

ACT DRAFT FAQs

CERTIFICATION	
Question	Answer
<i>What ODMH services must our agency be certified for to provide ACT?</i>	<ul style="list-style-type: none"> • Behavioral Health Counseling & Therapy, • Mental Health Assessment, • Pharmacologic Management , • Community Psychiatric Supportive Treatment (CPST), and • Assertive Community Treatment
<i>How do I become certified for ACT?</i>	<p><u>Application for Certification (D)</u></p> <ul style="list-style-type: none"> • If agency is currently certified, send letter to ODMH Office of Licensure and Certification requesting to add new service and copy your local board. • Attach the policies and procedures governing ACT. • If not certified...follow certification procedures in 5122-25-04 <p>http://www.mh.state.oh.us/licensurecert/general/lc.form.html</p>
<i>What happens after we submit our request?</i>	<ul style="list-style-type: none"> • The Lead Surveyor will review your submission, and request any additional documentation, if needed • Certificate is produced and mailed to agency • We will copy <ul style="list-style-type: none"> – MH Board(s) – Area Director – Ohio Coordinating Center for ACT (OCCA)
<i>How do we stay certified for ACT?</i>	<ul style="list-style-type: none"> • Meet requirements of the rule • Maintain appropriate behavioral health accreditation (CARF, COA or JCAHO). • Meet outcomes thresholds • In addition, maintain compliance with ODJFS Medicaid rules for all agency services funded by Medicaid, if applicable.

ACCREDITATION	
Question	Answer
<i>Is ACT one of the services that require behavioral health accreditation?</i>	<p>ACT is one of eight ODMH Certified services which require appropriate behavioral health accreditation (5122-25-02)</p> <ul style="list-style-type: none"> • Deadline is September 30, 2006 • Appropriate is further defined in the ODMH “Behavioral Health Accreditation Crosswalk,” dated June 2005, or subsequent revision
<i>My agency provides ACT and had our accreditation survey prior to the ACT rule going into effect; therefore we did not include this service in our survey. Do we need to schedule a supplemental survey/additional service review/extension survey with our accrediting body?</i>	No. An agency can request and ODMH can grant a one-time waiver. ACT services must be included in your next accreditation survey.
<i>What is Deemed Status?</i>	“The department shall accept, as evidence of compliance with Chapters 5122-26 through 5122-29... the agency’s appropriate behavioral health accreditation...” Be aware, however, that some certification standards are exempt from deemed status. The list can be found in OAC 5122-25-03 (A)(1).
<i>If the ACT program is implemented with minimum fidelity, has anyone studied whether it would meet the new 2006 JCAHO standards (peer support, employment, vocation, etc.)?</i>	ODMH has revised the behavioral health accreditation crosswalk to include ACT and IHBT. The crosswalk identifies which JCAHO standards must be met in order to be deemed for these services. ODMH cannot advise whether Certification standards meet JCAHO standards.
<i>If I achieve deemed status is there anything additional I need to do to become/remain certified for ACT?</i>	<p>Yes. OAC 5122-25-03 (A)(1) lists the certification standards which are exempt from deemed status. The following are the specific ACT requirements which are exempt from deemed status recognition:</p> <ul style="list-style-type: none"> • Certified for BH Counseling, MH Assessment, Pharmacologic Management, & CPST, & ACT services • Submit ACT service description, and policies & procedures with Certification application • Collect & submit Consumer Outcomes • Complete DACTS rating tool & report scores/results

OUTCOMES	
Question	Answer
<i>Who will have access to my outcomes information? Will reports go to my board?</i>	Aggregate benchmarking data will be available to everyone. The same procedures used in handling all provider specific Outcomes data will be used by ODMH, and OCCA, as its designee.
<i>What are the Outcomes requirements, and how are they going to work?</i>	<p>Agencies are responsible to comply with Ohio Consumer Outcomes Rule, and</p> <p>Submit several additional outcomes:</p> <ul style="list-style-type: none"> • Inpatient Psychiatric bed days, Employment status, Incidents of crisis intervention MH service, and Crisis stabilization bed days <p>Achieve specific Outcomes thresholds (K)</p> <p>Utilize Outcomes in TX Planning and PI (L)</p> <p>Submit Outcomes data at these intervals: (J)</p> <ul style="list-style-type: none"> • intake, • every 6 months, and • at discharge

