

Referral Form Criteria Checklist
Assertive Community Treatment – (ACT) Program
CBS ACT Center, LLC; 151 Freestate Blvd., Shreveport, LA 71107
Office: (318) 226-5990 / Fax: (318) 226-5994

[] New [] Returning [] Must be 18 yrs. old or older

Referral Hospital/Source: _____ Referral Date: _____

Referral Agency Contact Rep.: _____ Office No.: _____

Consumer Name: _____ **DOB:** _____ **SS#:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Collateral Name & Phone:** _____

The individual must have one of the following diagnoses:

- Schizophrenia
- Other psychotic disorder
- Bipolar disorder
- Major Depressive Disorder

These may also be accompanied by any of the following:

- Substance abuse disorder
- Developmental disability

Include one or more of the following service needs:

Two or more acute psychiatric hospitalizations in last six months **(OR)**

1. _____ Date _____
2. _____ Date _____

Four or more emergency room visits in the last six months

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____

Exception criteria:

The individual does not meet medical necessity criteria I or II, but is recommended as appropriate to receive ACT services by the funding agency or designee, the ACT team leader, clinical director and psychiatrist, in order to protect public safety and promote recovery from acute symptoms related to mental illness.

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Persistent and severe symptoms of a psychiatric disability that interfere with the ability to function in daily life (diagnosis):

Must have one of the following:

- Inability to participate or remain engaged or respond to traditional community-based services
- Inability to meet basic survival needs, or residing in substandard housing, homeless or at imminent risk of becoming homeless
- Services are necessary for diversion from forensic hospitalization, pretrial release or as a condition of probation to a lesser restrictive setting (FACT)

Must have three (3) of the following:

- Evidence of co-existing mental illness and substance abuse/dependence
- Significant suicidal ideation, with a plan and ability to carry out within the last two (2) years
- Suicide attempt in the last two (2) years
- History of violence due to untreated mental illness/substance abuse within the last two (2) years Lack of support systems
- History of inadequate follow-through with treatment plan, resulting in psychiatric or medical instability
- Threats of harm to others in the past two (2) years
- History of significant psychotic symptomatology, such as command hallucinations to harm others
- Minimum LOCUS score of three (3) admissions.

Two or more interactions with law enforcement in the past year ***for emergency services due to mental illness or substance abuse*** (this includes involuntary commitment, ACT/forensic assertive community treatment (FACT))

_____ Date _____ Date _____

One or more incarcerations in the past year related to mental illness and/or substance abuse (FACT):

Facility _____ Date _____

- Psychiatric and judicial determination that FACT services are necessary to facilitate release from a forensic hospitalization or pre-trial to a lesser restrictive setting (FACT)
- Recommendations by probation and parole, or a judge with a FACT screening interview, indicating services are necessary to prevent probation/parole violation (FACT)

1915i Date _____ Medicaid# _____

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