

# Provider Update

## Guidelines for Program of Assertive Community Treatment

**Background or summary of change:** The Program of Assertive Community Treatment (PACT) is an effective, evidenced-based, service delivery model that provides outreach-oriented comprehensive community treatment, rehabilitation and supportive services. PACT is designed for individuals with severe and persistent mental illness and co-occurring disorders. It is composed of a multidisciplinary team that functions as a mobile mental health agency or provider group.

### ✦ **What this means to you:**

These guidelines TNPEC-0696-13-A take full effect as of March 21, 2014, which is 30 days from your receipt of this communication.

### **Standard components of PACT include:**

- Service 24 hours a day, 7 days a week, 365 days a year
- First-level crisis intervention
- Individualized assessment methods and treatment planning
- Community-based delivery
- Community integration focus
- Coordination and/or provision of substance abuse services
- Psychoeducation supportive services to member, family and natural supports
- Holistic member care
- Cultural and linguistic competence
- Outcome-driven service

### **What is the impact of the change?**

Refer to the state-approved guidelines when reviewing referrals to your program.

### **What if I need help?**

If you have questions about this communication, received it in error or need help with anything else, contact your local Provider Relations representative or call our Provider Services team:

- Medicaid providers call 1-800-454-3730
- Medicare providers call 1-866-805-4589

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Issued February 4, 2014  
by Amerigroup Community Care



**Amerigroup Tennessee**  
**Behavioral Health Level of Care Guidelines**  
**Program of Assertive Community Treatment**  
Last Revised Date: January 2014

**Program Description:**

The Program of Assertive Community Treatment (PACT) is an effective, evidence-based, service delivery model that provides outreach-oriented comprehensive community treatment, rehabilitation and supportive services. PACT is designed to meet the needs of people with severe and persistent mental illness and co-occurring disorders who have not benefited from traditional outpatient services and other forms of case management. PACT is composed of a multidisciplinary team that includes psychiatry, social work, nursing, substance abuse and vocational rehabilitation. This team functions as a mobile mental health agency or provider group. Interventions are provided in a member-centric, integrated, holistic and strength-based approach.

Amerigroup Community Care requires PACT to be based in the principles of recovery\* and rehabilitation.

Standard components of PACT include:

- Service 24 hours a day, 7 days a week, 365 days a year
- First-level crisis intervention
- Individualized assessment methods and treatment planning
- Community-based delivery
- Community integration focus
- Coordination and/or provision of substance abuse services
- Psychoeducation supportive services to member, family and natural supports
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**Medical Necessity Criteria:**

PACT must meet medical necessity criteria per TennCare Rule 1200-13-16-.05\*\*

Additional criteria provided below serve as a clinical guide for medical necessity determinations.

**Admission Criteria:** *(Must meet all of the following)*

1. Services must be recommended by a licensed behavioral health clinician or primary care practitioner who has assessed the member within 30 days of the request for authorization.\*\*\*
2. Primary mental health DSM diagnosis
3. Inability to comply or respond to traditional outpatient treatment and/or other intensive case management as evidenced by one of the following in the past six months:
  - a. Two or more admissions to psychiatric acute hospital or crisis stabilization unit
  - b. Two or more visits to emergency room
  - c. Recent discharge from residential or subacute placement
4. Significant functional impairments due to mental illness as demonstrated by at least one of the following:

- a. Significant difficulty performing a range of daily living tasks required to function in the community (e.g. caring for personal business; obtaining medical, legal and housing services; recognizing and avoiding common dangers or hazards to self and others; meeting nutritional needs; maintaining personal hygiene)
- b. Difficulty in treatment adherence (e.g. keeping appointments or medication adherence)
- c. Unstable housing (e.g. repeated evictions or loss of housing) and/or recent history of criminal justice involvement due to mental health symptomology

