

**New Mexico Interagency Behavioral Health
Service Requirements and Utilization Guidelines**

Assertive Community Treatment

HCPCS H0039

Modifiers: U1 – face

U2 – collateral encounter

U3 – assertive outreach

Revised 5-20-2010

Service Definition: Assertive community treatment (ACT) services are therapeutic interventions that address the functional problems associated with the most complex and/or pervasive conditions of the identified population. These interventions are strength-based and focused on promoting symptom stability, increasing the individual's ability to cope and relate to others and enhancing the highest level of functioning in the community.

Interventions may address adaptive and recovery skill areas such as: housing; school and training opportunities; daily activities; health and safety; medication support; harm reduction; money management and entitlements; and service planning and coordination.

The ACT program provides two levels of care, ACT Intensive and ACT Step-Down. ACT teams are initially started with an Intensive level of care and as they mature they can be expanded to incorporate a Step-Down level of care. The ACT Intensive level services individuals who require intensive and frequent contact to obtain and maintain housing, employment, relationships, and relief from symptoms and medication side effects. The ACT Step down program serves individuals who need continuity and support of the ACT team but not intensive and/or frequent contact. Program participants of ACT Step-Down can only be referred from the ACT Intensive level.

Source of Funding	HSD/MAD
Target Population	<p>Individuals aged eighteen (18) and older who have all of the following:</p> <ul style="list-style-type: none"> • a diagnosis of severe disabling mental illness (including schizophrenia, schizoaffective disorder, bipolar disorder or psychotic depression) • severe problems completing activities of daily living • a significant history of involvement in behavioral health services • experienced repeated hospitalizations and/or incarcerations • difficulty maintaining housing • frequent use of emergency services. <p>A co-occurring diagnosis of substance abuse shall not exclude an individual from eligibility for the program.</p>
Program Requirements	<p>Assertive Community Treatment services must be provided by an interdisciplinary team. Individuals on this team shall have sufficient individual competence, professional qualifications and experience to provide service coordination; crisis assessment and intervention; symptom assessment and management; individual counseling and psychotherapy; medication prescription, administration, monitoring and documentation; substance abuse treatment; work-related services; activities of daily living services; social, interpersonal relationship and leisure-time activity services; support services or direct assistance to ensure that individuals obtain the basic necessities of daily life; and education, support, and consultation to individuals' families and other major supports.</p> <p>Assertive Community Treatment is a medical, comprehensive case</p>

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	<p>management and psychosocial intervention program provided on the basis of the following principles:</p> <ol style="list-style-type: none"> 1. the service is available twenty-four hours a day, seven days a week; 2. an individualized service plan and supports are developed; 3. at least 90% of services are delivered as community-based outreach services; 4. an array of services are provided based on individual patient medical need; 5. the service is consumer-directed; 6. the service is recovery-oriented; 7. the ACT team must operate a continuous after-hours oncall system with staff that is experienced in the program and skilled in crisis intervention procedures. The ACT team must have the capacity to respond rapidly to emergencies, both in person and by telephone. To ensure direct access to the ACT program, recipients must be given a phone list with the responsible ACT staff to contact after hours. 8. mobilized crisis intervention is provided in various environments such as homes, schools, jails, homeless shelters, streets and other locations. <p>The ACT program provides three levels of interaction with the participating individuals:</p> <ol style="list-style-type: none"> 1. face-to-face encounter—at least 60% of all ACT team activities must be face-to-face, with approximately 90% of these encounters occurring outside of the office. 2. collateral encounter—Collaterals are members of the recipient’s family or household, or significant others (e.g. landlord, criminal justice staff, and employer) who regularly interact with the recipient and are directly affected by or have the capability of affecting his or her condition, and are identified in the service plan as having a role in treatment. A collateral contact does not include contacts with other mental health service providers or individuals who are providing a paid service that would ordinarily be provided by the ACT team (e.g. meeting with a shelter staff who is assisting an ACT recipient in locating housing). 3. assertive outreach—Will consist of the ACT team being ‘assertive’ about knowing what is going on with an individual and acting quickly and decisively when action is called for, while increasing client independence. The team must closely monitor the relationships that the individual has within the community and intervene early if difficulty arises. <p>Note: Collateral encounters and assertive outreach combined must not exceed 40% of the total ACT team activities.</p> <p>All of the above activities must be indicated in the service plan.</p> <p>The Behavioral Health Services Division (BHSD) of the NM Department of Health in conjunction with the SE, will assess fidelity to the ACT model. The ACT program must demonstrate compliance and outcomes consistent with the ACT Fidelity Scale.</p>
<p>Provider Requirements</p>	<p>The provider must:</p> <ol style="list-style-type: none"> 1. be a political subdivision of the state of New Mexico who contracts with the Medical Assistance Division (MAD) to perform ACT; 2. be able to comply with financial regulations established by the

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	<p>Medical Assistance Division (MAD).</p> <ol style="list-style-type: none"> 3. be able to contract with or employ qualified personnel to provide the service; 4. demonstrate compliance with administrative, financial, clinical, quality improvement and information services infrastructure standards established by the MAD; and, 5. be accredited by a national accrediting body for medical or behavioral health services providers. <p>The provider must be a legally recognized entity in the United States and qualified/registered by the New Mexico State Corporation Commission to do business in New Mexico.</p>
<p>Staffing Requirements</p>	<p>Each team staff member must successfully participate in a BHSD approved ACT training.</p> <p>Each assertive community treatment team shall have sufficient numbers of staff to provide treatment, rehabilitation, and support services 24 hours a day, seven days per week.</p> <p>Each assertive community treatment team shall have the capacity to provide the frequency and duration of staff-to-program participant contact required by each recipient's individualized service plan.</p> <p>Each assertive community treatment team shall have the capacity to increase and decrease contacts based upon daily knowledge of the program participant's clinical need with a goal of maximizing independence. The team shall have the capacity to provide multiple contacts to persons in high need and a rapid response to early signs of relapse. The nature and intensity of ACT services are adjusted through the process of daily team meeting.</p> <p>Each assertive community treatment team shall include at least:</p> <ul style="list-style-type: none"> • one team leader; • one board-certified or board eligible psychiatrist; • two nurses, at least one of whom shall be a registered nurse; • one other licensed mental health professional; • one licensed substance abuse professional; • one employment specialist; and, • one peer specialist or family specialist <p>Each assertive community treatment team shall have a staff-to individual ratio that does not exceed 10:1. This ratio is for both Intensive and Step-down services.</p> <p>Any ACT Team vacancies that occur will be filled in a timely manner to assure that these ratios are maintained.</p> <p>All professional staff must be currently and appropriately licensed by the applicable professional board, including the Board of Social Work Examiners, the New Mexico Counseling and the Therapy Practice Board, the New Mexico Medical Society, the Board of Nursing, etc.</p>
<p>Documentation Requirements</p>	<p>A comprehensive assessment must be completed within 40 days of admission to the program. A culturally relevant service plan, responsive to the individual's preferences and choices and signed by the individual must be developed and in place at the time services are rendered.</p> <p>Each individual service plan must consist of the following:</p>

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	<ol style="list-style-type: none"> 1. The individual's specific mental illness diagnosis; 2. Plans to address all psychiatric conditions; 3. The individual's treatment goals and objectives (including target dates), preferred treatment approaches, and related services; 4. The individual's educational, vocational, social, wellness management, residential or recreational goals, associated concrete and measurable objectives, and related services; 5. When psychopharmacological treatment is used, a specific service plan including identification of target symptoms, medication, doses, and strategies to monitor and promote commitment to medication must be used; 6. A crisis/relapse prevention plan including an advance directive; and 7. An integrated substance abuse and mental health service plan for individuals with co-occurring disorders. <p>Documentation shall be consistent with the ACT Fidelity Scale.</p> <p>The individual service plan will include input of all staff involved in treatment of the individual as well as involvement of the individual and collateral others of the individual's choosing. In addition, the plan must contain the signature of the psychiatrist, the team leader involved in the treatment and the individual's signature (refusals must be documented).</p> <p>The individual service plan is reviewed and updated every 6 months.</p> <p>A tracking system is expected of each ACT team for services and time rendered for or on behalf of each individual.</p>
Service Exclusions	<p>This service may not be billed in conjunction with the following services:</p> <ul style="list-style-type: none"> • assessment; • comprehensive medication services; • behavioral health counseling and therapy; • comprehensive community support services; • psychosocial rehabilitation services; • case management; • supported employment services; • mental health professional services; and, • behavioral health residential programs.
Admission/Service Criteria	
Continuing Service Criteria	
Discharge Criteria	
Service Authorization Period	
Service Authorization Unit	
Benefit Limits	