

**NORTHERN MICHIGAN REGIONAL ENTITY
ASSERTIVE COMMUNITY TREATMENT TEAM (ACT)
Practice Guidelines
07-04-001**

The Assertive Community Treatment Program is more rigorously defined in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider manual and all practice applications should first and foremost meet those requirements. As additional resource that can be consulted to improve program fidelity standards as an Evidence-Based Practice is the Field Guide to Assertive Community Treatment distributed by MDHHS.

PURPOSE

ACT is a specialized model for treatment/service delivery in which a multi-disciplinary team provides basic services and supports essential to maintaining the consumer's ability to function in community settings, including assistance with accessing basic needs through available community resources, such as food, housing, and medical care and supports to allow consumers to function in social educational and vocational settings. ACT services are based on the principles of recovery and person-centered practice and are individually tailored to meet the needs of the consumers.

IDENTIFIED POPULATION

ACT services are targeted to consumers who are diagnosed with serious mental illness, which may include personality disorders, who require intensive services and supports and who, without ACT, would require more restrictive services and/or settings.

- Persons with serious mental illness with difficulty managing medications without ongoing support, or with psychotic/affective symptoms despite medication compliance.
- Persons with serious mental illness with co-occurring substance disorder.
- Persons with serious mental illness who exhibit socially disruptive behavior that puts them at high risk for arrest and inappropriate incarceration or those exiting a jail or prison.
- Persons with serious mental illness who are frequent users of inpatient psychiatric hospital services, crisis services, crisis residential, or homeless shelters.
- Older beneficiaries with serious mental illness with complex medical/medication conditions.

ASSESSMENT

Prior to service planning, ACT staff will utilize a comprehensive assessment that include history and treatment of medical, psychiatric and substance use disorders, current stages of all existing disorder vocational history, any existing support network, and evaluation of bio-psychosocial risk factors including ASAM placement criteria when applicable.

SERVICES

The Plan of Service shows written evidence that ACT services and interventions are based on medical necessity, consumer preference, person-centered planning, and recovery to maximize independence and progress into less intensive services. Both mental health and substance use disorder issues are addressed in the Plan of Service and treatment for co-occurring substance use disorders is provided by the ACT team if the agency is licensed to provide substance use disorder services.

Services are provided directly by the ACT Team and Team members share responsibility for all individuals served by the Team. Staff to consumer ratio is small (1 to 10); services are available 24 hours

a day, 7 days a week. Interventions are generally provided in vivo, in the location where the problem occurs rather than in the clinic or office.

INTENSITY

The ACT program is an individually tailored combination of services and supports that may vary in intensity over time based on the consumer’s needs and condition. Services include availability of multiple daily contacts and 24-hour, seven-days-per-week crisis availability provided by a multi-disciplinary Team.

TRANSITION

Cessation or control of symptoms is not sufficient for discharge from ACT. Recovery must be sufficient to maintain functioning without support of ACT as identified through the person-centered process. If clinical evidence supports the consumer’s desire to transition, this evidence and the transition plan must be detailed in an updated Plan of Service developed through the person-centered planning process. The Plan must identify what supports and services will be made available, and contain a provision for reenrollment in ACT services, if needed.

QUALIFICATIONS/CREDENTIALS

ACT Team composition, size, and qualifications must meet those stated in the most recent version of the MDHHS Medicaid Provider Manual. If the Team provides substance abuse services, it must include a designated substance abuse specialist who is certified through the Michigan Certification Board of Addiction Professionals.

REVISED:

REVIEWED:

APPROVED: June 16, 2015

Signed copy is on file with NMRE

Dave Schneider
Northern Michigan Regional Entity Chief Executive Officer

Date