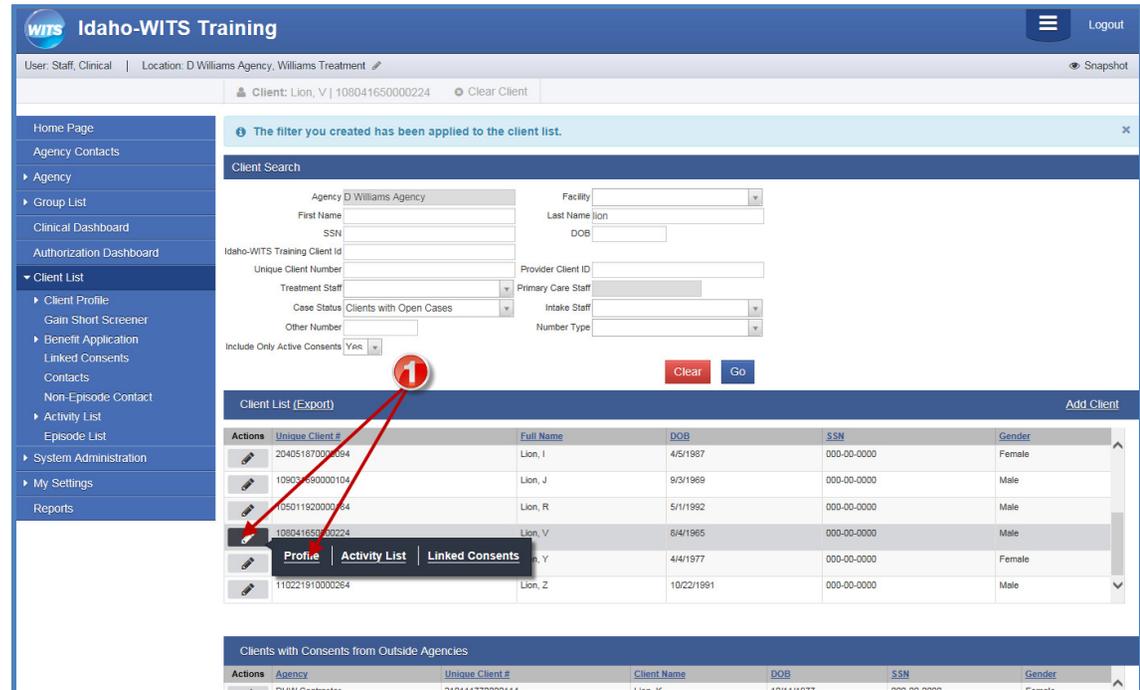


Authorization Change Request – Change to Service for ATR 4 Clients who are Transferring to another Facility at my Agency

These instructions are to be used in the following situations.

- Transfer a client at the same Level of Care (LOC) to a different facility at my agency and there are two weeks (14 days) or less before the treatment authorization expires.
- Transfer an ATR 4 client from one treatment Level of Care (LOC) to a different LOC at a different facility at my agency.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, find client, click  and select **Client Profile**.



The screenshot shows the Idaho-WITS Training interface. The navigation pane on the left includes 'Client List' and 'Client Profile'. The main area displays a 'Client Search' form with various filters and a 'Client List (Export)' table. A red circle with the number '1' highlights the pencil icon in the 'Actions' column of the table, which is used to access the 'Client Profile' for a specific client.

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	204051870000394	Lion, I	4/5/1987	000-00-0000	Female
	10803690000104	Lion, J	9/3/1969	000-00-0000	Male
	0501192000004	Lion, R	5/1/1992	000-00-0000	Male
	108041650000224	Lion, V	8/4/1965	000-00-0000	Male
	Y	4/4/1977	000-00-0000	Female	
	110221910000264	Lion, Z	10/22/1991	000-00-0000	Male

2. Select the **Authorization** on the Navigation Pane

The screenshot shows the 'Client Profile' page for a client named 'Lion, V'. The left navigation pane has 'Authorization' highlighted with a red circle and a red arrow pointing to it. A red circle with the number '2' is also placed over the 'Authorization' link in the navigation pane. The main content area shows the client's profile information, including first name, last name, gender, and date of birth. Below the profile information, there are sections for 'Administrative Actions', 'Alternate Names', and 'Addresses'. The 'Addresses' section contains one entry: 'Client Home' at '1255 Venus Circle, Nez Perce, ID 87956'.

