Adult ACT Submission Guidelines for Continued Stay Requests

Eligibility:

- **Multiaxial Assessment:** Please make sure Date of Diagnostic Assessment is updated at each CSR and that the Section 17 qualifying Diagnosis for ACT services is listed as Primary Diagnosis.
- **Assessment Tool:** Please make sure date of LOCUS is updated each CSR.

List Medications: Please list relevant psychiatric medications.

Clinical Indicators Justifying Service Request: Please update clinical indicators at each CSR.

Treatment and Service History: Please update inpatient admissions, crisis episodes, homelessness, and corrections involvement.

Criteria for Discharge:

- Include specific and measureable transition/discharge criteria.
- What does the member hope to accomplish from ACT services? What behaviors would the 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 would recognize when the discharge criteria have been achieved?
- What is the projected date of transition/discharge?
- Discharge criteria can be in the member's words although provider should explain/describe how progress towards criteria will be measured.
- Please expand on what the following words mean and how they will be measured if used in a CSR: reduce, maintain, decrease, and manage.

  Example:
  - Client will be discharged when client is able to manage anxiety by client reporting less than 2 panic attacks a week.
  - Takes medication as prescribed daily for 3 months.
  - When she can rate her anxiety less than a 5 (1-10) a minimum of 6 times in a 3 month period.

Treatment Plan Goals:

- Identify the treatment strategies and services that are needed and are not able to accessed at a lower level of care.
- Treatment goals/objectives should correspond to the identified discharge criteria.

  Example:
  - If housing, coping skills are identified as part of member's discharge criteria; the treatment plan should include housing, coping skills.
- Treatment plan should contain the link between mental health symptoms and mental health qualifying diagnosis and identified treatment goals.

- How is the ACT team assisting member in managing mental health symptoms to improve member functioning?
- Because ACT is a multidisciplinary approach please identify progress in the goals that address the specific areas of ACT, i.e. Vocational Services, Peer Support, Individual therapy, Group Therapy, Psychiatry, Nursing, Case Management, Substance TX, and the use of On Call services.

Problem statement: Brief identification about problem to be targeted. Often may be in member words.

Example:

- Member struggles with anxiety. "I can't function in my day."

Long Term Goal: Brief description of target. Discharge criteria targets to be supported in service plan Long Term Goal step area.

Example:

- Member will be able to keep appointments

Short Term Goal: Identify the steps involved with meeting the Long Term Goals.

Example:

- Member will practice coping skills with provider at each appointment once a week.
- Member will practice taking the bus with provider.

Progress Since Last Review: Brief description of the member's progress working on each of the Short Term Goals.

Example:

- Member has set up transportation this period with provider support and reminders.
- Member has practiced distress tolerance skills twice this period and has reported minimal improvement with symptoms.
- Member has attended 3 out of 5 appointments on average.

Noting progress from Discharge Criteria: Measurable progress can be noted in Additional Information section or in treatment plan Progress Since Last Review section.

Example:

- Member reports taking medication as directed 4 days a week average in the last period.
- Member reports overall anxiety averages 7 (1-10) over this last 90 day period.

Target Date: Date goal is expected to be accomplished

Services to be Provided: Used to list specific services.
Example: Therapy; Case management; Substance Abuse Services, etc.

Frequency of Services: Estimate of how regularly provider meets with member.
Example: weekly; monthly (should correspond with service frequency in the Requested Services area)

Provider of Service: Used to identify who the provider is for a particular service.
Example: DLSS, ACT, PCP, Psychiatrist

Transition Discharge Plan: Discharge criteria can be included here. Please include Projected Date of Transition/Discharge even if member is not expected to be discharged within this authorization period. This date may change depending on member status or progress in treatment.

AdditionalInfo:

- This is a free text field to capture any information that you have not provided within the identified fields to support your unit request.
- If member is participating in other MH services, please describe ACT team's efforts to collaborate and coordinate with these providers (including DLSS) to manage member's needs, service utilization and avoid duplication of services.
- If minimal progress is noted, please identify barriers to progress and describe the ACT team's plan to address specific barriers to progress.
- ACT services is considered to be a non concurrent service with PNMI. If a member is participating in a PNMI program concurrently with the ACT team, please provide information to support medical necessity for two 24/7 MH services. This information should include clinical evidence that the defined service(s) will reduce the current symptoms of the mental illness and that the needed service(s) cannot be provided at a lower level of care. [Mainecare Benefits 17.08 C] Information should also include a description of the level of coordination of services between both service providers to avoid any service duplication. Please describe a specific plan to address barriers to discharge from one of the two non-concurrent services, and identify a projected timeline for this to occur.

Treatment Progress:
Since the previous authorization how has the member progressed: This reflects progress from the last authorization period (90 day). Progress towards discharge criteria targets may be noted here.

General Guidelines:

- Update all areas of CSR at each review.

- Please include only current progress towards specific goals information in the Additional Information area.
- Please limit historical information to only include information that is directly related to current needs and activities.
- Please be aware KEPRO communicates to providers through the download process. Please check downloads often for important information regarding your CSRs.
- If your CSR is shortened, please read the notes from the KEPRO download. We are looking for specific information in the next review to support medical necessity.
- A vital part of all medical necessity evaluations and recovery oriented practice is a plan to continuously prepare a person to function with the lowest intensity and least restrictive services. Constructing such a plan and testing it out does not commit a program to a specific date of discharge, but having target dates allows the provider and member to understand if progress towards greater autonomy is being made.