

# State of Alaska

## 1115 Behavioral Health Waiver Assertive Community Treatment (ACT) Services

Presented by Beth Wilson, BHS  
Social Services Program Officer

# What is ACT?

- Evidenced-based Practice
  - Team Approach
  - Intensive Services
  - Recovery Oriented

# ACT Regulations

7 AAC 139.200 (b)

Alaska Behavioral Health Provider Standards & Administrative Procedures for Behavioral Health Provider Services, adopted by reference in 7 AAC 160.900. .

# 1115 Waiver ACT Services

- Delivered in the community
- Active treatment, rehabilitation and support services
- Evidenced-based practices
- Targeted toward individuals with a severe and persistent mental illness whose needs have not been well met by traditional behavioral health outpatient services
- Provided by an interdisciplinary team
- Team is first-line and generally sole provider of all behavioral health services a client needs

# ACT Service Components

**ACT teams must have the capacity to provide the following treatment and support services:**

- Assertive outreach and engagement
- On-going assessments and treatment planning
- Cognitive, behavioral, and other mental health disorder-focused therapies reflecting a variety of treatment approaches
- Holistic and integrated services (teaching wellness skills for health prevention, coping skills, stress management skills, crisis management & relapse prevention plans, etc.)
- Assisting individuals in being better able to perform instrumental activities of daily living
- Family education services
- Peer support services
- Medication services
- Skills development (accessing community resources, developing communication and social skills, economic self-sufficiency, etc.)

# Contraindicated Services

- Community Recovery Support Services
- Intensive Outpatient Services
- Intensive Case Management
- Partial Hospitalization Program
- Home Based Family Treatment Level 1/11/111
- Children's Residential Treatment Level 1/11
- Clinically Managed Residential Withdrawal Management 3.2
- Medically Monitored Inpatient Withdrawal Management 3.7
- Medically Managed Intensive Inpatient Withdrawal Management 4.0
- Medically Monitored Intensive Inpatient Services 3.7
- Medically Managed Intensive Inpatient Services 4.0
- Clinically Managed Low Intensity Residential 3.1 (Adult/ Adolescent)
- Clinically Managed High Intensity Residential Treatment 3.3 (Pop. Specific)
- Clinically Managed High Intensity Residential 3.5 Adult
- Clinically Managed Medium Intensity Residential Treatment 3.5 (Adolescent)

# ACT Service Requirements

- Services must be available 24 hours a day, 7 days a week and with on-call capacity
- Services must be provided in the community 75% of time
- No fewer than 1.5 client contacts per week with an average of 3 or more hours of service a week
- Services must minimally include:
  - Medication prescription, administration and monitoring
  - Crisis assessment and intervention
  - Full range of psychiatric rehabilitation and assistance with instrumental activities of daily living
  - Assertive outreach and engagement
  - Wellness management and relapse prevention
  - Co-occurring disorders treatment
  - Supported employment and education
  - Social and community integration and skills training
  - Tenancy support
  - Peer support services

# ACT Service Requirements, *Cont.*

- Interdisciplinary team that follows evidence-based practices with sufficient staff capacity as outlined in the Tool for Measurement of Assertive Community Treatment (TMACT) and with staff capacity to be following requirements outlined in ACT regulations
- Low client to staff ratio (10:1)

## Year One of operation

- A team staff member may represent more than one type of provider role (e.g. one staff could fill role of both rehabilitation specialist and employment specialist) *if* all required disciplines are represented
- By the end of year one ACT teams should be actively serving 45-50 clients and have the staff capacity to support a half-sized ACT team with all required roles filled (e.g. *both* a rehabilitation specialist and an employment specialist)

## Year two of operation

- By the end of year two, ACT teams that intend to be a full-sized team must have staffing capacity to actively serve at least 80-100 clients



# ACT Service Requirements, Cont.

ACT teams must have policies and procedures that are consistent with recommendations in the *SAMHSA ACT Evidence Based Practices Kit*. At a minimum, policies and procedure should address:

- Staff expectations, team approach, personnel issues and job descriptions
- Hours of operations, coverage, service intensity and frequency
- Staff communications
- Administration of medications and delivery of services
- Admission, assessment, and treatment procedures
- Discharge of clients
- Management of consumer service funds and consumer records
- Consumer rights
- Program evaluation and staff performance
- Specific admission criteria and procedures

# ACT Service Requirements, Cont.

All ACT teams will receive fidelity reviews

- On a schedule at the discretion of the Division
- Reviews based on the Tool for Measurement of Assertive Community Treatment (TMACT)
  - Half ACT teams will be measured using a revised fidelity tool
  - Division will review written requests to implement a “micro” team on a case by case basis

# Target Population

Individuals 18 years of age or older:

- Who have or at any time during the past year experienced a serious mental illness or disorder defined under 7 AAC 135.055 and 7 AAC 70.910 that seriously impairs functioning in community living *and*
- Whose needs have not otherwise been adequately met through traditional behavioral health services offered under 7 AAC 135

Individuals with a *sole* diagnosis of a substance use disorder, mental retardation, brain injury, or Axis II disorders are not the intended target population for ACT services.

# Staff Qualifications

ACT must be staffed by an interdisciplinary team of qualified professionals, which may include any of the following:

- Licensed Physicians
- Licensed Physician Assistants
- Advanced Registered Nurse Practitioners
- Licensed Registered Nurses
- Licensed Practical Nurses
- Community Health Aides
- Mental Health Professional Clinicians, 7 AAC 70.990 (28)
- Substance Use Disorder Counselors
- Behavioral Health Clinical Associates
- Employment/Vocational Specialists
- Behavioral Health Aides
- Peer Support Specialists

# Service Locations

Services can be provided in outpatient settings that include:

- 04-Homeless Shelter
- 05-Indian Health Service Free-standing Facility
- 06-Indian Health Service Provider-based Facility
- 07-Tribal 638 Free-standing Facility
- 08-Tribal 638 Provider-based Facility
- 11-Office
- 26-Military Treatment Center
- 49-Independent Clinic
- 50-Federally Qualified Health Center
- 52-Partial Hospitalization Program (This is a contraindicated service so it shouldn't be a service location)
- 53-Community Mental Health Center
- 57-Non-residential Substance Abuse Treatment
- 71-State or local Public Health Clinic
- 72-Rural Health Clinic
- 99-Other appropriate community setting (including home, school, or workplace)

# Payment of Services

- 960 units (240 hours) maximum per beneficiary, per state fiscal year.
  - Service authorization is required to extend the limit.
- Services must be documented in a progress note in accordance with 7 AAC 135.130.
  - Service Code: H0039 V2
  - Unit Value: 15 minutes
  - Payment Rate: \$30.63
- ACT services may be provided concurrently with any service listed in standards manual not otherwise contraindicated.

# Additional Information

- SAMHSA standards prioritize clients with schizophrenia, other psychotic disorders (e.g. schizoaffective disorder), or bipolar disorder given the long-term psychiatric disabilities often caused by these disorders and for whom ACT teams have demonstrated effectiveness.
- ACT teams may use the State of Alaska ACT Program Standards as a resource in development of an ACT team.
- ACT teams *should* review the full TMACT fidelity scale.