GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Behavioral Health
Department of Health Care Finance

DBH and DHCF Informational Bulletin

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SUBJECT: **Assertive Community Treatment**

The purpose of this bulletin is to reiterate and clarify previous guidance regarding Assertive Community Treatment.

Assertive Community Treatment
Assertive Community Treatment is an intensive, integrated, rehabilitative, crisis, treatment, and community-based service provided by an interdisciplinary team to adults with serious and persistent mental illness, as well as complicating factors such as homelessness, co-occurring substance use disorders, recidivism, and physical health conditions.

Service Delivery Requirements - Engagement
In order to receive reimbursement, the ACT Team must provide no less than eight (8) required contacts. See Transmittal #23-50 (rev.) for previous guidance.

Providers requested clarification about the expectations for contacts that do not provide direct care to the individual or direct communication with a collateral contact. An engagement episode, which may count as a contact, [§ 3426.20(l) of Chapter 34 of Title 22-A of the District of Columbia Municipal Regulations (DCMR)] is effort(s) made by the treatment team to locate and engage individuals served by ACT who have symptoms and functional deficits that, in and of themselves, create challenges for location and engagement.

Engagement episodes are distinctive from collateral contacts, which are meaningful face-to-face, or virtual, interactions with members of the ACT recipient's natural and professional networks, for the purpose of advancing treatment goals, coordinating care, managing risk, and engagement.

The definition of an engagement episode must be flexible to allow for creative and patient-centered strategies, but distinct engagement episodes, if included by the provider to meet the minimum requirements for payment, must:

1. Justify inclusion for payment,
2. Be articulated in comprehensive documentation that is unique to the individual and the episode,
3. Be delivered in accordance with the Individual Plan of Care
4. Be concordant to the role and training of the staff member conducting the episode.

For additional guidance on clinical standards of practice, please refer to § 3426 Title 22-A DCMR.

Service Delivery Requirements – Qualified Practitioners

We recognize staffing challenges within our Provider Network, especially independently licensed professionals. This is notification of our intention to amend previous minimum payment requirements [Transmittal #23-50 (rev.)] from three (3) qualified practitioner (QP) contacts per month to **two (2) QP contacts per month.**

Considerations for Inpatient and Carceral Settings

Many ACT participants have an increased likelihood of admission to hospitals and/or detention facilities. These events affect access and demand for services from ACT Teams and prevented fee-for-service payments for services that occurred during periods of Medicaid ineligibility. Since changing our reimbursement methodology to a monthly unit, guidance is as follows:

A) For stays in facilities less than thirty (30) days, ACT Teams may provide medically necessary contacts as appropriate for continuity of care. As with any month, Teams that meet the minimum payment requirements will receive full payment.

B) For stays in facilities that exceed thirty (30) days, providers may coordinate discharge or referral to a lower level of care with the Department of Behavioral Health (DBH), and plan for continuity of treatment as Medicaid eligibility allows.

   1. During stays in inpatient facilities, including those in institutions for mental diseases (IMDs),[1] Medicaid eligibility continues. However, because the ACT participant is no longer in the community, they should be transitioned to a different level of care during their stay.
   2. During incarceration, Medicaid eligibility is suspended, and Medicaid coverage is limited to inpatient hospitalizations that exceed twenty-four (24) hours. Therefore, Medicaid should not be billed for any services while an ACT participant is incarcerated.

C) For long-term stays, ACT Teams should coordinate transfer of treatment needs to the Facility. When an individual is within thirty (30) days of their return to the community, ACT providers can bill DBH for Discharge Treatment Planning Institution and COC Treatment Planning – Institution to support the participant's transition to the community.

DHCF and DBH will continue to support Providers with unique cases that require individualized solutions and will continue to monitor systemic and policy changes as needed.

[1] See Transmittal #19-31(rev) for more information about Medicaid coverage during IMD stays.

Partial Payment

At this time, DHCF does not intend to implement partial payments as a permanent part of the ACT benefit and reimbursement model.

Partial payments that support the transition process for Providers [Transmittal 24-12] will continue through the end of the Fiscal Year, and will discontinue **effective September 30, 2024**.