

Operationalizing Community Based Service Delivery with ACT/CST in the MICP



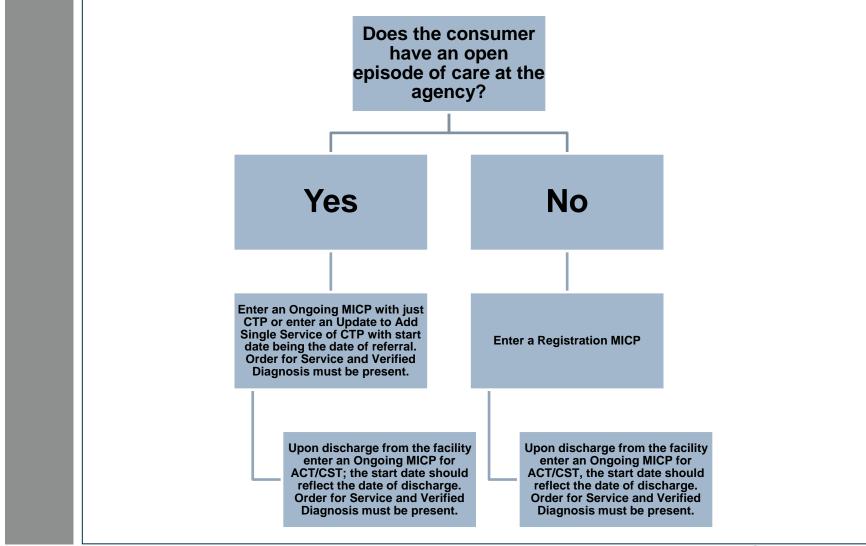
Community Transition Planning for State Funded ACT and CST Teams

When do we use Community Transition Planning?

- New referral in hospital, jail or crisis stabilization
- Existing consumer who enters hospital, jail or crisis stabilization
- Community Transition Planning (CTP) is used to engage the consumer and develop plans for what will happen post discharge
- ACT/CST may not be billed while a consumer is in a jail or institute of mental disease



New Consumer: Provider contracted for both Core and ACT/CST





New Consumer:

Provider contracted ACT/CST only (Specialty Provider)

 Enter a New Episode for Community Transition planning

- Order for Service must be in place

- Verified Diagnosis must be in place
- Upon consumer discharge from facility enter an Ongoing for ACT
 - Start date should reflect the date consumer is discharged
 - All other documentation requirements should be present in medical record





Existing Consumer

- Consumer enters jail, hospital, short term S.A. program or other facility
- Enter an Update to Add Single Service for Community Transition Planning
- Use Community Transition Planning units for services rendered that are consistent with the service definition
- Resume use of ACT upon discharge from the facility





Assertive Community Treatment MICP Authorization Process

October 13, 2011





ACT Documentation Requirements

ACT Documentation Requirements

- Submitting documentation at the same time a MICP is Web Approved is key to avoiding unnecessary Review 1
- Required documentation can be found <u>http://www.apsero.com/webx/.ee81e8b/</u>
- Emphasis for continued stay is on quality not quantity, select a small set of notes that reflect how individual meets continued stay
- Do not send third party information



ACT Documentation Requirements

- Email to gaero@apshealthcare.com
- One consumer per communication
- Zip files of pdf documents are best for email
- Use an encrypted/secure email method





Making the Most of the MICP

What to include in the MICP

- Presenting Circumstances and Explanation of Exceptions should reflect highlights from the assessment which support the admission criteria
 - Be specific (dates, locations, time frames, severity)
 - Do not copy language from the guidelines
- Presenting Circumstances and Explanation of Exceptions should reflect the specific ways in which the individual meets the Continued Stay Criteria
 - Be specific
 - Do not copy language from the guidelines



Admission Criteria

Ensure Criteria #3 is clearly documented in the MICP and the supporting documentation

- Criteria #3
 - Past or present intensive behavioral health treatment has shown minimal effectiveness OR
 - Individual is transitioning from a state forensic unit or group home on a Conditional Release order; OR
 - Within the last 180 days, the individual has been incarcerated 2 or more times related to a behavioral health condition; OR
 - Within the last 180 days, individual has been admitted to a psychiatric hospital or crisis stabilization unit 2 or more times



Admission Criteria

Criteria #4

- 4b include examples, times frames, and severity of "symptoms that place the individual at risk of harm to self or others"
- 4c must have a documented SA diagnosis, SA must appear in the assessment, SA must appear in the IRRP
- 4d criminal justice involvement must be related to a mental illness
- 4f applies to:
 - Individual in an inpatient facility and no longer meets medical necessity for that level of care
 - Consumer who is receiving H0043 from an MRO provider
 - Consumer who is residing in a forensic group home
 - NOT someone who is in a PCH, Transitional Housing, inpatient unit and meets medical necessity, etc.
- 4g must provide evidence of multiple agency trials if this is one of the two minimum requirements



Continued Stay Criteria

- Many consumers meet #4 and documentation is present
- Documentation should support at least one other item from the Continuing Stay Criteria
 - Hospitalization, CSP admission, or unscheduled crisis visit(s)
 - Symptoms and behaviors that create a risk of harm to self or others
 - Unscheduled contact with the criminal justice system or behaviors which would result in a violation of supervision requirements
 - Behaviors or severe impairment in functional status which places housing at risk



Making the most of your MICP

- Ensure presenting circumstances are complete and specific
 - Dates
 - Level of severity and/or lethality
 - How a crime relates to behavioral health concerns
 - Environment and support system
- Use the explanation of exceptions to communicate how consumer meets criteria



Making the most of your MICP

- Ensure the IRRP address areas related to how consumer meets criteria
- Ensure fields are completed with accuracy
 - Living situation
 - Legal
 - SA
 - Diagnosis
 - Transition/Discharge Date





Transitioning Consumers

Transitioning Consumers

- Transition/Discharge begins at Admission
- Working with the consumer, stakeholders and the Regional Office (where appropriate)
- A lack of services in the area, difficulties getting appointments for a lower level of care or lack of available representative payee will not influence the authorization process
 - Advocate for the consumer
 - Use natural supports
 - Call upon the Regional Office to assist with the transition



When transition is not successful

- There will be times where transition is attempted but is not successful
- Documentation should reflect
 - Consumer involved in the transition process
 - Multiple attempts to choose provider(s), schedule and attend appointments, etc.
 - How the lack of success affects recovery gains
- Submit another Ongoing and the Care Manager will determine clinical necessity



Transition MICPS

- Four weeks to provide both Core and CST/ACT
- Upon identifying the transition plan submit appropriate MICPs
 - Update to Add Single Services
 - Ongoing with new services added
 - CM will provide a limited authorization for the ACT MICP
- Include the details of the transition plan in the MICP
- Concurrent MICPs from different agencies may include exclusionary services but exclusionary services may not be billed on the same day as ACT; agencies must coordinate



