

Northwest Region Crisis Care System

ILLINOIS
MENTAL HEALTH COLLABORATIVE

FOR ACCESS AND CHOICE

Northwest Region Crisis Care System

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Summary: This document will review the procedures regarding the authorization and functions of the Northwest Region Crisis Care System

Glossary of Terms

- **CMHC-Community Mental Health Center**
- **LOC-Level of Care**
- **SMI-Serious Mental Illness**
- **LOCUS-Level of Care Utilization System**
- **USARF-Uniform Screening and Referral Form**
- **MNC-Medical Necessity Criteria**
- **CCM-Clinical Care Manager**

What Is It?

- **A Utilization Management Service implemented by the State of IL in conjunction with DHS/DMH where the Collaborative will handle:**
 - **Authorization for Northwest Crisis Care System, including inpatient, residential and acute community care**

Who Is Eligible for the Levels of Care?

- **Consumers that are Unfunded**
- **Consumers that would previously have been admitted to Singer Hospital**
- **Consumers with SMI that need immediate evaluation and care during a crisis situation**

Type of Service

- **The Assessor will assess in two categories:**
 - **Mental Health**
 - **Financial Eligibility**

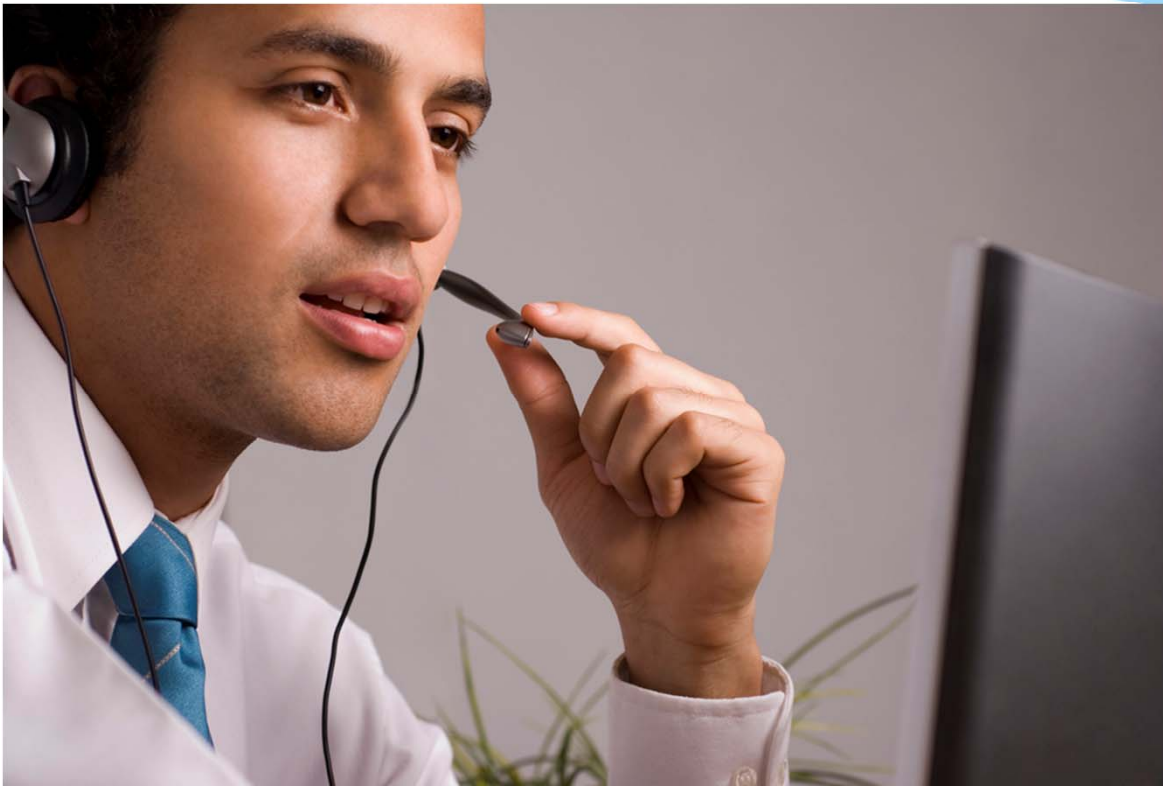
The Process



The Process...

- Once the Consumer has met the criteria, the Evaluator will contact the Collaborative at [\(866\)359-7953](tel:(866)359-7953) and select option “#4” to obtain authorization
- The Collaborative will review the clinical information to verify that the Consumer meets the Medical Necessity Criteria (MNC) for the LOC being requested
- Once the Consumer has been approved, the Collaborative will assist with locating a bed if needed
- The Collaborative will issue an Initial Review Authorization according to the LOC determined by the Evaluator

The Collaborative Call



Demographics

- **Consumer Information**

- **First and Last Name**
- **RIN**
- **Date of Birth**
- **Social Security Number**
- **Address (last known address or current location if homeless)**
- **Gender**
- **Ethnicity**
- **Provider Information**

- **Financial Information**

- **Funding Source (verify non-funded status)**

Demographics...

