Assessment and Documentation of Level of Care & Functioning for ACT Clients

PART 2

Please remember to mute yourself!!

A Technical-Assistance Center

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services

www.centerforebp.case.edu

Our Mission

The Center for Evidence-Based Practices (CEBP) at Case Western Reserve University is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people diagnosed with mental illness or co-occurring mental illness and substance use disorders.

Our technical-assistance services include the following:
- Service-systems consultation
- Program consultation
- Clinical consultation
- Training and education
- Program evaluation (fidelity & outcomes)
- Professional peer-networks
- Research

www.centerforebp.case.edu
When last we gathered...

ACT Transition Scales
- State of Washington Criteria
- ACT Transitional Readiness Scale (ATR)

Help measure progress, readiness and provide benchmarks that allow us to more precisely describe clinical needs and challenges.

Ohio ACT Rule Eligibility Language
Documentation of ACT Eligibility: Diagnoses

Eligible diagnoses
- Schizophrenia Spectrum
- Bipolar Spectrum
- Major Depressive Disorder with Psychosis

Examples or possible sources for Diagnosis(es):
- Psychiatric Evaluation
- Diagnostic Assessment
- State psychiatric hospital or other psychiatric unit admission/discharge summaries

Considerations:
- Recent (within 6 months)
- Ensure diagnoses aren’t being changed in the EHR by other departments

Documentation of ACT Eligibility: Institutional Utilization

Institutional Utilization and other functional criteria
- The recipient has one or more of the following:
  - Two or more admissions to a psychiatric inpatient hospital setting during the past twelve months, or
  - Two or more occasions of utilizing psychiatric emergency services during the past twelve months, or
  - Significant difficulty meeting basic survival needs within the last twenty-four months, or
  - History within the past two years of criminal justice involvement including but not limited to arrest, incarceration, or probation

Documentation of ACT Eligibility: Institutional Utilization

Sources:
Psychiatric inpatient
- State or psychiatric hospital or psychiatric unit admission and discharge dates
- Hospital Discharge Summaries
Documentation of ACT Eligibility: Institutional Utilization

Sources:

Psychiatric emergency services:
- Hospital emergency department (whether or not admitted)
  summary report
- Mobile crisis encounter summary report
- Crisis intervention encounter
- Stay at crisis residential unit

Example 1
- No document included
- Document included without date or other essential identifying details

Example 2
- Psychiatric hospital discharge summaries
- Include summary of reason for admission
- Dates of admission and discharge
- Summary of progress and disposition
- Recommendations/Follow-up

Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

If an individual is being served or needing to be served with ACT due to difficulty meeting basic survival needs:
- The assessment and treatment plan should explicitly reflect the nature of the difficulty relative to the individual’s mental health/substance abuse
- The plan details explicitly what is being done or needs to be done to address those needs.
Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

If an individual is being served or needing to be served with ACT due to difficulty meeting basic survival needs:

• The "burden of proof" where prior authorization or continued stay is concerned is the responsibility of the provider agency/treatment team.

• Have a supervisor or designated QI staff review materials prior to submission to ensure they are complete and that they contain sufficient detail to justify the requested ACT level of care.

Explicit language from assessments, treatment plans, progress notes or treatment plan reviews should reflect enough detail to illustrate the nature of the survival needs that are problematic.

Examples of these might be:

• Substandard housing: house known to be drug trafficking/use house
  "Sue lacks permanent stable housing and frequently stays in houses associated with drughuman trafficking."

• Housing infested with pests
  "Bob’s apartment is routinely plagued by bedbugs/lice/cockroaches and he does not actively manage this without external supports from case management."
Documentation of ACT Eligibility:
Difficulty Meeting Basic Survival Needs

Lack of working utilities, plumbing, and/or HVAC
• "Jane has a history of becoming disoriented during periods where she discontinues medications AMA. She routinely neglects attention to the functioning of essential utilities and/or to the payment of bills related to the maintenance and upkeep of these utilities. Program services frequently serve to assist her in this regard when she cannot or will not do so herself during periods of increased symptom severity/acuity."

Documentation of ACT Eligibility:
Difficulty Meeting Basic Survival Needs

Housed in area that compromises person's safety
• "Marco does not routinely return to his residence, particularly during periods of excessive substance abuse and/or disorientation as a byproduct of symptoms of his schizophrenia. His history reflects that he is often likely to find and stay in a local homeless encampment as a place he trusts when his paranoia inhibits his ability to think of 'home' as a safe destination during these recurring episodes."

