

Authorization Change Request Overview & Process for IDHW (non-ATR 4) & IDOC Clients (who are not changing facilities or agencies)

The Client is not changing facilities or agencies and I want to....	Authorization Change Request Type Required?	ASAM Concurrent Review Required?	Consent Required? If Yes, to whom?	Close the Program Enrollment?	Create a Program Enrollment for the new LOC?	Complete a Discharge?	Close the Intake (case)?
Request additional treatment units for the IDHW client at the current treatment Level of Care (LOC) at the current facility at my agency. <i>NOTE: Include requests for RSS services (new or additional units) in the Comments section (for your agency or Stand Alone RSS agency). You also have the option to extend the end date of the authorization</i>	Change to Service	Yes	No	No	No	No	No
Transfer an IDHW client from Assessment to a LOC at the current facility at my agency. <i>NOTE: Include requests for RSS services (new or additional units) in the Comments section (for your agency or Stand Alone RSS agency). You also have the option to extend the end date of the authorization.</i>	Note to Authorizer	No	Yes, consent the GRRS to DHW Contactor.	Yes, select the termination reason of Transferred.	Yes	No	No
Transfer an IDOC client from one Stage (including Assessment or Pretreatment) to another Stage at the current facility at my agency. <i>NOTE: Please select "No" when offered to extend the authorization end date as IDOC authorization date spans are specific in each stage. A "Change to Voucher End Date" request that accompanies an Authorization Change Request for an IDOC client will be denied and the allowed authorization date span will be used.</i>	Change to Service	Yes	Yes, consent the GRRS to IDOC if your agency has conducted the assessment.	Yes, select the termination reason of Transferred.	Yes	No	No
Transfer an IDHW client from one LOC to a different LOC at the current facility at my agency. <i>NOTE: Include requests for RSS services (new or additional units) in the Comments section (for your agency or Stand Alone RSS agency). You also have the option to extend the end date of the authorization</i>	Add New Service	Yes	No	Yes, select the termination reason of Transferred.	Yes	No	No

The Client is active at my Agency and I want to....	Authorization Change Request Type Required?	ASAM Concurrent Review Required?	Consent Required? If Yes, to whom?	Close the Program Enrollment?	Create a Program Enrollment for the new LOC?	Complete a Discharge?	**Close the Intake (case)?
Discharge the client who will not be going to another provider. <i>NOTE: When discharging from Detox, Halfway Housing, Residential or Transitional Housing, include a detailed reason for the discharge.</i>	Note to Authorizer	No	No	Yes, select the appropriate termination reason.	No	Yes	Yes
Request RSS services for my agency or a Stand Alone RSS provider (new or additional units) without affecting treatment.	Note to Authorizer	No	No	No	No	No	No
I am a Stand Alone RSS provider and I want to request additional units.	Note to Authorizer	No	No	No	No	No	No