

A red pushpin is pinned to a map, symbolizing a specific location or goal. The map shows various colored lines representing roads or paths, with a prominent red line. The background is a light blue and white map with various colored lines representing roads or paths.

Pathways to Success: Care Coordination & Support Organizations

Webinar Presentation
July 20 & 21, 2021

Agenda

- Today's Challenges
- Pathways to Success Overview
- The Role of Care Coordination and Support Organizations
- Designated Service Area Redesign
- CCSO Requirements
- Provider Enrollment
- Overview of CCSO Selection Process and Timeline
- Resources

System Challenges

Crisis-oriented

Largely built to
serve adults

Lack of home
and community-
based services

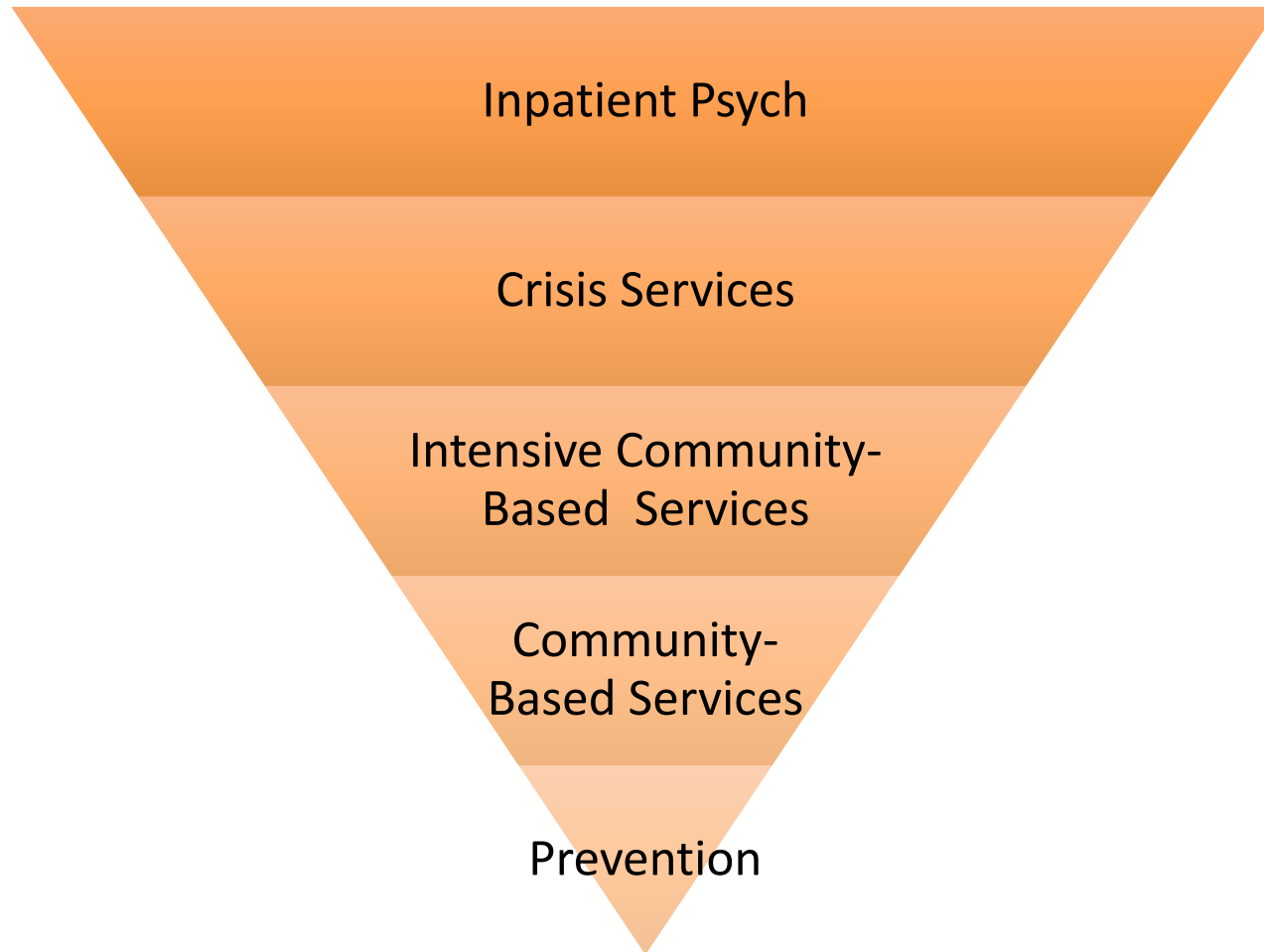
Lack of
evidence-based
practices

Compliance
focused

Workforce
capacity

Poor outcomes

Illinois's Current Continuum of Care for Children



Annually:

- 100,000+ crisis calls to the CARES line
- 35,000-40,000 crisis screenings
- Hospitalization rate following screening of ~40-45%
- ~\$140 million in psychiatric hospitalization
- ~\$90 million for children's community-based services



Pathways to Success

- One part of the State's efforts to enhance the behavioral health service system for children.
- A program that makes care coordination and home and community-based services (HCBS) available to children with complex behavioral health needs who are identified as N.B. Class Members.
- Guided by the System of Care philosophy.
- Operationalizes the children's mental health benefit under the pending 1915(i) Medicaid State Plan Amendment.
- Targeted to launch 3/1/2022.

