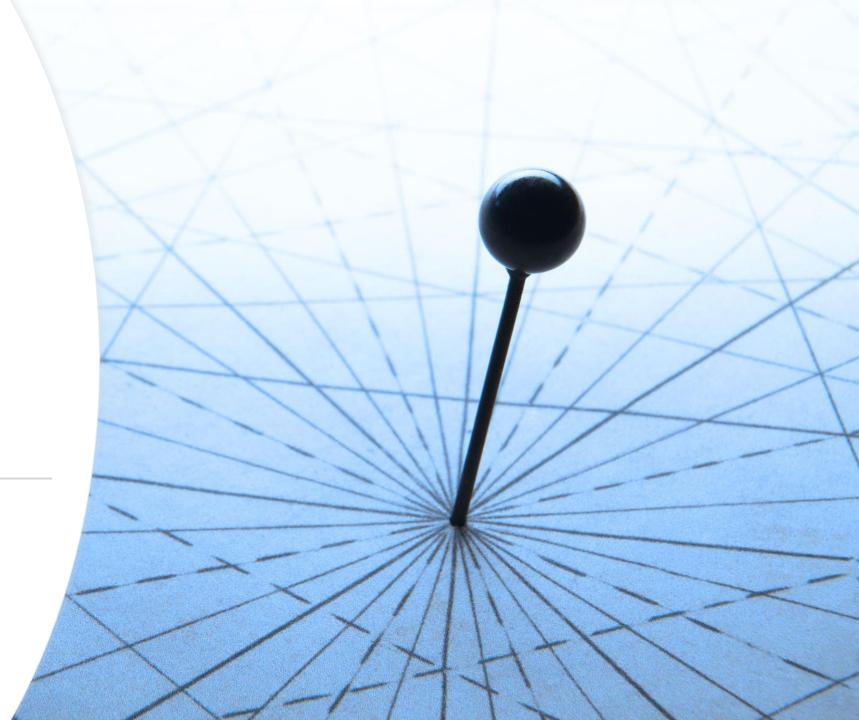
Pathways to Success:

Home and Community Based Services

Webinar Presentation July 28 & 29, 2021



Agenda

- Pathways to Success Overview
- General Provider Requirements
- Family Peer Support
- Respite
- Therapeutic Mentoring
- Intensive Home-Based
- Reimbursement
- Overview of Implementation Timeline
- Resources



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 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.
- Based upon scores on key CANS items from the IM+CANS.
- HFS has worked with Dr. John Lyons and his team at the University of Kentucky to develop a Decision Support Criteria model specific to Illinois:
 - **Tier 1:** High Fidelity Wraparound (N.B. Class Member)
 - **Tier 2:** Intensive Care Coordination (N.B. Class Member)
- 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

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.

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.

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).

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

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

Pathways to Success Services

Care Coordination and Support (CCS)

Family Peer Support

Intensive Home-Based (IHB)

Respite

Therapeutic Mentoring

Therapeutic Support Services (TSS)

Individual Support Services (ISS)

Provider Requirements

Administrative Requirements

- Providers must be certified as a Community Mental Health Center (CMHC) or Behavioral Health Clinic (BHC) in order to provide any of the Pathways to Success home and community-based services.
- May not also fulfill the role of a Care Coordination and Support Organization (CCSO) unless only geographic option and approved by HFS.
- Strongly encouraged to contract with all MCOs.
- Support for Pathways HCBS service implementation is provided by the University of Illinois' Provider Assistance and Training Hub (PATH).

 \circ All PATH training and coaching is delivered free of charge to enrolled providers.



IMPACT Overview

ENROLLMENT TYPE	PROVIDER TYPE	LEGACY PT	SPECIALTY	SUBSPECIALTY	LEGACY COS	SERVICES
Facility, Agency, Org (FAO)	Community Mental Health Center	036	Home and Community Based Services	Children's Services	121	Family Peer SupportTherapeutic MentoringRespite
				Intensive Home-Based	121	Intensive Home-Based
	Behavioral Health Clinic	027	BHC Home and Community Based Services	Children's Services	121	 Family Peer Support Therapeutic Mentoring Respite
				Intensive Home-Based	121	Intensive Home-Based

General Service Requirements

- Services are expected to be delivered consistent with the values and principles of System of Care.
- Staff delivering Pathways services must be trained in System of Care and TCOM principles.
- Must be recommended by an LPHA, in consultation with the Child and Family Team (CFT), on the child's IM+CANS.
- Coordinate with CCSOs, including participating in Child and Family Team (CFT) meetings and collaborating in the review and update of the IM+CANS for Pathways customers.
- May not be duplicative of other services, regardless of payer or program source.

