1.0 Program Name:

1.0.1 Assertive Community Treatment Team (ACT)

2.0 Program Description

2.0.1 Assertive Community Treatment (ACT) team services are provided to a Seriously Mentally Ill (SMI) member residing in a community setting. ACT services is a 24/7 service delivery model which focuses on recovery through community treatment and habilitation. Services are provided to the member where the member needs arise, and support/skills are needed. The ACT teams work with Adults with SMI who are Title 19 and Non-Title 19 in Maricopa County.

3.0 Professional Standards


3.0.2 The Provider shall comply with specific AHCCCS and Mercy Care RBHA Housing requirements, goals, and strategies including, the Housing Plan, Housing Policies and Procedures, and Housing Desktop Manual, and the Arizona Department of Housing (ADOH) Housing Plan.

3.0.3 The Provider shall adhere to the Mercy Care RBHA Collaborative Protocol with the Arizona Department of Economic Security/Rehabilitative Services Administration (RSA).

3.0.4 Deliver rehabilitation services in accordance with the Maricopa County Plan for Employment and Rehabilitation.

3.0.5 The Provider shall comply with the specific AHCCCS and Mercy Care RBHA requirements, goals, and strategies in obtaining and maintaining benefits.

3.0.6 The Provider shall adhere to ACT Evidence Based Practice Standards as outlined by the Substance Abuse and Mental Health Service Administration (SAMHSA).
3.0.7 The Provider must ensure that all subcontractors adhere to the requirements outlined in this scope of work and ACT Evidence Based Practice Standards as outlined by SAMHSA.

3.0.8 The Provider is responsible to ensure all staff are trained and fully understand the ACT service delivery model. The Provider shall ensure all staff employed in designated ACT specialty positions receive specialty related training and are able to competently provide enrolled members specialty (i.e. substance use, supportive housing) identified treatment and services to all members.

3.0.9 The Provider is responsible for engaging and collaborating with the member, family/Family of choice to develop an individualized service plan (ISP). The Provider is responsible for working with the member to provide or refer for all services and supports identified in the member’s ISP, including non-covered services and other community resources and supports.

3.0.10 The Provider must offer member choice in the types, locations and Providers of services, including case managers and information members in writing of their right to change Providers.

3.0.11 The Provider must not take punitive action against any members who request a change in Provider or case manager.

3.0.12 The Provider is responsible to refer and coordinate for non-behavioral health needs such as medical, dental or specialty care identified in the assessment and or individualized services plan (ISP) that would impact the member’s behavioral health needs or quality of life.

3.0.13 The Provider must complete referrals as required, follow up and coordinate all services outlined in the members’ ISP to ensure the member receives all necessary services in a timely manner.

3.0.14 The Provider must identify, coordinate and monitor the provision of behavioral health services for members. The Provider must coordinate care with all medical and behavioral health Providers involved in the member’s care to ensure that services are delivered timely, meet the member’s needs, and result in positive outcomes for the member and their family/Family of choice.

3.0.15 The Provider is responsible for coordination of care with a minimum, but not limited to, AHCCCS Health Plans, Tribal Entities, schools, Primary Care Providers, Child Protective Services, Arizona Division of Development Disabilities, Arizona Long-Term Care Services, Arizona Rehabilitation Services Administration, other behavioral health Providers, the criminal justice system, and the AHCCCS SMI Eligibility Determination Organization in accordance with the Mercy Care RBHA Provider Manual.
3.0.16 The Provider must monitor and assess the member’s needs and adjust the service intensity as appropriate, in collaboration with the member, family/family of choice and or other stakeholders.

3.0.17 The Provider will notify Mercy Care RBHA Network Administration Department immediately when the Provider is unable to offer appointments within the required timeframes.

3.0.18 The Provider shall meet all AHCCCS requirements for Provider eligibility including licensed by the Division of Licensing Services, registered with the Arizona Health Care Cost Containment System (AHCCCS), and credentialed with Mercy Care RBHA.

3.0.19 The Provider shall ensure that subcontracted independent practitioners meet all such requirements such as Division of Licensing Services, registered with the Arizona Health Care Cost Containment System (AHCCCS) and credentialed with Mercy Care RBHA.