What Does Success Look Like for Children and Families?



Improved family functioning and reduced caregiver stress.



More stable living situations for children and youth, including fewer out-of-home treatment episodes.



Increased family and youth involvement in services.



Increased use of evidence-based practices, including expanded access to services provided in home and community settings.



Improved school attendance and performance.



Reduced contacts with law enforcement and child welfare.

To be eligible
for Pathways
to Success, a
customer
must:

- ✓ Be covered by Medicaid;
- ✓ Be under the age of 21;
- ✓ Have a Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI);
and
- ✓ Demonstrate a need for intensive services pursuant to the State's IM+CANS Decision Support Criteria.

IM+CANS

Decision Support Criteria



- Standardized approach to stratifying children and youth into tiers (intensity) of care coordination and services based upon documented clinical needs.
- Considers the combination and complexity of actionable needs on key CANS items from multiple domains on the IM+CANS.
- Dr. John Lyons and his team at the University of Kentucky is developing a Decision Support Criteria model specific to Illinois.
 - Tier 1: High Fidelity Wraparound
 - Tier 2: Intensive Care Coordination
- A workgroup of licensed clinicians representing DHS, DCFS, MCOs, and community providers reviewed and provided recommendations for adjusting the Decision Support Criteria.

Eligibility Determination Process

1

A child has an IM+CANS completed by a community behavioral health provider. The provider uploads the completed IM+CANS into the HFS IM+CANS Provider Portal within 10 business days.

2

Once a week, HFS applies the Decision Support Criteria to all new IM+CANS. Families may also submit a request for an eligibility determination along with a copy of the child's completed IM+CANS directly to HFS.

3

Children stratified into Tier 1 or Tier 2 will be given 6 calendar months of eligibility in Pathways to Success and assigned to a Care Coordination and Support Organization (CCSO).

4

HFS issues notice of eligibility to the child and family, the assigned CCSO, and the child's MCO, as applicable.

5

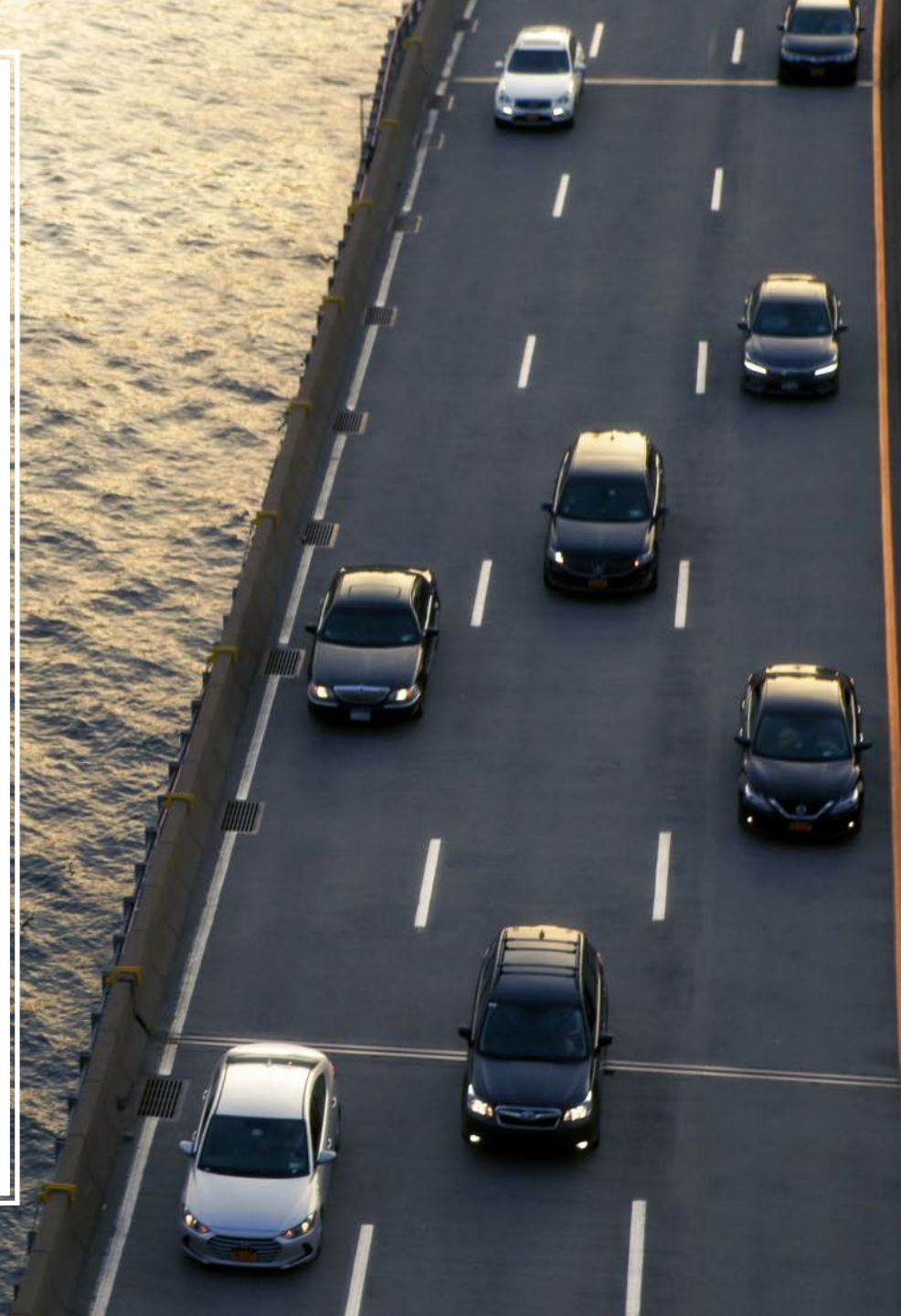
HFS will re-assess Pathways eligibility prior to the end of the child's 6-month eligibility period.

