

Authorization Change Request – Note to Authorizer - Discharging a Client

Prior to completing the Discharge in WITS, complete a Note to Authorizer following these instructions.

1. **Getting here:** Login, select the **Facility**, select **Client List** on the Navigation Pane (left menu) to generate the Client Search Screen, find client, select **Client Profile**.
2. Select **Authorization** on the Navigation Pane.
3. Click **Profile** to review the active Authorization.

Client Search

Agency: Provider Training Agency | Facility: [Dropdown]

First Name: [Text] | Last Name: Lemon

SSN: [Text] | DOB: [Text]

Idaho-WITS Training Client Id: [Text]

Unique Client Number: [Text]

Treatment Staff: [Dropdown]

Case Status: All Clients

Other Number: [Text]

Include Only Active Consents: Yes

Provider Client ID: [Text]

Primary Care Staff: [Text]

Intake Staff: [Dropdown]

Number Type: [Dropdown]

Buttons: Clear, Go

Unique Client #	Full Name	DOB	SSN	Gender	Actions
106011560000184	Lemon, R	6/1/1956	000-00-0000	Male	Profile Activity List Linked Consents

Client Profile for Lemon, R

First Name: R | Middle Name: [Text] | Last Name: Lemon

Gender: Male | DOB: 6/1/1956 | SSN: 000-00-0000

Provider Client ID: [Text] | Unique Client Number: 106011560000184 | State Client ID: [Text]

Record Created By: Buskay, Michelle | Last Updated By: Buskay, Michelle | Created Date: 9/26/2013 10:15 AM | Last Updated Date: 9/26/2013 10:15 AM

Driver's License: [Text]

Access Category: [Dropdown]

Has paper file: Yes

Buttons: Cancel, Save, Finish

Authorization List

Auth #	Payor	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date	Actions
1388	DOC Group [DOC Funding, 4]	Active	7/1/2013	6/30/2014	\$720.25	\$65.36	\$0.00	\$654.89	9/3/2013	Profile

4. Click Requests.

5. Click Add New.

1 The voucher can not be edited since Edit Local Voucher Key Activity is not selected for the contract plan.

Authorization for Lemon, R

Group Enrollment	IDOC Group	Status	Active
Plan	IDOC Funding	Contract	4 - IDOC-Provider Training Agency / 7/1/2013 - 6/30/2014 - IDOC Funding-IDOC Gr
Authorization #	1388	Date Approved	7/1/2013
Administering Agency	Idaho Department of Corrections	Updated Date	9/26/2013 10:15 AM
Effective Date	7/1/2013	Updated By	Buskey, Michelle
End Date	6/30/2014	Stage	

Comments

Authorized Services List

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
Outpatient	25	\$355.00	\$111.70	\$0.00	11.00
Transportation of Client	25	\$27.75	\$2.22	\$0.00	23.00
Drug/Alcohol Testing	25	\$337.50	\$13.50	\$0.00	24.00

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Actions

Close	Requests
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Total Authorized: \$720.25
Total Encumbered: \$127.42
Total Expended: \$0.00
Total Available: \$592.83

Finish

Provider Authorization Change Request

Group Enrollment	IDOC Group	Status	AC
Plan	IDOC Funding	Contract	4 - IDOC-Provider Training Agency / 7/1/2013 - 6/30/2014 - IDC
Authorization #	1388	Date Approved	7/1/2013
Effective Date	7/1/2013	Updated Date	9/26/2013
End Date	6/30/2014	Updated By	Buskey, Michelle
		ATR Intake	1/1/0001-
		Stage	

Comments

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Authorization Change Request List

Date	Type	Service	Units	End Date	Status	Justification	Actions
							Add New

Finish

6. Select the type of **Note to Authorizer**.

7. Enter **Comments**: document the reason for discharge and the discharge date.

NOTE: When discharging from Detox, Halfway Housing, Residential or Transitional Housing services (Level III), please include a detailed reason for the discharge.

8. Click **Save** and **Finish**.

Authorization Change Request Profile

Type: [dropdown]

Service: [dropdown]

Units: [input]

End Date: [input]

Justification: [dropdown]

Comments: [text area]

Approver's Comments: [text area]

Actions: [Add ASAM Concurrent Review](#)

Buttons: Cancel Save Finish

Authorization Change Request Profile

Type: Note to Authorizer

Service: [greyed out]

Units: [greyed out]

End Date: [greyed out]

Justification: [greyed out]

Comments: [text area]

Approver's Comments: [greyed out]

Actions: [Add ASAM Concurrent Review](#)

Buttons: Cancel Save Finish