Family Peer Support

Service Overview

- Family Peer Support services are designed to enhance a parent or caregiver's capacity to manage their child's behavioral health needs through the development of skills, knowledge, and parenting techniques necessary to improve coping abilities and to address the child's socialemotional health needs.
- Provided on an individual basis.
- May be provided:
 - Face-to-face, by phone, or by video.
 - In office, home, or other community-based settings.

Service	Unit	On-Site	Off-Site
Family Peer Support	¼ hr.	\$14.76	\$17.13

Key Activities

Family Peer Supporters serve as advocates, mentors, and facilitators, providing support to parents and caregivers from the peer perspective. This includes activities such as:

- Providing empathetic listening and emotional support;
- Assists families in navigating child-serving systems;
- Helping families advocate for their child;
- Encouraging self-care activities;
- Facilitating and encouraging engagement with service providers;
- Modeling collaboration between families and professionals; and
- Parent/caregiver skill building.

Staff Qualifications

Family Peer Supporters must:

- Minimally meet the qualifications of a Rehabilitative Services Associate (RSA);
- Have individual lived experience or experience as a caregiver of a child with special needs, preferably behavioral health needs;
- Have experience navigating any of the child-serving systems;
- Have experience supporting, educating and advocating for family members who are involved with the child-serving systems; and,
- Have access to a Qualified Mental Health Professional (QMHP) for clinical consultation.

Training Requirements

- Family Peer Supporters must complete the following training:
 - o 2 days of Wraparound training;
 - \circ 2 days of Family Peer Support training;
 - \odot Quarterly boosters; and
 - \odot Ongoing coaching and training.
- All staff delivering Family Peer Support must attend the PATH trainings to ensure consistency in service delivery and expectations.



Service Overview

- Respite is a time-limited service that provides scheduled relief to help prevent stressful situations, including avoiding a crisis or escalation within the home.
- Primarily delivered on an individual basis but may be provided to sibling groups of up to 3.
- Requires prior authorization and is limited to 7 hours per event, 21 hours per month, or 200 hours per state fiscal year without additional authorization.

Service	Unit	On-Site	Off-Site
Respite – Individual	1 hr.	N/A	\$21.84
Respite – Group (up to 3 sibs.)	1 hr.	N/A	\$7.28

Service Requirements

Respite services must be provided:

- In-person;
- In a home or other community-based setting; and
- By staff who minimally:

 Meet the qualifications of a Rehabilitative Services Associate (RSA);

• Are CPR certified; and

Have access to a Qualified Mental Health
 Professional (QMHP) for consultation.

Therapeutic Mentoring

Service Overview

- Therapeutic Mentoring is a strengths-building service provided to children who require support in recognizing, displaying, and using pro-social behavior in home and community settings.
- Allows trained mentors to spend quality time in the community with the child, modeling positive ways of interacting with other children and adults in a variety of social situations.
- Children work with their Therapeutic Mentors to gain and practice valuable skills that will help them develop positive relationships and build their confidence.

Service	Unit	On-Site	Off-Site
Therapeutic Mentoring	¼ hr.	\$14.76	\$17.13

Service Requirements

- Therapeutic Mentoring must be provided on an individual basis.
- Services may be provided:

○ Face-to-face, by phone, or by video.

 \circ In office, home, or other community-based settings.

• Therapeutic Mentors must minimally:

 \odot Meet the qualifications of an RSA;

 \odot Have access to a QMHP for consultation; and

 Attend training for Therapeutic Mentoring through PATH.

How is this different from Community Support?

Community Support

- A rehabilitative service focused on restoring, regaining, and strengthening a customer's level of functioning.
- Services address goals on the IM+CANS in the areas of family life, independent living, learning, working, socializing, and recreation.
- Activities include skills development, Illness self-management, identification and use of natural supports, and use of community resources.

Therapeutic Mentoring

- A habilitative service that enhances a customer's skills and builds strengths through experiences in their natural environment.
- Services focus on developing positive social behaviors and improving a customer's connection to their community.
- Activities include educating, modeling, motivating, and coaching the customer on how to use and practice overcoming barriers related to the targeted skills.

