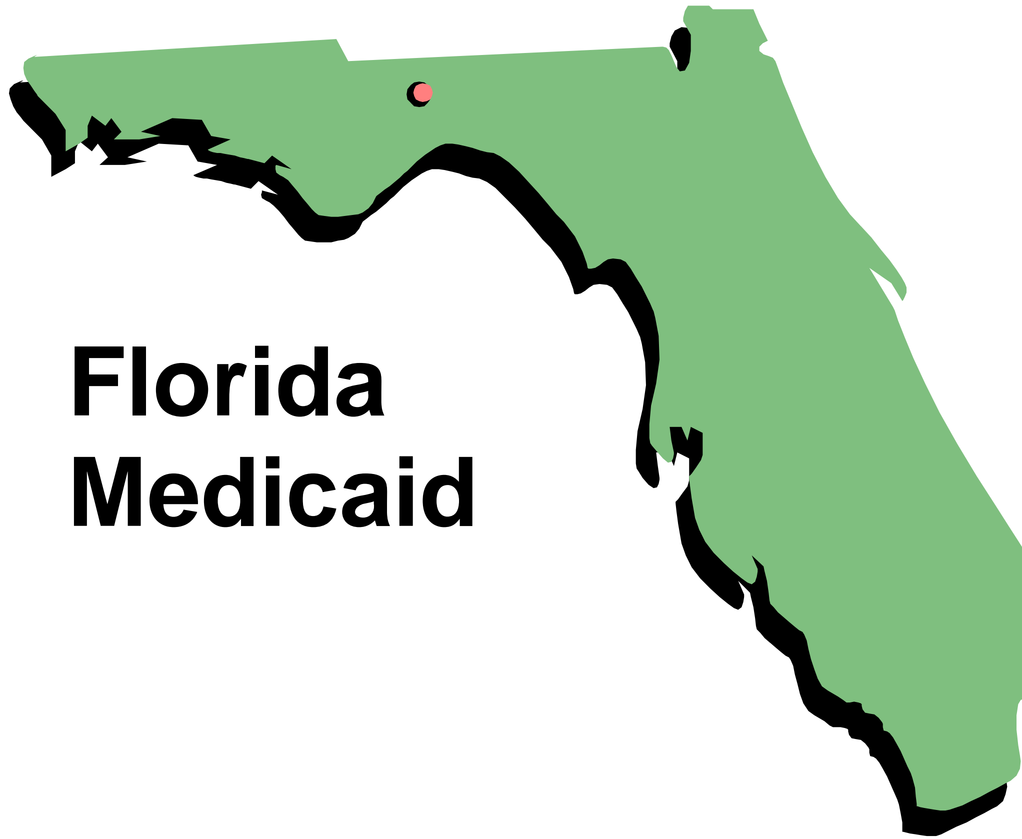

Florida Assertive Community Treatment Services Coverage Policy

Agency for Health Care Administration

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1.0 Introduction

Florida Medicaid provides Florida Assertive Community Treatment (FACT) services to enable recipients with serious mental illness to function successfully in the community in the least restrictive environment and to restore or enhance abilities for personal, social, and prevocational life management services.

Services are provided by FACT teams, 24-hours-per-day, seven-days-per-week (24/7), using a transdisciplinary approach to deliver comprehensive care to recipients where they live, work, attend school, or spend their leisure time. The goals of FACT services are to prevent recurrent hospitalization and incarceration and improve community involvement and overall quality of life for recipients in the FACT program.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render FACT services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) website at http://ahca.myflorida.com/Medicaid/review/index.shtml.

1.2 Statewide Medicaid Managed Care Plans

FACT services are not covered in the Statewide Medicaid Managed Care program. FACT services are rendered through the fee-for-service (FFS) delivery system.

FACT recipients enrolled in a Florida Medicaid managed care plan continue their managed care enrollment for provision of all other services (e.g., medical, dental, transportation, and pharmacy services). The FACT team will coordinate care with the recipient's Florida Medicaid managed care plan.

1.3 Legal Authority

Florida Medicaid FACT services are authorized by the following:

- Title/Section XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.130(d)
- Section 409.906, Florida Statutes (F.S.)

