

Assertive Community Treatment (ACT) RFP Awarded Agencies Only

Definition

Assertive Community Treatment (ACT) is a recovery focused, high intensity, community based service for individuals discharged from multiple or extended stays in hospitals, or who are difficult to engage in treatment. The service utilizes an interdisciplinary team to provide intensive, integrated, rehabilitative community support, crisis, and treatment interventions/services that are available 24-hours/7days a week.

ACT includes a comprehensive array of rehabilitative services integrated with medical care, most of which is provided in non-office settings by a mobile multidisciplinary team. The team provides community support services interwoven with treatment and rehabilitative services and regularly scheduled team meetings to no fewer than 60 active participants.

The ACT team provides nearly all the treatment needed by the participant. ACT community and clinical services are guided by the participant's strengths and preferences. The service involves an assertive approach, individually tailored programming, ongoing monitoring, variable support, *in vivo* service, relating to participants as responsible citizens, utilizing a variety of community resources and collaborating with the family. Community-based treatment enables the team to become intimately familiar with the participant's surroundings, strengths and challenges, and to assist the participant in learning skills applicable to his/her actual living environment. The team is persistent in engaging the participant, doing whatever is necessary to keep the individual involved in community life and active in treatment.

ACT services are targeted to individuals with the most complex and persistent psychiatric problems (including those with co-occurring psychiatric and substance use disorders) seen among persons living outside institutional settings. ACT service recipients also are likely to have interlocking social, economic and legal problems that complicate their behavioral health treatment. ACT service users often have erratic behaviors, are frequent users of crisis services, are often difficult to engage in care, have poor adherence to treatment plans, have had multiple hospitalizations, have not benefited from the traditional array of community-based services and, were it not for ACT care, would likely require hospitalization or care in some other institutional setting.

Provider Qualifications/Conditions for Participation

Certificate: The Joint Commission (TJC) or Commission of Accreditation of Rehabilitation Facilities (CARF) and DMHAS ACT Certification

Other Standards: The supervisor must be a licensed clinician. ACT General Practitioners shall hold either a Master's degree in a behavioral health-related specialty (may include special education or rehabilitation) or be licensed. Paraprofessionals on an ACT team must have a Bachelor's degree OR have two years experience in the provision of mental health services (may include special education and/or services to persons with developmental disabilities), OR be a Certified Peer Specialist. An ACT service provider must meet the State of Connecticut certification standards to provide both Clinical Services and ACT services as defined by the Department of Mental Health and Addiction Services (DMHAS).

Entity Responsible for Verification: DMHAS/ABH

Frequency of Verification: Upon enrollment and reenrollment

Covered services

ACT services of at least 15-minutes duration provided to the participant by a direct-care member of the ACT team in the participant's home and in other community settings. These services include:

1. Mental health services, including:
 - a. Comprehensive Assessment that contains a psychiatric history, risk assessment, functional history, mental status examination, and diagnosis; and assessments of physical health; use of drugs and alcohol; education and employment; social development and functioning; activities of daily living; family structure and relationships; and environmental supports;
 - b. Treatment and rehabilitation planning, including a timeline of past events;
 - c. Service coordination;
 - d. Crisis assessment and face-to-face or telephonic crisis intervention and monitoring;
 - e. Symptom assessment and management;
 - f. Development of skills for recognizing stressors, and building coping mechanisms and recovery strategies;

- g. Medication prescription, administration, monitoring and education (Note: These services may be provided in an office setting);
- h. Counseling and psychotherapy;
- 2. Co-occurring substance abuse services, using the Integrated Dual Disorders Treatment (IDDT) model;
- 3. Clarification of goals and motivational support for pursuing goals related to employment, education, community involvement, and use of natural supports (**NOTE: Documentation shall be maintained in the file of each participant receiving work and education-related services that such services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.);**);
- 4. Motivating the participant to find and lease an apartment, and assistance with tenancy issues and problems;
- 5. Skill building and support for Activities of Daily Living, including:
 - a. Teaching, coaching and assisting with daily living and self-care skills such as the use of transportation, nutrition, meal planning and preparation, housekeeping and basic household tasks, dressing, personal grooming and hygiene, management of financial resources, shopping, use of leisure time, interpersonal communication, personal safety, child care and parenting, basic first aid, and problem solving;
 - b. Other skill development activities directed at reducing disability, restoring functioning and achieving independent participation in social, interpersonal, family, or community activities and full community re-integration and independence as identified in the waiver Recovery Plan;
 - c. Social/interpersonal relationship and leisure-time skill training;
- 6. Education, support, and consultation to family members (and significant others) of the participant, provided these activities are directed exclusively toward the treatment of the participant;
- 7. Participation in waiver Recovery Plan development and quarterly Recovery Plan update meetings, if requested by the DMHAS Support Coordinator;
- 8. Travel with a participant or family member when the ACT Service provider is also engaged in a qualifying waiver service activity; and
- 9. Group treatment, involving not more than four persons receiving care, focusing on any of the activities listed in items #1-G through #5-C, above. (NOTE: Group rates are 30 percent of the individual ACT rate. See applicable rate schedule for details).

