

## **Meeting Notes**

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

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:

- Laura Minzer
- Jay Shattuck
- Aaron Winters
- Dan Hawk
- Fred Webster
- Tom Allen
- Marc Fagan

### II. Discussion on materials provided (treatment models/medical necessity example)

- There were no questions over the discussion of materials in the last meeting held on 2/14/2020. Most of the discussion was based off the medical necessity examples provided by Thresholds.

### III. Discussion on medical necessity recommendations for treatment models

- Patrick Besler asked Thresholds what materials were not required to be covered in Community Support Team (CST). Heather O'Donnell mentioned that supported education and employment were not included in CST.
- Fred Webster mentioned exclusion examples that could be provided in the medical necessity. For example, where does a college aged patient who has had an acute episode because he/she stayed up for days? This example is common in emergency settings. How will this medical necessity standard work with those types of situation? Marc Fagan from Thresholds responded explaining that it would have to meet the diagnostic criteria of schizophrenia. Fred Webster responded that the group should make it clear in the guidelines of what should be excluded from the medical necessity. Another category of drug use was brought up as a possible exclusion.
- Patrick Besler mentioned that there are guidelines provided by DHS that we can use or supplement. Heather from Thresholds agrees that the group should look at those guidelines as well.
- There was discussion on the possibility of adding duration and admission criteria to the medical necessity standards. Thresholds will look the at materials and revise the examples.
- Concerns were brought up regarding potential concern of when providers should follow CST and when to follow criteria from DHS. There was a request to make a clear delineation of when providers should use each medical necessity. There was a suggestion of providing a narrative as guidance to providers.
- Patrick Besler asked Thresholds if other states have medical necessity guidance for Assertive Community Treatment (ACT), CST and Coordinated Specialty Care. Heather O'Donnell mentioned that she would send information on what other states are doing.
- Aaron Winters mentioned a possible auditing process for carrier and spoke about the balance between providers and the plan administrators for insurance carriers in relations to verification processes. Roberta Allen responded by mentioning that DHS Division of Mental Health was developing a fidelity tool for quality review. Heather O'Donnell asked Aaron if there was already a process in place for carriers to providers. Aaron stated that the communication and the balancing check is worthwhile for both provider and insurer. Aaron added that the more prescriptive the medical necessity gets, the more problematic it would become.

### IV. Next steps

- Kate Morthland will collect link from Patrick Besler and include the documents in the next Agenda materials.
- Thresholds will look over suggestions of the group and come to the next meeting with updated medical necessity examples.

- Kate Morthland will be available to Thresholds to provide contact information for anyone at today's meeting for clarification of recommendations.

V. Adjourn

The Working Group adjourned at 2:43 PM

Materials Provided at the 2/21/2020 Meeting:

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>