

Supplemental ACT Grant: Technical Assistance

Revised March 27, 2007

This document provides guidance on policy and is referenced in Adult Mental Health Initiative (AMHI) Grant letters dated February 2007 or later.

Starting in 2007, the AMHI Grant includes a Supplemental Assertive Community Treatment (ACT) Grant. This process has been initiated to promote program fidelity for ACT-related services that may not be reimbursable by Medicaid (also known in Minnesota as Medical Assistance or MA).

It is expected that two primary areas will be addressed by the Supplemental ACT Grant: *ACT consumer flex funds* and *ACT vocational services*. In addition, there may be other services appropriate for the Supplemental ACT Grant that will become evident as programs continue to develop.

ACT Consumer Flex Funds

ACT consumer flex funds are used for one-time or time-limited expenditures made on behalf of particular individuals. The items purchased are designed to promote community support, rehabilitation, and/or recovery, and may include (but are not limited to) the following:

- damage or rent deposits
- car repairs
- utility payments
- medications
- bus fares
- application fees
- work clothes
- child care

Consumer flex funds are used when there are no other funding sources readily available. Expenditures made with these funds are necessary to support consumers' stability and continued functioning in the community, even though such expenditures may not be reimbursable through MA.

ACT Vocational Services

Background

Two preexisting policy-related documents about ACT and ACT Vocational Specialist services, including relationships with the Minnesota Department of Employment and Economic Development (DEED) Rehabilitation Services – Vocational Rehabilitation

Services, were developed for an ACT interactive videoconference on March 22, 2005, and are still current. We are posting them along with this document for your information. Any future updates will be shared with you.

It is also important to review the November 4, 2003, Minnesota Assertive Community Treatment (ACT) Standards as they relate to the ACT Vocational Specialist. The relevant standard is noted below.

Minnesota ACT Standard Regarding the Vocational Specialist Role

Standard: 1 FTE (who qualifies as either a MH practitioner or rehab worker with 1 year of experience and training in vocational rehabilitation) per 50 clients.

Provisional Standard: If not assigned full time – must attend at least 2 team meetings/week. Provisional Standard applies as long as Vocational Specialist is assigned to a team with less than 50 clients.

Function/Role: Trains other ACT members about SE and provides the full range of Supported Employment Services using the Individual Placement and Support (IPS) Model (considered EBP SE) – e.g., vocational assessment and planning, job development, job placement, job support, career counseling, follow-along, maintains liaison with Vocational Rehabilitation Counselors.

Key Points

Work is critically important for persons integrating back into community life. The research on Evidence-Based Practices Supported Employment (EBP SE) has debunked the myth that work necessarily increases symptoms or hospitalization rates for persons with serious mental illness. In addition, the research consistently indicates better outcomes from EBP SE than from traditional vocational approaches such as sheltered work or enclaves.

Unlike a “brokered” services approach, ACT provides virtually all of the mental health treatment and support services a person needs. Having a mix of MA and non-MA funding allows the team to integrate these services, meeting ACT service expectations and fidelity without “brokering out” for non-MA services. The treatment plan should indicate both planned MA and non-MA SE services. The Supplemental ACT Grant should not be used to purchase employment services from sources outside the ACT program. Under no circumstances is it allowable to use Supplemental ACT Grant funds to pay client wages.

Please remember that Supported Employment is not the sole responsibility of the ACT Vocational Specialist. Rather, it is important that all team members “work on work,” since work is such an instrumental aspect of recovery. It is important that mental health and employment services be effectively integrated.

Because it is possible that some individuals may need and be eligible for services in addition to what is available through Supported Employment in ACT, it is important for teams to have a liaison relationship with the Vocational Rehabilitation Program to allow coordinated services through both ACT and VR. It is also important that access to current benefits planning and work incentives information be routinely available.

Vocational Services Intended to be Provided Through the Supplemental Grant*

The following are examples of vocational services that may be appropriately funded through the Supplemental Grant:

- vocational assessments and vocational planning;
- job skills assessments;
- career counseling or exploration;
- job search;
- job development;
- job placement;
- job-specific skills training (e.g., training to operate a cash register);
- job coaching; and
- employer training and support specific to employee needs.

**Note:* Certain employment services are MA billable under Home and Community Based Waivers such as Community Alternatives for Disabled Individuals (CADI), because this type of waiver literally waives certain Medicaid rules. The same flexibility is *not* applicable to Medicaid State Plan services such as ACT.

Services Reimbursable Under Medical Assistance that May Assist Workers

Medical Assistance can pay for certain medical/rehabilitation services that may enable a person to work; that may help a person who is working; or that may help a person to function in the workplace. It is important to consider the information obtained during a person's Diagnostic and Functional Assessments, as well as the Treatment Plan developed to address a person's symptoms and community functioning issues. Areas of functioning that are negatively impacted by the symptoms of mental illness may be appropriately addressed through MA rehabilitative mental health services.

In general, rehabilitative services are those that are needed due to mental health symptoms and that are performed *with* an individual to assist in community living skills acquisition, illness management and recovery, and so forth. They are not services performed *for* the individual, nor are they services performed for the purpose of obtaining employment.

If medically necessary mental health rehabilitation services are provided at a person's place of work, it may be advisable to step away from the person's work station and to

document that the person was not completing work tasks while the staff member was addressing mental health-related symptoms or behaviors.

Examples of Medically Necessary Rehabilitation Services

Here are some examples of rehabilitation services that may be medically necessary due to the impairments of a mental illness and that may be appropriately provided for people who are interested in work or who are already working:

- motivational interviewing to promote interest in work and recovery, including the setting of employment-related goals;
- determining a person's stage according to the "stages of change" concept as it may relate to work;
- cognitive behavior therapy that focuses on vocational goals;
- developing a personal decision related to disclosure of one's mental illness as it may pertain to roles and relationships in a work setting;
- crisis planning;
- illness management and recovery training;
- stress reduction methods and planning;
- social skills training;
- conflict resolution and negotiation skills;
- personal hygiene training;
- training in appropriate dressing and grooming for public settings, including work settings;
- medication management;
- mitigation of behaviors and symptoms that could affect work performance; and
- community intervention, as defined in the ARMHS section of Chapter 16 of the MHCP Provider Manual.