DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: ~~May 12, 2023~~ October 1, 2024
Policy Number: *460*	**Subject:** Program for Assertive Community Treatment (PACT) ~~–~~ ~~Tiered System~~

Definition

PACT is a member-centered, recovery and resiliency oriented, rehabilitative mental health services delivery model for facilitating community living, psychosocial rehabilitation, and recovery for members who have not benefited from traditional outpatient services. PACT service delivery is provided by a multidisciplinary, self-contained clinical team, 24 hours a day, 7 days a week, 365 days a year. PACT is an evidence-based practice that is intended to be provide in the community setting where problems may occur, or where support is needed, rather than in offices or clinics.

~~PACT is the core service of a tiered PACT delivery system which includes the following three tiers:~~

- ~~Intensive PACT (InPACT);~~
- ~~PACT; and~~
- ~~Community Maintenance Program (CMP).~~

~~**InPACT** is an intensive transitional PACT service within a residential setting for members who need short-term supervision, stabilization, treatment, and behavior modification in order for the member to be able to reside outside of a structured setting.~~

~~**CMP** is intended to provide medication and community support for members who require long-term, ongoing support at a higher level than traditional outpatient services to be maintained successfully in the community and remain out of higher levels of care.~~

Medical Necessity Criteria

~~**For all three PACT Tiers:**~~

~~(1)~~ (1) The member must meet the SDMI criteria, as defined in this manual~~.~~, and have at least ONE of the following:

(a) Recurrent inpatient admissions (2 or more inpatient psychiatric admissions within the last 12 months);

(b) Re-occurring homelessness, and/or at risk of homelessness, due to mental health symptoms, within the last 12 months;

(c) Incarceration and/or involvement in the criminal justice system, due to mental health symptoms, within the last 12 months;

(d) Member has utilized emergency services more than 2 times within the last 90 days, such as emergency department, police department, crisis receiving/stabilization, mobile crisis response services, or 988; and/or

(e) Member has shown difficulty benefiting or properly utilizing mental health outpatient services, outlined in this manual, and requires a coordinated and intensive delivery approach to meet the needs of the member.

(2) The member must have a high level of impairment (LOI), regardless of diagnosis, in one of the following areas:

(a) Area 5 – Family/Interpersonal Relationships
(b) Area 6 – Mood/Thought Functioning

The State plan LOI can be found at: https://dphhs.mt.gov/assets/BHDD/AdultMHGeneralDocs/StatePlanSDMILOIForm508compliant.pdf

(3) Member is assessed to not be at risk of imminent danger to self or others, as defined in 53-21-102, MCA (7)(a)(b), as an "emergency situation".

~~(2)~~ (4) Member is willing and able to actively engage in PACT services.

~~Additional Medical Necessity Criteria for each tier is below.~~

~~**Additional Medical Necessity for InPACT:**~~

~~(1) The member is discharging from Montana State Hospital or the Montana Mental Health Nursing Care Center or is at risk of involuntary hospitalization as indicated by recently receiving services at a behavioral health unit or crisis stabilization home.~~

~~(2) Member requires daily clinical support and direct care at the residential level in order to address the needs of the member specific to post-acute/crisis which cannot adequately be provided at a lower level of care.~~

~~**Additional Medical Necessity for PACT:**~~

~~(1) Member requires at least three contacts per week to address the needs of the member which cannot adequately be provided at a lower level of care.~~

~~(2) Member has a history of poor engagement with OP or history that demonstrates inability to engage in OP without support of PACT services.~~

~~(3) At admission, member is at risk of psychiatric hospitalization or institutionalization. For continued services, member can avoid hospitalization or institutionalization with support of PACT services.~~

~~**Additional Medical Necessity for CMP:**~~

~~(1) Outside of a structured residential setting with the help of long-term, ongoing support member can be maintained successfully in the community and remain out of higher levels of care with support of PACT services.~~

~~(2) Member requires at least four contacts per month to address the needs of the member which cannot adequately be provided at a lower level of care.~~

Provider Requirements

(1) PACT ~~tiers~~ may be provided by a Montana Medicaid provider through a PACT team that has been approved by the department to provide PACT services.

(2) For department approval, the provider must submit ~~a request~~ the designated application for PACT team approval to the Behavioral Health and Developmental ~~Disorders~~ Disabilities (BHDD) Division. The department will not approve a PACT team where there is not demonstrated need for services.