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.1 Aftercare

Structured services provided to recipients who have completed an episode of treatment in a component (e.g., residential setting), and who need continued observation and support to maintain recovery.

1.4.2 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.4.3 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.4.4 Community-Based Treatment

Services and supports provided in a recipient's home or in a community setting rather than in providers' traditional office settings.

1.4.5 Detoxification
A service involving subacute care that is provided on an inpatient or outpatient basis to assist recipients withdraw from the physiological and psychological effects of substance abuse and who meet the placement criteria for this component of treatment.

1.4.6 Florida Assertive Community Treatment (FACT) Team
A self-contained clinical team that assumes responsibility for directly providing behavioral health treatment, rehabilitation, and support services to recipients receiving FACT services. FACT teams are authorized by the Department of Children and Families (DCF). The FACT team is the sole provider of FACT services and the fixed point of accountability. A "large" FACT team serves approximately 100 clients; a "small" FACT team serves approximately 50 clients.

1.4.7 General Policies
A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.4.8 Medically Necessary/Medical Necessity
As defined in Rule 59G-1.010, F.A.C.

1.4.9 Provider
The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.10 Recipient
For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.4.11 Treating Practitioner
A licensed practitioner who directs the course of treatment for recipients.

1.4.12 Treatment Plan
Defined as "Plan of Care" or "Plan of Treatment" in Rule 59G-1.010, F.A.C. May be referred to as "Recovery Plan" or "Comprehensive Recovery Plan" in DCF's Guidance 16 – Florida Assertive Community Treatment (FACT) Handbook, effective July 1, 2023, incorporated by reference, and available on the DCF website at https://myflfamilies.com/sites/default/files/2023-06/Guidance%2016%20FACT%202023%2007%2001.pdf.

2.0 Eligible Recipient

2.1 General Criteria
An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive
Florida Medicaid recipients over the age of 18 years requiring medically necessary FACT services and who meet the Clinical Eligibility Requirements detailed below. Eligibility for FACT is determined by the FACT team.

Some services may be subject to additional coverage criteria as specified in section 4.0.

2.2.1 FACT Recipient Eligibility Criteria: Diagnosis
The recipient must have a diagnosis within one of the following categories, as referenced in the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders:

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Personality Disorders

2.2.2 FACT Recipient Eligibility Criteria: Clinical Criteria

The recipient must meet at least one of the following seven clinical criteria:

- More than three crisis stabilization unit or psychiatric inpatient admissions within one year
- History of psychiatric inpatient stays of more than 90 days within one year
- History of more than three episodes of criminal justice involvement within one year
- Referred by one of the state's correctional institutions for services upon release
- Referred from an inpatient detoxification unit with documented history of co-occurring disorders as specified in section 2.2.1
- Referred for services by one of Florida's state hospitals
- High risk for hospital admission or readmission

2.2.3 FACT Recipient Eligibility Criteria: Clinical Characteristics

The recipient must meet at least three of the following five characteristics:

- Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community without significant assistance from others. Examples of these tasks include:
  - Maintaining personal hygiene
  - Meeting nutritional needs
  - Caring for personal business affairs
  - Obtaining medical, legal, and housing services
  - Recognizing and avoiding common dangers or hazards to self and possessions
- Inability to maintain employment at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting or child-care tasks and responsibilities)
- Inability to maintain a stable living situation (repeated evictions, loss of housing, or no housing), or homeless, or at risk of being homeless as defined in 24 CFR section 578.3
- Co-occurring substance use disorder of significant duration (greater than six months) or co-occurring mild intellectual disability
- Destructive behavior to self or others

2.3 FACT Enrollment and Membership Thresholds

2.3.1 Enrollment

The FACT team actively recruits new recipients who could benefit from FACT services, including assertive outreach to referral sources outside of usual community mental health settings (e.g., state treatment facilities, community hospitals, crisis stabilization units, emergency rooms, prisons, jails, shelters, and street outreach).

