

CHAPTER 76

PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT (PACT) SERVICES

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2008 d.227, effective July 9, 2008. See: 40 N.J.R. 1731(b), 40 N.J.R. 4592(a).

Chapter Expiration Date

Chapter 76, Programs of Assertive Community Treatment (PACT) Services, expires on July 9, 2013.

Chapter Historical Note

Chapter 76, Programs of Assertive Community Treatment (PACT) Services, was adopted as new rules by R.2003 d.89, effective March 3, 2003. See: 34 N.J.R. 1593(a), 35 N.J.R. 1281(a).

Chapter 76, Programs of Assertive Community Treatment (PACT) Services, was readopted as R.2008 d.227, effective July 9, 2008. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:76-1.1 Purpose, scope and eligibility

(a) The purpose of this chapter is to set forth the rules governing the provision of Programs of Assertive Community Treatment (PACT) services to New Jersey Medicaid and certain NJ FamilyCare-Plan A beneficiaries.

1. NJ FamilyCare-Plan A adults with no children are not eligible to receive PACT services. These beneficiaries

may be identified by the Program Code "70" in positions 3 and 4 of their NJ FamilyCare-Plan A identification number.

2. NJ FamilyCare-Plans B, C, and D beneficiaries are not eligible for PACT services.

(b) PACT services provide community based, intensive, comprehensive, integrated mental health rehabilitation services by a professional, multi-disciplinary team to adults who are the most seriously challenged by the presence of a serious and persistent mental illness, as evidenced by repeated previous psychiatric hospitalizations and/or a serious risk for psychiatric hospitalization and who have not benefited from traditional mental health services.

10:76-1.2 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Adult" means an individual age 18 and older.

"Centers for Medicare and Medicaid Services (CMS)" means the agency of the Federal Department of Health and Human Services that is responsible for the administration of the Medicaid program and the State Children's Health Insurance Program (SCHIP) in the United States. In New Jersey, the SCHIP is known as NJ FamilyCare.

"Department (DHS)" means the New Jersey Department of Human Services.

"Division of Mental Health Services (DMHS)" means the organizational component of the New Jersey Department of Human Services that is responsible for the administration of the State's mental health programs.

"Division of Medical Assistance and Health Services (DMAHS)" means the organizational component of the New Jersey Department of Human Services that is responsible for the administration of the State's medical assistance programs.

"Prior authorization" means approval by DMHS before services are rendered.

"Programs of Assertive Community Treatment (PACT)" means mental health rehabilitative services which are delivered in a self-contained treatment program, provided by a service delivery team and managed by a qualified program director, that merge clinical and rehabilitative expertise to provide mental health treatment, rehabilitation, and support services which are individualized and tailored to the unique needs and choices of the individual receiving the services.

"Provider" means an organization that has a contract with, and is licensed by, the DMHS to provide PACT services.

10:76-1.3 Provider participation criteria

(a) To participate in the Medicaid/NJ FamilyCare program, all providers shall be under contract with the Division of Mental Health Services (DMHS) as a provider of PACT services and shall meet the requirements set forth by the DMHS related to PACT services in accordance with N.J.A.C. 10:37J.

(b) In order to participate in the Medicaid/NJ FamilyCare program, all applicants shall complete and submit the "Medicaid Provider Application" (FD-20) and the "Medicaid Provider Agreement" (FD-62), as well as a copy of their license provided by DMHS, in accordance with N.J.A.C. 10:190, to:

Division of Medical Assistance and Health
Services
Office of Provider Enrollment, Mail Code #9
PO Box 712
Trenton, New Jersey 08625-0712

(c) The applicant will receive written notification of approval or disapproval of Medicaid/NJ FamilyCare provider status from DMAHS. If approved, the applicant will be assigned a Medicaid/NJ FamilyCare Provider Number, and will receive a copy of this chapter as part of the provider manual.

(d) Prior to billing for PACT services, those who have previously enrolled, and are currently approved, as Medicaid/NJ FamilyCare providers in other categories of service, shall be required to enroll as a PACT provider by completing and submitted a new provider application and shall receive an additional, unique, provider identification number for submitting claims for the provision of PACT services.

(e) Upon approval as a Medicaid/NJ FamilyCare provider of PACT services, the provider shall conform to the provisions of this chapter and the provisions of N.J.A.C. 10:49, the Administration Manual for DMAHS programs.

(f) If a PACT provider loses its license from DMHS, and is unable to provide services, the provider shall notify the Provider Enrollment Unit, at the address in (b) above, within five business days of losing the license.

1. The PACT provider will be disenrolled as a Medicaid/NJ FamilyCare PACT provider until such time as the license is restored. Once the provider's PACT license is restored by the Division of Mental Health Services, the provider will be reinstated as a Medicaid/NJ FamilyCare PACT provider as long as the requirements of N.J.A.C. 10:37J and this chapter are met and continue to be met.

2. A PACT provider shall be held liable for recoupment of any monies paid for services during the time that they did not possess a valid license.

Administrative change.
See: 39 N.J.R. 455(a).

10:76-1.4 Recordkeeping

(a) All agencies providing PACT services shall keep, and require individual PACT Teams to keep, such legible records as are necessary to fully disclose the kind and extent of services provided, as well as the medical necessity for such services.

(b) The PACT provider shall, at a minimum, maintain the following data in support of all payment claims:

1. The name of the beneficiary;
2. The name of the provider agency and the name and title of the staff person providing service;
3. The date(s) of service;
4. The length of time face-to-face contact was provided;
5. The name of individual(s) with whom face-to-face contact was maintained on behalf of the beneficiary;
 - i. If the person contacted refuses to give his or her name to the PACT team member, the team member shall document that refusal in the record of the contact. For example: "Spoke to the neighbor at (give time and date of contact) who spoke on the condition that the neighbor's name would not be revealed, and who said (include statement here)"; and
6. A summary of the services provided.

(c) All recordkeeping documents required by this section shall be made available, upon request, to the Department of Human Services (DHS), the DMAHS or DMHS, or their authorized agents.

(d) Providers shall maintain beneficiary records for a period of not less than five years.

SUBCHAPTER 2. PROGRAM OPERATIONS
10:76-2.1 PACT services

(a) All PACT services shall meet the requirements of N.J.A.C. 10:37J, Programs of Assertive Community Treatment.

(b) PACT services shall include mental health services and related supportive services, and shall be provided directly by one or more of the PACT team members. Such services shall include, but are not limited to, the following:

1. Emotional and/or behavioral treatment;
2. Individual and group interventions for substance abuse (see N.J.A.C. 10:37J-2.5(h));