Pathways to Success Services

- 1 Care Coordination and Support (CCS)
- 2 Family Peer Support
- 3 Intensive Home-Based Services
- 4 Respite
- 5 Therapeutic Mentoring
- 6 Therapeutic Support Services
- 7 Individual Support Services

The Role of Care Coordination and Support Organizations

- CCSOs are a [vehicle for systems change](#).
- [Local, accountable](#) hub that coordinates care for children and youth with significant behavioral health challenges and their families.
- Operate consistent with the values and principles of [Systems of Care](#), [Wraparound](#), and [Family-Driven Care](#).
- Cover a specified [Designated Service Area \(DSA\)](#).



Key CCSO Functions

01

Provide Care Coordination and Support services to children enrolled in Pathways to Success.

02

Serve as the care coordination entity for children enrolled in the Family Support Program (FSP) and the Specialized Family Support Program (SFSP).

03

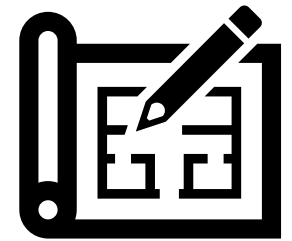
Operate as the fiscal agent for Individual Support Services (ISS) and Therapeutic Support Services (TSS).

04

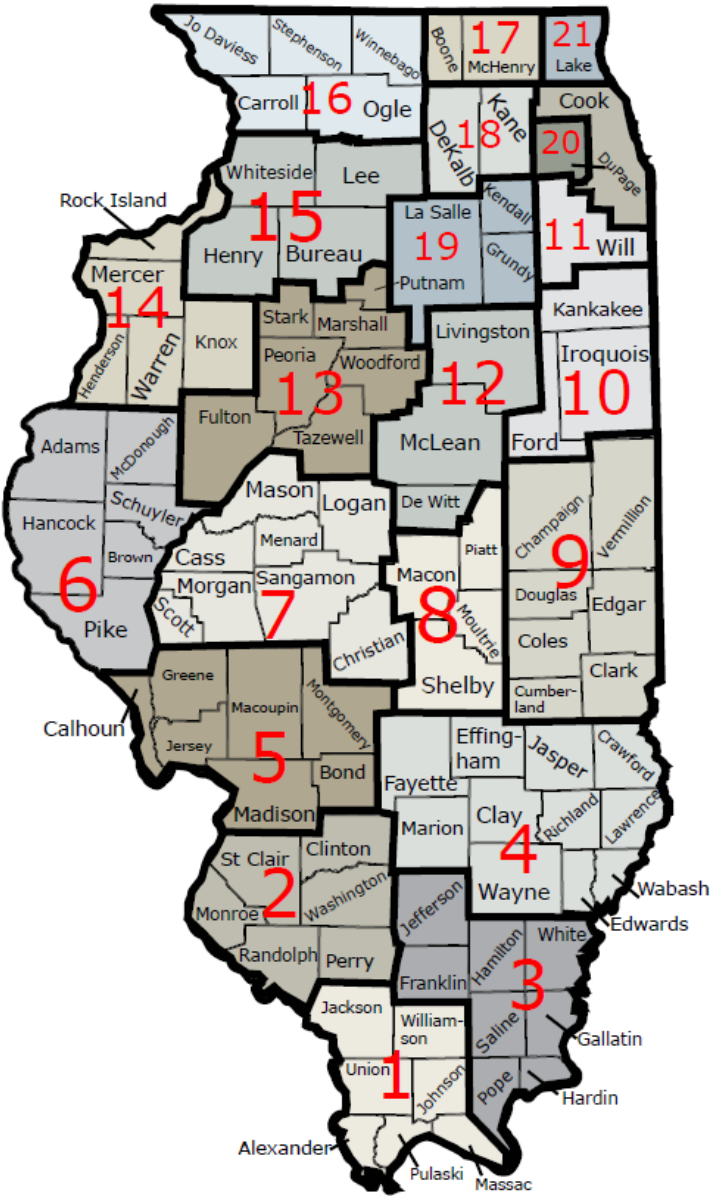
Serve as the designated Mobile Crisis Response provider for a DSA.

