

 <p>DEPARTMENT OF <b>PUBLIC HEALTH &amp; HUMAN SERVICES</b></p>	<p><b>Behavioral Health and Developmental Disabilities (BHDD) Division</b></p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p><b>Date effective:</b> October 1, 2022 <u>October 1, 2024</u></p> <p><b>Date revised:</b> New</p>
<p><b>Policy Number:</b> 455qm</p>	<p><b>Subject:</b> Montana Assertive Community Treatment (MACT) Quality Measures</p>

**Montana Assertive Community Treatment  
Quality Measures**

<b>Goal</b>	<b>Quality Measure</b>
<p>Program design</p>	<ul style="list-style-type: none"> <li>Total members per <del>MACT</del> <u>PACT/MCT</u> team per month (<i>Data Source: Monthly Contact Log</i>)</li> <li>Total admissions, total discharges (<i>Data Source: Monthly Contact Log</i>)</li> </ul>
<p>Encourage successful discharges from Montana State Hospital and Montana Mental Health Nursing Care Center</p> <ul style="list-style-type: none"> <li>Is involved in planning for hospital discharges.</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of members discharging from Montana State Hospital who were accepted within the <del>MACT</del> <u>PACT/MCT</u> teams service area. (<i>Data Source: MSH discharge data/ Monthly Contact Log/MMIS</i>)</li> <li>Percentage of members who received an initial contact from the <del>MACT</del> <u>PACT/MCT</u> team within three days of referral from Montana State Hospital. (<i>Data Source: Monthly Contact Log</i>)</li> </ul>
<p>Decrease in admissions/readmissions to acute inpatient settings including MSH, BHU, and ED</p> <ul style="list-style-type: none"> <li>Has 24-hour responsibility for covering psychiatric crisis</li> <li>Is involved in diversion</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of independent community days per month. (<i>Data Source: Monthly Contact Log</i>)</li> <li>Track the utilization for acute, ED, and involuntary commitments to establish a benchmark for decreases in utilization in the first year of implementation. Then once a benchmark is established, set a target to reach for decreased utilization.</li> </ul>

Increase housing stability	Percentage of days a member was in independent housing. <i>(Data Source: Monthly Contact Log) (Population metric homelessness)</i>
Sustain a full MACT <u>PACT/MCT</u> team without waivers <ul style="list-style-type: none"> <li>Set staff salary sufficient to enlist and retain MACT <u>PACT/MCT</u> teams</li> </ul>	Percentage of time within the reporting timeframe that a MACT <u>PACT/MCT</u> team was fully staffed per Montana MACT <u>PACT/MCT</u> standards. <i>(Data Source: Staffing Roster, Quarterly, must be submitted when there is any change in MACT <u>PACT/ MCT</u> team staffing)</i>
Member medication compliance	Percentage of members during the measurement year who were dispensed and remained on a prescribed medication for at least 80% of the measurement year. <i>(Data Source: Monthly Contact Log/Medicaid Pharmacy, Quarterly)</i>
Integration with primary care	<ul style="list-style-type: none"> <li>Percentage of members who had an outpatient visit with a primary care provider annually. <i>(Data Source: Monthly Contact Log/MMIS). (Review the utilization primary care visits to establish a benchmark to set a target to reach for increased primary care).</i></li> <li>The member’s individualized treatment plans include both behavioral health and physical health goals. <i>(Data Source: Random sample file review, 80% of the random sample, Annual)</i></li> </ul>
Member satisfaction	Annual completion of the Mental Health Statistic Improvement Program (MHSIP) Adult Consumer Experience of Care Survey. <i>(Data Source: <del>AMDD</del>-BHDD, Annually)</i>
Community integration	<ul style="list-style-type: none"> <li>Temple University Community Participation Measure, as modified. Percentage of members who had this completed with them every 90 days by the team’s CBHPSS. <i>(Data Source: Random sample file review, 80% of the random sample, Annual)</i></li> <li>Track Community Participation to establish a benchmark for increased inclusion in the first year of implementation. Then once a benchmark is established, set a target to reach increased community integration.</li> </ul>