

Authorization Change Request Overview & Process for ATR4 Clients Transferring to Another Agency

| The Client is leaving my agency and going to another agency and I want to.... | Authorization Change Request Type Required? | ASAM Concurrent Review Required? | *Consent Required? If yes, to whom? | Create a Referral? If yes, to whom? | Create a Provisional Voucher? | **Complete a Discharge? | Close the Intake (case)? |
|--|--|----------------------------------|---|---|-------------------------------|-------------------------|--------------------------|
| Transfer a client from Assessment to a treatment Level of Care (LOC) at a different treatment provider agency. <i>NOTE: Specify the new agency in the GRRS. Remember to authorize the GPRA Interview service and all appropriate RSS services to the provisional voucher.</i> | Note to Authorizer | No | Yes, consent the GRRS to DHW Contactor and create a Consent to the different treatment provider agency. | Yes, to the different treatment provider. | Yes | Yes | Yes |
| Transfer a client at the same LOC to a different treatment provider agency (there are two weeks (14 days) <u>or less</u> before the current treatment authorization expires). <i>NOTE: Specify the new agency in the Authorization Change Request Comments. Remember to authorize the GPRA Interview service and all appropriate RSS services to the provisional voucher.</i> | Change to Service | Yes | Yes, create a Consent to the different treatment provider agency. | Yes, to the different treatment provider. | Yes | Yes | Yes |
| Transfer a client at the same LOC to at a different treatment provider agency (there are <u>more than</u> two weeks (15+ days) before the current treatment authorization expires). <i>NOTE: Remember to authorize the GPRA Interview service and all appropriate RSS services to the provisional voucher.</i> | None | No | Yes, create a Consent to the different treatment provider agency. | Yes, to the different treatment provider. | Yes | Yes | Yes |
| Transfer a client to a different LOC at a different treatment provider agency. <i>NOTE: Specify the new agency in the Authorization Change Request Comments. Remember to authorize the GPRA Interview service and all appropriate RSS services to the provisional voucher.</i> | Change to Service | Yes | Yes, create a Consent to the different treatment provider agency. | Yes, to the different treatment provider. | Yes | Yes | Yes |
| I am a Stand Alone RSS provider and I want to transfer a client to a different RSS agency. | Contact the Treatment Provider (outside of WITS) who sent you the current authorization. | | | | | | |

* Use the Intake Activity Date as the Earliest Date of Consented Activities on the Consent.

**Do not complete the GPRA Discharge.