

 <p>DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES</p>	<p>Behavioral Health and Developmental Disabilities (BHDD) Division</p> <p>Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health</p>
	<p>Date effective: March 8, 2025</p>
<p>Policy Number: 460</p>	<p>Subject: Program for Assertive Community Treatment (PACT)</p>

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 provided in the community setting where problems may occur, or where support is needed, rather than in offices or clinics.

Medical Necessity Criteria

- (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 3 – Family/Interpersonal Relationships

(b) Area 4 – Mood/Thought Functioning

The SDMI eligibility and LOI can be found at:

<https://dphhs.mt.gov/BHDD/FormsApplications/index>

(3) The 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”.

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

Provider Requirements

(1) PACT 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 the designated application for PACT team approval to the Behavioral Health and Developmental Disabilities (BHDD) Division. The department will not approve a PACT team where there is not demonstrated need for services.

(3) 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;
 - (viii) PACT generalist or PACT specialist – 1.0 FTE
- (4) PACT teams must maintain a maximum of 1:10 ratio of team staff serving members, 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.
- (6) PACT team staff will comply with position-specific education and experience requirements that are defined on the designated staffing roster.
- (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.
- (8) PACT teams may request staffing waivers of up to 120 days to fill vacant positions. If vacancies persist beyond 120 days, the provider will be expected to work in conjunction with the department through a variance request form, on a plan to meet the staffing requirements.
- (9) PACT teams must submit a PACT monthly report and other PACT quality measures at the

frequency established in the Community Treatment Quality Measures guidelines, Policy 455qm of this manual.

- (10) Every PACT team staff 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 employee. Documentation of the completed training must be kept in the employee's file.
- (11) PACT services must be billed as the appropriate bundled service.

Service Requirements

- (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) The core PACT service 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 services;
 - (d) Illness management and recovery skills;
 - (e) Community living skills, including side-by-side assistance with activities of daily living;
 - (f) Intervention with support networks;
 - (g) Employment-support services;
 - (h) Integrated treatment for co-occurring disorders, including substance use disorder treatment;
 - (i) Individual, family, and group therapy; and
 - (j) Peer support.
- (3) Members 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 must be integrated as part 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 member 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 PACT team staff during treatment.
- (5) 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.
- (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% of the time.
- (8) Telehealth may be used 40% of the time for the member's services.
- (9) PACT teams must complete all documentation outlined in this manual, and in accordance with SAMHSA toolkit.
- The toolkit can be found at: <https://store.samhsa.gov/product/assertive-community-treatment-act-evidence-based-practices-ebp-kit/sma08-4344>.
- (10) Teams must meet at least two days per week to discuss the progress of each member.
- (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 the member's transition to the community;
 - (c) PACT teams must make contact at least twice throughout the member's hospital/inpatient stay with inpatient staff to discuss the member'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
 - (d) Member is discussed at team meetings each week.
- (12) If the PACT member is not hospitalized or in an inpatient setting and the PACT member is unable to receive the weekly contacts, 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 meetings each week.
- (13) The exception in (12) can occur multiple times during a member's course of treatment.

Utilization Management

- (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.