**Continued Review Criteria:** *(Must meet all of the following)*

1. Must continue to meet all admission criteria
2. Must have demonstrated member engagement and participation in treatment
3. Must have evidence of members' ability to benefit from treatment as evidenced by individualized treatment goals that are linked to the behavioral health condition and reference member-specific barriers being addressed by PACT
4. Must have a documented individualized discharge plan with projected discharge date
5. Must have documented evidence of service coordination, including medical and substance abuse needs, into service plan

**Discharge Criteria** *(Must meet one of the following)*

1. Completion of PACT goals or evidence that goals can be met independent of PACT services
2. Member refuses to participate in services
3. Evidence that member no longer receives benefit from PACT services (e.g. continued admissions to acute services and excessive use of emergency services)
4. Inability to locate the member for 30 days for reasons other than long-term incarceration and long-term hospitalization

**Administrative Rules:**

1. PACT services are prior authorized services
2. Amerigroup reserves the right to conduct clinical record reviews on any PACT services
3. Any exceptions to the following program requirements must obtain prior approval from Amerigroup

**Program Requirements**

1. PACT must be provided by a multidisciplinary team.
2. The PACT team must be composed of at least one registered nurse and one psychiatrist. If services are provided by one case manager only, this is considered traditional case management.
3. Weekly team meetings are required to review each member's clinical status and to ensure individualized interventions are being provided.
4. PACT must be clinically supervised by a licensed Masters level or higher clinician in a behavioral health discipline practicing within the scope of their licensure.
5. Clinical supervision shall include a review of written documentation, including assessments, treatment plans, progress notes and other correspondence.
6. PACT assessments must be integrated to support stage-based treatment for individuals who have a co-occurring mental health and substance use disorder.
7. The PACT program must comply with staffing ratios set forth by the Contractor Risk Agreement.
8. The PACT program must meet the minimum face-to-face contact requirements set forth by the Contractor Risk Agreement.
9. PACT services must occur in the community at least 75 percent of the time.

10. A comprehensive treatment plan must be completed and available to Amerigroup upon request within 30 days of authorization. The service plan must include goals and tasks specific to PACT in addition to an individualized discharge plan.
11. PACT is an all-inclusive service and may not be provided by multiple provider agencies.
12. PACT and other case management services cannot occur simultaneously.
13. PACT and supportive or enhanced supportive housing cannot be provided simultaneously.
14. Denial of PACT services shall not prevent the member from accessing any other medically necessary behavioral health services. Other services cannot be held contingent upon receipt of PACT.
15. Primary Care Providers (PCPs) must be made aware that PACT is being provided for behavioral health needs. Input from the PCP must be encouraged and actively sought. PACT includes the assessment of the member's access and engagement in primary and preventive care, identification and solution development regarding barriers to primary care and adherence to health regimens and redirection of the member to proper utilization of services (e.g. primary care rather than emergency room utilization).
16. If member moves outside of the provider's geographic area, the PACT team shall arrange for transfer of mental health services to another provider within the new geographic area if the enrollee is still a member of the plan.

\*Per the Contractor Risk Agreement, recovery is defined as the consumer-driven process in which consumers are able to work, learn and participate fully in their communities. Recovery is the ability to live a fulfilling and productive life with a disability.

**\*\* Medical necessity criteria per TennCare Rule 1200-13-16-.05 \*\***

1. Services must be recommended by a licensed physician who is treating the enrollee or recommended by another licensed healthcare provider practicing within the scope of his or her license who is treating the enrollee.
2. Services must be required in order to diagnose or treat the member's medical condition.
3. Services must be safe and effective.
4. Services must not be experimental or investigational.
5. Services must be the least costly alternative course of diagnosis or treatment that is adequate for the enrollee's medical condition.

\*\*\*Per TennCare, a licensed clinician practicing within the scope of his or her licensure must either assess the individual or review and approve the treatment plan within 30 days of the date of referral. Amerigroup requires this individual to be identified at the time of the authorization request and available for peer-to-peer review if needed.