

State of Illinois

Department of Human Services/Division of Mental Health

Medical Necessity Criteria and Guidance Manual

(FY 14)

Introduction

Consistent with Rule 132, DHS/DMH is providing enhanced Medical Necessity Guidance for the following Rule 132 services:

- Assertive Community Treatment (ACT) – adult only
- Community Support Team (CST) – adult and youth versions
- Psychosocial Rehabilitation (PSR) – adult only
- Community Support (CS) – adult and youth versions
- Therapy Counseling (TC) – adult and youth versions

This guidance should be used by providers in making consistent treatment decisions with consumers. This guidance is to be used for each consumer, regardless of whether or not DHS/DMH or its designee externally authorizes the service. Provider adherence to this guidance may be subject to post payment review.

Information on medical necessity criteria for the services provided within the DMH Crisis Care Systems for Regions 1 South, 2 West and 3 North can be found at:

- Region 1 South Crisis Care System - <http://www.dhs.state.il.us/page.aspx?item=60664>
- Northwest Crisis Care System (Region 2 West and 3 North) - <http://www.dhs.state.il.us/page.aspx?item=61113>

THERAPY/COUNSELING - ADULT

DIAGNOSIS:

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by Therapy/Counseling do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation.

SERVICE INITIATION CRITERIA (*must meet all of the following*) :

1. The individual has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. The individual's severity/complexity of symptoms and level of functional impairment require this service, as evidenced by:
 - a. Individual has an emotional disturbance and/or diagnosis that is destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering).
 - b. Individual's level of functioning does not require treatment in a more intensive or restrictive treatment setting*, and the individual can be safely and effectively treated in an outpatient, office-based setting. * If clinically indicated, therapy/counseling may be used as a service when the individual is residing in a residential setting. If so, the focus of the goals of therapy/counseling must be directly related to issues that support the individual with moving to a less restrictive treatment setting.
 - c. Individual's assessment identifies specific mental health problems that may be effectively addressed by Therapy/Counseling.
 - d. Individual has a composite Level of Care Utilization System (LOCUS) score equating to Level of Care 2 or higher.
3. The individual has a current treatment plan with specific time-limited goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific therapy/counseling interventions that have been demonstrated to be effective in resolving the types of emotional disturbance, distress, and/or behavioral disruption identified in the mental health assessment.
4. There is no equally effective, more appropriate service or natural community support available to provide the therapeutic support needed by the individual, including individual/group community support services.

ADDITIONAL CRITERIA FOR THERAPY/COUNSELING MODALITIES:

Individual Therapy/Counseling

The severity or complexity of the individual's symptoms necessitates one-to-one interventions and precludes the exclusive use of group modalities.

Group Therapy/Counseling (*must meet all of the following*) :

1. Individual's identified problems involve social isolation, deficits in forming and maintaining interpersonal relationships, sub-assertiveness, inability to resist negative peer pressure, co-dependency, or other disruptions of interpersonal relationships.
2. The individual's treatment will be enhanced by opportunities to interact with others who share similar diagnoses or treatment issues.
3. Group therapy has been demonstrated to be effective in treating individuals with this diagnosis.

**State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual**

3

Family Therapy/Counseling (must meet all of the following) :

1. The individual's identified problems are exacerbated by family dynamics and relationships and/or can be most effectively addressed through the involvement of one or more family members in therapy and counseling interventions.
2. Family therapy has been demonstrated to be effective in treating individuals with this diagnosis and/or family dynamics.

CONTINUING SERVICE CRITERIA:

1. Individual continues to meet specific service initiation criteria.
2. Individual has a current treatment plan with specific time-limited goals, objectives, and a discharge plan that will support the termination from active service or transition to alternative community services.
3. Individual is actively participating in the development and implementation of the treatment plan and indicates a desire to receive the services in the plan.
4. Individual has demonstrated significant benefit from this service, as evidenced by the attainment of most treatment goals, but the desired outcome has not been restored and the individual's level of emotional stress continues to be destabilizing, significantly interfering with daily functioning
5. Individual cannot be safely and effectively treated solely through the use of Community Support services, case management, and the engagement of natural support systems.
6. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual's emotional disturbance/stress, behavioral, and functional outcomes as described in the discharge plan.

