**Pathways to Success**

**Request for Eligibility Determination Form Instructions**

Pathways to Success is a specialized behavioral health program managed by the Department of Healthcare and Family Services (HFS) for Illinois Medicaid-eligible children and youth with complex behavioral health needs who are under the age of 21.

Youth or their parent, legal guardian, or authorized representative may request that HFS review and determine if a youth is eligible for enrollment in Pathways to Success. This request is made by submitting a completed Pathways to Success Request for Eligibility Determination Form and a copy of the youth’s current Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) to HFS. Follow the instructions below to refer a youth for a Pathways to Success eligibility determination.

**Step 1**: Gather a copy of the youth’s current IM+CANS. To be considered for Pathways to Success eligibility determination, the youth’s IM+CANS must be signed by the youth’s parent or legal guardian and the licensed practitioner of the healing arts (LPHA) who authorized the assessment and dated within the last six (6) months prior to the date of submission for eligibility determination. If the youth does not have a current IM+CANS completed and signed within the last six months, an updated IM+CANS must be completed with the youth’s behavioral health provider before requesting Pathways to Success eligibility determination. If the youth does not have a behavioral health provider, please make an appointment with a local community mental health agency for the youth to receive an IM+CANS.

**Step 2**: Complete the Pathways to Success Request for Eligibility Determination Form.

**Step 3**: Submit the completed Request for Eligibility Determination Form and a copy of the youth’s current IM+CANS to HFS electronically, by fax, or by mail. If the Request for Eligibility Determination Form is submitted on behalf of the youth by an authorized representative, documentation showing the authorization of the representative must also be submitted.

**Mail requests to:**

Healthcare and Family Services

Attn: Bureau of Behavioral Health

201 South Grand Avenue East, 2nd Floor

Springfield, IL 62763

**Fax requests to:** 217-524-1221

**Email requests to**: HFS.Pathways@illinois.gov

Applicants are strongly recommended to send any electronic submissions by encrypted email and any files or confidential information password protected.

**Notification:** HFS will review the Request for Eligibility Determination to make sure it is complete and determine if the youth is eligible for enrollment in Pathways to Success. HFS will make its determination within 30 days after the date a completed request is submitted. The eligibility determination will be made based on the Pathways to Success Behavioral Health Decision Support Model available here:

<https://www2.illinois.gov/hfs/MedicalProviders/behavioral/pathways/Pages/families.aspx> HFS will mail a written notification of the outcome of eligibility determination to the parent or legal guardian, or the youth as appropriate, and any identified authorized representatives. If the request does not contain all the required information, HFS will send an email notification to the requester indicating what information is needed. HFS is unable to review Requests for Eligibility Determination until they are submitted complete.

**Note:** This is **NOT** a request for Medical Assistance Program (Medicaid) eligibility or participation. The Pathways to Success eligibility determination process is intended to be used for youth that are already enrolled in the Medical Assistance Program (Medicaid). Any determination of eligibility for the Pathways to Success program and any timeframes used for this process are separate from and will have no impact on any determinations or timeframes for Medical Assistance Program (Medicaid) eligibility. More information about the Pathways to Success program can be found here: [pathways.illinois.gov](https://www2.illinois.gov/hfs/MedicalProviders/behavioral/pathways/Pages/default.aspx).

**Pathways to Success**

**Request for Eligibility Determination Form**

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| --- | --- | --- | --- | --- | --- |
| **Section 1. Youth Information** | | | | | |
| **Youth Name:** | **Recipient ID # (RIN):** | | **Date of Birth:** | **Phone Number:**  N/A | |
| **Address of Current Residence:** | | **City:** | | **State:** | **Zip Code:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2. Legal Guardian Information** | | | | |
| *Is the youth their own guardian?**Yes* *No If YES, skip this section.* | | | | |
| **Legal Guardian Name:** | **Phone Number:** | **Email:**  N/A | | |
| **Mailing Address:** | **City:** | | **State:** | **Zip Code:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3. Authorized Representative Information (optional)** | | | | | | | |
| *Complete this section only if you want someone else to act on your behalf and/or to receive information from the Department of Healthcare and Family Services related to this request for eligibility determination.* | | | | | | | |
| **Representative Name:** | | **Organization:**  N/A | | | **Relationship to Youth:** | | |
| **Phone Number:** | **Email:** | | **Mailing Address:** | **City:** | | **State:** | **Zip Code:** |
| I am giving permission to the Authorized Representative listed in Section 3 of this form to do the following on my behalf (check all that apply):  Submit this request for eligibility determination on my behalf.  Receive information about this request for eligibility determination. | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Section 4: Youth/Parent/Legal Guardian Attestation and Signatures** | | | | | | |
| **By signing below, I confirm that:** | | | | | | |
| * I am submitting this form and supporting documentation to HFS to make a determination of eligibility for Pathways to Success. I understand that I may withdraw this request at any time by contacting HFS through any of the contact methods listed in Step 3 above. * I understand that incomplete requests will be returned without being reviewed for eligibility for Pathways to Success. * I understand that HFS will notify me of the outcome of the Pathways to Success eligibility determination review by mail.   By checking this box, I request that HFS also email me a copy of the eligibility determination review outcome letter to the following email address:   * I understand that if the youth listed above is found eligible for Pathways to Success, the confidential information contained in this eligibility determination request will be shared with the Care Coordination and Support Organization (CCSO) assigned to work with my family for the purposes of providing or arranging for services under Pathways to Success. I understand that I will be notified of the name and contact information for my assigned CCSO. The type of information that will be disclosed includes the youth’s name, demographic information, contact information, and the child’s IM+CANS submitted as part of this request for eligibility determination. | | | | | | |
|  |  |  |  |  |  |  |
|  | Parent/Legal Guardian (print name) |  | Signature |  | Date |  |
|  |  |  |  |  |  |  |
|  | Youth age 18 or emancipated (print name) |  | Signature |  | Date |  |
|  |  |  |  |  |  |  |
|  | Authorized Representative (print name) |  | Signature |  | Date |  |