

Assertive Community Treatment (ACT)

Policy Number: SC14P0021A3

Effective Date: May 1, 2018

Last Update: August 3, 2021

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
August 3, 2021	Annual policy review completed. Grammatical changes were made to the document. These changes did not impact the technical requirements within the document
September 24, 2020	Annual policy review. No technical changes were made to the policy. Information was moved to the new UCare template, and as a result some information was reformatted.
July 23, 2020	Annual policy review completed. Added H0040 HA as an eligible ACT service. Previously only the modifier was listed to indicate it could be added to H0040. The policy was moved to the new UCare format, and as a result some information was reformatted.
February 25, 2020	Annual policy review. No changes were made to the policy.
June 24, 2019	Provider eligibility requirements for Level I and Level II Certified Peer Specialists were updated based on DHS requirements.
January 1, 2019	Annual policy review. Other than updating the UCare logo no changes were made to this policy.
May 1, 2018	The ACT policy is published by UCare.

APPLICABLE PRODUCTS

This policy applies to the products outlined below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓



PAYMENT POLICY

UCARE PRODUCT	APPLIES TO
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓

TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE
PAYMENT POLICY HISTORY	1
APPLICABLE PRODUCTS	1
TABLE OF CONTENTS.....	3
PAYMENT POLICY OVERVIEW	6
POLICY DEFINITIONS	6
ENROLLEE ELIGIBILITY CRITERIA.....	12
ELIGIBLE PROVIDERS OR FACILITIES	12
Provider.....	12
Facility	13
Other and/or Additional Information	13
EXCLUDED PROVIDER TYPES	14
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	14
General Information	14
Modifiers.....	14
CPT and/or HCPCS Code(s).....	14
Revenue Codes.....	15
PAYMENT INFORMATION	15
Payment – General Information	15
Payment Guidelines	15
BILLING REQUIREMENTS AND DIRECTIONS	16
PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION	16
Prior Authorization and Notification Requirements	16
RELATED PAYMENT POLICY INFORMATION.....	16
SOURCE DOCUMENTS AND REGULATORY REFENCES.....	17

DISCLAIMER..... 17

This page was intentionally left blank

PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Assertive community treatment (ACT) provides a single, fixed point of responsibility for treatment, rehabilitation, and support needs for clients. Services are offered 24 hours per day, seven days per week, in a community-based setting. This policy provides information regarding the billing and payment of ACT services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Assertive Community Treatment (ACT)	<p>Means is an intensive, comprehensive, non-residential rehabilitative mental health service team model. Services are consistent with Adult Rehabilitative Mental Health Services (ARMHS), except ACT services are:</p> <ul style="list-style-type: none"> • Provided by multidisciplinary, qualified staff who have the capacity to provide most mental health services necessary to meet the patient’s needs, using a total team approach • Directed to patients with a serious mental illness who require intensive services • Offered on a time-unlimited basis and are available to patients 24 hours per day, 7 days per week, and 365 days per year.

TERM	NARRATIVE DESCRIPTION
Benefits and Finance Support	<p>Means assisting patients in capably managing financial affairs. Services include, but are not limited to:</p> <ul style="list-style-type: none"> • Assisting client's in applying for benefits; • Assisting with redetermination of benefits; and • Providing financial crisis management. <p>Teaching and supporting budgeting skills and asset development; and coordinating with a patient's representative payee, if applicable.</p>
Certified Peer Specialist	<p>Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience.</p> <p>Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience.</p> <p>UCare recognizes two levels of certified peer specialists: Level I and Level II.</p> <p><i>Certified Peer Specialist Level I</i></p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; and • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam. <p><i>Certified Peer Specialist Level II</i></p> <p>Level II peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam; • Is qualified as a mental health practitioner; and

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> A CPS on a crisis stabilization team must complete at least 30 hours of crisis intervention and stabilization training during their first two years on the team.
Co-Occurring Disorder Treatment	<p>Means the treatment of co-occurring mental illness and substance use disorders and is characterized by assertive outreach, stage-wise comprehensive treatment, treatment goal setting, and flexibility to work within each stage of treatment. Services include, but are not limited to, assessing, and tracking patients' stages of change readiness and treatment; applying the appropriate treatment based on stages of change, such as outreach and motivational interviewing techniques to work with patients in earlier stages of change readiness and cognitive behavioral approaches and relapse prevention to work with patients in later stages of change; and facilitating access to community supports.</p>
Diagnostic Assessment	<p>Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.</p>
Employment Services	<p>Means assisting clients to work at jobs of their choosing. Services must follow the principles of the individual placement and support (IPS) employment model, including focusing on competitive employment; emphasizing individual client preferences and strengths; ensuring employment services are integrated with mental health services; conducting rapid job searches and systematic job development according to client preferences and choices; providing benefits counseling; and offering all services in an individualized and time-unlimited manner. Services shall also include educating clients about opportunities and benefits of work and school and assisting the client in learning job skills, navigating the workplace, and managing working relationships.</p>
Family Psychoeducation and Support	<p>Means services provided to the patient family and other natural supports to restore and strengthen the patient's unique social and family relationships. Services include, but are not limited to, individualized psychoeducation about the patient's illness and the role of the family and other significant people in the therapeutic process; family intervention to restore contact, resolve conflict, and maintain relationships with family and other significant people in the client's life; ongoing communication and collaboration between the ACT team and family; introduction and referral to family self-help programs and advocacy organizations that promote recovery and family engagement, individual supportive counseling, parenting training, and service coordination to help patients fulfill parenting responsibilities; coordinating services for the child and restoring relationships with children</p>