- **Level of Service**
- **Level of Care Requested**
 - **Inpatient**
 - **Mental Health Crisis Residential**
 - **Acute Community Care**

Assessment

- **Diagnosis**

- **Axis 1**

- **Axis 2**

- **Axis 3**

- **Axis 4**

- **Axis 5**

- **Current**

- **Past**

- **Current Risks**

- **Mental Status**

- **Risk to Self**

- **Risk to Others**

Assessment...

- **Current Impairment**
 - **Mood Disturbance(s)**
 - **Anxiety**
 - **Psychosis**
 - **Eating Disorder**
 - **Chemical Dependence**
 - **Under 19 or Over 65**
- **LOCUS Score**
 - **Dimension 1: Risk of Harm**
 - **Dimension 2: Functional Status**
 - **Dimension 3: Medical, Addictive & Psychiatric Co-Morbidity**
 - **Dimension 4a: Recovery Environment-Level of Stress**
 - **Dimension 4b: Recovery Environment-Level of Support**
 - **Dimension 5: Treatment & Recovery History**
 - **Dimension 6: Engagement**
 - **Composite Score**
 - **LOCUS Recommended Level of Care**
 - **Evaluator Recommended Level of Care**
 - **Reason for Deviation (if any)**

Consumer History

- **Treatment History**

- **Psychiatric Treatment in the past 12 months**
 - Outpatient
 - Intensive Outpatient
 - Hospitalization
- **Substance Abuse in the past 12 months**
 - Outpatient
 - Intensive Outpatient
 - Hospitalization
- **Medical Treatment in the past 12 months**
 - Routine Medical Treatment
 - Significant Medical Treatment

Medication History

- **Psychotropic Medications**

- **Medicine**
- **Dosage**
- **Frequency**
- **Side Effects**
- **Compliance**
- **Effectiveness**
- **Prescriber**

- **Additional Medications**

- **Medicine**
- **Dosage**
- **Frequency**
- **Side Effects**
- **Compliance**
- **Effectiveness**
- **Prescriber**

Substance Abuse History...

- **Substance Used**
 - Total years of use
 - Length of current use
 - Amount of current use
 - Frequency of current use
 - Date last used
- **Withdrawal Symptoms**

Decisions

- **If the CCM proposes an alternative level of service due to either clinical factors or lack of capacity**
 - **The Evaluator will discuss the alternative with the ED physician (if involved), the individual and appropriate parties**
 - **If agreement on the proposed alternative level of service is reached, then authorization will be provided**
 - **If the Evaluator cannot accept the proposed alternative level of service, then the CCM will call Elgin or McFarland MHC to initiate an appeal**
 - **Elgin/McFarland's decision will be final**

What's Next?

FOR INPATIENT CARE:

- **Once the Collaborative has determined the Consumer meets MNC, the Collaborative will:**
 - **If in a hospital that has a CHIPS contract, verify if a bed is available**
 - **If there is an available bed, an authorization will be given and the initial authorization process will be complete**
 - **If there are no beds available, the Collaborative will assist with locating a bed via the approved facility listing**
 - **Once a bed is located for the Consumer, the initial authorization process will be complete**

And...

FOR MENTAL HEALTH CRISIS RESIDENTIAL LOC:

- **Once the Collaborative has determined the Consumer meets MNC, the Collaborative will:**
 - **Assist with locating a bed via the approved facility listing**
 - **Provide the Evaluator with the contact information for the approved facility and an authorization number**

Also...

FOR ACUTE COMMUNITY CARE:

- **Once the Collaborative has determined the Consumer meets MNC, the Collaborative will:**
 - **Assist with determining the appropriate provider via the geographic provider listing (this will generally be the same provider as the EDA provider)**
 - **Provide the Evaluator with an authorization number and the contact information for the provider (if necessary)**

More Time



Continued Stay Request...

- If the Consumer is still hospitalized when the Initial Authorization timeframe is up, they will need a concurrent review for continued stay
- 24 hours before the expiration date (or on the preceding Friday if a weekend), the attending physician and/or designee will contact the Collaborative at **(866)359-7953** and select option **“#4”** to request an authorization for continued stay
 - Concurrent authorizations must be done during **regular business hours (Monday – Friday, 8 am – 5 pm)**

Continued Stay Request...

- **The Collaborative will review the clinical information to verify that the Consumer meets the Medical Necessity Criteria (MNC) for Continued Stay**
- **Once the Consumer has been approved, the Collaborative will issue a Concurrent Review Authorization**
- **If longer term services are needed, the hospital should make arrangements for a more appropriate care setting (i.e. state hospital, nursing home, etc.)**

Decisions

- **A PA Review is conducted if there is a difference of opinion concerning a request for extended length of stay for the consumer**
- **If the PA Review agrees, services will be authorized**
- **If the PA Review does not agree with the extension, a Second Level Reconsideration Review will be conducted with another VO MD**
- **If the PA Second Level Reconsideration Review agrees, services will be authorized**
- **If the Second Level Reconsideration Review remains unresolved then DMH will make the final determination**

Q & A



Thanks for your Participation

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