Service Name and Description

ACT Step Down

ACT Step-Down (ACT-SD) is the next lower level of care under ACT. ACT-SD is an intensive clinical case management model with a foundation in wellness management and recovery practices. Unlike ACT, where multiple services are bundled together in a single program thereby requiring a multidisciplinary team, ACT-SD staff will be limited to psychiatry, nursing, clinical case management, and peer supports. Like ACT, ACT-SD coordinates with primary care and all healthcare providers. However, if an immediate need arises the specialists on the primary ACT team would be utilized as a first responder to help assess and stabilize. It would then be determined whether the member needs transition back to the full ACT service.

ACT-SD is person-centered and recovery focused, and with an aim of not only helping individuals maintain stability in areas of functioning and wellness valued by the person, but also helping individuals continue on their own path of recovery through person-centered planning and service delivery.

ACT-SD serve sthe needs of two distinct groups: those in need of ongoing supports, but at a less intensive and comprehensive level than ACT and those who need prolonged transition period to ensure successful graduation to a lower level of care.

ACT-SD as a longer-term support is used for those individuals who have achieved a level of stability that is within their satisfaction, but whose history indicates a high risk of decompensation, as indicated by risks to self or others, hospitalizations, and/or homelessness, if continual community-based support is not provided. Psychiatric outreach, which may include more focused medication supports, have shown to be critical to these individuals' stabilization.

ACT-SD as a graduated transition is used for those individuals who have demonstrated more limited use of the breadth of ACT services, primarily due to improved functioning, but would benefit from time-limited psychiatric care provider outreach as the team titrates down services and connects to alternative lower level of care programs and services. Such individuals may have attachments to the ACT team that are generating anxiety about the prospect of transition, resulting in acute exacerbations in symptoms.

Services include those directly provided by ACT-SD, as well as connecting service recipients to a larger array of community supports and resources, including paid and unpaid supports, in their community. In addition, the ACT SD staff provide care management of all healthcare needs. The

majority of services will be provided in the community, and are provided anytime throughout the week, as directed by the needs cited in the person-centered plan. Wellness Management and Recovery (WMR) services will be the foundation of ACT-SD to help service recipients assume greater responsibility and ownership for their own self-care. Service goals and objectives are therefore attending to the values and preferences of the individuals served, with an emphasis on growth and recovery, including greater independence in self-care and functioning, resulting in lower level of care needs.

ACT-SD service recipients may be stepped back up to ACT services (thereby increasing intensity of services, as well as receipt of full breadth of services from the team) when the service is judged by the ACT-SD psychiatrist to be medically necessary given an acute exacerbation of illness or significant reduction in functional status that is not adequately addressed by ACT-SD within 4 weeks, and for which ACT is medically necessary to address. In such cases, the goal will be for ACT to stabilize the individual and return to ACT-SD, once determined medically appropriate.

Procedure Code:

H0040 U5

Provider Organization Requirements

Providers must be enrolled in NC Tracks and is provided by organizations that meet all of the provider requirements for Assertive Community Treatment (ACT) Team in Medicaid Clinical Coverage Policy 8A-1; ACT-SD is provided by identified ACT team members within the provider organization. Only ACT Teams who have achieved full certification status, as measured by a rating of at least 3.7 on the Tool for Measurement of ACT (TMACT), will be permitted to offer ACT-SD services. An ACT Team is permitted to serve up to 20 individuals through their ACT-SD program.

Staffing Requirements by Age/Disability

The Home ACT team administering ACT-SD will meet minimal ACT staffing requirements as defined in DMA Clinical Policy 8A-1, ACT Team, "Staff Qualifications," and further augmented with additional staffing:

- Psychiatric Care Provider (Psychiatrist, Psychiatric Nurse Practitioner (PNP) or Physician Assistant (PA) at 0.20 FTE (8 hours/week); and
- A Qualified Professional/Clinical Case Manager at 1 FTE, who meets the qualifications of Qualified Professional (QP) as specified in 10A NCAC 27G .0104. Certification of the QP by the NC Peer Support Specialist Program is preferred (CPSS).
- A RN or LPN ACT Nurse at 0.025 FTE (1 hour a week) will be available to provide injections or medication monitoring as ordered for the individuals. If the nursing is provided by a LPN, they are under the direct supervision of a home ACT RN and operating within the scope of NC Nursing Board Practice Guidelines.
- The ACT-SD Psychiatric Care Provider must also serve on the home ACT Team and cannot be exclusively assigned only to ACT-SD recipients.