TERM	NARRATIVE DESCRIPTION
	<p>who are in the patient’s custody; and coordinating with child and welfare and family agencies, if applicable. These services must be provided with the patient’s agreement and consent.</p>
<p>Functional Assessment</p>	<p>Means an assessment that clearly and concisely describes an individual’s:</p> <ul style="list-style-type: none"> • Current status and level of function within each domain, and when applicable and present, making the link to the individual’s mental illness and his or her status and level of functioning within that specific domain • Current status and level of functioning within each domain • Identify functional strengths and impairments to: <ul style="list-style-type: none"> ○ Help the individual articulate his or her recovery life vision or goal, service goals, needs and priorities ○ Prioritize needs based on the individual’s preferences and posed risk ○ Formulate service planning based on the individual’s recovery vision or goal, service goals, priorities and best practice interventions ○ Utilize the individual’s strengths of functioning and resources in any domain to build, restore and enhance functioning that is currently impaired in that same or another domain ○ Demonstrate medical necessity and establish a “golden thread” documenting that necessity throughout the individual’s service record ○ Inform other assessments (i.e., LOCUS) ○ Guide the documentation for all services and interventions ○ Justify reimbursement or payment for services <p>Cultural and social mores of the individual must be considered in the assessment of all domains.</p>
<p>Housing Access Support</p>	<p>Means assisting patients to find, obtain, and move to safe and adequate housing of their choice. Housing access support includes, but is not limited to, locating housing options with a focus on integrated independent settings; applying for housing subsidies, programs, or resources; assisting the patient in developing relationships with local landlords; providing tenancy support and advocacy for the individual’s tenancy rights at the patient’s home; and assisting with relocation.</p>
<p>Individual Treatment Plan</p>	<p>Means the person-centered process that focuses on developing a written plan that defines the course of treatment for the patient. The plan is focused on collaboratively determining real-life outcomes with a patient and developing a strategy to achieve those outcomes. The plan establishes goals, measurable objectives, target dates for achieving specific goals, identifies key participants in the process, and the responsible party for each</p>

TERM	NARRATIVE DESCRIPTION
	treatment component. In addition, the plan outlines the recommended services based on the patient’s diagnostic assessment and other patient specific data needed to aid the patient in their recovery and enhance resiliency. An individual treatment plan should be completed before mental health service delivery begins.
Level of Care Utilization System (LOCUS) Assessment	Means a level of care tool to help determine the resource intensity needs of individuals who receive adult mental health services along a continuum of care. The assessment is used to ensure and support that an accurate level of care is being utilized for the considerations of an individual’s needs. All LOCUS recording forms must be reviewed and signed by a clinical supervisor unless it is completed by a mental health professional or a Mental Health Rehabilitative Professional. The assessment form is not valid without all necessary signatures.
Medication Assistance and Support	Means assisting patients in accessing medication, developing the ability to take medications with greater independence, and providing medication setup. This includes the prescription, administration, and order of medication by appropriate medical staff.
Mental Health Practitioner	<p>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in at least one of the following five ways:</p> <ol style="list-style-type: none"> 1. Holds a bachelor’s degree in a behavioral science or a related field, from an accredited college or university and meets either a or b: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness b. Is fluent in a non-English language of a cultural group to which at least 50% of the practitioner’s patients belong, completes 40 hours of training in the delivery of services to patients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met 2. Has at least 6,000 hours of supervised experience in the delivery of mental health services to patients with mental illness. Hours worked as a mental health behavioral aide I or II under Children’s Therapeutic Services and Supports (CTSS) may be included in the 6,000 hours of experience for child patients. 3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training? 4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university.

TERM	NARRATIVE DESCRIPTION
	<p>5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe</p> <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child patient must have training working with children. • A mental health practitioner for an adult patient must have training working with adults.
Mental Health Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician
Physical Health Services	<p>Means any service or treatment to meet the physical and physical health needs of the patient to support the patient’s mental health recovery. Services, include, but are not limited to, education on primary health issues, including wellness education; medication administration and monitoring; providing and coordinating medical screen and follow-up; scheduling routine and acute medical and dental are visits; tobacco cessation strategies; assisting clients in attend appointments; communicating with other providers; and integrating all physical mental health treatment.</p>
Primary Team Member	<p>Means the person who leads and coordinates the activities of the individual treatment team and is the individual treatment team member who has primary responsibility for establishing and maintaining a therapeutic relationship with the patient on a continuing basis.</p>
Rehabilitation Mental Health Services	<p>Means mental health services that are rehabilitative, and end enable the patient to develop and enhance p psychiatric stability, social competencies, personal and emotional adjustment, independent living, parenting skills, and community skills, when these abilities are impaired by the symptoms of mental illness.</p>
Therapeutic Interventions	<p>Means empirically supported techniques to address specific symptoms and behaviors such as anxiety, psychotic symptoms, emotional dysregulations, and trauma symptoms. Interventions include empirically supported psychotherapies including, but not limited to, cognitive behavioral therapy, exposure therapy, acceptance and commitment therapy, interpersonal therapy, and motivational interviewing.</p>

