

Assertive Community Treatment (ACT) Overview

309-016-0840

(1) ACT is an evidence-based practice for individuals with a serious mental illness.

(2) ACT is characterized by:

- (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:

- (a) Hospital discharge planning;
- (b) Case management;
- (c) Symptom management;
- (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.

309-016-0845

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.

309-016-0850

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.

309-016-0855

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:

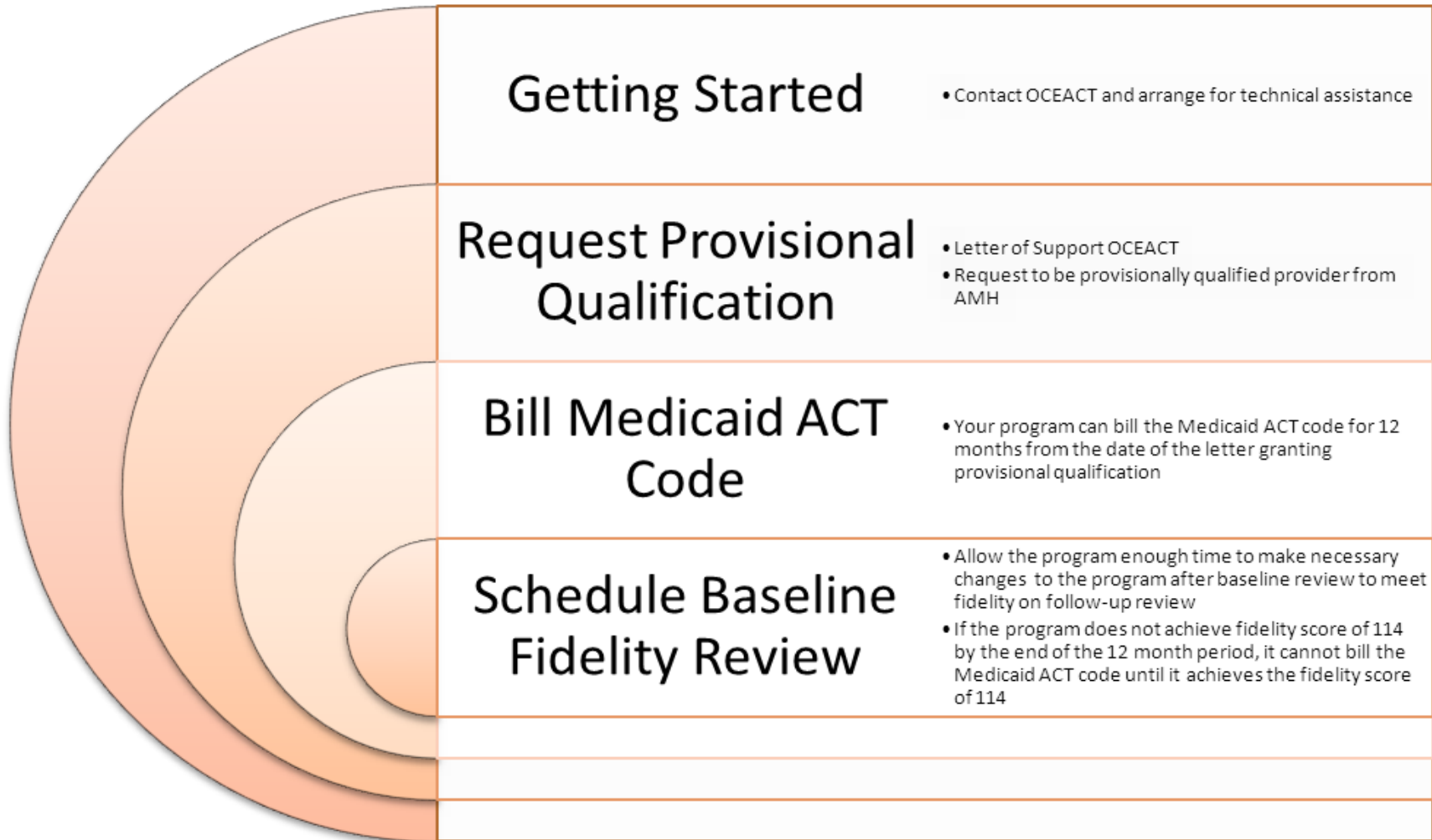
(1) Technical assistance shall be made available for a period of 90-days to address problem areas identified in the fidelity review.

(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.

Becoming Provisionally Qualified to Bill the Medicaid ACT Code (309-016-0845 OAR)



The OCEACT letter of support and the ACT program's request for provisional qualification should be sent to Wendy Chavez via e-mail at ruth.a.chavez@state.or.us