



POLICY AND PROCEDURE MANUAL

Policy Number: PA.227.CC
Last Review Date: 06/25/2020
Effective Date: 07/01/2020

PA.227.CC- Assertive Community Treatment

CountyCare considers **Assertive Community Treatment** medically necessary for the following indications:

1. The member is 18 years or older,
AND
2. Member requires treatment for a mental or behavioral health disorder (as specified in 59 ILAC 132.25) recognized by the current edition of the Diagnostic & Statistical Manual of Mental Disorders,
AND
3. The member exhibits recent significant disturbance in mood, thought, or behavior interfering with independent and appropriate function of activities of daily life,
AND
4. Member is able to participate in therapeutic interventions and shows potential for symptom improvement or symptom management
AND
5. Member must have a documentation of a treatment plan leading to the reduction or control of symptoms
AND
6. Member has history of poor engagement with outpatient services and is at risk of recurrent psychiatric hospitalizations as indicated by at least one of the following:
 - a. The member has had two or more inpatient hospitalizations in past two years, OR
 - b. The member has had a crisis and/or required emergency services intervention at least twice in the past two years, OR
 - c. The member has received residential treatment for more than six months in duration in the past 12 months, OR
 - d. The member has experienced chronic homelessness or unstable housing in the past six months, OR
 - e. The member has experienced two or more years of serious and persistent psychiatric impairment, OR
 - f. The member is transitioning out of recent incarceration.

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Limitations – Minimum Staff Requirements:

1. Each ACT team shall consist of at least six FTE staff including a licensed clinician as team leader and at least one RN.
2. The team must be supported by a psychiatrist and program/administrative assistant.
3. At least one team member must have training or certification in substance abuse treatment, one in rehabilitative counseling and one person in recovery.

Background:

Assertive community treatment is an evidence-based model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious and persistent mental illness or co-occurring mental health and medical or alcohol/substance abuse disorders. It requires an intensive integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.

Example activities include:

- Symptom assessment and management including ongoing assessment, psycho-education, and symptom management efforts.
- Supportive counseling and psychotherapy on planned and as-needed basis.
- Medication prescription, administration, monitoring and documentation.
- Dual-diagnosis substance abuse services including assessment and intervention.
- Support of activities of daily living.
- Assist client with social/interpersonal relationship and leisure time skill building.
- Encourage engagement with peer support services.
- Services offered to families and/or other major natural supports (with the client's permission).
- Development of discharge or transition goals and related planning.

Codes:

| Code | Description |
|-------|---|
| H0039 | Assertive community treatment, face-to-face, per 15 minutes |

NOTE: *Group billing limited to curriculum-based skills training offered only to ACT members—not more than 8 participants per group, a client to staff ratio of no more than 4:1 and no more than two hours per week per client.*

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References

1. Chien WT, Leung SF, Yeung FK, Wong WK. Current approaches to treatments for schizophrenia spectrum disorders, part II: psychosocial interventions and patient-focused perspectives in psychiatric care. *Neuropsychiatric Disease and Treatment* 2013;9:1463-81. DOI: 10.2147/NDT.S49263.
<https://www.ncbi.nlm.nih.gov/pubmed/24109184>
2. Coldwell CM, Bender WS. The effectiveness of assertive community treatment for homeless populations with severe mental illness: a meta-analysis. *American Journal of Psychiatry* 2007;164(3):393-9. DOI: 10.1176/appi.ajp.164.3.393.
<https://www.ncbi.nlm.nih.gov/pubmed/17329462>
3. Earnheart K, et al. Partial hospitalization programs and intensive outpatient programs. 2015 AABH Standards and Guidelines [Internet] Association for Ambulatory Behavioral Healthcare. 2015 Accessed at: <http://www.aabh.org/#!/aabh-standards--guidelines/c23ge>
4. MCG 21st Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures > Assertive Community Treatment (B-808-T).
5. Optum 360. HCPCS Code Detail – H0039.
6. State of Illinois. Community Mental Health Services. Service Definition and Reimbursement Guide.

Disclaimer:

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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