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4. Program Regulations

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464.401: Introduction

130 CMR 464.000 establishes requirements for participation of programs of assertive community treatment in MassHealth. All programs of assertive community treatment participating in MassHealth must comply with the MassHealth regulations, including but not limited to, 130 CMR 464.000 and 130 CMR 450.000: *Administrative and Billing Regulations*.

464.402: Definitions

The following terms used in 130 CMR 464.000 have the meanings given in 130 CMR 464.402, unless the context clearly requires a different meaning.

Adverse Incident. An occurrence that represents actual or potential serious harm to the well-being of a member, or to others under the care of the PACT provider. Adverse incidents may be the result of the actions of a member, actions of a staff member providing services, or incidents that compromise the health, safety, or operations of the program.

Behavioral Health Disorder. Any disorder pertaining to mental health or substance use as defined by the *Diagnostic and Statistical Manual of Mental Disorders*.

Case Consultation. Intervention, including scheduled audio-only telephonic, audio-video, or in-person meetings, for behavioral and medical management purposes on a member's behalf with psychiatric status, history, treatment, or progress (other than for legal purposes) for other physicians, agencies, or insurance carriers.

Certified Peer Specialist (CPS). A person who has been trained by an agency approved by the Department of Mental Health (DMH) who is a self-identified person with lived experience of a mental health disorder and wellness who can effectively share their experiences and serve as a mentor, advocate, or facilitator for a member experiencing a mental health disorder.

Diagnostic Evaluation Services. The examination and determination by interview techniques of a member's physical, psychological, social, economic, educational, and vocational capabilities and disabilities for the purposes of developing a diagnostic formulation and designing a treatment plan.

Legally Authorized Representative (LAR). An individual who, under law, can act on behalf of another person (such as a minor). The LAR may be a parent, grandparent, or other caregiver who has the legal authority to grant consent on behalf of the youth.

Medication for Addiction Treatment. The use of a medication approved by the federal Food and Drug Administration (FDA) for the treatment of a substance use disorder.

Mental Health Disorder. Any disorder pertaining to mental health as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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Outreach. Mental health and/or substance use disorder treatment services delivered by a clinical or paraprofessional staff member off the physical premise or facility maintained by the PACT provider including, but not limited to, services in members' homes or other community environments.

PACT Provider. A provider that meets the requirements of 130 CMR 464.404 to provide program of assertive community treatment (PACT) services to MassHealth members.

PACT Team. The multi-disciplinary staff with the responsibility for the provision of PACT services outlined in 130 CMR 464.411.

Pharmacotherapy. Providing therapeutic treatment with pharmaceutical drugs.

Program of Assertive Community Treatment (PACT). A comprehensive service model for adult members with serious mental illness who may benefit from intensive coordinated services and have not responded well to program or office-based interventions. PACT is provided through a multidisciplinary team approach that offers active, ongoing, comprehensive, integrated community-based services. These services are designed to be responsive to changing needs and are typically long term. Services include outreach, engagement, rehabilitation, clinical, health-related, and recovery-based interventions and support. The PACT model is an evidence-based practice referred to by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Alliance on Mental Illness (NAMI) as an Assertive Community Treatment (ACT) program and is outlined in the Substance Abuse and Mental Health Services Administration's *Assertive Community Treatment* manual.

Quality Management Program. A systematic and ongoing process for monitoring, evaluating, and improving the quality and appropriateness of services provided to members, with focused attention on addressing cultural, ethnic, and language differences.

Release of Information. A document that allows a member to authorize and revoke what information they want to release from their record, to whom they want it released, how long it can be released for, and under what statutes and guidelines it is released.

Safety Plan. A written plan developed with the member, caregiver/guardian, and other relevant stakeholders that identifies the skills, strategies, and resources that a member and their supports can use to continually develop self-calming strategies and reduce stress, distress, anxiety, or problematic behavior that can lead to crisis.

Substance Abuse and Mental Health Services Administration (SAMHSA). An agency within the U.S. Department of Health and Human Services that leads public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

Substance Use Disorder. Any disorder pertaining to substance use as defined by the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

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Telehealth. The use of synchronous or asynchronous audio, video, electronic media, or other telecommunications technology including, but not limited to

- (1) interactive audio-video technology;
- (2) remote patient monitoring devices;
- (3) audio-only telephone; and
- (4) online adaptive interviews for the purpose of evaluating, diagnosing, consulting, prescribing, treating, or monitoring a patient's physical health, oral health, mental health, or substance use disorder condition.

Treatment Plan. A service plan developed by the member and the PACT team reflecting the voice, priorities, preferences, and goals of the member that identifies the focus of treatment; sets goals, measures, and timelines to monitor the effectiveness of treatment interventions; and identifies the treatment modalities. Alternatively referred to as a community service plan.

464.403: Eligible Members

(A) MassHealth Members. The MassHealth agency covers PACT services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth agency's regulations. Covered services for each MassHealth coverage type are set forth in 130 CMR 450.105: *Coverage Types*.