The majority of ACT-SD services will be provided by the ACT-SD psychiatric care coordinator, QP. (In order to honor service recipient choice, ACT Team staff may also assist with ACT-SD services, with the exception of providing ongoing specialty services, such as substance abuse treatment by the substance abuse specialist, vocational services from the vocational specialist, and nursing services, excluding provision of injections, from the RN or LPN).

Staff time utilized for ACT-SD is accounted for through use of additional staff or splitting positions. ACT program team members cannot serve on both teams at the same time. Staff must be dedicated to either ACTT or ACT-SD during a single time span. This is accomplished by adding additional FTEs to the ACT program as described in the ACT-SD definition.

For example, an ACT program that provides ACTT (to 100 individuals) and ACT-SD (to 20 individuals) will be staffed as follows to account for the addition of ACT-SD:

- 1 psychiatric care provider FTE, minimum (.8 FTE for ACTT + .2 FTE for ACT-SD)
- 4 QP/AP FTEs, minimum (3 FTEs for ACTT + 1 FTE for ACT-SD)

3.025 RN FTEs, (3 FTEs for ACTT + .025 FTE for ACT-SD) or 2.0
RN FTE's, 1.0 LPN FTE's and .025 LPN under the direct supervision of one of the home ACT RNs, minimum. ACT program staff may serve on both ACTT and ACT-SD during different times of the day; for example, the same staff person may be scheduled to serve on ACTT from 8 a.m. to 4 p.m. and on ACT-SD from 4 p.m. to 6 p.m. as long as they are fully dedicated to the specific service at the scheduled time, and time to each service is documented.
The provider agrees to ensure that the ACTT staffing ratios will continue to be met or exceeded. In addition, the time that any staff spend providing services to ACT-SD consumers will be tracked and counted only toward fulfilling requirements for ACT-SD. This time will not be counted toward ACTT consumer contact and service requirements.

Program and Staff Supervision

Clinical Supervision for the licensed Professionals, Nurses and Physicians are supervised as required by licensing board (Associate licenses monthly by CCS) and all supervision, inclusive of Qualified Professionals is in compliance with all requirements of 10A NCAC 27G.

Service Type/Setting

This service is provided in the community.

Entrance Criteria & Eligibility Requirements

Medicaid shall cover ACT-SD services for a beneficiary with a primary diagnosis of schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder. Beneficiaries with other psychiatric illnesses are eligible dependent on their former enrollment in ACT services for at least six months.

Individuals who had been receiving ACT services and who are now eligible for ACT-SD 1) no longer meet full ACT criteria reflecting high-service needs; and 2) are determined to not be appropriate for alternative programs or interventions within the LME-MCO at this time.

Those eligible for ACT-SD do not meet any of the following ACT eligibility criteria:

1. High use of acute psychiatric hospital (2 or more admissions during the past 12 months) or psychiatric emergency services;

2. Coexisting mental health and active substance abuse/use disorders of significant duration (more than 6 months) and ongoing severity;

3. High risk or recent history (past six months) of criminal justice involvement (such as arrest, incarceration, probation); OR

4. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of homelessness.

ACT-SD is determined to be the appropriate level of care compared to other available alternative interventions or programs within the LME-MCO service array. Such determination is based on the following:

2. The individual is judged to be in need of ongoing, community based outreach and supports, which involve psychiatric care provider outreach, to ensure stability and avoid significant negative consequences (e.g., death, victimization, hospitalization, homelessness, violence) that will compromise their recovery. Such judgment is based on a) service history, particularly during times of medication non-adherence and psychiatric decompensation; and b) and overall chronicity of their psychiatric illness (e.g., significant enduring paranoia or delusions, significant negative symptoms of schizophrenia). OR
3. The individual is judged to be in need of a more strategic and titrated transition to less intensive services to minimize risk of relapse and/or psychiatric decompensation and increase probability of a successful.

Discharge Criteria

Member is transitioning off ACT SD services to a lower intensity service array such as outpatient services and supports.

The member is not making progress and meets full ACTT criteria.
The member chooses to discontinue the service.

Service Documentation Requirements

A service note must be documented for each encounter in compliance with APSM 45-2.

Service Exclusions

Tailored Care Management, ACTT, CST