

# Assertive Community Treatment The Indiana Experience

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# Indiana ACT History

- 2001: Division of Mental Health and Addictions sanction development of ACT teams
- 2001: ACT Center of Indiana was developed
  - Initially led by Gary Bond, PhD
  - Charged to disseminate ACT model throughout Indiana
  - Teams required to meet fidelity standards
  - ACT Center to measure fidelity to model

# Indiana ACT Providers

- DMHA requires that ACT providers must be able to provide full continuum of behavioral health services to consumers—limiting provider pool to Community Mental Health Centers (CMHCs)
- ACT was defined as a Medicaid Rehabilitation Option (MRO) service
- Limited ACT teams to Community Mental Health Centers
- 29 Centers geographically distributed throughout the state

# Indiana ACT Sites

(Sites as of 05/2007)

- 31 ACT Sites** ★  
 Approved 7/2001 (Cohort 1)  
 Adult & Child – Team Sier (Indianapolis)  
 CMHC – South Team (Lawrenceburg)  
 Four County (Logansport)

- Approved 4/2002 (Cohort 2)  
 Cummins (Danville/Avon)  
 Hamilton Center (Terre Haute)  
 Midtown – Team 1 (Indianapolis)  
 Northeastern Center (Kendallville)  
 Oaklawn (Elkhart)  
 Park Center (Ft Wayne)  
 Quinco (Columbus)  
 Swanson Center (Michigan City)

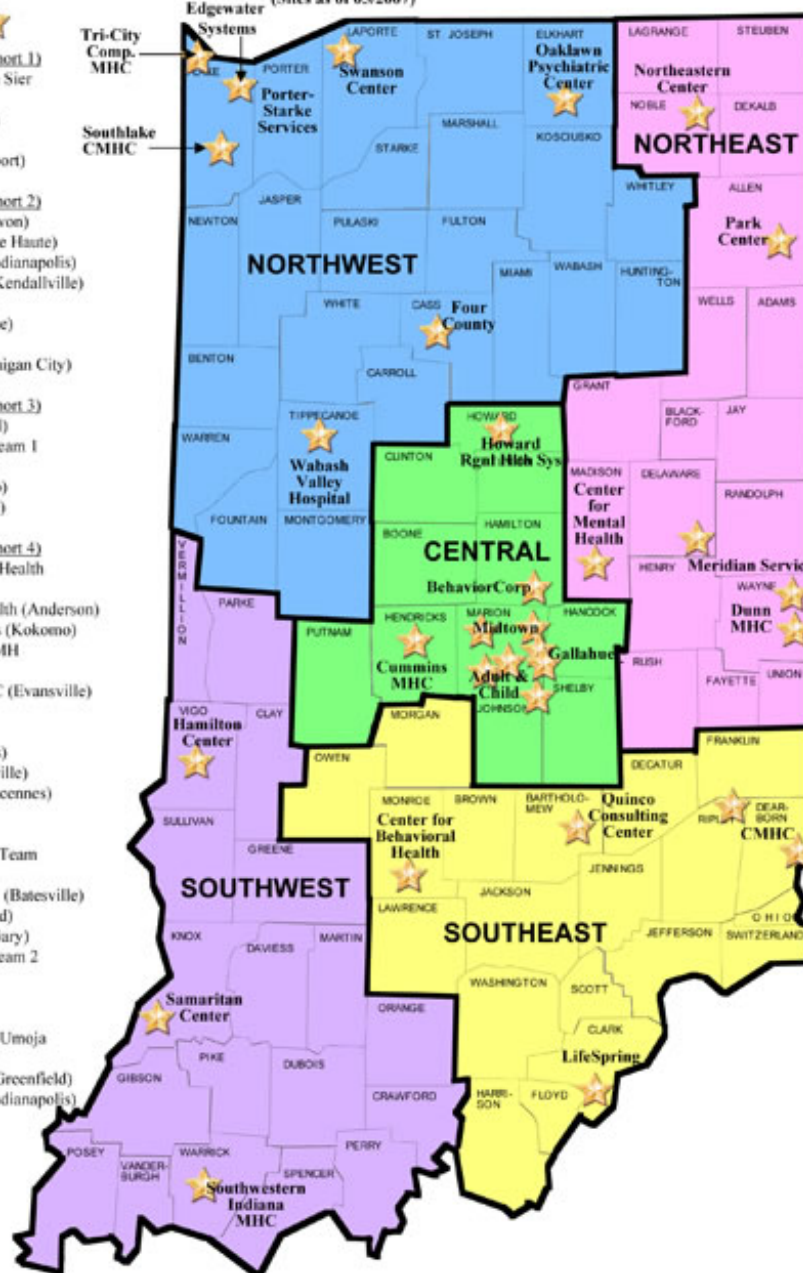
- Approved 3/2003 (Cohort 3)  
 BehaviorCorp (Carmel)  
 Meridian Services – Team 1 (Muncie)  
 Tri-City (East Chicago)  
 WVH (West Lafayette)

