

ACT Quarterly Reporting Workflow Form

Year and Quarter:

Agency:

Agency Medicaid ID #

PERSON INFO (Entered only once when enrolled in program or at initial data entry):

Agency ACT team:

Last Name:

First Name:

Date of Birth

Gender

Race

Marital Status: Current marital status at time of enrollment?

Education Level: Highest grade completed at time of enrollment.

Employment Status: Current Employment Status at time of enrollment.

Current Legal Status (criminal justice system):

Veteran: Has the participant served in any capacity in the U.S. military?

Zip Code: Provide the zip code where the participant resided at time of enrollment

County: Provide the name of the county where the participant resided at time of enrollment

MOTS #(Required):

Client CCO (if applicable)

State ID #

Client Medicaid ID # (if applicable):

State General Funds: Does the participant use State General Funds?

ACT Enrollment Date: What was the date the participant enrolled in ACT?

Discharge Date: What is the date the participant was discharged from ACT? (if applicable)

If discharged, provide the reason for discharge

Please provide up to three major psychiatric diagnoses (if applicable), including mental illnesses, such as psychotic disorders and mood disorders, that are the focus of treatment.

Then, in 'other diagnosis', please provide other diagnoses that are relevant, such as substance abuse diagnoses or personality disorders. Please use the ICD-10 Code.

Primary 1

Primary 1 ICD 10 Code

Primary 2

Primary 2 ICD 10 Code

Primary 3

Primary 3 ICD Code

Secondary 1

Secondary ICD 10 Code

Secondary 2

Secondary 2 ICD 10 Code

Secondary 3

Secondary 3 ICD 10 Code

OUTCOME DATA (This data will be updated each quarter) :

Is the participant taking medications as prescribed?

Living Arrangement: Where the participant lived the majority of the quarter.

Has the individual spent at least one night homeless in the last quarter (Homeless, Couch Surfing, Going to a shelter or transitional housing)?

Supported Employment: Was the participant enrolled in Supported Employment at any time during the quarter?

Competitive Employment: Was the participant competitively employed for at least one day during the quarter?

School: Was the participant enrolled in school during the last quarter?

Psych ER: What was the total number of Psychiatric ER visits this last quarter?

Medical ER: What was the total number of Medical ER visits this last quarter?

For each Psychiatric Hospitalization in the last quarter, please provide the admit date, the discharge date, and the type of hospital the participant went to.

Psych Hospital admit date:

Psych Hospital discharge date:

Psych Hospital type:

For each admission to a substance abuse inpatient or residential treatment facility, specify the admit and discharge dates. Enter up to three this quarter.

Substance Abuse Inpatient Treatment Admit Date

Substance Abuse Inpatient Treatment Discharge Date

Sub Abuse Diagnosis: Does the participant have a current alcohol or drug addiction diagnosis?

Sub Use Frequency: Frequency of alcohol and drug use

MHC: Was the participant enrolled in Mental Health Court at any time during the quarter?

Parole/Probation: Was the participant on probation or parole at any point during the quarter?

New Arrest: Has the participant been arrested for a new crime this quarter?

How many nights did the participant spend in jail?

Please describe the legal charges for incarceration:

Legal Charges for Incarceration:

Legal Charges for Incarceration:

Legal Charges for Incarceration:

Felony: Did the participant have any felony convictions/charges this quarter?

LOCUS score

Natural Supports: How many natural supports were contacted this quarter?