Designated Service Area Redesign

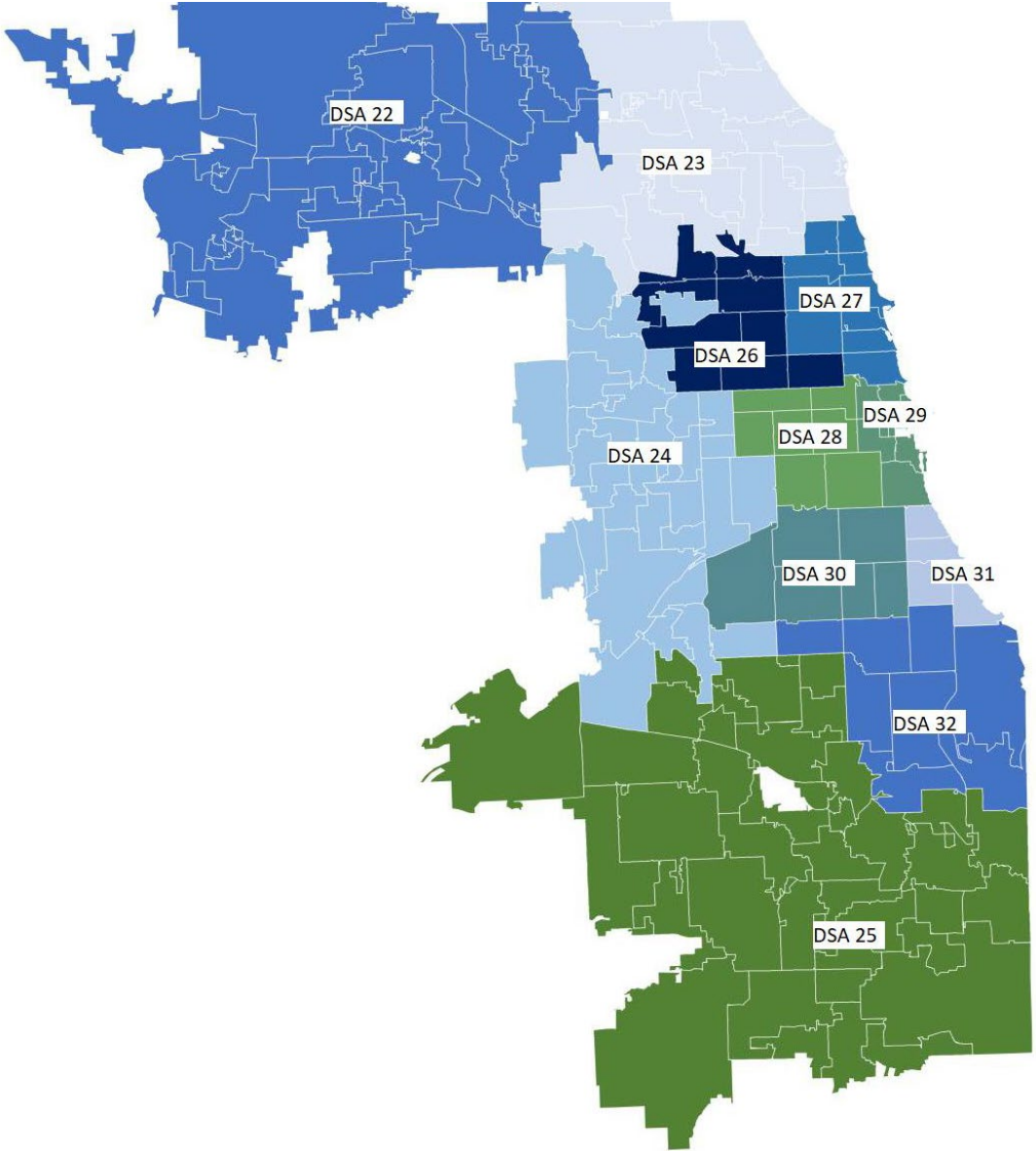
- DSAs (previously referred to as LANS) today establish the geographic boundaries of crisis accountability for Mobile Crisis Response (MCR) providers.
- CCSOs will be responsible for providing Care Coordination and Support and MCR services on a no-decline basis to all eligible individuals within their DSA.
- Existing DSAs have been redrawn, reducing the total number of DSAs statewide to 32.
- This redesign allows for streamlined management of the statewide CCSO and MCR system and ensures that each CCSO will have a referral base robust enough to sustain operations.



Statewide DSA Map



Cook County DSA Map



Organizational Requirements

Administrative

- Certified as a Community Mental Health Center (CMHC) or Behavioral Health Clinic (BHC) and enrolled in IMPACT with HFS.
- Have or be able to obtain a Crisis Services Program Approval within 60 days of being selected as a CCSO.
- Have or establish physical office space in the DSA.
- Must contract with all MCOs.
- Comply with annual and periodic audits, quality, and fidelity monitoring activities.
- Submit annual cost reports to HFS.
- May establish partnerships for the delivery of Mobile Crisis Response services.