EXCLUSION CRITERIA:

Therapy/counseling services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

1. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from psychotherapeutic techniques.
2. The primary problems to be addressed by therapy/counseling reflect a skill deficit or functional impairment that would more effectively be addressed through Community Support or Psychosocial Rehabilitation services, or a need for assistance in accessing social, educational, or economic services such as housing, employment, or vocational supports

SERVICE TERMINATION CRITERIA (must meet one of the following):

1. Individual has achieved the treatment goals identified on his/her treatment plan and either a) requests termination of services and/or b) is assessed to no longer require active treatment with this service.
2. Individual has achieved some of the treatment goals identified on his/her treatment plan; can be safely and more effectively treated by helping him/her to access other services or natural community supports; and has a transition plan to facilitate transition to the needed services.
3. Individual has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.

THERAPY/COUNSELING – CHILD AND YOUTH

DIAGNOSIS:

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by therapy/counseling do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation.

SERVICE INITIATION CRITERIA (must meet all of the following) :

1. The child/youth and family or guardian has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan. For adolescent minors seeking treatment under their own consent, the treatment plan demonstrates evidence of the adolescent's active participation in treatment planning when this is developmentally and legally appropriate.
2. The individual's severity/complexity of symptoms and level of functional impairment require this service, as evidenced by:
 - a. Individual has an emotional disturbance and/or diagnosis that is destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering). In children, regression to earlier developmental behaviors may be a sign of distress.
 - b. Individual's level of functioning does not require treatment in a more intensive or restrictive treatment setting*, and the individual can be safely and effectively treated in an outpatient, office-based setting. * If clinically indicated, therapy/counseling may be used as a service when the individual is residing in a residential setting. If so, the focus of the goals of therapy/counseling must be directly related to issues that support the individual with moving to a less restrictive treatment setting.
 - c. Individual's assessment identifies specific mental health problems that may be effectively addressed by Therapy/Counseling.
 - d. Child or youth five years or older has an acute or chronic score on the clinician-rated Ohio Youth Problems, Functioning, And Satisfaction Scales (Ohio Scales) of 16 or higher, or has a score less than 16 but scores positively for safety parameter concerns including self-harm and/or harm to others.

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

4

3. The individual has a current treatment plan with specific time-limited goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific therapy/counseling interventions that have been demonstrated to be effective in resolving the types of emotional disturbance, distress, and/or behavioral disruption identified in the mental health assessment.
4. There is no equally effective, more appropriate service or natural community support available to provide the therapeutic support needed by the individual, including group therapy or individual/group community support service.

ADDITIONAL CRITERIA FOR THERAPY/COUNSELING MODALITIES:

Individual Therapy/Counseling

The severity or complexity of the individual's symptoms necessitates one-to-one interventions and precludes the exclusive use of group modalities.

Group Therapy/Counseling (must meet all of the following) :

1. Individual's identified problems involve social isolation, deficits in forming and maintaining interpersonal relationships, sub-assertiveness, inability to resist negative peer pressure, co-dependency, or other disruptions of interpersonal relationships.
2. The individual's treatment will be enhanced by opportunities to interact with others who share similar diagnoses or treatment issues.
3. Group therapy has been demonstrated to be effective in treating individuals with this diagnosis.

Family Therapy/Counseling (must meet all of the following) :

1. The individual's identified problems are exacerbated by family dynamics and relationships and/or can be most effectively addressed through the involvement of one or more family members in therapy and counseling interventions.
2. Family therapy has been demonstrated to be effective in treating individuals with this diagnosis and/or family dynamics.

CONTINUING SERVICE CRITERIA:

1. Individual continues to meet specific service initiation criteria.
2. Individual has a current treatment plan with specific time-limited goals, objectives, and a discharge plan that will support the termination from active service or transition to alternative community services.
3. Individual is actively participating in the development and implementation of the treatment plan and indicates a desire to receive the services in the plan.
4. Individual has demonstrated significant benefit from this service, as evidenced by the attainment of most treatment goals, but the desired outcome has not been restored and the individual's level of emotional stress continues to be destabilizing, significantly interfering with daily functioning
5. Individual cannot be safely and effectively treated solely through the use of Community Support services, case management, and the engagement of natural support systems.
6. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual's emotional disturbance/stress, behavioral, and functional outcomes as described in the discharge plan.