(3) ~~Each PACT team may provide services for up to 196 members when providing all three PACT tiers described above.~~ At minimum, PACT teams must be comprised of one of three different team sizes, as follows:

(a) Large Teams – will consist of 75 to 100 members, and require the following FTE:

(i) Psychiatric Prescriber – 1.0 FTE;

(ii) Team Lead – 1.0 FTE:

(iii) Nursing Staff – 2.0 FTE;

(iv) Co-occurring clinical staff – 2.0 FTE;

(v) Employment Specialist – 2.0 FTE;

(vi) Certified Behavioral Health Peer Support Specialist – 1.0 FTE;

(vii) Administrative Assistant – 1.0 FTE

(b) Medium Teams – will consist of 50 to 74 members, and require the following FTE:

(i) Psychiatric Prescriber – 0.75 FTE;

(ii) Team Lead – 1.0 FTE;

(iii) Nursing Staff – 1.5 FTE;

(iv) Co-occurring clinical staff – 1.5 FTE;

(v) Employment Specialist – 1.5 FTE;

(vi) Certified Behavioral Health Peer Support Specialist – 1.0 FTE;

(vii) Administrative Assistant – 0.75 FTE

(c) Small Teams – will consist of 50 members or less, and require the following FTE:

(i) Psychiatric Prescriber – 0.5 FTE;

(ii) Team Lead – 1.0 FTE;

(iii) Nursing Staff – 1.0 FTE;

(iv) Co-occurring clinical staff – 1.0 FTE;

(v) Employment Specialist – 1.0 FTE;

(vi) Certified Behavioral Health Peer Support Specialist – 1.0 FTE;

(vii) Administrative Assistant – 0.5 FTE

(4) ~~The following ratios apply per PACT team providing all three PACT tiers:~~ PACT teams must maintain a minimum of 1:10 ratio of team members serving clients, excluding psychiatric prescribers and administrative assistants.

(5) To maintain this ratio, teams may choose to fill additional positions beyond those listed in (4) on the team, with either a PACT specialist or PACT generalist, as defined on the staffing roster.

~~a. up to 80 total members per PACT team receiving the core PACT tier;~~

~~b. up to 16 total members per PACT team receiving InPACT; and~~

~~c. up to 100 total member per PACT team receiving CMP.~~

~~(1) PACT teams not providing InPACT may provide:~~

~~(a) PACT core services for up to 96 members; and~~

~~(b) CMP up to 100 members.~~

~~(2) Members who are receiving InPACT may reside in a Behavioral Health Group Home (BHGH). Providers must bill for the service being provided and may not bill for both InPACT and BHGH concurrently. The provider must meet the licensure requirements for the service being billed. The member receiving services in InPACT must be provided services from the PACT team. PACT team members are dedicated staff; therefore, the clinical, care management, and certified behavioral peer support components in the BHGH cannot replace services of the PACT team nor can the PACT team provide services to members who are not admitted on the PACT program.~~

~~(3)~~ (6) ~~PACT Teams must consist of the following full-time equivalency (FTE) staff, effective October 1, 2020, as described in the Program of Assertive Treatment Staff Roster Outline:~~ PACT team member will comply with position-specific education and experience requirements that are defined on the designated staffing roster.

~~a) Prescriber, one FTE;~~

~~a) Physician/Psychiatrist Supervision; two hours per month;~~

~~b) Team Lead, one FTE;~~

~~c) Nursing staff, two FTE;~~

~~d) Professional staff, two FTE;~~

~~e) Care Coordinators; three FTE preferred;~~

~~f) Paraprofessionals; two FTE preferred;~~

~~g) Licensed Addiction Counselor, one FTE;~~

~~h) Vocational Specialist, one FTE;~~

~~i) Certified Behavioral Health Peer Support Specialists, two FTE;~~

~~j) Administrative Assistant, two FTE preferred; and~~

~~k) Tenancy Specialist, one FTE.~~

~~(4)~~ (7) PACT teams must submit an initial staffing roster to the department, and an updated staffing roster when there is a change in the team staff within 14 days of the change.

~~(5)~~ (8) PACT teams may request staffing waivers of up 120 days to fill vacant positions. If vacancies persist beyond 120 days~~, teams will be expected to work with BHDD monthly on a plan to meet staffing requirements.~~ , the provider will be expected

to work in conjunction with the Department through a variance form, on a plan to meet the staffing requirements.

