



United Behavioral Health

Supplemental Clinical Criteria: Illinois Medical Necessity for Serious Mental Illness Under Age 26

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INTRODUCTION & INSTRUCTIONS FOR USE

The following *State or Contract Specific Clinical Criteria*¹ defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California ("Optum-CA")).

Other *Clinical Criteria*² may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®³. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services. When deciding coverage, the member's specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

ASSERTIVE COMMUNITY TREATMENT (ACT)

ASSERTIVE COMMUNITY TREATMENT a bundle of health care services 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; and
- Promote wellness, self-management, resiliency, skill-building, and use of the natural supports to prevent lifelong struggles with serious and persistent mental health symptoms.

¹ **Clinical Criteria (State or Contract Specific):** Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.

² **Illinois Clinical Criteria (LOCUS/CALOCUS-CASII/ECSII and ASAM Criteria)**

³ Optum is a brand used by United Behavioral Health and its affiliates.

Service Initiation Criteria

1. Service Initiation Criteria. An individual meets the medical necessity criteria for initiating ACT services if they meet all of the following:
 - a. The individual has a psychiatric diagnosis, as defined in the DSM, causing severe and persistent symptoms;
 - b. The individual has a minimum LOCUS or CALOCUS composite score of 17;
 - c. The individual (and parent or legal guardian when appropriate and with consent) is willing to accept ACT services; and
 - d. Less intensive mental health treatment has not resulted in improved symptoms or functioning, or is not appropriate at the current time, and the individual exhibits three or more of the following:
 - i. Evidence the psychiatric diagnosis is co-existing with a substance disorder and/or serious physical health condition;
 - ii. Two or more psychiatric inpatient admissions in the last year;
 - iii. Four or more emergency room visits in the last year;
 - iv. History of the lack of treatment follow-through, including medication non-adherence;
 - v. Medication resistance due to intolerable side effects or his or her illness interferes with consistent self-management of medications;
 - vi. Clinical evidence of suicidal ideation or gesture in the last year;
 - vii. Self-harm or threats of harm to others in the last year;
 - viii. 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;
 - ix. History of violence due to untreated mental illness;
 - x. History of significant psychotic symptomatology, such as command hallucinations to harm others;
 - xi. Danger of requiring acute level of care if more intensive services are not available; or
 - xii. Currently residing in an inpatient bed, but clinically assessed to be able to receive ACT following discharge.

Continuing Service Criteria

1. An individual shall meet the medical necessity criteria for continuing to receive ACT services if her or she meets all of the following:
 - a. The individual's severity of illness and resulting impairment continues to meet service initiation criteria;
 - b. 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;
 - c. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives stated;
 - d. The mode, intensity and frequency of treatment are appropriate;
 - e. 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; and
 - f. The individual (and parent or legal guardian when appropriate and with consent) is actively participating in the treatment plan and is willing to continue.

Service Termination Criteria

1. Individuals meeting any of the following criteria no longer meet the medical necessity criteria for ACT:
 - a. The individual's treatment plan and discharge goals have been substantially met;
 - b. Consent for treatment has been withdrawn;
 - c. The individual no longer meets the service initiation criteria in subsection (c)(1) or meets the service initiation criteria for a less or more intensive level of care; or
 - d. 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.

Exclusion Criteria

1. ACT is not appropriate for any the following:
 - a. The symptoms to be addressed have their primary origin in an intellectual disability, neurodevelopmental or neurocognitive disorder, substance-related or -induced disorder, or personality disorder;
 - b. A rapid onset of psychosis occurred due to sleep deprivation not associated with another psychotic disorder or condition;
 - c. The individual's symptoms and functioning are sufficient to enable him or her to progress in his or her recovery with less intensive mental health services;
 - d. The individual's level of cognitive impairment, current mental status or development level make it unlikely for him or her to benefit from ACT services; or
 - e. The individual has an impairment that requires a more intensive level of service.

COMMUNITY SUPPORT TEAM TREATMENT (CST TREATMENT)

COMMUNITY SUPPORT TEAM TREATMENT means a bundle of health care services 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; and
- Promote wellness, self-management, resiliency, skill-building, and use of natural supports to prevent lifelong struggles with serious and persistent mental health symptoms.

Service Initiation Criteria

1. An individual meets the medical necessity criteria for initiating CST treatment services if he or she meets all of the following:
 - a. The individual has a psychiatric diagnosis defined in the DSM, and has a LOCUS or CALOCUS composite score of 14-20 causing moderate to severe psychiatric symptoms;
 - b. The individual (and parent or legal guardian when appropriate and with consent) is willing to accept CST treatment services; and
 - c. Outpatient mental health treatment has not resulted in improved symptoms or functioning, or is not appropriate at the current time, and the individual exhibits three or more of the following:
 - i. Psychiatric inpatient admission in the last year;
 - ii. Four or more hospital emergency room services in the last year;
 - iii. History of the lack of treatment follow-through, including medication non-adherence;
 - iv. Medication resistance due to intolerable side effects or the illness interferes with consistent self-management of medications;
 - v. A lack of improvement in traditional outpatient mental health treatment and requires coordinated clinical and supportive interventions;
 - vi. Clinical evidence of suicidal ideation or gesture in the last year;
 - vii. Self-harm or threats of harm to others in the last year;
 - viii. 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; or
 - ix. The severity or complexity of symptoms and level of functional impairment that require coordinated services provided by a team of mental health professionals and support specialists, as evidenced by at least one of the following:
 - Continuous functional deficits in achieving treatment continuity or self-management of prescription medication;
 - Persistent or severe psychiatric symptoms, serious behavioral difficulties, a co-occurring disorder, and/or a high relapse rate; or
 - Danger of requiring acute level of care if more intensive services are not available.