EXCLUSION CRITERIA:

Therapy/counseling services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

1. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from psychotherapeutic techniques.
2. The primary problems to be addressed by Therapy/Counseling reflect a skill deficit or functional impairment that would more effectively be addressed through Community Support or Psychosocial Rehabilitation services, or a need for assistance in accessing social, educational, or economic services such as housing, employment, or vocational supports

SERVICE TERMINATION CRITERIA (must meet one of the following):

1. Individual has achieved the treatment goals identified on his/her treatment plan and either a) requests termination of services (if developmentally appropriate); b) is assessed to no longer require active treatment with this service; and/or c) parent/guardian requests termination of services.
2. Individual has achieved some of the treatment goals identified on his/her treatment plan; can be safely and effectively treated with natural or community support services; and has a transition plan to facilitate transition to the needed services.
3. Individual has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.

PSYCHOSOCIAL REHABILITATION

DIAGNOSIS:

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by psychosocial rehabilitation do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation

SERVICE INITIATION CRITERIA (must meet all of the following) :

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

5

1. The individual has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. The individual's severity/complexity of symptoms and level of functional impairment require this service, as evidenced by:
 - a. The individual presents minimal risk of danger to self or others;
 - b. The individual has significantly impaired role functioning and skill deficits that adversely affect at least two of the following areas and that can be expected to improve through intensive, curriculum-based, short-term skills training in a facility setting:
 - i. management of financial affairs
 - ii. ability to procure needed public services or other community support services
 - iii. socialization, communication, adaptation, problem solving and coping
 - iv. activities of daily living, including personal care; meal preparation; maintaining housing; accessing social, vocational, and recreational opportunities in the community; and establishing or modifying habits and routines
 - v. self-management of symptoms or recovery
 - vi. concentration, endurance, attention, direction following, and planning and organization skills necessary to progress in recovery
 - c. The nature of the individual's impairment and/or skill deficits can be effectively remediated through focused skills-training activities that prepare the individual to apply new skills in their personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., roommates, family, friends, neighbors, landlords, and co-workers).
 - d. The individual's current assessment identifies the specific skill deficits that will be addressed through focused skills-training.
 - e. Individual has a composite Level of Care Utilization System (LOCUS) score equating to Level of Care 3 or higher.
3. The individual has a current treatment plan with specific goals, time-limited objectives that can be expected to be achieved within a 90-day time frame and a discharge or transition plan.
4. The proposed course of treatment includes skills-training models that are likely to be effective in mitigating the impaired role functioning and skill deficits identified in the mental health assessment.
5. The discharge plan or transition plan is expressly focused on increasing the individual's community integration through the application of skills in natural community settings.
6. There is no equally effective community-based service available to assist the individual in learning the needed skills.

CONTINUING SERVICE CRITERIA:

1. Individual continues to meet service initiation criteria for this service.
2. Individual has a current treatment plan with specific goals, objectives, and a discharge plan that will support the termination from active service or transition to a less intensive, more community based level of care. The treatment plan reflects modifications in Psychosocial Rehabilitation services for skills that the individual has not yet been able to successfully demonstrate.
3. Individual is actively participating in the treatment plan and indicates a desire to receive the services in the plan.
4. Individual has demonstrated significant benefit from this service, as evidenced by the attainment of most skills-training goals, but:
 - a. the desired outcome or level of functioning has not been restored or sufficiently improved or
 - b. the individual needs continued services for a time-limited period in order to consolidate gains prior to transition or
 - c. the individual cannot effectively utilize other treatment modalities, including Community Support Services or Therapy/Counseling, without the concurrent provision of Psychosocial Rehabilitation
5. Individual cannot be safely and effectively treated through the provision of alternative community-based services or the engagement of natural community supports.
6. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual's behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

EXCLUSION CRITERIA:

Psychosocial Rehabilitation services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

1. Individual is under the age of 18.
2. Individual chooses not to participate or desires greater community integration.
3. The primary etiology of the individual's dysfunction is related to an Axis II diagnosis or organic process or syndrome, including normal aging.
4. Individual's daily living skills are sufficient to enable progress in recovery without the focused, facility-based skills training provided through Psychosocial Rehabilitation services.
5. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from facility-based skills-training services.
6. Individual requires the intensity of contact and range of supportive interventions only available through more intensive services and cannot be safely or effectively treated in a facility-based outpatient modality.

