

5122-29-29

**Assertive community treatment (ACT) service.**

(A) Assertive community treatment (ACT) is a bundled, multidisciplinary team approach that shall include, at a minimum, behavioral health counseling and therapy service, mental health assessment service, pharmacologic management service, community psychiatric supportive treatment (CPST) service, self-help/peer support service, mental health crisis response service, substance abuse services, and supported employment services.

ACT services are provided to an individual with a major functional impairment(s) and/or behavior which present a high risk to the individual due to severe and persistent mental illness and which necessitate high service intensity. ACT services are also provided to the individual's family and other support systems. A client receiving ACT services may also have coexisting substance abuse, mental retardation/developmental disabilities, and/or physical health diagnoses. The service is available twenty-four hours a day, seven days a week.

The purpose/intent of ACT team services is to provide the necessary services and supports which maximize recovery, and promote success in employment, housing, and the community.

(B) In addition to the definitions in rule 5122-24-01 of the Administrative Code, the following definitions apply to this rule:

(1) "Activities of daily living" means instrumental or self care needs and include cooking, cleaning, grocery shopping, nutrition, laundry, personal hygiene, accessing community resources, using available transportation, meeting the requirements of landlords to avoid eviction and avoiding arrest for behavior due to mental illness.

(2) "Competitive employment" means activity conducted as part of a community job for which anyone can apply and for which the individual is paid at least minimum wage.

(3) "Consumer outcomes" means indicators of health or well-being for an individual or family as measured by statements or observed characteristics of the consumer/family, not characteristics of the system. These measures provide an overall status measure with which to better understand the life situation of a consumer or family. Consumer outcomes are further described in rule 5122-28-04 of the Administrative Code.

(4) "Consumer Outcomes Procedural Manual" means the most recent version of the document in the following current citation: "The Ohio Mental Health Consumer Outcomes System: Procedural Manual (sixth edition, revised) (2004)." It is available at <http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>.

(5) "Continued stay review" means a review of a client's functioning to determine

the need for further services to achieve or maintain service goals and objectives.

- (6) "Crisis response" means the immediate access and availability of the ACT team, by phone and face-to-face, as clinically indicated, to the client or essential others, and which may include crisis stabilization, safety planning, and the alleviation of the presenting crisis.
- (7) "DACTS fidelity rating tool" means the Dartmouth assertive community treatment scale and protocol reporting sheet used for measuring fidelity to the evidence-based practice of ACT.
- (8) "Essential other" means an individual who has regular contact and emotional or functional significance to the person served including family, friends, guardians, landlords, neighbors, etc.
- (9) "Fidelity" means the degree to which a team meets the practice standards for assertive community treatment, as scored on the Dartmouth's assertive community treatment scale.
- (10) "Homeless" means:
  - (a) An individual who lacks a fixed, regular and adequate nighttime residence; or
  - (b) An individual who has a primary nighttime residence that is:
    - (i) a supervised publicly operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill, or
    - (ii) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.
- (11) "Institutional living" means a hospital, nursing home, jail, prison, or a residential facility licensed by either the department or the Ohio department of health.
- (12) "Peer specialist" means an employee who has experienced serious and persistent mental illness, and who provides direct services, including social and emotional support, coupled with instrumental support, to persons receiving mental health services. A peer specialist promotes recovery through training, role modeling and sharing experiences, and facilitates recovery by providing hope, encouragement, self-determination, validation, and connection to the community.
- (13) "Service contact note" means written documentation in lieu of a progress note.

and shall include a brief description of the therapeutic intervention(s) provided, the date, time and duration of service, and signature and credentials of the staff that provided the service.

(14) "Supported employment" means a group of services which assists and supports a person choosing, obtaining, and maintaining competitive employment according to his/her preferences and without requiring prevocational activities.

(15) "UCI" means the unique client identifier assigned to each client enrolled in the community mental health information system.

(C) ACT certified agencies shall be certified to provide behavioral health counseling and therapy service, mental health assessment service, pharmacologic management service, and community psychiatric supportive treatment (CPST) service in accordance with Chapters 5122-24 through 5122-29 of the Administrative Code.

