

## Section 17 ACT

# Submission Guidelines for Continued Stay Requests (For both MaineCare and OBH Funded Requests)

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### Eligibility

- **Diagnosis:** Please make sure date of diagnosis is within one year of the date of submission and is not future dated. Please include all relevant diagnoses.
- **Assessment Tool:** Please make sure date of LOCUS is within one year of the date of submission and is not future dated. The LOCUS score must be 20 or higher to provide eligibility for this service. If the LOCUS score does not meet please provide clinical information to support the continued need for the service.
- **17.02-3 Specific Policy Requirements:** A member meets the specific eligibility requirements for covered services under this section if:
  - The person is age eighteen (18) or older or is an emancipated minor with:
    1. A diagnosis of Schizophrenia or Schizoaffective disorder in accordance with the *Diagnostic and Statistical Manual, 5<sup>th</sup> edition (DSM 5)* criteria; or
    2. Another DSM 5 diagnosis or DSM 4 equivalent 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; based on documented or reported history; for the purposes of this section, reported history shall mean an oral or written history obtained from the member, a provider, or a caregiver; or
      - Has received treatment in a state psychiatric hospital, within the past 24 months, for a non-excluded DSM 5 diagnosis; or

- Has been discharged from a mental health residential facility, 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; 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.
- Because ACT is a multidisciplinary approach, what ACT services is member participating in and what specific goals are being addresses by those specific ACT services? I.e. Vocational Services, Peer Support, Individual Therapy, Group Therapy, Psychiatry, Nursing, Case Management, Substance Tx, and On Call. ACT requires 3 contacts a week this is a great place to add how those contacts are being completed.

**Medications:** Please list all relevant psychiatric medication.

**Criteria for Discharge:**

- What are the specific and measureable criteria for discharge?
- What does the member hope to accomplish from services? How would progress be measured so provider/member would recognize when discharge criteria have been achieved?
- Is there a projected date of transition/discharge?
- Please describe what the following words mean if provider uses them: reduce, maintain, decrease, and manage.
  1. 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 they can rate their anxiety less than a 5 (1-10) a minimum of 6 times in a 3 month period.

### Treatment Plan:

- Are the treatment goals/objectives corresponding to discharge criteria?
- Treatment plan contains the link between MH symptoms and identified treatment goals.

**Frequency of Services:** Provide a description of how the provider will use the requested units (breakdown of units) in this requested review period.

- How often is the provider meeting with the member and how is the provider supporting the member with the diagnosis?

**Duration of Services:** What length are contacts with member?

- Example:
  1. 1 hour, 2 hours
- Please identify the frequency/duration of appointments with member.

**General Questionnaire:** Please discuss the member's current presentation; symptoms, and behaviors (frequency, intensity and duration) that support the level of care request at this time.

- What are the current relevant symptoms and/or behaviors? What do they look like? How often are they occurring?
  - What has been the progress toward goals?
  - If none or minimal please discuss barriers to progress and provider's plan to address barriers.
- **Treatment Progress:** Since the previous authorization, how has the consumer progressed? This reflects progress from the last authorization period (90) day.
  - **General Guidelines:**
    - Please limit historical information to only include information that is directly related to current needs and activities
    - Please be aware Kepro communicates to provider through the download process.
    - If your CSR is shortened, please read the notes from the Kepro download. We are looking for specific information in the next review.
    - 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.

- If requested units are high due to need for interpreter please indicate this within the CSR.