Assertive Community Treatment

Adults

Assertive Community Treatment (a.k.a. Program of Assertive Community Treatment, PACT, ACT) is an intensive community-based program that uses a multi-disciplinary team of behavioral health professionals and trained peers to provide or coordinate treatment, rehabilitation, and community support services for members who are recovering from severe mental health conditions. Assertive Community Treatment is focused on addressing the “why now” factors that precipitated access to this service (e.g., changes in the member’s signs and symptoms, psychosocial and environmental factors, or level of functioning) to the point that the member’s condition can be safely, efficiently and effectively treated without the support of Assertive Community Treatment.

Assertive Community Treatment services may be mobile or delivered within an outpatient treatment setting, and are available 24 hours a day, 7 days a week.

Assertive Community Treatment services vary in intensity, frequency, and duration in order to support the member’s ability to utilize behavioral health and medical services, manage functional difficulties, or otherwise realize recovery and resiliency goals.

INSTRUCTIONS FOR USE

This Level of Care Guideline provides assistance in interpreting behavioral health benefits managed by Optum, and is used to make coverage determinations in accordance with the terms of the member’s benefits.

All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the member’s benefits prior to use of this guideline.

Optum reserves the right, in its sole discretion, to modify its Level of Care Guidelines and other clinical guidelines as necessary.

While this Level of Care Guideline does reflect Optum’s understanding of generally accepted standards of clinical practice, it does not constitute medical advice.
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**Admission Criteria**

1. (See Common Criteria for All Levels of Care)
   
   AND

2. The member is not in imminent or current risk of harm to self, others, and/or property.
   
   AND

3. The member is diagnosed with one or more of the following Serious and Persistent Mental Illness (SPMI) diagnoses listed in the DSM 5 that seriously impairs their functioning in the community.
   3.1. Schizophrenia
   3.2. Other psychotic disorder
   3.3. Bipolar disorder
   3.4. Major depressive disorder
   3.5. These may also be accompanied by any of the following:
      3.5.1. Substance use disorder
      3.5.2. Developmental disability

4. The member meets two (2) or more of the following:
   4.1. Two or more acute psychiatric hospitalization and/or four or more emergency room visits in the last six months.
   4.2. Persistent and severe symptoms of a psychiatric disability that interferes with the ability to function in daily life.
   4.3. Two or more interactions with law enforcement in the past year for emergency services due to mental illness or substance use (this includes involuntary commitment, ACT/Forensic Assertive Community Treatment (FACT)).
   4.4. Currently residing in an inpatient bed, but clinically assessed to be able to live in a more independent situation if intensive services were provided.
   4.5. One or more incarcerations in the past year related to mental illness and/or substance use (FACT).
   4.6. Psychiatric and judicial determination that FACT services are necessary to facilitate release from a forensic hospitalization or pre-trial to a lesser restrictive setting (FACT).
   4.7. Recommendations by probation and parole, or a judge with a FACT screening interview, indicating services are necessary to prevent probation/parole violation (FACT).
5. The member meets one (1) of the following:
   5.1. Inability to participate or remain engaged or respond to traditional community-based services
   5.2. Inability to meet basic survival needs, or residing in substandard housing, homeless or at imminent risk of becoming homeless
   5.3. Services are necessary for diversion from forensic hospitalization, pretrial release or as a condition of probation to a lesser restrictive setting (FACT)

6. The member meets three (3) of the following:
   6.1. Evidence of co-existing mental illness and substance use/dependence
   6.2. Significant suicidal ideation, with a plan and ability to carry out within the last two (2) years
   6.3. Suicide attempt in the last two (2) years
   6.4. History of violence due to untreated mental illness/substance use within the last two (2) years
   6.5. Lack of support systems
   6.6. History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability
   6.7. Threats of harm to others in the past two (2) years
   6.8. History of significant psychotic symptomatology, such as command hallucinations to harm others

**Continued Service Criteria**

1. (See Common Criteria for All Levels of Care)

**Discharge Criteria**

1. (See Common Criteria for All Levels of Care)