~~(6)~~ (9) PACT Teams must submit a PACT monthly report and other PACT quality measures at a frequency established in the ~~PACT~~ Community Treatment Quality Measures guidelines~~.~~, Policy 455qm of this manual.

(10) Every PACT team member must complete a comprehensive PACT training within 60 days of hire. This training may be provided live, via teleconference, or through a pre-recorded production that is provided by the Department. This training must be completed annually by each PACT team member. Documentation of the completed training must be kept in the employee's file.

~~(7)~~ (11) PACT services must be billed as the appropriate bundled service ~~based upon the PACT tier being provided to members.~~ The provider may bill at the weekly rate, provided they meet the service requirements below.

Service Requirements

~~(1)~~ (1) The provision of PACT services must comply with the fidelity standards of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Assertive Community Treatment as demonstrated by PACT fidelity reviews. PACT programs that fail to comply with PACT fidelity standards are subject to corrective action, remediation, and/or possible suspension of the PACT program.

~~(2)~~ (2) The core PACT service ~~options~~ components which must be available and provided by each PACT team are as follows:

(a) medication management, administration, delivery, and monitoring;

(b) case/care management;

(c) 24-hour crisis ~~response~~ services;

(d) ~~psychosocial rehabilitation~~ illness management and recovery skills;

(e) ~~vocational rehabilitation~~ Community living skills, including side-by-side assistance with activities of daily living;

(f) intervention with support networks;

(g) employment-support services;

~~(f)~~ (h) integrated treatment for co-occurring disorders, including substance use disorder treatment;

~~(g)~~ (i) individual, family, and group therapy, and;

~~(h)~~ (j) individual and/or group peer support.

(3) Member utilizing PACT services will receive a minimum of 3 quality contacts each week and must be documented per policy 130 of this manual. Quality contacts are comprised of services listed in (2) of this section. Quality Contacts are the purposeful interaction between the PACT team and members that contribute to the assessment and care planning processes. Quality contacts include:

(a) Promotion of member's active participation in decision making and self-advocacy skills in all aspects of services and recovery;
(b) Support for recovery and resilience activities, including assisting the individual to identify, improve, and sustain social determinants of health, which may assist in recovery/resiliency and how to use them; and identification of barriers to recovery/resiliency and how to overcome them;
(c) Assistance in building and maximizing family/significant other support skills;
(d) Assisting the member in identifying and utilizing community and social supports for treatment and recovery;
(e) Monitor a member's health care; and
(f) Provide intensive treatment and rehabilitative services to aid the member in recovery and reduce disability.

(4) members utilizing PACT services must have contact with more than one staff member every two weeks.

~~(3)~~ (5) ~~It is not required that each member receiving PACT receive every service.~~ Medically necessary services that are billed must be documented clearly in the member's individualized treatment plan in the member's file.

(6) member must transfer any psychiatric services to PACT services.

~~(4)~~ (7) PACT interventions must be provided, in person, in the member's natural setting outside of the provider's office(s) such as where the member lives, works, or interacts with other people at least ~~60~~75% of the time.

(8) Telehealth may be used 25% of the time for the member's services provided monthly.

~~(5) PACT teams must provide the following services, as identified in each member's individualized treatment plan:~~

~~(a) monitor all of the member's health care needs including social determinants of health;~~

~~(b) provide intensive treatment and rehabilitative services to aid the member in recovery and reduce disability;~~

~~(c) identify, restore, and maintain the member's functional level to their best possible functioning level;~~

~~(d) identify, improve, and sustain social determinants of health; and~~

~~(e) provide individualized crisis planning and 24-hour, seven days a week face-to-face crisis intervention; and~~

~~(f) provide residential services for members receiving InPACT services including behavior modification and management, assisting the member with identifying what they need for independent living within the community, putting what they identify into practice,~~

~~and preparing the member to live independently in the community outside of a structured setting.~~

~~(6)~~ (9) ~~PACT teams must complete the following documentation for each member receiving PACT tiered services:~~ PACT teams must complete all documentation outlined in this manual, and in accordance with SAMHSA toolkit.

~~(a) an assessment that follows the guidelines in the BHDD Medicaid Provider Manual;~~

~~(b) a social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days;~~

~~(c) an individualized treatment plan that is updated every 90 days or when there is a change to the member's diagnosis, strengths, areas of concern, goals, objectives, or interventions;~~

~~(d) a Serious and Disabling Mental Illness and Level of Impairment worksheet updated annually as required in Policy 105 of this manual; and~~

~~(e) a progress note for each service contact provided as required in Policy 130, Progress notes.~~

~~(7)~~ (10) ~~PACT teams must complete a staff meeting log for each member discussed in the PACT team meeting which includes:~~ Teams must meet at least two days per week to discuss the progress of each member.

