

Agenda

3/13/2020

3:00pm-4:00pm

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

1-312-535-8110

Code: 283 633 761

- I. Welcome
- II. Introductions
- III. Feedback on Medical Necessity Criteria
- IV. Finalize Criteria Proposal
- V. Adjourn

Meeting Minutes

2/28/2020

1:30pm-2:30pm

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Number: 1-312-535-8110

Code: 806 530 932

Welcome Members in attendance:

- Roberta Allen
- Patrick Besler
- Heather O'Donnell
- Patrick Phelan
- Facilitators: The Department of Insurance (DOI)

Members Absent:

- The Department of Healthcare and Family Services (DHS)

Guests in Attendance:

- Jay Shattuck
- Aaron Winters
- Dan Hawk
- Tom Allen
- Marc Fagan

I. Discussion Updated Medical Necessity Examples

- Aaron Winters and Patrick Besler mentioned that they are still waiting on feedback from industry experts on the revisions to the Medical Necessity Standards.
- Dr. Tom Allen from Blue Cross Blue Shield stated that Community Support Team (CST) treatment includes younger individuals while Assertive

Community Treatment (ACT) is for adult individuals. There is some concern with the ages of 18-26, which are young adults that fall into some youth categories. Heather O'Donnell mentioned that an age cut off seemed arbitrary. Marc Fagan mentioned the Thresholds would look at that more closely.

- Due to the limited time for review of revised standards, the Working Group moved on to Next Steps.

II. Next Steps

- The Department laid out an action plan which requires Industry to make revisions on the revised medical necessity standards established by Thresholds by close of business on March 6, 2020. Thresholds will then have until March 13, 2020 to review industry revisions.
- The Working Group agreed to a supplemental meeting on March 13, 2020 to complete any work and ensure that all parties agree with the work product. The Department will send out a poll to members on availability and post any supplemental meetings to the website.

III. Next Meeting Date (if necessary)

- March 13, 2020. The time will be posted to the Department website after the Working Group submits availability.

IV. Adjourn

- The Working Group adjourned at 1:45pm.

Section X. Medical necessity criteria for treatment models for serious mental illnesses for individuals under age 26. This section includes the medical necessity criteria for the following interdisciplinary, team-based treatment models for serious mental illnesses in individuals under the age of 26. The services are delivered through the appropriate interdisciplinary team of mental health professionals to enable early treatment and recovery, improved functioning, improved and/or managed mental health symptoms, medication adherence, and the prevention of any or further functional impairment.

1. Coordinated Specialty Care (CSC) for First Episode Psychosis Treatment. CSC for First Episode Psychosis is delivered through a multidisciplinary team of mental health professionals to individuals who are experiencing an episode of psychosis for the first time, and their families. These specialty services mitigate symptoms of psychosis, support recovery, increase functioning and symptom management, and decrease hospitalizations and crisis episodes. Services are delivered in the office and in the person's natural environment to optimize engagement, promote wellness, self-management, resiliency, skill-building, and use of natural supports to prevent lifelong struggles with serious and persistent mental health symptoms.

- a. **Service Initiation Criteria.** An individual meets the medical necessity criteria for initiating CSC services if they meet all of the following:
 - i. Must be ~~at least~~between 14 to 25 years of age.
 - ii. Experienced significant symptoms of psychosis or a psychotic episode for the first time in the last 18 months as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
 - iii. The individual (and parent or legal guardian ~~when~~if appropriate and with consent) is willing to accept CSC services.

- b. **Continuing Service Criteria.** An individual shall meet the medical necessity criteria for continuing to receive CSC services if they meet all of the following:
 - i. The individual's severity of illness and resulting impairment continues to require this level of service.
 - ii. Without these services the individual would not be able to sustain treatment gains, and there would be an increase in symptoms and a decrease in functioning.
 - iii. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives stated.
 - iv. The mode, intensity and frequency of treatment are appropriate.
 - v. Active treatment is occurring, and continued progress toward goals is evident; or adjustments to the treatment plan have been made to address lack of progress.
 - vi. ~~The individual (and parent or legal guardian~~family ~~when appropriate and with consent)~~ when appropriate and with consent is actively participating in the treatment plan and ~~indicates a desire~~is willing to continue.

