

## Adult ACT Documentation for Continued Stay Requests

---

### Eligibility

- **Assessment:** Please make sure date of diagnosis is updated at each Continued Stay Review (CSR).
- **Clinical Indicators Justifying Service Request:** Please make sure clinical indicators are updated each CSR.
- **Treatment and Service History:** Please make sure to updated inpatient admissions, crisis episodes, homelessness, and correction involvement.
- **Criteria for Discharge:**
  - What are the specific and measurable criteria for discharge?
  - What does the member hope to accomplish from ACT services? What behaviors would member need to be able to do independently or with other supports/resources to be able to step down from ACT services? How would progress be measured so provider/member would recognize when discharge criteria have been achieved?
  - Is there a projected date of transition/discharge?
  - Discharge criteria can be in the member's words though provider should add how the criteria will be measured
  - Please describe what the following words mean if provider uses them: reduce, maintain, decrease, and manage.
    - Example:
      - Client will be discharged when client is able to manage anxiety by client reporting less than 2 panic attacks a week.
      - Takes medication as prescribed daily for 3 months
      - When he/she can rate their anxiety less than a 5 (1-10) a minimum of 6 times in a 3-month period.
- **Treatment Plan:**
  - Are the treatment goals/objectives corresponding to discharge criteria?
    - Example:
      - If housing, coping skills, financials are identified as part of the member's discharge criteria, does the treatment plan have house, coping skills, financial goals or objectives?
  - Treatment plan contains the link between MH symptoms and identified treatment goals.
  - How is the ACT Team assisting member in managing MH symptoms to improve member functioning?

- Because ACT is a multidisciplinary approach, what ACT services is member participating in and what specific goals are being addresses by those specific ACT services? I.e. Vocational Services, Peer Support, Individual Therapy, Group Therapy, Psychiatry, Nursing, Case Management, Substance Tx, and On Call.
- **Problem Statement:** Brief identification about problem to be targeted. Often may be in member words.
  - Example:
    - Member struggles with anxiety. “I can’t function in my day”
- **Long-Term Goal:** Brief description of target. Discharge criteria targets to be supported in service plan long-term goal step area.
  - Example:
    - Member will be able to keep appointments
- **Short-Term Goal:** Identify the steps involved with meeting the long-term goals.
  - Example:
    - Member will practice coping skills with provider at each appointment once a week.
    - Member will practice taking the bus with provider.
- **Progress Since Last Review:** Brief description of the member’s progress working on each of the Short-Term Goals.
  - Example:
    - Member has set up transportation this period with provider support and reminders.
    - Member has practiced distress tolerance skills twice this period and has reported minimal improvement with symptoms
    - Member has attended 3 out of 5 appointments on average.
- **Noting progress from Discharge Criteria:**
  - Example:
    - Member reports taking medication as directed four (4) days a week average in the last period.
    - Member reports overall anxiety remains 7 (1-10).
- **Target Date:** Date goal is expected to be accomplished
- **Services to be Provided:** Used to list specific services
  - Example:
    - Therapy, Case Management, Substance Abuse Counseling, etc.

- **Frequency of Services:** Estimate of how regularly provider meets with member, for how long.
  - Example:
    - Weekly; monthly
- **Provider of Service:** Used to identify who the provider is for a particular service.
  - Example:
    - DLSS, CIS, PCP, Psychiatrist
- **Transition Discharge Plan:** Please include Projected Date of Transition/Discharge even if member is not expected to be discharged within this authorization period. This date may change depending on member status or progress in treatment.
- **Additional Info:**
  - If member is participating in other MH services, please describe the ACT Team's efforts to collaborate and coordinate with these providers (including DLSS) to manage member's needs, service utilization and avoid duplication of services.
- **Treatment Progress:** Since the previous authorization, how has the consumer progressed? This reflects progress from the last authorization period (90) day.
- **General Guidelines:**
  - Update all areas of CSR at each review
  - Please make sure units reflect anticipated time spent with member
  - Please include only current progress towards specific goals
  - Please limit historical information to only include information that is directly related to current needs and activities
  - Please be aware Acentra Health communicates to provider through the download process. Please check downloads often for important information regarding your CSRs.
  - If your CSR is shortened, please read the notes from the Acentra Health daily authorization report. We are looking for specific information in the next review.
  - A vital part of all medical necessity evaluations and recovery-oriented practice is a plan to continuously prepare a person to function with the lowest intensity and least restrictive services. Constructing such a plan and testing it out does not commit a program to a specific date of discharge but having target dates allows the provider and member to understand if progress towards greater autonomy is being made.