

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Assertive Community Treatment (ACT/FACT)		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

PURPOSE: This clinical coverage policy is to identify the clinical criteria and guidelines to review medical necessity and appropriateness for Assertive Community Treatment (ACT).

DEFINITIONS:

Licensed Mental Health Professional (LMHP) – an individual who is licensed in the State of Louisiana to diagnose and treat mental illness or substance use, acting within the scope of all applicable State laws and their professional license. An LMHP includes the following individuals who are licensed to practice independently:

- 1) Medical psychologists;
- 2) Licensed psychologists;
- 3) Licensed clinical social workers (LCSWs);
- 4) Licensed professional counselors (LPCs);
- 5) Licensed marriage and family therapists (LMFTs);
- 6) Licensed addiction counselors (LACs); and
- 7) Advanced practice registered nurses (APRNs).

POLICY AND PROCEDURE:

Policy: CS requires prior authorization, is based on medical necessity, and is intended to assure ongoing access to medically necessary crisis response services and supports until the current crisis is resolved, or until the member can access alternative behavioral health supports and services. The member's treatment record must reflect relief, resolution and problem solving of the identified crisis or referral to an alternate provider. Additional units may be approved with prior authorization.

Procedure:

Assertive Community Treatment (ACT) services are community-based therapeutic interventions that address the functional problems of members who have the most complex and/or pervasive conditions associated with serious mental illness. These interventions are strength-based and focused on supporting recovery through the restoration of functional daily living skills, building strengths, increasing independence, developing social connections and leisure opportunities, and reducing the symptoms of their illness. Through these activities, the goal is to increase the member's ability to cope and relate to others while enhancing the member's highest level of functioning in the community.

Interventions may address adaptive and recovery skill areas. These include, but are not limited to, supportive interventions to help maintain housing and employment, daily activities, health and safety, medication support, harm reduction, money management, entitlements, service planning, and coordination.

The primary goals of the ACT program and treatment regimen are:

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Assertive Community Treatment (ACT/FACT)		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

- 1) To lessen or eliminate the debilitating symptoms of mental illness or co-occurring addiction disorders the member experiences and to minimize or prevent recurrent acute episodes of the illness;
- 2) To meet basic needs and enhance quality of life;
- 3) To improve functioning in adult social and employment rolls and activities;
- 4) To increase community tenure; and
- 5) To lessen the family's burden of providing care and support healthy family relationships.

Fundamental principles of this program are:

- 1) The ACT team is the primary provider of services and, as such, functions as the fixed point of responsibility for the member;
- 2) Services are provided in the community; and
- 3) The services are person-centered and individualized to each member.

Target Population:

ACT serves members eighteen (18) years old or older who have a severe and persistent mental illness (SPMI) and members with co-occurring disorders listed in the diagnostic nomenclature (current diagnosis per DSM) that seriously impairs their functioning in the community.

The member must have one of the following diagnoses:

- 1) Schizophrenia;
- 2) Other psychotic disorder;
- 3) Bipolar disorder; and/or
- 4) Major depressive disorder.

These may also be accompanied by any of the following:

- 1) Substance use disorder; or
- 2) Developmental disability.

Include one or more of the following service needs:

- 1) Two (2) or more acute psychiatric hospitalization and/or four (4) or more emergency room visits in the last six (6) months;
- 2) Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life;
- 3) Two (2) or more interactions with law enforcement in the past year for emergency services due to mental illness or substance use (this includes involuntary commitment);
- 4) Currently residing in an inpatient bed, but clinically assessed to be able to live in a more independent situation if intensive services were provided;
- 5) One or more incarcerations in the past year related to mental illness and/or substance use (Forensic Assertive Community Treatment (FACT));
- 6) Psychiatric and judicial determination that FACT services are necessary to facilitate release from a forensic hospitalization or pre-trial to a lesser restrictive setting (FACT); or

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Assertive Community Treatment (ACT/FACT)		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

- 7) Recommendations by probation and parole, or a judge with a FACT screening interview, indicating services are necessary to prevent probation/parole violation (FACT).

Must have one (1) of the following:

- 1) Inability to participate or remain engaged or respond to traditional community based services;
- 2) Inability to meet basic survival needs, or residing in substandard housing, homeless or at imminent risk of becoming homeless; or
- 3) Services are necessary for diversion from forensic hospitalization, pretrial release or as a condition of probation to a lesser restrictive setting (FACT).

