



Assertive Community Treatment (ACT) Utilization FY23

Background

The Michigan Medicaid Provider Manual contains the following requirement for the provision of ACT services:

“The total number of contacts averages 120 minutes of face-to-face time each week for each beneficiary. Higher frequency with shorter visits is most effective and is determined and adjusted as needed within the flexibility identified in the Individual Plan of Service (IPOS) and case notes. Clearly documented clinical rationale is provided in exception cases where an average of 120 minutes for each beneficiary is clinically inappropriate.”

The MSHN regional Utilization Management committee reviews claims/encounter data to monitor fidelity to this requirement and to ensure that services are delivered in the appropriate amount, scope, duration, and frequency for individual recipients’ needs.

Service Utilization Summary

Regional ACT (H0039) service utilization data is being monitored to evaluate if services are currently being delivered to fidelity. Average weekly contact per consumer was calculated using the methodology as described in the *Michigan Field Guide to ACT*.

Average Minutes Per Week/Per Consumer

CMHSP	Q1	Q2	Q3	Q4
BABHA	35	40	46.25	37.5
CEI	52.5	60	76.25	80
CMHCM	45	48.75	50	48.75
Huron	67.5	81.25	80	75
Lifeways	73.75	81.25	82.5	93.75
Saginaw	100	111.25	110	102.5
Shiawassee	66.25	31.25	70	48.75
Tuscola	5	57.5	73.75	65

Highlighted Field = 85% - 100% fidelity to model (96-120 average minutes per week/per consumer)

Date of UM Committee Review: 11/16/2023

Committee Discussion & Response to Data:

- Saginaw shared best practices for how their ACT teams ensure consistently high average face-to-face times weekly. ACT teams are persistent in daily outreach attempts for individuals who miss appointments. Closely monitor cases where length of stay in ACT program is >6 months to ensure it remains the most appropriate level of care for the individual's needs and level of functioning. Emphasis on short-term high-intensity services until the individual is able to achieve a more stable level of functioning in community.
- Request to include count of persons served per CMHSP in subsequent reports as low population served can skew average for small/rural CMHSPs.
- CEI and CMHCM indicated they plan to share this data with ACT supervisors and gather feedback about factors that contribute to their rates of average weekly time per consumer.

Recommendations & Next Steps:

- A. Identify Barriers - possible staffing issues, lack of engagement by persons served, other factors.
- B. CMHSPs will validate data and notify MSHN if any inconsistencies are found.
- C. Quarterly data monitoring by UM Committee

Next Review: February 2024