3. Click  and select **Profile** to review the active Authorization.

The screenshot shows the 'Authorization List' table. The table has columns for 'Auth #', 'Payer', 'Status', 'Effective Date', 'End Date', 'Authorized', 'Encumbered', 'Expended', 'Available', and 'Last Activity Date'. There are three rows of data. The second row is highlighted, and a red circle with the number '3' is placed over the 'Profile' button in the 'Actions' column for that row. A red arrow points from the 'Profile' button to the 'Profile' link in the navigation pane.

Actions	Auth #	Payer	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date
	3389	ATR4 [ATR4, 7919BPA]	Active	4/17/2015	4/30/2015	\$961.80	\$0.00	\$0.00	\$961.80	4/17/2015
	2036	CHW Adult [State General, 1]	Closed	7/1/2014	3/18/2015	\$0.00	\$0.00	\$0.00	\$0.00	3/18/2015
	2036	CHW Adult [State General, 1]	Closed	7/1/2014	4/17/2015	\$0.00	\$0.00	\$0.00	\$0.00	4/17/2015

4. Click **Requests** under the Actions box.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization
Employment
Allergies
Gain Short Screener

Authorization

Group Enrollment: ATR4 | Status: Active
Plan: ATR4 | Contract: 7919BPA - DHW-D Williams (ATR4) / 12/1/2014 - 9/29/2017 - ATR4-ATR4
Authorization #: 3389 | Date Approved: 4/17/2015
Administering Agency: A Managed Service Contractor | Updated Date: 4/17/2015 1:10 PM
Effective Date: 4/17/2015 | Updated By: Buskey, Michelle
End Date: 4/30/2015 | ATR Intake: 4/17/2015-Williams Treatment

Comments

Authorized Services List

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
Outpatient	25	\$231.00	\$0.00	\$0.00	25.00
Drug/Alcohol Testing	25	\$337.50	\$0.00	\$0.00	25.00

Actions: Close, **Requests**

Total Authorized: \$568.50
Total Encumbered: \$0.00
Total Expended: \$0.00
Total Available: \$568.50

Finish

5. The Authorization Change Request List displays. Click **Add New**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization

Provider Authorization Change Request

Group Enrollment: ATR4 | Status: Active
Plan: ATR4 | Contract: 7919BPA - DHW-D Williams (ATR4) / 12/1/2014 - 9/29/2017
Authorization #: 3389 | Date Approved: 4/17/2015
Effective Date: 4/17/2015 | Updated Date: 4/17/2015
End Date: 4/30/2015 | Updated By: Buskey, Michelle
ATR Intake: 4/17/2015-Williams Tre

Comments

Authorization Change Request List

Actions	Date	Type	Service	Units	End Date	Status	Justification
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Actions: **Add New**

Finish

6. The Authorization Change Request List displays. Select **Change to Service**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization
Employment
Allergies

Authorization Change Request Profile

Type: [Dropdown menu] | Service: [Dropdown menu]
Units: [Text field]
End Date: [Calendar icon]
Justification: [Text field]
Requestor Comments: [Text area]
Approver's Comments: [Text area]
Deny Reason: [Text field] | Other Description: [Text field]

Actions: Add ASAM Concurrent Review

Cancel Save Finish

7. Select the **Service** (the current treatment LOC), enter the **Number of Requested Units**, and select the **Justification Reason**.

8. **Comments.**

- **Transfer a client at the same Level of Care (LOC) to a different facility at my agency and there are two weeks (14 days) or less before the treatment authorization expires:** Specify the new facility and enter justification for additional units. If new or additional RSS services are requested, include the name of the Stand Alone RSS provider if applicable ,name of the service, number of units, and justification for each RSS service (and complete a provisional voucher).
- **Transfer an ATR 4 client from a treatment LOC to a different treatment LOC at a different facility at my agency:** Specify the new facility, note the current level of care (LOC) and the requested LOC. If new or additional RSS services are requested, include the name of the Stand Alone RSS provider if applicable ,name of the service, number of units, and justification for each RSS service(and complete a provisional voucher).

9. Click **Add ASAM Concurrent Review**.

The screenshot shows a web application interface for an "Authorization Change Request Profile". The top navigation bar includes "User: Staff, Clinical" and "Location: D Williams Agency, Williams Treatment". Below this, the client information is "Client: Lion, V | 108041650000224". The left sidebar contains a menu with options like "Home Page", "Agency Contacts", "Agency", "Group List", "Clinical Dashboard", "Authorization Dashboard", and "Client List". The main form area is titled "Authorization Change Request Profile" and contains the following fields:

- Type:** Change to Service (dropdown menu)
- Service:** Outpatient (dropdown menu)
- Additional Units:** 30 (text input)
- End Date:** (empty text input)
- Justification:** Client will continue treatment p... (text input)
- Requestor Comments:** Client will be transferring to the Boise facility for my agency. Enter justification for additional units. New RSS services requested: Case Management 90 units, Drug Testing 60 units. Client needs case management and therapeutic drug testing while in treatment. (text area)
- Approver's Comments:** (empty text area)
- Deny Reason:** (empty text input)
- Other Description:** (empty text input)
- Actions:** Add ASAM Concurrent Review (button)

Three red callout boxes with numbers 7, 8, and 9 are overlaid on the form. Callout 7 points to the "Service" dropdown. Callout 8 points to the "Requestor Comments" text area. Callout 9 points to the "Add ASAM Concurrent Review" button. At the bottom right of the form are "Cancel", "Save", and "Finish" buttons.

