**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