STANDARDS

<p><i>Can two or more agencies collaborate in forming one ACT team?</i></p>	<p>Yes, however, one agency has to maintain ODMH certification to provide ACT services. In addition, all documentation related to the provision of ACT services must be maintained by the ACT Certified agency, which is solely responsible for the provision of the service in its entirety, and the individual receiving ACT services shall be a client of this agency.</p>
<p><i>Can an ACT team contract for specific program elements, e.g. AOD services?</i></p>	<p>Yes, however, one agency needs to be the designated ODMH certified agency for ACT.</p>
<p><i>None of the prospective peer support specialists have their own transportation.</i></p>	<p>It is up to the agency to determine the requirements for the position. Peer support employees will be expected to meet the same requirements as other employees.</p>
<p><i>Under eligibility criteria, does this mean a probate order or does this also include an emergency admission?</i></p>	<p>The question asks whether an “emergency admission” would meet the eligibility criteria established in ACT certification standard OAC 5122-29-29 (E)(2)(c) * “Within the past year has met the criteria stated in division (B) of section 5122.01 of the Ohio Revised Code for ‘mentally ill person subject to hospitalization by court order.’” As long as the criteria in ORC 5122.10 - Emergency hospitalization: temporary detention; limitations - are met, then an “emergency admission” does meet this criteria.</p>
<p><i>Why is there more emphasis on <u>flexibility</u> than <u>fidelity</u> if we are convinced that higher fidelity means better outcomes for consumers?</i></p>	<p>The ACT Workgroup struggled to balance fidelity and flexibility required to make the certification standard accessible statewide. Fidelity to an evidence-based practice is a QI process that is achieved over time using a fidelity scale combined with consumer outcome data. Agencies are required to be in compliance with the Certification standards, which is the fidelity to the ACT model. Wherever possible, agencies are</p>

	allowed flexibility in determining how to best meet the standards. Flexibility in meeting standards does not detract from fidelity to the model.
<i>Would a consumer driven club house center, vocational center or peer support center qualify as an “in the community” service site? What if it was a site of consumer run services or vocational services?</i>	Services delivered at the provider agency's ODMH Certified sites are not delivered “in the community”, with the exception of services provided in a Type I residential facility. All other service locations are considered in the community.

Costing/Billing	
<i>How will the unit cost for ACT impact my agency wide unit cost for services?</i>	This may vary from agency to agency depending on how costs are allocated, the costs of the ACT treatment staff, and whether or not new staff members are hired.
<i>Does clinical = Medicaid and non-clinical = non-Medicaid in the Uniform Cost Report?</i>	The revised Uniform Cost Report does not distinguish Medicaid and Non-Medicaid services. There are two new procedure codes for ACT. ACT Clinical, H0040 consists of Behavioral Health Counseling and Therapy, Mental Health Assessment Service, Pharmacologic Management, and Community Psychiatric Supportive Treatment. ACT Non-Clinical, M1910 activities are all activities defined in O.A.C. 5122-29-29 (A) that are not ACT Clinical activities, (e.g. self help/peer support, substance abuse, and supported employment services). Individual staff may provide both clinical and non-clinical services— e.g. CPST and peer support. Additionally, nurses, social workers, counselors and physicians will be able to bill ACT services for CPST services that are a component of ACT services.
<i>I experience unhealthy and unsafe living conditions in doing inspections of consumer apartments. Provider agencies state they cannot attend these inspections because it is non-billable. Is it safe to assume that, within ACT, the inspection process can be used as an educational/skill building tool which can be billable?</i>	As with all service activities- the question of billing is related to the services and intent of the staff, and the mental health needs of the client. If this appointment was about skill building or assessment with a client whose MH symptoms created barriers for successful independent living, then it is a component of ACT that is billable. If this service was about the physical plant issues of the apartment, then it is not billable.