Operational Plans

Disaster Recovery Plan

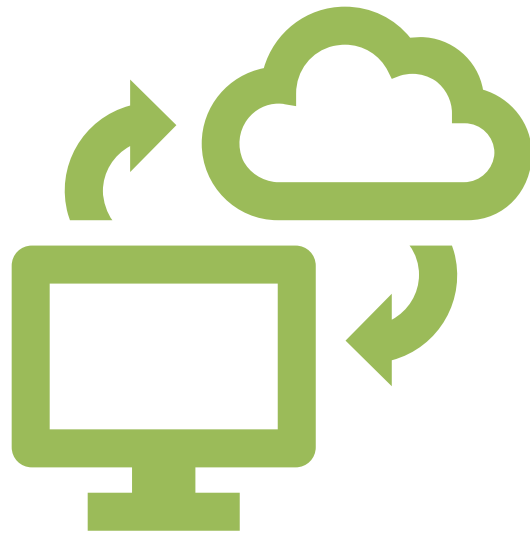
Program Plan

Continuous Quality Improvement Plan

Outreach and Engagement Plan

Staffing & Training Plan

Health Information Technology (HIT)



- Have a telephonic infrastructure capable of accepting crisis referrals on a 24/7 basis within 30 minutes.
- Access to High Speed/Broadband internet for all program staff.
- EHR or plan to get an EHR within 3 years that has the capacity to track referrals and care coordination activities.
- Ability to report required data to HFS and MCO's.
- Ability to interface with Department's systems (e.g., CRS, IM+CANS Provider Portal, ADT, WrapStat).

Conflict of Interest

- A conflict of interest is when there is a real or potential clash between one's own personal interests and professional duties.
- Entities that perform case management activities have an increased risk for conflict of interest because of the role they play in helping customers gain access to services.
- Federal regulations require that states implement protections against conflict of interest for customers receiving benefits under the 1915(i) State Plan Amendment.
- CCSOs will be required to maintain policies and procedures that ensure compliance with conflict of interest standards.

Conflict of Interest Standards for CCSOs

Entity Level

- Have sufficient separation between lines of business to ensure access to CCS and other Medicaid services (e.g., Rule 140 services) are not contingent upon one another.
- May not deliver other Pathways services unless only geographic option and approved by HFS.
- If approved to deliver other Pathways services or if a legal relationship with a hospital exists, must demonstrate and maintain sufficient separation in governance, clinical functions, and staff duties.

Staff Level

- Care Coordinators and Supervisors must be dedicated to the Pathways program.
- Ensure that Care Coordinators are not assigned any youth they are related to by blood or marriage, financially responsible for, or for whom they are empowered to make financial or health-related decisions.

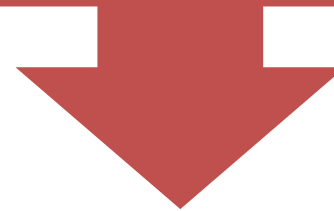
Service Level

- Maintain an internal grievance process for Pathways customers.
- Have a process for customers to request a different Care Coordinator.
- Must document the family was offered and made a choice of the services, providers, and settings where they want to receive recommended services.

Service Requirements

Care Coordination and Support (CCS)

A structured approach to care coordination for children and families based around the values, principles, and processes of Wraparound.



Key Activities

Engagement and outreach	Child and Family Team (CFT) facilitation	IM+CANS review and update	Crisis prevention, assessment, and response	Coordination and consultation	Referral and linkage
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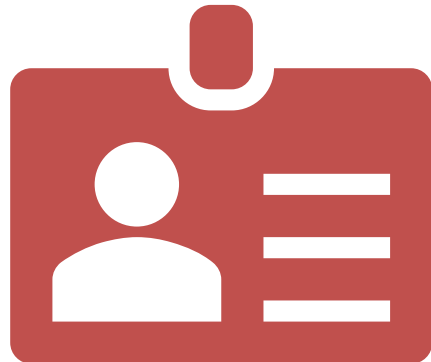
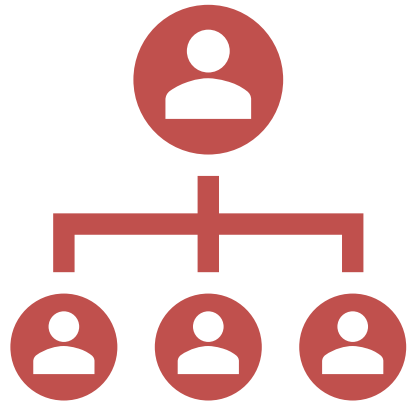
What's a Child and Family Team?



- A defined group of people that includes the child, family, and any formal or natural supports who are invited by the child and family to join the team.
 - Formal supports are paid professionals who work with the child and family such as service providers or teachers.
 - Natural supports are non-paid individuals who are important in the lives of child and family such as extended family members, neighbors, friends, coaches, religious leaders.
- Formed in the first 30 days of a child's enrollment in Pathways.
- Works directly with the family to develop, review, and update the IM+CANS, particularly the Individualized Plan of Care.
- The composition and intensity of participation of CFT members is meant to change with time based upon the changing preferences, needs, and goals of the child and family.

