



14 NYCRR 508

Medical Assistance Rates of Payment for Assertive Community Treatment Services

14 NYCRR 508 is amended as follows:

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508.2 Legal base.

(f) Section 365-m of the Social Services Law authorizes the Commissioner of the Office of Mental Health and the Commissioner of the [Office of Alcoholism and Substance Abuse Services] *Office of Addiction Services and Supports*, in consultation with the Department of Health, to contract with regional behavioral health organizations to provide administrative and management services for the provision of behavioral health services.

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508.4 Definitions.

(a) Active client in assertive community treatment means an individual who:

- (1) is admitted to an assertive community treatment program;
- (2) has an individual treatment plan; and
- (3) may or may not be currently receiving services.

(b) Adult means an individual 18 years old and over.

*(c) Child means an individual up to 21 years of age. Individuals ages 18-21 years with mental illness may be considered for either Youth ACT or Adult ACT programs for the purposes of receiving services.*

*(d) Child Family Treatment and Support services means an array of six treatment, rehabilitative and support services to assist children and youth with mental health and/or behavioral challenges to function*

*successfully within their homes and community, primarily provided in nontraditional settings including in the home or community settings*

*(e) Children's Home and Community (HCBS) based services means services provided to individuals in the least restrictive environment possible by providing services and support to children and their families at home and in the community. HCBS are designed for people who, but for these services, would require an institutional level of care such as a long-term care facility or psychiatric inpatient care.*

[(e)f] Assertive community treatment (ACT) program means a comprehensive program of ACT treatment services established by the office to serve identified clients with serious mental illness *or serious emotional disturbance* who require intensive services in order to remain in the community.

[(d)g] Assertive community treatment (ACT) services means a comprehensive and integrated combination of treatment, rehabilitation, case management, and support services primarily provided in the client's residence or other community locations by a mobile multi-disciplinary mental health treatment team.

[(e) Behavioral Health Organization or BHO means an entity selected by the Commissioner of the Office of Mental Health and the Commissioner of the Office of Alcoholism and Substance Abuse Services pursuant to section 365-m of the New York State Social Services Law to provide administrative and management services for the purposes of conducting concurrent review of behavioral health admissions to inpatient treatment settings, assisting in the coordination of behavioral health services, and facilitating the integration of such services with physical health care.]

[(f)h] Collaterals means [persons who are:

(1) significant others or members of the client's family or household, academic or workplace setting who regularly interact with the client and are directly affected by, or have the capability of affecting, his or her condition; and

(2) identified in the client's treatment plan as having a role in treatment and/or are identified in the pre-admission notes as necessary for participation in the evaluation and assessment of the client prior to admission.]

*A contact that shall occur with the recipient's family, and others significant in their life, that provide a direct benefit to the recipient and is conducted in accordance with, and for the purpose of, advancing the recipient's Service Plan; and for coordination of services with other educational, community service providers and medical providers.*

[(g)l] Commissioner means the Commissioner of Mental Health.

[(h)j] Concurrent Review means the review of the clinical necessity for continued inpatient behavioral health services, resulting in a non-binding recommendation regarding the need for such continued inpatient services.

([i]k) Contact means a face-to-face interaction of at least 15 minutes duration where at least one ACT service is provided between an ACT team staff member and a client or collateral.

(l) Family means those members of the recipient's natural family, family of choice, or household who interact with the recipient and are directly affected by, or have the capability of affecting, the recipient's condition.

([j]m) Month means any time between and including the first and last days of any calendar month in a given year.

([k]n) Office means the Office of Mental Health.

([l]o) PROS services means personalized recovery oriented services provided pursuant to Part 512 of this Title.

([m]p) Provider of services means an individual, partnership, association, corporation, public agency, or a psychiatric center or institute licensed by the office which is legally responsible for the operation of an ACT program.

([n]q) Single point of access (SPOA) is an entity in each county that manages referrals to the ACT Program.

#### 508.5 Standards pertaining to reimbursement.

##### **(a) General requirements.**

(1) ACT programs are required to be approved or certified by the office to provide ACT treatment services.

(2) ACT staff shall have responsibility for treatment, rehabilitation, case management, and support services for ACT clients.

(3) There shall be at least one direct care staff person for every 10 clients. Exceptions to the case ratio requirement may be allowed by the office.

