

Oregon Health Authority

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Medicaid Policy & Program Section

Service Definition and Reimbursement Guide Assertive Community Treatment



This guide describes Medicaid fee for service reimbursement for Assertive Community Treatment - HCPCS H0039

Providers shall meet the following requirements:

Possess the appropriate current and valid License, Letter of Approval and/or Certificate of Approval issued by the Division for the mental health and addictions for services provided.

Provide services in accordance with the Civil Rights Act of 1964, the Americans with Disabilities Act and any other state and federal laws and regulations listed in the contract with the Division.

Participate in the claim review process outlined in OAR 410-120-1397

Individual Provider Enrollment

Providers shall meet all requirements in Oregon Administrative Rule 410-120-1260 Medical Assistance Programs Provider Enrollment and 943-120-0310 Provider Requirements and 943-120-0320 Provider Enrollment.

Some of the services or items covered by the Division require authorization before payment will be made. Some services require authorization before the service can be provided. Services requiring prior authorization can be found on the Mental Health Procedure Codes and Reimbursement Rates Table located at <http://www.oregon.gov/oha/healthplan/pages/feeschedule.aspx>

ACT Providers

(1) To be eligible for Medicaid reimbursement, ACT services must be provided by a Qualified ACT Provider.

(2) To become a Qualified ACT Provider, an agency must provide the evidence-based practice of ACT, and submit to AMH a copy of a fidelity review conducted by an AMH approved ACT Fidelity Reviewer, with a minimum score of 114.

(3) Agencies may become a Provisionally Qualified ACT Provider by submitting to AMH a request, with a letter of support which indicates receipt of technical assistance and training from an AMH approved ACT Trainer. Provisional ability to receive Medicaid reimbursement will end after 12 months. This option is intended only for providers initiating ACT services.

ACT Fidelity Requirements

(1) In order to maintain designation as a Qualified ACT Provider, an agency must submit to AMH an annual fidelity review report by an AMH approved reviewer, with a minimum score of 114.

(2) Qualified Providers achieving a fidelity score of 128 or better are eligible to extend their review period to every 18 months.

(3) Fidelity reviews will be conducted utilizing the Substance Abuse and Mental Health Services ACT Toolkit Fidelity Scale, available at www.oregon.gov/oha/amh

(4) Providers approved by AMH to bill Medicaid for ACT services prior to January 1, 2013, will be deemed Qualified ACT Providers through July 1, 2014. In order to maintain their designation as a Qualified ACT Provider, these providers must submit to AMH, prior to July 1, 2014, a copy of a fidelity review conducted by an AMH approved ACT Fidelity Reviewer with a minimum score of 114.

Failure to Meet Fidelity Standards

If a Qualified ACT Provider does not receive a minimum score of 114 on a fidelity review, the following shall occur:

- (1) Technical assistance shall be made available for a period of 90-days to address problem areas identified in the fidelity review.**
- (2) At the end of the 90-day period, a follow-up review will be conducted by an AMH approved reviewer.**
- (3) The provider shall forward a copy of the amended fidelity review report to AMH.**
- (4) If the 90-day re-review results in a score of less than 114, the agency's designation as a Qualified ACT Provider may be suspended for up to one calendar year.**

Assertive Community Treatment | H0039

Service Type:	Assertive Community Treatment
Service Code:	H0039
Code Description	Assertive community treatment, face-to-face, per 15 minutes
Lay Description	Assertive Community Treatment uses a team based, multidisciplinary approach. The goal is to reduce the extent of hospital admissions, to improve the individual's quality of life, and to function in social situations by providing focused, proactive treatments. These services are most appropriate for individuals with severe and persistent mental illness and the greatest level of functional impairment.
Services Description	<p>Assertive Community Treatment is a rehabilitative mental health service which includes;</p> <ul style="list-style-type: none"> • Intake evaluation, assessment, screenings and brief intervention treatment • Crisis and Stabilization services • Individual, Group and Family level rehabilitative therapy • Medication management and monitoring • Peer Support; • Rehabilitation Mental Health Case Management' • Skills training. <p>All rehabilitative services provide to ACT recipients are billed using the H0039 HCPCS code.</p>
Management Type	Prior Authorization (OAR 309-016-0660) Retrospective Review and Managed Care
Provider Type	The Division provides mental health rehabilitative services through approved Mental Health Organizations (MHOs), Coordinated Care Organizations (CCO), Community Mental Health Program (CMHPs) or through direct contracted providers. The MHOs, CCOs or CMHPs may provide services directly, or through subcontract providers, in a variety of settings. Providers must obtain a certificate of approval or license from the Division

