

MRO Service Definition: ACT

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Overview

- Overall focus on operational implications of ACT
- Staffing
- Infrastructure
- Brief overview of Medicaid requirements and how they interact with operations

Service Definition Components

- Comprehensive service for clients: ALL services including Master Treatment Planning are part of ACT service.
- TEAM service with mixture of staff specialties
- Rehabilitation and Recovery Focus: Goal for client to move to Community Support and an array of services

ACT and MRO

- ACT is an evidence-based practice and a model of care.
- Medicaid rules and FFS reimbursement require some modification of the model – the CT definition is based on successful national standards, ACT Medicaid definitions from other states, and CT concerns about the population.

ACT and Recovery

- National Standards have been rewritten to reflect recovery and rehabilitation principles.
- National standards and MRO definitions allow for smaller teams when there are not enough clients in an area to support a full-sized team. Smaller teams are an accommodation that CT has chosen to allow.

Target Population

- An individual whose needs are pervasive and/or unpredictable and cannot be met effectively by any other combination of available community services. These service recipients would tend to be high need, receive multiple services, frequently require hospitalization before seeking treatment, seek treatment only during a crisis, or have a confirmed clinical history of being unable to benefit from the traditional array of community-based services.

Included Interventions

- **Comprehensive Assessment**, including psychiatric history, mental status, and diagnosis; 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.
- **Treatment Planning.***
- **Service Coordination.**
- **Crisis Assessment and Intervention.***
- **Symptom Assessment and Management***
- **Medication Prescription, Administration, Monitoring and Education**
- **Counseling and psychotherapy.**
- **Dual diagnosis substance abuse services.^**
- **Work- and Education-Related Services^**
- **Residential Supports.***
- **Activities of Daily Living***
- **Social/Interpersonal Relationship and Leisure-Time Skill Training***
- **Peer Support Services***
- **Environmental and other supports***
- **Education, support and consultation to clients' families and other major supports. ***

Staffing

- FT Team Leader – licensed
- Psychiatrist works 8 hours/week for every 25 ACT clients
- FT Nurse
- Master's level clinician
- Recovery Specialists (voc, peer, co-occurring)
- FT Administrative Support
- Minimum of 5 FTE (excluding MD and Admin Support)
- RATIO of 1:10 (excluding clerk and MD)

Hours of Operation

- ACT operates at least 12 hours per day M-F. Provides at least 8 hours of direct service each weekend day or holiday. Team member on call for all other hours.
- ACT team members are expected to provide the primary point of coordination for crisis response to ACT recipients

What Does that Mean for Operations?

- Shifts
- On-call
- Flex schedules
- What does operate mean?
 - Because you are community-based, operate does not mean office needs to be open.

Flexibility in hours

- Smaller teams need to demonstrate that “staff are regularly scheduled to provide the necessary services on a client-by-client basis”
- As teams get larger, staffing patterns can be more formal. Build in flexibility for time off, changes in client needs.

Crisis Response

- ACT team members are expected to provide the primary point of coordination for crisis response to ACT recipients
 - On call staff
 - Linkage with existing crisis teams
 - Crisis planning with clients
 - Filing of crisis plans with crisis teams
 -

Regularly scheduled team meetings

- Service definition says:
 - “regularly scheduled team meetings. The ACT team provides nearly all the treatment and works collaboratively as a team with blended roles....”
- Lots of ways to accomplish
- Focus routine meetings on scheduling and tx plan implementation

Staffings

- Have criteria
- Have focus & agenda
 - Not just rambling
- Key on assessment and treatment planning questions
 - Do we have right assessment?
 - Do we have right treatment plan?

Team Functioning

- Blended roles
- Specialty roles
- Scheduling of interventions
- Scheduling of staff
 - To meet tx plans implemented
 - Assessment & tx plan updates
 - To ensure specialty services/staff
 - Crisis

Schedules, schedules, schedules

- Client intervention needs from treatment plans drive client-centered schedules
- Staff schedules incorporate specific assignments expectations for day/week to meet client intervention needs
- Overall program schedule

Team Functioning

- Using different specialties
- Identifying strengths of team members
- Blending professionals, paraprofessionals, and peers
- Special issues with peers on teams
 - Their own peer support
 - Using their distinct roles
 - Managing all staff as staff – not as clients
- Team Vacancies

Managing capacity

- Staff-client ratio not to exceed 1:10
- Goal is to keep a tight ratio
- Ratio needs to be build on intensity of client need and productivity
- Adding staff based on number of clients and intensity
 - Overtime
 - Part-time/flex-time
 - Flexing staff from other programs for short-term needs
 - Adding full-time staff

