

ASSERTIVE COMMUNITY TREATMENT H0040 - Ages 18 - 20

Provider:	Member ID:	
Review Date:	Reviewer Name:	

1.	Is there a behavioral health condition that establishes medical necessity for this service? (Note: If Question #1	1	0		
2.	Is there a current Service Plan for ACT that demonstrates participation by Physician and/or extender and member including all required signatures, credentials, each with dates, start and stop times? (Note: If Question #2 scores zero, all remaining questions will score zero.)	3	1.5	0	
3.	Does the plan demonstrate participation by all required team members, including members from other agencies involved in the behavioral health care of the member (dates, start and stop times), including all required signatures and credentials?	3	1.5	0	
*4.	Do the Service Plan objectives meet service definition (relate to specific ACT activities)? (Note: If this question scores zero, Question #2, and all remaining questions score zero.)	3	2	1	0
*5.	Does the Service Plan address all the identified needs of the member?	3	2	1	0
6.	Did the daily team-meeting log identify relevant issues for the member and the responsible party who will address those issues?	3	1.5	0	
*7.	Were all the required team members in attendance for every daily meeting? (Is log signed by the entire core team with signatures and credentials, and inclusive start and stop times?) On weekends and holidays, is the log signed by the Team Leader (and/or on-call designee who is MA level or RN)?	3	2	1	0
*8.	Was the physician and/or PA, APRN extender physically present for at least one daily team meeting during the week?	3	2	1	0
*9.	Is there evidence that the member's status was reviewed intensively, by the entire core team with signatures and	3	2	1	0

	credentials, and inclusive start and stop times, at least once				
	a week for the entire review period?	_	_	<u> </u>	
*10.	Does the documentation of the weekly summary include: a	3	2	1	0
	review of the number, type, and duration of the ACT				
	activities, the identified needs, and the follow up plan?				
*11.	Do the 90-day reviews include:	3	2	1	0
	member's progress toward achievement of Service				
	Plan objectives,				
	 any impediments to progress, 				
	 and amended objectives due to no progress after 90 				
	days or an explanation of why objectives were not				
	amended after no progress?				
*12.	Did the ACT service note include signature, title, and	3	2	1	0
	appropriate credentials of the ACT team member providing				
	the service and location, date, and start/stop time of the				
	service?				
*13.	Did the ACT service documentation include the purpose of	3	2	1	0
	the service (why was it done) and the content (what was				
	done) and outcome of the service (what was the result)				
	including symptomology?				
14.	Are the activities appropriate and individualized to the	3	1.5	0	
	assessed need and functional level of the member?				
15.	Does the documentation indicate efforts to link the	3	1.5	0	
	member to natural supports/activities/services in the				
	community including providing support to those primary				
	support networks?				
16.	Did the member receive the minimum of two face-to-face	3	0		
	contacts per week for a valid ACT activity for the period				
	under review, (if member is inactive, there are at least				
	weekly attempts to engage in services)?				
17.	Did the member receive the minimum of four total contacts	3	0		
	per week for a valid ACT activity for the period under review				
	(if member is inactive, there are at least weekly attempts to				
	engage in services)?				
	Chauge in services);				

Total Score =	[Possible 49]
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- 3 100% of the documentation meets this standard
- 2 99% to 75% of the documentation meets this standard
- 1 74% to 50% of the documentation meets this standard
- 0 Under 50% of the documentation meets this standard

^{*} The scoring for these questions is as follows: