NEW YORK STATE | Office of Mental Health

Flexible ACT Program Guidelines Addendum

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Vision Statement

Flexible ACT is a multidisciplinary mobile team providing a highly individualized approach to treatment, rehabilitation, and support. Flexible ACT offers varied intensities of service delivery that lends flexibility and enhances continuity of care. Flexible ACT supports individual recovery through the facilitation of hope, independence, self-efficacy, wellness, and recovery.

Overview

Flexible ACT builds upon the evidence-based model of ACT by enhancing flexibility in the delivery of ACT services. Flexible ACT is specifically designed to serve high risk, high need individuals living with serious mental illness (SMI) who have not been successfully engaged by the traditional mental health treatment system. Individuals served by a Flexible ACT team will receive the appropriate level of ACT service based on individualized and changing needs - including a less intensive level of ACT service - allowing a Flexible ACT team the ability to support continuity of care and better engage individuals.

The following components distinguish Flexible ACT from ACT:

- Increased team capacity of 100 individuals served.
- Increased staffing to support small caseloads and maintain the 10:1 participant-to-staff ratio. This includes the addition of an Assistant Team Leader, Peer Specialist (required), two (2) Mental Health Specialists, increased nurse time to two (2) FTE, and increased Psychiatrist and Nurse Practitioner of Psychiatry (NPP) time.
- Individuals served can receive an intensity of ACT service based on individualized and changing needs. Flexible ACT consists of two (2) levels of service: ACT (high intensity) and ACT-Lite, a less intensive level of ACT for those who no longer need the ACT (high intensity) support but continue to benefit from the core principles of ACT.
- The Flexible ACT model is designed to serve approximately 60% of individuals at the ACT (high intensity) level and 40% at the ACT-Lite (less intensive) level.

Referrals

Flexible ACT must follow the eligibility criteria and requirements for enrollment in ACT as outlined in the ACT Program Guidelines (Sections 5.3 and 5.4). All new admissions onto a Flexible ACT team will receive ACT (high intensity) level of service. Flexible ACT teams must communicate with the local government unit (LGU) Single Point of Access (SPOA) to inform of any vacant ACT (high intensity) slots and ensure timely enrollment of new referrals. The Flexible ACT team should not admit more than four (4) to six (6) individuals each month.

In counties or areas that have both Flexible ACT and ACT, the following may be considered for determining appropriateness of a referral to Flexible ACT:

- Individuals previously served by ACT and re-referred to ACT outside of the 90-day discharge period as a new admission;
- Transition age youth/younger individuals starting on ACT;
- Individuals referred by and receiving services from a Transitional Housing program where there is more community support.

New referrals for the purpose of receiving only the ACT-Lite level of service are not appropriate referrals to a Flexible ACT team. Individuals who are clinically appropriate for Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) or Health Home Care Management

should be referred to those programs (unless required to be on ACT by their AOT court order).

Transfers from an ACT team to a Flexible ACT team may be permitted for individuals who would benefit from a more gradual step down to ACT-Lite services prior to discharge to an alternative lower level of care. Individuals who transfer to a Flexible ACT team will receive ACT Level services for a minimum three (3) months to allow the individual and the Flexible ACT team to build rapport prior to reducing level of services to ACT-Lite services. The transferring ACT team, the Flexible ACT team, and the individual must all agree with any decisions to transfer.

Service Intensity and Determining Level of Need

Flexible ACT teams will provide two (2) levels of service based on individualized need. Individuals will be able to move up and down in service intensity level when clinically necessary. Regardless of service level determined for any given individual, all individuals have access to all medically necessary ACT services as defined in the ACT Program Guidelines (Section 4.1).

NOTE: Individuals on an AOT court order and enrolled on a Flexible ACT team must receive the ACT (high intensity) level of service. Only with the LGU's approval can individuals on an AOT court order be considered for any change in level of service. All provisions of MHL §9.60 and related local procedures in providing AOT must be followed.

ACT (High Intensity)

This level of service, which follows the NYS ACT Program Guidelines, is needed when an individual's care requires a multidisciplinary team approach to providing comprehensive and flexible treatment, support, and rehabilitation services.

The number of contacts provided shall be six (6) or more contacts per month. At least three (3) contacts must be provided in-person with the individual.

Considerations for individuals who are appropriate for ACT (high intensity) level of service include:

- All referrals to the Flexible ACT team, for the minimum duration of six (6) months;
- Individuals transferring from another ACT team, for the duration of at least three (3) months, to allow staff to get to know the participant;
- Individuals in crisis or who had a recent crisis;
- Individuals with multiple hospitalizations or incarcerations;
- Individuals with poor engagement in treatment; and
- Individuals required to be on ACT per AOT court order.