10. Update the **Level of Care** for each Dimension.

11. Update **Comments** for each Dimension.
Enter the updated information at the top of each Comment field and document it as:
Update (date). **DO NOT DELETE ANY PREVIOUS COMMENTS.**

12. Select the **Requested Level of Care** and the **Current Level of Care**.

13. Click **Sign ASAM**.

Client: Lion, V | 108041650000224 | 1 Clear Client

ASAM — PPC2R

Dimension 1 - Acute Intoxication and/or Withdrawal Potential

Update the LOC. Level of Care: 1.0 Outpatient

Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 1.

Enter information at the top of the Comment field with the date.

Dimension 2 - Biomedical Conditions and Complications

Update the LOC. Level of Care: 1.0 Outpatient

Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 2.

Enter information at the top of the Comment field with the date.

Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Update the LOC. Level of Care: 1.0 Outpatient

Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 3.

Enter information at the top of the Comment field with the date.

Dimension 4 - Readiness to Change

Update the LOC. Level of Care: 1.0 Outpatient

Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 4.

Enter information at the top of the Comment field with the date.

Dimension 5 - Relapse, Continued Use, or Continued Problem Potential

Update the LOC. Level of Care: 1.0 Outpatient

Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 5.

Enter information at the top of the Comment field with the date.

Dimension 6 - Recovery / Living Environment

Update the LOC. Level of Care: 1.0 Outpatient

Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 6.

Enter information at the top of the Comment field with the date.

Requested Level of Care: 1.0 Outpatient Clinical Override: [dropdown]

Current Level of Care: 1.0 Outpatient

Comments: [text area]

Review Date: 04/02/2015 Program: Williams Treatment/Adult Outpatient : 4/2/201...

Administrative Actions

Sign ASAM

ASAM Notes

Cancel Save Finish

14. Click **Finish**.

Client: Lion, V | 10804165000224 | 1 Clear Client

ASAM — PPC2R

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential	<input type="text"/>	1.0 Outpatient	Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 1.
2 - Biomedical Conditions and Complications	<input type="text"/>	1.0 Outpatient	Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 2.
3 - Emotional, Behavioral, or Cognitive Conditions and Complications	<input type="text"/>	1.0 Outpatient	Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 3.
4 - Readiness to Change	<input type="text"/>	1.0 Outpatient	Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 4.
5 - Relapse, Continued Use, or Continued Problem Potential	<input type="text"/>	1.0 Outpatient	Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 5.
6 - Recovery / Living Environment	<input type="text"/>	1.0 Outpatient	Update 4/2/15 Enter new ASAM comments for the dimension or indicate No Change. Admission ASAM Comments for Dimension 6.

Requested Level of Care: 1.0 Outpatient Clinical Override:

Current Level of Care: 1.0 Outpatient

Review Date: 4/2/2015 Program: Williams Treatment/Adult Outpatient : 4/2/2015

Administrative Actions

Signed by: Staff, Clinical Signed on: 3/24/2015

ASAM Notes

15. Click **Finish**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment

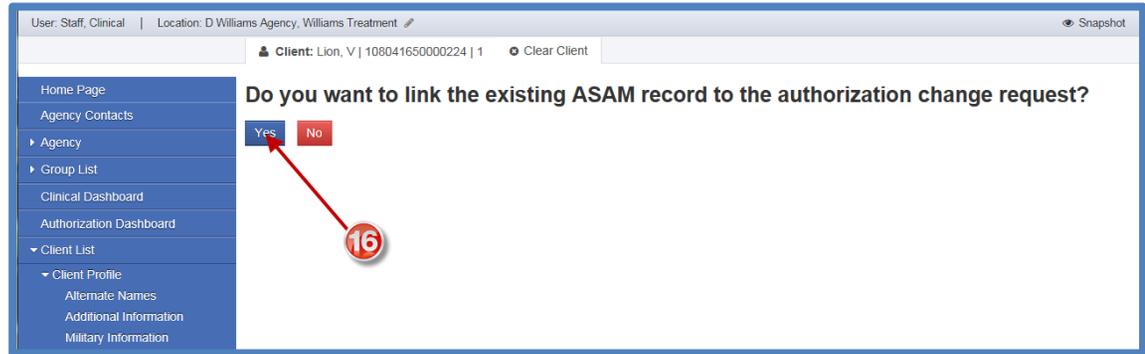
Client: Lion, V | 10804165000224 Clear Client

