ACT Team Residential/Flex Care/CLP with Outside ACT Supports Supplemental Form

Name: Click here to enter text.

Clinic: Click here to enter text.

ACT start date:

1. Clinical justification for utilizing a service provider outside of the ACT team? Example if a referral is for medication observation/substance abuse treatment, why would the ACT team not be able to provide this service?

2. How many F2f contacts/minutes did the ACT team spend with member in the last month?

3. What current services are being provided by the ACT team for the member and the specific frequency of each in past month? (ex. medication observation daily, substance abuse group 4x a month, 24 minutes of individualized substance abuse treatment a week, ES met with client x2 for job development. This needs to be specific).

4. Will the person remain on the ACT team while in residential/flexcare/CLP with supports or are they being transitioned off ACT? If so, what is the timeline for transition?

5. What specific services will the ACT team provide and what services would residential/flex care/CLP provide?

Click here to enter text.

6. If the plan is to stay on ACT what is the estimated time line they will remain in residential, flex care or have additional CLP supports? Please note the expectation is the ACT team still provides high fidelity services in alignment with the member's individualized need. The ACT team needs to attend a weekly staffing with the outside service provider and ensure treatment plans are in alignment to meet the member's needs.

7. If the plan is to have a duplication of service ***beyond 30 days*** what is the clinical rationale for this ongoing duplication? Please provide a clinical basis and treatment plan for the ongoing duplication rather than transition the member to a supportive team.

8. What contacts has the clinical team had with the member's informal support system to help them remain in the most independent living situation possible?

Click here to enter text.

Please ensure printed name is included in first column and all signatures are included.

Printed Name	Signature	Date
Clinical Coordinator:		Click here to enter a date.
ACT Psychiatrist:		Click here to enter a date.
Regional Director:		Click here to enter a date.