Category: Utilization Management

Code: UM 2.0 Attach S Assertive Community Treatment (ACT)

Subject: Assertive Community Treatment (ACT) Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for DBT services

Policy: BHP Care Management (CM) staff use the following level of care guidelines for Assertive Community Treatment (ACT) services when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Assertive Community Treatment (ACT) is an intensive, comprehensive, non-residential rehabilitative mental health service team model. Services are consistent with Adult Rehabilitative Mental Health Services (ARMHS), except ACT services are:

- Provided by multidisciplinary, qualified staff who have the capacity to provide most mental health services necessary to meet the recipient's needs, using a total team approach
- Directed to recipients with a serious mental illness who require intensive services
- Offered on a time-unlimited basis and are available to recipients 24 hours per day, 7 days per week, 365 days per year

COVERED ACT SERVICE

1. Case management that supports the patient's access to services, such as:
    - Medical and dental services
    - Social services
    - Transportation
    - Legal advocacy
2. Support and skills training in:
    - Activities of daily living (self-care, home making, financial management, use of transportation and health and social services)
    - Social and interpersonal relationships
    - Leisure time activities (including social, recreational and educational activities)
3. Illness education and medication management
4. Assistance in locating and maintaining safe, affordable housing with an emphasis on patient choice and independent community housing
5. Psycho-education to family members

6. Discharge:
    - Supports are reduced as the patient demonstrates increasing independence
    - Patients have easy access to the ACT team after graduating
    - Recipients can return to the ACT team if needed

Note that MH-TCM and Crisis Stabilization – Non-residential services cannot be provided in addition to ACT. Crisis Stabilization Non-residential services are a component of ACT and cannot be billed separately.

ADMISSION CRITERIA

1. The patient must be 18 years of age or older.
2. The patient must have a primary diagnosis of serious mental illness as determined by a Diagnostic Assessment.
3. The patient must be a member of the target population the ACT team serves.
4. The patient must have a LOCUS assessment with a level 4 indication.
5. The patient must have a completed Functional Assessment with three or more areas of significant impairment in functioning.
6. The patient is assessed as not being a danger to self or others.
7. If the patient has active chemical health problems the problems are relatively stable and the patient's overall functioning is assessed as likely to permit adequate participation.
8. If the patient has been assigned a legal guardian that person will be involved in and apprised of the assessment and treatment plan.
9. For court ordered services a copy of the court order is provided.

CONTINUED STAY CRITERIA

1. The ACT team, patient and legal guardian when one is assigned will have developed a treatment plan that includes A-F:
    A. Clear and when possible measurable treatment goals;
    B. The treatment goals are linked to the patient's current primary symptoms and impairments;
    C. Treatment interventions that support work on the treatment goals and which are, when possible, supported by current research on effective treatment outcomes;
    D. Treatment sessions are scheduled at a frequency which is appropriate for the patient's current needs, including managing any risk factors, and which respond to the patient's progress or lack of progress to date;
    E. The patient and when indicated the legal guardian are documented to have had the opportunity to review and sign the treatment plan;
    F. The treatment plan includes specific and when possible measurable discharge goals.
2. The patient is documented as having continuing significant problems and impairments.
3. The treatment plan LOCUS tool and Functional Assessment are updated every 90 days or more often if the patient's treatment needs change significantly.
4. The diagnostic assessment (DA) is updated every year or more often if the patient's symptoms and impairments change significantly.
5. Coordination with other providers is documented. This documentation should take place at every contact.
6. Any legally appointed guardian will be actively involved in the treatment.
7. Any risk factors will be carefully monitored with ongoing assessment of whether a higher level of care is therapeutically required.

8. Treatment will continue when mandated by court order.

DISCHARGE CRITERIA

1. The patient's primary treatment goals have been completed and it is agreed in consultation with the ACT team, the patient and with the legal guardian if one was appointed that discharge would be appropriate.
2. The patient has not consistently participated in treatment after reasonable efforts to engage the patient and address any barriers to adequate participation have been made.
3. Treatment has been mandated by court order and the court order has been discontinued and the patient declines continued service.
4. The patient's symptoms, impairments or risk factors have worsened requiring referral to a higher level of care.

Regulatory / External References: Minnesota Department of Human Services MHCP Provider Manual

Internal References: UM 2.0, 62M

Source: PreferredOne, BHP, Gordon Larson, MS LP
Quinn McBreen, LADC

Date Effective: May 4, 2016

Date Revised: January 11, 2017

Date Evaluated by Clinical/Operations Team: May 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021

Revision Tracking

Date Revised	**Revision Type** List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure - Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	**Details of Revision Made**