Authorization Change Request Profile

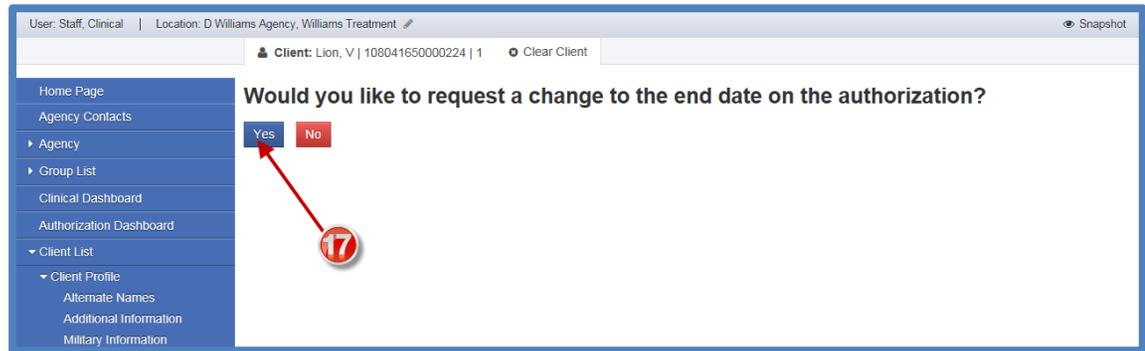
Type	Change to Service
Service	Outpatient (ATR)
Additional Units	30
End Date	
Justification	Client will continue treatment p...
Requestor Comments	Client will be transferring to the Another Treatment Provider. LOC change from IOP to OP. New RSS Services requested. Case Management 30 units for the RSS Stand Alone Provider. Client needs case management while in treatment.
Approver's Comments	
Deny Reason	
Other Description	

Actions

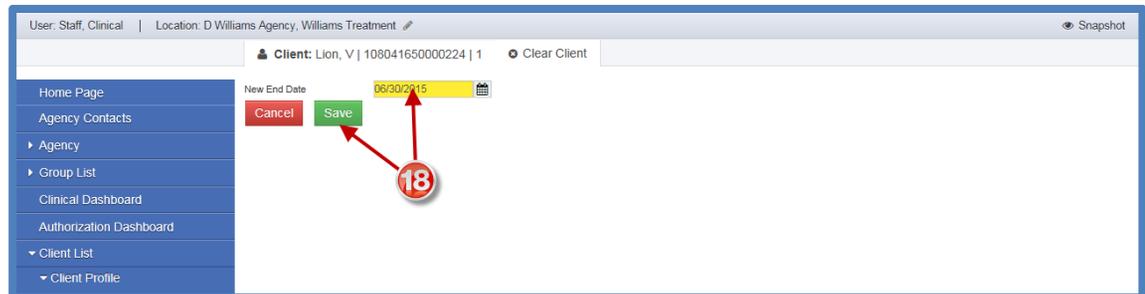
16. Select **Yes** to link the ASAM record with the Authorization Change Request.



17. Select **Yes** to request a change to the end date Authorization if appropriate.



18. Enter the **New End Date** and click **Save**.



19. Click **Finish**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | 1 | Clear Client

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

- Alternate Names
- Additional Information
- Military Information
- Contact Info
- Collateral/Cust. Contacts
- Other Numbers
- History
- Client Group Enrollment
- Authorization
- Employment
- Allergies
- Gain Short Screener

Provider Authorization Change Request

Group Enrollment: ATR4 | Status: Active | Contract: 7919BPBA - DHW-D Williams (ATR4) / 12/1/2014 - 9/29/2

Plan: ATR4 | Authorization #: 3389 | Date Approved: 4/17/2015

Effective Date: 4/17/2015 | End Date: 4/30/2015 | Updated Date: 4/17/2015 | Updated By: Buskey, Michelle | ATR Intake: 4/17/2015-Williams Tre

Comments

Authorization Change Request List [Add New](#)

Actions	Date	Type	Service	Units	End Date	Status	Justification
	4/17/2015	Add New Service	Intensive Outpatient (ATR)	240		Pending	See comments.
	4/17/2015	Change Voucher End Date			6/30/2015	Pending	See comments.

19 → [Finish](#)