SERVICE TERMINATION CRITERIA (*must meet one of the following*):

1. Individual has learned the skills identified on his/her treatment plan and either a) requests termination of services and/or b) is assessed to no longer require active treatment.
2. Individual has learned most of the skills identified on his/her treatment plan; can continue to apply and improve these skills in natural community settings; and has a transition plan to facilitate transition to needed services. Specifically:
3. Individual has acquired a significant number of needed skills that were the objective of PSR and has demonstrated the ability to make use of community support or other less intensive services to further skill development.

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

6

4. Individual is able to act on goals and to make use of peer support to assist with sustaining hope, self-advocacy, problem solving and participating in their communities.
5. Individual has not demonstrated significant improvement in functioning as a result of receiving Psychosocial Rehabilitation services and requires reassessment to identify a more effective treatment setting or modality.

COMMUNITY SUPPORT: ADULT

DIAGNOSIS:

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by community support do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation

SERVICE INITIATION CRITERIA (must meet all of the following) :

1. The individual has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. The individual's severity/complexity of symptoms and level of functional impairment require this service, as evidenced by:
 - a. Individual demonstrates significant impairment in functioning, inability to apply instrumental living skills in real-life settings, and/or ability to build or utilize natural community supports to achieve recovery goals. These impairments and/or skill deficits markedly interfere with the ability to carry out activities of daily living, place the individual or others in danger, or prevent the individual from advancing in his/her recovery.
 - b. Individual has a composite Level of Care Utilization System (LOCUS) score equating to Level of Care 1 or higher.
3. The individual has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific one-to-one community support interventions that will assist the individual in practicing and reinforcing specific skills in natural community settings.
4. There is no equally effective or more appropriate service available to assist the individual in achieving his/her recovery goals, including community integration, independence, and normalization.

ADDITIONAL CRITERIA FOR COMMUNITY SUPPORT MODALITIES:

Community Support Individual:

1. The nature of the individual's impairment and/or skill deficits require one-to-one support services to facilitate more effective role performance within their own personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., roommates, family, friends, neighbors, landlords, co-workers and teachers). The individual's current assessment identifies specific functional impairments that can only be successfully remediated through one-to-one practice to reinforce target skills in natural community settings, including interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

Community Support Group:

1. The nature of the individual's impairment and/or skill deficits can be effectively remediated through group support modalities that facilitate more effective role performance within their own personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., roommates, family, friends, neighbors, landlords, co-workers and teachers).
2. The individual's current assessment identifies specific functional impairments that can only be successfully remediated through small group practice to reinforce target skills in natural community settings, including interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

CONTINUING SERVICE CRITERIA: (must meet all of the following) :

1. Individual continues to meet service initiation criteria.
2. Individual has a current treatment plan with specific goals, objectives, and a discharge plan that will support the individual's termination from active services or transition to a less intensive or more appropriate service modality.
3. Individual is actively participating in the treatment plan and indicates a desire to receive the services in the plan.
4. Individual has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-building and community integration goals, but:
 - a. the desired outcome or level of functioning has not been restored or sufficiently improved or
 - b. without these services, the individual would not be able to progress in his/her recovery.
5. Individual cannot be safely and effectively treated through the provision of alternative services or the engagement of community resources.
6. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual's behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

EXCLUSION CRITERIA: (must meet one of the following):

Community Support services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

1. Individual's daily living skills are sufficient to enable them to progress in their recovery without structured one-to-one community support services.

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

7

2. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from one-to-one community support services.
3. Individual requires the intensity of contact and range of supportive interventions only available through more intensive services and cannot be safely or effectively treated in Community Service modalities.