Must have three (3) of the following:

- 1) Evidence of co-existing mental illness and substance use disorder;
- 2) Significant suicidal ideation, with a plan and ability to carry out within the last two (2) years;
- 3) Suicide attempt in the last two (2) years;
- 4) History of violence due to untreated mental illness/substance use within the last two (2) years;
- 5) Lack of support systems;
- 6) History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability;
- 7) Threats of harm to others in the past two (2) years;
- 8) History of significant psychotic symptomatology, such as command hallucinations to harm others; or
- 9) Minimum LOCUS score of three (3) at admission.

Exception criteria:

- 1) The member does not meet medical necessity criteria above, but is recommended as appropriate to receive ACT services by the member's health plan, the ACT team leader, clinical director and psychiatrist, in order to protect public safety and promote recovery from acute symptoms related to mental illness. Examples include:
 - a. Members discharging from institutions such as nursing facilities, prisons, and/or inpatient psychiatric hospitals;
 - b. Members with frequent incidence of emergency department (ED) presentations and/or involvement with crisis services; and
 - c. Members identified as being part of the My Choice Louisiana Program target population who meet the following criteria, excluding those members with co-occurring SMI and dementia where dementia is the primary diagnosis:
 - i. Medicaid-eligible members over age eighteen (18) with SMI currently residing in NF; or
 - ii. Members over age eighteen (18) with SMI who are referred for a Pre-Admission Screening and Resident Review (PASRR) Level II evaluation of nursing facility placement on or after June 6, 2016.

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Assertive Community Treatment (ACT/FACT)		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

All the above criteria must be met to receive Assertive Community Treatment/Forensic Assertive Community Treatment.

Assessment

A comprehensive person centered needs assessment must be completed within thirty (30) days of admission to the program. The assessment includes a complete history and ongoing assessment of the following:

1. Psychiatric history, status, and diagnosis;
2. Level of Care Utilization System (LOCUS);
3. Telesage Outcomes Measurement System, as appropriate;
4. Psychiatric evaluation;
5. Strengths assessment;
6. Housing and living situation;
7. Vocational, educational and social interests and capacities;
8. Self-care abilities;
9. Family and social relationships;
10. Family education and support needs;
11. Physical health;
12. Alcohol and drug use;
13. Legal situation; and
14. Personal and environmental resources.

The LOCUS and psychiatric evaluation will be updated at least every six (6) months or as needed based on the needs of each member, with an additional LOCUS score being completed prior to discharge.

For members participating in FACT, the assessment will include items related to court orders, identified within thirty (30) days of admission and updated every ninety (90) days or as new court orders are received.

Treatment Plan

A treatment plan, responsive to the member's preferences and choices must be developed and in place at the time services are rendered. The treatment plan will include input from all staff involved in treatment of the member, as well as involvement of the member and collateral others' of the member's choosing. In addition, the plan must contain the signature of the psychiatrist, the team leader involved in the treatment and the member's signature. Refusals must be documented. The treatment plan must integrate mental health and substance use services for members with cooccurring disorders. The treatment plan will be updated at least every six (6) months or as needed based on the needs of each member.

For members participating in FACT, the treatment plan will include items relevant for any specialized interventions, such as linkages with the forensic system for members involved in the judicial system.

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Assertive Community Treatment (ACT/FACT)		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

A tracking system is expected of each ACT team for services and time rendered for or on behalf of any member.

Each treatment plan must consist of the following:

1. Plans to address all psychiatric conditions;
2. The member's treatment goals and objectives (including target dates), preferred treatment approaches and related services;
3. The member's educational, vocational, social, wellness management, residential or recreational goals, associated concrete and measurable objectives and related services;
4. The member's goals and plans, and concrete and measurable objectives necessary for a person to get and keep their housing; and
5. A crisis/relapse prevention plan, including an advance directive.

When psycho-pharmacological treatment is used, a specific treatment plan, including identification of target symptoms, medication, doses and strategies to monitor and promote commitment to medication must be used.

ADDITIONAL RESOURCES:

Louisiana Department of Health, Louisiana Medicaid Behavioral Health Services Provider Manual: *Chapter Two of the Medicaid Services Manual*; Issued 08/17/22 [BHS.pdf](#) ([lamedicaid.com](#)). Accessed Oct. 25, 2022.

VERSION CONTROL

Version Review Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Assertive Community Treatment (ACT/FACT)		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date:	Revised:

any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures, or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to non-compliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet of Hi! (Workday & Apps/Associate Support Center).