

Children's Assertive Community Treatment (ACT) Submission Guidelines

Children's Assertive Community Treatment (ACT) service is a twenty-four-hour seven day a week intensive service in the home, community, and office designed to facilitate discharge from inpatient psychiatric hospitalization or to prevent imminent admission to a hospital. It may also be utilized to facilitate discharge from a psychiatric residential facility or prevent the need for admission to a crisis stabilization unit.

The following is a guide and tips to submitting Prior Authorizations (PAs) and Continued Stay Reviews (CSRs) for Children's Assertive Community Treatment.

Eligibility

- Must be more intensive and frequent than Outpatient or HCT can provide.
- Diagnosis of a serious emotional disturbance
- CAFAS, CANS, YOQ, or POQ
- Discharge from a psychiatric hospital, residential treatment facility, or crisis stabilization unit within the past month or be at clear risk for psychiatric hospitalization, residential treatment, or admission to a crisis stabilization unit with documented evidence that member is highly likely to experience clinical decompensation without ACT intervention.

Assessment

- Assure the correct updated diagnosis is in the CSR with qualifying DX for ACT services listed as primary diagnosis.

Assessment Tool

- CAFAS, CANS, YOQ, or POQ score are required and should be updated within the time frame of each CSR request.

Medications

- List relevant psychiatric medications and how ACT involved with administration (as minimum service requires face-to-face each month by PMHNP or Psychiatrist)

Treatment and Service History

- In each CSR, please update treatment plan, medication administration, inpatient admissions, crisis episodes, environmental issues, and any correctional/legal involvement.

Criteria for Discharge

- Include specific measurable discharge criteria. This would indicate to the provider and the family how they will know when ACT level of care is no longer needed and a transition to a lower level of care is indicated. What would 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/guardian would recognize when discharge criteria has been achieved? Is there a projected date of transition/discharge?