SERVICE TERMINATION CRITERIA (must meet one of the following):

Community Support: Group services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

1. Individual's daily living skills are sufficient to enable them to progress in their normal development without Community Support: Individual services.
2. Individual's current level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from community support-individual services.
3. Individual requires the intensity of contact and range of supportive interventions only available through more intensive services and who cannot be safely or effectively treated in Community Support: Individual modalities.

COMMUNITY SUPPORT CHILD AND YOUTH

DIAGNOSIS:

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by community support individual do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation.

SERVICE INITIATION CRITERIA (must meet all of the following) :

1. The individual has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. The individual's severity/complexity of symptoms and level of functional impairment require this service, as evidenced by:
 - a. Individual demonstrates significant impairment in functioning, inability to apply instrumental living skills in real-life settings, and/or ability to build or utilize natural community supports to achieve recovery goals. These impairments and/or skill deficits markedly interfere with the ability to carry out activities of daily living, place the individual or others in danger, or prevent the individual from advancing in his/her recovery.
 - b. Child or youth five years or older has an acute or chronic score on the clinician-rated Ohio Youth Problems, Functioning, And Satisfaction Scales (Ohio Scales) of 16 or higher, or has a score less than 16 but scores positively for safety parameter concerns including self-harm and/or harm to others.
3. There is no equally effective or more appropriate service available to assist the individual in achieving his/her recovery goals, including community integration, independence, and normalization.

ADDITIONAL CRITERIA FOR COMMUNITY SUPPORT MODALITIES:

Community Support Individual:

1. The nature of the individual's impairment and/or skill deficits require one-to-one support services to facilitate more effective role performance within their own personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., roommates, family, friends, neighbors, landlords, co-workers and teachers).
2. The individual's current assessment identifies specific functional impairments that can only be successfully remediated through one-to-one practice to reinforce target skills in natural community settings, including interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.
3. The individual has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific one-to-one community support interventions that will assist the individual in practicing and reinforcing specific skills in natural community settings.

Community Support Group:

1. The nature of the individual's impairment and/or skill deficits can be effectively remediated through group support modalities that facilitate more effective role performance within their own personal living environments (e.g., home, neighborhood, school, and work) and relationships (e.g., classmates, family, friends, neighbors, teachers, and co-workers).
2. The individual's current assessment identifies specific functional impairments that can only be successfully remediated through small group practice to reinforce target skills in natural community settings (including family settings) and

**State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual**

8

including interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.

3. The individual has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific community support group interventions that will assist the individual in practicing and reinforcing specific skills in natural community settings.

CONTINUING SERVICE CRITERIA: (must meet all of the following) :

1. Individual continues to meet service initiation criteria.
2. Individual has a current treatment plan with specific goals, objectives, and a discharge plan that will support the individual's termination from active services or transition to a less intensive or more appropriate service modality.
3. Individual is actively participating in the treatment plan and indicates a desire to receive the services in the plan.
4. Individual has demonstrated significant benefit from this service, as evidenced by the attainment of most skill-building and community integration goals, but:
 - a. the desired outcome or level of functioning has not been restored or sufficiently improved or
 - b. without these services, the individual would not be able to progress in his/her recovery.
5. Individual cannot be safely and effectively treated through the provision of alternative services or the engagement of community resources.
6. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual's behavioral/skill deficits and/or functional outcomes as described in the discharge plan.

EXCLUSION CRITERIA: (must meet one of the following):

Community Support: Individual services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

1. Individual's daily living skills are sufficient to enable them to progress in their recovery without structured one-to-one community support services.
2. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from one-to-one community support services.
3. Individual requires the intensity of contact and range of supportive interventions only available through more intensive services and cannot be safely or effectively treated in Community Service: Individual modalities.

SERVICE TERMINATION CRITERIA (must meet one of the following):

1. Individual has achieved the treatment goals identified on his/her treatment plan and either a) requests termination of this service and/or b) is assessed to no longer require this service.
2. Individual has successfully demonstrated most of the skills identified on his/her treatment plan; can be safely and effectively treated without Community Support: Individual services; and has a written plan to facilitate transition to other needed services or natural support systems.
3. Individual has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.

1. .

COMMUNITY SUPPORT TEAM: ADULT, CHILD AND YOUTH

DIAGNOSIS:

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

9

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective.
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by community support team do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation.

