MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL:
Assertive Community Treatment (ACT)/Level I Service

SERVICE DESCRIPTION: This service is defined as a set of intensive clinical, medical, and psychosocial services provided by a mobile multi-disciplinary treatment team. The team also provides basic services and supports essential to maintaining the beneficiary's ability to function in community settings, including assistance with accessing basic needs through available community resources, such as food, housing and medical care and supports to allow beneficiaries to function in social, educational, and vocational settings. ACT services are based on the principles of recovery and person-centered practice and are individually tailored to meet the needs of the beneficiary. ACT is a team-based service that includes shared service delivery responsibility.

STANDARD PROCEDURE CODE: H0039 (*Direct Service code should be utilized by only ONE staff at a time)

UNIT OF MEASURE: 15 minute increments

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a current **severe mental illness**, which may include **personality disorders**, (which may be co-existing with a Developmental Disability or Substance Use Disorder).

2. Beneficiary meets eligibility requirements for specialty services. Please refer to the Population Specific (Severe Mental Illness) Practice Guidelines/Eligibility Chapter of this manual.

3. This service has been determined to meet Medical Necessity Criteria (see section on "Medical Necessity" located in the Guiding Principles Chapter for specific criteria)

4. A beneficiary requires Intensive Services and Supports AND who, without ACT, would require more restrictive services and/or settings. The following examples would typically meet eligibility for this service:

    a) Beneficiaries with serious mental illness and difficulty managing medications without ongoing support, or with psychotic/affective symptoms despite medication compliance
    b) Beneficiaries with serious mental illness with a co-occurring substance disorder
    c) Beneficiaries with serious mental illness who exhibit socially disruptive behavior that puts them at high risk for arrest and inappropriate incarceration or those exiting a county jail or prison

d) Beneficiaries with serious mental illness who are frequent users of inpatient psychiatric hospital services, crisis services, crisis residential, or homeless shelters
e) Older Beneficiaries with serious mental illness with complex medical/medication conditions

5. ACT services should be utilized in High Acuity conditions/situations that allows beneficiaries to remain in their community residence and may prevent the use of more restrictive alternatives which may be detrimental to a beneficiary's existing natural supports and occupational roles

6. This level of Care is **most appropriate** for beneficiaries with a history of persistent mental illness who may be at risk for inpatient hospitalization, intensive crisis residential, or partial hospitalization services, but can remain safely in their communities with the considerable support and intensive interventions of ACT

7. For ACT, specific acute service selection guidelines are defined in the following three domains:

   a) **Diagnosis:**
   Mental illness as validated in the most recent version of the DSM or ICD diagnosis (not including V codes), including Personality Disorders

   b) **Severity of Illness:**

   * Prominent disturbance of thought process, perception, affect, memory, consciousness, somatic functioning (due to mental illness), which may manifest as intermittent hallucinations, transient delusions, panic reactions, agitation, obsessions, severe phobias, depression, etc **AND** is serious enough to cause disordered or aberrant conduct, impulse control problems, questionable judgment, psychomotor acceleration or retardation, withdrawal or avoidance, compulsions/rituals, impaired reality testing and/or impairments in functioning and role performance

   * Self-Care/Independent Functioning:
   --disruptions of self-care, limited ability to attend to basic physical needs (nutrition, shelter, etc.), seriously impaired interpersonal functioning, and/or significantly diminished capacity to meet educational/occupational role performance expectations

   * Drug/Medication Conditions:
   --drug/medication compliance and/or coexisting general medical condition which needs to be simultaneously addressed along with the psychiatric illness and which cannot be carried out at a less intensive level of care. Medication use requires monitoring or evaluation for adherence to achieve stabilization, to identify atypical side effects or concurrent physical symptoms and medical conditions

* Risk to Self or Others:
  --Symptom acuity does not pose an immediate risk of substantial harm to the person or others OR if a risk of substantial harm exists, protective care (with appropriate medical/psychiatric supervision) has been arranged. **Harm or danger to self, self-mutilation, and/or reckless endangerment or other self-injurious activity is an imminent risk.

c) **Intensity of Service:**

* ACT services must be medically necessary to:
  … Provide treatment in the least restrictive environment
  … Allow beneficiaries to remain in their community
  … Improve beneficiary's condition without the use of more restrictive care

* Beneficiary Must require at least one of the following:

  i. Intensive team-based service to prevent elevation of symptom acuity, to recover functional living skills/preserve adult role functions, **AND** to strengthen internal coping resources; ongoing monitoring of psychotropic medication **AND** stabilization necessary for recovery

  ii. There is an acute psychiatric crisis that requires intensive, coordinated and sustained treatment services and supports to maintain functioning, arrest regression, and forestall the need for inpatient care or a 24 hour protective environment

  iii. Person has reached a level of clinical stability (evidence of diminished risk), reducing the need for continued 24 hour protective care; however, requires intensive coordinated services and supports.