CCS Care Coordination Requirements

	High Fidelity Wraparound (HFW)	Intensive Care Coordination (ICC)
Care Coordinator Caseload	1:10	1:25
Supervisor Caseload	1:8	1:8
In-Person Contacts	2 x month	1 x month
Telephonic Contacts	2 x month	3 x month
Child & Family Team Meeting Frequency	30 days	60 days
IM+CANS Review	30 days	60 days
Crisis Prevention & Safety Plan Review	30 days	60 days



CCS Staffing Requirements and Qualifications

- **Clinical Manager**
 - A full-time, dedicated LPHA employed by the CCSO
 - Oversees CCS services
- **Care Coordination Supervisors**
 - QMHPs with 3 years of behavioral health experience
 - May have a mix of HFW and ICC Care Coordinators
- **Care Coordinators**
 - MHP with 1 year of behavioral health experience
 - Must be designated as High-Fidelity Wraparound or Intensive Care Coordination (no mixed caseloads)



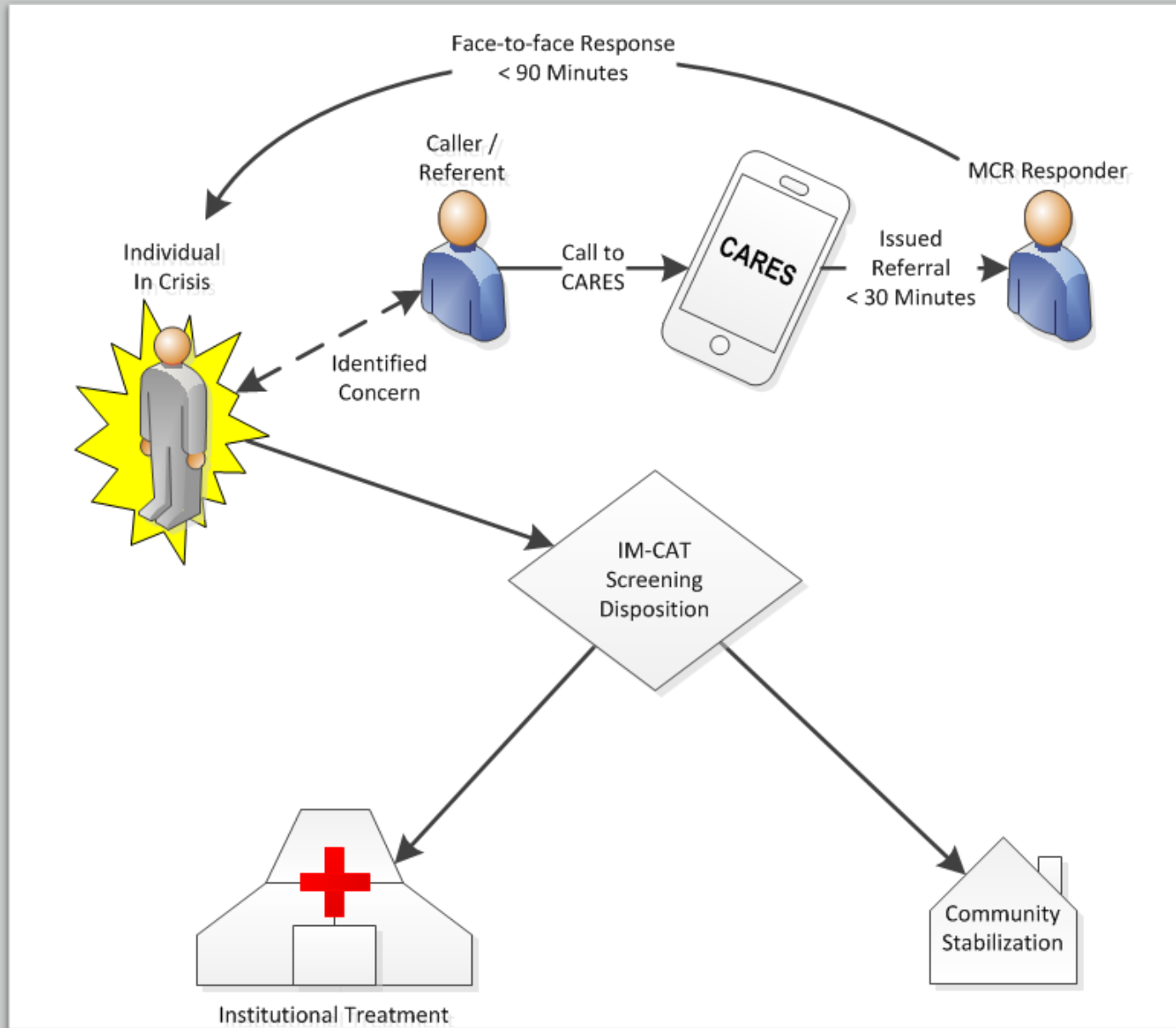
CCS Training Requirements

- HFS partners with the University of Illinois' Provider Assistance and Training Hub (PATH) to deliver training on children's behavioral topics.
- Training will be delivered free of charge to CCSOs.
- CCSO staff must complete the following training:
 - Annual IM+CANS certification
 - 2 days of Wraparound training for new Clinical Managers, Care Coordinators, and Supervisors
 - 1 additional day of supervisor training for Clinical Managers and Supervisors
 - Quarterly boosters
 - Ongoing coaching and training