SERVICE INITIATION CRITERIA (must meet all of the following) :

1. The individual (or for children/youth, the family/guardian) has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. The individual meets eligibility criteria for CST services (59 ILAC 132.150.h.4), including:
 - a. has a mental illness with moderate to severe symptoms that require team based outreach and support, and as a result of receiving these team-based clinical and rehabilitative support services, is expected to be able to access and benefit from a traditional array of psychiatric services, AND
 - b. has tried and failed to benefit from a less intensive service modality or has been considered and found inappropriate for less intensive services at this time, AND
 - c. exhibits three (3) or more of the following:
 1. Multiple and frequent psychiatric inpatient readmissions, including long term hospitalization;
 2. Excessive use of crisis/emergency services with failed linkages;
 3. Chronic homelessness;
 4. Repeat arrest and incarceration;
 5. History of inadequate follow-through with elements of an ITP related to risk factors, including lack of follow through taking medications, following a crisis plan, or achieving stable housing;
 6. High use of detoxification services (e.g., two or more episodes per year);
 7. Medication resistant due to intolerable side effects or their illness interferes with consistent self-management of medications;
 8. Child and/or family behavioral health issues that have not shown improvement in traditional outpatient settings and require coordinated clinical and supportive interventions;
 9. Because of behavioral health issues, the child or adolescent has shown risk of out-of-home placement or is currently in out-of-home placement and reunification is imminent;
 10. Clinical evidence of suicidal ideation or gesture in last three (3) months;
 11. Ongoing inappropriate public behavior within the last three months including such examples as public intoxication, indecency, disturbing the peace, delinquent behavior;
 12. Self harm or threats of harm to others within the last three (3) months;
 13. Evidence of significant complications such as cognitive impairment, behavioral problems, or medical problems.
3. The individual's 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 one or more of the following:
 - a. Two or more psychiatric inpatient readmissions over a 12 month period or one long term hospitalization of 180 days or more (Source: NAMI PACT Criteria);
 - b. Excessive use (2 or more visits in a 30 day period) of crisis/ emergency services with failed linkages;
 - c. Chronic homelessness (HUD Definition of Homelessness);
 - d. Repeat (2 or more in a 90 day period) arrests and incarceration for offenses related to mental illness such as trespassing, vagrancy or other minor offenses;
 - e. Multiple service needs requiring intensive assertive efforts to ensure coordination among systems, services and providers;
 - f. Continuous functional deficits in achieving treatment continuity, self-management of prescription medication, or independent community living skills;
 - g. Persistent/severe psychiatric symptoms, serious behavioral difficulties, a co-occurring disorder, and/or a high relapse rate;
 - h. Significant impairments as a result of a mental illness, as evidenced by:
 1. For adults, a Level of Care Utilization System (LOCUS) composite score of 17 to 22 equating to Level of Care 4 or higher.
 2. For youth five years or older, a minimum score of 16 for problem severity on the worker's form of the Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales).
4. The individual has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific team-based community support interventions that will assist the individual in practicing and reinforcing specific skills in natural community settings.
5. There is no equally effective, less intensive service available to treat the individual's current clinical condition or assist the individual in achieving his/her recovery goals, including Community Support: Group (CSG) or Community Support: Individual (CSI) services

CONTINUING SERVICE CRITERIA: (must meet all of the following):

1. The person's severity of illness and resulting impairment continues to require CST in order to maximize functioning and sustain recovery, OR the individual's support network (e.g., family, friends, and peers) is insufficient to allow for independent, or age appropriate living.

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

10

2. The individual has a current treatment plan with specific goals, objectives, and a discharge plan that will support the individual's termination from active services or transition to a less intensive service modality.
3. Individual is actively participating in the treatment plan and indicates a desire to receive the services in the plan.
4. The individual has demonstrated significant benefit from this service, as evidenced by the attainment of some treatment plan goals, and continued progress toward goals is anticipated. However:
5. the desired outcome or level of functioning has not been restored or improved or
6. without these services, the individual would not be able to sustain treatment gains, and there would be an increase in symptoms and decrease in functioning
7. Services are being provided in accordance with the treatment plan and:
8. Services are consistent with the person's recovery goals, and for youth the family's, and are focused on reintegration of the individual into the community and improving his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives (e.g., residential or inpatient).
9. The mode, intensity, and frequency of treatment is appropriate.
10. Treatment planning is individualized and appropriate to the individual's changing condition, and includes specific services to be provided by team members as appropriate to stabilize and improve functioning.
11. The individual cannot be safely and effectively treated using a less intensive treatment modality.
12. Care is rendered in a clinically appropriate manner and is focused on the resolution of the individual's behavioral and functional outcomes as described in the discharge plan.

