

DMH Crisis Care System  
CHIPS  
Utilization Management  
Technical Assistance Call  
February 27, 2013

# Review of DMH Intent

DHS/DMH's intention is to replace the services previously provided by the SOHs with a re-balanced service system that is:

- Focused on individualized, person-centered services aimed at realizing the recovery of each individual receiving services and his/her integration into their home community;
- Guided by tenets of trauma-informed care;
- Outcome-validated;
- It is not the intent or purpose of CHIPs to displace or reimburse services for all or part of indigent or non-insured psychiatric services historically provided by this Provider.

# Review of DMH Intent

- More community-based with services provided in the most normalized and least restrictive environment possible, achieving, over time:
  - Reductions in presentation to community hospital emergency departments for mental health/psychiatric services;
  - Reductions in mental health institutional, hospital and residential treatment admissions.
- Designed with incentives for intervening in mental health crises or potential crises at the earliest opportunity possible in order to minimize exacerbation of symptoms and problems for the individual as well as system reliance on more restrictive and expensive services;

# Experience since implementation

- Utilization of hospital level of care is exceeding projections based on original analysis of population needs;
- Utilization of lower levels of care is far less than expected
- EDAs report that they need support for referring to lower LOC's;
- Emergency Department physicians insistent on hospital level of care.

# Clarification of Exclusionary Criteria for Inpatient LOC (MNC)

- The individual's response to current treatment reflects that a less intensive or less restrictive psychiatric treatment program would not be adequate to provide safety for the individual or others or to improve the individual's functioning.

This means that if an individual can be safely maintained and effectively treated at a less intensive level of care, authorization for reimbursement of a higher level of care will not be provided.

# Clarification of Exclusionary Criteria for Inpatient LOC (MNC)

- The individual has significant medical conditions which are poorly controlled or potentially life threatening.
- The individual has been diagnosed with serious mental illness, but is NOT experiencing an acute exacerbation of the illness which would require inpatient care.
- The primary problem is social, economic (e.g. housing, family conflict, etc.) or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care.

# New enforcement of LOCUS recommended level of care

Consistent with the design of LOCUS, DMH has instructed the Collaborative to begin to utilize the recommended level of care scores as follows:

- Level Four – Medically Monitored Non-Residential Services = Acute Community Services;
- Level Five – Medically Monitored Residential Services = Crisis Residential;
- Level Six – Medically Managed Residential Services = CHIPS or SOH.

# Concurrent Reviews

DMH instructs the Collaborative to consider **all** of the following as in CCS Policy manuals:

- Severity of Illness indicators – individual must meet at least **two** of the criteria as published in the CCS manual;
- Intensity of Service – individual must meet at least **two** of the criteria as published in the manual;
- Discharge criteria - individual must **NOT** meet discharge criteria in the continuing stay criteria.



# Concurrent Reviews

continued

- For the 2nd continuing stay review, the hospital is to fax or by secure email to the CCM prior to the review, the psychiatric assessment, psychosocial assessment all progress notes since the last review and multidisciplinary treatment plan documents developed according to the CCS manual. The content of these documents is to be considered in addition to the verbally reported evidence of continuing stay criteria.

# CHIPS

## Utilization Management

- Implementation date for LOCUS and exclusionary matters March 4, 2013;
- Implementation date for Concurrent review matters March 11, 2013.

# References sites

- **Region 1 South Crisis care systems**

<http://www.dhs.state.il.us/page.aspx?item=60664>

- **Northwest Crisis Care System**

<http://www.dhs.state.il.us/page.aspx?item=61113>

- **Authorization process and appeals**

<http://www.dhs.state.il.us/page.aspx?item=61949>

Question Line 312-814-0930 or

- Region 1 South at [DHSR1CCS@illinois.gov](mailto:DHSR1CCS@illinois.gov)
- Northwest CCS at [Dhs.R2CCS@illinois.gov](mailto:Dhs.R2CCS@illinois.gov)

# CHIPS

## Utilization Management

- QUESTIONS