Tracking Issues

- Community/Office
- Minimum Contacts
- Getting notes & billing turned in so bills can be rolled up
- Group time
- Treatment planning dates
- “No shows”

Transitioning Existing Clients

- Preparation & Managing Expectations
- Current Diagnostic Assessments
- Functional Assessments
- Linking Treatment Plans to Assessments
- WRAP Plans
- Moving toward more rehabilitation focus in current programs
- Begin to identify most likely services for individual clients

Transitioning Existing Staff

- Labor relations timing issues – outline time frames & Tasks
- Clarity with staff about future requirements
- Identification of staff with special skills
- Framing as opportunities

ACT Service Issues Related to Medicaid

Active rehabilitation

- Incorporates active, rehabilitation and recovery oriented set of interventions
- Requires a variety of skills, approaches, and information
- Builds capacity within consumer – active empowerment through skills and support – while supporting them.

Medicaid Overview

- Medicaid is a health insurance program for people who are poor and/or disabled that is jointly funded by the federal government and the state government
- The federal government sets basic parameters and approves State customization of a Medicaid plan (This is called a Medicaid State Plan)
- The basic Medicaid plan primarily covers in-clinic and in-hospital services.

Medicaid Psychiatric Rehabilitation Option

- Applies to behavioral healthcare
- Focuses on community-based services that actively encourage rehabilitation and progress toward a return to optimal functioning
- Emphasizes consumer (and family) participation and choice
- Assumes rehabilitation from a psychiatric disability

Federal Law says Rehab Is:

- *Restoration* of basic skills necessary to function independently in the community
 - *Examples:* food planning and preparation, maintenance of living environment, community awareness, mobility skills

Federal Law says Rehab Is:

- *Redevelopment* of communication and socialization skills
 - Especially those skills that help consumer move toward recovery, maintain community living, and achieve optimal independence from disability
- Family education and other family services exclusively related to treatment or rehabilitation of the covered individual.

Federal Law says Rehab Is:

- Interventions which will assist individuals to build capacity to gain access to needed medical, social, educational and other services.
 - These services might include housing, social services, vocational training and education.

Rehab Is Medically Necessary:

- What does that mean?
 - Focus on issues caused or impacted by **disability and directly related to psychiatric illness**
 - Not just beneficial – necessary
 - As defined in State Medicaid Plan

Federal Law: Rehab is *NOT*:

- Vocational services (especially job training)
- Academic education
- Purely Socialization
- Purely Recreation
- Transportation
- Watchful Oversight
- Habilitation

BUT Rehab CAN provide:

- Skills teaching and supporting critical to successful job functioning,
 - including ability to get along with peers and supervisors, concentrate on tasks at hand, work at a reasonable pace, persist at tasks, present self (cleanliness, attire and communication) appropriately for the work site, maintain work schedule (show up on time), and follow instructions.

AND Rehab CAN provide:

- Social skills and basic and daily-living skills required for success in an academic program.
 - Note: Academic goals can be included in treatment plan as long as focus is on rehabilitative skills that allow person to complete that education, reduce disability, and restore the individual to his or her best functional level.

AND Rehab CAN provide:

- Skills development and practice of skills necessary to structure and use leisure time, recreational opportunities, and social occasions.
 - Improving natural support systems
 - Developing relationship skills
 - Planning skills
 - Reducing isolation and withdrawal

Key Concepts & Standards

- Medical necessity
- **Mental health** interventions
- Included in the treatment plan
- Assists the consumer to do for him/her self rather than doing for
- Develops and teaches, rather than simply observing/monitoring
- Hub of Rehab Model – would expect to see 80% + of enrolled consumers receiving this service

Demonstrating Medical Necessity

- Assessment documents psychiatric condition and impact on functioning
- Treatment Plan addresses areas identified on assessment and includes steps to returning to baseline (Signed by authorized person)
- Tx Plan services in amount & duration reasonably expected to foster change (or prevent relapse)
- Interventions directly relate to treatment plan
- Notes demonstrate progress (or prevention of relapse)

Special Act Intervention Issues

- Med Drops
- Crisis
- Groups
- Visiting Nurses
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Reference Materials

- National Program Standards for ACT Teams, National SAMHSA Technical Assistance Center for ACT, housed at NAMI
- <http://www.dmhas.state.ct.us/medicaid/ACTstandards.pdf>
- ACT Service Definition:
<http://www.dmhas.state.ct.us/medicaid/ACTCTdefinition.pdf>