



Ohio Medicaid UM – ACT Clinical Guidelines

References: OAC 5160-27-04 (draft); [OAC 5122-29-29](#); RFP#:ODMR-1617-1021 Section 4.3-Prior Authorization of Behavioral Health Redesign Services; Adult Needs and Strengths Assessment (ANSA).

Purpose: To identify the medical necessity criteria to be used when reviewing requests for authorization of Assertive Community Treatment (ACT) for Ohio Medicaid recipients with major functional impairment(s) and/or behavior which present a high risk to the individual due to severe and persistent mental illness and which necessitate high service intensity. ACT is an evidence-based model of delivering comprehensive community-based BH services to adults with certain serious and persistent mental illnesses who have not benefitted from traditional outpatient treatment (OAC 5160-27-04).

Procedure:

1. Member is 18 years or older, and;
2. Medicaid recipient is eligible to receive ACT when all of the following are met:
 - a. The recipient has a supplemental security income of social security disability insurance determination, or
 - b. Diagnosis(es): A primary DSM 5 diagnosis of schizophrenia spectrum, bipolar spectrum, or major depressive disorder with psychosis (OAC 5160-27-04), with the exception of Neurocognitive Disorders, Neurodevelopmental Disorders, Antisocial Personality Disorder and Substance Use Disorders.
 - i. Diagnostic indicator per DSM V would include a combination of:
 1. Symptoms
 - a. Psychosis
 - i. "Positive" Symptoms:
 1. Delusions
 2. Hallucinations
 3. Disorganized speech
 4. Disorganized behavior or catatonia
 - ii. "Negative" Symptoms
 1. Affect
 2. Avolition
 3. Alogia
 4. Anhedonia
 5. Asociality
 - iii. Other Symptoms
 1. Anosognosia
 2. Temperature / pain insensitivity
 - b. Mood
 - i. Manic/Hypomanic Episode
 - ii. Distractibility
 - iii. Increase in goal-directed activity or psychomotor agitation

- iv. Excessive involvement in activities that have a high potential for painful consequences
- v. Period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy; most of the day, nearly every day
- vi. Inflated self-esteem or grandiosity
- vii. Decreased need for sleep
- viii. More talkative than usual or pressure to keep talking
- ix. Flight of ideas or experience of “racing thoughts”
- c. Major Depressive Episode
 - i. Depressed mood
 - ii. Decreased interest or pleasure
 - iii. Significant weight loss or gain (when not trying)
 - iv. Insomnia or hypersomnia
 - v. Feeling restless or slowed down
 - vi. Fatigue or loss of energy nearly every day
 - vii. Feelings of worthlessness or excessive or inappropriate guilt
 - viii. Decreased ability to think or concentrate, or indecisiveness
 - ix. Recurrent thoughts of death or suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- 2. Duration of symptoms
- 3. Impact on functioning in all life domains

Possible Sources: discharge summaries, diagnostic assessment, disability determination letters, provider-developed ACT referral form

And

- 3. Member requires individualized intensive integrated services that are delivered by a multi-disciplinary team of practitioners and are available twenty-four (24) hours a day, every day, three hundred and sixty five (365) days a year, and;
- 4. A lower level of care has been attempted, or deemed clinically inappropriate, and;
- 5. Adult Needs and Strengths Assessment (ANSA) is required to be updated within the past year with the following criteria, and:
 - a. Two or greater on at least one of the items:
 - i. Mental Health Needs
 - ii. Risk Behaviors
 - b. OR a score of three on at least one of the items in the *Life Domain Function* section
 - i. 0 = no evidence
 - ii. 1 = history, watch/prevent
 - iii. 2 = moderate; causing problems; act
 - iv. 3 = severe; causing severe / dangerous problems; act immediately