3.0.20 Recommended and/or proposed changes to the previously agreed upon scopes of work must be submitted in writing to Mercy Care RBHA’s Network Department for approval. The Provider and its subcontracted Providers are responsible for conforming to all Mercy Care RBHA provided scopes of work.

3.0.21 The Provider, in collaboration with Mercy Care RBHA, shall develop and maintain relationships with key community constituents, Providers, hospitals, jails, stakeholder agencies and community stakeholders to coordinate services and inform members of how to access services and to assess and continuously improve the service delivery system.

4.0 Program Specific Requirements

4.0.1 The Provider shall deliver services in a manner that aligns with the ACT Evidence Based Practice Standards as outlined by SAMHSA.

4.0.2 The Provider shall follow the Mercy Care RBHA ACT Provider Operating Manual and required ACT protocols.

4.0.3 The Provider will notify the referring Provider of their response to an inpatient referral within three (3) days of receipt of the referral. The Provider will provide the outpatient clinical team of the date/time of the first face-to-face service and transfer of care to the ACT team. Outpatient referrals will be screened within 14 days of receipt of transfer packet and will be scheduled within 21 days.

4.0.4 The Provider shall have a sufficient number of qualified staff to deliver, manage and
coordinate service delivery 24 hrs. a day/7 day a week, including holidays.

4.0.5 All staff must demonstrate expertise in their designated role in addition to other roles on the team as interdisciplinary intervention.

4.0.6 The Provider shall adhere to established caseload ratios for an ACT team:

a. Individual Caseload Size: 12 members

b. Prescriber Caseload Size: 80-100

4.0.7 The ACT team shall update the ISP as often as clinically indicated but no less than every 6 months.

4.0.8 The Provider is fully responsible for all service delivery according to SAMHSA fidelity.

4.0.9 For services identified in the member’s treatment plan that are outside of the ACT scope of practice, the Provider shall refer for covered services and coordinate with the Provider to transition services as appropriate to the ACT team.

4.0.10 The Provider is responsible to refer for non-covered services and other community resources and supports such as dental and or other non-behavioral health needs.

4.0.11 The Provider will ensure that the ACT team provides 80% of services in a community setting, as stated by SAMHSA.

4.0.12 The Provider shall align the member’s clinical need with the nature of service matrix by developing an individual service plan and utilizing a member schedule as required by SAMHSA.

4.0.13 Engage members to prevent crisis situations by:

a. Developing crisis plans to support the member in the community if they experience an increase in symptoms;

b. Being able to help implement the crisis plan, including intervening in the early stages of distress; and

c. Providing crisis support on a walk-in or telephonic basis 24/7.

d. Maintain an after hour’s on-call system to ensure that a behavioral health professional is available via telephone to respond to crisis situations after hours. The county-wide crisis line does not take the place of the Providers after hour system.
e. Provide community-based treatment designed to prevent crisis situations and inpatient stays.

f. Inform the members and family members how to access on call services for crisis situations.

g. Offer same day appointments for behavioral and medical to serve members who may be at risk for an increase in symptoms and shall offer follow-up with an individual who had a recent crisis episode.

h. Implement a written discharge plan in collaboration with the inpatient facility and Mercy Care RBHA within one (1) business day of the member’s admission to an inpatient facility.

4.0.15 The Provider must continue to monitor and revise the member’s discharge plan as appropriate throughout the member’s inpatient stay.

4.0.16 The ACT team is responsible for identifying a team member/specialist each day who would act as a discharge planner to participate in Mercy Care RBHA discharge ready calls, complete necessary documentation regarding discharge planning, works with housing and rehab specialist to review and monitor the step down plan, ensure ACT admission and discharge protocols are followed and that paperwork such as the ARCP and ISP are updated appropriately.

4.0.17 The provider should use the Mercy Care RBHA Health Risk Assessment (HRA) tool, conduct initial HRAs for all new members and then annually thereafter, as well as whenever there is a change in the member’s health status, and transmit electronically to Mercy Care RBHA in the format provided by Mercy Care RBHA. These files will be transmitted daily per Mercy Care RBHA guidelines.