The FACT team engages recipients, providing them with information about the FACT program:

- To screen them for eligibility

- To allow them to make an informed decision regarding participation in FACT services

Once a recipient expresses interest in, and desire for, participation in FACT services and meets eligibility requirements, the FACT team enrolls them in the program.

2.3.2 Membership Thresholds

The maximum number of participants (including Florida Medicaid recipients and individuals who are not Medicaid recipients) served by a FACT team is 120, unless approved by the Department of Children and Families (DCF).

2.4 Coinsurance and Copayments

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid FACT services.

3.2 Who Can Provide

Providers must be authorized by DCF to provide FACT services. FACT team members must render services and all FACT team members must be employed by a Florida Medicaid-enrolled community behavioral health center provider. FACT team staffing and recipient-to-staff ratios must meet FACT team composition criteria.

3.2.1 FACT Team Minimum Staffing Requirements

FACT staffing configurations are comprised of practitioners with varying backgrounds in education, training, and experience. This diverse range of skills and expertise enhances the team's ability to provide comprehensive care based on individual recipient needs.

The provider must maintain a current organizational chart indicating required staff and displaying organizational relations and responsibility, lines of administrative oversight, and clinical supervision. The ratio of FACT participants to non-psychiatric or non-administrative FACT team members must not exceed 10:1. A FACT team must include the following staff members:

- **FACT Team Leader**
  Each FACT team must have a full-time team leader who has a Florida license in one of the following professions:
  - Licensed Clinical Social Worker, Marriage and Family Therapist, or Mental Health Counselor licensed in accordance with Chapter 491, F.S.
  - Psychiatrist licensed in accordance with Chapter 458, F.S.
  - Psychologist licensed in accordance with Chapter 490, F.S.

  The team leader is a practicing clinician providing FACT services and clinical supervision at least 50 percent of the time. The team leader is responsible for administrative, clinical, and quality oversight of the team.

- **Psychiatrist or Psychiatric Advanced Practice Registered Nurse (APRN)**
  The team must have a psychiatrist or psychiatric APRN employed at 0.8 full-time equivalent (FTE), at a minimum. The psychiatric team member provides clinical consultation to the entire team, as well as psycho-pharmacological services for all FACT recipients.

  - The program psychiatrist must be board-eligible.

  - If the FACT team employs a psychiatric APRN, the APRN must have access to a board-eligible psychiatrist for weekly consultation.

  The psychiatrist or psychiatric APRN also monitors non-psychiatric medical conditions and medications, provides brief therapy, and provides diagnostic and medication education to participants, with medication decisions based in a shared decision-making paradigm.

  If a FACT recipient is hospitalized, the psychiatrist or psychiatric APRN communicates directly with the inpatient psychiatric care provider to ensure continuity of care.

  A minimum of 0.32 hours of psychiatric services must be available for each FACT recipient per week (e.g., 32 hours for 100 FACT participants: 16 hours for 50 FACT participants).

- **Nurses**
  Large FACT teams must have a minimum of two nurses. Small FACT teams must have a minimum of one nurse. All teams must have a minimum of one full-time registered nurse (RN). Additional nurses may be RNs or licensed practical nurses (LPN), licensed in accordance with Chapter 464, F.S.

  The full-time RN must have at least one year's paid experience working with adults with mental illnesses.

  Nurses on the FACT team perform the following critical tasks:

  - Manage the medication system
  - Administer and document treatment
  - Screen and monitor recipients for medical problems and side effects
  - Communicate and coordinate services with other medical providers
  - Engage in health promotion, prevention, and education activities (i.e., assess for risky behaviors and attempt behavior changes)
  - Educate other team members on monitoring psychiatric symptoms and medication side effects
  - With recipient agreement, develop strategies to maximize the taking of medications as prescribed (e.g., behavioral tailoring, development of individual cues and reminders)

- **Peer Specialist**
  The team must have a minimum of one full-time peer specialist as defined in Chapter 397, F.S. Peer specialists have lived experience receiving mental health services for severe mental illness. Their life experience provides expertise that professional training cannot replicate.