(B) Members of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, *see* 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.

(C) For information on verifying member eligibility and coverage type, *see* 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

(D) For limitations on mental health disorder and substance use disorder services provided to members enrolled with a MassHealth managed care provider, *see* 130 CMR 450.105: *Coverage Types* and 130 CMR 450.124: *Behavioral Health Services*.

(E) Clinical Standards for PACT Services. PACT services are provided to members based on the clinical standards published by the MassHealth agency.

464.404: Provider Eligibility

Payment for the services described in 130 CMR 464.000 is made only to providers who are participating in MassHealth as of the date of service. The eligibility requirements are as described in 130 CMR 464.404.

(A) The PACT provider must be physically located within the Commonwealth of Massachusetts.

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(B) The PACT provider must be certified to provide PACT services by the Department of Mental Health.

(C) The PACT provider must be enrolled and actively participating with the MassHealth agency as a billing provider as evidenced by the issuance of a provider identification and service location (PIDSL) number for the provision of PACT services at the PACT provider's licensed, community-based location.

464.405: Provider Enrollment Process

(A) The provider applicant must submit the appropriate provider enrollment application to the MassHealth agency. The MassHealth agency may request additional information or perform a site inspection to evaluate the applicant's compliance with 130 CMR 464.000.

(1) Based on the information in the enrollment application, information known to the MassHealth agency about the applicant, and on the findings from any site inspection deemed necessary, the MassHealth agency will determine whether the applicant is eligible for enrollment.

(2) The MassHealth agency will notify the applicant of the determination in writing within 60 days of the MassHealth agency receiving a completed application. An application will not be considered complete until the applicant has responded to all MassHealth requests for additional information, and MassHealth has completed any site inspection.

(B) If the MassHealth agency determines that the applicant is not eligible for enrollment, the notice will contain a statement of the reasons for that determination including, but not limited to, incomplete application materials and recommendations for corrective action, if appropriate, so that the applicant may reapply for enrollment once corrective action has been completed.

(C) The enrollment is valid only for the PACT provider described in the application and is not transferable to other PACT providers at other locations operated by the applicant. Any additional PACT provider established by the applicant at another location must separately apply for enrollment and be enrolled with the MassHealth agency to receive payment.

464.406: Required Notifications and Reports

(A) Annual Report. Each Program of Assertive Community Treatment must submit a completed annual report, on forms furnished by the MassHealth agency, and file them with the MassHealth agency by September 30th of each year. The report must include, at minimum, the following:

(1) a statement that the provider has reviewed and updated, as necessary, its written policies and procedures during the reporting period. Each provider must provide a copy of the provider's written policies and procedures as requested by the MassHealth agency;

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- (2) a list of all staff who meet the staff composition requirements as listed in 130 CMR 464.412, which includes the following information: staff name, license number, type of license, and board certification, if applicable, and a list of the clinical supervisor for any clinical staff who are unlicensed or not independently licensed;
 - (3) a statement describing the role of the psychiatrist;
 - (4) a statement describing the current language capacities, capacity to provide services to specialized populations, and utilization of evidenced-based modalities in the delivery of PACT services;
 - (5) written attestation that the provider complies with 130 CMR 464.000; and
 - (6) any other information that the MassHealth agency may request.
- (B) Staffing and Personnel Reports.
- (1) Each PACT provider must report to the MassHealth agency, within 30 days, any leadership or prescribing staffing changes to the roles identified in 130 CMR 464.412.
 - (2) Each PACT provider must report to the MassHealth agency, within 30 days, any staffing changes to the Utilization Review Committee. The reports related to these staffing changes must include the staff member's name, license number, and type of license.
 - (3) If any licensed staff member is sanctioned or disciplined by the Department of Public Health (DPH) or an out-of-state clinician's relevant state licensing agency, or is sanctioned by the staff member's board of licensure, the provider must report the following to MassHealth within ten days of notification of the sanction or disciplinary action: the name of the individual, the individual's license number, a copy of the official notification of sanction or disciplinary action, and a statement about intended next steps by both the PACT provider and the staff member to address the sanction or disciplinary action.
- (C) Each PACT provider must report adverse incidents to the MassHealth agency within 24 hours of discovery of the incident or, if the incident occurs on a holiday or weekend, on the next business day, in a format specified by the MassHealth agency.
- (D) Each PACT provider must inform the MassHealth agency within 15 days of any citation or loss of licensure or accreditation issued to the provider by another agency including, but not limited to, the Department of Mental Health or an out-of-state provider's relevant state licensing agency, or any changes to or loss of Medicare participation and enrollment.
- (E) Each PACT provider must comply with all reporting requirements that may pertain to the practice, facility, or staffing as directed by the MassHealth agency.