5.0 Specific Requirements for Providing Substance Abuse Services

5.0.1 All Substance Abuse specialty position shall meet SAMHSA requirements for the position.

5.0.2 For each team, it is preferred that the Provider have one licensed Behavior Health Professional (BHP) as defined by A.A.C. Title (R9-20-101) in one of the Substance Abuse Specialist Positions or as the Clinical Coordinator so the team can provide the full array of ACT services inclusive of counseling and psychotherapy.

5.0.3 To ensure members with a dual diagnosis are receiving integrated dual disorders treatment, the Provider shall implement the Integrated Dual Diagnosis Treatment Model per SAMHSA.
5.0.4 The Provider must ensure all staff are trained on Integrated Dual Disorders Treatment and that all staff have 16 hours of training in Evidenced Based Practices (EBP) in the first two months of being employed on the ACT team and 8 hours annually thereafter aligning with the General Organizational Index in the ACT Evaluating your Program Kit.

5.0.5 All staff should receive weekly supervision on an evidenced based practice by the Provider. Agencies must ensure that all staff meet the requirements stated in SAMHSA for all specialist positions and will use a skills and competency checklist as a tracking mechanism for all positions on the team.

5.0.6 The Provider is responsible for the following activities and services related to substance abuse services.

a. Identify members with dual diagnosis treatment needs.

b. Identify treatment needs which include engagement, education and or counseling.

c. Utilize motivational interviewing techniques.

d. Provide weekly 1:1 substance abuse counseling and weekly dual disorder treatment groups to engage members.

e. Schedule 30 minute 1:1 counseling session for anyone with a dual diagnosis disorder with the substance abuse specialist weekly.

6.0 Specific Requirements for Providing Housing Services and Housing Specialist Position

6.0.1 The Provider shall delivery service in a manner that aligns with the Permanent Supportive Housing (PSH) Evidence Based Practice Standards as outlined by SAMHSA.

6.0.2 The Provider must reach out to and build relationships with non-RBHA contracted housing Providers to assist members in securing housing resources.

6.0.3 Housing Specialists is expected to assess, coordinate, connect, monitor, and provide supportive service in a community setting for members, as well as participate in service planning and delivery.

6.0.4 The Provider is responsible for the following activities and services related to Housing services including but not limited to:

a. Identification of members with housing needs.
b. Serve as the primary contact and subject matter expert for housing and homelessness related services and activities for members in need of services.

c. Provide oversight and expertise related to completion of the Vulnerability Index-Services Prioritization Decision Assistance Tool (VI-SPDAT) and full SPDAT

d. Track individual’s applications and referrals to housing programs and services.

e. Ensure appropriate member referral packets are provided.

f. Maintain accurate and up to date demographics related to housing and homelessness status.

g. Participate in community-wide efforts to address homelessness and housing.

h. Attend regular meetings with Mercy Care RBHA regarding housing and homelessness.

i. Collaborate in the community based Coordinated Entry process, including accessing the Homeless Management Information System (HMIS) and HomeLink databases.

j. Participate in homeless case conferencing with internal and external partners in Maricopa County.

k. Provide support and advocacy with landlords on the members’ behalf to develop a plan to obtain and/or maintain housing.

l. Provide intervention/assistance when a member’s housing is at risk and assist in connecting to resources.

m. Housing specialist is expected to participate in the following coordination and collaboration activities related to housing such as:

n. Monthly meetings with the RBHA Housing Department.

o. The Provider takes primary responsibility for all service coordination including regular communication and staffing’s with Housing Providers and ancillary service Providers.

7.0 Specific Requirements for Providing Rehabilitation/Employment Services

7.0.1 Rehabilitation Specialist shall educate team members on the availability of meaningful
community activities and facilitate member connection/referral/access to employment and rehabilitation services.

7.0.2 Rehabilitation Specialist assesses, coordinate, link, monitor, and provide direct supportive and skills-based services in a community setting for members. This includes utilization of the Vocational Activity Profile or similar tool to assist members identify interests and connect to supportive services identified.

7.0.3 Rehabilitation Specialist participates in the development of the member individual service plan (ISP) and provides/initiates/coordinates services related to the related ISP goal.

