

Eligibility Criteria

Admission Criteria

Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Discharge Criteria

Upon admission, a client will be met in the community rather than in the office as much as possible. Admission criteria includes a diagnosis with a severe and persistent mental illness that seriously impairs their functioning in the community and follows the guidelines outlined in the admission criteria in program policies. The diagnosis will be pursuant to the Diagnostic and Statistical manual of Mental Disorders (DSM-IV-TR).

An admitted client can remain a client on an indeterminate basis. Discharge Criteria from the ACT program occurs when clients and program staff mutually agree to the termination of services as outlined in the policies and procedures manual. Proper documentation of discharge will include the reasons for discharge; client's biopsychosocial status at discharge; a written final evaluation summary of the client's progress toward the goals set forth in the treatment plan; a discharge and follow-up treatment plan; and appropriate signatures of the team and client. However, per policy, there are a few other criteria that can result in discharge of a client. They are as follows:

1. the client continuously requests to terminate services (as the program is voluntary),
2. the client moves out of the area in which the ACT program serves,
3. the client commits or threatens to commit a violent act toward staff;
4. the client is requiring an increased level of care where they can no longer live in the community unsupervised (i.e. group home, hospice, etc.).

Transition Criteria

Upon admission, a client may be scheduled for involvement in any and all appropriate services, to be coordinated by the assigned therapist or case manager. Subsequent transition/linking coordination and/or transfer may be accomplished at any point in the service delivery. A transition occurs when there is a reassignment of the client to another level of care or to another program within the agency. Transitions are developed with the input and participation of the person served or their guardian and others as deemed as appropriate. Requests may be initiated by the assigned therapist or case manager or at the request of the client.

Depending on services available/needed, it is sometimes possible to transition an ACT client to a lower level of care. Sometimes the ACT team may simply decrease intensity and frequency of

visits until/unless an increase in symptomology arises. This is called “Step Down”, but the client is still considered an ACT team participant.

Readmission Criteria

Clients returning to services will follow the same admission criteria as a new client. Specific criteria are used during the initial screening process to determine eligibility. Assignments are then prioritized based on presenting needs, acuity, therapist/program availability, and payor source restrictions, if any.

Exclusionary or Ineligibility Criteria

Persons who are found to be ineligible for services are given the reasons and directed to alternative or more appropriate services. The referral source is provided with information about the ineligibility with the consent of the person. In some situations, the referral source is providing the information for the screening and will be informed as to reasons for ineligibility without specific consent.

Persons may be ineligible for admission to outpatient mental health services if:

- a. Another level of care is indicated
- b. There have been any documented threats or actions made against agency or agency personnel or if there is reason to believe the threats are still current.
- c. There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
- d. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicated.
- e. NMS does not provide the appropriate services for the presenting issue.

All referrals to ACT are submitted by mental health care agencies, such as hospitals, managed care organizations, or other treatment providers. Self-referrals or referrals by family members are not accepted.

Referrals are submitted in writing, using the program’s referral packet, which includes admission/exclusion criteria, a release of information, and a brochure addressing the services provided and by whom. The referral will be reviewed for completeness and eligibility criteria; a legal search will be completed to look for any historical violence (possible exclusionary criteria); and the referral source is then contacted for more information. If medical records are accessible from the referral source, they will be requested for review, then a face to face interview with the referred client will be arranged. If more information is needed prior to rendering a decision (a decision determined by the whole interdisciplinary team), the interviewer will request additional releases of information from the interviewee. Accepted referrals are entered into the ACT Application electronic system and the referral, correspondence and intake forms/information are filed in the clinical record. Declined referrals are also tracked electronically, including the reason for the decline. The referral source and interviewee will then be contacted.