	<p>for the scope of services to be reimbursed. Mental health rehabilitation services must be recommended by a physician or other licensed practitioner of the healing arts, within the scope of their practice under State law, for the maximum reduction of mental disability and restoration of a recipient to their best possible functional level. DMAP enrolled provider type 33 with outpatient specialty required. Approved provider types include LMP, QMHP, QMHA, Peer Support Specialists and Mental Health Interns.</p>
<p>Provider Type Description</p>	<p>Providers outlined below are authorized to provide mental health rehabilitative services (Assertive Community Treatment)</p> <p>A. Licensed Medical Practitioners (LMPs) provide ongoing medical oversight as appropriate. A Licensed Medical Practitioners (LMP) means a person who meets the following minimum qualifications as documented by the Local Mental Health Authority (LMHA) or designee:</p> <ol style="list-style-type: none"> 1. Holds at least one of the following educational degrees and valid licensure: <ol style="list-style-type: none"> a. Physician licensed to practice in the State of Oregon; b. Advanced Practice Nurses including Clinical Nurse Specialist and Certified Nurse Practitioner licensed to practice in the State of Oregon; or c. Physician's Assistant licensed to practice in the State of Oregon. 2. Whose training, experience and competence demonstrates the ability to conduct a comprehensive mental health assessment and provide medication management, including a practitioner of the healing arts, acting within the scope of his or her practice under State law, who is licensed by a recognized governing board in Oregon. <p>B. "Clinical Supervisor" means a Qualified Mental Health Professional (QMHP) with at least two years of post-graduate clinical experience in a mental health treatment setting who subscribes to a professional code of ethics. The clinical Supervisor, as documented by the LMHA, demonstrates the</p>

competency to oversee and evaluate the mental health treatment services provided by a QMHA or QMHP.

C. "**QMHP**" means a Licensed Medical Practitioner or any other person meeting the following minimum qualifications as documented by the LMHA or designee:

1. Graduate degree in psychology;
2. Bachelors degree in nursing and licensed by the State of Oregon;
3. Graduate degree in social work;
4. Graduate degree in a behavioral science field;
5. Graduate degree in a recreational, art, or music therapy;

or

6. Bachelor's degree in occupational therapy and licensed by the state of Oregon; and

7. Whose education and experience demonstrates the competencies to identify precipitating events; gather histories of mental and physical disabilities, alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi axial DSM diagnosis; write and supervise a treatment plan; conduct a comprehensive mental health assessment; and provide individual, family, and/or group therapy within the scope of their training.

D. "**QMHA**" means a person delivering services under the direct supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

1. A bachelor's degree in a behavioral sciences field; or
2. A combination of at least three year's relevant work, education, training or experience; and
3. Has the competencies necessary to:
 - a. Communicate effectively;
 - b. Understand mental health assessment, treatment and service terminology and to apply the concepts; and
 - c. Provide psychosocial skills development and to implement interventions prescribed on a treatment plan within their scope of practice.

E. **“Peer-Support” Specialist**” means a person delivering services under the supervision of a QMHP who meets the following minimum qualifications as documented by the LMHA or designee:

An Individual who has successfully completed training through a curriculum approved by AMH. This curriculum focuses on six (6) principles including:

- Being culturally appropriate
- Includes concepts of informed choice
- Creating partnerships
- Being person centered
- Utilize strengths-based and trauma informed care concepts

Curriculum must contain the following specific elements, at a minimum:

- Communication skills and concepts
- Documentation skills and concepts
- Education specific to peer population and special needs of this population
- Knowledge of the recovery model and concepts of resiliency
- Ethics
- Knowing specific and applicable laws and regulations
- Knowing the related resources, advocacies and community support systems

And the individual:

1. Is a self-identified person currently or formerly receiving mental health services; or
2. Is a self-identified person in recovery from a substance use disorder, who meets the abstinence requirements for recovering staff in alcohol and other drug treatment programs; or
3. Is a family member of an individual who is a current or former recipient of addictions or mental health services.

F. **“Mental Health Intern”** is defined as:

1. Meets qualifications for QMHA but does not have the necessary graduate degree in psychology, social work or in a Bachelor of Science field to meet the educational requirement of

	<p>QMHP.</p> <p>2. Currently enrolled in a graduate program, for at least a master's degree, for degrees for psychology, social work or in a Bachelor of Science field.</p> <p>3. Has a collaborative educational agreement with the CMHP (provider) and the graduate program working within the scope of his/her practice and competencies identified by the policies and procedures for credentialing of clinical staff as established by provider.</p> <p>4. Receives, at the minimum, weekly supervision, by a qualified clinical supervisor, employed by the provider of services.</p> <p>LMPs, QMHPs, QMHAs, Peer Support Specialists and Mental Health Interns or other persons whose education and experience meet the standards and qualifications established by the Addictions and Mental Health Division of the Oregon Health Authority (OHA) through administrative rule may be authorized to deliver mental health treatment services as specified by the Division in support of mental health workforce shortages in certain areas of the state and engage alternative treatment delivery options such as telemedicine and remote video supported therapy.</p>
<p>Service Examples</p>	<ul style="list-style-type: none"> • 1) ACT is an evidence-based practice for individuals with a serious mental illness. • (2) ACT is characterized by: <ul style="list-style-type: none"> • (a) A team approach; • (b) In vivo services; • (c) A caseload of approximately 10:1; • (d) Time-unlimited services; • (e) Flexible service delivery; • (f) A fixed point of responsibility; and • (g) 24/7 crisis availability • (3) ACT services include, but are not limited to: <ul style="list-style-type: none"> • (a) Hospital discharge planning; • (b) Case management; • (c) Symptom management;

	<ul style="list-style-type: none"> • (d) Psychiatry services; • (e) Nursing services; • (f) Co-occurring substance use disorder services; • (g) Vocational services; • (h) Life skills training; and/or • (i) Peer support services.
References	OAR 309-016-0840 through 309-016-0855
Service Notes	Agencies or organizations submitting Medicaid claims for ACT services must have a letter of approval from OCEACT.

Questions about information contained in this guide may be directed to:

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