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South Carolina Assertive Community Treatment Service Manual

Kathy Nichols, Senior Associate
Stacy Smith, Senior Associate
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Agenda

1. South Carolina ACT
    - Entrance Criteria, Continued Stay Criteria, Discharge Criteria Review
    - Case Examples

2. South Carolina ACT
    - Staff Competencies, Services
    - Supports

2. South Carolina ACT
    - Team Size
    - Staff ratios
    - Training Suggestions
    - Service Documentation
    - Special Restrictions
    - Relationship to Other Services

3. South Carolina ACT
    - Fidelity

4. South Carolina ACT
    - Documentation

Training Objectives

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Training Objectives

- Continued Review Assertive Community Treatment (ACT) Policy Manual — This does not include Billing Guidance, or specific ACT staff role review
- Entrance Criteria, Continued Stay, and Discharge Criteria review
- ACT Staffing and Responsibilities
- Discuss Service/Policy Implementation
- Next Steps

South Carolina ACT

- Entrance Criteria, Continued Stay Criteria, Discharge Criteria Review
- Case Examples

Eligibility Criteria

Entrance Criteria

Diagnoses include schizophrenia, other psychotic disorders (e.g. schizoaffective disorder), or bipolar disorder, and must reflect a serious and persistent mental illness

Beneficiaries with a primary diagnosis of substance use disorder, intellectual developmental disorder, borderline personality disorder, and traumatic brain injury are not eligible

Eligibility Criteria

Entrance Criteria (Continued)

The beneficiary must have significant functional impairment as demonstrated by at least one of the following:		
Significant difficulty consistently performing the range of routine tasks required for basic adult functioning in the community, or persistent or recurrent difficulty performing daily living tasks without significant support or assistance from others such as friends, family, or relatives	Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the head-of-household responsibilities	Significant difficulty maintaining a safe living situation

Eligibility Criteria

Entrance Criteria (Continued)

In addition, the beneficiary has one or more of the following problems which are indicators of continuous high service needs:

1. High use of acute psychiatric hospitalization or psychiatric emergency services
2. Intractable severe psychiatric symptoms
3. Coexisting mental health and substance use disorders of significant duration
4. High risk or recent history of criminal justice involvement
5. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of homelessness
6. Residing in an inpatient or supervised community residence but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available
7. Difficulty effectively using traditional office-based outpatient services

South Carolina ACT Medical Necessity

Knowledge Check-in!

Cecilia is a 30-year-old African American female, and she has a diagnosis of schizoaffective disorder, as well as diagnosis of Marijuana Use. She currently lives in an adult care home and has lived there for the past five years. At the adult care home, staff does a majority of daily living tasks (laundry, cooking, most cleaning.) Cecilia receives $60 a month from her check, and she doesn't have direct access to the money. Through the recent Department of Justice Settlement Agreement, Cecilia has been identified as an eligible participant to move into independent living in the community, and she should have access to community behavioral health services that will help her succeed.

Does Cecilia qualify for ACT?

If yes, why does Cecilia qualify?

If no, why not?

South Carolina ACT Medical Necessity

Does Cecilia Qualify for ACT?

Does Cecilia have a diagnosis that meets the eligibility criteria for ACT?

Cecilia has a diagnosis of schizoaffective disorder. She also has a diagnosis of marijuana use.

Does Cecilia have a significant functional impairment?

Cecilia is currently living in a setting where she receives significant support from adult care home staff completing daily living tasks. She also is not completing head-of-household responsibilities.

Does Cecilia have a problem that indicates a need for continuous, high-level services?

Cecilia currently resides in a community residence. She has been identified as eligible to live in a more independent setting if she had intensive services available.

South Carolina ACT Medical Necessity

If your ACT team was submitting an initial authorization for Cecilia for ACT, what additional information would you try to get to further support your authorization request?

Eligibility Criteria

Continued Stay

The beneficiary shall be approved for continued stay if the desired outcome or level of functioning hasn't been restored, improved, or sustained over the time frame outlined in the treatment plan.

The beneficiary continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of functional gains.