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464.407: Revocation of Enrollment and Sanctions

(A) The MassHealth agency has the right to review a PACT provider's continued compliance with the conditions for enrollment referred to in 130 CMR 464.405 and the reporting requirements in 130 CMR 464.416 upon reasonable notice and at any reasonable time during the provider's hours of operation. The MassHealth agency has the right to revoke the enrollment, subject to any applicable provisions of 130 CMR 450.000: *Administrative and Billing Regulations*, if the review reveals that the provider has failed or ceased to meet such conditions.

(B) If the MassHealth agency determines that good cause exists for the imposition of a lesser sanction than revocation of enrollment, it may withhold payment, temporarily suspend the provider from participation in MassHealth, or impose some other lesser sanction as the MassHealth agency sees fit, pursuant to the processes set forth in 130 CMR 450.000, as applicable.

464.408: Maximum Allowable Fees

The MassHealth agency pays for PACT services with rates set by the Executive Office of Health and Human Services (EOHHS), subject to the conditions, exclusions, and limitations set forth in 130 CMR 464.000. EOHHS fees for PACT services are contained in 101 CMR 430.00: *Rates for Program of Assertive Community Treatment Services*.

464.409: Nonreimbursable Services

(A) Research and Experimental Treatment. The MassHealth agency does not pay for research or experimental treatment.

(B) Travel Time for Outreach. Travel time to and from an outreach visit, including a member's home, place of residence, or an appropriate, mutually agreed-upon community-based location, is not a reimbursable service.

(C) Nonmedical Programs. The MassHealth agency does not pay for diagnostic and treatment services that are provided as an integral part of a planned and comprehensive program that is organized to provide primarily nonmedical or other nonreimbursable services. Such programs include residential programs, day activity programs, drop-in centers, and educational programs.

(D) Referrals. A provider to whom a member is referred must bill the MassHealth agency directly for any services rendered as a result of the referral, not through the PACT provider. To receive payment for referral services, the rendering provider must be a participating provider in MassHealth on the date of service.

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464.410: Site Inspections

(A) The MassHealth agency may, at any time, conduct announced or unannounced site inspections of any PACT provider to determine compliance with applicable regulations. Such site inspections do not need to pertain to any actual or suspected deficiency in compliance with the regulations.

(B) After any site inspection where deficiencies are observed, the MassHealth agency will prepare a written site inspection report, which will include the deficiencies found. If requested by the MassHealth agency, the PACT provider must submit a corrective action plan to correct each of the deficiencies cited within the timeframe set forth by the MassHealth agency, including the specific corrective steps to be taken, a timetable for these steps, and the date by which full compliance will be achieved. The MassHealth agency will review the corrective action plan and will accept the corrective action plan only if it conforms to these requirements.

(C) After any site inspection where deficiencies are observed, the MassHealth agency may impose sanctions as specified in 130 CMR 464.407 in addition to or as an alternative to requiring a PACT provider to implement a corrective action under 130 CMR 464.410.

464.411: Scope of Services

(A) The delivery of PACT services must conform with the nationally recognized SAMHSA model of Assertive Community Treatment and the requirements of 104 CMR 27.00: *Licensing and Operational Standards for Mental Health Facilities*.

(B) PACT services must include a comprehensive array of treatments and interventions for a wide range of behavioral health disorders, including co-occurring substance use disorders, to support long term community tenure for members receiving the service. PACT is the sole source of community-based behavioral health treatment for any member receiving services from a PACT provider. Therefore, the PACT provider must have the capacity to provide all community-based behavioral health services as clinically indicated for each member. For medical/dental services and certain specialized substance use disorder services, psychological testing, and discharge planning activities, the PACT provider may make referrals to another source of care to provide such services. Referrals must be made in accordance with the provisions of 130 CMR 464.411(F)(8) and (9).

(C) All services must be medically necessary and appropriate and must be delivered by qualified staff in accordance with 130 CMR 464.412 and as part of a treatment plan in accordance with 130 CMR 464.411.

(D) Each PACT provider must deliver services on a mobile basis to members in any setting that is safe for the member and staff. Services may be provided by telehealth, as appropriate, with a justification for each instance of the use of telehealth modalities documented and supported within the member's record.

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(E) The PACT provider must convene a multidisciplinary PACT team unique to each member served by the provider. The PACT team must have primary responsibility for providing PACT services to the member. The PACT team must include all the qualified staff necessary to provide the services clinically indicated for the member and included in the member's treatment plan. The PACT provider must designate one individual as clinical and administrative supervisor of the team.

(F) At a minimum, the PACT provider must provide at least the following service components.

(1) Intake. Intake services must be initiated by phone call immediately upon receipt of referral. Referral can be made by any provider, state agency, the member themselves, or their LAR. The PACT provider must hold an intake meeting within three business days of the member's referral to the program. If an intake has not occurred within three business days of the member's referral to the provider, the PACT provider must document in the member's medical record the provider's attempts to hold an intake meeting and reason for delay. If the member is referred by a 24-hour behavioral health level of care, including inpatient and diversionary providers, the provider must participate, as appropriate, in member discharge planning at the referring provider. In every instance, regardless of the setting of the intake meeting, the PACT provider must obtain written member consent for services and releases of information to begin record review and coordination. A member is considered enrolled with the provider upon the provider's receipt of the member's consent to services.