Mobile Crisis Response (MCR) Responsibilities

- CCSOs serve as the designated MCR provider for their DSA.
- Must be immediately available 24/7 to prevent, respond to, de-escalate, and mitigate crisis situations.
- Includes responding to crisis referrals for children under the SASS Program, Medicaid adults, MCO customers, and Pathways customers.
- Responsible for receiving all crisis referrals from the CARES line on a no-decline basis within 30 minutes of the referral.
- Respond in-person to all MCR requests within 90 minutes after receiving the referral from the CARES line.
- Complete a screening and assessment using the Illinois Medicaid Crisis Assessment Tool (IM-CAT).
- Responsible for immediate and short-term follow-up, transition, and linkage activities.
- For Pathways customers, requirements to coordinate with the assigned Care Coordinator and participate on a short-term basis on the CFT.

Mobile Crisis Response Process Flow



Family Support Program (FSP) Responsibilities

A state-funded program for youth with significant behavioral health issues that provides access to community-based services and supports and residential treatment. CCSO responsibilities for FSP include:

- Assist families with FSP application process;
- Develop and maintain the IM+CANS for FSP youth;
- Link and refer to recommended services;
- Fiscal agent for FSP Alternative Community Services;
- Maintain weekly contact with FSP youth and their family;
- Assist FSP families with accessing residential treatment; and,
- Participate in any residential staffing and discharge planning.



Specialized Family Support Program (SFSP) Responsibilities

A 90-day program providing crisis stabilization, community mental health and assessment services, treatment recommendations, and service linkage to youth at risk of custody relinquishment. CCSO responsibilities for SFSP include:

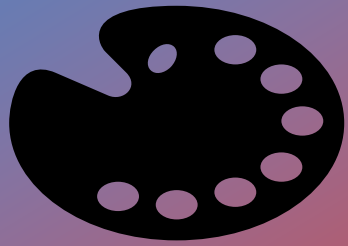
- Complete a crisis screening and assessment within 24 hours;
- Facilitate the completion of program consent documents within 72 hours;
- Complete or arrange for the completion of the IM+CANS within 5 days;
- Coordinate and/or deliver crisis stabilization and support services, including developing a hospital discharge plan;
- Coordinate and/or deliver community mental health services;
- Maintain weekly contact with the SFSP Youth, guardian, and any out-of-home service provider; and,
- Within 75 days, complete and submit the SFSP Assessment Report.





Fiscal Agent Responsibilities

- CCSOs serve as the fiscal agent for Therapeutic Support and Individual Support Services, identifying and paying local providers and submitting claims to HFS for reimbursement.
- Services require Prior Authorization and may not be duplicative of other services.
- CCSOs submit incurred costs to HFS for reimbursement via the claims system.
- All claims reimbursed by HFS (MCO carve out).



Therapeutic Support Services (TSS)

+

- Adjunct, non-traditional therapeutic modalities.
- Covers Art Therapy, Dance Therapy, Equine Therapy, Music Therapy
- \$3,000 SFY limit per child.

Individual Support Services (ISS)

- Habilitative activities, services and goods that serve as adjunct supports to therapeutic interventions, including:
 - Wellness activities
 - Special recreation
 - Strengths-developing activities (e.g., music or art lessons)
 - Additional aftercare/transition supports
 - Sensory items (e.g., weighted blankets, kinetic sand)
 - Parent education and training.
- \$1,500 SFY limit per child.

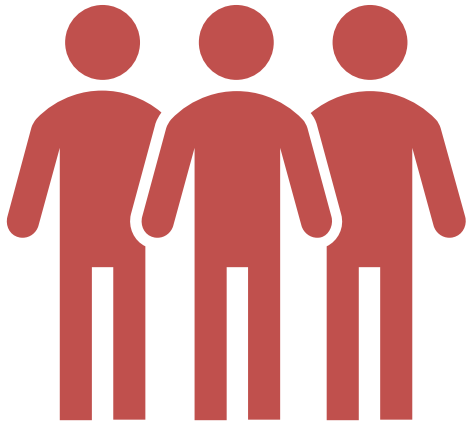


Coordination



Community Coordination

- CCSOs embed the System of Care at the community level and are expected to be experts in the communities they serve.
- To reinforce this crucial linkage between the CCSO and the community, CCSOs will be required to establish and maintain:
 - A Community Stakeholder Council that meets quarterly.
 - A Community Resource Directory within the first 6 months of operation.
 - Positive collaborations with key stakeholders in the DSA:
 - Schools, law enforcement, jails, local courts, hospitals, 708 boards, community organizations, service providers, local DCFS office, CCBYS



Collaboration with Managed Care Organizations

- It is anticipated 70-80% of Pathways eligible children will be enrolled with a Managed Care Organization (MCO).
- MCOs will be required to contract with all CCSOs and will conduct joint oversight of CCSOs in partnership with HFS.
- MCOs will assign a Care Manager to each child eligible for Pathways.
- The MCO Care Manager may be a member of the Child and Family Team.
 - Responsible for coordinating access to medical services, helping identify in-network service providers, and serving as a liaison between the CFT and the MCO's provider relations, UM, and billing teams.