(D) An agency applying for certification for ACT shall, in addition to the certification procedure requirements of rule 5122-25-04 of the Administrative Code, submit an application to the department that includes the agency's ACT service description, and ACT policies and procedures.

(E) Agencies shall determine who is eligible to receive the service and must document how the client meets the following criteria necessary to receive ACT services:

(1) A primary DSM IV (or its successor) diagnosis of one of the following:

(a) Schizophrenia;

(b) Major depressive disorder, recurrent;

(c) Bipolar disorder; or

(d) Schizoaffective disorder;

(2) Two or more (one or more for continued stay) of the following criteria, as documented in the client's ICR:

(a) Three or more acute psychiatric hospitalizations or one extended psychiatric hospitalization of more than twenty-one days within the past twelve months;

(b) High use of psychiatric emergency services as evidenced by six or more face-to-face crisis intervention mental health, crisis stabilization unit, CPST crisis, or ACT crisis response contacts in the past twelve months;

(c) Within the past year has met the criteria stated in the Ohio Revised Code

5122.01 (B) for "mentally ill person subject to hospitalization by court order" or is currently on out-patient commitment;

(d) Symptoms of severe mental illness which have contributed to the person's refusing all past outreach attempts within the past six months;

(e) Symptoms of severe mental illness that have not responded to traditional treatment and which have contributed to the individual being homeless;

(f) Requires ACT services to move out of institutional living and is expected to move out within six months of beginning ACT services;

(g) Received psychiatric services, exclusive of psychiatric assessment services, in an Ohio prison or jail within the past six months;

(h) Symptoms of severe mental illness that have not responded to traditional treatment and which significantly impair a person's ability to maintain his/her safety in the community; and

(i) Symptoms of severe mental illness that have not responded to traditional treatment and which significantly impair a person's ability to perform his/her activities of daily living; and

(3) Moderate to major functional impairment within one or more of the following areas:

(a) Activities of daily living;

(b) Employment, education and/or homemaking; and/or

(c) Social, community, and/or interpersonal functioning.

(F) The agency must demonstrate that each ACT team meets, at a minimum, the following staff requirements and qualifications:

(1) Designated team leader, who is qualified to supervise the service;

(2) Psychiatrist, including a minimum ratio of .40 full-time equivalent psychiatrist per one hundred clients receiving ACT services. Each ACT team shall have no more than three psychiatrists. The ACT team psychiatrist(s) may collaborate with a nurse practitioner(s) and/or clinical nurse specialist(s) to fulfill part of the psychiatrist(s)'s roles and responsibilities, provided that the nurse practitioner(s) and/or clinical nurse specialist(s) has a nursing specialty in mental health or psychiatric mental health;

(3) A substance abuse team member, including a minimum ratio of one full-time equivalent substance abuse team member per one hundred clients receiving

ACT services:

- (a) Each substance abuse team member shall have documented competency in the following areas, or receive core training to be completed within six months of hire:
  - (i) Engagement strategies;
  - (ii) Motivational strategies; and
  - (iii) Relapse prevention.
- (b) An agency with more than one ACT team may be exempt from this requirement on one or more, but not all, of their ACT teams, providing all of the following conditions are met:
  - (i) The agency has at least one ACT team for dually-diagnosed individuals with alcohol and other drug service needs. This specialized team shall include a substance abuse team member; and
  - (ii) The agency's ACT service description, and ACT policies and procedures shall describe the client population needs served by each agency ACT team. In addition, the policies and procedures shall:
    - (a) Include the requirement that each client receiving ACT services and in need of alcohol and other drug services is served on an ACT team that includes a substance abuse team member; and
    - (b) Specify the procedures to ensure a client on a team without a substance abuse team member, but who is later assessed to be in need of substance abuse services, receives all ACT services from an ACT team with a substance abuse team member;
- (c) All actions by the substance abuse team member and ACT team shall be in compliance with paragraph 3793.06(B) and section 4758.02 of the Ohio Revised Code.
- (4) Registered nurse, including a minimum ratio of 1.0 full-time equivalent registered nurse per one hundred clients receiving ACT services. Each registered nurse shall have a specialty or documented competency in psychiatry;
- (5) Vocational specialist, including a minimum ratio of 1.0 full time equivalent

vocational specialist per one hundred clients receiving ACT services. Each vocational specialist shall have documented competency in the following areas, or receive core training to be completed within six months of hire:

(a) Supported employment;

(b) Job placement;

(c) Individualized job development; and

(d) Benefits planning; and

(6) Peer specialist, including a minimum ratio of .8 full time equivalent peer specialist per one hundred clients receiving ACT services. Each peer specialist shall have documented competency in the following areas, or receive core training to be completed within six months of hire:

(a) Recovery;

(b) Peer support;

(c) Consumer advocacy organizations; and

(d) Psychiatric advance directives:

(i) education and advocacy; and

(ii) information and referral.

(G) The agency must demonstrate that each ACT team member's roles and responsibilities include, at a minimum, the following:

(1) The team leader:

(a) Provides direct supervision of team members; and

(b) Provides direct services.

(2) The psychiatrist:

(a) Provides clinical leadership to the ACT team in assessment, treatment planning, general healthcare, medical and psychosocial approaches; and

(b) Collaborates with each nurse practitioner and/or clinical nurse specialist, when these staff are utilized to fulfill part of the requirement in paragraph (F)(2) of this rule, in assessment, treatment planning, general healthcare, medical and psychosocial approaches, and a review of each

ACT client's progress and treatment.

(3) The psychiatrist, along with the nurse practitioner and clinical nurse specialist when these staff are utilized to fulfill part of the requirement in section (F)(2) of this rule, provides consultation and training to other ACT team members regarding the client's medical psychiatric care, including pharmacologic management needs.

(4) The substance abuse team member:

(a) Provides training to other ACT team members on the signs, symptoms and early identification of alcohol and other drug use and abuse, and the disease of alcoholism and drug dependency;

(b) Assists in coordinating individual treatment planning including aftercare and recovery support services for each client actively involved in alcohol and other drug treatment;

(c) Assists each client receiving drug and alcohol treatment in becoming involved with self-help support groups;

(d) Assists each client receiving drug and alcohol treatment in developing and maintaining social support networks; and

(e) Ensures that each client referred by the ACT team for alcohol and other drug treatment is referred to an individual or program licensed or certified to provide alcohol and other drug treatment.

(5) The registered nurse:

(a) Conducts health assessments;

(b) Coordinates with other health providers; and

(c) Provides training to other ACT team members to help them monitor psychiatric symptoms and medication side effects.

(6) The vocational specialist:

(a) Provides training to other ACT team members to help them integrate interventions to support vocational goals;

(b) Liaisons with other providers of vocational rehabilitation services, if applicable;

(c) Provides or makes appropriate referral for benefits planning; and

(d) Provides a full range of supported employment services. Eligibility is based upon client choice, and efforts are made to engage the client in supported employment regardless of diagnosis, symptoms, work history, substance use, or treatment compliance. Supported employment activities must include:

(i) Interventions to achieve competitive employment. Volunteer jobs, sheltered employment, and enclaves shall not be suggested to a client as preparatory to employment, or as long-term vocational goals;

(ii) Interventions individualized to the client's job preferences, life-style, and mental health coping skills;

(iii) Commencing the employment search within four weeks after the client expresses a desire to work;

(iv) Time unlimited follow-along services. Contact with the client and employer, as appropriate, shall continue for the duration of the job; and

(v) Utilizing a job termination, if any, as a learning opportunity, and beginning a new employment search within four weeks.

(7) The peer specialist:

(a) Engages the client, and provides outreach and support; and

(b) Provides training and education to other ACT team members and clients on:

(i) Recovery;

(ii) Peer support;

(iii) Consumer advocacy organizations; and

(iv) Psychiatric advance directives:

(a) education and advocacy; and

(b) information and referral.