Examples: Community Support

- "David and I are going to review how he is doing at his new part-time job and if the coping skills he has been learning to manage his angry outbursts are working for him."
- "Anna is worried about the side effects from her daughter's psychiatric medications. We're outlining questions for her to discuss with the doctor next week at their check-up."
- "Miguel is feeling nervous about going to a new foster home next month. We're going to work on building a plan for how to respond when he gets overwhelmed and talk about who he can call if he needs support."

Example: Therapeutic Mentoring

"Eddie and I have been talking about what it means to be a good sport and how to respond in more positive ways when someone on his baseball team makes a mistake. We're going to the park to play baseball together tomorrow so I can model and provide feedback to Eddie putting those skills we talked about into action."

"Maggie and I are going to make a list of questions and topics she can talk to her peers about to help improve her confidence in her ability to make new friends."

Intensive Home-Based

IHB Service Overview

- Intensive Home-Based (IHB) services are short-term, team-based interventions designed to enhance and improve the family's capacity to maintain the child within the home and community and to prevent admissions to out-of-home treatment settings.
- Delivered consistent with evidence-informed approaches of Managing and Adapting Practice (MAP) and solutionfocused therapy.
- Consists of two components: Intensive Home-Based Clinical (IHBC) and Intensive Home-Based Support (IHBS).

Service	Unit	On-Site	Off-Site
IHB Support	¼ hr.	\$25.96	\$28.84
IHB Clinical (QMHP)	¼ hr.	\$34.45	\$37.55
IHB Clinical (LPHA)	¼ hr.	\$41.34	\$45.06

IHB Clinical

- Utilizes information from a functional behavioral assessment combined with MAP tools to develop a clinical intervention plan that drives IHB services.
- Delivers therapeutic interventions focused on symptom reduction and improving family functioning.
- Provides clinical direction of the interventions of the IHB Support staff.

IHB Support

- Provides adjunct services that supports the family and child in implementing the therapeutic interventions, skills development, and behavioral techniques identified on the clinical intervention plan.
- May only by provided in conjunction with IHBC services.
- Consistent with MAP tools and performed under the direction of the IHBC.

What challenges do systems face in adopting widespread usage of EBPs?

Rigid

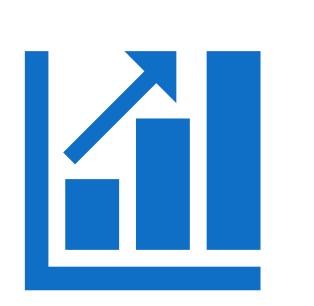
High cost

Population specific

Workforce turnover

Provider capacity

Geographic barriers



The Role of MAP in Advancing Quality

- Illinois has elected to adopt the MAP system as a systemwide quality and workforce development initiative.
- Provides a framework for expanding access to evidencebased and informed interventions.
- MAP tools guide clinical activity based upon the current research literature.
- Compiles, summarizes, and distributes knowledge on the common elements of hundreds of evidence-based interventions.
- Targeting the use of MAP first in IHB as provider capacity builds.

How Does MAP Work?

- Child-specific information (i.e. age, gender, race or ethnicity, problem type) is entered into the PracticeWise Evidence-Based Services (PWEBS) Database.
- PWEBS identifies the common practice elements found to be effective for youth with similar presentations.

 Examples of common elements: Praise, Time Out, Modeling, Parent Psychoeducation

- Clinicians access information on recommended treatment protocols and practices and determine which to incorporate into their work with the child and family.
- The effectiveness of the practices is continuously monitored and managed to inform treatment.

IHB Service Requirements

- IHB services:
 - Require the active participation of at least one adult caregiver;
 - Are to be delivered at times and locations that are convenient to the child and family, including evenings and weekends as needed; and,
 - Include multiple contacts per week with the child and family, with as many contacts as possible occurring face-toface.
- The IHB team plays a critical role in Crisis Prevention Planning and should make efforts to be available to families and MCR Workers for support and consultation in the event of a crisis.

IHB Service Requirements (cont.)

- Services may be provided:
 - \odot On an individual or family basis.
 - \circ Face-to-face, by phone, or by video.
 - \odot In home or other community-based settings.
- Initial authorization will cover 6 months of service before additional prior authorization is required.
- May not be delivered on the same day as Community Support, Therapy/Counseling, CST, or ACT.



Staffing Requirements and Qualifications

- Must have an IHB Team Lead that meets the qualifications of an LPHA.
- IHBC services must be provided by staff who minimally meet the qualifications of a QMHP.
- IHBS services must be provided by staff who minimally:
 - \odot Meet the qualifications of an MHP; and
 - Have at least 2 years of experience working with children and families.
- All IHB staff must complete required training in MAP and solution-focused therapy.