IM+CANS Coordination

- The CCSO serves as the lead provider responsible for ensuring the IM+CANS for Pathways customers is reviewed and updated through the Child and Family Team (CFT) process. This includes being responsible for uploading data into the HFS IM+CANS Provider Portal.
- It is an expectation that the child, family, service providers, and informal supports collaborate in the review and update of the IM+CANS to ensure all perspectives are represented.
- The family and all service providers will be provided a copy of the IM+CANS following each update.

Provider Enrollment & Reimbursement

Provider Enrollment

- CCSOs must already be approved and enrolled in IMPACT as a CMHC or BHC.
- Following selection, must modify IMPACT enrollment to add needed Specialty/Subspecialty combinations.
- Must minimally maintain the appropriate Specialty/Subspecialty combinations to provide outpatient, crisis, and CCS services.
- TSS and ISS providers are not required to individually enroll in IMPACT at this time.
- HFS will provide TA to selected CCSOs on the IMPACT modification process.

IMPACT Overview – Minimum Requirements

Enrollment Type	Provider Type	Legacy PT	Specialty	Subspecialty	Legacy COS
Facility, Agency, Org (FAO)	Community Mental Health Center	036	Outpatient	None	034
			Crisis Response	Mobile Crisis Response	034
			Home and Community Based Services	Care Coordination & Support	122
	Behavioral Health Clinic	027	BHC Outpatient	None	116
			BHC Crisis Response	Mobile Crisis Response	116
			BHC Home and Community Based Services	Care Coordination & Support	122

Reimbursement Overview

- HFS is required to ensure that reimbursement is not made for duplicative services, regardless of the payer or program source.
 - Children receiving CCS services may not simultaneously receive Case Management services.
- CCS services will be reimbursed as a monthly case rate.
- Crisis Services:
 - MCR screenings will be reimbursed separately at the existing event-based MCR rates.
 - CCSOs are encouraged to include a Pathways customer's Care Coordinator in the delivery of MCR services. This would be reimbursable as MCR Team.
 - MCR Team is the only other billable service that a Care Coordinator may provide.
- Services delivered to FSP and SFSP youth who are not enrolled in Pathways will be reimbursed on a fee-for-service basis (e.g., case management, IATP, crisis intervention).

CCSO Selection Process



HFS will post a Request for Qualification (RFQ) to its website seeking CCSO applications from interested providers.



Applicants will identify which DSA(s) they are interested in serving as part of the RFQ response.



A team of 3 reviewers will be assigned to review submitted applications for each DSA using a standardized scoring tool. The review team will consist of staff from HFS, DHS, DCFS, MCOs, and the University of Illinois.



Selected CCSOs will begin working with HFS, the University of Illinois, and MCO partners to prepare for implementation.



CCSOs must pass a Readiness Review, conducted jointly by HFS, MCOs, and the University of Illinois prior to delivering services.



Deficiencies identified as part of the Readiness Review process will be communicated in writing to the provider. Providers shall be given no less than 30 days to correct deficiencies.

Rates

Service	Unit	On-Site	Off-Site
CCS – High Fidelity Wraparound	Monthly	N/A	\$862.57
CCS – Intensive Care Coordination	Monthly	N/A	\$460.47
Individual Support Services	Event	Event-based purchasing	
Therapeutic Support Services	Event	Event-based purchasing	
Mobile Crisis Response	Event	\$198.12	\$269.22
Mobile Crisis Response Team	Event	N/A	\$321.49
Non-CCSO Services			
IATP: Child & Family Team (RSA)	¼ hr.	\$14.76	\$17.13
IATP: Child & Family Team (MHP)	¼ hr.	\$17.96	\$20.84

CCSO Timeline

- July-August 2021: Stakeholder communications and townhalls
- 9/1/2021: RFQ posted to HFS website
- 10/1/2021: RFQ responses due
- 11/15/2021: RFQ awards announced
- 2/1/2022: Statewide MCR transition
- 3/1/2022: Southern/Central CCSOs go live
- 4/1/2022: Northern/Collar County CCSOs go live
- 5/1/2022: Cook County CCSOs go live



Helpful Resources



- [HFS Provider Notices](#)
- [IMPACT Provider Enrollment](#)
- [Community Based Behavioral Services \(CBS\) Handbook](#)
- [SASS Provider Handbook](#)
- [Family Support Program \(FSP\) Information](#)
- [Specialized Family Support Program \(SFSP\) Information](#)
- [Crisis Services Program Approval \(89 Ill. Admin. Code 140.Table N\(c\)\(4\)\)](#)
- [National Wraparound Initiative](#)
- [U of I Provider Assistance & Training Hub \(PATH\)](#)

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Thank you!

Email questions to:
HFS.Pathways@illinois.gov