Acentra HEALTH | Accelerating Better Outcomes

ASSERTIVE COMMUNITY TREATMENT
H0040

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 scores zero, the remaining questions score zero.)**	**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?				
***10.**	Does the documentation of the weekly summary include: a review of the number, type, and duration of the ACT activities, the identified needs, and the follow up plan?	**3**	**2**	**1**	**0**
***11.**	Do the 90-day reviews include: • 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?	**3**	**2**	**1**	**0**
***12.**	Did the ACT service note include signature, title, and appropriate credentials of the ACT team member providing the service and location, date, and start/stop time of the service?	**3**	**2**	**1**	**0**
***13.**	Did the ACT service documentation include the purpose of the service (why was it done) and the content (what was done) and outcome of the service (what was the result) including symptomology?	**3**	**2**	**1**	**0**
14.	Are the activities appropriate and individualized to the assessed need and functional level of the member?	**3**	**1.5**	**0**	
15.	Does the documentation indicate efforts to link the member to natural supports/activities/services in the community including providing support to those primary support networks?	**3**	**1.5**	**0**	
16.	Did the member receive the minimum of two face-to-face 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)?	**3**	**0**		
17.	Did the member receive the minimum of four total 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)?	**3**	**0**		

Total Score = _____ [Possible 49]

* The scoring for these questions is as follows:

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