7.0.4 The Provider is responsible for the following activities and services related to Rehabilitation Services, including but not limited to:

a. Identify members in need of rehabilitation/employment supportive services

b. Complete Vocational Activity Profile (VAP) in conjunction with ISP

c. Ensure member service need is identified on the member ISP and provide the service or if unable to provide clinically on the ACT team initiate the referral for the service to an outside Provider. Team should abide by SAMHSA full responsibility of treatment services

d. Provide member referral packets to rehabilitation/employment Providers and RSA/VR program.

e. Track and monitor members in rehabilitation and employment services.

f. Provide and/or coordinate care/services in order to assist the member in obtaining and maintaining employment and other meaningful community activities.

g. Maintain accurate and up to date demographic information related to educational and employment status, which should be completed minimally on an annual basis.

h. As necessary, participate in community-wide efforts to increase employment rates for members.

i. Attend regular meetings with Mercy Care RBHA regarding rehabilitation/employment services.

j. Provide a supportive services overview on site to ensure awareness of network and other support services on a regular basis.
k. Submit reports related to Rehabilitation Specialist activities as directed by Mercy Care RBHA.

l. Actively practice principle of zero exclusion by connecting member rapidly to supported employment services.

m. Train all ACT staff on the Supported Employment SAMHSA model.

8.0 Specific Requirements for Benefit Specialist Services

8.0.1 The Provider is responsible for the following activities and services related to benefits

a. Check EVS at identified timelines.

b. Assist with an initial or renewal application for AHCCCS Medical Benefits, Nutrition Assistance and Temporary Cash Assistance for Needy Families (TANF).


d. Assist with any other resources or benefit needs.

9.0 Performance Improvement

9.0.1 The Provider shall utilize the SAMHSA ACT and PSH toolkit to evaluate program fidelity and efficacy and implement internal performance improvement initiatives to address trends and findings. The Provider shall share findings for these reviews and performance plans to Mercy Care RBHA as requested.

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9.0.3 Monitoring activities include but are not limited to:

a. Participate in collecting process measure data via the Fidelity Scale and the General Organizational Index no less than two times per year.

b. To ensure fidelity with nature of services, the Provider shall complete monthly nature of service review report and submit to Mercy Care RBHA as requested.

c. The Provider will support and actively participate in any process improvement initiatives and quality management activities in collaboration with AHCCCS and/or Mercy Care RBHA as applicable.
9.0.4 The Provider shall comply with audits, inspections and reviews in accordance with the Provider Manual.

9.0.5 Mercy Care RBHA reserves the right to include additional measures, above and beyond those included in the Fidelity Scale and General Organizational Index.

9.0.6 The Provider must maintain a Quality Assessment and Performance Improvement program designed to evaluate the quality and accessibility of the services they deliver, and customer satisfaction with those services. This information must be collected on a routine and frequent basis and formally communicated to all levels of staff within the organization and used to improve service delivery to all individuals accessing the services outlined in this contract. The Provider’s performance improvement program must be described in detail in an Annual Quality Management Plan and Work plan. Each year, the Provider must evaluate its Quality Assessment and Performance Improvement program, incorporating successful programs and interventions into subsequent Plans and discontinuing programs and interventions that did not meet established goals or yield performance improvements.

9.0.7 The Provider shall design, establish and maintain a program that includes specific written policies and procedures, to collect and analyze member and family satisfaction data and report results to Mercy Care RBHA quarterly. Findings from the member and family satisfaction data shall be used in designing quality improvement activities to improve care for members.

9.0.8 Performance will be reviewed periodically and in the event of significant number of noncompliant cases, Mercy Care RBHA will request a plan of correction. Consistent underperformance may result in reduction of capacity, funding and/or contract termination.

10.0 Performance Measures

10.1.1 The Provider shall adhere to performance measures developed in collaboration with Mercy Care RBHA or required by AHCCCS.

11.0 Provider Data and Reporting

11.0.1 The Provider will adhere to all reporting requirements as noted in the Mercy Care RBHA Provider Manual. All reports must be submitted by the Provider on time and accurately.

11.0.2 The Provider will routinely update Mercy Care RBHA on available capacity for accepting new referrals into the program. The lowest vacancy rate should be no greater than 5% at all times.