- c. **Exclusion Criteria.** CSC is not appropriate for any the following:
 - i. Experienced a first psychotic episode more than 18 months ago;
 - ii. The symptoms to be addressed have their primary origin in an intellectual disability; neurodevelopmental or neurocognitive disorder, a substance-related or induced disorder, personality disorder or a brain injury.
 - ~~iii. An acute psychotic episode or a rapid onset of psychosis due to sleep deprivation not associated with another psychotic disorder or condition.~~

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- d. **Discharge Criteria.** Any of the following is sufficient for discharge from this level of service:
 - i. The individual's treatment plan and discharge goals have been substantially met;
 - ii. Consent for treatment has been withdrawn;
 - iii. The individual no longer meets the admission criteria or meets the criteria for a less- or more-intensive level of care; or
 - iv. The individual (and parent or legal guardian when appropriate and with consent) is not engaged in or utilizing the service to such a degree that treatment at this level of care becomes ineffective or unsafe despite use of motivational techniques and multiple documented attempts to address engagement issues.

2. Community Support Team (CST) Treatment. CST is delivered through a multidisciplinary team of mental health professionals to individuals experiencing moderate to severe symptoms from a serious mental illness. These specialty services mitigate symptoms of the mental illness, support recovery, increase functioning and symptom management, and decrease hospitalizations and crisis episodes. Services are delivered in the office and in the person's natural environment to optimize engagement, promote wellness, self-management, resiliency, skill-building, and use of natural supports to prevent lifelong struggles with serious and persistent mental health symptoms.

- a. **Service Initiation Criteria.** An individual shall meet the medical necessity criteria for initiating CST services if they meet all of the following:
 - i. Has a psychiatric diagnosis defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or ~~and~~ has a Level of Care Utilization System (LOCUS) score of 14-20 causing moderate to severe psychiatric symptoms.
 - ii. The individual (and parent or legal guardian when appropriate and with consent) agrees to receive treatment through the CST model. ~~If the individual is a minor, the individual's parent or guardian agrees to the treatment.~~
 - iii. Outpatient mental health treatment has not resulted in improved symptoms or functioning, or is not appropriate at the current time, and exhibits three or more of the following:

Commented [HO1]: The "or" was in response to the comment made during our discussions from BCBS that they sometimes see a person who could clearly benefit from CST who does not have a diagnosis yet.

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Commented [AW2]: This could also be two separate criteria points.

1. Psychiatric inpatient admission in the last year.
2. ~~Frequency of four or more use of hospital emergency room services in the last year.~~
3. History of the lack of treatment follow-through, including medication non-adherence.
4. Medication resistant due to intolerable side effects or their illness interferes with consistent self-management of medications.
5. A lack of improvement in traditional outpatient mental health treatment and requires coordinated clinical and supportive interventions.
6. Clinical evidence of suicidal ideation or gesture in the last year.
7. Self harm or threats of harm to others in the last year.

iv. Evidence of significant complications such as cognitive impairment, behavioral problems or medical problems that compromise the ability to adhere to the behavioral health treatment plan.

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9. The severity or complexity of symptoms and level of functional impairment require coordinated services provided by a team of mental health professionals and support specialists, as evidenced by at least one of the following:

1. ~~One or more psychiatric inpatient admissions over a 12-month period.~~
2. ~~Excessive use (2 or more within a 30-day period) of hospital emergency room services without outpatient follow-up.~~
3. ~~Multiple service needs requiring assertive efforts to ensure care co-ordination with multiple healthcare providers.~~
4. a. Continuous functional deficits in achieving treatment continuity or self-management of prescription medication,
5. b. Persistent or severe psychiatric symptoms, serious behavioral difficulties, a co-occurring disorder, and/or a high relapse rate.
6. In danger of requiring acute level of care if more intensive services are not available.
7. c. Significant impairments as a result of a mental illness, as evidenced by a Level of Care Utilization System (LOCUS) composite score of 14 to 20.

b. Continuing Service Criteria. A person shall meet the medical necessity criteria for continuing to receive CST services if they meet all of the following:

- i. The individual's severity of illness and resulting impairment continues to meet service initiation criteria, ~~require this level of service.~~

Commented [AW3]: We received feedback that this should be defined. We suggest 2 or more in the previous 30 days.

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Commented [HO4]: We thought 30 days was too limiting – we see kids that have 4 ER visits in a month or two, then don't have another for a few months. We tried to strike a balance with 4 or more over the course of a year. This is also consistent with ACT below

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Commented [AW5]: Just having a medical problem by itself, such as high blood pressure, doesn't mean someone needs this service.

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Commented [AW6]: We received feedback that perhaps this section should be included in the above criteria. Just an organizational recommendation.

Commented [HO7]: Deleted items below were duplicative

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Commented [HO8]: This is okay as long as the 9(a)-(c) above is included in the service initiation criteria as revised above.

- ii. Without these services the individual would not be able to sustain treatment gains, and there would be an increase in symptoms and a decrease in functioning.
- iii. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives stated.
- iv. The mode, intensity and frequency of treatment are appropriate.
- v. Active treatment is occurring, and continued progress toward goals is evident; or adjustments to the treatment plan have been made to address lack of progress.
- vi. The individual (and parent or legal guardian family when appropriate and with consent) is actively participating in the treatment plan and indicates a desire to continue.

c. **Service Termination Criteria.** Individuals meeting any of the following criteria no longer meet the medical necessity criteria for CST:

- i. The individual's treatment plan and discharge goals have been substantially met;
- ii. Consent for treatment has been withdrawn;
- iii. The individual no longer meets the admission criteria or meets the criteria for a less- or more-intensive level of care;
- iv. The individual (and parent or legal guardian when appropriate and with consent) is not engaged in or utilizing the service to such a degree that treatment at this level of care becomes ineffective or unsafe despite use of motivational techniques and multiple attempts to address engagement issues;
- v. Or the individual experiences a significant increase in symptoms paired with a significant decrease in functioning, resulting in a transition to the more intensive Assertive Community Treatment service level.

d. **Exclusion Criteria.** CST is not appropriate for the following individuals:

- i. The symptoms to be addressed have their primary origin in an intellectual disability; neurodevelopmental or neurocognitive disorder, a substance-related or induced disorder, or personality disorder; or
- ii. ~~An acute psychotic episode of a rapid onset of psychosis due to sleep deprivation not associated with another psychotic disorder or condition; or~~
- iii. The individual's daily living skills are sufficient to enable them to progress in their recovery with the support of outpatient mental health services; or
- iv. The individual's level of cognitive impairment, current mental status or development level make it unlikely for him/her to benefit from CST services, or

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~~iv,v.~~ The individual requires a more intensive level of service and cannot be safely or effectively treated with CST services.

3. Assertive Community Treatment (ACT). ACT is delivered through a multidisciplinary team of mental health professionals to individuals who are experiencing severe and persistent symptoms from a serious mental illness. These specialty services mitigate symptoms of the mental illness, support recovery, increase functioning and symptom management, and decrease hospitalizations and crisis episodes. Services are delivered in the office and in the person's natural environment to optimize engagement, promote wellness, self-management, resiliency, skill-building, and use of natural supports to prevent lifelong struggles with serious and persistent mental health symptoms.

a. **Service Initiation Criteria.** An individual meets the medical necessity criteria for initiating ACT services if they meet all of the following:

- i. Has a psychiatric diagnosis, as defined in the most recent edition of the DSM, causing severe and persistent symptoms.
- ii. Has a minimum LOCUS score of 17
- iii. The individual (and parent or legal guardian ~~when~~^{if appropriate and with consent}) is willing to accept ACT services.

