

6.5. Mental Health – Mobile Treatment Services (MTS)/ Assertive Community Treatment (ACT)

DESCRIPTION OF SERVICES

Mobile treatment services (MTS) and assertive community treatment (ACT) programs are community-based, intensive, outpatient services providing mobile, assertive mental health treatment and support services to participants with mental illness who may be homeless or for whom more traditional forms of outpatient treatment have been ineffective. Services are provided by a multidisciplinary team, are mobile, and are provided in the participant's natural environment (e.g., home, street, shelters). MTS/ACT are also available for children, adolescents, and their families who require more intensive intervention in order to clinically stabilize the child's or adolescent's psychiatric condition, to promote family preservation, and/or to return functioning and quality of life to previously established levels as soon as possible.

Services provided include:

- Psychiatric evaluation and treatment
- Clinical assessment
- Medication management/monitoring
- Health promotion and training
- Therapy
- Support with daily living skills
- Assistance with locating housing
- Case management
- Crisis intervention.

The duration, frequency, and intensity of services provided are determined by a participant's treatment plan and the minimum required for billing must be met.

PARTICIPANT ELIGIBILITY

Participants with Medicaid, Medicare/Medicaid recipients, and uninsured eligible participants (see Chapter 3, Uninsured Eligibility) are eligible for MTS/ACT. Adult participants in MTS/ACT must have a priority population diagnosis.

PROVIDER ELIGIBILITY

MTS providers must be approved under COMAR 10.21.19. An ACT provider is eligible to receive evidence-based practice rates of reimbursement after meeting the requirements outlined in the Maryland Behavioral Health Administration (BHA) memo entitled "Assertive Community Treatment (ACT) – Evidence-Based Practice Project," including meeting the required scores to be considered an evidence-based practice ACT program.

AUTHORIZATION PROCESS

To obtain initial authorization for MTS/ACT, the provider must submit a pre-authorization request through ProviderConnect. If medical necessity criteria are met, Beacon Health Options, Inc. (Beacon) will authorize the MTS/ACT services (usually in six-month increments).

Providers obtain additional authorizations through the submission of a continued stay authorization request, which must be submitted prior to the expiration of the previous authorization time span.

If a Beacon Care Manager is unable to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review.

SERVICE RULES

MTS/ACT provides services for those who have not successfully engaged in community-based mental health treatment. Services are expected to be delivered in community settings. The expectation is that participants will be seen for four face-to-face contacts in a month. The four visits are a minimum requirement with the expectation that additional contacts will be provided as clinically indicated.

The MTS/ACT team provide outreach to participants to facilitate the participant's acceptance of services and treatment. Occasionally, the MTS/ACT team attempts to meet with a participant and the participant is not at home or may refuse to see the team. In these instances, the BHA has said that the program may count the attempted visits toward the four visits required per month. The MTS/ACT team is to document in the medical record the unsuccessful outreach attempts to see the participant.

When participants are hospitalized for brief periods of time, MTS may see the participant in the hospital but may not count the visit towards the required four encounters. The minimum four encounters are to be provided only on separate days. If a MTS/ACT team sees a participant in the morning and again in the afternoon, only one encounter per day may be counted.

Beacon Maryland will contact the MTS/ACT provider for the purpose of service coordination when a participant served by the MTS/ACT site is hospitalized.

Permission to treat a minor is required from the legal guardian. Adolescents age 16 and over may consent to treatment for themselves.

The mental health service provider is expected to exchange information and coordinate care with the participant's PCP and other treatment providers when clinically appropriate.

CLAIMS PROCESS

MTS/ACT is authorized in monthly blocks. Regardless of when in the month a request for MTS is authorized, the first day of the month is used as the beginning date of authorized service. For example, if the service begins mid-month, the provider will receive payment for the full month.

MTS are paid through a monthly rate that is reimbursed through Medicaid or with State general funds.

- Only one monthly fee is reimbursable.
- Providers are to bill with the first date of service the participant was seen using a CMS 1500 form.
- Claims may not be submitted for the monthly fee until the calendar month has ended.
- Claims must specify an ICD-10 code (not DSM-5 code) for reimbursement.

Claims for unauthorized services will be denied.