

Section 17 ACT Submission Guidelines for Prior Authorizations

Eligibility:

- Multiaxial Assessment: Diagnosis must be current and be a qualifying Diagnosis for ACT services under Primary Diagnosis.
- Assessment Tool: Eligibility requires LOCUS to be current and 20 or higher.
- Completion of the symptoms/behaviors summary portion of review (6 questions).
- Completion of the current clinical indicators justifying service request portion of review with specific focus on Risk/Danger to self/others.

Reason for referral to ACT Level of Care including identifying the following:

- Clear description of the acuity or severity of Mental Health symptoms and behaviors requiring ACT LOC vs a lower level of care.
- Identification of previous services attempted which were not successful in managing MH symptoms/needs ie CIS, Outpatient therapy.
- Identification and frequency of crisis/hospital/ED beds in recent past.
- Information to support need for participation in a 24/7 MH service.
- Information to support the need for multidisciplinary Mental Health approach.

ACT and PNMI services

ACT service is considered a non-concurrent service with PNMI per MaineCare policy. Medical Necessity criteria must be met for both services to be authorized. When submitting a PA for ACT services for a member who is also receiving PNMI services, 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 member's mental illness and that the needed service(s) cannot be provided in a manner that does not require a Waiver. [Mainecare Benefits 17.08 C]