  Peer specialists are fully integrated team members who provide individualized support services and promote self-determination and decision-making. Peer specialists provide essential expertise and consultation to the entire team to promote a culture in which each team member's point of view and preferences are recognized, understood, respected, and integrated into care.

  Peer specialists must be certified in accordance with Chapter 397, F.S. at the time of employment, or within one year of employment.

- **Substance Abuse Specialist**
  The team must have at least one full-time substance abuse specialist with a bachelor's or master's degree in psychology, social work, counseling, or other behavioral science, and who has two years of experience working with individuals with co-occurring disorders.

The substance abuse specialist provides integrated treatment for co-occurring mental illness and substance use disorders to FACT recipients who have a substance use disorder, including:

- Completing substance use assessments that consider the relationship between substance use and mental health
- Assessing and tracking recipients' stages of change readiness and stages of treatment
- Using outreach and motivational interviewing techniques
- Using cognitive behavioral approaches and relapse prevention
- Applying treatment approaches consistent with the recipient's stage of change readiness

The substance abuse specialist also provides consultation and training to other FACT team staff about integrated assessment and treatment skills.

Bachelor's level substance abuse specialists must be certified as a Certified Addiction Professional in accordance with Chapter 397, F.S. at the time of employment, or within one year of employment.

- **Vocational Specialist**
  The FACT team must have at least one full-time vocational specialist who has a bachelor's degree and a minimum of one year of experience providing employment services.

  The vocational specialist provides supported employment services as promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The vocational specialist also provides consultation and training to other FACT team staff on supported employment approaches.

- **Case Manager**
  The FACT team must have at least one full-time case manager, with a bachelor's degree in a behavioral science and a minimum of one year of work experience with adults with psychiatric disabilities.

  The case manager carries out the rehabilitation and support functions under clinical supervision and is an integral member of individual treatment teams. The case manager provides social and communications skills training and functional training to enhance recipients' independent living.

  Case managers must have, at a minimum, a bachelor's degree in a behavioral science and one year of paid work experience with adults with psychiatric disabilities.

3.2.2 Additional Provider Requirements

FACT providers are required to coordinate care through:

- Established and maintained written policies and procedures for:
  - Personnel
  - Team structure and organization
  - Admission and discharge criteria and procedures
  - Assessments and treatment planning
  - Provision of services
  - Medical records management
  - Quality assurance and quality improvement
  - Risk management
  - Rights of persons served
- Coordination of services with other entities to ensure the needs of the recipient are addressed at any given time

- Providing staff training and supervision to ensure staff members are aware of their obligations as an employee
- A plan for supporting recipients in the event of a disaster, including contingencies for staff, provision of needed services, medications, and post disaster-related activities

Each FACT team must be supported by a FACT advisory committee as detailed in DCF's Guidance 16 – Florida Assertive Community Treatment (FACT) Handbook, effective July 1, 2023, incorporated by reference, and available on the DCF website at https://myflfamilies.com/sites/default/files/2023-06/Guidance%2016%20FACT%202023%2007%2001.pdf.

FACT providers must maintain program fidelity in accordance with the DCF FACT Guidance document, and as assessed by the FACT team's advisory council.

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers 365/366 days of FACT services per fiscal year, per recipient. FACT services must be delivered in accordance with Rule 65E-14.021, F.A.C.

FACT services are provided on a long-term basis and emphasize recovery, choice, outreach, relationship-building, and individualized continuation of care. The number and frequency of intervention contacts are determined through team-recipient collaboration rather than service limits.

The team is available on nights, weekends, and holidays. Service intensity is dependent on need and may vary from once weekly, at a minimum, to several contacts per day. On average, recipients receive three weekly face-to-face contacts.

Seventy-five percent of all services and supports delivered by the FACT team must be community-based. This means providing services in areas that best meet the needs of the recipient, such as the home, on the street, or on job sites, not in the FACT provider's office or clinic.

4.2.1 FACT Team Staff Meetings

The FACT team conducts administrative and clinical meetings to address recipient needs and coordinate team activities.

