



Fax request to: Optum Public Sector San Diego
 Phone: (800) 798-2254, option 3 then 4
 Fax: (866) 887-2983

County of San Diego Behavioral Health Plan

Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Prior Authorization Request

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| <input type="checkbox"/> Prior Authorization Request
<input type="checkbox"/> Step-up Request from ICM to ACT (same program only) | <input type="checkbox"/> Continuing Request
<input type="checkbox"/> Other Health Coverage (If applicable, include signed AOB with first request to Optum) |
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Client Information

Client Name:	Date of Birth:
Medi-Cal or Social Security Number:	Client SmartCare ID:

Program Information

Legal Entity:	Program Name:
Phone:	Fax:
Program Manager Name:	ACT or FACT Request: <input type="checkbox"/> ACT <input type="checkbox"/> FACT

ACT/FACT Criteria: (1-10 are required, 9 required for FACT only)

1. Member is age 18 or older (or TAY if permitted by contract)

2. Member is Medi-Cal eligible, has pending Medi-Cal eligibility, or meets income criteria up to 200% of the Federal Poverty Level (FPL).

3. Diagnosis (SMI Requirement): Member meets criteria for a Serious Mental Illness as evidenced by one or more of the following diagnoses:
 - Schizophrenia Spectrum or Other Psychotic Disorder
 - Bipolar I or II Disorder
 - Major Depressive Disorder with Psychotic Features
 - Other qualifying SMI diagnosis (specify):

DSM Diagnosis Code(s):

4. Significant Functional Impairment: Must be met by a score of 3 or lower, on two or more of the following questions on the Daily Living Activities-20 Scale (DLA-20) (*check all that apply*):
 - Question #1 Health Practices:** Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments. Score:
 - Question # 8 Problem Solving:** Resolves basic problems of daily living, asks questions for clarity and setting expectations. Score:
 - Question #16 Coping Skills:** Knows about nature of disability/illness, probable limitations, and symptoms of relapse; behaviors that cause relapse or make situation/condition worse; options for coping, improving, preventing relapse, restoring feelings of self-worth, competence, being in control. Score:
 - Question #17 Behavior Norms:** Complies with community norms, probation/parole, court requirements, if applicable; controls dangerous, violent, aggressive, bizarre, or nuisance behaviors; respects rights of others. Score:

5. High Acuity / High Utilization Criteria: Member meets one or more of the following:
 High use of psychiatric hospitalization or psychiatric emergency services as defined by one of the criteria below:
- Psychiatric inpatient (minimum of 1), or CSU admissions (minimum of 1), or an extended inpatient stay (14+ days) in the past 6 months
 - Multiple PERT or MCRT contacts (minimum of 2) in the past 6 months
 - Discharged directly from a State Hospital or MHRC/STP with a clinical assessment that, despite stabilization, cannot be safely maintained in a lower-intensity setting
 - Intractable (persistent or recurrent) severe major psychiatric symptoms (e.g., affective, psychotic, suicidal)
 - Co-existing SUD of significant duration
 - High-risk or a recent history of being involved in the criminal justice system
 - Living in sub-standard housing, experiencing homelessness, or at imminent risk of becoming homeless
 - Clinically assessed to be able to live more independently if intensive psychiatric services are provided
 - Inability to participate in office-based services
6. Most recent Level of Care Utilization System (LOCUS) score must be 4 or higher.
 Date of LOCUS: _____ Score: _____
7. Medical Necessity Statement: Based on the information above, ACT/FSP II services are medically necessary to prevent psychiatric decompensation, reduce hospitalization and crisis utilization, support housing stability, and improve functional outcomes. The member requires an intensive, multidisciplinary, field-based approach consistent with the ACT model and FSP II population criteria.
8. Member is willing to participate voluntarily in ACT/FSP II services (unless on LPS Conservatorship).
9. **FACT ONLY:** Have lived experience with the criminal justice system in at least ONE of the following:
- Released from a correctional facility within the last 12 months (e.g., prison, jail, youth correctional facility)
 - Are at high risk of criminal justice involvement (e.g., previous arrest, on diversion, or in mental health collaborative courts)
10. SMHP Clinician is requesting ACT/FACT services: (Must check all 3 for amount, scope & duration)
- A minimum of 4 contacts on 4 different days a month and at least 3 contacts are delivered face-to-face – **Amount**
 - Assertive Community Treatment – **Scope**
 - Up to 6 months of ACT/FACT Intervention – **Duration**

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

- OPTUM Reviewed 1-10
 - ACT/FACT scope, amount and duration authorized as requested: Start Date: _____ End Date: _____
 - ACT/FACT request is denied; modified; reduced; terminated; or suspended
 Reason: _____
- NOABD was issued to the Medi-Cal beneficiary and provider on the following date:
 Optum Clinician Signature/Date/Licensure: _____

Within five business days of Optum receipt, authorization will be forwarded to the requesting provider