

DATE – 06.11.23

TO: BEHAVIORAL HEALTH PROVIDERS

RE: ACT GUIDANCE AND REMOVAL OF AUTHORIZATION REQUIREMENTS | NYS OMH

MEDICAID, HARP, SNP, CHILD HEALTH PLUS AND MAP PLANS

SUMMARY

Beginning June 20, 2023, ACT services will no longer require Prior Authorization.

This March 2023 update supersedes the guidance issued in August 2021. Effective June 20, 2023, onwards, the OMH has removed the requirement of a Level of Service Determinations (LOSD) and Prior Authorization for Assertive Community Treatment (ACT) services.

MMC Plans may conduct concurrent reviews for enrollees who have been enrolled in the ACT program continuously for at least 12 months AND who meet specific clinical triggers.

For enrollees who have been enrolled in the ACT program continuously for at least 36 months AND have not used any acute Behavioral Health services (CPEP, psychiatric ER, or psychiatric inpatient), the MMC Plans may conduct concurrent review to determine medical necessity of ACT and explore whether the member could step down to a less intensive service.

For individuals enrolled in the ACT program who go to CPEP, ERs, or inpatient hospitalization, MMC Plans shall facilitate discharge planning between CPEPs/ERs/inpatient hospitals and ACT teams so ACT teams can provide intensive engagement at these critical transitions across levels of care.

MMC Plans are **not** required to conduct concurrent review for enrollees receiving ACT services under an AOT order.

The concurrent review process shall be based on continued stay and discharge criteria as described in ACT Program Guidelines, found on the [OMH Assertive Community Treatment](#) website for Young Adults and Adults and in the [Youth Act Guidance](#).