  iv. Consistent observation and supervision of behavior are needed to compensate for impaired reality testing or faulty self-regulatory behaviors

  v. Frequent monitoring of medication regimen is necessary and compliance is doubtful without ongoing monitoring and support

  vi. Routine medical observation/monitoring required to regulate psychotropic medications and/or to minimize serious side effects

PROVIDER QUALIFICATIONS: This service has a Minimum Staffing requirement as follows:

1. Physician (MD or DO) to provide psychiatric coverage

   a) Must meet weekly with the team for at least 15 minutes per beneficiary per week

2. Registered Nurse who oversees medications and provides direct services with the beneficiary in the community within their scope of practice

3. Team Leader who is a clinician with a Master's degree and appropriate licensure or certification AND two years clinical experience with adults with serious mental illness

   a) *The Team Coordinator must be assigned Full-Time to the ACT Program

4. Other qualified mental health professionals, as indicated (***Up to one full-time Certified Peer Support Specialist may be substituted for one full-time qualified mental health professional)

5. ***All team staff must have a basic knowledge of ACT programs and principles acquired through ACT specific training

6. Team Composition Size should range from four to nine staff, with the average being about 6 members on a team (**In more rural areas, teams of three and four staff may be acceptable).

TYPICAL SERVICE UTILIZATION PATTERN:

* ACT Services May be used an Alternative to hospitalization **as long as health and safety issues can be managed with ACT supports that do not require 24 hour per day supervision**

* ACT program should be an individually tailored combination of services and supports that may vary in intensity over time, based on individual needs and condition

* The ACT team must be able to provide or obtain employment services for beneficiaries who request them

* Typical ACT services include:
  - … multiple daily contacts, where the need for rapid response to early signs of relapse should be routinely evaluated
  - … 24/7 crisis intervention availability provided by a multi-disciplinary team, including psychiatric and skilled medical staff
  - … Case management services are interwoven with treatment and rehabilitative services and are provided by ALL members of the team
  - … Face to Face contacts, providing a wide array of clinical, medical, and/or rehabilitative services
  - … ACT teams are also expected to address co-occurring substance use disorder needs of beneficiaries; required credentials of staff to provide services for co-occurring SUD include any of the following: CAC-M, CAC-R, CAAC, CCS-R, CCS-M, or CCJP-R

… ACT teams must be qualified to provide individual supportive therapy, medication prescription, administration and monitoring, links to vocational services, assistance with activities of daily living, consultation to families, and links to other supports needed

… All team meetings should occur Monday-Friday and are attended by ALL members on duty:
  - Beneficiary status is reviewed
  - daily team meeting is documented
  - Daily schedule is organized and contacts scheduled
  - Majority of services (**Defined as at least 80% of all services**) are to be provided in the beneficiary's home or other community locations
  - Staff-to-beneficiary ratio shall be no more than 1:10 (for each member of the team--a max. of 10 beneficiaries to each member of the team) --this ratio Excludes the physician, peers who do not meet paraprofessional or professional criteria, and clerical support staff
  - Services within ACT include all services/supports to be provided or obtained by the treatment team, including consultation with other disciplines and/or referrals to other support services.

ASSOCIATED OUTCOMES:

* Stabilization of incapacitating signs/symptoms of illness
* Amerlioration of severely disabling functional impairments
* Arrestment of potentially life-threatening self/other harm inclinations
* Decreased rate of inpatient hospital admissions
* Management of adverse biologic reactions to treatment
* Regulation of complicated medication circumstances
* Increased/Stabilized Health and Safety
* Increased Recovery
* Maximized Independence, including the movement from dependent settings to independent living
* Progression into less intensive services
* Maximized Quality of Life (ie: increased/maintenance of employment, social relationships, and community inclusion)

DISCHARGE CRITIERIA:

* Cessation or control of symptoms is not sufficient enough for discharge from ACT
* Recovery must be sufficient to maintain functioning without the support of ACT
* Circumstances under which one may be considered for discharge from ACT services:

1. **Beneficiary no longer meets severity of illness criteria **and;** **Beneficiary has demonstrated the ability to meet all Major role functions (evidence of Achieved Outcomes) for a period of time sufficient to demonstrate clinical stability **OR;**

2. **Even though the beneficiaries who meet criteria for ACT services typically require and benefit from long term participation in ACT; the beneficiary may request transition to other services because they believe they have reached maximum benefit

   … Transition should be considered with supporting clinical evidence that is discussed and documented through the person centered planning process; the resulting revised Individual Plan of Service must detail what supports and services will be made available and contain a Provision for Reenrollment in ACT (if needed) **OR;**

3. **The beneficiary is not engaging in ACT services; even though persistent and consistent team Outreach (including face to face and legal mechanisms) have been attempted; **AND** an appropriate alternative plan has been established with the beneficiary **OR**;

4. **Beneficiary has moved outside of the geographic service area; **however, contact Continues Until Service has been established in the new location.**