

# Authorization Change Request – Note to Authorizer – IDHW Only - Moving from Assessment to a Treatment Level of Care

These instructions are only for IDHW clients.

## PREREQUISITE:

- Download and consent the GRRS in WITS to the DHW Contractor.

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 | Provider Client ID: [Text]

Other Number: [Text] | Primary Care Staff: [Text]

Include Only Active Consents: Yes | Intake Staff: [Dropdown]

Number Type: [Dropdown]

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

Clients with Consents from Outside Agencies

Agency	Unique Client #	Client Name	DOB	SSN	Gender	Actions
--------	-----------------	-------------	-----	-----	--------	---------

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

Driver's License: [Text] | Access Category: [Text] | Has paper file: Yes

Administrative Actions: [Text]

Cancel Save Finish

Authorization List

Auth #	Payer	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date	Actions
1388	IDOC 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

**4**

Actions

<a href="#">Close</a>	<a href="#">Requests</a>
-----------------------	--------------------------

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

**5**

**Authorization Change Request List**

Date	Type	Service	Units	End Date	Status	Justification	Actions
							<a href="#">Add New</a>

Finish

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

7. Enter **Comments for a Client who is recommended to receive treatment services:** document the date the GRRS is consented to the funder, include the recommended level of care, and the agency and facility name of the treatment provider the client has requested to conduct their treatment.

**OR**

Enter **Comments for a Client who is NOT recommended to receive treatment services:** document the date the GRRS is consented to the funder, and indicate you will close the case in WITS.

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

**Authorization Change Request Profile**

Type

Service

Units

End Date

Justification

Comments

Approver's Comments

Actions [Add ASAM Concurrent Review](#)

Cancel Save Finish

**Authorization Change Request Profile**

Type Note to Auth

Service

Units

End Date

Justification

Comments Please review the GRRS consented on 9/26/2013. R Lemon is recommended for 1.0 Outpatient services at Provider Treatment Agency at Treatment Location 1.

Approver's Comments

Actions [Add ASAM Concurrent Review](#)

Cancel Save Finish