- Approved 9/2004 (Cohort 4)  
 Center for Behavioral Health (Bloomington)  
 Center for Mental Health (Anderson)  
 Howard Rgnl Hlth Sys (Kokomo)  
 Southlake Center for MH (Merrillville)  
 Southwestern IN MHC (Evansville)

- 2005 (Independent 4)  
 Gallahue (Indianapolis)  
 LifeSpring (Jeffersonville)  
 Samaritan Center (Vincennes)

- 2006 (Independent 5)  
 Adult & Child – Case Team (Indianapolis)  
 CMHC – North Team (Batesville)  
 Dunn MHC (Richmond)  
 Edgewater Systems (Gary)  
 Meridian Services – Team 2 (Richmond)

- 2007 (Independent 6)  
 Adult & Child – Team Umoja (Indianapolis)  
 Gallahue – A Team (Greenfield)  
 Midtown – Team 2 (Indianapolis)



# Indiana ACT Features & Program Design

- Intensive community based delivery of services—a true service delivery model
- Serves consumers with persistent SMI and challenging behavioral conditions
  - Diagnosis (e.g. schizophrenia)
  - Disability, with functional impairment
  - Duration—length of disorder has been persistent
- Platform for the provision of indicated services
  - Includes necessary evidence-based practices

# Indiana ACT Required Components

- Defined in Indiana Administrative Code Article 5.2
- Must be accredited by State authority—DMHA
- Multidisciplinary Team
- Direct provision of community based treatment, outreach, rehabilitation, and support services
  - Psychiatrist, nurses, social workers, substance abuse specialist, vocational specialist, other case managers
- Team Approach
  - Shared caseloads
  - Team meetings
- Low Client-Staff Ratios

# Indiana ACT Required Components

- CMHC must be accredited for at least 2 yrs.
- Contracts with Office of Voc Rehab
- ACT team itself must be certified
- Team Components
  - Team leader must be a QMHP
  - No more than 2 psychiatrists; minimum of 16 hours of service/week per 50 enrollees
  - One FTE RN/50 members
  - One FTE Substance Abuse specialist
  - One FTE Voc Rehab specialist
  - Up to two additional members who do not meet the credentials above, including one peer specialist

# Indiana ACT Required Components

- Urban Counties must have minimum of 8 FTEs
- Rural Counties must have minimum of 6 FTEs
- Clinical staff to consumer ratio 1:10
- 80% consumers have Axis I diagnosis
- Program operation

# Program Operations

- Visits
  - Consumers must be contacted face-to-face average of three times/week
  - Consumers must be contacted face-to-face average of two hours or more per week
  - 75% of all visits occur outside the office
- Hours
  - 8 hrs/day, M-F
  - Two direct hours of service weekends/holidays
  - Staff on call 24/7

# Current Indiana ACT Financing

- DMHA state-line dollars for development and maintenance of ACT teams--\$200,000/team annually for each of 20 teams
- Daily Rate for morning meeting
- Individual service delivery
- ACT Center \$325,000/annually

# Problems in ACT Financing

- Programs billing for ACT daily rate and separate MRO and clinic option services above and beyond

# ACT Same Day Expenditures

Service	Expenditures Billed With ACT Same Day
Assertive Community Treatment (ACT)	\$ 11,055,692
Other MRO Services	
97535 - Care Management Training	\$ 308,701
97537 - Community/Work Reintegration	102,385
H0004 - Counseling and Therapy	291,887
H0033 - Oral Med Administration	1,153,584
H0035 - Partial Hospitalization	233,478
H2014 - Skills Development (ADL)	1,138,046
T1016 - Case Management	2,553,674
Other MRO	58,608
Total Other MRO	\$ 5,840,363
Clinic Services	
90862 - Medication Management (MM)	\$ 89,161
Outpatient Psychotherapy	72,268
Medications (J-codes)	71,506
Office Visits	19,228
Other Clinic Option	39,576
Total Clinic Option	\$ 291,739
Inpatient Psychiatric Services	\$ 10,406
Emergency Room Visits (COS 0330)	\$ 41,049
<b>Total ACT Recipient Expenditures</b>	<b>\$ 17,239,250</b>

# Indiana's Process

- Revamping of entire MRO process, including ACT
- Based in audit findings
- MRO services to be delivered in service packs
  - Service packs based on level of care and diagnosis
  - Level of care assessed by CANS/ANSA
  - Assessments repeated every six months
  - Diagnosis list limited to Axis I with some exceptions, and borderline personality disorder
  - PA required for services above and beyond service packs