Limitations

Coverage of ACT services shall be subject to the following limitations:

- 1. ACT services are subject to service volume (number of ¼ hours service units per day and/or week) and duration (number of months or specified service end date) limits established in the waiver Recovery Plan approved by DMHAS and DSS. The departments or their designee will enact these limits;
- 2. ACT services shall be based on the waiver Recovery Plan and shall be performed by or under the supervision of a licensed clinician who is a member of the ACT team;
- 3. ACT is a comprehensive team intervention. The department will not pay for ACT services concurrently with other Medicaid funded behavioral health services except to support a transition period (of up to 30 days) across levels of care. The department will pay for ACT services provided concurrently with inpatient psychiatric services, detoxification services, opioid treatment, neuropsychological testing, partial hospitalization, day treatment, intensive outpatient treatment, Transitional Case Management, Recovery Assistance, Short Term Crisis Stabilization, and Supported Employment services;
- 4. Except as noted in Limitations item # (3) above, ACT services cannot be provided concurrently with residential care;
- 5. ACT services must exclude services that are duplicative of Supported Employment services;
- 6. A claim for reimbursement may be submitted for the qualifying waiver services activities of only one direct-care member of an ACT team for services to a participant during a specific time period (i.e., billable unit of time);
- 7. The department shall not pay for:
 - a. Time spent by the provider solely for the purpose of transporting participants;
 - b. Programs, services or components of services that are of an unproven, experimental, cosmetic or research nature;
 - c. Programs, services or components of services that do not relate to the participant's diagnosis, symptoms, functional limitations or medical history;
 - d. Programs, services or components of services that are not included in the fee established by the department;

- e. Services or components of services provided solely for social, recreational, educational or vocational purposes; and
- f. Costs associated with room and board for participants.

Non-billable Activities

The following activities are not billable, but have been factored into payment rates:

1. Day-to-day monitoring regarding the participants health and welfare and problem solving to address concerns;
2. Communication and coordination with the DMHAS Support Coordinator, and with other service providers to relay information germane to the participant's needs and continued recovery;
3. Telephone contact with the department or its designated agent for the purpose of requesting or reviewing authorization of services;
4. Completion of progress notes or billing documentation;
5. Individual or group supervision, routine case reviews and rounds, ad hoc consultation with supervisors and discussion or consultation among ACT team members, including for the purpose of treatment planning;
6. Time spent performing routine services such as cleaning, cooking, shopping or child care designed to provide relief or respite for the primary caregiver;
7. No shows, missed or cancelled appointments, and visits to the participant when the participant is unavailable;
8. ACT services of less than fifteen minutes duration for recovery procedures whose billing codes are defined in 15-minute increments; and
9. Time spent engaged in activities required by a credentialing, certification or oversight entity such as gathering and submitting care plan, service data or other information.

ACT TEAM REQUIREMENTS:

Complete the following staff roster for the ACT Team within the agency. The roster should represent your agency’s assigned ACT Team as of the date of application. The rehab experience and education must be documented for each ACT Team Member. By applying for ACT, it also means that the team will meet the fidelity standards as outlined by SAMHSA and have USPRA Certification *or* Attendance at DMHAS-sponsored Rehab Training– in person or through video and certified by DMHAS as an ACT Team. Specify Type and Date of training.

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| Is the organization currently certified by DMHAS to provide ACT Team Services? If yes, provide copy of certification | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Date of certification / |
|--|------------------------------|-----------------------------|-------------------------|

Please include a resume or summary of work experience for each staff listed in the roster.

| ACT TEAM ROSTER | | | | | | | |
|-----------------------|--------------------|---------|----------------------------|--|---|---|---|
| Last Name, First Name | Degree/ Experience | License | FTE | Job Title | Specific Rehab Experience | | |
| | | | | | USPRA Certification | DMHAS Rehab Training | Dates of training or Certification Number |
| | | | 1.0 | Clinical Supervisor - Must be licensed | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | | | 4 hrs/ week per 50 clients | Psychiatrist or APRN | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | | | 1.0 | Registered Nurse | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | | | 1.0 | General practitioner, either Master's prepared or licensed clinician | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | | | 1.0 | ACT Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | | | 1.0 | ACT Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | | | 1.0 | Peer Support (Recovery Support Specialist) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Language Competence: In addition to English, please identify the languages available to participants

| | | | |
|------------------------|-----------|------------|-----------------------|
| American Sign Language | German | Korean | Swedish |
| Arabic | Greek | Laotian | Tagalog (Philippines) |
| Armenian | Hebrew | Norwegian | Vietnamese |
| Chinese | Hindi | Polish | Yiddish |
| Dutch | Hungarian | Portuguese | Other: |
| Farsi | Italian | Russian | |
| French | Japanese | Spanish | |

Supervisor Documentation Requirements for ACT Team Service

If the supervision for this service is not provided by the Chief Clinical Officer for the agency, please indicate if the supervisory functions for this program are provided by a staff or contracted position.

- Employed by Agency

If the position is employed by the agency please include a copy of the employee's current license.

- Under Contract with Agency

If contracted with the agency, please provide a letter describing the arrangement by which this person is providing supervisory services and a copy of the contracted supervisor's current license.

Primary Service Locations

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| Program Name: |
| Address: |
| Program Name: |
| Address: |
| Program Name: |
| Address: |



Checklist for application for ACT Team is below

If applying for ACT Team services also include the following documents in your application:

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| If the supervisor is employed as staff by the agency | <input type="checkbox"/> |
| a copy of the supervisor's current license | <input type="checkbox"/> |
| Resume or summary work history for every member listed on the team roster | <input type="checkbox"/> |
| Supervisor | <input type="checkbox"/> |
| Psychiatrist/APRN (Unless They Are The Chief Clinical Officer Of The Agency) | <input type="checkbox"/> |
| Registered Nurse | <input type="checkbox"/> |
| General Practitioner | <input type="checkbox"/> |
| ACT Staff | <input type="checkbox"/> |
| ACT Staff | <input type="checkbox"/> |
| ACT Peer Support (Recovery Support Specialist) | <input type="checkbox"/> |
| Copy of DMHAS Certification | <input type="checkbox"/> |
| If the supervisor for this service is not an agency employee, supply | <input type="checkbox"/> |
| a letter describing the supervisory arrangement | <input type="checkbox"/> |
| a copy of the contracted supervisor's current license | <input type="checkbox"/> |