ACT-Lite (Less Intensive)

This level of ACT is for individuals who no longer need ACT level of intensive support but are not yet ready to transition off ACT and would continue benefiting from the core principles of the ACT model.

The number of contacts provided for ACT-Lite level of service shall be between two (2) and five (5) contacts per month. At least two (2) contacts must be provided in-person with the individual.

The team will utilize clinical discretion to determine when to move individuals from ACT (high intensity) to ACT-Lite (less intensive). The team must ensure the clinical justification and level of service is documented in the individual's record.

Considerations teams could use to determine when individuals are appropriate for step down from ACT (high intensity) to ACT-Lite include:

- No acute psychiatric episodes requiring services from an emergency room, CPEP, or psychiatric hospitalizations within the past six (6) months;
- No arrests or incarcerations within the last six (6) months;
- Making progress towards their goals, demonstrating the need for fewer ACT services;
- Improved community integration including use of community resources and natural supports;
- Sustained placement in competitive employment, pursuing education, or receiving educational services;
- Improved or stable housing;
- Improved activities of daily living (ADLs);
- Improved medication management, including but not limited to taking medication as prescribed, independent self-administered medication, and receiving long acting injectables (LAI) as prescribed.

Individuals discharged from Flexible ACT and return within 90 days to the same Flexible ACT Team may receive ACT-Lite services, if clinically appropriate.

Individuals should not be considered for ACT-Lite when the need for ACT (high intensity) level of service is clinically indicated. An individual receiving ACT (high intensity) services with whom the team is having difficulty engaging should not be moved to ACT-Lite because they are not meeting the six (6) visit minimum ACT standard. The Flexible ACT Team is expected to use assertive engagement techniques and employ diligent efforts to provide ACT (high intensity) level of services.

ACT-Lite Team

While the ACT model emphasizes that all ACT staff members engage with all individuals on ACT (ACT Program Guidance, Section 5.8), the Flexible ACT model allows individuals receiving ACT-Lite level of service to work with fewer ACT staff members as individuals begin to stabilize and achieve recovery-oriented goals.

Individuals receiving the ACT-Lite level of service may regularly work with one (1) dedicated mental health professional or paraprofessional, the Psychiatrist/NPP, and the RN/LPN (for assistance with medication management as applicable). The individual may also work with additional staff on the team as needed; for example, an individual who regularly works with the Mental Health Specialist might also work with the Substance Use Specialist if that individual needs Integrated Dual Disorder Treatment.

When the team is in the process of discharge planning with individuals on ACT-Lite, the team may conduct fewer than 80% of service contacts in the community to prepare the individual for a setting in which the individual may be required to attend office-based services such as in a clinic. The team must document the intention of increased office visits as a part of discharge planning.

Increased Service Monitoring for ACT-Lite:

Individuals who receive ACT-Lite services may at times during their recovery require increased support in response to changing circumstances. Should an individual's needs/circumstances change that may require increased level of support (e.g., high stress events, signs of increased risk to safety, recent inpatient stay) but does not require a return to full ACT level of service, the Flexible ACT team shall increase the number of contacts based on need, as with any level of ACT services. The goal of increased service contacts is to assist the individual with stabilization prior to situations becoming a crisis that may require high-intensity ACT services, emergency room,

CPEP, or hospitalization for stabilization.

Considerations for when an individual may need increased service monitoring on ACT-Lite include:

- Temporary worsening of psychiatric symptoms;
- Imminent need of hospitalization or admission;
- Recently returned home after hospitalization;
- High stress life events;
- Risk of suicidality or harm to self or others;
- Engaging in risky behavior that may pose a threat to themselves or others;
- Imminent eviction;
- Neglect or signs of danger;
- Worsening engagement with ACT providers and/or natural supports;
- Psychopharmacology considerations.

The Flexible ACT team will utilize clinical discretion to determine when an individual requires an increase in level of service from ACT-Lite to ACT (high intensity) (e.g., major psychiatric crisis, psychiatric hospitalization, inability to safely manage symptoms in the community, presenting a risk of danger to self or others, etc.). Individuals on ACT-Lite receiving increased contacts for monitoring will be reviewed during the daily team meeting until the team has determined appropriate next steps for the individual, which may include reducing visits or stepping-up to high-intensity ACT as appropriate.

Team Meetings and Communication

Flexible ACT teams will follow team communication expectations outlined in the ACT Program Guidelines (Section 5.9). In addition to the daily team meeting, the Flexible ACT team will implement an ACT-Lite team meeting, occurring at least once monthly.

Daily Team Meeting

Individuals receiving ACT (high intensity) services will be reviewed during the daily team meeting, which will occur at least four (4) days a week. The team briefly reviews the status of each individual receiving ACT (high intensity) services, shares clinically relevant information for each individual from the past 24 to 48 hours as applicable, strategizes responses to potentially elevated risk status, and updates weekly service contacts as needed.

The Flexible ACT team will also review and discuss the following during the Flexible ACT daily team meeting:

- Individuals on ACT (high intensity) who are approaching readiness for step-down to ACT-Lite level of service.
- It is recommended that individuals who are stepped-down to ACT-Lite continue to be reviewed during daily team meeting to monitor the transition. Once demonstrated that the individual has maintained baseline status with fewer service contacts, the individual's status review will be moved to the ACT-Lite team meeting.
- When the Flexible ACT team identifies an individual in need of a change in level of service (e.g., step-up from ACT-Lite to ACT high intensity level of service, or those who need increased ACT-Lite services but may not need to move to ACT high intensity),

staff will ensure the team reviews the individual at the next daily team meeting and continues as needed.

- Individuals receiving ACT-Lite services who require team discussion prior to the next ACT-Lite team meeting should be reviewed during the daily team meeting. Considerations for daily team meeting review include:
    - Addressing potential crisis situations;
    - Missed provider appointments, medication appointments or LAI;
    - Immediate needs that must be addressed (e.g., access to food, shelter, pending expiration of benefits);
    - Need for team approach in service provision;
    - Scheduling conflicts for the primary worker which may require another ACT team staff to conduct the service contact;
    - Individuals on ACT-Lite receiving increased service contacts for monitoring.

ACT-Lite Team Meeting

The Flexible ACT team will implement an ACT-Lite team meeting and communication boards or logs (physical or digital) for monitoring and reviewing individuals receiving ACT-Lite level of service. Individuals receiving ACT-Lite services will be reviewed at least once monthly during the ACT-Lite team meeting.

The ACT-Lite team meeting should follow a similar structure and format of the ACT (high intensity) daily team meeting.

- Review the status of all individuals and share any clinically relevant information with the team.
- Ensure service contacts are conducted or rescheduled, as needed.
- Discuss the potential need for increased support and service monitoring, or the need to move back to ACT (high intensity) level of service.
- Discuss service plan reviews, as applicable.
- Review individuals for readiness to transition off the Flexible ACT team to a lower level of care.

Individuals on ACT-Lite who are added to the daily team meeting for increased monitoring, as identified above, should receive ACT team consensus to be moved back to the ACT-Lite team meeting.

The Flexible ACT team may utilize additional boards specific to ACT-Lite. Physical or digital communication boards or logs for ACT-Lite may include:

- ACT-Lite contact log
- ACT-Lite increased monitoring
- Transition off Flexible ACT

Transition and Discharge

Flexible ACT teams will follow the transition and discharge process in the ACT Program Guidelines (Section 5.5). Teams will develop a transition process to determine readiness for transition to a lower level of care from the Flexible ACT team. Flexible ACT teams are expected to

engage in discharge planning conversations with all individuals.

Individuals who meet the following criteria should be considered for discharge to a lower level of care:

- Receiving services voluntarily who request to be discharged from the Flexible ACT team;
- Demonstrated stabilization and/or maintenance of symptoms (e.g., someone who only requires two (2) visits per month);
- Improved community integration and utilization of natural supports;
- Demonstrated improvement of functional skills;
- Connections to community services and linkage to care;
- Effectively manages complex medication use;
- Adequate support system, assessed by the team;
- Work or daytime activities, assessed by the team;
- Stable housing;
- Stable financial situation;
- The individual accepts treatment and is able to ask for help;
- The individual is able to meet with the psychiatrist in the office rather than out in the community;
- Has established mental health services for treatment and care coordination outside of the ACT team who will continue engaging the individual.

Staffing Requirements, Qualifications, and Supervision

Flexible ACT teams will build a multi-disciplinary team including members from the fields of psychiatry, nursing, psychology, social work, substance use, vocational rehabilitation, and peers.

