

PerformCARE®		Policy and Procedure
Name of Policy:	Requests for Initial and Continued Authorizations for Assertive Community Treatment & Community Treatment Team Services	
Policy Number:	CM-053	
Contracts:	<input type="checkbox"/> All counties <input checked="" type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	03/11/24	
Last Revision Date:	02/17/25	
Last Review Date:	02/17/25	
OMHSAS Approval Date:	03/11/24	
Next Review Date:	02/01/26	

Policy: Assertive Community Treatment & Community Treatment Team services require prior authorization for initial and continued authorization requests.

Purpose: To outline the procedure for initial and continued authorization for Assertive Community Treatment & Community Treatment Team services.

Definitions: **NaviNet:** Provider Portal submission of documents/requests.

Acronyms: **ACT:** Assertive Community Treatment
CCM: Clinical Care Manager
CTT: Community Treatment Team
LOC: Level of Care
MNG: Medical Necessity Guidelines
TCM: Targeted Case Management

Procedure:

1. A Provider will verify criteria are met for service requests per *OMHSAS-08-03 ACT Bulletin* prior to submitting request for initial or continued ACT/CTT services.
2. A Provider requests prior authorization for ACT/CTT services by submitting the PerformCare ACT/CTT Authorization Request form to PerformCare through NaviNet.
3. The Provider is required to complete all information on the form for the request to be valid. If information on the form is not complete, PerformCare will make a telephonic outreach to the Provider to inform of the invalid request and provide an opportunity for resubmission.

4. All admission and discharges to ACT/CTT are based on Medical Necessity Guidelines per *OMHSAS-08-03 ACT Bulletin Attachment B Standard and Guidelines Section II: Eligibility: Consumer Eligibility*.
5. The standard approval/denial process is followed per *CM-013 Approval/Denial Process and Notification*.
6. If MNG for initial services is met, the CCM will approve service for an authorization of one year.
 - 6.1. Requests for additional units during a current authorization period should be submitted on the ACT/CTT Authorization form.
7. A Provider will follow the same request and form submission process for reauthorization requests as initial service requests. Reauthorization requests are to be submitted two (2) weeks prior to the expiration of the current authorization period to avoid a gap in services.
8. The assigned CCM will monitor to ensure treatment plan progress and Members move through the continuum of care appropriately based on MNG.
9. ACT/CTT Providers are required to keep the PerformCare Care Manager up to date on barriers to progress and provide notification within one (1) business day for Critical Incidents, State Hospitalization admission, Incarceration, Long term Care admissions and, Medical Hospitalizations and other clinically relevant changes to members status.
10. Discharge planning should occur at admission and a discharge target date should be established with the Member and based on target dates for goal completion. The discharge target data is fluid and may change based on progress or on-going treatment needs per Members goals. The treatment plan should have clear achievable goals and revised as needed. Members should be discharged when goals have been achieved. The discharge criteria in ACT Bulletin guidelines (*Section II Eligibility of the ACT Bulletin*) should be followed. Discharge should always be based on the Member progress and ongoing treatment needs, as well as direct Member input.
11. A 45-day pre-discharge planning meeting is required prior to discharge. All team members including PerformCare Care Manager, County ACT/CTT designee and Target Case Manager (if applicable) are required to be invited to the pre-discharge planning meeting. County ACT/CTT designee agreement or disagreement to discharge should be obtained during meeting.
12. A pre-discharge planning meeting is required for all unplanned discharges prior to formal notification of actual discharge from ACT/CTT. No immediate discharge should occur until a pre-discharge planning meeting is held to discuss after care services and discharge resources. This includes cases where member is in Mental Health or Psychical Health Inpatient. PerformCare Care Manager is required to participate in the discharge planning meeting.

13. A Provider is required to notify PerformCare of a Member's discharge from ACT/CTT services within two (2) business days of discharge and submit a discharge summary within ten (10) days to PerformCare.
14. Providers are required to submit *CM-053 Attachment 3 PerformCare Medicaid (MA) Lapse Notification Form* for ACT/CTT to PerformCare in lieu of a discharge summary when funding transitions to another source and Member is no longer funded by PerformCare, there is not information that Member MA will not transition back to PerformCare and is not discharged from ACT/CTT.
15. ACT/CTT and Targeted Case Management services can be authorized concurrently for 30 days during transition from one LOC to the other for continuity of care and treatment planning. TCM services should not duplicate services provided by ACT/CTT staff.
16. Providers are required to follow *OMHSAS-08-03 ACT Bulletin* and PerformCare Provider Memo *MH 24 - 112 ACT Psych Rehab, Peer Support Services Concurrently*.

Related Policies: *CM-004 Physician Advisor/Psychologist Advisor Consultation*
CM-011 Clinical Care Management Decision Making
CM-013 Approval/Denial Process and Notification
QI-044 Grievance Policy

Related Reports: None

Source Documents and References: *OMHSAS-08-03 ACT Bulletin and Attachment A Definitions, B MNG & ACT Core Competencies*
MH 24 - 112 ACT Psych Rehab, Peer Support Services Concurrently
MH 24 102 ACT/CTT Form updates

Superseded Policies and/or Procedures: None

Attachments: *Attachment 1 PerformCare ACT/CTT Prior Authorization Request Form*
Attachment 2 PerformCare ACT-CTT Discharge Form
Attachment 3 PerformCare MA Lapse Notification for ACT-CTT Form
Attachment 4 PerformCare Provider Memo MH 24 102 ACT/CTT Form updates
Attachment 5 PerformCare MH 24 - 112 ACT Psych Rehab, Peer Support Services Concurrently

Approved by:



Primary Stakeholder