

Children's Assertive Community Treatment (ACT) **Submission guidelines**

Children's assertive community ACT service is a twenty four hour seven day a week intensive service in the home community and office designed to facilitate discharge from inpatient psychiatric hospitalization or to prevent imminent admission to a hospital. It may also be utilized to facilitate discharge from a psychiatric residential facility, or prevent the need for admission to a crisis stabilization unit.

The following is a guide and tips to submitting Prior Authorizations (PAs) and Continued Stay Reviews (CSRs) for Children's Assertive Community Treatment

Eligibility:

- a. Must be more intensive and frequent than Outpatient or HCT can provide.
- b. Axis I diagnosis of a serious emotional disturbance.
- c. CAFAS, CANS, YOQ or POQ scores are required.
- d. Discharge from Psychiatric hospital, residential treatment facility or crisis stabilization unit with in past month or be at clear risk for psychiatric hospitalization, residential treatment or admission to crisis stabilization unit with documented evidence that member is highly likely to experience clinical decompensation without the ACT intervention.

Multiaxial Assessment: Assure that the correct updated diagnosis is in CSR with qualifying DX for ACT services is listed as Primary Diagnosis.

Assessment Tool: CAFAS, CANS, YOQ, or POQ scores are required and should be updated with in time frame of each CSR request. List CANS, YOQ/POQ information in the additional information.

List Medications: List relevant psychiatric medications and how ACT involved with administration (at minimum service requires one face to face each month by PMHNP or Psychiatrist).

Clinical Indicators Justifying Service Request: Update clinical indicators for each CSR.

Treatment and Service History: In each CSR please update treatment plan, medication administration, inpatient admissions, crisis episodes, environmental issues and any correctional/legal involvement.

Criteria for Discharge:

Include specific and measureable discharge criteria. This would indicate to the provider and the family how they will know when ACT level of care is no longer needed, and a transition to a lower level of care is indicated. What would member need to be able to do independently or with other supports/resources to be able to step down from ACT service? How would progress be measured so provider/member/guardian would recognize when discharge criteria have been achieved?

Is there a projected date of transition/discharge?

Example:

- Member no longer reporting SIB as evident by self-reports and report of guardian for 1 month
- Takes medication as prescribed daily for 3 months.

Treatment Plan Goals:

These are listed in the treatment plan section of the Care Connection request, or you can list the goals in the Additional Information Section. Please note that in Continued Stay Reviews, progress on goals should be noted here or in the additional information or in the Treatment Progress section.

Transition/Discharge Plan, Progress and Additional Notes Section:

Is Discharge Anticipated During the Authorization Period? Please answer this yes or no every time.

Projected Date of Transition/Discharge: Please fill this in with an estimate, even if it's not planned within this review period.

Anticipated Step Down Service: check any of the choices that might apply; due to the level of this treatment service, a transitional service is recommended.

Plan for Transition/Discharge: Please include here the plan the team has developed for the guardian and members transition from ACT services.

Treatment Progress: This is additional space that can be used to discuss the treatment progress on the member's treatment plan. Also included here could be information about new goals, met goals, and modifications of the current plan to continue to meet the member's goals.

Additional Information: Please use this space to outline any relevant information that was not addressed prior, such as progress, response to treatment, plan to transition from this level of service, etc. In the Prior Authorization, there should be information that addresses the need for this service (higher than HCT and lower than hospital-level of care) such as the current level of functioning, the higher levels of care that are currently utilized or just recently utilized, and the reason that HCT cannot meet the member and family's needs.

Non-Concurrent Services with ACT:

Children's Assertive Community Treatment (ACT)	Crisis Resolution Crisis Residential Outpatient Therapy Medication Management Children's Home and Community Based Treatment (HCT)
------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------