4.2.1.1 Daily Administrative Organizational Meetings

Daily organizational staff meetings held at regularly scheduled times as established by the team leader. To effectively coordinate staff time and contacts with FACT recipients, the team completes the following tasks during each daily meeting:

- ♦ Conduct a brief, but clinically relevant review of all FACT recipients and contacts in the past 24 hours and document this information
- ♦ Maintain a weekly schedule for each FACT recipient including all treatment and service contacts to be carried out to reach the goals and objectives in the recipient's treatment plan
- ♦ Maintain a central file of all weekly schedules

- Develop a daily staff schedule consisting of a written timetable for all treatment and service contacts to be divided and shared by the staff working that day, based upon:
  - The weekly schedule for each FACT recipient
  - Emerging needs
  - Need for proactive contacts to prevent future crises
- Revise treatment plans, as needed, and add service contacts to the daily staff assignment schedule per the revised treatment plans

4.2.1.2 Treatment Planning Meetings

The FACT team conducts regularly scheduled treatment planning meetings under the supervision of the team leader and the psychiatrist or psychiatric APRN. These meetings must occur with sufficient frequency and duration to make it possible for all staff to:

- Be familiar with each recipient and their goals and aspirations
- Participate in ongoing assessments
- Problem-solve treatment strategies and rehabilitation options
- Participate with the recipient and the treatment team in the development and the revision of the treatment plan
- Fully understand the treatment plan rationale in order to carry out each recipient's plan

4.2.2 Service Availability and Delivery

Hours of operation and staff coverage must be available to provide services seven days per week, with overlapping shifts, operating a minimum of twelve hours per day on weekdays, and eight hours each weekend day and holiday.

The FACT team operates an after-hours on-call system with a FACT team professional on-call at all times.

The FACT team conducts regular assessment of need for FACT services and uses explicit criteria for transfer of recipients to less intensive service options. Transition is gradual, individualized, and actively involves the recipient and the next provider to ensure effective coordination and engagement.

A recipient's individual treatment team is assigned by the team leader on the day the recipient begins receiving FACT services.

4.2.3 FACT Services: Assessments and Treatment Planning Services

All FACT services must be provided by the FACT team. The team includes families in the treatment process when appropriate and approved by the recipient. Treatment emphasizes development of the recipient's support network and includes treatment strategies to address substance abuse as well as mental health.

4.2.3.1 Initial Assessment and Care Plan

The team leader in coordination with the Psychiatrist or Psychiatric APRN performs an initial assessment and develops an initial care plan the day the recipient is admitted to the FACT program. The recipient and designated team members will be actively involved in the development of the plan. This is intended to ensure that immediate needs for medication, treatment, and basic needs are not delayed.

The required components of an initial assessment, at a minimum, include:

- A brief mental status examination
- Assessment of symptoms
- An initial psychosocial history
- An initial health/medical assessment

- A review of previous clinical information obtained at the time of admission
- A preliminary identification of the recipient's housing, financial, and employment status
- A preliminary review of the recipient's strengths, challenges, and preferences

4.2.3.2 Comprehensive Assessment

Each recipient must receive a comprehensive assessment within 60 days of the date when the recipient begins receiving FACT services. Each assessment area is completed by the FACT team member with skill and knowledge in the area being assessed and is based upon all available information.

The comprehensive assessment minimally includes the following:

- Psychiatric history and diagnosis
- Mental status
- Strengths, abilities, and preferences
- Physical health
- History and current use of drugs or alcohol
- Education and employment history and current status
- Social development and functioning
- Activities of daily living
- Family and social relationships and supports
- Recommendations for care

A supplemental psychiatric/social functioning history timeline must be completed no later than 120 days after the first day of admission. The comprehensive assessment must be updated at least annually and utilized in the updating of the treatment plan. All necessary areas essential for planning are included in the updated assessment.

