



Adult and Youth Assertive Community Treatment (ACT) Redesign Training for Providers

Last Reviewed December 2024

Topics Discussed in this Presentation

- Program Description & Change Overview
- Member Eligibility
- Program Requirements
- Components of ACT Services
- Allowable Services with ACT
- Prior Authorization and Notification Requirements
- Billing Guidance
- Resources

Program Description & Change Overview

Program Description

- ACT teams serve individuals who need more support than traditional outpatient services can offer, and who may otherwise be hospitalized or institutionalized
- ACT teams typically include multidisciplinary professionals who work together to deliver individualized and flexible services.
- An Operating Certificate is needed from NYS OMH to be able to facilitate an ACT program



Core Operating Principles

Supportive of hope and recovery

Comprehensive, individualized, flexible and focused on developing skills related to life roles

Easily accessible, available 24 hours/day, seven (7) days/week, via the resources of an integrated multi-disciplinary mental health team

Cultural humility in-service design and delivery, provided in the individual's language at all points of contact, as needed

Committed to building the strengthening therapeutic and family relationships across all interactions

Focused on shared decision making and person-centered planning

Provided in the community in an individual's preferred environment

Proactive in terms of continuous monitoring, engagement, and support

Available throughout transitions

Member Eligibility

Eligibility

- Persons eligible for admission to ACT services the Member must:
 - Be enrolled in MVP Managed Medicaid, HARP, or CHP
 - Have a designated mental illness diagnosis that impairs functioning in the community
- Priority given to those with schizophrenia, other psychotic disorders, bipolar, and major/chronic depression
 - Have a repeated history of hospitalization and not be able to function in traditional treatment programs
- There are three (3) ACT programs based upon age requirements:
 - Youth ACT for ages 10-21
 - Young Adult ACT for ages 18-25
 - Adult ACT for ages 21 and above



Key Elements of ACT Across Programs

Program Eligibility	Youth ACT	Young Adult ACT	Adult ACT
Age	Ages 10-21	Ages 18-25	Ages 21 and Above
MVP Product	Managed Medicaid, CHP	CHP (18 only), Managed Medicaid & HARP	Managed Medicaid, HARP
Primary Focus	Improving or ameliorating the significant functional impairments and severe symptomatology due to mental illness or serious emotional disturbance (SED)	Assertive and intentional engagement strategies to work with individuals with unsatisfactory experiences with previous mental health systems	Ameliorate high clinical need and functional impairment indicators
Diagnosis – Ineligible	None	<ul style="list-style-type: none"> • Personality disorders(s) • Substance Use Disorder (SUD) • Intellectual/developmental disabilities (IDD), an IQ below 70, or also being served by the Office of People with Development Disabilities (OPWDD) 	<ul style="list-style-type: none"> • Personality disorder(s) • Substance Use Disorder (SUD) • Intellectual/developmental disabilities (IDD)
Social Determinant of Health (SDOH) Indicators	None	<ul style="list-style-type: none"> • Individuals may work or need assistance developing a productive vocational or educational plan • Participants often have very limited family or social support networks and lack real-world skills 	<ul style="list-style-type: none"> • Difficulty consistently performing the range of practical daily living and self-care tasks needed to function in the community or persistently or recurrent difficulty performing daily living tasks except with significant support or assistance from others • Difficulty maintaining consistent employment for achieving consistent educational placement • Significant difficulty maintaining a safe and affordable living situation

Program Requirements

Individual Requirements for ACT Programs

Referral Criteria (who can refer):

- Admission to ACT is managed through a SPOA (Single Point of Access)
- Referral sources include inpatient psych units, MH outpatient programs, families or individuals and Home Health Care Agencies
- Assertive Engagement must begin immediately upon receipt of the referral
- An admission decision must be made no later than seven (7) business days of initial contact of the individual
- When decision to admit to ACT, a screening and admission note shall be written to include:
 - Reason for referral
 - Immediate clinical or other service needs
 - Admission diagnosis



ACT Teams

ACT uses an interdisciplinary team approach to treatment, rather than an individual treatment model approach.

Adult & Young Adult ACT	Redesign Changes	Youth ACT	Redesign Changes
ACT team includes 10 or fewer individuals per team member (10:1), excluding psychiatric practitioners and program assistants; Capacity models: 48 slot and 68 slot	100 slot established with new rate 36 slot receives a rate increase	Two (2) capacity models: 28 or 36 youth along with family members and collaterals per ISPs	28 slot established 36 slot converted to 28 slot
Team provides as much service time and as many contacts as needed		Majority of recipients will be seen a minimum of three (3) or more different staff members in a given month	
Engaging and retaining individuals in treatment is a high priority in the ACT model		Team provides all needed and preferred services for the child/family	
Frequent contacts are associated with better outcomes for the individual		Team conducts a minimum of 80% of contacts in the community (except Psychiatrist/NPP)	
Scheduled contacts should be designated to carry out interventions in the service plan or to address critical needs or situations		Capacity to increase and decrease contacts based upon daily assessment of the child/family's clinical need(s) with a goal of enhancing family functioning to foster stability	

ACT Program Requirements (Transitioning)

- The people within the ACT program can be transitioned to less intensive services when they demonstrate an ability to function in major life roles and can continue to succeed with less intensive services
- There is a three (3) month transfer period when a Member is discharged from ACT to another service provider with the team's primary service area, during which a Member can voluntarily return to the ACT program if they do not adjust well to their new program or level of service
- ACT team is expected to maintain contact with the new Provider to support the Provider's role in the individual's recovery and goals
- Member transitioning off ACT to a lower level of care may benefit from the enhanced care management support of Health Home plus (HH+) (more information in the Resources)



Transitioning from ACT to BH HCBS or CORE Programs

- **ACT and Adult Behavioral Health – Home and Community Based Services (BH HCBS)**

- If a Member is receiving ACT services when enrolled in MVP's HARP, the ACT team will assume responsibility for the BH HCBS eligibility assessment process for as long as the Member is receiving ACT services as described below:
 - If the Member is discharged and is interested in BH HCBS services, at the point the ACT teams are actively planning for a Member's discharge from ACT, the ACT team conducts the completion of the NYS Eligibility Assessment. This will determine if the Member is eligible for BH HCBS post-discharge from ACT.
 - If the Member is found eligible for HCBS, the ACT team submits the Level of Service Determination require to MVP by email: communityservices@mvphealthcare.com or by fax: **1-855-853-4850**
 - The request includes:
 - BH HCBS Eligibility Report Summary (indicating Tier 1 or Tier 2 eligibility)
 - All services the individual currently receives
 - The Member's recovery goal(s) and
 - The specific BH HCBS recommended

- **ACT and Community Oriented Recovery & Empowerment (CORE) Services**

- If the Member is receiving ACT services when enrolled in HARP, the ACT team will assume responsibility for reviewing CORE services
 - ACT teams should also look at CORE services to support transition and identify if CORE can meet the Member's goals
 - For Members seeking CORE services, the ACT team will assist in referring to CORE services and complete the Licensed Practitioner of the Healing Arts (LPHA) recommendation form

Transitioning from ACT to a PROS Program

ACT and Personalized Recovery Oriented Services (PROS)

- For Members who are transitioning to PROS, they can simultaneously receive ACT and PROS under the following stipulations:
 - A Member receiving ACT services may enroll in a PROS program for not more than three (3) months within any 12-month period
 - Reimbursement for ACT services provided to Members who are receiving both ACT and PROS services will be limited to the ACT partial step-down payment rate



Transitioning from Youth ACT to Children's Programs (CHCBS & CFTSS)

- Transition from Youth ACT to Child Family Treatment Supports and Services (CFTSS) and/or Children's Home and Community Based Services (CHCBS)
 - A child/family that has been determined ready for transition from Youth ACT to a lower level of care may be both an active Youth ACT client and enrolled in CFTSS and/or CHCBS 30 days prior to discharge from Youth ACT
 - The Youth ACT team should make referrals and linkages to CFTSS and/or CHCBS based on family choice of service(s) and Provider(s)
 - Reimbursement for services provided to clients who are receiving both ACT and CFTSS or CHCBS will be limited to the ACT partial payment rate