~~iv.~~ ~~One or more of the following:~~

- ~~1. Two or more acute psychiatric hospitalizations and/or~~
- ~~2. Four or more emergency room visits in the last year~~
- ~~3. Persistent and severe symptoms of a psychiatric disability that interfere with the ability to function in daily life~~
- ~~4. Currently residing in an inpatient bed, but clinically assessed to be able to receive ACT following discharge~~

Commented [AW9]: We suggest deleting item iv 3 ("Persistent and severe..") and iv 4 (currently residing...) i 3 is addressed already with a LOCUS score of 17 and iv 4 doesn't add much to the criteria. We also suggest moving this entire section to the list in subsection v.

~~v.~~^{iv.} Less intensive mental health treatment has not resulted in improved symptoms or functioning, or is not appropriate at the current time, and exhibits three or more of the following:

- ~~1.~~ Evidence ~~the psychiatric diagnosis is of co-existing mental illness and~~^{with a} substance disorder and/or serious physical health condition
- ~~2.~~ ~~Two or more psychiatric inpatient admission in the last year.~~
- ~~3.~~ ~~Four or more emergency room visits in the last year.~~
- ~~4.~~ ~~History of the lack of treatment follow-through, including medication non-adherence.~~
- ~~5.~~ ~~Medication resistant due to intolerable side effects or their illness interferes with consistent self-management of medications.~~
- ~~6.~~ ~~Clinical evidence of suicidal ideation or gesture in the last year, including plans and suicide attempts.~~
- ~~7.~~ ~~Self-harm or threats of harm to others in the last year.~~
- ~~8.~~ ~~Evidence of significant complications such as cognitive impairment, behavioral problems or medical problems that~~

compromise the ability to adhere to the behavioral health treatment plan.

~~9.~~ History of violence due to untreated mental illness.

~~9.~~ History inadequate follow-through with treatment plan, resulting in psychiatric instability.

10. History of significant psychotic symptomatology, such as command hallucinations to harm others.

~~11.~~ In danger of requiring acute level of care if more intensive services are not available

~~11.~~ 12. Currently residing in an inpatient bed, but clinically assessed to be able to receive ACT following discharge.

Commented [AW10]: This is duplicative with item 3. We suggest deleting.

b. **Continuing Service Criteria.** A person shall meet the medical necessity criteria for continuing to receive ACT services if they meet all of the following:

- i. The individual's severity of illness and resulting impairment continues to meet service initiation criteria ~~to require this level of service.~~
- ii. Without these services the individual would not be able to sustain treatment gains, and there would be an increase in symptoms and a decrease in functioning.
- iii. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives stated.
- iv. The mode, intensity and frequency of treatment are appropriate.
- v. Active treatment is occurring, and continued progress toward goals is evident; or adjustments to the treatment plan have been made to address lack of progress.
- vi. The individual (and parent or legal guardian when appropriate and with consent) is actively participating in the treatment plan and ~~indicates a desire~~ is willing to continue.

c. **Exclusion Criteria.** ACT is not appropriate for any the following:

- i. The symptoms to be addressed have their primary origin in an intellectual disability; neurodevelopmental or neurocognitive disorder, a substance-related or induced disorder, or personality disorder.
- ~~ii.~~ An acute psychotic episode of a rapid onset of psychosis due to sleep deprivation not associated with another psychotic disorder or condition;
- ~~iii.~~ iii. The individual's symptoms and functioning are sufficient to enable them to progress in their recovery with less intensive mental health services.
- ~~iii.~~ iv. The individual's level of cognitive impairment, current mental status or development level make it unlikely for him/her to benefit from ACT services.

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iv. The individual has an impairment that requires a more intensive level of service.

d. **Discharge Service Termination Criteria.** Any of the following is sufficient for discharge from this level of service:

- i. The individual's treatment plan and discharge goals have been substantially met;
- ii. Consent for treatment has been withdrawn;
- iii. The individual no longer meets the admission criteria or meets the criteria for a less- or more-intensive level of care; or
- iv. The individual (and parent or legal guardian when appropriate and with consent) is not engaged in or utilizing the service to such a degree that treatment at this level of care becomes ineffective or unsafe despite use of motivational techniques and multiple documented attempts to address engagement issues.