<i>Are boards going to have to pay the non-clinical part of ACT?</i>	The provider of ACT services will need to secure other sources to provide funding for the non-clinical components of the service.
<i>Is clinical and non-clinical specific to ACT and IHBT or will all services be costed this way now?</i>	Clinical and non-clinical activities are only applicable to ACT and IHBT given that there are component of the service that are not coverable by some payor sources. “Clinical” and “non-clinical” are simply the terms differentiating between the two groups of services for billing purposes. “Non-clinical” does not imply that the services/activities listed in this component of ACT are non-therapeutic.
<i>What are the provisions to bill ACT for clients who are currently in a nursing facility?</i>	One of the criteria to receive ACT services listed in OAC 5122-29-29 paragraph (E)(2)(f) states, “(an individual) requires ACT services to move out of institutional living and is expected to move out within six months of beginning ACT services.” A nursing facility is included in the definition of institutional living for ACT services. Therefore, an individual residing in a nursing facility could receive ACT services if they are expecting to move out within six months.
<i>What is the status of ACT becoming a Medicaid reimbursable service?</i>	The Ohio Department of Mental Health and the Ohio Department of Job and Family Services continue to work with the Centers for Medicare and Medicaid to add ACT as Ohio Medicaid covered services.

DOCUMENTATION	
<i>Related to the service contact note, have mental health boards been trained on this significant departure from the standard medical necessity reviews?</i>	When ACT services become a Medicaid eligible service, ADAMH/CMH Board staff who perform the Medicaid Compliance/MNDR reviews will be thoroughly trained on the documentation requirements of this service.
<i>What are the documentation requirements for a service contact note?</i>	Must meet the requirements in OAC 5122-27-06 These include: <ol style="list-style-type: none"> 1. The date of the service contact. 2. The time of day of the contact. 3. The duration of the service contact. 4. Brief description of therapeutic intervention 5. Signature/credentials of provider
<i>What does the standard say about</i>	For ACT services, agencies will have the choice

<i>documentation?</i>	<p>of</p> <ol style="list-style-type: none"> 1. Brief documentation of every contact (duration, time, service, where, who) defined as service contact notes, <i>and</i> an individualized weekly summary of the ACT Treatment services that were provided and client’s progress toward meeting the mental health treatment goals, or 2. Following the current system, i.e. progress notes for each service contact. <p>If Agencies select Option 1, they may still document using progress notes if the clinician desires.</p>
<i>Re: ACT contact notes: Does the signature and credential need to be dated? (or is the date of service sufficient?)</i>	For the contact note, the signature, credentials, and date of service is sufficient. For the weekly summary progress note the dates of the signature(s) need to be documented.

Training	
<i>What does “documented competency” mean?</i>	Documented competency is a formal review of a person’s education, training and experience to determine their ability to perform job responsibilities. Competency can be verified by references, college transcripts, training certificates, resumes, agency written/verbal test results, etc.
<i>How should our agency verify and document competency?</i>	ODMH purposely chose to allow individual agency flexibility in determining how to best meet this standard. In addition, JCAHO, COA & CARF all have standards around staff competency.
<i>When is the training on Medicaid and Documentation?</i>	Training on Medicaid and documentation will be held as soon as possible following the finalization of the State Plan Amendment and the promulgation of the ODJFS Rules authorizing these services as Medicaid reimbursable.

The Ohio Coordinating Center for ACT (OCCA) ROLE	
<i>What is the difference between The Ohio Coordinating Center for ACT (OCCA) and ODMH’s other CCOEs and Networks?</i>	The Ohio Coordinating Center for ACT (OCCA) provides the same kinds of technical assistance and training on evidence-based practices as the

	<p>other CCOEs do. What is different is that ACT has certification standards with requirements for analysis of Outcomes data that is being provided by OCCA, and ODMH is coordinating with them for data analysis around the outcomes part of the rule.</p>
<p><i>Can The Ohio Coordinating Center for ACT (OCCA) interpret the ACT standards? I'm very unclear about the role of OCCA. Will they help me meet certification standards?</i></p>	<p>The Ohio Coordinating Center for ACT (OCCA) can provide technical assistance in implementing the practice of ACT. If providers have questions regarding the rule or compliance with the rule, they should seek clarification from ODMH.</p>
<p><i>Need to have more consistent interpretation of the rule. I hear different things from The Ohio Coordinating Center for ACT (OCCA) and ODMH.</i></p>	<p>ODMH has the legal responsibility to interpret the rule. The Ohio Coordinating Center for ACT (OCCA) can provide technical assistance to a provider implementing the evidence-based practice of ACT. Questions that are rule specific should be directed to ODMH. As with other rules, each provider is responsible for having a policy and procedure manual which guides their interpretation of the ODMH certification standards and meets the requirements of their choice of national accrediting body.</p>