Continued Service Criteria

1. A person shall meet the medical necessity criteria for continuing to receive CST treatment services if they meet all of the following:
 - a. The individual's severity of illness and resulting impairment continues to meet service initiation criteria;
 - b. 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;
 - c. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives stated;
 - d. The mode, intensity and frequency of treatment are appropriate;
 - e. 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; and
 - f. The individual (and parent or legal guardian when appropriate and with consent) is actively participating in the treatment plan and is willing to continue.

Discharge Criteria

1. Individuals meeting any of the following criteria no longer meet the medical necessity criteria for CST treatment:
 - a. The individual's treatment plan and discharge goals have been substantially met;
 - b. Consent for treatment has been withdrawn;
 - c. The individual no longer meets the service initiation criteria in subsection (b)(1) or meets the service initiation criteria for a less or more intensive level of care;
 - d. 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; or
 - e. The individual experiences a significant increase in symptoms paired with a significant decrease in functioning, resulting in a transition to the more intensive ACT service level.

Exclusion Criteria

1. CST treatment is not appropriate for the following individuals:
 - a. The symptoms to be addressed have their primary origin in an intellectual disability, neurodevelopmental or neurocognitive disorder, substance-related or -induced disorder, or personality disorder;
 - b. A rapid onset of psychosis occurred due to sleep deprivation not associated with another psychotic disorder or condition;
 - c. The individual's daily living skills are sufficient to enable him or her to progress in his or her recovery with the support of outpatient mental health services;
 - d. The individual's level of cognitive impairment, current mental status or development level make it unlikely for him or her to benefit from CST treatment services; or
 - e. The individual requires a more intensive level of service and cannot be safely or effectively treated with CST treatment services.

COORDINATED SPECIALTY CARE FOR FIRST EPISODE PSYCHOSIS TREATMENT (CSC)

COORDINATED SPECIALTY CARE FOR FIRST EPISODE PSYCHOSIS TREATMENT means a bundle of health care services delivered through a multidisciplinary team of mental health professionals to individuals who are experiencing an episode of psychosis for the first time, as well as to 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; and
- Promote wellness, self-management, resiliency, skill-building, and use of natural supports to prevent lifelong struggles with serious and persistent mental health symptoms.

Service Initiation Criteria

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

- a. The individual is between 14 and 25 years of age;
- b. The individual experienced significant symptoms of psychosis or a psychotic episode, as defined in DSM, for the first time in the last 18 months; and
- c. The individual (and parent or legal guardian when appropriate and with consent) is willing to accept CSC services.

Continuing Service Criteria

- 1. An individual shall meet the medical necessity criteria for continuing to receive CSC services if he or she meets all of the following:
 - a. The individual’s severity of illness and resulting impairment continues to require this level of service;
 - b. 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;
 - c. Treatment planning is individualized and appropriate to the individual’s changing condition, with realistic and specific goals and objectives stated;
 - d. The mode, intensity and frequency of treatment are appropriate;
 - e. 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; and
 - f. The individual (and parent or legal guardian when appropriate and with consent) is actively participating in the treatment plan and is willing to continue.

Service Termination Criteria

- 1. Individuals meeting any of the following criteria no longer meet the medical necessity criteria for CSC:
 - a. The individual's treatment plan and discharge goals have been substantially met;
 - b. Consent for treatment has been withdrawn;
 - c. The individual no longer meets the service initiation criteria in subsection (a)(1) or meets the service initiation criteria for a less or more intensive level of care; or
 - d. 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.

Exclusion Criteria

- 1. CSC is not appropriate for any of the following:
 - a. The individual experienced a first psychotic episode more than 18 months ago;
 - b. The symptoms to be addressed have their primary origin in an intellectual disability, neurodevelopmental or neurocognitive disorder, substance-related or -induced disorder, personality disorder, or brain injury; or
 - c. A rapid onset of psychosis occurred due to sleep deprivation not associated with another psychotic disorder or condition.

REFERENCES

Illinois Register, Department of Insurance Notice of Proposed Rules. Medical Necessity Criteria for Serious Mental Illness for Individuals Under the Age of 26. Administrative Code 50Ill. Adm. Code 2035.

Date	Action/Description
1/1/2021	<ul style="list-style-type: none"> • Version 1
1/1/2022	<ul style="list-style-type: none"> • Version 2
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