

ACT Referrals - FAQ

Q: What insurance does a person need to have to receive ACT services?

A: A person needs to have Medical Assistance (MA) or be on a Pre-paid Medical Assistance Plan (PMAP). Some private insurances cover ACT, but this needs to be assessed prior to making the referral. If a person only has Medicare or has no insurance, they are not eligible for an ACT team.

Q: What diagnoses qualify for ACT?

A: An individual must have a primary diagnosis of Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, or Major Depressive Disorder with Psychosis to qualify for admission. A primary diagnosis of TBI, Substance Abuse Disorder, Anxiety Disorder, Borderline Personality Disorder, or Major Depressive Disorder without psychosis does not qualify. Please refer to the Screening Guide for full eligibility details.

Q: How long does it take to get accepted to an ACT team once a referral is made?

A: It varies, depending on team capacity and the availability of the required documentation to prove medical necessity for the services. Having complete documentation records included with the referral form decreases the time toward the actual intake.

Q: Can a person be living in a CADI funded group home or an Assisted Living Facility and still receive ACT services?

A: No, this would be considered a duplication of services. If an individual is transitioning out of the group home or the Assisted Living Facility, they may be eligible if they meet all of the other ACT referral criteria.

Q: Can an individual be receiving PCA or CADI services where they reside and still be considered for an ACT team?

A: No, this would be considered a duplication of services. On a very rare occasion, CADI funding for an extreme medical condition might be considered in addition to ACT, but the identified service would need to clearly be outside of the scope of nursing practice provided by an ACT team.

Q: If a person already has a Psychiatrist or a Mental Health Professional that they see for therapy, can they continue these services while being on an ACT team?

A: No, this would be considered a duplication of services. The ACT team provides both psychiatric and therapeutic services and the individual being referred would need to agree to transition to the team psychiatrist and therapist.

Q: Can an individual referred to the team continue to receive formal substance use treatment?

A: The ACT team provides both individual and group treatment for substance use disorders and assists with access to self-support programs. Continuing with additional SUD treatment in addition to an ACT team would be considered a duplication of services and the providers would need to develop a transition plan.

Q: How often does the ACT team meet with individuals when they are admitted to the team?

A: This varies from three times per week to seven times per week, depending upon the clinical situation. The visits are usually of short duration and average three times per week.

Q: Can an individual be working with other vocational services such, as the Workforce Center, and still qualify for ACT services?

A: No, this is considered a duplication of services. The ACT team has a vocational specialists and all of the team members support individuals to help them achieve their vocational goals.