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: Assertive Community Treatment (ACT) requires prior authorization, is based on medical necessity, and is a long-term form of multidisciplinary outpatient care that supports members who may have had multiple behavioral health issues. Assertive Community Treatment services are inclusive of 1) service coordination, 2) crisis assessment and intervention, 3) symptom assessment and management 4) individual counseling and psychotherapy, 5) medication prescription, administration, monitoring and documentation, 6) substance use treatment, 7) rehabilitation services to restore capacity to manage activities of daily living, 8) restoration of social, interpersonal relationship, and other skills needed to ensure the development of meaningful daily activities (can occur through supporting work and educational efforts in addition to linking to leisure activities, and 9) direct assistance to ensure that members obtain supportive housing, as appropriate.

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.

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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:

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**
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.**

Discharge Criteria

Discharge from Assertive Community Treatment/FACT is indicated when the member's functioning has improved to the point that they no longer require the level of services and support rendered by an ACT team. Discharge determination takes into account considerations regarding the member's ability to be served within lower levels of care and when those lower levels of care are available to support the member's discharge. The ACT team shall begin implementing a discharge plan for the member as their functioning improves to the point that they no longer require the level of services and supports of an ACT team.

Exclusions:

Assertive Community Treatment/FACT is a multidisciplinary intensive outpatient care service. As such ACT services are comprehensive of all other services except:

1. **Psychological evaluation or assessment, and**
2. **Medication management**

Therefore, ACT cannot be billed in conjunction with the following services:

1. **Behavioral health services by licensed and unlicensed individual, other than medication management and assessment; or**
2. **Residential services, including professional resource family care**

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.

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.

Program Engagement Expectations:
The ACT program provides three levels of interaction with the participating members, including:

1. Face-to-face encounter – ACT team must provide a minimum of six (6) clinically meaningful face to face encounters with the member monthly with the majority of encounters occurring outside of the office. Encounters should address components of the member's treatment plan, involve active engagement with the member, and actively assess their functioning. Teams must document clinically appropriate reasons if this minimum number of encounters cannot be made monthly. Teams must also document reasons contacts are occurring within the office. Efforts shall be made to ensure services are provided throughout the month;

2. Collateral encounter – Collateral refers to members of the member's family or household or significant others (e.g., landlord or property manager, criminal justice staff and employer) who regularly interact with the member and are directly affected by, or have the capability of affecting, his or her condition and are identified in the treatment plan as having a role in treatment. A collateral contact does not include contacts with other mental health service providers or individuals who are providing a paid service that would ordinarily be provided by the ACT team (e.g., meeting with a shelter staff person who is assisting an ACT member in locating housing); and

3. Assertive outreach – Refers to the ACT team being 'assertive' about knowing what is going on with a member and acting quickly and decisively when action is called for, while increasing member independence. The team must closely monitor the relationships that the member has within the community and intervene early if difficulty arises

Additionally, ACT staff will document all encounters with participating members. The documentation should be thorough and meaningful based on the member's person-centered treatment plan and consistent with Dartmouth Assertive Community Treatment Scale (DACTS), which is an ACT Fidelity Scale found in the SAMHSA toolkit for ACT. For those members transitioning from psychiatric or nursing facilities, ACT team staff must provide a minimum of four encounters a week with the member during the initial thirty (30) days post transition to the community. If the minimum number of encounters cannot

be made, ACT team staff must document clinically appropriate reasons for why the expected number of encounters cannot or were not achieved.

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:**
Clinical	Policy update per LDH guidance			

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 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.

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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).