



ANDREW M. CUOMO
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

CHRISTOPHER TAVELLA, Ph.D.
Executive Deputy Commissioner

Memorandum

To: All ACT Providers

From: NYS Office of Mental Health

Date: August 29, 2019

RE: ACT Billing Memo

In response to our recent OIG audit, OMH is distributing this memo to all ACT teams to review 14 NYCRR 508 (Part 508) ACT Regulations (attached) for billing requirements and to reinforce documentation expectations.

Specifically, Part 508.5(b)(8) states that *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.* This means that ACT teams must ensure that reimbursement is made for services identified and provided in accordance with a recipient's needs. In practice, the nature and intensity of ACT services and treatment goals are continuously adjusted through the process of daily team meetings and review of individual needs. Based on the recipient's current needs and circumstances, services and supports may be altered in order to avoid hospitalization or increase stability in the community. In these circumstances the rationale should be clearly documented in the case record as to why the service was provided and may be considered a billable service.

In addition, Part 508.5(b)(9)(i)(ii) states that *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 recipient. Collateral contacts must be provided for the benefit of the individual and occur in accordance with the individual's service plan.*

As per Part 508.5 Standards Pertaining to Reimbursement:

(c) 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.

(c)(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.

(c)(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. A minimum of 2 contacts need to be face-to-face with the client.



**Office of
Mental Health**

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(c)(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 Part 508.7...

A contact is defined in Part 508.4(g)(i) 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.

If you have any questions, please reach out to your OMH ACT Field Office representative.