Flexible ACT teams will hire staff that have the appropriate qualifications to meet the needs of the target population. In addition to the staff qualifications outlined in the ACT Program Guidelines, (Section 5.7.3), the following staff roles and qualifications are required:

- Assistant Team Leader (ATL): A full-time staff member whose role is to assist the Team Leader in supervisory and administrative oversight of the team and provide direct services as a clinician. The ATL may provide supervision to ACT team staff but should not be solely responsible for the supervision of the team. The ATL should be supervised by the Team Leader. Minimum qualifications: A master's degree or higher in social work, psychology, rehabilitation counseling, or a related field, OR licensure/registration as a RN (RNs are encouraged to be master’s level or nurse practitioner), or physician. Preference should be given to individuals with experience on a multi-disciplinary mobile team.
- Mental Health Specialist (Wellness Specialist): A full-time staff member who must minimally meet the qualifications of a paraprofessional staff as defined in the ACT Program Guidelines (Section 1). The Mental Health Specialist (wellness) who, in addition to performing routine team duties, has responsibility for providing Wellness Self-Management services, which are designed to improve community functioning and prevent relapse. Services may include person-centered recovery-oriented

practices that provide knowledge and skills to help individuals enhance personal wellness and develop resiliency; skills training; and assisting individuals to make informed decisions to improve their quality of life.

- Mental Health Specialist (Clinical Specialist): A full-time staff member who must minimally meet the qualifications of a professional staff as defined in the ACT Program Guidelines (Section 1). The Mental Health Specialist (clinical), who in addition to performing routine team duties, has responsibility in providing clinical expertise to the team and providing clinical treatment to individuals such as Cognitive behavioral therapy (CBT) and Dialectical behavior therapy (DBT).
- Peer Specialist: A full-time staff member with lived experience. Peer specialists are in a unique position to serve as role models, educate individuals about self-help techniques and self-help group processes, teach effective coping strategies based on personal experience, teach wellness management skills, assist in clarifying rehabilitation and recovery goals, and assist in the development of community support systems and networks.

Flexible ACT Providers must maintain the organizational capacity to ensure a low staff to individual ratio and continuity of care.

Flexible ACT teams must meet the following staffing requirements:

1. ACT team composition should include 10 or fewer individuals per team member (10:1). This ratio excludes psychiatric providers and program assistants.
2. The Flexible ACT model calls for 10 staff (counted in the staff to individual ratio), in addition to one (1) FTE program assistant and one (1) FTE Psychiatrist or 1.5 FTE NPP.
3. Team staffing is multi-disciplinary.
4. At least 60% of the staff included in the 10:1 ratio is professional.
5. At least 60% of the staff included in the 10:1 ratio is full-time.
6. Teams who experience high staff turnover, or increased staff vacancies affecting the 10:1 ratio, should follow up with their regional NYS OMH Field Office to notify them of these challenges and plans to meet the needs of the individuals.
7. Flexible ACT teams will maintain a plan for regular supervision of all staff members, including the Team Leader, as outlined in the ACT Program Guidelines (Section 5.7.3).

See Table 1, Adult Flexible ACT Staffing Requirements, for the minimum staffing requirements for a 100-capacity Flexible ACT team.

Core Competencies and Staff Training Requirements

Each specialty role shall possess competency in their specialized area. If an individual is hired on the ACT team to fill a specialty position and does not have the required competencies, the agency must provide a written plan detailing the training and supervision that will be provided to enable the individual to attain competency. The training should begin immediately upon hire. The agency must be able to provide written documentation that the individual has attained competency in the required areas. Competency is defined as one (1) year of experience or training in the specialty area and demonstration of the specific skills or knowledge.

In addition to the core competencies and staff training requirements outlined in the ACT Program Guidelines (Section 5.7.2), the below specialty roles shall possess competency in the following specialized areas:

- Mental Health Specialist (Clinical)

    - Knowledge and application of evidence-based interventions (e.g., CBT, DBT, Motivational Interviewing, Trauma Informed Care, etc.)
    - Training and experience in psychoeducation and cognitive behavioral techniques
    - Ability to complete and apply findings from clinical needs assessments
- Mental Health Specialist (Wellness)
    - Knowledge and application of Wellness Self-Management
    - Person-centered recovery-oriented practices
    - Rehabilitative skills training services

All staff will be cross trained for specialty role areas, including Family Specialist, Substance Use Specialist, Vocational Specialist, Mental Health Specialist (Wellness), and Peer Specialist. All Flexible ACT staff are also required to be trained, within six (6) months of hire, in evidence-based practices such as:

- Cognitive behavioral therapy (CBT)
- Dialectical behavior therapy (DBT)
- Integrated Dual Disorder Treatment (IDDT)
- Focus on Integrated Treatment (FIT)
- Critical Time Intervention (CTI)
- Motivational Interviewing
- Trauma Informed Care
- Wellness Self-Management and Recovery

Providers are responsible for arranging required staff trainings in collaboration with the Center for Practice Innovations (CPI) ACT Institute. Additionally, Flexible ACT providers shall ensure staff are continually trained, especially regarding areas where there is a need for knowledge acquisition and specific populations being served on the team, such as justice involvement, substance use, homelessness, and older adults. All completed staff trainings shall be documented in personnel records and available upon request.

