



North Carolina Coalition

securing resources ■ encouraging public dialogue ■ advocating for public policy change

to End Homelessness

NC SOAR: SSI/SSDI, Outreach, Access and Recovery

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Division of Medical Assistance
Enhanced Mental Health and Substance Abuse Services

RE: Draft Assertive Community Treatment Team Medicaid Billable Service

To Whom It May Concern:

I am writing on behalf of the North Carolina Coalition to End Homelessness (NCCEH) in reference to your request for comments about the proposed service definition for Assertive Community Treatment (ACT) Teams in North Carolina. NCCEH is a statewide membership nonprofit created to secure resources, encourage public dialogue, and advocate for public policy change to end homelessness. NCCEH seeks to create alliances dedicated to changing the current system to end homelessness by addressing root causes and challenging North Carolina's acceptance of today's pervasive homelessness.

Response to Request for Comments

NCCEH appreciates the opportunity to provide comments on the Draft Assertive Community Treatment Team Medicaid Billable Service. ACT Teams are an integral part of the mental health service continuum in North Carolina, and these teams provide services for many individuals who are homeless or at imminent risk of homelessness. As is highlighted in the State's recent settlement agreement with the Department of Justice, ACT Teams play a key role in assisting individuals to obtain and maintain permanent, affordable housing in integrated community settings. Stable housing integrated into the community is one of the most crucial resources that we can provide to individuals within the MH/DD/SA system. Many service providers find that stable housing is a key part of treatment and recovery for the beneficiaries of their services.

- In order to emphasize the role that the ACT Teams will play in stabilizing housing for individual consumers, we request that housing language be included throughout the service definition:
 - p. 70, 2nd paragraph – Please add the role of “tenant” to the example roles of beneficiaries so that the sentence reads, “... community integration – regaining valued roles (e.g., worker, daughter, resident, tenant, spouse, friend).”
 - p. 72, b.3. – Please add “landlord” to the list of natural supports so that the sentence reads, “... with other providers or natural supports (e.g. hospital staff, landlords, residential workers, family members).”
 - p. 79, 2nd paragraph – Please add “landlord” to the list of other providers so that the sentence reads “... other providers on their behalf (e.g., inpatient hospital staff, residential staff, landlords and/or housing program providers).

- **Program Requirements, Service Type/Setting (p. 71):** NCCEH recommends adding a requirement for the ACT Team members to make regular (at least monthly) home visits to beneficiaries who are living in permanent, affordable housing in the community. Regular home visits allow ACT Team members to see how they can support beneficiaries' housing through tenancy supports before issues become crises that threaten housing. Examples of these issues include utility management, cleaning, and relationships with other tenants and the landlord.
- **Daily Team Meetings (p.72):** NCCEH recommends including housing status and housing issues in the Beneficiary Log or CardEx that will be maintained by the ACT Team as referenced under a.1. of the Daily Team Meeting section. Tracking housing status and providing the team updates about housing issues that arise will allow all team members to support beneficiaries in maintaining stable housing in the community.
- **Assertive Engagement of Beneficiaries (p. 73):** It is noted that Assertive Engagement will be used for a "short time" when collaborative approaches fail. NCCEH recommends that the expectation for engagement be clarified. Some individuals need longer engagement periods than others, and it is important to clarify for the ACT Teams how long they will be expected to engage individuals before ending the beneficiary's participation in the ACT Team service. NCCEH also recommends that ACT Teams be required to track all engagement attempts to show a good-faith effort is made by team members to engage the beneficiary.
- **Housing (p.74-75):** NCCEH recommends a number of clarifications and expansions to the explanation of ACT Teams' responsibilities for assisting in locating, obtaining, and maintaining permanent, affordable housing. Stable housing is a key part of treatment for individuals with severe and persistent mental illness. With basic needs met through housing, beneficiaries can focus on their physical and mental health, with the result that the therapeutic benefits of services increase and consumers are able to successfully live in the community.

