

Medical Necessity Criteria

Non-24-Hour Diversionary Services Program of Assertive Community Treatment (PACT) (Adult Only)

The **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 consumer-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 individuals served.

PACT services follow national program guidelines.*

* Substance Abuse and Mental Health Services Administration. *Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) 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.

Criteria

Admission Criteria

All of the following criteria (1-5) 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 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).
 - 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 is non-responsive to the MBHP's Intensive Clinical Management services (not applicable for DMH clients).
 - b. The Member has a history of psychiatric hospital admissions or psychiatric Emergency Services visits in the last 365 days.

- c. The Member has had an active, co-existing substance use disorder greater than six months' duration.
 - d. The Member is currently admitted to an acute level of care or supervised community residence but able to be discharged if intensive community support services are provided.
 - e. The Member is in danger of requiring acute level of care if more intensive services are not available.
 - f. The Member has an inability to keep office-based appointments.
5. The individual and legal guardian, if appropriate, are willing to accept and cooperate with the PACT team.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors, as detailed in the introduction, may change the risk assessment and should be considered when making level-of-care decisions.

Exclusion Criteria

Any of the following criteria (1-5) 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 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.
5. The individual has an impairment that requires a more-intensive level of service than community-based intervention.

Continued Stay Criteria

All of the following criteria (1-5) 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.
5. The individual and family (when appropriate and with consent) are participating to the extent capable with a program that is considered adequate to alleviate the signs and symptoms justifying treatment.

Discharge Criteria

Any of the following criteria (1-5) 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 set to occur within a reasonable time frame.
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 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.