

Bulletin ID: No. 13 - Act Workflow

This Bulletin sets forth the steps for obtaining initial authorization and re-authorization of ACT services, as well as discharge, transition and transfer to another agency.

ACT WORK FLOW:

I. Initial Request:

Request for Initial ACT Authorization Request *All New requests for ACT Services:

Complete Initial ACT request in Provider Connect.

For Existing Consumers, please fax hard copies of:

- a) Diagnostic Assessment
- b) LOCUS
- c) IRP
- d) ISSP

to the attention of ACT Coordinator (202) 671-2972.

Please note the initial ACT request should not be completed for those consumers that have had previous ACT services:

All initial requests for ACT Services are to be reviewed by the DMH ACT Coordinator.

II. Reauthorization/Continued Stay Request:

Request for Reauthorization/Continued Stay ACT Services:

Complete Ongoing ACT request in Provider Connect

For existing authorizations, the next request will require submission of the ACT Service line only(Basically clinical reviews will occur every 6(six) months)

*For those consumers with a reauthorization start date of October 1, 2006, the Continued Stay ACT Event should be completed.

III. Transition/Discharge Request:

Follow protocol in that the ACT Team and CSA collaborate on the request

All requests should be entered electronically

All transition/discharge requests are to be reviewed by the DMH ACT Coordinator for disposition and tracking

IV. Transfers Across Agencies for ACT Services:

All transfer requests must be directed to the attention of the ACT Coordinator prior to making an electronic submission.

V. Choice of Providers:

Please note that DMH will try to honor all rendering Provider selections. However, Rendering Provider choices are subject to availability/specific eligibility criteria of specialized ACT Teams.

VI. Appeal

Clinical requests pertaining to ACT should be forwarded to the ACT Coordinator.

[Proposed ACT Work Flow](#) [PDF]

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