

Assertive Community Treatment (ACT)

Last Updated: 10/19/2023

Service Type:

0050 Outpatient Psychiatric Services, Enhanced Behavioral Health Services

Procedure Code:

H0040

Admission Criteria

All the following criteria must be met:

- The individual must be 18 years or older (as required by Early and Periodic Screening, Diagnostic and Treatment (EPSDT), youth below age 18 may receive ACT if medically necessary);
- The individual must have a documented DSM diagnosis that is consistent with a serious and persistent mental illness, including but not limited to, the following DSM categories: Schizophrenia Spectrum and Other Psychotic Disorders; and, Bipolar and Related Disorders. Individuals with diagnoses that fall outside of these categories may be eligible depending on the level of associated long-term disability; in these cases, a Physician letter justifying this exception should accompany the service authorization request.
- The individual has significant functional impairment as demonstrated by at least one of the following:
 - Significant difficulty in consistent performance of the range of routine tasks required for basic adult functioning in the community (for example, caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; attending to personal hygiene);
 - Significant difficulty maintaining consistent employment at a self-sustaining level; or
 - Significant difficulty consistently carrying out the head-of-household responsibilities (such as meal preparation, household tasks, budgeting, or child-care tasks and responsibilities); or
 - Significant difficulty maintaining a safe living situation (for example, repeated evictions or loss of housing or utilities).
- The individual has high service need as indicated by one or more of the following:
 - High use of acute psychiatric hospital as defined by multiple admissions within the past two years;
 - At least one recent long-term stay of 30 days or more in an acute psychiatric hospital inpatient setting within the last 2 years;
 - High use of behavioral health crisis services as defined by more than four interventions in the last 12 months;
 - Intractable (persistent or recurrent) severe mental health disorder symptoms (affective, psychotic, suicidal, etc.);
 - Co-occurring mental health and substance use disorder of significant duration (more than six months);
 - High risk or recent history of criminal justice involvement (such as arrest, incarceration, probation) as a result of the individual's mental health disorder symptoms;
 - Significant difficulty meeting basic survival needs;
 - Residing in substandard housing, homelessness, or imminent risk of homelessness as a result of the individual's mental health disorder symptoms;

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- Residing in an inpatient setting (e.g. state hospital or other psychiatric hospital) or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided;
- At risk of requiring a residential or institutional placement if more intensive services are not available; and/or
- Inability to consistently participate in traditional office-based services.

Continued Stay Criteria

Individuals must meet all the following:

- The individual continues to meet admission criteria;
- Another less intensive level of care would not be adequate to support recovery;
- ACT participation remains necessary due to continued risk for the following:
 - Compromised engagement in or ability to manage medication in accordance with the ISP;
 - Increased use of crisis services;
 - Inpatient psychiatric hospitalization;
 - Decompensation of social and recreational skills (e.g. communication and interpersonal skills, forming and maintaining relationships);
 - Decompensation in functioning related to activities of daily living;
 - Disruption in the individual's community supports due to individual's challenges with symptoms and functioning (Health, Legal, Transport, Housing, Finances, etc.);
 - Decompensation of vocational skills or vocational readiness;
- The ISP includes evidence suggesting that the identified problems are likely to benefit from continued ACT participation and the goals are consistent with the components of this service;
- The individual's natural supports, as appropriate, (e.g. individually identified-family/guardian/caregiver) are participating in treatment as clinically indicated and appropriate, or engagement efforts are underway; and
- Care coordination and discharge planning are documented and ongoing from the day of admission with the goal of transitioning the individual to a less intensive level of care. These efforts should include communication with potential future service providers, community partners, and resources related to school, occupational or other community functioning.

Service authorization is required (see service authorization section).

Discharge criteria

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The philosophy that guides the ACT model underscores that individuals participating in the service are expected to struggle with engagement given the severity of their mental illness. Individuals should not be discharged from the service due to perceived “lack of compliance” with the ISP or challenges integrating interventions into their lives towards recovery.

The individual meets discharge criteria if any of the following are met:

- The individual and team determine that ACT services are no longer needed based on the attainment of goals as identified in the ISP and a less intensive level of care would adequately address current goals;
- The individual no longer meets admission/continued stay criteria and/or meets criteria for another level of care, either more or less intensive, and that level of care is sufficiently available;
- Extenuating circumstances occur that prohibit participation including:
 - Change in the individual’s residence to a location outside of the service area.
 - The individual becomes incarcerated or hospitalized for a period of one year or more.
 - The individual chooses to withdraw from services and documented attempts by the program to re-engage the individual with the service have not been successful.

In circumstances where an individual is discharged from ACT because the individual becomes incarcerated or hospitalized, the provider is expected to prioritize these individuals for ACT services upon their anticipated return to the community, as long as the individual consents to returning to this service and ACT remains an appropriate and medically necessary service for the individual’s needs.