4.2.3.3 Comprehensive Care Plan

A comprehensive care plan must be completed within 90 days of admission according to the following guidelines:

- Care planning is person-centered and actively involves the recipient, guardian (if any), family members and significant other the recipient wishes to participate.
- The care plan is based on assessment findings and:
  - Identifies the recipient's strengths, resources, needs, and limitations
  - Identifies short and long-term goals with timelines
  - Identifies recipient's preferences for services
  - Outlines measurable treatment objectives and the services and activities necessary to meet the objectives and needs of the recipient
  - Targets a range of life domains such as symptom management, education, transportation, housing, activities of daily living, employment, daily structure, and family and social relationships, should the assessment identify a need and the individual agrees to identify a goal in that area

The plan is reviewed and updated every six months, at a minimum, during planned meetings, unless clinically indicated earlier, by the treatment team and the FACT recipient.

4.2.4 FACT Services: Case Management

Case management is provided or coordinated by the FACT team case manager. Case management includes care coordination, advocating on behalf of the recipient, and providing access to a variety of services and supports. These services and supports include:

- Primary health care (medical and dental)
- Basic needs such as housing and transportation
- Educational services
- Legal services

For recipients enrolled in Medicaid managed care plans, the FACT team case manager will coordinate non-FACT services with the recipients' plan coordinators.

4.2.5 FACT Services: Competency Training

The FACT team will provide competency restoration training and assist the recipient through the legal process if a recipient is adjudicated incompetent to proceed.

4.2.6 FACT Services: Crisis Intervention

A FACT team member will be available 24/7, to assist with crisis intervention including referrals or supportive counseling when needed. Psychiatric backup/on-call support must be available during all off-hour periods.

4.2.7 FACT Services: Family Engagement and Education

With consent of the FACT recipient, families engage in the treatment process and are educated on topics related to the recipient's treatment and recovery goals, diagnosis, and illness management.

4.2.8 FACT Services: Natural Support Network Development

Natural support network development is the process of establishing and/or strengthening personal associations and relationships, typically developed in the community, that enhance the quality and security of life for recipients. A natural support network may include family relationships; friendships reflecting the diversity of the neighborhood and the community; association with fellow students or employees in regular classrooms and workplaces; and associations developed through participation in clubs, organizations, and other religious and civic activities.

4.2.9 FACT Services: Psychiatric Services

Psychiatric services must be provided by a psychiatrist or a psychiatric APRN. Services include psychiatric evaluation, prescribing and/or administering and reviewing medications and their side effects, including pharmacological management, as well as supports and training to the recipient.

4.2.10 FACT Services: Rehabilitation Services

Rehabilitation services are provided by FACT team members. These services provide structured, community-based services delivered in an individual or group setting that utilize behavioral, cognitive, or supportive interventions to improve a recipient's potential for establishing and maintain social relationships and obtaining occupational or educational achievements. Rehabilitation services are provided to restore a recipient's skills and abilities necessary for independent living. Activities include:

- Development and maintenance of necessary daily living skills, such as independent living and social skills
- Food planning and preparation
- Money management
- Maintenance of the living environment
- Training in appropriate use of community services
  - Housing services
  - Pre-vocational and transitional employment rehabilitation training

  - Social support and network enhancement
- Work readiness assessments
- Job development on behalf of the recipient
- Job matching
- On-the-job training and support

4.2.11 FACT Services: Substance Abuse and Co-occurring Services

Mental health and substance abuse needs are both addressed through integrated screening and assessment, stage of change readiness determination, and therapeutic interventions consistent with the recipient's readiness to change behaviors. The treatment approach is based on motivational interviewing and is non-judgmental, stresses engagement, and does not make sobriety a condition of continued treatment.

4.2.12 FACT Services: Supported Employment

Services are individualized to assist recipients obtain and maintain integrated, paid, competitive employment. Services include vocational assessment, job placement, and ongoing coaching and support (including on-site support).

4.2.13 FACT Services: Supported Housing

The team assists the recipient in accessing affordable, safe, permanent housing of their choice through provision of multiple housing options with assured tenancy rights regardless of progress or success in services.

4.2.14 FACT Services: Therapy

Individual, group, and family therapy services are provided by FACT team members.

The following providers may deliver individual, family and group therapy services:
- Practitioners licensed in accordance with Chapters 490 or 491, F.S.
- Master's level certified addiction professionals
- Master's level practitioners
- Bachelor's level certified addiction professionals

The following providers may only deliver group therapy services:
- Bachelor's level practitioners
- Certified addiction professionals

The following providers may only deliver brief group medical therapy:
- Psychiatric nurses licensed in accordance with Chapter 464, F.S.

