

## Section 17 ACT Submission Guidelines for Prior Authorizations (For both MaineCare and OBH Funded requests)

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**Assessment:** Diagnosis must be current and be a qualifying Diagnosis for ACT services.

**Eligibility:**

- The person is age eighteen (18) or older or is an emancipated minor with:
- Diagnosis:
  - A primary diagnosis of Schizophrenia or Schizoaffective disorder in accordance with the *Diagnostic and Statistical Manual*; or
  - Another diagnosis with the exception of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders who has a written opinion from a clinician, based on documented or reported history, stating that he/she is likely to have future episodes, related to mental illness, with a non-excluded DSM 5 diagnosis, that would result in or have significant risk factors of homelessness, criminal justice involvement or require a mental health inpatient treatment greater than 72 hours, or residential treatment unless community support program services are provided.
  - Letter needs to be dated within the last year, covering the start date of request, and include diagnosis and symptoms tied to the risk factor(s). Letter can be written by and signed by (MD, DO, LCPC, LCPC/C, LCSW, LMSW-cc, APRN-PMHNP, PA, or Psychologist (Author must have seen the member face to face); or
  - Member has received treatment in a state psychiatric hospital (Riverview or Dorothea Dix), within the past 24 months, for a non-excluded DSM 5 diagnosis: or
  - Has been discharged from a mental health residential facility (PNMI), within the past 24 months, for a non-excluded DSM 5 diagnosis: or

- Has had two or more episodes of inpatient treatment for mental illness, for greater than 72 hours per episode, within the past 24 months, for a non-excluded DSM 5 diagnosis: or
  - Has been committed by a civil court for psychiatric treatment as an adult (dates required); or
  - Until the age of 21, the recipient was eligible as a child with severe emotional disturbance, and the recipient has a written opinion from a clinician, in the last 12 months, stating that
    - The recipient had risk factors for mental health inpatient treatment or residential treatment, unless ongoing case management or community support services are provided.
- **Assessment Tool:** Eligibility requires LOCUS to be current (within the last year covering start date of PA) and be 20 or higher.

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

- Complete questionnaires justifying service request portion of review with specific focus on Risk/Danger to self/others.
- 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. I.e. CIS, Outpatient Therapy, Med Management
- Identification and frequency of crisis/hospital/ED beds in recent past.
- Information to support need for participation in a 24/7 MH service requiring an average of 3 or more contacts per week.
- Information to support the need for multidisciplinary approach.

#### **ACT and PNMI Services**

- 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 services(s) cannot be provided in a manner that does not require a Waiver. I.e. with lower level services. [MaineCare Benefits 17.08C]