(2) Initial Assessment and Initial Treatment Planning.

(a) Upon receipt of a referral, the PACT provider must communicate immediately with the referral source to determine the reason for the referral.

(b) An initial, brief, assessment is required to be completed during the intake meeting. The initial assessment must evaluate for immediate risk and safety, basic living needs, urgent clinical needs, and appropriateness of PACT services. The PACT provider must document the outcome of the initial assessment, including the determination of the appropriateness of services, in the member's medical record.

(c) The PACT provider must complete an initial treatment plan on the date of the intake meeting. The initial treatment plan must include initial goals relevant to building the team, completing necessary assessments, and any immediate safety needs of the member.

(d) Following intake, the PACT provider must create a PACT team for the member.

(3) Comprehensive Assessment Services.

(a) A comprehensive assessment, including thorough record review of assessments completed by previous providers or conducted or arranged for by the PACT provider, must be completed within 30 days of a member being enrolled into PACT services and updated every six months thereafter or more often if new or different clinical information becomes available. If the PACT provider is unable to complete a comprehensive assessment within 30 days, due to the member's presentation or location, the provider must clearly document in the member's medical record the reason for the delay and a plan for completion.

(b) As appropriate, the PACT provider must incorporate available records from referring and existing providers and agencies into the assessment, including any bio-psychosocial assessments, reasons for referral, and discharge recommendations. The PACT provider must include the members' perspective on their needs and strengths in each area of assessment.

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(c) Each area of the assessment is completed by the team member who has the skill and knowledge of the area being assessed. No single team member can be responsible for the entire assessment.

(d) The PACT provider must assess the member in at least the following areas:

1. living situation;
2. family history;
3. social supports;
4. legal status and history of legal involvement;
5. education;
6. employment and meaningful activities;
7. income/financial support;
8. military services;
9. addictive behavior and substance use history;
10. mental health and addiction treatment history, including the member's experience with past treatment, their perception of its benefits/limitations, and their current medications and history of medications;
11. physical health;
12. mental status;
13. strengths, abilities, and resiliencies;
14. activities of daily living;
15. mental health/illness management-behavior management;
16. risk, including criminogenic risk; and
17. other needs.

(e) Each PACT provider must create a comprehensive and long-term treatment plan for every enrolled member within seven days of the comprehensive assessment.

1. The member's written treatment plan must be appropriate to the member's presenting needs and based on information gathered during the intake and comprehensive assessment process.
2. As appropriate, the PACT provider must incorporate available records from referring and existing providers and agencies into the development of the treatment plan, including any bio-psychosocial assessments, reasons for referral, goals, and discharge recommendations.
3. As appropriate, the treatment plan must be developed in consultation with the member and the member's chosen support network. It must be person-centered and identify the member's needs and individualized strategies and interventions for meeting those needs.
4. The treatment plan must be in writing and must include at least the following information, as appropriate to the member's presenting needs:
 - a. identified problems and needs relevant to treatment expressed in behavioral, descriptive terms;
 - b. the member's strengths and needs;
 - c. a comprehensive, individualized plan that is solution focused with clearly defined interventions and measurable goals;
 - d. identified clinical interventions, services, and benefits, including

pharmacotherapy, to be performed and coordinated by the program;

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e. evidence of the member's input in the formulation of the treatment plan, for example, the member's stated goals, and direct quotes from the member;

f. clearly defined staff responsibilities and assignments for implementing the treatment plan;

g. the date the plan was last reviewed or revised and the signatures of the staff involved; and

h. discharge criteria agreed upon by the team and the member.

5. Treatment plans must be updated at least every six months, or more frequently in the event of a significant change in clinical presentation or treatment needs, which may include, but is not limited to, admission to an inpatient level of care, or initiation of pharmacotherapy or therapy services or when determined to be clinically appropriate by the PACT team.

6. Upon the member meeting the goals and objectives within the treatment plan, a written discharge summary must be completed by the PACT provider that describes the member's response to the course of treatment and referrals to aftercare and other resources.

(4) Program of Assertive Community Treatment Services.

(a) PACT services include those provided to the member by the PACT team staff identified in 130 CMR 464.412.

(b) PACT services must be identified in the treatment plan and be focused on the management and treatment of mental health conditions and/or substance use disorders, including symptom self-management to reduce risk of relapse and minimize emotional distress and to maximize engagement in the activities of daily living.

(c) PACT services include

1. providing individual and group interventions to enrolled members, including

a. psychotherapy;

b. pharmacotherapy;

c. substance use disorder interventions including motivational interviewing, harm reduction, and use of self-help groups, including attending with a member as needed;

d. counseling related to getting and keeping housing; and

e. counseling related to job search or retention assistance;

2. engaging in meaningful contact with an enrolled member daily or at least every other day to maintain engagement and work toward goals on the treatment plan. If daily or every other day contact with the member is not possible, or clinically necessary, the reasons must be documented in the member's medical record;

3. collaborating with inpatient providers. PACT provider staff may be present during member admission, as appropriate, to assist with care coordination and discharge planning;

4. collaborating with mobile crisis intervention providers, emergency departments, state agencies, outpatient providers, and inpatient providers, including working with these providers to develop, revise, and utilize member crisis prevention plans and safety plans;

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5. collaborating with healthcare providers for services not provided by the PACT provider, including medical, dental, and vision services, as appropriate;

6. providing enrolled members, their families/caregivers, and other natural supports with education, educational materials, and training about behavioral health and substance use disorders and recovery to support the member's management and treatment goals, as appropriate and with the consent of the member; and

7. encouraging and facilitating the utilization of natural support systems and engaging recovery-oriented, peer support, advocacy, and self-help support and services.

(5) Employment and Vocational Supports. PACT providers must provide clinically based work-related support services and care coordination, as appropriate, to help members obtain and maintain employment in community-based jobs.

(6) Housing Services and Supports. PACT providers must provide clinically based housing services and supports and care coordination to help the member obtain and maintain housing, as needed. PACT providers must be familiar with the availability of affordable housing programs and how they work, including how to apply for housing if the member has a criminal history. PACT providers must use a Housing First approach and may not make housing supports or subsidies contingent on the member's compliance with other treatment recommendations. Housing services and supports include

(a) pre-tenancy supports, including engaging the member to address any criminogenic barriers to accessing housing and assisting in the search for appropriate affordable housing, maintaining ongoing relationships with landlords and local housing organizations, and providing links to resources and agencies for rental subsidies;

(b) transition supports for members moving into housing, including assistance arranging for and helping the member move into housing and facilitating housing changes when necessary; and

(c) tenancy sustaining supports including assistance focused on helping the member remain in housing, including meeting any ongoing requirements of residency, engaging in household activities, assessing social and environmental variables on an ongoing basis, and engaging in daily assessment and attention to treatment needs and criminogenic factors, as applicable.

(7) Pharmacotherapy Services.

(a) Each PACT provider must provide pharmacotherapy services, including medication prescribing, reviewing, and monitoring.

(b) As part of providing pharmacotherapy services, the PACT provider must conduct an assessment of the member, which must include the member's

1. psychiatric symptoms and disorders;
2. health status, including medical conditions and medications;
3. use or misuse of alcohol or other substances; and
4. prior experience with psychiatric medications.

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(c) Pharmacotherapy services must be provided by an appropriately licensed psychiatric prescriber, or other qualified staff as noted in 130 CMR 464.412(B)(3), employed within the PACT team, with the authority to prescribe medications and assigned to the individual treatment team for the member. Nothing in 130 CMR 464.411(F)(7) precludes the one-time administration of a medication in an emergency in accordance with a prescribing practitioner's order.

(d) Storage and administration of medications must be limited to the scope of the PACT provider's DMH licensure in accordance with 104 CMR 27.00: *Licensing and Operational Standards for Mental Health Facilities* or with necessary licensure through DPH in accordance with 105 CMR 140.00: *Licensure of Clinics*.

(e) The PACT provider must conduct medical monitoring of pharmacotherapy for behavioral health conditions and must address requests such as prescription refills and/or medication questions related to behavioral health. The PACT provider must maintain documentation of

1. vital signs;
2. updated medication lists;
3. reviewing side effects with the member; and
4. prescribing of antipsychotic medications that require monitoring.

(f) The PACT provider must conduct screenings for health indicators based on member presentation and refer members to primary care and/or specialized providers for further assessment or treatment as clinically appropriate.

(8) Referral Services.

(a) Each PACT provider must have effective methods to promptly and efficiently refer members to other treatment providers, as appropriate.

(b) Each PACT provider must have written policies and procedures for addressing a member's needs that exceed the scope of PACT services that minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members to the appropriate health care providers.

(c) When referring a member to another provider for services, each provider must ensure continuity of care, exchange of relevant health information, such as test results and records, and avoidance of service duplication between the referring provider and the provider to whom a member is referred. Each provider must also ensure that the referral process is completed successfully and documented in the member's health record.

(9) Crisis Intervention Referrals. Each PACT provider must have capacity to respond to member behavioral health crisis 24-hours a day, 7-days per week. The PACT provider staff may implement interventions to support and stabilize the crisis so that the member can remain in the community, refer the member to crisis intervention services, or refer the member to other healthcare providers, as appropriate.

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(10) Discharge Planning.

