

Agenda

2/21/2020

2pm-3pm

Public Act 101-0461 Working Group
Development of Medical Necessity

Locations

Department of Insurance Office Springfield
320 W. Washington St.,
4th Floor, Springfield, Illinois 62767

Department of Insurance Office Chicago
122 S Michigan Ave,
19th Floor, Chicago, Illinois 60603

Call-in Information

Number: 1-312-535-8110

Code: 805 144 496

- I. Welcome
- II. Discussion on materials provided (treatment models/medical necessity example)
- III. Discussion on medical necessity recommendations for treatment models
- IV. Next steps
- V. Adjourn

Medical Necessity Examples Provided by Thresholds

1. Medical necessity for Coordinated Specialty Care for First Episode Psychosis treatment shall be established if an individual meets the following criteria:
 - a. An individual at least 14 years of age,
 - b. Diagnosis includes a schizophrenia spectrum disorder or an affective disorder with psychosis, and
 - c. Experiencing symptoms of psychosis for the first time within the past 18 months.

2. Medical necessity for Assertive Community Treatment shall be established if an individual meets the following criteria:
 - a. An individual at least 14 years of age,
 - b. A diagnosis of a schizophrenia spectrum disorder or an affective disorder,
 - c. Severe and persistent psychiatric symptoms,
 - d. Exhibits functional deficits in treatment continuity, self-management of prescription medication and self-care, or symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning,
 - e. Outpatient mental healthcare has not been effective for symptom management, or mental health symptoms have prevented access to outpatient care, and
 - f. Two or more psychiatric inpatient hospital admissions during the past twelve months.

3. Medical necessity for Community Support Team Treatment shall be established if an individual meets the following criteria:
 - a. The individual is at least 14 years of age,
 - b. The individual has a diagnosis in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) with moderate to severe mental health symptoms,
 - c. Outpatient mental healthcare has not been effective for symptom management or mental health symptoms have prevented access to outpatient care,
 - d. Two or more psychiatric inpatient hospital admissions during the past twelve months, and
 - e. Exhibits two or more of the following:
 - i. History of the lack of treatment follow-through, including medication adherence,

- ii. Functional deficits in treatment continuity, or symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning,
- iii. History of multiple psychiatric inpatient admissions,
- iv. Suicidal ideation or gesture within the last three months; or
- v. Self-harm or harm of others within the last three months.

Link to Community Mental Health Agency Sites:

<http://www.dhs.state.il.us/page.aspx?item=92316>