



**2008 LEVEL
OF CARE
GUIDELINES:
COMMUNITY
SUPPORT
SERVICES**

Assertive Community Treatment (ACT)

Assertive Community Treatment (a.k.a. Program of Assertive Community Treatment) is an intensive community-based program that uses a multi-disciplinary team to provide or coordinate treatment, rehabilitation, and support services for individuals who are recovering from severe behavioral health conditions. The objectives of an ACT program are to ameliorate the disabling effects of a condition, minimize the risk that a condition will worsen or recur, and help improve the individual's quality of life.

ACT services may be mobile or delivered within an outpatient treatment setting, and are available 24 hours a day, 7 days a week

Any one of the following criteria must be met...

1. The individual has significant difficulty consistently and independently accessing or utilizing ambulatory behavioral health or medical care including an overreliance on emergency or inpatient services.
2. The individual has significant difficulty consistently and independently managing activities of daily living including:
 - a. Personal finance;
 - b. Personal hygiene;
 - c. Nutrition and meal preparation;
 - d. Home maintenance;
 - e. Childcare; or
 - f. Legal, housing, transportation, and other community service needs.
3. The individual has significant difficulty maintaining employment or meeting educational goals.
4. The individual has significant difficulty maintaining a safe living environment and sustained housing.

And all of the following...

1. The individual has a severe and persistent behavioral health condition that seriously impairs his/her functioning.
2. A multidisciplinary assessment and treatment/service plan shall be completed within the first 24 hours of admission to the program. The initial assessment shall include the individual's:
 - a. History, mental status and diagnosis;
 - b. Medical history and physical status;
 - c. History of alcohol and drug use including precipitating and sustaining factors for relapse;
 - d. Educational and vocational history and status;
 - e. Social development and functioning;
 - f. Capacity for managing Activities of Daily Living;
 - g. Family structure and relationships.
3. A multidisciplinary treatment/service plan shall be developed with the individual and, with the member's documented consent, his/her family/social supports. It will include a description of the member's problems, specific measurable short- and long-term goals for each problem, and specific approaches and interventions that will allow the member to meet his/her goals. The plan will focus on the following:
 - a. Illness management;
 - b. Activities of daily living;
 - c. Daily structure including employment- and/or education-related activities;
 - d. Family and social relationships.
4. With the member's documented consent, clinicians who were involved with the member's treatment prior to admission are contacted within 48 hours of admission to obtain all relevant information. With the member's documented consent, they should also be contacted prior to discharge for communication of the discharge plan, when appropriate. Whenever possible, the treatment team should meet with the member and the provider at the next level of care prior to discharge to review the discharge plan.

5. At a minimum the treatment/service plan is reviewed formally every six months. However, revisions are made immediately in response to changes in the member's condition and needs.
6. A multi-disciplinary discharge plan is developed when any of the following occur:
 - a. The ACT team and the member agree that the individual has achieved his/her short- and long-term goals; or
 - b. The member is going to move outside of the geographic area served by the ACT team; or
 - c. The member requests discharge despite the team's recommendation that services be continued.