

## Missouri Division of Behavioral Health

<b>Bulletin Number:</b> FY 18—Clinical 042	<b>COMMUNITY TREATMENT BULLETIN</b>	<b>Effective Date:</b> July 1, 2017
New	<b>Subject: CCBHC Clinical Implications for Assertive Community Treatment (ACT) and ACT/Transition Age Youth (TAY)</b>	<b>Number of Pages: 2</b>

1. **Programs Affected: Assertive Community Treatment (ACT) and Assertive Community Treatment/Transition Age Youth (ACT/TAY)** for those agencies that are designated as a Certified Community Behavioral Health Clinic (CCBHC).
2. **Background and Purpose:** Agencies designated by the Division of Behavioral Health (DBH) as CCBHCs are part of a two-year demonstration project that moves select Missouri providers from a fee-for-service system to a Prospective Payment System (PPS). Clinical Implications for ACT and ACT/TAY services are outlined in this clinical bulletin. A PPS payment may be billed on a day a service is provided that counts as a “visit”.
3. **Clinical Implications:** For services provided on or after July 1, 2017, the Division of Behavioral Health is revising what constitutes a billable “visit” for ACT or ACT/TAY service delivered in CCBHCs to include only:
  - 3.1 Face-to-face contact in person with the individual served.
  - 3.2 Face-to-face visits with the guardians of individuals, with the parents/foster parents/guardian of children under 18 years of age, or of individuals 21 or under in state custody.
  - 3.3 Face-to-face visits with other family members, including spouses, may only be considered face-to-face visits for the purposes of CCBHC PPS payment when that family member is receiving one of the nine CCBHC services.
  - 3.4 Although considered necessary service interventions, the following **will not count** as a visit:
    - 3.4.1 Direct contact by phone with the individual served.
    - 3.4.2 Direct contact in person or phone with families, staff within your agency or other agencies on behalf of the person served, other than stated in 3.2 and 3.3 above.
    - 3.4.3 Documentation time is not considered part of the service intervention unless completed collaboratively with the individual served during the face-to-face service session.

***Note: Development of the PPS rate for each agency was based on the cost of providing the array of services required by the typical individual served for a specified period of time including services not counted as a ‘visit’. Activities outlined in 3.4 above should continue and should be documented in the individual record.***
4. For those ACT/ACT TAY programs **NOT** operating in a CCBHC program (or at a CCBHC site), nothing about billing for ACT/ACT TAY will change other than the updates for service definitions provided in separate policy documents dated July 1, 2017.

5. All Medicaid requirements regarding medical necessity for services and appropriate documentation of the same are maintained.
  - 5.1 Documentation and service activities must meet definitions and instructions in all regulations and manuals.
  - 5.2 Documentation of services provided that do not count as a “visit”, interventions with family/natural supports and pertinent information reported by family members/natural supports including a change in the individual’s condition, an unusual or unexpected occurrence in the individual’s life or both must be entered into the clinical record.
  - 5.3 Staff qualifications for each member on an ACT/ACT TAY team have not changed.
6. ACT Vocational services (H2023 HK) were carved out of PPS and are billable to the Department as 15 minute unit - fee for service.