4.2.15 FACT Services: Transportation

Staff assists with transportation to medical appointments, court hearings, or other related activities in the care plan.

4.2.16 FACT Services: Wellness Management and Recovery Services

The team assists recipients develop personalized strategies for managing their wellness, set and pursue personal goals, learn information and skills to develop a sense of mastery over their psychiatric illness, and help them put strategies into action in their everyday lives.

4.3 Transfers and Discharges

During the daily meetings, the FACT team will assess a recipient's continued need for FACT services. Transition to less intensive services is initiated when the recipient no longer requires FACT level of care and is no longer medically appropriate for FACT services. When it is determined the recipient could be successful in a lower level of care, the FACT team starts addressing transition goals and discharge planning with the recipient.

4.3.1 Transfers and Discharges: Transfers

When a FACT recipient plans to move out of the area, the FACT team is responsible for working with community partners to facilitate transfer to another FACT team serving the new location, when available.

A FACT team is obligated to accept transfers from other FACT teams if the team has capacity.

4.3.2 Transfers and Discharges: Discharge Planning

The FACT team should work with the recipient's Medicaid managed care plan to ensure smooth transition to less intensive services upon discharge from FACT services.

4.4 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover FACT services when the recipient is receiving services in any of the following settings:

- Intermediate care facility
- Nursing facility for long-term care
- Institution for mental disease (IMD), as defined in 42 CFR Part 435.1010

Florida Medicaid does not cover FACT services if a recipient is being held in a jail, prison, or other detention center.

Florida Medicaid does not cover enhancement or incidental funding under the FACT service benefit.

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

6.2 Specific Criteria

Providers must maintain appropriate documentation in the recipient's file applicable to the service delivered. For FACT services, documentation must reflect clinical services delivered, as well as team actions that support those services, such as team meetings, planning, and communication.

Providers must maintain the following in the recipient's file:

- Initial assessment and treatment plan prepared upon admission to FACT
- Comprehensive Assessment completed within 60 days of admission
- Supplemental psychiatric/social functioning history completed within 120 days of admission
- Documentation of work-related services toward a goal of obtaining employment
- Documentation of housing services toward a goal of obtaining independent, integrated living
- Documentation of a level of functioning assessment measured by the Functional Assessment Rating Scale (FARS)
- Discharge documentation from FACT, including:
  - The reason(s) for discharge
  - The recipient's status and condition at discharge
  - A final evaluation summary of the recipient's progress toward the outcomes and goals set forth in the treatment plan
  - A plan developed in conjunction with the FACT recipient for treatment upon discharge and for follow-up that includes the signature of the primary case manager, team leader, psychiatrist/APRN, and the FACT recipient or guardian. If the FACT recipient or guardian is not available to sign the discharge plan, the reason must be documented in the plan.
  - Documentation of referral information made to other agencies upon discharge
  - Documentation that the recipient was advised that he or she may return to the FACT team if they desire, and if space is available

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

7.2 Specific Criteria

There are no specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Specific Criteria

The FACT team leader must be enrolled in Florida Medicaid. The team leader, or other qualified team member who is enrolled in Medicaid, must be specified as the rendering provider on the claim form.

The billing provider on the claim is the enrolled Community Behavioral Health Center.

8.3 Claim Type

Professional (837P/CMS-1500)

8.4 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

8.5 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.6 Rate

Florida Medicaid reimburses an all-inclusive per diem rate for recipients receiving FACT services.

Providers must verify that the recipient is Medicaid eligible for all dates covered on a claim form.

Providers of FACT services must meet the following criteria when submitting claims for reimbursement:

- Providers may submit a claim for contact day(s) at the per diem rate.
- Providers may submit a claim for non-contact day(s) at the per diem rate if a recipient received at least one contact within that week (Sunday through Saturday).
- Providers may submit claims on a daily, weekly, or monthly basis.

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA website at http://ahca.myflorida.com/Medicaid/review/index.shtml.