Area	Intensive Home-Based Services for Team Leads Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	1
September 30, 2023	2
December 31, 2023	3
March 31, 2024	3
June 30, 2024	3
September 30, 2024	5
October 31, 2024	5
November 30, 2024	5
December 31, 2024	6
Pathways Development Area	Intensive Home-Based Services for Team Leads Training Attendees that completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	6

September 30, 2023	7
December 31, 2023	8
March 31, 2024	8
June 30, 2024	8
September 30, 2024	15
October 31, 2024	15
November 30, 2024	15
December 31, 2024	16
Pathways Development Area	MAP Credentialed Therapist Core Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	1
June 14, 2023	1
September 30, 2023	2
December 31, 2023	2
March 31, 2024	2
June 30, 2024	2
September 30, 2024	3
October 31, 2024	3
November 30, 2024	3
December 31, 2024	4
Pathways Development Area	MAP Credentialed Therapist Core Training Attendees that completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	10
June 14, 2023	10
September 30, 2023	19
December 31, 2023	19
March 31, 2024	19
June 30, 2024	19
September 30, 2024	39
October 31, 2024	39
November 30, 2024	39
December 31, 2024	50
Pathways Development Area	MAP Supported User Training Sessions held
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	0
September 30, 2023	0
December 31, 2023	0
March 31, 2024	2
June 30, 2024	5
September 30, 2024	7
October 31, 2024	8

November 30, 2024	10
December 31, 2024	10
Pathways Development Area	MAP Supported User Training Attendees that completed the training
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)
Data as of date	**Number**
March 8, 2023	0
June 14, 2023	0
September 30, 2023	0
December 31, 2023	0
March 31, 2024	16
June 30, 2024	30
September 30, 2024	33
October 31, 2024	38
November 30, 2024	51
December 31, 2024	51

The data provided in Table 2 represents the tiering outcomes as of the date that the data was pulled. The tiering data was pulled on the indicated date and then used to determine N.B. Class Member status and Pathways to Success enrollment for the following calendar month.[3]

TABLE 2: TIERING OUTCOME	
Development Area	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[4])
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
March 31, 2024	15,166
June 30, 2024	18,602
September 30, 2024	10,675
October 31, 2024	7,546
November 30, 2024	17,638
December 31, 2024	17,337

[3] HFS has completed an investigation into the data reported in previous monthly reports. HFS found that the data included duplicates that have been eliminated. The data in this report represents unique, unduplicated IM+CANS and are lower than the previously reported numbers. HFS is confident that these numbers are accurate as of the date of this report.

[4] 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.

Development Area	Number / percentage of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS stratified into Tier 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 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%
March 31, 2024	509	3.36%
June 30, 2024	608	3.27%
September 30, 2024	361	3.38%
October 31, 2024	266	3.53%
November 30, 2024	610	3.46%
December 31, 2024	621	3.58%
	Number / percentage of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS stratified into Tier 2	
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%
March 31, 2024	5,314	35.04%
June 30, 2024	6,686	35.94%
July 31,2024	5,782	36.11%
August 31, 2024	4,944	36.72%
September 30, 2024	4,025	37.70%
October 31, 2024	2,878	38.14%
November 30, 2024	4,804	27.24%
December 31, 2024	6,403	36.93%