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)
  CMHIC – South Team (Lawrenceburg)
  Four County (Logansport)
Approved 4/2002 (Cohort 2)
  Cummins (Davieville/Avon)
  Hamilton Center (Terre Haute)
  Midtown – Team 1 (Indianapolis)
  Northeastern Center (Kendallville)
  Oaklawn (Elkhart)
  Park Center (Evansville)
  Quinco (Columbus)
  Swanson Center (Michigan City)
Approved 3/2003 (Cohort 3)
  BehaviorCorp (Carmel)
  Meridian Services – Team 1 (Muncie)
  Tri-City (East Chicago)
  WJH (West Lafayette)
Approved 9/2004 (Cohort 4)
  Center for Behavioral Health (Bloomington)
  Center for Mental Health (Anderson)
  Howard Regional Health (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)
  CMHIC – North Team (Batesville)
  Dunn MHC (Richmond)
  Edgewater Systems (Gary)
  Meridian Services – Team 2 (Richmond)
2007 (Independent 6)
  Adult & Child – Team Umeja (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

## Five month period July-Nov 2008

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