Bulletin Title: Assertive Community Treatment Implementation Update
Bulletin ID: 144
Issue Date: September 27, 2024

The purpose of this bulletin is to announce the Department's plan to modify previous guidance regarding the Tool for Measurement of Assertive Community Treatment (TMACT) in response to feedback received from providers and University of North Carolina experts to improve the system's fidelity to this evidence-based practice. Some of the changes below require rulemaking and other changes require modification of the Department's Assertive Community Treatment (ACT) policy.

In 2023 the Department of Behavioral Health adopted new service delivery requirements for the implementation of the TMACT model to enhance fidelity to this model of care. Although the billing methodology was changed to support a monthly rate, the goal has always been to support an increase in the quality of care provided to District residents receiving this service.

According to recent TMACT literature, positive consumer outcomes are directly related to the degree to which providers implement a team model consistent with the evidence-based practice. The Department intends to further strengthen the ACT teaming process, increase fidelity to the TMACT model and ultimately improve service delivery outcomes with the planned changes.

Assertive Community Treatment (ACT)
Title 22-A, D.C. Municipal Regulation, Section 3426 and DBH Policy 340.6B establish the ACT service and practice requirements. The Department intends to publish changes to the ACT policy and practice guidelines to support teaming on or before December 1, 2024. ACT is an intensive, integrated, rehabilitative, crisis, treatment, and community-based service provided by an interdisciplinary team to adults with serious and persistent mental illness, as well as complicating factors such as homelessness, co-occurring substance use disorders, recidivism, and physical health conditions. A team-based approach is essential to the successful implementation of this service. A transdisciplinary team, rather than independent team members, working with specific consumers is a requirement of the model. All members of the ACT team must know and work with each consumer, rather than carrying individual caseloads. Each team member contributes their expertise as determined by the consumer's goals and needs as identified in the person-centered plan of care. Staff on an ACT team are dedicated to their team only.

Additional Monitoring, and Technical Support
DBH will increase system monitoring and technical assistance offerings to the provider network to support improvements in fidelity to the model.

Monitoring: DBH will implement monthly auditing of provider records to reflect TMACT adherence beginning no later than December 1, 2024. Results of TMACT adherence findings in combination with results for the TMACT fidelity audits may result in corrective action plans for providers whose composite scores fall below an average of three (3). The current National TMACT average score is a 3.75.

Currently, DBH ACT policy requires providers to maintain an annual TMACT fidelity score of 3.0 or higher. DBH plans to amend the DBH ACT policy to establish the following performance requirements:

TMACT Minimum Average Score	Date Achieved By
3	March 31, 2025
3.5	September 30, 2025
3.75	March 31, 2026

The policy will require ACT Providers to also meet the following TMACT subscale requirements by the designated timelines:

TMACT Subscale	Minimum Average Score	Date Achieved By
Team Approach (OS1)	3	March 31, 2025
Daily Team Meeting Frequency (OS3)	3	March 31, 2025
Daily Team Meeting Quality (OS4)	3	March 31, 2025

Providers who are not able to obtain the national TMACT average score of 3.75 within the 18-month timeframe will be at risk of de-certification.

Technical Assistance and Support
DBH will provide additional technical assistance to providers in FY25 to include continued trainings and 1:1 consultation with the University of North Carolina and other technical assistance experts. The monthly meetings will be focused on clinical topics rather than administrative items. The goal of these sessions will be to address issues that will improve fidelity to the model. Details will be forthcoming.

Billing and Reimbursement
The Department will coordinate with DHCF and promulgate emergency and proposed rulemaking on or before December 1, 2024, to implement the following changes to Title 22-A, D.C. Municipal Regulation, Section 3426:

The ACT team must have at least five (5) contacts with an ACT enrolled client during the month.

- Three (3) contacts must be face to face with the consumer
- Two (2) contacts must be delivered by a licensed clinician in any modality (face to face, telehealth, collateral)

The current half payment system will continue until December 1, 2024. Providers must still record and submit every contact made with the consumer during the month.

For additional information, comments or concerns, please contact Jana Berhow, Director of Care Access and Innovation at jana.berhow@dc.gov or email the ACT program box at act@dc.gov.