



REQUEST FOR ACT PROGRAMMING

Member Name: _____	Date of Request: _____
Member ID: _____	Date of Birth: _____
Provider/Facility Name: _____	
Program Name: _____	Contact Phone Number: _____
Address: _____	
Physician Overseer: _____	
Diagnosis: _____	ICD-10: _____
Diagnosis: _____	ICD-10: _____
Diagnosis: _____	ICD-10: _____
Diagnosis: _____	ICD-10: _____
Diagnosis: _____	ICD-10: _____
CPT Code Requested: _____	

HISTORY OF HOSPITALIZATION FOR PSYCHIATRIC REASONS IN THE LAST 24 MONTHS:

Admit date: _____	Discharge date: _____
Admit date: _____	Discharge date: _____
Admit date: _____	Discharge date: _____
Admit date: _____	Discharge date: _____
Admit date: _____	Discharge date: _____

HISTORY OF LAST 5 ER AND/OR CSU VISITS FOR PSYCHIATRIC REASONS, IF APPLICABLE:

Admit date: _____
Admit date: _____
Admit date: _____
Admit date: _____
Admit date: _____

HISTORY:	Yes	No	N/A
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Partial Hospitalization in past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IOP in the past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NEEDS LIST:	Yes	No	N/A	NEEDS LIST:	Yes	No	N/A
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs assistance for successful outcome with outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs assistance for successful outcome to take prescribed medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance for successful outcome to perform ADLs independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs assistance for successful outcome to structure daytime hours independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs assistance for successful outcome to maintain support system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

REVIEWED 08/23/2018