

Clinical Policy: Assertive Community Treatment (ACT)

Reference Number: LA.CP.MP.517c

Implications

Coding

Date of Last Revision: 02/2023

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Assertive Community Services (ACT) 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.

ACT is a medical psychosocial intervention program provided on the basis of the following principles:

- **The service is available twenty-four (24) hours a day, seven (7) days a week.**
- **An individualized treatment plan and supports are developed.**
- **At least ninety (90) percent of services are delivered as community-based outreach services.**
- **An array of services are provided based on the member's medical need.**
- **The service is member-directed.**
- **The service is recovery-oriented.**

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:

- **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.**
- **To meet basic needs and enhance quality of life.**
- **To improve functioning in adult social and employment roles and activities.**
- **To increase community tenure.**
- **To lessen the family's burden of providing care and support healthy family relationships.**

The fundamental principles of this program are:

- **The ACT team is the primary provider of services and, as such, functions as the fixed point of responsibility for the member.**
- **Services are provided in the community.**

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- The services are person-centered and individualized to each member.

Services

Service provision for ACT will be based on the assessment and a recovery focused and strengths based treatment plan. The teams will provide the following supports and services to members:

- Crisis assessment and intervention;
- Symptom management;
- Individual counseling;
- Medication administration, monitoring, education and documentation;
- Skills restoration to enable self-care and daily life management, including utilization of public transportation, maintenance of living environment, money management, meal preparation, nutrition and health, locating and maintaining a home, skills in landlord/tenant negotiations and renter's rights and responsibilities.;
- Social and interpersonal skills rehabilitation necessary to participate in community based activities including but not limited to those necessary for functioning in a work, educational, leisure or other community environment;
- Peer support, supporting strategies for symptom/behavior management. This occurs through providing expertise about the recovery process, peer counseling to members with their families, as well as other rehabilitation and support functions as coordinated within the context of a comprehensive treatment plan;
- Addiction treatment and education, including counseling, relapse prevention, harm reduction, anger and stress management;
- Referral and linkage or direct assistance to ensure that members obtain the basic necessities of daily life, including primary and specialty medical care, social and financial supports;
- Education, support and consultation to members' families and other major supports;
- Monitoring and follow-up to help determine if services are being delivered as set forth in the treatment plan and if the services are adequate to address the member's changing needs or status;
- Assist the member in applying for benefits. At a minimum, this includes Social Security Income, Medicaid and Patient Assistance Program enrollment; and
- For those members with forensic involvement, the team will liaise with the forensic coordinators as appropriate, further providing advocacy, education and linkage with the criminal justice system to ensure the member's needs are met in regards to their judicial involvement, and that they are compliant with the court orders

Documentation shall be consistent with the Dartmouth Assertive Community Treatment Scale (DACTS), which is an ACT Fidelity Scale found in the SAMHSA toolkit for ACT.

Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connections that Assertive Community Treatment (ACT) is medically necessary for the following indications:

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- A. For those members transitioning from psychiatric or nursing facilities, ACT staff must provide a minimum of four encounters a week with the member during the first thirty (30) days post transition into the community. Encounters should be meaningful.
- B. 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.
 1. The member must have one of the following diagnoses:
 - i. Schizophrenia;
 - ii. Other psychotic disorder;
 - iii. Bipolar disorder; and/or
 - iv. Major depressive disorder.
 2. These may also be accompanied by any of the following:
 - i. Substance use disorder; or
 - ii. Developmental disability.
 3. Include one of more of the following service needs:
 - i. Two (2) or more acute psychiatric hospitalization and/or four (4) or more emergency room visits in the last six (6) months;
 - ii. Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life;
 - iii. 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);
 - iv. Currently residing in an inpatient bed, but clinically assessed to be able to live in a more independent situation if intensive services were provided;
 - v. One or more incarcerations in the past year related to mental illness and/or substance use (Forensic Assertive Community Treatment (FACT));
 - vi. 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
 - vii. Recommendations by probation and parole, or a judge with a FACT screening interview, indicating services are necessary to prevent probation/parole violation (FACT).
 4. Must have one (1) of the following:
 - i. Inability to participate or remain engaged or respond to traditional community based services;
 - ii. Inability to meet basic survival needs, or residing in substandard housing, homeless or at imminent risk of becoming homeless; or
 - iii. Services are necessary for diversion from forensic hospitalization, pretrial release or as a condition of probation to a lesser restrictive setting (FACT).
 5. Must have three (3) of the following:
 - i. Evidence of co-existing mental illness and substance use disorder;

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- ii. Significant suicidal ideation, with a plan and ability to carry out within the last two (2) years;
- iii. Suicide attempt in the last two (2) years;
- iv. History of violence due to untreated mental illness/substance use within the last two (2) years;
- v. Lack of support systems;
- vi. History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability;
- vii. Threats of harm to others in the past two (2) years;
- viii. History of significant psychotic symptomatology, such as command hallucinations to harm others; or
- ix. Minimum LOCUS score of three (3) at admission.

C. 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:
 - i. Members discharging from institutions such as nursing facilities, prisons, and/or inpatient psychiatric hospitals,
 - ii. Members with frequent incidence of emergency department (ED) presentations and/or involvement with crisis services,
 - iii. 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:
 - a) Medicaid-eligible members over age eighteen (18) with SMI currently residing in NF or
 - b) 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

II. Assessment

- A. 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:
 - 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,

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11. Physical health,
 12. Alcohol and drug use,
 13. Legal situation, and
 14. Personal and environmental resources.
- B. 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.
- C. 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.

III. Treatment Plan

- A. 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 co-occurring disorders. The treatment plan will be updated at least every six (6) months or as needed based on the needs of each member.
- B. 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.
- C. 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.
- D. 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.

IV. Criteria for Discharge from Services:

Members whose functioning has improved to the point that they no longer require the level of services and supports typically rendered by an Assertive Community

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Treatment team, should be transitioned into a lower level of care. When making this determination, considerations should be made regarding the member's ability to be served within the lower level of care available to them. The ACT team should begin implementing the discharge plan and preparing the member as functioning improves to the point that they no longer require the level of services and supports.

V. Additional Exclusions

- A. ACT services are comprehensive of all other services, with the exception of psychological evaluation or assessment and medication management. These may be provided and billed separately for a member receiving ACT services.
- B. ACT shall not be billed in conjunction with the following services:
 1. Behavioral health (BH) services by licensed and unlicensed individuals, other than medication management and assessment or
 2. Residential services, including professional resource family care

Coding Implications

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<u>HCPCS Codes</u>	<u>Description</u>
H0039	Assertive Community Treatment

<u>Reviews, Revisions, and Approvals</u>	<u>Revision Date</u>	<u>Approval Date</u>
New Policy (was work process LA.UM.99)	11/2021	
Annual review.	11/2022	
Converted to Clinical Policy Template and added additional alphanumeric formatting.	2/2023	

References

1. Louisiana Department of Health. Behavioral Health Services. Provider manual. Chapter Two of the Medicaid Services Manual Medicaid Program. Chapter 2: Behavioral Health Services. Appendix E-1: Evidence-based practices (EBPS) Assertive Community Treatment.

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<https://www.lamedicaid.com/provweb1/providermanuals/manuals/BHS/BHS.pdf>.
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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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