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Questionnaire: Child Assertive Community Treatment (ACT)

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1.Has member scored a Level 4 or higher on the age-appropriate Level of Care/Service Intensity tool completed by the Department or its Authorized Entity?
(Please select one.)
- ○ Yes
- ○ No

1.1.1.Please Provide Score

1.2.1.Please Provide Score

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

2.2.1.Please provide frequency

2.3.1.Please provide frequency

2.4.1.Please provide frequency

2.5.1.Please provide frequency

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

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.Has member been discharged from a psychiatric hospital, residential treatment facility or crisis residential facility within the past month, with documented evidence that he or she is highly likely to experience clinical decompensation resulting in readmission to the hospital, crisis unit or residential treatment in the absence of Children's ACT Service?
(Please select one.)
- ○ Yes
- ○ No

4.1.1.Please explain

5.Is member transitioning from residential treatment?
(Please select one.)

- ○ Yes
- ○ No

5.1.1.Please provide discharge date from residential

6.Are lower level services being considered at this time?
(Please select one.)

- ○ Yes
- ○ No

6.2.1.Please describe why

7.Are caregivers engaged in treatment?
(Please select one.)

- ○ Yes
- ○ No

7.1.1.Please describe engagement

7.2.1.Please describe barriers to engagement