Documentation of ACT Eligibility:
Difficulty Meeting Basic Survival Needs

Homelessness: literal homelessness (e.g. streets, park bench, under bridge); shelters; lack of permanent residence (e.g. couch surfing).
• "Shauna is transient with no permanent stable living situation. She often "couch hops" for brief periods, electing to stay with family (until such time that family can no longer tolerate behaviors stemming from the symptoms of her bipolar disorder) or with people she associates with in and around her neighborhood. Shauna last lived for more than 3 months at the same location in 2011."
Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

Imminent risk of homelessness:
• “Maurice has only intermittently kept appointments with his doctor/nurse for injections as prescribed, and subsequent lack of symptom stabilization has resulted in behaviors which have led to threats of eviction from his landlord. This includes a direct threat from the landlord made to our staff last week, noting that we need to ‘get him out of here’ by the end of the month. Up to this point, negotiations with the landlord by the treatment team have managed to keep his housing arrangement secured to date. However, it is unclear how long this may continue.”

Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

Person has “moved” more than twice in the last 12 months.
• “Carla has been assisted to find and secure housing five times in the previous 18 months, only to leave each new apartment while demanding a change in arrangements due to her persistent belief that her apartments are being ‘bugged’ or otherwise monitored by ‘forces’ that want to do her harm.”

Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

Too paranoid to go to grocery store
• “Samuel has refused to go grocery shopping alone since he was in his early 20’s, citing that he could not tell which foods were poisoned and which were not. He accepts feedback on this when accompanied by a clinical team member who can offer advice regarding which foods are ‘safe’ for him. While the team has worked with Samuel to develop a ‘safe foods’ list he can take with him when grocery shopping, he has demonstrated inconsistent shopping for himself without an active support person present.”
Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

Not eating regularly

- "Without daily prompting and monitoring from team members, Josie has demonstrated that she will not eat routinely and left to her own self-care, has gone weeks at a time without eating, twice resulting in emergency room visits for dehydration and other health complications."

Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

Inappropriate dress for the weather

- "John has been dressing inappropriately for the weather since the early onset of his illness. He is prone to wear multiple, redundant layers of clothing in the middle of hot summer weather and has on several occasions suffered the effects of heat exhaustion from so doing. Program staff have been intermittently successful in encouraging him to remove several layers of clothes during periods of extreme heat in an effort to prevent further health complications."

Documentation of ACT Eligibility: Difficulty Meeting Basic Survival Needs

Lacking safe cooking skills

- "Jess continues to leave the burners of her stove on high settings, reporting that they 'help keep the place warm,' and even 'keep the bugs away.' She likewise has used the burners to light her cigarettes and leaves them on 'in case I need to light up again soon' because it is convenient for her. Her landlord has advised her that this is a fire hazard that may result in her eviction if the behavior continues."
Documentation of ACT Eligibility:
Difficulty Meeting Basic Survival Needs

Sources:
• Diagnostic Assessment
• Progress notes or psychiatric prescriber notes
• Hospital admission notes
• Crisis encounter note
• Criminal Justice (CJ) involvement:
  • Names, dates, correctional facility(ies) and/or charges; date of start and end of probation or parole; NGRI status; NCST status
  • Include notation of how symptom status contributed to or exacerbated CJ involvement, where appropriate

Documentation of ACT Eligibility:
Persistent/Recurrent symptoms

Positive Symptoms of Schizophrenia
• Hallucinations and other illusory perceptions
• Delusions and other illusory beliefs
• Disorganized thought
• Nonsensical speech
• Bizarre/unusual behaviors

Negative Symptoms of Schizophrenia
• Flat affect
• Reduced social interaction
• Anhedonia (no feeling of enjoyment)
• Avolition (less motivation, initiative and focus)
• Alogia (speaking less)
• Catatonia (moving less)

Documentation of ACT Eligibility:
Persistent/Recurrent symptoms

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:
• Taking the substance in larger amounts or for longer than you’re meant to.
• Wanting to cut down or stop using the substance but not managing to.
• Spending a lot of time getting, using, or recovering from use of the substance.
• Cravings and urges to use the substance.
Documentation of ACT Eligibility: Persistent/Recurrent symptoms

Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

- Not managing to do what you should at work, home, or school because of substance use.
- Continuing to use, even when it causes problems in relationships.
- Giving up important social, occupational, or recreational activities because of substance use.
- Using substances again and again, even when it puts you in danger.

Documentation of ACT Eligibility: Least Restrictive Environment

Residing in an inpatient or supervised residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided:

- Person is currently residing in inpatient or supervised residence (e.g. group home, family care home, other residential treatment or setting where formal services are provided);
- Person requests move to independent living situation (though assessed to need more supports to be safe/successful);
- Has received a PASS-R recommendation to move into lesser restrictive setting (or other formal assessment that demonstrates the person is not in an appropriate level of care – due to lack of better options).

Documentation of ACT Eligibility: Least Restrictive Environment

Residing in an inpatient or supervised residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided:

- "Janine has lived all or most of the past several years in group homes in between stays in inpatient hospitals. She has now reached a level of functioning and is desiring to live in her own apartment. The team anticipates a need to provide significant assistance teaching ADL's including shopping, meal prep and cleanup. Additionally, they plan to provide intensive (daily) contact to monitor medication adherence and symptom severity."
Documentation of ACT Eligibility: Least Restrictive Environment

Person requests move to independent living situation (though assessed to need more supports to be safe/successful)

- “Trina has been staying in a group home for the past two years, and has been steadily demonstrating improved abilities to live independently as identified in her treatment plan. She continues to need assistance with monitoring and prompting for healthy grocery shopping, meal planning/preparation and cooking, as well as with follow through with keeping appointments and filling/taking prescriptions as directed.”

Documentation of ACT Eligibility: Least Restrictive Environment

Has received a PASS-R recommendation to move into lesser restrictive setting (or other formal assessment that demonstrates the person is not in an appropriate level of care – due to lack of better options)

- “Rodney’s recent PASS-R suggests he would benefit from a less restrictive residential setting, though he will require hands on support to transition from having the structure of his day planned and operationalized for him. While we concur that he has demonstrated the ability to live without the 24/7 supports which he has become accustomed to, it will require a period of monitoring and coaching to ensure his daily living skills adequately translate to satisfactory independence.”

Documentation of ACT Eligibility: Least Restrictive Environment

At risk of psychiatric hospitalization, institutional or supervised residential placement if more intensive services are not available, such as....
Documentation of ACT Eligibility: Least Restrictive Environment

Alcohol or other drug use (with or without diagnosis) has adversely impacted functioning, housing, community tenure, ability to care for needs, or has resulted in hospitalization, exacerbation of symptoms, and/or interfered with treatment engagement:

• "Toni’s recurrent substance use has precipitated several previous hospitalizations and at least one arrest. Without ASAM Level 1 substance abuse services integrated with her intensive mental health care, she remains a high risk for continued use of inpatient services and/or incarceration."

Documentation of ACT Eligibility: Least Restrictive Environment

Threatening behavior:

• "While Cara generally has responded favorably to a change in her medication regimen and supportive behavioral therapy, she remains prone to severe emotional outbursts which are cued by subtle triggers in her environment. Her ensuing reaction/response when this occurs frequently entails hostility and threats to whomever she is with at the time. To that end, the team continues to work on behavior rehearsal and social/emotional skills practice for Cara in a variety of settings and situations which have been problematic for her."

Documentation of ACT Eligibility: Least Restrictive Environment

Discontinues medications against medical advice:

• "Jackson has been marginally successful at living in his own apartment for the past year with frequent (up to daily) contact by the team. The team works consistently to engage him in services to support ongoing independence, but his symptomology, exacerbated by irregular medication adherence, means the team must utilize multiple team members and contact attempts to see him in any given week."
Documentation of ACT Eligibility: Least Restrictive Environment

"Nuisance to community", vagrancy or loitering:

• "Stephen’s reputation for loitering in the town center and for attempting to interact with strangers via “mental telepathy” and otherwise has found him repeatedly encountering law enforcement. His lack of awareness of his speech and behavior in public settings continue to necessitate intensive social skills training and use of the team as a “buffer” to redirect him prior to law enforcement action against him. While the police have been sympathetic to his condition, they are nonetheless committed to responding to shopkeepers and the general public who call to report his unusual conduct and interactions with them."

Documentation of ACT Eligibility: Least Restrictive Environment

Unsuccessful in using traditional office-based outpatient services...

Documentation of ACT Eligibility: Least Restrictive Environment

Has been terminated from less intensive services for non-adherence or not keeping appointments

Transient

History of not keeping appointments and/or not engaging in treatment

• "Sammy has a lengthy history (provide documentation of dates) with traditional outpatient services (CPST and psychiatry) that has resulted in numerous service terminations. Her transient lifestyle and lack of access to transportation make it difficult for her to keep appointments in the office and her erratic behaviors have resulted in run-ins with clients and staff in the waiting room at the agency."
Documentation of ACT Eligibility: Least Restrictive Environment

Has been banned from premises for inappropriate behaviors

- “Paul has on multiple occasions exposed himself in public settings, and has been alleged to try to “touch” his genitalia to those in his proximity. He remains under court supervision for such an incident in 2016, and is under probation order to continue with intensive treatment services and supports accordingly. He has only sporadically been willing to address this behavior with our treatment team to date.”

Documentation of ACT Eligibility: Least Restrictive Environment

Has “fired” previous service providers

- “Martina has had considerable difficulty in communicating effectively with treatment professionals owing to positive symptoms of her schizoaffective disorder. She routinely “fires” service providers whom she believes are trying to make her do what they want her to do, and can refuse to work with anyone for months when this occurs. This, in turn, necessitates considerable additional outreach from a diverse range of team members in an attempt to find someone she feels she can trust.”

Contact Us

Center for Evidence-Based Practices (CEBP)
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-7164
216-368-0808

www.centerforebp.case.edu