

Bulletin: MSA 08-32

Distribution: Prepaid Inpatient Health Plans

Issued: September 1, 2008

Subject: Revisions to Mental Health and Substance Abuse Chapter

Effective: October 1, 2008

Programs Affected: Medicaid

This policy bulletin describes changes to the Assertive Community Treatment (ACT) program in Section 4 of the Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual.

Section 4 - Assertive Community Treatment Program

The purpose of this section is to clarify the educational expectations for all ACT staff to assure the training ACT staff receives is consistent and specific to State standards across Michigan. Effective October 1, 2008, workers must participate in the Michigan Department of Community Health (MDCH) approved training within six months of hire and at least one training annually.

Section 4.1 - Program Approval

"Programs" and "teams" are sometimes confused so the word team is used in Section 4.1. Each team must meet all of the Medicaid standards for ACT and be approved by MDCH to provide the service. Re-approval of each team will be done by MDCH every three years.

Section 4.3 - Essential Elements

Team Composition

The title is being changed to "Team Composition and Size" to more accurately reflect the content of this subsection. The team is composed of the following: a physician, a registered nurse, a team leader who is a mental health professional (MHP), and other qualified mental health professionals (QMHPs). The team-to-beneficiary ratio shall be no more than 1:10, i.e., a maximum of 10 beneficiaries to each team. Up to one full-time equivalent (FTE) Certified Peer Support Specialist may be substituted for one FTE qualified mental health professional.

The phrase "sufficient number of qualified staff " means a minimum and maximum team size of four to nine staff with an expected average staff size of six to seven, recognizing that in rural/frontier areas teams of three staff might be necessary and are acceptable. This is a long-time and expected practice. Approval for a larger team may be requested if the team meets fidelity to all components of the federal Substance Abuse and Mental Health Services Administration evidence-based practice model.

Effective October 1, 2008, the ACT team physician will meet weekly with the team for an average of at least 15 minutes per beneficiary, per week. Since the team nurse plays an integral role in overseeing medications and providing direct beneficiary services, language is added that requires assigning a registered nurse to work full-time with the ACT team.

The term "team coordinator" is changed to "team leader." The team leader must meet the current provider qualification requirements for the "team coordinator." The team is now required to have the capacity to provide or obtain services for beneficiaries with co-occurring disorders. In an effort to assure that ACT members who provide substance abuse services meet current certification requirements, MDCH is amending the list of credentials to include the following:

- Certified Addictions Professional-Michigan only (CAC-M),
- Certified Addiction Professional IC & RC Reciprocal (CAC-R),
- Certified Advanced Addictions Counselor (CAAC),
- Certified Clinical Supervisor-IC & RC Reciprocal (CCS-R),
- Certified Clinical Supervisor-Michigan only (CCS-M), or
- Certified Criminal Justice Professional (CCJP-R).

All other certification references identified in the manual will be deleted, as these certifications are no longer current.

In addition, effective October 1, 2008, the team must be able to provide or obtain employment services for beneficiaries who request them.

Availability of Services

Each team must have the capacity to rapidly respond to early signs of relapse and to provide multiple contacts daily with beneficiaries in acute need.

Section 4.4 - Elements of ACT

Current policy states that the majority of services must be provided in the beneficiary's home or other community locations rather than the team office. For purposes of quantifying the amount, MDCH defines "majority" as equaling at least 80%. Therefore, 80% of the visits must be provided in the beneficiary's home or other community locations rather than the team office. Treatment groups identified in the Individual Plan of Service (IPOS) may be excluded from the 80% standard.

ACT services may be used as an alternative to hospitalization as long as health and safety issues can be managed with ACT supports that do not require 24-hour-per-day supervision.

Section 4.5 – Eligibility Criteria

To enable consistent usage of terms, all references to the word "persistent" mental illness will be changed to the word "serious" mental illness. Changing these terms will not impact the level of severity of the beneficiary's illness or the services provided under this policy.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration