



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Program of Assertive Community Treatment		
MNG #: 036	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MAPD-MA Medicare Preferred <input type="checkbox"/> MAPD-MA Medicare Value <input type="checkbox"/> MAPD-RI Medicare Preferred <input type="checkbox"/> MAPD-RI Medicare Value <input type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: Yes <input checked="" type="checkbox"/> No	Approval Date: 10/03/2019;	Effective Date: 4/25/2020;
Last Revised Date: 5/4/2020; 6/24/2021; 07/01/2021	Next Annual Review Date: 10/03/2020, 5/4/2021; 6/24/2022; 07/01/2022	Retire Date:

OVERVIEW:

Program of Assertive Community Treatment (PACT) provides services to individuals with persistent and serious mental illness 24 hours a day, seven days a week, 365 days a year with multidisciplinary services within his/her home or in the community. The clinician goes to the consumer, rather than the consumer going to a program. PACT has been described as a hospital without walls.

All the services of an inpatient psychiatric hospital are delivered in a community-based setting. This includes but not limited to:

- Medication
- Counseling/therapy
- Transportation
- Employment/vocational supports
- Nursing
- Mobile crisis interventions
- Substance use treatment
- Peer Support
- Health education

The program has been successful for consumers with persistent, severe mental illness when the more traditional models of care were unsuccessful.

Definitions: The term PACT and ACT have been used interchangeably. Both refer to a community-based program for consumers with persistent, chronic mental illness when traditional psychiatric care has not been beneficial to the



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consumer.

DECISION GUIDELINES:

- Services must be provided in accordance with the member goals as stated in the care plan.
- Services may be used for individuals with physical, mental, and/or cognitive impairments, who are unable to safely or effectively perform an activity and for whom having such services will support their improved health status and their ability to maintain integrated living in the community.
- PACT is most effective for people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder) and bipolar disorder; those who are not benefited by traditional outpatient models; have difficulty getting to appointments on their own; have had negative experiences in the traditional mental health system; or are reluctant to use mental health services.

KEY CARE PLANNING CONSIDERATIONS:

PACT strives to lessen or eliminate the debilitating symptoms of mental illness that a member may experience and to help minimize or prevent recurrent acute episodes of the illness; to meet basic needs and enhance quality of life; to improve functioning in adult social and employment settings; to enhance the member's ability to live independently in his or her own community; and to lessen the family's burden of providing care.

What are the key features of

PACT?Treatment:

- psychopharmacologic treatment, including new atypical antipsychotic and antidepressant medications
- individual supportive therapy
- mobile crisis intervention
- coordinate care with inpatient providers as needed for substance use treatment, including group therapy (for clients with a dual diagnosis of substance use and mental illness)

Rehabilitation:

- behaviorally oriented skills teaching (supportive and cognitive-behavioral therapy), including structuring time and handling activities of daily living
- supported employment, both paid and volunteer work
- support for resuming education

Support Services:

- support, education, and skill-teaching to family members
- collaboration with families and assistance to clients with children
- direct support to help clients obtain: legal and advocacy services; financial support; supported housing; money-management services; and transportation

A review of other existing supports in the care plan should be performed before initiating services to prevent against duplicative services.



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PRIOR AUTHORIZATION REQUIREMENTS AND PROCESS:

Prior authorization is not required.

PACT is a closed referral program, with the Department of Mental Health (DMH) and Massachusetts Behavioral HealthPartnership (MBHP) being the only referring sources.

H0040 Assertive community treatment program, per diem

Disclaimer:

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

1. MassHealth Provider Manual; 130 CMR 429 .000 -4 29.441.
2. National Alliance on Mental Illness: (www.nami.org).

REVISION LOG:

REVISION DATE	DESCRIPTION
10/03/2019	Reviewed and approved by the Medical Policy Committee



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APPROVALS:

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