- (a) The PACT provider must provide discharge planning for each member receiving PACT provider services to expedite a member-centered disposition to other levels of care, services, and supports as appropriate.
- (b) The PACT provider must begin a discharge plan upon intake of the member into the PACT services using the goals of the member. The PACT team, in partnership with the member and LAR, must develop discharge criteria either as part of the treatment plan or in a separate document. All discharge planning activity must be documented in progress notes in the member's health record.
- (c) As appropriate and applicable, the discharge planning process must involve the member's natural and community support, current and anticipated future providers, and current and anticipated future service agencies.
- (d) The discharge planning process must include crisis prevention and safety planning.
- (e) The discharge plan and criteria must be reviewed and modified as necessary.
- (f) The discharge plan must include specific measurable activities accomplished in treatment and service connections for community maintenance after PACT treatment goals are met.
- (g) The PACT provider must ensure that a written PACT discharge plan is given to the member at the time of discharge along with an updated treatment plan and that a copy is entered into the member's health record. With member consent, a copy of the written discharge plan must be forwarded at the time of discharge to the following individuals or entities involved or engaged with the member's ongoing care: family members, guardian, caregivers, significant other, state agencies, outpatient or other community-based provider, physician, school, crisis intervention providers, and other entities and agencies that are significant to the member's aftercare.

464.412: Staff Composition Requirements

(A) Minimum Staffing Requirements. Each PACT provider must meet the minimum staffing and staff composition requirements outlined in 130 CMR 464.412 to adequately provide the required scope of services set forth in 130 CMR 464.411. All licensure staffing requirements must be met.

(B) Minimum Staffing Composition. Each PACT provider must have the following minimum staff.

- (1) Program Director. The program director must have one full-time independent license in nursing, social work, psychiatric rehabilitation, psychology, marriage and family therapy, or mental health counseling, or must be a psychiatrist who meets licensing criteria. The program director must have at least two years of direct experience treating persons with serious mental illness, including at least one year of program management or supervisory experience in a mental health setting. The program director may also function as a practicing clinician on the team. This role is responsible for supervising all PACT team staff, with the team psychiatrist. This role must be supervised by the team psychiatrist.

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(2) Medical Director. Each PACT provider must employ, whether on staff or by contract, a psychiatrist to serve as medical director of the PACT team. The medical director must be licensed by the Massachusetts Board of Registration in Medicine pursuant to M.G.L. c. 112, §§ 2 through 12DD, c. 112 §§ 61 through 65 and 88, and 243 CMR 2.00: *Licensing and the Practice of Medicine*, and certified by the American Board of Psychiatry and Neurology, the American Osteopathic Board of Neurology and Psychiatry, or board eligible for such certification. The medical director is responsible for supervising all PACT team staff, with the program director. The medical director also supervises the program director.

(3) Pharmacological Staff. Each PACT provider must employ, whether on staff or by contract, sufficient staff to support the schedule of operations and provide pharmacological services to members. The pharmacological staff is responsible for meeting regularly with the member, providing pharmacotherapy assessments pursuant to 130 CMR 464.411(F)(7)(b), and medication prescribing, reviewing, and monitoring pursuant to 130 CMR 464.411(F)(7). Pharmacological staff must be qualified as follows.

(a) Psychiatrists must be licensed by the Massachusetts Board of Registration in Medicine pursuant to M.G.L. c. 112, §§ 2 through 12DD, c. 112 §§ 61 through 65 and 88, and 243 CMR 2.00: *Licensing and the Practice of Medicine*, and certified by the American Board of Psychiatry and Neurology, the American Osteopathic Board of Neurology and Psychiatry, or board eligible for such certification.

(b) Advanced practice registered nurses (APRNs) must have a specialty in psychiatric treatment.

(c) Psychiatric nurses must be registered nurses with a master's degree in psychiatric nursing licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 4.00: *Advanced Practice Registered Nursing*.

(d) Psychiatric clinical nurse specialists must be licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 4.00: *Advanced Practice Registered Nursing*.

(e) Physician's Assistants must be licensed by the Board of Registration of Physician's Assistants pursuant to M.G.L. c. 112 §9C to 9K and 263 CMR 3.00: *Board of Registration of Physician's Assistants*.

(4) Therapeutic Staff. These staff are responsible for the intensive 1:1 therapeutic relationship with the member. The PACT provider must employ, whether on staff or by contract, at least two of the following full-time therapeutic staff:

(a) a psychologist licensed by the Massachusetts Board of Registration of Psychologists, and specializing in clinical or counseling psychology, or a closely related specialty, pursuant to M.G.L. c. 112, §§ 118 through 127 and 251 CMR 3.00: *Registration of Psychologists*;

(b) an independent clinical social worker licensed by the Massachusetts Board of Registration of Social Workers pursuant to M.G.L. c. 13, §84 and 258 CMR 9.00: *Licensure Requirements and Procedures*;

(c) a licensed mental health counselor licensed by the Board of Registration of Allied Mental Health and Human Services Professions pursuant to M.G.L. c. 112, § 165 and 262 CMR 2.00: *Requirements for Licensure as a Mental Health Counselor*;

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(d) a marriage and family therapist licensed by the Board of Registration of Allied Mental Health and Human Services Professions pursuant to M.G.L. c. 112, §§ 163 through 172 and 262 CMR 3.00: *Requirements for Licensure as a Marriage and Family Therapist*; or

(e) other master's and bachelor's-level clinicians and staff sufficient to meet the needs of the members served.

