



## Program of Assertive Community Treatment Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Program of Assertive Community Treatment (PACT)</b>		
<b>MNG #: 036</b>	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	<b>Prior Authorization Needed?</b> <input type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input checked="" type="checkbox"/> No
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 10/03/2019;	<b>Effective Date:</b> 4/25/2020; 8/8/2024; 1/1/25; 12/23/2025
<b>Last Revised Date:</b> 5/4/2020; 07/01/2021; 6/2/2022; 8/8/2024; 12/23/2025	<b>Next Annual Review Date:</b> 10/03/2020, 5/4/2021; 07/01/2022; 6/2/2023; 8/8/2025; 12/23/2026	<b>Retire Date:</b>

**OVERVIEW:**

Program of Assertive Community Treatment (PACT) is a multidisciplinary service team approach to providing intensive, community-based, and recovery-oriented psychiatric treatment, assertive outreach, rehabilitation, and support to individuals with serious mental illness. The service is best suited to members who do not effectively use less-intensive psychiatric services. The program team provides assistance to individuals to maximize their recovery, ensures member-directed goal setting, assists individuals in gaining hope and a sense of empowerment, and provides assistance in helping individuals become better integrated into their community. The team is the single point of clinical responsibility and assumes accountability for assisting individuals in getting their needs met while achieving their goals for recovery. The PACT team provides all clinical non-acute behavioral health and substance use disorder interventions in addition to linking members to community-based self-help resources and providing direct rehabilitation, vocational, and housing-related services. Services are delivered in the individual’s natural environment and are available on a 24-hour, seven-day-a-week basis. Services are comprehensive and highly individualized. They are modified as needed through an ongoing assessment and treatment planning process. Services are intensive but may vary based on the needs of the Member. PACT services follow national program guidelines.

**DEFINITIONS:**

**Department of Mental Health (DMH):** the state agency that assures and provides access to services and supports to meet the mental health needs of individuals of all ages.

**Psychiatric diagnosis:** any diagnosis pertaining to mental health as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

**DECISION GUIDELINES:**



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### **Clinical Coverage Criteria:**

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

### **Admission Criteria**

*All of the following criteria are necessary for admission to this level of care:*

1. The individual must be an adult, age 19 or older, who is either Medicaid eligible and/or a DMH client on the date of service;
2. The individual must have a psychiatric diagnosis as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR).
3. As a result of the psychiatric diagnosis, the individual has significant functional impairments as demonstrated by at least one of the following conditions:
  - a. Inability to consistently perform practical daily living tasks (e.g., maintaining personal hygiene; meeting nutritional needs; caring for personal financial affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; budgeting; employment or carrying out child-care responsibilities) or persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others (such as friends, family, or relatives);
  - b. Inability to maintain a safe living situation (e.g., repeated evictions or loss of housing); or
  - c. High risk or recent history of criminal justice involvement (e.g., arrest and incarceration);
4. One or more of the following indicators of continuous, high-service need is present:
  - a. The Member has a history of psychiatric hospital admissions or psychiatric emergency department or Adult Mobile Crisis visits in the last 365 days;
  - b. Active, co-existing substance use disorder greater than six months' duration;
  - c. Currently admitted to an acute level of care or supervised community residence but able to be discharged if intensive community supports are provided; or
  - d. In danger of requiring acute level of care if more intensive services are not available; or
  - e. Inability to keep office-based appointments; and
5. The individual and legal guardian, if appropriate, are willing to accept and cooperate with the PACT team.

### **Continued Stay Criteria**

*All of the following criteria are necessary for continuing treatment at this level of care:*

1. Severity of illness and resulting impairment continue to require this level of service;
2. Treatment planning is individualized and appropriate to the individual's changing condition, with realistic and specific goals and objectives stated;
3. The mode, intensity, and frequency of treatment are appropriate;
4. Active treatment is occurring, and continued progress toward goals is evident; or adjustments to the treatment plan have been made to address lack of progress; and
5. The individual and family (when appropriate and with consent) are participating to the extent capable with a



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program that is considered adequate to alleviate the signs and symptoms justifying treatment.

#### **Discharge Criteria**

*Any of the following criteria is sufficient for discharge from this level of care:*

1. The individual's treatment plan and discharge goals have been substantially met;
2. Consent for treatment is withdrawn;
3. The individual no longer meets the admission criteria or meets criteria for a less-or more-intensive level of care;
4. The member is in an institution (state hospital or prison) for an extended period of time which precludes the PACT team's ability to maintain a relationship with the member, or there is no planned return to the community setting to occur within a reasonable timeframe; or
5. The member and/or legal guardian is not engaged in or utilizing the service to such a degree that treatment at this level of care becomes ineffective or unsafe despite the use of motivational techniques and multiple, documented attempts to address engagement issues. In addition, it has been determined that the member and/or guardian has the capacity to make an informed decision, and the member does not meet criteria for a more-intensive level of care.

#### **LIMITATIONS/EXCLUSIONS:**

*Any of the following criteria is sufficient for exclusion from this level of care:*

1. The individual has a diagnosis of a substance use disorder only;
2. The individual has a primary diagnosis of an intellectual disability;
3. The individual has a primary diagnosis of a neurodevelopmental or neurocognitive disorder;
4. The individual is actively engaged in treatment in a Community Support Program (CSP) or similar duplicative service; or
5. The individual has an impairment that requires a more intensive level of service than community-based intervention.

#### **KEY CARE PLANNING CONSIDERATIONS:**

- Services must be provided in accordance with the member goals as stated in the care plan.
- 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.
- 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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- PACT is a closed referral program, with the Department of Mental Health (DMH) and Massachusetts Behavioral Health Partnership (MBHP) being the only referring sources.
- Psychosocial, occupational, and cultural and linguistic factors may change the risk assessment and should be considered when making level of care decisions.

#### AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

#### PRIOR AUTHORIZATION REQUIREMENTS AND PROCESS:

Prior authorization is not required.

HCPCS Code	Description
H0040	Assertive community treatment program, per diem

#### REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

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

#### 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



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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:**

MassHealth’s Behavioral Health vendor’s criteria for PACT services.

Substance Abuse and Mental Health Services Administration. Assertive Community Treatment (ACT) Evidence-Based Practices Kit. DHHS Pub. No. SMA-08-4345, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008.

**REVISION LOG:**

REVISION DATE	DESCRIPTION
3/31/25	For effective date 1/1/25 CCA product template update
8/8/2024	No changes to Clinical coverage criteria, limitations/exclusions.
6/2/2022	Template changed to include PA requirements and benefit type.
10/03/2019	Reviewed and approved by the Medical Policy Committee
12/18/2025	Removed references to retired plans

**APPROVALS:**

Jeffrey Sedlack	Senior Medical Director Utilization Review and Medical Policy
<b>CCA Clinical Lead</b>	<b>Title</b>
	12/23/2025
<b>Signature</b>	<b>Date</b>
<b>CCA Senior Operational Lead</b>	<b>Title</b>
<b>Signature</b>	<b>Date</b>
<b>CCA CMO or Designee</b>	<b>Title</b>