~~a) date and time of meeting;~~

~~b) staff present;~~

~~c) member name(s) discussed;~~

~~d) services provided in the past 24 hours; and~~

e) member's progress and updates to the individualized treatment plan or continuing care plan.

~~(8) PACT teams may be reimbursed at the weekly rate for each PACT member when the team meets and completes a staff meeting log for each PACT member four days per week for each core PACT member and each InPACT member.~~

~~(9) PACT teams may be reimbursed at the daily rate for each PACT member receiving CMP up to a total of six times per month as follows:~~

~~(a) up to two times per month when the team meets to discuss the member and completes a PACT team meeting log; and~~

~~(b) for up to four contacts per month.~~

~~(10)~~ (11) PACT teams may be reimbursed for the weekly rate for a core PACT member, up to four consecutive weeks, who is hospitalized or in an inpatient setting provided the following are met:

(a) services provided must not duplicate services that are available and/or provided in the hospital/inpatient setting;

(b) services provided must be focused on member's transition to the community; ~~and~~

(c) PACT teams must make contact at least twice with inpatient staff to discuss client's continuum of care, including admission and discharge planning. These contacts are per individual admission to inpatient hospitalization, and can be provided through telephone, audiovisual, or face-to-face; and

~~(c)~~ (d) member is discussed at team meetings ~~four times per~~ each week.

~~(11)~~ (12) If the PACT member is not hospitalized or in an inpatient setting and the PACT member is unable to receive the weekly contacts ~~as required under medical necessity criteria~~, PACT teams may still be reimbursed at the weekly rate, up to two consecutive weeks, before the member must be reassessed for appropriateness for this level of care if the following conditions are met:

(a) the provider must document all efforts to engage the PACT member which must include community outreach, telephonic outreach, and any other form of attempted contacts;

(b) member must continue to meet the medical necessity criteria for PACT services; and

(c) member is discussed at team meeting ~~four times per~~ each week.

(13) The exception in (12) can occur multiple times during a member's course of treatment.

Utilization Management

Utilization Management for PACT

(1) Prior authorization is required and may be approved for up to 270 days.

(2) Continued stay reviews are required every 270 days.

(3) The provider must document in the file of the member that the member meets the medical necessity criteria.

(4) For continued stays, the member must meet the following criteria:

(a) Member continues to meet the SDMI criteria as defined in this manual;

(b) Member continues to meet the high level of impairment required for PACT services;

(c) Member is assessed to not be at risk of imminent danger to self or others, as defined in 53-21-102, MCA (7)(a)(b), as an "emergency situation;

(d) Member is willing and able to continue participation in PACT services; and

(e) Member also meets at least one of the following:

(i) Member has not achieved the desired outcome(s) of their treatment plan, which continues to address the medical necessity deficiencies;

(ii) Member's level of functioning has not been restored, improved, or sustained over the time frame outlined in the individual treatment plan;

(iii) Member has achieved current individual treatment plan goals, but additional goals are indicated as evidenced by documented symptoms;

(iv) Member is making satisfactory progress towards meeting goals and there is documentation that supports the continuation of PACT services shall be effective in addressing the goals outlined in the individualized treatment plan; or

(v) Member is failing to make progress, or shows regression in meeting goals, though interventions and modifications have been made in the treatment plan to continue to address medical necessity deficiencies.

~~**Utilization Management for InPACT**~~

(1) ~~Prior authorization is required and may be approved for up to 120 days.~~

(2) ~~Continued stay reviews are required every 60 days thereafter.~~

(3) ~~If a member requires services beyond 180 days in the residential setting, the member must be referred for screening and evaluation for the Severe and Disabling Mental Illness (SDMI), Home and Community Based Services (HCBS) waiver. If the member does not qualify for the SDMI HCBS waiver, or is placed on the SDMI HCBS waiver waitlist, the provider may request additional continued stay reviews as directed in (2) of this section.~~

(4) ~~The provider must document in the file of the member that the member meets the medical necessity criteria.~~

~~**Utilization Management for CMP**~~

(1) ~~Prior authorization is not required.~~

(2) ~~Continued stay reviews are required every 365 days.~~

(3) ~~The provider must document in the file of the member that the member meets the medical necessity criteria.~~