

Individualized Mobile Programs of Assertive Community Treatment (IMPACT) Application

Recommended IMPACT Program:

- BEHAVIOR MANAGEMENT SYSTEMS (Rapid City)
- COMMUNITY COUNSELING SERVICES (Huron)
- LEWIS & CLARK BEHAVIORAL HEALTH SERVICES (Yankton)
- SOUTHEASTERN BEHAVIORAL HEALTHCARE (Sioux Falls)
- NORTHEASTERN MENTAL HEALTH CENTER (Aberdeen)
- CAPITAL AREA COUNSELING SERVICES (Pierre)

Identifying Information:

**All fields in this section are REQUIRED. **

Client's First and Last Name:

Last 4 Digits of Social Security Number:

Date of Birth:

Gender:

First 2 Letters of Mother's First Name:

Receiving Medicaid (SSI): Yes No

The client has applied for and been denied SSI.

First and Last Name of Person Referring:

Person Referring's Email:

Referring Agency:

Phone Number:

Please submit supporting documentation to agency referral for approval.

Eligibility Criteria:

Client is 18 y/o and meets the SMI criteria pursuant to ARSD 67:62:12:01

Diagnosis:

Client has a medical necessity to receive IMPACT services, as determined by a clinical supervisor

Client understands the IMPACT model and voluntarily consents to receive IMPACT services or, is under transfer of commitment from HSC

No other appropriate community based mental health services is available for the client

Client meets at least four of the following criteria, due to their mental health:

- Has persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, relatives, or community mental health providers;
- Has frequent psychiatric inpatient hospitalizations within the past year;
- Has constant or cyclical turmoil with family, social, or legal systems or inability to integrate successfully into the community;
- Is residing in an inpatient, jail, prison, or residential facility and clinically assessed to be able to live in a more independent living situation if intensive services are provided;
- Has an imminent threat of losing housing or becoming homeless;
- Is likely to need residential or institutional placement if more intensive community-based services are not provided.

The referring psychiatrist or clinical supervisor must sign below indicating the individual has a medical need for services from an IMPACT program.

Psychiatrist/Clinical Supervisor

Date

The admitting facilities psychiatrist or clinical supervisor must sign below indicating that they have received all supporting documentation for the individual to have a medical need for services from an IMPACT program.

IMPACT Clinical Supervisor

Date

Admitting facility only:

Approve

Clinical Necessity Not Supported

Please explain:

DBH approval: