

# **SUBMITTING AN ACT APPLICATION**

Laurel Hill Center

This guide provides instructions for successfully completing an ACT application and includes very basic criteria and contact information. All of the referenced documents may be found on the website. Feel free to contact the ACT team at (541) 684-6825 for any additional questions or information.

## **WHAT IS ACT?**

ACT is an intensive, all-inclusive, and highly integrated treatment approach for community mental health service delivery.

ACT serves individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness.

ACT's explicit mission is to promote the participants' independence, rehabilitation, and recovery, and in so doing to prevent homelessness, unnecessary hospitalization, and other outcomes that impact recovery goals.

ACT participation is voluntary and services are time unlimited (no end date of services necessary). However, clients may transition to higher or lower levels of care and even back into the ACT program from other levels of care such as residential services.

ACT teams must have a Team Lead, Clinician, Nurse, Psychiatrist or Psychiatric Nurse Practitioner, Peer Support Specialist, Supported Employment Specialist, Case Manager, and Addictions Counselor.

Other service options may include a Housing Specialist, Representative Payee, or a Supported Education Specialist.

Contact is required with our multidisciplinary team 2-4 times per week. ACT strives to make 80% of its contacts community-based. Essentially, we bring the services to our participants to the greatest extent possible, including home visits.

## ACT APPLICATION REQUIREMENTS

### 1. Review of ACT Criteria

This document contains a substantial amount of information, so please review it thoroughly prior to submitting an application

### 2. Universal Application (\*)

This application must be completed.

### 3. Releases of Information signed by the referred individual (\*)

Include separate signed releases for anyone who would need to be contacted on behalf of the individual.

### 4. Supporting Documentation

Submit records that will give ACT the information needed to determine criteria/eligibility. Examples of documentation sources can be found in the ACT Criteria document.

### 5. Medicaid/OHP Coverage Information

The referred individual must have current coverage as noted in ACT Criteria.(\*)  
Document can be completed electronically

## HOW TO SUBMIT AN APPLICATION

After all application requirements have been completed, submit the application in one of the following ways:

1. Send via **Secure Email** to [actreferrals@laurel.org](mailto:actreferrals@laurel.org) or
2. Fax to (541) 684-6826, ATTN: ACT REFERRAL COORDINATOR

The ACT Referral Coordinator will review the submitted information and may reach out with any questions or documentation needs.

Once a fully completed application is received, it will be reviewed and the individual needing or requesting services will be contacted to arrange an initial screening.