Eligibility Criteria

Continued Stay (continued)

One of the following applies:

1. The beneficiary has achieved current treatment plan goals and additional goals are indicated as evidenced by documented symptoms
2. The beneficiary is making satisfactory progress toward meeting goals, and there is documentation that supports the continuation of ACT will be effective in addressing the goals outlined in the treatment plan
3. The beneficiary is making moderate progress, but the specific interventions in the treatment plan need to be modified so that greater gains, which are consistent with the beneficiary's pre-morbid or potential level of functioning, are possible
4. The beneficiary fails to make progress or demonstrates regression in meeting goals through the interventions outlined in the treatment plan

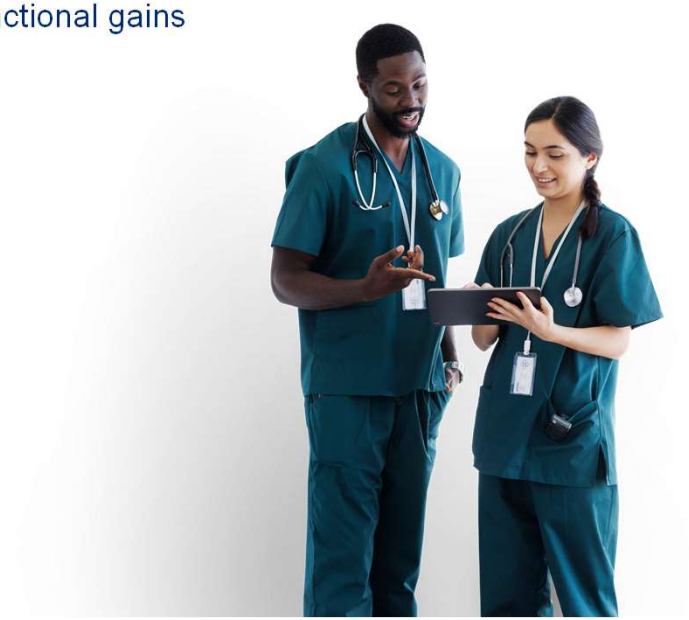
Eligibility Criteria

Continued Stay (continued)

5. If the beneficiary is functioning effectively with ACT and discharge would otherwise be indicated, the ACT team services must be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn, based on one of the following:

   a. There is a documented history of regression in the absence of ACT services, or attempts to titrate ACT services downward have resulted in regression

   b. There is an epidemiologically sound expectation that symptoms will persist, and ongoing outreach treatment interventions are needed to sustain functional gains



South Carolina ACT Medical Necessity

Knowledge Check-in!

Brad is a 47-year-old white male who has a diagnosis of schizophrenia. He has been receiving ACT for two years, and this was the first time he had received ACT services. Since receiving ACT services, Brad has moved into his apartment and just started dating. He worked closely with his psychiatrist and finally found medications that help him effectively manage his symptoms.

The current goals in Brad's treatment plan are:

1. Keep living in my apartment
2. Find a job I like
3. Find fun things to do my in neighborhood, like pickleball

South Carolina ACT Medical Necessity

Does Brad Qualify for Continued ACT Services?

1. Keep living in my apartment

Brad has been able to stay in his apartment for the past 20 months. The team initially provided intensive support but was able to slowly titrate back to support Brad being more independent. Brad has shown he is able to keep his apartment.

2. Find a job I like

Brad has not found a job yet. He is not sure if he wants to find a job or maybe get a certificate or learn a trade. He does still want to work though.

3. Find fun things to do in my neighborhood, like pickleball

When asked, Brad cannot really identify fun things to do he can access. He does want to find more things to do outside of his apartment, getting out makes him feel good.

South Carolina ACT Medical Necessity

Could Brad qualify for continuing ACT services?

If yes, why?

If no, why not?

Eligibility Criteria

Discharge Criteria

The beneficiary shall meet at least one of the following:

1. The beneficiary and team determine ACT services are no longer needed based on the attainment of goals as identified in the person-centered plan and a less intensive level of care would adequately address current goals. Standards for transitioning to less intensive services should be consistent with the standards noted in Operations and Structure 9 (OS 9) on the tools for the measurement of assertive community treatment OS subscale

2. The beneficiary moves out of the catchment area, and the ACT team has facilitated the referral to either a new ACT provider or other appropriate mental health service in the new place of a primary private residence and has assisted the beneficiary in the transition process

3. The beneficiary and, if appropriate, legally responsible person chooses to withdraw from services and documented attempts by the program to re-engage the beneficiary have not proven successful

Eligibility Criteria

Discharge Criteria (continued)

4. The beneficiary has not demonstrated significant improvement following reassessment, several adjustments to the treatment plan over a minimum of three months and all engagement strategies have been documented with no demonstrable results, and:
    a. Alternative treatment or providers have been identified that are deemed necessary and are expected to result in greater improvement as determined by the team's clinical judgment
    b. The beneficiary's behavior has worsened, such that continued treatment is not anticipated to result in sustainable change as determined by the team's clinical judgment
    c. More intensive levels of care are indicated by the team's clinical judgment

South Carolina ACT Medical Necessity

Knowledge Check-in!

Tamara is a 38-year-old Latina. She has a diagnosis of bipolar disorder and has been receiving ACT services for the past two years. She has met the goals in her treatment plan: she has been living with her mother and helping take care of her (her mother is elderly and has difficulty maintaining her home, and she likes Tamara living with her), she has a part-time job at a local law firm as a paralegal, and the team has been titrating services down over the past five months.

The ACT team has completed ACT Transition Readiness (ATR) to track progress, and Tamara has shown consistent growth.

South Carolina ACT Medical Necessity

Should Tamara be Discharged from ACT Services?

Let's look at the first option:

Services are no longer needed based on the attainment of goals, and a less intensive level of care would adequately address current goals	Tamara has met and sustained her goals. She has not identified any additional goals, the ACT team has decreased the intensity and frequency of services, and Tamara has not experienced any difficulty
Operations and Structure 9 (OS9) TMACT Subscale: – The team conducts a regular assessment of the need for ACT – The team uses explicit criteria/markers to assess the need to transfer to less intensive services – Transition is gradual and individualized	The ACT team routinely completes ATRs on beneficiaries and has tracked Tamara's progress. They have been gradually transitioning her over five months.

South Carolina ACT Medical Necessity

Discharge Criteria

Should Tamara be discharged from ACT?

If yes, why?

If no, why not?

South Carolina ACT

- Staff Competencies, Services
- Supports

South Carolina ACT Policy

Staff Competencies, Services, and Supports

Staff shall have competence, qualifications, and experience to support adults with SPMI

Focus on community settings

Service is delivered continuously and titrated

South Carolina ACT Policy

Staff Competencies, Services, and Supports (continued)

Services include but are not limited to:

- Assertive engagement
- Benefits/Financial Support
- Employment/education services
- Assessment/treatment planning
- Co-occurring SU treatment
- Family psychoeducation/support
- Social skills/support
- Crisis planning/intervention
- Housing access/support
- Medication education/assistance/support
- MH CPSS
- Referral to/coordination with physical health
- Psychiatric rehabilitation/Activities of Daily Living
- Symptom management
- Evidence Based Psychotherapy

Questions, Comments, Concerns

Questions, comments, concerns regarding Staff Competencies, Services, and Supports?

South Carolina ACT Policy

- Team Size
- Staff ratios
- Training Suggestions
- Service Documentation
- Special Restrictions
- Relationship to Other Services

South Carolina ACT Policy

Team Size and Staff Ratios

Team Size	Number of Beneficiaries Served	Staff to Beneficiary Ratio
Small	Up to 50	1:8
Large	51–129	1:9

South Carolina ACT Policy

Team Size and Staff Ratios (continued)

Required staffing ratios based on team size:

Staff	Small Team	Large Team
Team Leader	1.0, Full-Time/Dedicated	1.0, Full-Time/Dedicated
NP, PA, and APRN	0.2	0.4
Psychiatric Care Provider	0.2	0.4
RN	1.4	2.0
LPN	-	0.9
SU Professional	1.0	1.0
CPSS	1.0	1.0
VSS	1.0, Full-Time/dedicated	1.0, Full-Time/Dedicated
QMHP	0.5	1.0
MHP	1.0	2.0
Administrative Assistant	1.0, Full-Time/Dedicated	1.0, Full-Time/Dedicated

South Carolina ACT Policy

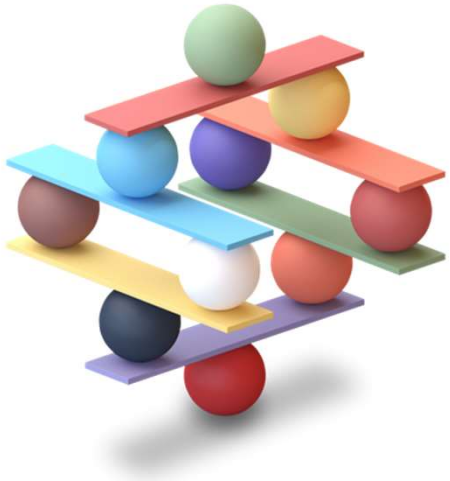
Training Suggestions

- Benefits Counseling
- CBT for Psychosis
- Culturally and linguistically appropriate services
- Individual Placement and Support EBP
- Family Psychoeducation
- Integrated Dual Disorder Treatment
- Limited English proficiency, blind or visually impaired, and deaf/hard of hearing accommodations
- Medication Algorithms
- National Alliance for the Mentally Ill (NAMI) Psychoeducational trainings
- Psychiatric advanced directives
- Recovery oriented systems of care: policy and practice
- Social Security Income/Social Security Disability Income and Outreach, Access, and Recovery /Stepping Stones to Recovery
- Permanent Supported Housing EBP
- The Pathway's Model to End Homelessness for People with MI and Addiction
- Trauma Informed Care
- EBPs appropriate for adults with SMI
- Wellness/integrated health care, wellness management, recovery interventions

South Carolina ACT Policy

Service Documentation

- ACT must develop the Individualized Plan Of Care (IPOC)
- If the IPOC is developed by a State agency, the ACT team must adhere to the recommendations for services and specific frequencies in the IPOC
- Must meet all SC DHHS requirements



Services Provided Concurrently with ACT

Allowable

- Opioid Treatment
- Withdrawal Management Services
- Facility Based Crisis
- Non-Medicaid funded Evidenced Based SE or Long-Term Vocational Supports
- Specialized clinical needs which cannot be provided among the team
- SA Residential Treatment or Adult MH Residential Program
- Psychosocial Rehabilitation for a 30-day Transition Period

Not Allowable

- Individual, group or Family OP
- OP Medication Management
- OP Psychiatric Services
- Partial Hospitalization
- Psychosocial Rehabilitation after 30-day Transition Period
- Nursing Home Facility
- Medicaid-funded Evidenced Based SE or Long-Term Vocational Supports
- Mobile Crisis Management

Questions, Comments, Concerns

Questions, comments, concerns regarding Team Size and Staff Ratios, Training Suggestions, Service Documentation, or Special Restrictions in Relationship to Other Services?

South Carolina ACT Policy

- Fidelity

South Carolina ACT Policy

Fidelity

The below table shows the staff to beneficiary ratio and FTEs for small and large teams:

Staff	Small Team	Large Team
Staff to Beneficiary Ratio	1:8	1:9
FTE Base Fidelity	6.0	7.0
FTE High Fidelity	7.0	10.0

South Carolina ACT Policy

Fidelity (Continued)

Provisional Fidelity Level

- A new ACT team can be certified at this level for six months if the required documentation has been submitted to the State approved fidelity evaluation team
- They must undergo a mock fidelity review by the State approved fidelity evaluation team and achieve an average tools for the measurement of assertive community treatment (TMACT) score of 2.0 or greater, and also have:
  - A minimum average score of 3.0 in the following subscales:
    - OS1- Low ratio of consumers to staff
    - OS5- Program size
    - OS6- Priority service population
    - OS10- Retention rate

Provisional Fidelity Level (continued)

- A minimum average rating of 3.0 on the entire CT subscale
- A minimum rating of 3.0 on CP subscale CP1- Community-Based Services
- A team maintaining Provisional Certification for 2 years can be place on a corrective action plan (not to exceed 90 days.)
- During the corrective action plan, the team cannot bill using H0040 and will bill appropriate RBHS codes

South Carolina ACT Policy

Fidelity (continued)

Basic Fidelity Level

- ACT teams scoring a 3.0-3.4 on their TMACT, and also the following minimum fidelity rating scores:
  - Minimum average 3.0 across the following items of the OS subscale:
    - OS1- Low ratio of consumers to staff
    - OS5- Program size
    - OS6- Priority service population
    - OS10- Retention rate
  - Minimum average 3.0 on the CT subscale
  - Minimum rating of 3.0 on CP subscale CP1- Community-Based Services

Moderately High-Fidelity Level

- ACT teams scoring a 3.5-4.1 on their TMACT, and also the following minimum fidelity rating scores:
  - Minimum average 3.5 across the following items of the OS subscale:
    - OS5- Program size
    - OS9- Transition to less intensive services
    - OS10- Retention rate
  - Minimum rating of 4.0 on subscale OS6- Priority service population
  - Minimum average 4.0 on the CT subscale
  - Minimum rating of 4.0 on CP subscale CP1- Community-Based Services
  - Minimum rating of 3.0 on the Person-Based Planning subscale

South Carolina ACT Policy

Fidelity (continued)

High-Fidelity Level

- ACT teams scoring a 4.2-5.0 on their TMACT, and also the following minimum fidelity rating scores:
  - Minimum average 4.0 across the following items of the OS subscale:
    - OS5- Program size
    - OS9- Transition to less intensive services
    - OS10- Retention rate
  - Minimum rating of 5.0 on subscale OS6- Priority service population
  - Minimum average 4.0 on the CT subscale

South Carolina ACT Policy

Fidelity (continued)

High-Fidelity Level (continued)

- Minimum rating of 4.0 on CP subscale CP1- Community-Based Services
- Minimum average rating of 3.7 on the following subscales:
  - PP subscale (Person-Centered Planning & Practices)
  - Specialist team subscale (ST)
  - EBPs subscale (EP)

Questions, Comments, Concerns

Questions, comments, concerns regarding Fidelity?

Any remaining questions, comments, or concerns?

South Carolina ACT Policy

Next Steps

Upcoming training on authorization, entrance/continued stay/discharge criteria, and billing
UNC Chapel Hill Institute for Best Practices (UNC-CH IBP) will be providing trainings on TMACT and high-fidelity ACT
UNC-CH IBP will also begin scheduling and completing fidelity evaluations

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