In order to clarify and strengthen the ACT Teams' role in supporting their beneficiaries' housing, NCCEH recommends the following changes:

- The first bullet in this section refers to the "Supportive Housing model." NCCEH requests clarification about the model being referenced. NCCEH recommends that ACT Teams follow SAMHSA's Evidenced-Based Practice Permanent Supportive Housing Model as outlined in the agency's toolkit: <http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510>. This bullet point should read "Permanent Supportive Housing model as outlined in the SAMHSA toolkit."
- NCCEH recommends the following additions for existing bullet points under the Housing category:
 - "Apply for housing subsidies" needs to be expanded to read "Apply for housing subsidies and housing programs through the local housing authority, LME/MCO, Key Program, and any other housing programs available for the beneficiary." This expansion clarifies that the ACT Team needs to assist their beneficiaries in applying for any and all housing programs available to the beneficiary in the community.
 - "Assist the beneficiary in negotiating and understanding the terms of the lease and paying rent and utilities" needs to be expanded to read "Assist the beneficiary in negotiating and understanding the terms of the lease and paying rent and utilities, including writing Requests for Reasonable Accommodation and applying for utility

subsidy programs.” Many beneficiaries of ACT Teams will have credit and/or criminal histories related to their severe and persistent mental illness that will require the ACT Team members to write a Request for Reasonable Accommodation according to fair housing laws. ACT Team members need to be trained in completing these requests to increase their beneficiaries’ access to housing in the community. Furthermore, many beneficiaries will have a limited income and will need the ACT Team’s assistance to access subsidies provided by local Departments of Social Services and nonprofits to pay utility bills.

- “Assist with relocation” needs to be expanded to read “Assist with relocation, including moving the beneficiary, setting up the household, and securing furnishing for the household.” This expansion clarifies the activities involved in the relocation process for the ACT Team members.
- ACT Teams will be the sole providers of tenancy supports for their beneficiaries. As such, NCCEH requests that the following interventions and activities be added to the Housing category:
 - Be the primary point of contact with the beneficiary’s landlord and the first responder to housing crises, including regular monthly contacts with the landlord to see if there are any rising housing issues.
 - Identify, recruit, and cultivate relationships with landlords and local housing programs.
 - Complete regular home visits at least monthly to monitor maintenance of housing and assist with any housing issues.
 - Teach skills in household maintenance (including cleaning, cooking, etc.) and utility management.
 - Maintain housing if the beneficiary is admitted for inpatient treatment, including managing utility and rental payments, mail, and other household needs.
 - Provide any other tenancy support services needed to maintain the beneficiary’s housing.
- **Money Management & Entitlements (p. 76):** SOAR (SSI/SSDI Outreach, Access, and Recovery) is a model that trains caseworkers to apply for SSI/SSDI benefits on behalf of their clients in a more efficient and effective manner. To date, North Carolina’s SOAR program reports an 80% approval rate for applications, with cases being decided in an average of 92 decision days. SOAR applications require more work than the usual application process, with the average SOAR case taking 35-40 hours to complete over the course of several months. This investment of time on the front end of the application process results in more approvals and a faster turn-around for SOAR applications. To find more information about the SOAR program in North Carolina, please visit NCCEH’s website: <http://www.ncceh.org/ncsoar/>.

SOAR is a proven model for success and needs to be incorporated into ACT Team services. For this reason, NCCEH recommends that at least one member of the ACT Team be trained as a SOAR caseworker and be allowed the time to invest in completing applications. NCCEH requests that an additional bullet point be added to the Money Management & Entitlement category:

- Assist beneficiaries in completing application for SSI/SSDI benefits using the SOAR (SSI/SSDI Outreach, Access and Recovery) model
- **Money Management & Entitlements (p. 76):** NCCEH also requests that that the bullet point “Assist beneficiary in gathering documents and completing entitlement and other benefit

applications” be expanded to read “Assist beneficiary in gathering documents and completing entitlement and other benefit applications, including SSI/SSDI, Medicaid, TANF, SNAP, etc.” This addition will help to clarify the benefit programs that the ACT Team is responsible for assisting their beneficiaries to apply for.

- **Table 2. Assertive Community Treatment Team Staffing Level Requirements (p. 80):** In the Team Leader position description, NCCEH requests clarification about the required 3 years of experience as an ACT Team Leader for non-licensed individuals. As North Carolina is evaluating existing ACT Teams to see if they are maintaining fidelity to the ACT model, NCCEH recommends that the DMA clarifies that the 3 years of experience will only be counted if the ACT Team that the individual was previously a leader for is a team that meets certain fidelity requirements for ACT Teams in North Carolina.
- **Table 2. Assertive Community Treatment Team Staffing Level Requirements (p. 81):** The draft service definition for ACT Team requires Substance Abuse and Vocational Specialist positions for small, medium, and large ACT Teams. A best practice for Tenancy Support services is to have one point-of-contact for landlords and tenancy issues. While the rest of the team can support a beneficiary’s tenancy, ongoing contact with housing programs and landlords are done best when one person is designated to follow up on a regular basis.