EXCLUSION CRITERIA: (must meet one of the following):

Community Support: Team services are not considered to be clinically appropriate for individuals who meet *any* of the following criteria:

1. Individual's daily living skills are sufficient to enable them to progress in their recovery with the support of other mental health services that provide less intensive contact/support than CST.
2. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from CST services.
3. Individual requires a more intensive team service (such as ACT) or a more restrictive treatment setting that provides continuous supervision and structured daily programming and cannot be safely or effectively treated with CST services.

SERVICE TERMINATION CRITERIA (must meet one of the following):

1. Individual has achieved a significant number of the treatment goals identified on his/her treatment plan and either a) requests termination of services and/or b) is assessed to no longer require active mental health treatment.
2. Individual has successfully achieved some of the goals on his/her treatment plan; can be safely and effectively treated in a less intensive treatment modality; and has a written plan to facilitate transition to the needed services.
3. Individual has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.

ASSERTIVE COMMUNITY TREATMENT

Diagnosis

1. The individual has a current eligible mental health diagnosis (as specified in 59 ILAC 132.25) for which the proposed course of treatment has been determined to be effective. To be eligible for ACT services, an individual must have one of the following diagnoses:
 - a) Schizophrenia (295.xx)
 - b) Schizophreniform Disorder (295.4x)
 - c) Schizoaffective Disorder (295.70)
 - d) Delusional Disorder (297.1)
 - e) Shared Psychotic Disorder (297.3)
 - f) Brief Psychotic Disorder (298.8)
 - g) Psychotic Disorder NOS (298.9)
 - h) Bipolar Disorder (296.xx; 296.4x; 296.5x; 296.7; 296.80; 296.89; 296.90)
2. The symptoms of the individual's diagnosis are consistent with those described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD).
3. The symptoms to be addressed by ACT services do not have their primary origin in a diagnosis of an Autism Spectrum Disorder, substance-related disorder, or a principal Axis II diagnosis of Mental Retardation.

Admission Criteria (Must meet all of the following):

1. The individual has indicated their agreement with the need for and choice of this service modality and has been actively involved in the development and implementation of the treatment plan.
2. Individual is age 18 or older and is affected by a serious mental illness requiring assertive outreach and support in order to remain connected with necessary mental health and support services and to achieve stable community living.
3. Traditional services and modes of delivery have not been effective.

