**Pathways to Success**

**CCS Tier Change Request Form**

*Submit completed form to HFS via fax (217-524-1221) or email (*[*HFS.Pathways@illinois.gov*](mailto:HFS.Pathways@illinois.gov)*)*

**Instructions.** CCSOs may complete and submit this form in limited circumstances to request a different tier of care coordination intensity for a Pathways enrolled youth. This process is separate from and does not replace the family’s appeal rights.

* **Step-Up Requests:** CCSOs may submit a request to move a Pathways eligible youth from Tier 2 to Tier 1 during the initial engagement phase of a youth’s participation in Pathways, if the CCSO believes the youth’s IM+CANS used to determine Pathways eligibility has changed significantly and the CFT recommends a step-up in care coordination intensity. The request must be submitted within 14 days after the initial CFT meeting.
* **Step-Down Requests**: Families may request a step-down in care coordination intensity (moving a youth from Tier 1 to Tier 2) at any time. Step-down requests must be submitted to HFS on the family’s behalf within 5 business days after the family requests the step down.

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| **Section 1. General Information** | | |
| **Youth Name:** | **RIN:** | **Date of Birth:** |
| **Current Tier:** Tier 1 – High Fidelity Wraparound  Tier 2 – Intensive Care Coordination | | |

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| **Section 2. Change Request** |
| **Request Type** (check one)**:** |
| Step-up to Tier 1 – High Fidelity Wraparound. Date of initial CFT meeting:  Step-down to Tier 2 – Intensive Care Coordination |
| **Enclosed Attachments:**  Copy of updated IM+CANS (only required for step-up requests)  CFT meeting notes recommending tier change |

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| **Section 3. CCSO Information** | | | | | | |
| **CCSO Agency Name:** | | | **Care Coordinator:** | | | |
| **Phone Number:** | | | **Email:** | | | |
| **Signature:** | | | | | | |
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| Care Coordinator/Supervisor (print name) |  | Signature | |  | Date |  |