

# Questionnaire: Child Assertive Community Treatment (ACT)

---

## Child Assertive Community Treatment (ACT)

1. *Which Level of Care tool has been used?*

(Please select one.)

- CAFAS
- PECAFAS
- CANS

**If you answered "CAFAS" on question 1**

1.2.1. *Score*

Min/Max - 0/99999999; No decimal places allowed

1.2.2. *Date Completed*

**If you answered "PECAFAS" on question 1**

1.3.1. *Score*

Min/Max - 0/99999999; No decimal places allowed

1.3.2. *Date Completed*

**If you answered "CANS" on question 1**

1.4.1. *Score*

Min/Max - 0/99999999; No decimal places allowed

1.4.2. *Date Completed*

2. *What services are being provided to this member by a multidisciplinary team on a 24 hours, seven days per week basis?*

(Please select between 1 and 5 items.)

- Psychiatry
- Mental Health Therapy

- Substance Abuse Therapy
- Case Management
- Vocational

**If you answered "Psychiatry" on question 2**

2.2.1. *Please provide frequency*

**If you answered "Mental Health Therapy" on question 2**

2.3.1. *Please provide frequency*

**If you answered "Substance Abuse Therapy" on question 2**

2.4.1. *Please provide frequency*

**If you answered "Case Management" on question 2**

2.5.1. *Please provide frequency*

**If you answered "Vocational" on question 2**

2.6.1. *Please provide frequency*

3. *Is member at risk of hospitalization, or residential treatment, and/or admission to crisis stabilization?*

-----  
(Please select one.)

- Yes
- No

**If you answered "Yes" on question 3**

3.1.1. *Please provide information within the past 60 days regarding risk factors and if member was admitted or how member was diverted from admission*

4. *Is member transitioning from residential treatment?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 4**

4.1.1. *Please provide discharge date from residential*

5. *Are lower level services being considered at this time?*

(Please select one.)

- Yes
- No

**If you answered "No" on question 5**

5.2.1. *Please describe why*

6. *Are caregivers engaged in treatment?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 6**

6.1.1. *Please describe engagement*

**If you answered "No" on question 6**

6.2.1. *Please describe barriers to engagement*

---