Rehabilitation Services

Service Name	ASSERTIVE COMMUNITY TREATMENT/ ALTERNATIVE ASSERTIVE COMMUNITY TREATMENT
Funding Source	Medicaid Behavioral Health Services
Setting	Community-based, usually in the client's home.
Facility License	NA
Basic Definition	The Assertive Community Treatment/Alternative Community Treatment (ACT) Team provides high intensity services, and is available to provide treatment, rehabilitation, and support activities seven days per week, twenty-four hours per day, 365 days per year. The team has the capacity to provide multiple contacts each day as dictated by client need. The team provides ongoing continuous care for an extended period of time, and clients admitted to the service who demonstrate any continued need for treatment, rehabilitation, or support will not be discharged except by mutual agreement between the client and the team.
Service Expectations	• Comprehensive Assessment: The Comprehensive Assessment is unique to the ACT Program in its scope and completeness. A Comprehensive Assessment is the process used to evaluate a client's past history and current condition in order to identify strengths and problems, outline goals, and create a comprehensive, individual treatment/rehabilitation/recovery/service plan. The Comprehensive Assessment reviews information from all available resources including past medical records, client self-report, interviews with family or significant others if approved by the client, and other appropriate resources, as well as current assessment by team clinicians from all disciplines. This assessment must include thorough medical and psychiatric evaluations. A Comprehensive Assessment must be initiated and completed within 30 days after the client's admission to the ACT program. • A treatment/rehabilitation/recovery/service plan developed under clinical guidance with the individual, integrating individual strengths & needs, considering community, family and other supports, stating measurable goals and specific interventions, that includes a crisis/relapse prevention plan, completed within 21 days of the completion of the Comprehensive Assessment. • The treatment/rehabilitation/recovery/service plan is reviewed and revised at least every 6 months or more often as medically indicated. The team leader, psychiatrist, appropriate team members, the client, and appropriate, approved family members or others must participate. • Medical assessment, management and intervention as needed. • Individual/family/group psychotherapy and substance abuse counseling as needed. Referrals to appropriate support group services may be appropriate. • Medication prescribing, delivery, administration and monitoring. • Crisis intervention as required • Rehabilitation services, including symptom management skill development, vocational skill development, and psychoeducational services focused on activities of daily living, social functioning, and community living skills. • Supportive interventions which include direct assistance and coordination in obtaining basic necessities such as medical appointments, housing, transportation, and maintaining family/other involvement with the individual, etc.

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	• National accreditation by an approved accreditation body
Length of Services	By nature of the program description, the service is intended to be available to the individual indefinitely but discharge may occur if the individual for example refuses further consent to be involved in the program or relocates outside of the ACT team's geographic area, or no longer needs the service.
Staffing	• A licensed Psychiatrist who serves as the Team Psychiatrist of the program and meets the FTE standards for evidence-based ACT programs • For ACT Alternative Programs: A Psychiatrist/Advanced Practice Registered Nurse (APRN) Team provides the Team Psychiatrist functions, and the psychiatrist at a minimum provides an in-depth psychiatric assessment and initial determination for medical and psychopharmacological treatment, individual treatment rehabilitation and recovery plan reviews, weekly clinical supervision, and participation in at least two daily meetings per week. APRN's may provide coverage for psychiatric time as a part of the Psychiatrist/APRN Team when the APRN is practicing within his/her scope of practice, has an integrated practice agreement with the team psychiatrist, and defines the relationship with the psychiatrist. All other program staffing standards apply. • Team Leader (Masters Degree in nursing, social work, psychiatric rehabilitation or other human service needs, psychiatrist, psychologist) • Licensed mental health practitioners LMHP, PLMHP, Psychologist, Provisional Psychologist, LADC, PLADC (dually licensed professionals preferable) • Substance Abuse Specialists with at least one year training/experience in substance abuse treatment, or a LADC, or LMHP with specialized SA training • Vocational Specialists with at least one year training/experience in vocational rehabilitation and support • Mental Health Worker (bachelors degree or higher in psychology, sociology, or a related field is preferred, but two years of course work in a human services field, or High School Diploma and two years experience/training or lived recovery experience with demonstrated skills and competencies in treatment with individuals with a MH diagnoses is acceptable. All staff should be trained in rehabilitation and recovery principles, and personal recovery experience is a positive. • Registered Nurses with psychiatric experience • Peer support worker (Peer support training is preferred) • Support staff (administrative)
Staffing Ratio	Assertive Community Treatment: Team member to client ratio is 1 to no more than 10. A full-time psychiatrist is required for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in psychiatrist hours and availability. Alternative Community Treatment: The Psychiatrist/APRN Team must provide a full-time equivalent for programs of 100 persons served. Increases in the size of the program should reflect a proportional increase in the number of hours supplied by this team. At least sixteen hours of this team's psychiatrist time is required weekly for programs of up to 100 individuals served, and 20 hours weekly for programs of up to 120 individuals served, or increased proportionally to reflect the numbers of individuals served. The team APRN's hours should be increased proportionally to assure the overall team hours reflect one FTE for each

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	100 individuals served, or a proportional increase for programs over 100 individuals served. Each program serving 100 persons must provide 2 full-time RN's, 2 Substance Abuse Specialists, and 2 Vocational Specialists. For ACT teams over 100 individuals, there should be a proportional increase in staff hours for the RN, Vocational Rehabilitation Specialist, and Substance Abuse Treatment Specialist to address needs of the additional individuals. *Team member to client ratio should not consider the team psychiatrist/APRN or those providing administrative support.
Hours of Operation	A minimum of 12 hours per day, 8 hours per day on weekends/holidays. Staff on-call 24/7 and able to provide needed services and to respond to psychiatric crises.
Desired Consumer Outcome	• The individual has substantially met the agreed upon treatment plan goals and objectives and is stable in a community setting.
Limitations	Clients are eligible for acute inpatient psychiatric hospitalization and subacute inpatient psychiatric hospitalization which would be available during crisis when there is clinical need for evaluation and stabilization. Other mental health services are available to individuals transitioning into, or, out of ACT services. During the client's involvement in the ACT services, no other mental health service is available.
Rate	1 Unit = 1 Day See fee schedule for rate differentiation between ACT Programs and ACT Alternative Programs