TERM	NARRATIVE DESCRIPTION
Wellness and Self-Management and Prevention	Means a combination of approaches to working with the client to build and apply skills related to recovery, and to support the patient in participating leisure and recreational activities, civic participation, and meaningful structure.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

An individual must be enrolled and eligible for coverage in an UCare MHCP product to eligible for this service. In addition, an UCare member must meet the following requirements to be eligible to receive ACT services:

- Be eighteen (18) years or older to receive ACT services. Patients ages sixteen (16) and seventeen (17) may be eligible upon approval by the commissioner and have a primary diagnosis of schizophrenia, schizoaffective disorder, major depressive disorder with psychotic features, other psychotic disorders, or bipolar disorder
- Have a significant functional impairment demonstrated by at least one of the following:
 - No indication that other available community-based services would be equally or more effective as evidenced by consistent and extensive efforts to treat the individual
 - Written opinion of a licensed mental health professional that the patient has the need for mental health services that cannot be met with other available community-based services or is likely to experience a mental health crisis or require a more restrictive setting if ACT is not provided.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Provider

An eligible ACT program must:

- Have a contract with a host county
- Be certified by DHS

An ACT team must include the following:

- A Team Leader who is a licensed Mental Health Professional
- Psychiatric care provider
- Licensed Mental Health Professional
- Registered Nurse
- Co-occurring Disorder Specialist
- Vocational specialist
- Mental Health Certified Peer Specialist
- Program administrative assistant

ACT teams must offer and have the capacity to provide the following services:

- Assertive engagement
- Benefits and finance support
- Co-occurring disorder treatment
- Crisis assessment and intervention
- Employment services
- Family psychoeducation and support
- Housing access support
- Medication education
- Mental health certified peer specialist services
- Rehabilitative mental health services
- Symptom management
- Therapeutic interventions
- Wellness self-management and prevention

Other services based on client needs as identified in a client's needs as identified in the patient's individual treatment plan.

Facility

Not applicable.

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HA	Child or Adolescent
HK	Intensive or Children’s Day Treatment

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0040		Assertive Community Treatment Program
H0040	HA	Assertive Community Treatment Program - Children

H0040	HK	Assertive Community Treatment – Forensic
-------	----	--

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

Not applicable

PAYMENT INFORMATION

Payment – General Information

- Payment for ACT services is:
 - Based on one all-inclusive daily rate
 - Made to one provider per day
- Each claim must be for a face-to-face contact (ACT team member and patient).
- Only one agency may bill when team members are from more than one agency. The billing provider reimburses other contributing agencies.

Payment Guidelines

Based on MHCP guidelines when certain mental services are furnished by a Masters prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Masters prepared providers are:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) Master’s Level
- Psychiatric Nurse Practitioner

The table below provides pertinent payment information

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY	PROVIDERS ELIGIBLE TO PERFORM SERVICE
H0040		Assertive Community Treatment - Adult	Per Diem	No	No	<ul style="list-style-type: none"> County contracted multidisciplinary treatment team
H0040	HA	Assertive Community Treatment - Children	Per Diem	No	No	<ul style="list-style-type: none"> County contracted multidisciplinary treatment team
H0040	HK	Assertive Community Treatment – Forensic	Per Diem	No	No	<ul style="list-style-type: none"> County contracted multidisciplinary treatment team

BILLING REQUIREMENTS AND DIRECTIONS

Guidelines regarding how to bill UCare for Assertive Community Treatment are outlined below:

- Submit Assertive Community Treatment service using the 837-P format or the electronic equivalent.
- Do not enter a treating provider.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
SC14P0026A3	Certified Peer Specialist

SOURCE DOCUMENTS AND REGULATORY REFERENCES**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY**

MHCP Provider Manual, Mental Health Services, [Assertive Community Treatment](#), Revision 09/28/2017

[Minnesota Statutes 245B.0622 Assertive Community Treatment \(ACT\) and Intensive Residential Treatment Services](#)

Minnesota Statutes 256b.0622, Subd. 2a (eligibility)

Minnesota Statutes 256b.0622, Subd. 3a (provider certification and contract requirements)

Minnesota Statutes 256B.0622, Subd. 7a (staff requirements and roles)

Minnesota Statutes 256B.0622, Subd. 7b (program size and opportunities)

Minnesota Statutes 256B.0622, Subd. 7e (team variances)

[ACT Provider List](#)

[MHCP Procedure CPT or HCPCS Codes and Rates List](#)

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence

of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT^{®*}), InterQual guidelines, Centers for Medicare, and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT[®] or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”