(H) The agency must demonstrate that each ACT team:

(1) Consists of a minimum of 4.0 full-time equivalent direct care staff members;



- (2) Serves no more than one-hundred twenty clients; and
  - (3) Provides a minimum of a one-to-fifteen direct service staff-to-client ratio, excluding psychiatrists, and nurse practitioners and/or clinical nurse specialists when these staff are utilized to fulfill part of the requirement in paragraph (F)(2) of this rule.
- (I) The agency must demonstrate that consumer outcomes are collected for each client who receives publicly-funded ACT services:
  - (1) Consumer outcomes shall be collected in accordance with the "Consumer Outcomes Procedural Manual."
  - (2) In addition to the data specified in the "Consumer Outcomes Procedural Manual," the following data shall be collected:
    - (a) Number of inpatient psychiatric hospital days;
    - (b) Number of crisis stabilization bed days;
    - (c) Incidents of crisis intervention mental health service. All crisis intervention activities related to one episode of the client's crisis shall be counted as one incident; and
    - (d) Whether client is competitively employed.
- (J) The agency must demonstrate that the ACT consumer outcomes data described in paragraph (I) of this rule are collected and submitted to the department or its designee according to the following schedule. Data that are not submitted through the community mental health board in accordance with rule 5122-28-04 of the Administrative Code shall be submitted in writing or electronically directly to the department or its designee:
  - (1) Within thirty day of admission to ACT services;
  - (2) Every six months thereafter; and
  - (3) Upon discharge from ACT services.
- (K) The agency must demonstrate that each ACT team meets the consumer outcomes thresholds established in appendix A of this rule.
- (L) The agency must demonstrate that ACT consumer outcomes data are:
  - (1) Utilized in treatment planning; and

(2) Used for performance improvement.

(M) Each month the agency must demonstrate that ACT staff provide each client a minimum of the following service contacts for the ACT services specified in paragraph (C) of this rule:

(1) Three face-to-face service contacts. At least sixty-five percent of all face-to-face service contacts shall occur in the community; and

(2) Six total service contacts.

(3) Clinically appropriate reasons for the inability to implement any portion of this paragraph shall be documented in the ICR.

(N) The agency must demonstrate that the ACT team has a minimum of one contact per month with family/essential others, with the consent of and choice by the person served.

(O) The agency must demonstrate that each month sixty-five percent or more of the ACT team clients shall receive contact by more than one ACT team member.

(P) Each ACT team shall meet a minimum of four times each week to plan and review ACT client progress. Telephone conferences are acceptable. Each psychiatrist, as well as each nurse practitioner and clinical nurse specialist when these staff are utilized to fulfill part of the requirement in section (F)(2) of this rule, shall attend a minimum of one team meeting each week. The team shall document attendance and participation at this meeting, as all on-duty ACT team staff are expected to attend.

(Q) Each ACT team is responsible for crisis response twenty-four hours a day, seven days a week. Crisis response may be provided through written agreement with another agency, as long as at least one member of the ACT team is accessible to the provider agency, and is available to the client and/or essential other as needed. The agreement shall specify the responsibilities of the ACT team and the provider agency.

(R) The ACT team shall be involved in psychiatric hospital admissions and discharges.

(1) The team is involved in the decision for psychiatric inpatient admissions. The team shall document any instance in which they were unable to collaborate with psychiatric admitting staff.

(2) The team shall collaborate with the psychiatric inpatient treatment team for planning hospital discharges.