Programmatic Policies and Procedures

Flexible ACT teams will review and update their program policies and procedures to ensure all program requirements for flexible ACT, as outlined in this addendum, are incorporated.

In addition to the policies and procedures identified in the ACT Program Guidelines (Section 5.12.2), Flexible ACT teams will develop or incorporate the following items for Flexible ACT:

- A plan to monitor and maintain an average caseload ratio of approximately 60% ACT (high-intensity) and 40% ACT-Lite.
- Assessing and utilizing clinical discretion for determining appropriateness for step-down to ACT-Lite services and the need to return to ACT (high intensity).
- Assessing for and implementing increased service monitoring for individuals on ACT-Lite, including determining appropriateness of maintaining ACT-Lite services or the need to step-up to ACT (high intensity).

Billing and Telehealth

Flexible ACT Teams will abide by the 14 NYCRR 508 (Part 508) ACT Regulations and the NYS April 2023 Telehealth Services Guidance for OMH Providers.

The Flexible ACT budget model is designed to serve approximately 60% of individuals at the ACT (high intensity) level and 40% at the ACT-Lite (less intensive) level.

Regardless of the level of service determined for a given individual, the Flexible ACT team is eligible for Medicaid reimbursement for services actually provided (full, partial, and inpatient rates) in accordance with the required minimum billing standards outlined below. Documentation for all levels of service should clearly justify number of service contacts when individuals on ACT (high intensity) do not receive six (6) service contacts, and when individuals on ACT-Lite exceed five (5) service contacts.

There are three (3) Medicaid Reimbursement Rates for Flexible ACT:

- ACT Full Billing: Used primarily to bill for ACT (high intensity) level of service provided by the Flexible ACT team. Minimum billing standard:
    - Six (6) service contacts in one (1) month (up to three (3) of these contacts may be with collaterals). At least three (3) contacts must be provided in-person with the individual.
    - A maximum of three (3) contacts may be provided using Telehealth Services; and where collateral contacts are provided, a maximum of two (2) collateral contacts may be provided using Telehealth Services.
- ACT Partial Billing: Used primarily to bill for ACT-Lite services provided by the Flexible ACT team. Minimum billing standard:
    - Two (2) to five (5) service contacts in one (1) month. At least two (2) service contacts must be in-person with the individual.
    - Any additional contacts (under partial billing) with the individual may be provided using Telehealth Services.
- Inpatient Hospital Rate: All individuals on the Flexible ACT team are eligible for inpatient billing with service contacts consistent with the below guidance:
    - Requires a minimum of two (2) contacts per month, which must be with the individual:
    - At least one (1) contact must be provided in-person, and the other contact may be provided using Telehealth Services.
    - In the month of admission or discharge, the Full Billing rate reimbursement is permitted for any month in which at least six (6) contacts are provided, including four (4) or more community-based contacts, consistent with the standards stated above for full billing, combined with a minimum of two (2) inpatient contacts, consistent with the standards in this paragraph; and New York State Office of Mental Health.
    - In the month of admission or discharge, the partial payment rate reimbursement is permitted when a minimum of one (1) in-person community contact, combined with a minimum of one (1) in-person inpatient contact, is provided.

For Flexible ACT additional billing guidelines, see ACT Program Guidelines (Section 5.17), and ACT Billing Memo.

The Medicaid reimbursement rates and rate codes for the Flexible ACT team (100-capacity) can be found at NYS OMH Medicaid Reimbursement Rates.

Table 1. Adult Flexible ACT Staffing Requirements

Included in 10:1 Ratio
Team Leader (1 FTE)
Assistant Team Leader (1 FTE)
Registered Nurse (1 FTE)
LPN (1 FTE)
Substance Use Specialist (1 FTE)
Vocational Specialist (1 FTE)
Family Specialist (1 FTE)
Peer Specialist (1 FTE)
Mental Health Specialist – Clinical (1 FTE)
Mental Health Specialist – Wellness (1 FTE)
Not included in the 10:1 Ratio
Program Assistant (1 FTE)
Psychiatrist (1 FTE) / NPP (1.5 FTE)