Training Requirements

• All Intensive Home-Based staff must complete the following training:

• Maintain annual certification in the IM+CANS;

Attend a 2-day IHB training; and

 \odot Participate in quarterly boosters.

- IHB Team Leads must also attend a 1-day IHB Supervisor training.
- IHBC staff and IHB Team Leads must become certified as a MAP Therapist according to the standards and timelines outlined by HFS.

MAP Therapist Certification Process

- Ensures the clinical staff providing and overseeing IHB services are qualified in the appropriate usage and monitoring of the MAP system.
- Training will be rolled out to cohorts of clinicians based upon MAP trainer capacity.
- Includes initial 5 days of training followed by a series of coaching sessions.
- Must submit a portfolio outlining the usage of MAP in direct practice.
- Anticipated to take approximately 6 months to obtain.
- Required staff will have a maximum of 2 years to achieve MAP Certified Therapist status.

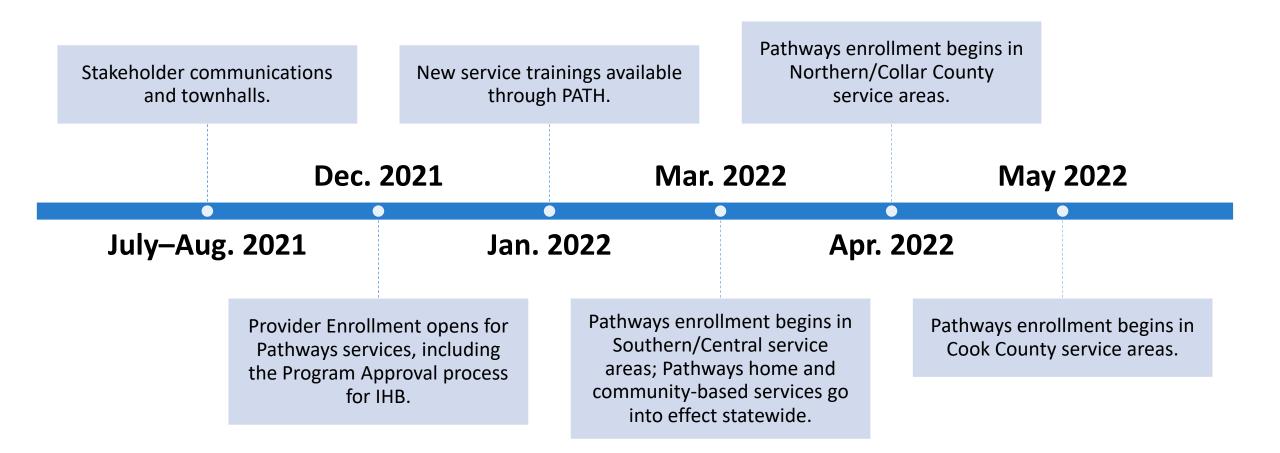
IHB Program Approval

- Providers seeking to provide IHB services must obtain a specific IHB Program Approval from HFS as part of the IMPACT enrollment process.
 - Providers of IHB must also be enrolled to deliver Family Peer Support, Therapeutic Mentoring, and Respite.
- Providers will be required to submit documentation demonstrating compliance with the IHB staffing, training and service delivery requirements.
- Providers must agree to cooperate with any on-site reviews as well as regular quality and fidelity monitoring.

Rates

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Respite – Group (up to 3 sibs.)	1 hr.	N/A	\$7.28
Family Peer Support	¼ hr.	\$14.76	\$17.13
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IHB Support	¼ hr.	\$25.96	\$28.84
IHB Clinical (QMHP)	¼ hr.	\$34.45	\$37.55
IHB Clinical (LPHA)	¼ hr.	\$41.34	\$45.06
IATP: Child & Family Team (RSA)	¼ hr.	\$14.76	\$17.13
IATP: Child & Family Team (MHP)	¼ hr.	\$17.96	\$20.84

Implementation Timeline



Helpful Resources



- HFS Provider Notices
- IMPACT Provider Enrollment
- <u>Community Based Behavioral Services (CBS)</u> <u>Handbook</u>
- <u>Rule 140.453</u>
- PracticeWise/MAP
- <u>UIUC Provider Assistance & Training Hub (PATH)</u>

Thank you!

Email questions to: HFS.Pathways@illinois.gov