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

11

4. The individual's severity or complexity of symptoms and level of functional impairment require this service, as evidenced by one or more of the following:
 - a) The individual exhibits one or more of the following problems that are indicators of a need for continuous high level of services (i.e., greater than eight hours per month) by multiple members of a multi-disciplinary team.
 1. Two or more psychiatric inpatient readmissions over a 12 month period or one long- term hospitalization of 180 days or more (Source: NAMI PACT Criteria)
 2. Excessive use (2 or more visits in a 30 day period) of crisis/emergency services with failed linkages.
 3. Chronic homelessness (HUD definition of homelessness)
 4. Repeat (2 or more in a 90 day period) arrests and incarceration for offenses related to mental illness such as trespassing, vagrancy or other minor offenses.
 5. Consumers with multiple service needs requiring intensive assertive efforts beyond routine case management to ensure coordination among systems, services and providers.
 6. Consumers who exhibit continuous and severe functional deficits in achieving treatment engagement, continuity, self-management of prescription medication, or independent community living skills.
 7. Consumers with persistent and severe psychiatric symptoms, serious behavioral difficulties resulting in incarceration, a co-occurring disorder that severely and negatively affects participation in mental health services, and/or evidence of multiple relapses.
 - b) The individual has significant functional impairments as demonstrated by at least one of the following conditions:
 1. Severe difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; achieving good personal hygiene) or persistent or recurrent difficulty performing daily living tasks even with significant support or assistance from others such as friends, family, or relatives.
 2. Severe difficulty achieving employment at a self-sustaining level or severe difficulty carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child care tasks and responsibilities) or of achieving consistent educational placement (depending on developmental level).
 3. Severe difficulty achieving a safe living situation (e.g., repeated evictions or loss of housing).
 - c) A LEVEL OF CARE UTILIZATION SYSTEM (LOCUS) composite score of 20-22 (prior to admission to ACT services), equating to Level of Care 4 or higher.
5. The individual has a current treatment plan with specific goals, objectives, and a discharge or transition plan. The proposed course of treatment includes specific ACT interventions (including the type and frequency of services to be provided by ACT team members) to facilitate the individual's recovery in a community-based environment.
6. The individual can only be expected to progress if they are receiving services from a highly coordinated team inclusive of a psychiatrist, nurse, recovery support specialist, clinicians, and vocational specialists. The individual's severity of illness requires multiple consultations, staffings, and/or coordination meetings by the team on a daily or weekly basis.
7. There is no equally effective, less intensive service available to treat the individual's current clinical condition or assist the individual in achieving his/her recovery goals, including Community Support: Team(CST), Community Support: Group (CSG) or Community Support: Individual (CSI) services.

Continuing Service Criteria (Must meet all of the following):

1. The person's severity of illness and resulting impairment continues to require ACT services in order to maximize functioning and sustain treatment gains. The individual cannot be safely and effectively treated using a less intensive treatment modality.
2. The individual has a current treatment plan with specific goals, objectives, and a discharge plan that will actively facilitate the individual's termination from active services or transition to a less intensive service modality.
3. Individual is actively participating in the treatment plan and indicates a desire to receive the services in the plan.
4. The individual has demonstrated significant benefit from this service, as evidenced by the attainment of some treatment plan goals, and continued progress toward goals is anticipated. However:
 - a) the desired outcome or level of functioning has not been restored or improved or
 - b) without this level of intensity of services, the individual would not be able to sustain treatment gains, and there would be an increase in symptoms and decrease in functioning
5. Services are being provided in accordance with the treatment plan and:
6. Services are consistent with the person's recovery goals and are focused on reintegration of the individual into the community and improving his/her functioning in order to reduce unnecessary utilization of more intensive treatment alternatives.
7. The mode, intensity, and frequency of treatment is appropriate and reflects the individual's receipt of frequent, closely coordinated services from multiple members of a multidisciplinary team, including medical support services.
8. Active treatment is occurring and continued progress toward goals is anticipated.
9. Treatment planning is individualized and appropriate to the individual's changing condition and includes coordinated ACT services appropriate to stabilize and improve functioning:

Exclusion Criteria:

ACT services are not considered to be clinically appropriate for individuals who meet any of the following criteria:

State of Illinois
Department of Human Services/Division of Mental Health
Medical Necessity Criteria and Guidance Manual

12

1. Individual's daily living skills are sufficient to enable them to progress in their recovery with the support of Community Support, Case Management, and other mental health services that provide less intensive contact/support than ACT.
2. Individual's level of cognitive impairment, current mental status, or developmental level make it unlikely for him/her to benefit from ACT services.
3. Individual requires the intensity of contact and range of supportive interventions only available through more intensive services (e.g., treatment in settings that provide direct supervision and structured daily programming) and cannot be safely or effectively treated in a community-based setting.

Discharge Criteria (Must meet one of the following):

1. Individual has achieved a significant number of the treatment goals identified on his/her treatment plan and either a) requests termination of services and/or b) is assessed to no longer require active mental health treatment.
2. Individual has successfully achieved some of the goals on his/her treatment plan; can be safely and effectively treated in a less intensive treatment modality; and has a written plan to facilitate transition to the needed services.
3. Individual has not demonstrated significant improvement in functioning as a result of this treatment modality and requires reassessment to identify a more effective treatment setting or modality.
4. Person has moved out of the ACT team's geographic area or cannot be located, in spite of repeated ACT efforts.