(4) In no instance shall an individual be admitted to an ACT program while concurrently enrolled in an [intensive case management program, supportive case management program, blended intensive/supportive case management program, licensed outpatient clinic program] *Health Home Care Management*, [or] *licensed day treatment program for children*, or licensed continuing day treatment program as defined in Parts 506, 587 and 599 of this Title.

(5) An individual may be both an active ACT client and enrolled in a personalized recovery-oriented services (PROS) program, operating pursuant to Part 512 of this Title, for no more than three months within any 12-month period.

(6) Providers of ACT services shall furnish any and all information and records requested by the office, including, but not limited to, client-specific, statistical, administrative, and fiscal information.

*(7) A child may be both an active Youth ACT client and enrolled in CFTSS and/or HCBS 30 days prior to discharge from Youth ACT only as a transition from Youth ACT to an alternate or lower level of care.*

**(b) Reimbursement standards.**

(1) Reimbursement shall be made only for services provided to persons who:

(i) meet the definition of persons with serious mental illness *or serious emotional disturbance* as set forth in section 1.03 of the Mental Hygiene Law;

(ii) have been referred or approved by the SPOA for enrollment in ACT services; and

(iii) are active clients of the ACT provider.

(2) Rates of payment shall be established on a prospective basis.

(3) Each rate of payment established under this Part shall be a monthly fee determined by the commissioner and approved by the Division of the Budget.

(4) Reimbursement for services provided to a client who is admitted to an ACT treatment program and active in ACT treatment services shall only be made for the client's participation in that program, except as otherwise provided in paragraph (c)(3) of this section.

(5) Reimbursement for clinic or continuing day treatment services provided to a client, other than for pre-admission visits, will be deducted from the amount paid to the provider of ACT services.

(6) Reimbursement for services provided to clients who are receiving both ACT and *Child and Family Treatment and Support Services (CFTSS) or Home and Community Based Services (HCBS) or PROS* services as permitted by subdivision (a) of this section will be limited to the partial step-down payment rate specified in subdivision (c) of this section.

(7) No more than one client or collateral contact per day shall be allowed as a billable service, except that two contacts per day shall be allowed as a billable service if one contact is face-to-face with the client and the other contact is face-to-face with a collateral. The two contacts must occur separately.

(8) Reimbursement shall be made only for services identified and provided in accordance with an individual's treatment plan. The treatment plan shall develop, evaluate and revise, as needed, an individual's course of treatment based on the client's diagnosis, expressed desires, behavioral strengths and weaknesses, problems and service needs.

(9) Reimbursement for collateral contacts may be made for:

(i) contacts by ACT team members with collaterals; or

(ii) contacts by ACT team members with a group composed of collaterals of more than one client, for the purpose of goal-oriented problem solving, assessment of treatment strategies, *assisting family members for the benefit of the client* and provision of practical skills for assisting a client in the management of [his or her ] *their* illness. No more than one collateral contact for any recipient shall be allowed as a billable service regardless of how many of [~~his or her~~]*their* collaterals participate in the session. The total number of individuals in any group shall not exceed six.

**(c) Reimbursement rate.**

ACT treatment services shall be reimbursed at the following rates: full; partial step-down; and Inpatient. In no instance shall a program bill more than one rate code during the same month for the same individual.

(1) Reimbursement shall be made at the full payment rate for services provided to active clients who receive a minimum of six face-to-face contacts in a month, up to three of which may be collateral contacts.

(2) Reimbursement shall be made at the partial step-down payment rate for services provided to active clients who receive a minimum of two, but fewer than six, face-to-face contacts in a month.

(3) Reimbursement for services to ACT clients who are admitted for treatment to an inpatient facility and are anticipated to be discharged within 180 days of admission shall be made in accordance with section 508.7 of this Part.

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508.9 Behavioral health organizations.

Providers shall cooperate with the designated regional behavioral health organizations and shall be authorized pursuant to Section 33.13(d) of the Mental Hygiene Law to exchange clinical information concerning clients with such organizations. Information so exchanged shall be limited to the minimum necessary in light of the reason for the disclosure. Such information shall be kept confidential and any limitations on the release of such information imposed on the party giving such information shall apply to the party receiving such information.]