Components of ACT Services

Components of ACT

Service Planning & Coordination	<ul style="list-style-type: none">• Plan development in coordination with other formal and informal Providers
Wellness Self-Management & Relapse Prevention	<ul style="list-style-type: none">• Educating about mental health, treatment, and recovery
Family Life & Social Relationships	<ul style="list-style-type: none">• Restoring and strengthening the individual's unique social and family relationships
Medication Support	<ul style="list-style-type: none">• Prescribing, administering, and monitoring medication
Peer Support Services	<ul style="list-style-type: none">• Advocacy on behalf of the individual and supporting self-advocacy
Problem Solving	<ul style="list-style-type: none">• Therapeutic approach consistent with evidence-based practices for a particular problem
Daily Activities	<ul style="list-style-type: none">• Basic personal care and safety skills
Housing	<ul style="list-style-type: none">• Finding and acquiring safe, affordable housing
Money Management & Entitlements	<ul style="list-style-type: none">• Education and support with entitlements, budgeting, and financial management
Work Opportunities	<ul style="list-style-type: none">• Preparing for and finding employment
Empowerment & Self Help	<ul style="list-style-type: none">• Encouraging and assisting individuals to participate in self-help, advocacy, social clubs, and culturally preferred and supportive community organizations
Integrated Treatment for Substance Abuse	<ul style="list-style-type: none">• Individual & group modalities for dual disorders treatment
Health	<ul style="list-style-type: none">• Education to prevent health problems
School & Training Opportunities	<ul style="list-style-type: none">• Identifying interests and skills
Real World Skills	<ul style="list-style-type: none">• Specific for Young Adult ACT: financial literacy, time management, belonging, advocacy, boundary and goal setting

Allowable Services with ACT

Allowable Service Combinations with ACT

- Many services cannot be provided at the same time that the Member is enrolled in an ACT program.
- The next slide is a high-level overview of services with an indicator of whether a Member can receive both ACT and that service.
- For more detailed information on allowable service combinations:
 - Youth Assertive Community Treatment (ACT) Program and Billing Guidance Document ([Youth ACT Program and Billing Guidance – 2024](#))
 - Assertive Community Treatment (ACT) Program Guidelines Adult and Young Adult ([November 2024 - Assertive Community Treatment \(ACT\) Program Guidelines Adult and Young Adult](#))

Allowable Service Combinations with ACT

OMH/OASAS Services	ACT
Adult Behavioral Health (BH) Home and Community Based Services (HCBS)	N
Community Oriented Recovery and Engagement (CORE) Services	N
Children's Home and Community Based Services (CHCBS)	N
Children and Family Treatment Services and Support (CFTSS)	N
Certified Community Behavioral Health (CCBHC) Sites Receiving NYS CCBHC Demonstration Medicaid Rate	N
Health Home Care Management	N
OHM Personalized Recovery Oriented Services (PROS)	N
OHM Continuing Day Treatment (CDT)	N
OMH Inpatient	Y
OMH Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)	N
OMH Partial Hospitalization	Y
OASAS Outpatient/Opioid Treatment Program (OTP)	N
OASAS Permanent Supportive Housing (PHS)	Y
OASAS Outpatient Rehabilitation	N
OASAS Inpatient/Outpatient Detox	Y

Prior Authorization and Notification Requirements

Authorizations

Prior Authorization
is **not required** for ACT.



Billing Guidance

ACT Redesign Changes

NYS announced ACT redesign changes on May 23, 2024, and provided confirmation of Division of Budget approval on October 1, 2024. The redesign included three components:

Retrospective
Rate
Adjustments

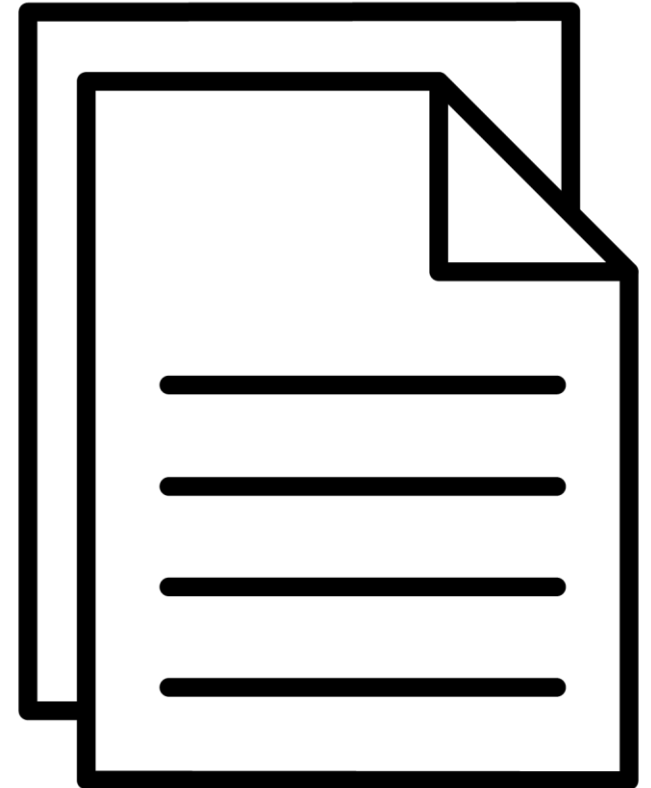
Prospective
Rate Code
Changes

Billing
Requirement
Changes

ACT Redesign: Overview of Changes

Effective for dates of service January 1, 2025, and forward:

- Youth ACT will no longer use Rate Codes 4508, 4509, 4511, and new Rate Codes 4513-4515 with associated Procedure Codes and Modifiers will be required (see ACT Program Billing Change later in the deck)
- No Rate Code changes for Adult ACT teams
- ACT Providers will be required to report the actual number of units on the claim (previously only required to report one unit)
- Slot capacity for ACT Teams changes and reimbursement are outlined in the Provider Manual



ACT Billing Reimbursement

- There are three (3) Medicaid Reimbursement Rates for ACT:
 - Full rate for those individuals who receive at least six (6) contacts in a month (up to three [3] contacts with collaterals)
 - Partial rate for those individuals who have less than six (6) contacts but at least two (2) contacts per month
 - Inpatient hospital rate for individuals in the hospital
- Six (6) contacts per month is the billing minimum; however, individuals receiving services may need additional contacts during the month
- ACT Providers are only allowed to bill the ACT case payment for services provided by ACT staff, other Providers are excluded from billing for certain services for individuals enrolled in ACT
- Non-billable services for ACT individuals are: Intensive Case Management, Supportive Case Management, Blended and Flexible Case Management, NYS OMH Clinic, and NYS OMH Continuing Day Treatment (CDT) Program
- ACT teams are permitted to bill for any month in which an individual is receiving only pre-admission or crisis services from a clinic or CDT
- It is expected that ACT programs will provide integrated mental health and substance use treatment, but ACT individuals may need access to other substance use services not rendered in ACT programs (e.g. detoxification)



ACT Program Capacity Changes

Adult ACT Capacity Slots

<i>Before October 1, 2023</i>	<i>After October 1, 2023</i>
Capacity	Capacity
Slot 68	Slot 100
	Slot 68
Slot 48	Slot 48
Slot 36	Slot 36

Youth ACT Capacity Slots




<i>Before October 1, 2023</i>	<i>After October 1, 2023</i>
Capacity	Capacity
Slot 68	Slot 68
Slot 48	Slot 48
Slot 36	Slot 36
	Slot 28

-  Added
-  Continued

ACT Program Billing Changes

The coding changes must be implemented after January 1, 2025. There are no changes to the Adult and Young Adult ACT Rate Code/Procedure Code combinations.

Before January 1, 2025		After January 1, 2025	
Rate Code	Procedure Code (Modifiers)	Rate Code	Procedure Code (Modifiers)
4508	H0040	4508	H0040
		4513	H0040 (HA)
4509	H0040 (U5)	4509	H0040 (U5)
		4514	H0040 (HA, U5)
4511	H0040 (U1, U5)	4511	H0040 (U1, U5)
		4515	H0040 (HA, HK)

-  Old, Universal
-  Adults, 18+ (Young Adults 18-25)
-  Youth, Ages 10-21

Updated Youth ACT Coding Taxonomy

Adult and Youth ACT providers will now be required to report the actual number of units on the claim (previously only required to report 1 unit) to support the State's monitoring of service utilization.

Rate Code	Rate Code Description	Procedure Code	Modifier(s)	Unit Measure	Unit Limit/Day
4513	Youth ACT Intensive Full Payment	H0040	HA	6	Billed on a monthly basis. Report the number of contacts during the month in the unit field.
4514	Youth ACT Intensive Part Payment	H0040	HA, U5	2-5	
4515	Youth ACT Inpatient	H0040	HA, HK	2+	

Resources

Resources

[HH+ High Need SMi Guidance 9/2021 \(ny.gov\)](#)

[Assertive Community Treatment \(ACT\) Program Guidelines Adult and Young Adult \(ny.gov\)](#)

[Medicaid Reimbursement Rates \(ny.gov\)](#) – *ACT Regional Rates: [act.xlsx](#) (live.com)*

[ACT Guidance HARP.pdf \(ny.gov\)](#)

[Youth ACT Program and Billing Guidance - 2024 \(ny.gov\)](#)

[Center for Practice Innovations > Initiatives > ACT Assertive Community Treatment > ACT Core and Role-Based Curriculum](#) – *Required training for all NYS ACT Providers*

[Training - Telehealth: Assertive Community Treatment \(ACT\) | CTACNY](#)

Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

Contact: [Professional Relations Territory Listing Behavioral Health](#)

