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LME-MCO Joint Communication Bulletin # J393

SUBJECT:	Assertive Community Treatment (ACT) – Tool for Measurement of Assertive Community Treatment (TMACT) fidelity evaluations	
FROM:	Renee Rader, Assistant Director for Policy and Programs, DMH/DD/SAS Deb Goda, Behavioral Health Unit Manager, NC Medicaid	
TO:	Local Management Entities-Managed Care Organizations (LME-MCOs)	
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The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) continues to partner with the Institute of Best Practices at the UNC-Chapel Hill Center for Excellence in Community Mental Health on the growth of ACT. Fidelity evaluations are not only a part of the Transitions to Community Living Initiative (TCLI), they are also a required part of the DMH/DD/SAS State funded Assertive Community Treatment (ACT) for Adult Mental Health/Adult Substance Use Service Definition and a critical component of quality improvement planning.

In order for our evaluators to complete their evaluations in a timely and accurate manner, they must have access to data both prior to and, if requested, after the on-site evaluation. Moving forward, it is expected that LME-MCOs and ACT providers adhere to the timeline established below:

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Step or Function	Timeframe for Completion/Submission	Responsible Party
ACT team is notified of upcoming evaluation; orientation letter is sent to team	4-6 weeks before the on-site evaluation is scheduled	Fidelity Evaluation team
Pre-visit data and spreadsheets are completed and returned to the Fidelity Evaluation team	1 week before the first day of the on-site evaluation	ACT team
On-site Fidelity Evaluation	2-day on-site review	ACT provider and Fidelity Evaluation team
ACT preliminary fidelity score and report is provided to the ACT team*.	8 weeks after the completion of the on-site evaluation	Fidelity Evaluation team
ACT team review draft Tool for Measurement of Assertive Community Treatment (TMACT) fidelity evaluation report and option to contest up to three items. Refer to reconsideration process below.	The team has 10 full business days after receipt of the draft ACT fidelity evaluation report to review the report and the option to submit up to three items for reconsideration	ACT team
If applicable, fidelity evaluators review documentation submitted by team for up to three items for reconsideration.	14 full business days to review documentation and finalize report	Fidelity Evaluation team
Complete final evaluation report with recommendations is sent to the ACT team.	Up to 4 weeks to complete final report with recommendations and send to ACT team	Fidelity Evaluation team
Full fidelity evaluation report with recommendations will be sent to the LME-MCO.	At the time the final evaluation is sent to the ACT team	DMH/DD/SAS AMH team staff

*If an evaluation team finds they need information after the on-site review has been completed, the ACT team has five business days after the information is requested to submit it to the lead evaluator. This process can lengthen the time to receive the preliminary score and full report.

Reconsideration Process:

If the ACT team scored 3.0 or higher, they are limited to contest no more than three items. If the ACT team scored less than a 3.0, they may contest more than three items.

• ACT teams will be provided 10 business days to review their report and have the opportunity to contest no more than three items with objective data.

- If an ACT team scoring 3.0 or higher submits more than three items for reconsideration, only the first three will be reconsidered.
- When contesting an item, note that only concrete data that were current at the time of the evaluation will be considered. Examples include: Specific and descriptive examples, ideally tied to care delivered to an ACT service recipient, that reflect best practice; documentation showing staffing hours and attendance at daily team meetings.
- Any data to support contested scoring items must be submitted by the end of the 10business day review. If no information is submitted during this time frame, the score will be finalized.
- If a team contests any items, it will add 15 days to the receipt of the full, final report.

It is ultimately the ACT team's responsibility to ensure that the evaluation team has timely access to all data required and requested. If evaluators do not have access to the above listed data sets in the timeframes identified, the evaluation team will complete their scoring based on the information they have. Please note that the Timeframe for Completion/Submission is a requirement, not a recommendation.

Please refer to the TMACT protocol I for more information: <u>https://www.med.unc.edu/psych/cecmh/files/2020/11/TMACT-Protocol-Part-I-1.0rev3_2018_final-posted.pdf</u>

If you have any questions, please contact Margaret Herring at <u>Margaret.herring@dhhs.nc.gov</u>, 984-236-5057 or Justin Turner, <u>justin.turner@dhhs.nc.gov</u>, 984-236-5055.

Previous bulletins can be accessed at: <u>http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins</u>

cc: Kody Kinsley, Chief Deputy Secretary for Health Victor Armstrong, DMH/DD/SAS Dave Richard, NC Medicaid Jay Ludlam, NC Medicaid Karen Burkes, DSOHF NC Medicaid Leadership Team DMH/DD/SAS Leadership Team