# The New ACT Financing Model

- Daily rate/morning meeting has been cut (approx \$2.2 million)
- Annual administration costs have been cut
- Allow for unbundled MRO billing

# New Indiana ACT Model

- Teams must meet certification standards for staffing
- Teams must meet outcome and fidelity requirements
- Teams will bill individually for all available MRO and Clinic Option Services
- Creation of new MRO service available to ACT level of care only

# Therapeutic Behavioral Services

- Only for recipients enrolled in DMHA Certified ACT team
- Physician or nurse practitioner
- Overview
  - 15 minute units
  - Allowable face-to-face and non-face-to-face
  - Activities designed to provide psychiatric assessment, consultation, and intervention services to consumers enrolled in teams meeting ACT fidelity requirements

# Therapeutic and Behavioral Services

- Programming Standards
  - Symptom assessment & intervention to observe, monitor, and care for physical, nutritional, behavioral, crisis, and psychosocial issues
  - Monitoring medical and other health needs directly related to mental or substance disorder
  - Consultation, assessment, service planning, and implementation to treatment team, consumer's family, major supports
  - Highly documented with treatment plan

# How Does the Indiana ACT Center Measure Fidelity?

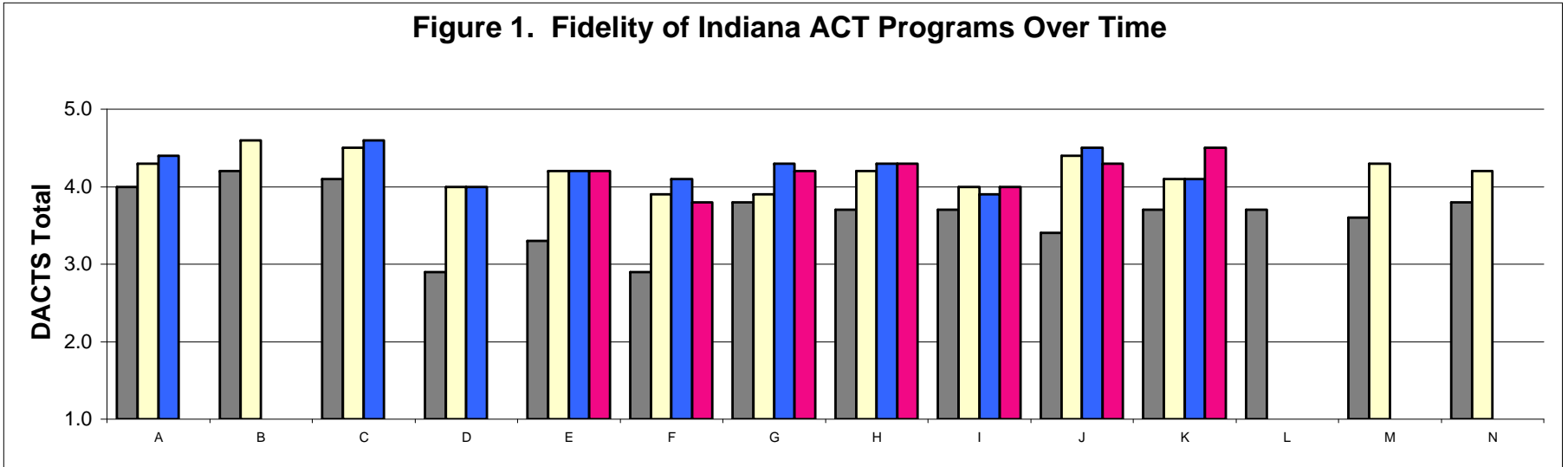
- Dartmouth Assertive Community Treatment Scale (DACTS)
- Day-long site-visit
- Two raters
- Multiple sources
- 6 month intervals
- Feedback report to program

# Outcome Measures

- Monitor Fidelity Every Six Months
  - Dartmouth Assertive Community Treatment Scale (DACTS)
  - State authority standards
  - Consumer Outcome Monitoring Package (COMP)
  - Key ACT components (e.g. service contacts)
- Monitor Key Consumer Outcomes
  - Hospitalization
  - Housing
  - Employment
  - Incarceration
- Feedback to ACT Team
  - Graphical and written communication, verbal feedback
  - Consideration of rewards/incentives

# Indiana ACT Fidelity

Figure 1. Fidelity of Indiana ACT Programs Over Time



# Moving Toward Outcomes

- Indiana moving toward value-based purchasing and performance-based contracts
- Major P4P programs in Care Programs
  - Managed Care
    - Well child, pregnancy care, preventive services
  - Care Management
    - Bounce back, ED utilization, preventive services
- Implementation of Outcome Measurement in Home and Community-Based Waiver programs
- Integration pilot significant outcome component
- Anticipate future outcomes-based reimbursement for services such as ACT