**Clinical Best Practices**

1. Evaluation & Service Planning
   1.1. (See Common Clinical Best Practices for All Levels of Care)
   1.2. The responsible provider in conjunction with the Assertive Community Treatment team completes the initial evaluation within 24 hours of admission. The focus of the initial evaluation is on the member’s mental and functional status, the effectiveness of past treatment, and the member’s current needs for treatment, rehabilitation, and support services. The initial evaluation guides services until the comprehensive assessment and Assertive Community Treatment plan are completed.
   1.3. Service provision for ACT will be based on comprehensive history and ongoing assessment of:
      1.3.1. Psychiatric history, status and diagnosis
1.3.2. Level of Care Utilization System (LOCUS)
1.3.3. Psychiatric evaluation
1.3.4. Housing and living situation
1.3.5. Vocational, educational and social interests and capacities
1.3.6. Self-care abilities
1.3.7. Family and social relationships
1.3.8. Family education and support needs
1.3.9. Physical health
1.3.10. Alcohol and drug use
1.3.11. Legal situation
1.3.12. Personal and environmental resources
1.3.13. Each of these assessments will be completed within 30 days of admission. The LOCUS, psychiatric evaluation and treatment plan will be updated every six months, with an additional LOCUS score being completed prior to discharge.

1.4. The team will provide comprehensive, individualized services, in an integrated, continuous fashion, through a collaborative relationship with persons with SPMI to include the following.

1.4.1. Individualized care plan development within 30 days of admission and updated every 90 days.
1.4.2. Crisis assessment and intervention.
1.4.3. Symptom management and mediation.
1.4.4. Individual counseling.
1.4.5. Medication administration, monitoring, education and documentation.
1.4.6. Skills training in activities related to self-care and daily life management, including utilization of public transportation, maintenance of living environment, money management, meal preparation, locating and maintaining a home, skills in landlord/tenant negotiations and renter’s rights and responsibilities.
1.4.7. Social skills training necessary for functioning in a work, educational, leisure or other community environment.
1.4.8. Peer support.
1.4.9. Addiction treatment and education, including counseling, relapse prevention, harm reduction, anger and stress management.
1.4.10. Referral and linkage or direct assistance to ensure that individuals obtain the basic necessities of daily life, including medical, social and financial supports.

1.4.11. Education, support and consultation to individuals’ families and other major supports.

1.4.12. Monitoring and follow-up to help determine if psychiatric, substance use, mental health support and health related services are being delivered, as set forth in the care plan, adequacy of services in the plan and changes, needs or status of consumer.

1.4.13. The team will assist the consumer in applying for benefits. This includes Social Security Income, Medicaid and Patient Assistance Program enrollment.

1.4.14. For those clients with forensic involvement, the team will liaise with the forensic coordinators, providing advocacy, education and linkage with the criminal justice system to ensure the consumer’s needs are met in regards to their judicial involvement, and that they are compliant with the court orders.

1.5. The ACT team is coordinated by a responsible provider who:

   1.5.1. Is a behavioral health provider;

   1.5.2. Has knowledge and competencies that meet the member’s needs;

   1.5.3. Provides clinical supervision of the Assertive Community Treatment team;

   1.5.4. Provides direct services to the member.

1.6. The Assertive Community Treatment team includes a psychiatrist who:

   1.6.1. Provides assessment and treatment services;

   1.6.2. Participates in team meetings; and

   1.6.3. Provides clinical supervision and case consultation.

1.7. The Assertive Community Treatment team conducts regularly scheduled planning meetings. The purpose of planning meetings is to:

   1.7.1. Ensure that staff remain familiar with each member’s Assertive Community Treatment plan;

   1.7.2. Provide an opportunity to assess the member’s progress and reformulate the Assertive Community Treatment plan as needed;

   1.7.3. To problem-solve treatment issues;

   1.7.4. To obtain input from the member, and incorporate the member into decisions about the Assertive Community Treatment plan.
1.7.5. The service plan is reviewed and modified as necessary commensurate with the member’s needs, or no less than quarterly.

2. Discharge Planning

2.1. (See Common Clinical Best Practices for All Levels of Care)

References


History

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