(5) Registered Nurse (RN). The PACT provider must employ, whether on staff or by contract, at least one full-time registered nurse licensed by the Board of Registration in Nursing pursuant to M.G.L. c. 112, § 80B and 244 CMR 3.00: *Registered Nurse and Licensed Practical Nurse*.

(6) Certified Peer Specialists. The program must employ, whether on staff or by contract, at least one full-time certified peer specialist. Certified peer specialists must meet the requirements in all applicable sections of 130 CMR 448.000: *Community Behavioral Health Center Services*.

(7) Substance Use Disorder Specialist. The PACT provider must employ, whether on staff or by contract, at least one full-time master's level clinician with experience treating members with substance use disorders.

(8) Employment Specialist. The PACT provider must employ, whether on staff or by contract, at least one employment specialist with experience in rehabilitation counseling or a related field and at least one year of supervised experience in providing individualized job development and supported employment on behalf of persons with mental illness. The PACT provider may employ a single staff member to meet both this requirement and the staffing requirement for a housing resource specialist under 130 CMR 464.412(B)(9).

(9) Housing Resource Specialist. The PACT provider must employ, whether on staff or by contract, at least one housing resource specialist to assist members in finding housing that is safe and affordable through establishing relationships with local housing authorities and housing programs. The PACT provider may employ a single staff member to meet both this requirement and the staffing requirement for an employment specialist under 130 CMR 464.412(B)(8).

(10) Additional Optional Staffing. The PACT provider may employ additional multidisciplinary staff to support the schedule of operations and provide services to members. Staff may include the following.

(a) Recovery Support Staff. Recovery support navigators and peer recovery coach staff must meet all applicable requirements of 130 CMR 418.000: *Substance Use Disorder Treatment Services*.

(b) Other Licensed Mental Health and Substance Use Disorder Practitioners. Other mental health and substance use disorder practitioners must be licensed by the applicable licensing body, including the Division of Professional Licensure, the Department of Public Health, or the Board of Registration.

(c) Mental Health Workers. Bachelor's-level and paraprofessional mental health workers carry out rehabilitation and support functions.

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464.413: Supervision, Training, and Other Staff Requirements

(A) Staff Supervision Requirements. The program director must provide clinical supervision to all PACT provider staff. Each staff member must receive supervision appropriate to the staff member's skills and level of professional development. Supervision must occur in accordance with the provider's policies and procedures and must include review of specific member issues, as well as a review of general principles and practices related to mental health, substance use disorder, and medical conditions.

(B) Staff Training. PACT providers must provide staff with specific training to provide services to members. Required components of training include, but are not limited to, the following:

- (1) evidence-based treatment modalities;
- (2) training on culturally and linguistically appropriate services (CLAS) to ensure the content and process of all services are informed by knowledge, respect for, and sensitivity to culture, and are provided in the individual's preferred language and mode of communication. Training must include recognition and respect for the characteristics of the members served, such as behaviors, ideas, values, beliefs, and language;
- (3) training in trauma informed treatment modalities;
- (4) training on crisis prevention and de-escalation, risk management and safety planning, and conflict resolution; and
- (5) training on overdose prevention and response.

(C) Staffing Plan. PACT providers must maintain a staffing plan that includes policies and procedures to ensure all staffing and supervision requirements are met pursuant to 130 CMR 464.000.

464.414: Coordination of Medical Care

A PACT provider must coordinate behavioral health disorder treatment with medical care for MassHealth members. If a member has not received a physical exam within 12 months of the date of intake, the PACT provider must advise the member that one is needed. If the member does not have an existing relationship with a physician, the PACT provider must assist the member in contacting the MassHealth agency's customer service line to receive help in selecting a physician. If the member declines a physical examination, the member's record must document the member's preference and any stated reason for that preference.

464.415: Schedule of Operations

(A) The PACT provider location must be open for at least 12 hours a day, Monday through Friday and 8 hours a day on weekends and holidays. Weekend/holiday staffing must meet the clinical needs of the population served.

(B) The PACT provider must be available to respond to member needs 24 hours a day, seven days a week, 365 days a year by phone, in person, or by telehealth whenever appropriate and safe. This includes ongoing or crisis services determined by member need.

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(C) The PACT provider must provide adequate clinical coverage to respond to members experiencing a crisis 24 hours a day, seven days a week.

(1) During business hours, PACT coverage must be available in-person, telephonically, or by telehealth and must include a member of the PACT team assigned to the member.

(2) After hours, crisis intervention services must be available in-person, telephonically, or by telehealth. Staff providing after-hours crisis intervention services must have access to the member's safety plan and a general knowledge of the member's needs and goals.

