

	Behavioral Health and Developmental Disabilities (BHDD) Division Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: May 12, 2023 <u>October 1, 2024</u>
Policy Number: 455	Subject: Montana Assertive Community Treatment (MACT) <u>(MCT)</u>

Definition

MACT MCT 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 who reside in a rural or frontier area. MACT MCT service delivery is provided by a multi-disciplinary, self-contained clinical team, 24 hours a day, 7 days a week, 365 days a year. MACT MCT is based on 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. MCT is modified from the Assertive Community Treatment model with specific requirements for Montana.

Medical Necessity Criteria

- (1) (1) The member must meet the SDMI criteria as defined in this manual-, and 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) Memer 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 usual mental health 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, 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>

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

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

~~(4) (4) The member must need weekly contact and at least three of the core MACT MCT service bundle options listed under service requirements below.~~

~~(5) (5) The member is able and willing to actively engage in MACT MCT services.~~

Provider Requirements

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

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

~~(3) (3) Each MACT MCT team may provide services for up to 50 members.~~

~~(4) (4) MACT At minimum, MCT teams must consist of the following full-time equivalency (FTE) staff, as defined on the staffing roster:~~

~~(a) (a) Psychiatric Prescriber, .375 - 0.5 FTE;~~

~~(b) Physician/Psychiatrist Supervision; two hours per month;~~

~~(c) (b) Team Lead, one 1.0 FTE;~~

~~(d) (c) Nurse Nursing staff, one 1.0 FTE;~~

~~(e) (d) Professional staff, one FTE; Co-occurring clinical staff, 1.0 FTE;~~

- ~~(f)~~ (e) Care Coordinators, one FTE; MCT generalist, 1.0 FTE;
 - ~~(g)~~ Paraprofessionals, one FTE;
 - ~~(h)~~ (f) Certified Behavioral Health Peer Support Specialists (CBHPSS), 1.0 FTE; two FTE; or one FTE CBHPSS and one FTE paraprofessional; and
 - ~~(i)~~ (g) Administrative Assistant, ± 0.375 - 0.5 FTE.
- ~~(5)~~ (5) MACT MCT teams may have a Registered Nurse (RN) or a Licensed Practical Nurse (LPN), with RN supervision. The supervising LPN's RN supervisor must create the initial care plan and have a check-in with the LPN every 24 hours.
- (6) MCT teams must maintain a minimum 1:10 ratio of team members serving clients, excluding psychiatric prescribers and administrative assistants.
- (7) MCT team members will comply with position-specific education and experience requirements that are defined on the designated staffing roster.
- ~~(6)~~ (8) MACT MCT 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.
- ~~(7)~~ (9) MACT MCT teams may request staffing waivers of up to 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.
- ~~(9)~~ (10) MACT MCT teams must submit a MACT MCT monthly report and other MACT MCT quality measures at a frequency established in the MACT Community Treatment Quality Measures guidelines, Policy 455qm of this manual.
- (11) Every MCT team member must complete a comprehensive MCT 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 team member. Documentation of the completed training must be kept in the employee's file.
- (12) MACT MCT services must be billed as the appropriate bundled service. The provider may bill at the weekly rate, provided they meet the services requirements below.

Service Requirements

- ~~(1)~~ (1) The provision of MACT MCT services must comply with the fidelity standards of the Substance Abuse and Mental Health Services Administration's (SAMHSA)

Assertive Community Treatment, as modified for the Montana specific requirements for this service, as demonstrated by MACT MCT fidelity quality reviews. MACT MCT programs that fail to comply with Assertive Community Treatment fidelity standards as modified for the Montana specific requirements for this service are subject to corrective action, remediation, and /or possible suspension of the MACT MCT team program.

(2) (2) The core MACT MCT service components which must be available and provided by each MACT MCT 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) 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
- (e) (i) individual, family, and group therapy; and
- (f) (j) individual and/or group peer support.

(3) MACT teams must provide the following services, as identified in each member's individualized treatment plan: Members utilizing MCT services will receive a minimum of 2 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 MCT 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.

~~(a) monitor all of 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, as needed.~~

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

~~(3) (5) 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.~~

(6) Member must transfer psychiatric services to MCT Services.

~~(4) (7) MACT MCT 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 50% of the time for the member's services provided monthly.

~~(5) (9) MACT teams must complete the following documentation for each member receiving MACT: MCT teams must complete all documentation outlined in this manual, and in accordance with SAMHSA toolkit.~~

~~(a) a clinical 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 upon admission and updated annually as required in Policy 105 of this manual; and~~

~~(e) MACT teams must meet and discuss the status of their members at least four days per week and discuss the status of each member each time and complete a staff meeting log for each member which includes:~~

~~(i) date and time of meeting;~~

~~(ii) staff present;~~

~~(iii) member's name discussed;~~

~~(iv) services provided in the past 24 hours; and~~

~~(v) member's progress and updates to the continuing care plan.~~

(10) MCT teams must meet at least two days per week to discuss the progress of each member.

~~(6)~~ (11) MACT MCT teams may be reimbursed at the weekly rate for a MACT MCT member, up to four consecutive weeks, who is hospitalized or in an inpatient setting provided the following requirements 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) member must continue to meet medical necessity criteria for MACT services~~
MCT 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

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

~~(7)~~ (12) If the MACT MCT member is not hospitalized or in an inpatient setting and the MACT MCT member is unable to receive the weekly contacts ~~as required under medical necessity criteria~~, MACT MCT 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 MACT MCT 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 MACT MCT services; and

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

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

Utilization Management

- (1) Prior authorization is ~~not~~ 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.~~ 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 MCT 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 able and willing to continue participation in MCT 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 member's individualized treatment plan;
 - (iii) Member has achieved current individual treatment goal, 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 MCT services, and those 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.