6. Member must have one or more of the following Institutional use/functioning challenges, and:
- a. Two or more admissions to a psychiatric inpatient hospital setting during the past twelve months
or,
 - b. Two or more occasions of utilizing psychiatric emergency services during the past twelve months
or,
 - c. Significant difficulty meeting basic survival needs including residing in substandard housing, homelessness, imminent risk of homelessness *or,*
 - d. History within the past two years of criminal justice involvement including but not limited to arrest, incarceration, probation

Possible Sources: state or psychiatric hospital or psychiatric unit admission and discharge dates; discharge summaries; hospital emergency department/mobile crisis center/crisis residential unit stays/notes; house known to be a drug trafficking/use house, infested with pests, lack of working utilities, plumbing, HVAC, in area that compromises person's safety; Homelessness (streets, park bench, under bridge, cardboard box, couch-surfing, shelters, lack of permanent residence/has moved more than twice in last 12 months) or imminent risk of homelessness (threatened eviction, family refusing to continue housing person, neighbors have called police at least twice, has exhausted or been banned from all available community housing resources); documentation of names of correctional facilities, dates of incarceration, charges, probation or parole dates; provider-developed ACT referral form; ANSA rating sheet (1 or higher on residential stability, 2 or higher on legal or medication compliance, or 3 or higher on Sexuality or Self-care, or 2 or higher on any item of Mental Health Needs, or 2 or higher on any item under Risk behaviors except Gambling

- e. AND one or more of the following other functional indicators:
- i. Persistent or recurrent severe psychiatric symptoms including but not limited to affective, psychotic, suicidal *or,*
 - ii. Coexisting substance use disorder of more than six month in duration *or,*
 - iii. Residing in an inpatient or supervised residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided *or,*
 - iv. At risk of psychiatric hospitalization, institutional, supervised residential placement if more intensive services are not available *or,*
 - v. Has been unsuccessful in using traditional office-based outpatient services

Possible Sources: acute and chronic affective or psychotic symptoms; SI or attempt in last 12 months; hospital discharge summaries; diagnostic assessments; ANSA mental Health Needs 2 or greater on any item, Risk Behaviors 2 or higher on any item except Gambling, Life Domain Functioning 1 or higher on Residential Stability, 2 or higher on Legal or Medication Compliance or 3 or higher on Sexuality or Self-care; residing in inpatient or supervised residence but clinically assessed to be able to live in a more independent situation with intensive services; currently residing in supervised residence (e.g., group home or other residential treatment setting where formal services are provided); person requests to move to independent living situation but assessed to need more supports to be safe/successful; PASRR recommendation to move to less restrictive setting; other evidence that person is not at appropriate level of care due to lack of better options; at risk of psychiatric hospitalization or other institutional placement if more intensive services are not available; AOD use has adversely impacted functioning, housing, community tenure, ability to care for needs, or has resulted in hospitalization, exacerbation of symptoms, or treatment engagement; threatening behavior; discontinues medication against medical advice; vagrancy or loitering, or “nuisance to community”; unsuccessful in using traditional office-based outpatient services (e.g., terminated from services due to non-adherence, missing appointments, not engaging in treatment, being banned from premises for inappropriate behaviors, fired from previous providers, transient); Provider-developed ACT referral form; ANSA-Mental Health Needs 2 or higher, Risk Behaviors 2 or higher (except Gambling), Life Domain Functioning 1 or higher on Residential Stability, 2 or higher on Medication Compliance or Legal, or 3 or higher on Sexuality or Self-Care.

7. Prior Authorization procedure for Ohio Medicaid for ACT:
 - a. The provider must request prior authorization from KEPRO before ACT services can be rendered.
 - b. Prior authorizations must be accompanied by the appropriate documentation which includes, but is not limited to the ANSA results or the documentation that supports the social security determination (OAC 5160-27-04).
 - c. Maximum authorization – 12 months at any one time.
 - d. At conclusion of previous 12-month authorization, provider may request additional ACT services for continued stay
 - e. Recovery timelines will vary by individual
 - f. Typically, no less than 12 months, may need ACT Level for 7+ years.
 - i. Ongoing services would require evidence that consumer engaged. Documentation evaluated for progress and possible step down.