464.416: Recordkeeping Requirements

(A) Payment for any service listed in 130 CMR 464.000 is conditioned upon its full and complete documentation in the member's medical record. The PACT provider must maintain an electronic or hard copy record of all PACT provider services provided to a member for a period of at least six years following the date of service, subject to any applicable federal or state standard requiring a longer retention period. For all services, the record must contain the following information:

- (1) the member's name and case number, MassHealth identification number, address, telephone number, sex, age, date of birth, marital status, next of kin, school or employment status (or both), and date or dates of service, including date of initial contact;
- (2) a report of a physical examination performed within 12 months of the date of intake or documentation that the member did not want to be examined and any stated reason for that preference;
- (3) the name and address of the member's primary care physician or, if not available, another physician who has treated the member;
- (4) the member's description of the problem, and any additional information from other sources, including the referral source, if any;
- (5) the events precipitating contact with the PACT provider;
- (6) the relevant medical, psychosocial, educational, and vocational history;
- (7) a comprehensive assessment of the member at intake and semi-annually thereafter;
- (8) the clinical impression of the member, including a specific diagnosis using standard nomenclature;
- (9) a list of measurable, realistic short and long-range goals, and a time frame for their achievement;
- (10) a list of short-term objectives, which must be established in such a way as to lead toward accomplishment of the long-range goals;
- (11) the proposed schedule of therapeutic activities necessary to achieve such goals and objectives and the responsibilities of each individual member of the treatment team;
- (12) a schedule of dates for utilization review to determine the member's progress in accomplishing goals and objectives;
- (13) the name, qualifications, and discipline of the PACT provider staff responsible for the activity documented;
- (14) all information and correspondence regarding the member, including appropriately signed and dated consent forms;

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- (15) a medication-use profile; and
 - (16) when the member is discharged, a discharge summary, including a recapitulation of the member's treatment and recommendations for appropriate services concerning follow-up as well as a brief summary of the member's condition and functional performance on discharge. This must be shared with the member, LAR, and all involved ongoing services, with permission, as appropriate.
- (B) The PACT provider must document compliance with the requirements of 130 CMR 464.000.
- (C) All records must be made available to the MassHealth agency upon request.

464.417: Written Policies and Procedures

- Each PACT provider must have and observe written policies and procedures that include
- (A) a statement of its philosophy and objectives and of the geographical area served;
 - (B) an intake policy;
 - (C) intake procedures, including criteria for client enrollment and procedures for multidisciplinary review of each individual referral;
 - (D) treatment procedures including, but not limited to, development of the treatment plan, case assignment, case review, discharge planning, and follow-up on members who leave the program voluntarily or involuntarily;
 - (E) a medication policy that includes prescription, administration, and monitoring data;
 - (F) a referral policy, including procedures for ensuring uninterrupted and coordinated member care upon transfer;
 - (G) recordkeeping policies, including what information must be included in each record, and procedures to ensure confidentiality;
 - (H) personnel and management policies, including policies for hiring, training, evaluation, supervision and termination protocol for all staff;
 - (I) a utilization review plan; and
 - (J) explicit fee policies with respect to billing third-party payers, cancellation procedures, and fee reductions.

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464.418: Administration

- (A) Organization. Each PACT provider must establish an organization chart showing major operating service programs of the program, with staff divisions, administrative personnel in charge of each service program, and their lines of authority, responsibility, and communication.
- (B) Fiscal Management. Each PACT provider must establish a system of business management to ensure accurate accounting for sources and uses of funds, and proper expenditure of funds within established budgetary constraints and grant restrictions.
- (C) Data Management. Each PACT provider must develop and maintain a statistical information system to collect member, service utilization, and fiscal data necessary for the effective operation of the program.
- (D) Personnel Management. Each PACT provider must establish and maintain personnel policies and personnel records for each employee.
- (E) Staff Development and Supervision. Each staff member must receive supervision appropriate to the person's skills and level of professional development. Supervision must be documented and must occur within the context of a formalized relationship with the supervisor and in accordance with 130 CMR 464.413. Documentation of supervision must be maintained by the supervisor.

464.419: Service Limitations

- (A) Services Provided When the Member Is in an Inpatient Setting. Services can be rendered only while a member is an inpatient for discharge planning or care coordination to the extent necessary to ensure a smooth and efficient transition back to the community setting.
- (B) Housing Expenses. The MassHealth agency does not pay for housing costs.
- (C) Psychological Testing. The MassHealth agency pays a PACT provider for psychological testing only when the conditions outlined in 130 CMR 411.000: *Psychologist Services* are met.
- (D) Funding Availability. Reimbursement for MassHealth services is subject to limitation based on the availability of full federal financial participation, and requirements for federal funding, pursuant to EOHHS's Section 1115 Demonstration waiver and any other applicable federal statute, regulation, or payment limit.

REGULATORY AUTHORITY

130 CMR 464.000: M.G.L. c. 118E, §§7 and 12.