Effective Immediately

Program for Assertive Community Treatment (PACT) and Montana Assertive Community Treatment (MACT) Staff Onboarding and Member Caseload

Effective immediately, Addictive and Mental Disorders Division (AMDD) will allow PACT/MACT teams approved on or after July 1, 2020, who are not yet fully staffed to onboard five members each week until a full staff roster has been reached. If a PACT/MACT team is fully staffed, AMDD will allow the addition of 10 new members per week until the maximum caseload is met. Medical necessity for all PACT/MACT members must be documented in the member’s file.

Medical Necessity Criteria

For all three PACT Tiers and MACT:
(1) The member must meet Severe Disabling Mental Illness (SDMI) criteria as defined by this manual and register as impaired in areas of functioning as outlined in the Level of Impairment (LOI) worksheet at https://dphhs.mt.gov/Portals/85/amdd/documents/AdultMHGeneralDocs/StatePlanSDMILOI-Form508compliant.pdf.
(2) The member has history of poor engagement with traditional outpatient services and is at risk of recurrent psychiatric hospitalization or institutionalization.
(3) The member is expected to be able to adequately participate in and respond as planned to the proposed treatment.
(4) Member is assessed to not be at risk of imminent danger to self or others.
(5) Comprehensive treatment plan is in place to:
   (a) address medical, psychiatric, and substance use disorders;
   (b) include coordination of care with other providers and community-based resources to move toward discharge planning;
   (c) include member specific dynamic recovery goals with continued measured progress noted toward goal completion;
   (d) engage family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate.

Additional Medical Necessity Criteria for Each Tier

Additional Medical Necessity for Intensive Program of Assertive Community Treatment (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.

(3) Treatment hours per week and duration are individualized and designed to meet needs of member, will be adjusted according to member’s response to therapy, and ability to participate effectively (coverage will be available 24 hours a day, 7 days a week) and team meetings are no less than five days a week.

(4) Member must need at least three of the core PACT service bundle options listed under service requirements in the Addictive and Mental Disorder Division, Medicaid Service Provider Manual for Substance Use Disorder (SUD) and Adult Mental Health in a residential setting.

**Additional Medical Necessity for PACT:**

(1) Treatment hours per week and duration are individualized and designed to meet needs of member, will be adjusted according to member’s response to therapy and ability to participate effectively, and contacts are no less than three days a week.

(2) Member must need at least three of the core PACT service bundle options listed under service requirements in the Addictive and Mental Disorder Division, Medicaid Service Provider Manual for SUD and Adult Mental Health.

**Additional Medical Necessity for PACT Community Maintenance Program (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.

(2) Treatment hours per week and duration are individualized and designed to meet needs of patient, will be adjusted according to patient's response to therapy, and ability to participate effectively and contacts are no less than four times per month.

(3) Member must need the following service bundle options in the outpatient setting (not all are required for each member):
   
   (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.

All service requirements for PACT/MACT are required as described in the Addictive and Mental Disorders Division Medicaid Services Provider Manual for SUD and Adult Mental Health, [Policy Number 460: Program of Assertive Community Treatment (PACT)](https://medicaidprovider.mt.gov) and [Policy Number 455: Montana Assertive Community Treatment (MACT)](https://medicaidprovider.mt.gov).

**Contact Information**

Isaac Coy, Behavioral Health Supervisor, email ICoy@mt.gov or telephone (406) 444-7922.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.