

	<b>Addictive and Mental Disorders Division</b>  Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	<b>Date effective:</b> July 1, 2020  <b>Date revised:</b> <i>New</i>
<b>Policy Number:</b> 455	<b>Subject:</b> Montana Assertive Community Treatment (MACT)

### Definition

MACT is intended to provide medication and community support for members who require long-term, ongoing support to be maintained successfully in the community and remain out of higher levels of care for members who can successfully reside outside of a structured setting.

### Medical Necessity Criteria

- (1) The member must meet the SDMI criteria; and
- (2) The member must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT, Training Frontline Staff, Module 1 at:  
<https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344>.

### Provider Requirements

- (1) -MACT may be provided by a licensed MHC by a –MACT team that has been approved by the department to provide –MACT.
- (2) For department approval, the provider must submit a request for –MACT approval to the Addictive and Mental Disorders Division. The department will not approve a –MACT team where there is not demonstrated need for services.
- (3) Each –MACT team may provide services for up to 50 members.
- (4) MACT teams must consist of the following full-time equivalency (FTE) staff as described in the Community Maintenance Program – Standalone Staff Roster Outline:
  - (a) Prescriber, .375 FTE;

- (b) Physician/Psychiatrist Supervision; two hours per month;
  - (c) Team Lead, one FTE;
  - (d) Nursing staff, one FTE;
  - (e) Professional staff, one FTE;
  - (f) Care Coordinators, one FTE;
  - (g) Paraprofessionals, one FTE;
  - (h) Certified Peer Support Specialists, two FTE; and
  - (i) Administrative Assistant, 1 FTE.
- (7) MACT teams must submit a staffing roster to the department when there is a change in the team staff within 14 days of the change.
  - (8) Provider may request staffing waivers of up to 90 days to fill vacant positions. If the position cannot be filled within 90 days, the provider must bill for services fee for service until such time the team has been brought whole.
  - (9) Providers must submit a MACT monthly report and other PACT quality measures at a frequency established in the PACT Quality Measures guidelines.
  - (10) MACT must be billed as the appropriate bundled service.

### **Service Requirements**

- (1) The provision of MACT services must comply with the fidelity standards of Assertive Community Treatment, as modified for the intensity of this service, as demonstrated by PACT fidelity reviews. MACT programs that fail to comply with Assertive Community Treatment fidelity standards are subject to correct action, remediation, and possible suspension of the MACT program.
- (2) MACT bundled service includes:
  - (a) monitoring all of member's health care needs including social determinants of health;
  - (b) providing intensive treatment and rehabilitative services to aid the member in recovery and reduce disability;
  - (c) identifying, restoring, and maintaining the member's functional level to their best possible functioning level;
  - (d) identifying, improving, and sustaining social determinants of health; and
  - (e) providing individualized crisis planning and 24-hour, seven days a week face-to-face crisis intervention.
- (3) It is not required that each member receiving MACT 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.

(4) MACT teams must complete the following documentation for each member receiving MACT:

- (a) an annual clinical assessment that follows the guidelines in the AMDD 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 strengths, areas of concern, goals, objectives, or interventions;
- (d) a Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and
- (e) a progress note for each service provided as required in ARM 37.85.414.
- (f) MACT teams must meet and discuss the status of their members five days per week and complete a staff meeting log for each member which includes:
  - (a) date and time of meeting;
  - (b) staff present;
  - (c) member's name discussed;
  - (d) services provided in the past 24 hours; and
  - (e) member's status.

### **Utilization Management**

- (1) Prior authorization is not required.
- (2) Continued stay reviews are required every 180 days.