(S) The agency must demonstrate that ACT service is documented in the ICR. For each service contact, the ACT staff shall:

- (1) Record a progress note in accordance with rule 5122-27-06 of the Administrative Code; or
  - (2) Record a service contact note. In addition, a minimum of once a week, a review and update of progress shall occur, and shall include the requirements in rule 5122-27-06 of the Administrative Code.
- (T) The need for continued stay shall be documented by the agency.
  - (1) Continued stay shall include the criteria in paragraph (E) of this rule.
  - (2) The agency shall document continued stay for each client a minimum of every twelve months.
- (U) For a minimum of ninety days, or until the client has stated his or her desire to discontinue ACT services, the ACT team shall attempt at least two face-to-face contacts per month for a client who has discontinued ACT services unexpectedly. Such attempts and client response, if any, shall be documented in the ICR.
- (V) The ACT team shall maintain ACT team staff compositions and ratios.
  - (1) Agencies shall document staff vacancies.
  - (2) Agencies shall document immediate and on-going efforts to replace staff vacancies in order to meet ACT team minimum staff compositions and ratios.
- (W) For the purpose of state-wide service evaluation, each ACT team shall:
  - (1) Submit to ODMH or its designee, consumer outcomes data as described in paragraphs (I) and (J) of this rule for each ACT client who receives publicly-funded ACT services. Data shall be submitted that shall identify each client with both UCI and ACT team; and
  - (2) Complete the DACTS fidelity rating tool for each ACT team and report their scores and results to ODMH or its designee every twelve months.
- (X) The following identifies those individuals who are eligible to provide and supervise the ACT service. While team members are expected to be cross trained and actively collaborate across traditional lines of practice, licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by appropriate licensing, certifying or registering bodies:
  - (1) Activities consistent with behavioral health counseling and therapy service shall be provided by individuals eligible according to rule 5122-29-03 (F)(1) of the Administrative Code. To provide the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Registered nurse;

(c) Master of science in nursing;

(d) Clinical nurse specialty;

(e) Nurse practitioner;

(f) Social worker;

(g) Independent social worker;

(h) Counselor trainee;

(i) Professional counselor;

(j) Professional clinical counselor;

(k) Psychology intern/fellow;

(l) Psychology assistant; or

(m) Psychologist.

(2) Activities consistent with mental health assessment service shall be provided by individuals eligible according to rule 5122-29-04 (C)(1) of the Administrative Code. To provide the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Physician assistant;

(c) Registered nurse;

(d) Master of science in nursing;

(e) Clinical nurse specialist;

(f) Nurse practitioner;

(g) Licensed occupational therapist;

(h) Social worker;

(i) Independent social worker;

- (j) Counselor trainee;
- (k) Professional counselor;
- (l) Professional clinical counselor;
- (m) Licensed school psychology assistant;
- (n) Licensed school psychologist;
- (o) Psychology intern/fellow;
- (p) Psychology assistant/assistant; or
- (q) Psychologist.

(3) Activities consistent with pharmacologic management service shall be provided by individuals eligible according to rule 5122-29-05 (C)(1) of the Administrative Code.

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Physician assistant;
- (c) Pharmacist;
- (d) Licensed practical nurse;
- (e) Registered nurse;
- (f) Master of science in nursing;
- (g) Clinical nurse specialist; or
- (h) Nurse practitioner.

(4) Activities consistent with CPST service or ACT activities exclusive of section (X)(1)(2)(3) of this rule shall be provided by individuals eligible according to rule 5122-29-17 (F)(1) of the Administrative Code. To provide the service:

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Physician assistant;
- (c) Licensed practical nurse;
- (d) Registered nurse;

- (e) Master of science in nursing;
- (f) Clinical nurse specialist;
- (g) Nurse practitioner;
- (h) Licensed occupational therapist assistant;
- (i) Licensed occupational therapist;
- (j) Social work assistant;
- (k) Social worker;
- (l) Independent social worker;
- (m) Counselor trainee;
- (n) Professional counselor;
- (o) Professional clinical counselor;
- (p) Licensed school psychology assistant;
- (q) Licensed school psychologist;
- (r) Psychology intern/fellow;
- (s) Psychology assistant/assistant;
- (t) Psychologist;
- (u) Activity therapist;
- (v) Art therapist;
- (w) Certified therapeutic recreation specialist;
- (x) Music therapist/board certified; or
- (y) Trained other.

(5) To supervise the service:

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Master of science in nursing;

(c) Clinical nurse specialist;

(d) Nurse practitioner;

(e) Independent social worker;

(f) Professional clinical counselor; or

(g) Psychologist.

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