Due to the increased demand for ACT Teams to be the sole provider of Tenancy Support services for their beneficiaries, NCCEH requests that ACT Teams also be required to have a Tenancy Specialist position. This position would be a FT position and could be held by a Certified Peer Support Specialist and/or a QP or licensed individual. For small ACT Teams, the Tenancy Support position could be shared by two team members, as long as landlords and housing programs have one point-of-contact for housing emergencies and trouble-shooting ongoing housing issues.

- **Table 2. Assertive Community Treatment Team Staffing Level Requirements, 2nd footnote (p. 81):** NCCEH requests that DMA clarify the model of housing they wish to support. The reference to “supportive housing” is vague. If DMA is referencing Permanent Supportive Housing, NCCEH requests that this footnote is revised to say “... for example: permanent supportive housing as outlined in the SAMHSA toolkit, psychiatric rehabilitation...”
- **Staff Qualifications and Roles, Psychiatric Care Provider (p. 82):** Applications for SSI/SSDI and Medicaid benefits require medical documentation about a beneficiary’s disability and require a statement from the treating physician or supervising physician in the case of NPs and PAs. For this reason, NCCEH requests that the additional activity of assisting beneficiaries with benefit applications be added to the Psychiatric Care Provider’s role description. The additional bullet should read “collaborates with the ACT Team to assist individuals with documentation needed to apply for benefits that require medical documentation.”
- **Staff Qualifications and Roles, Additional Staff (p.85):** Again, NCCEH requests that DMA clarify the model of housing they wish to support. The reference to “supportive housing” is vague. If DMA is referencing Permanent Supportive Housing, NCCEH requests that this section be revised to say “Specialization is encouraged in such areas as: permanent supportive housing as outlined in the SAMHSA toolkit, psychiatric rehabilitation...”

- **Staff Training Requirements (p. 86):** Because ACT Teams are designated as the sole provider of tenancy supports for their beneficiaries, NCCEH requests that the “DHHS Approved Tenancy Support Training” listed as (f.) under additional training topics be moved and added to the list of required training for ACT Team members in the first paragraph of page 86.
- **Staff Training Requirements, Additional Training (o.) (p. 86):** The SOAR program is named incorrectly. Please change this to reflect the actual name of the program and the training. It should read “SOAR (SSI/SSDI Outreach, Access and Recovery) Stepping Stones to Recovery two-day caseworker training.”
- **Staff Training Requirements, Additional Training (p.) (p. 86):** DMA needs to clarify the reference to training for supportive housing. It should read “p. Permanent Supportive Housing, as outlined in the SAMHSA toolkit, with additional training in Housing First practices as outlined in ‘Housing First: The Pathway’s Model to End Homelessness for People with Mental Illness and Addiction training.’”
- **Expected Clinical Outcomes (p. 89):** As beneficiaries stabilize in permanent, affordable housing with ACT Team services, they are better able to connect to both medical and mental health treatment homes. As individuals are connected to treatment homes, they are better able to manage chronic health and mental health conditions. For this reason, NCCEH recommends that DMA add a bullet point in the Expected Clinical Outcomes to say “establish a medical and mental health treatment home.” This added bullet point is clearer and stronger than the existing bullet point “d. have better access to physical health care and are healthier.”
- **Service Exclusions and Limitations (p. 91):** NCCEH requests that if DMA is not able to expand the ACT Team functions for tenancy supports as listed in these recommendations, that DMA remove “h. Tenancy Support Team” from the list of services that may not be provided concurrently with ACT and add it to the list of services that may be provided concurrently with ACT. ACT Team beneficiaries need a high level of tenancy supports, and if the ACT Team is not allowed to do these tasks, beneficiaries should be able to access to additional tenancy supports as needed.

NCCEH appreciates the opportunity to comment on the Draft Assertive Community Treatment Team Medicaid Billable Service definition. Please feel free to contact Emily Carmody, LCSW at NCCEH at (919) 755-4393 or emily@ncceh.org with any questions or comments about these recommendations.

Thank you,



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