

# Authorization Change Request – Change to Service

These instructions should be used when a client requires additional units for an existing treatment level of care (LOC) or when the client will be transferring to another 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, select **Client Profile**.
2. Select **Authorization** on the Navigation Pane.
3. Click **Profile** to review the active Authorization.

Idaho-WITS Training

User: Trainee05, Treatment  
Loc: Provider Training Agency, Treatment Location 1  
Client:

Printable View

September 2013  
Logout

Home Page  
Agency  
Group List  
Clinical Dashboard  
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Gain Short Screener  
Benefit Application  
Linked Consents  
Non-Episode Contact  
Activity List  
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My Settings  
Reports

**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 [Dropdown]

Provider Client ID: [Text]  
Primary Care Staff: [Text]  
Intake Staff: [Dropdown]  
Number Type: [Dropdown]

Clear Go

**Client List (Export)** Add Client

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

**Clients with Consents from Outside Agencies**

Agency	Unique Client #	Client Name	DOB	SSN	Gender	Actions
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Idaho-WITS Training

User: Trainee05, Treatment  
Loc: Provider Training Agency, Treatment Location 1  
Client:

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Activity List

**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 [Dropdown]

Administrative Actions

Cancel Save Finish

Idaho-WITS Training

User: Trainee05, Treatment  
Loc: Provider Training Agency, Treatment Location 1  
Client:

Printable View

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Activity List

**Authorization List** Add New Authorization Record

Auth #	Payer	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	<a href="#">Profile</a>

4. Click Requests.

5. Click Add New.

**i** 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

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

Actions: [Close](#) [Requests](#)

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 - IDOC  
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

Date	Type	Service	Units	End Date	Status	Justification	Actions

[Add New](#)

[Finish](#)

6. Select the type of **Change to Service**.
  
7. Select the **Treatment Service** (select the current treatment level of care), enter the **Number of Requested Units**, and select the **Justification reason**.
  
8. Enter **Comments**: enter justification for additional units. If new or additional RSS services are requested, include the name of the service, number of units, and justification for each RSS service. **If the client is transferring to another agency indicate the agency name and level of care (if different from the selected treatment service).**

***NOTE: A separate Note to Authorizer should ONLY be completed if new or additional RSS services are requested and will be provided by a Stand Alone RSS provider.***

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

**Authorization Change Request Profile**

Type: Change to Service

Service: Outpatient

Additional Units: 120

End Date: See comments.

Justification: See comments.

Comments: Enter justification for additional units. New Rss Services requested: Case Management - 90 units, Drug Testing - 90 units. R. Lemon needs case management and therapeutic drug testing while in treatment.

Approver's Comments:  

Actions: [Add ASAM Concurrent Review](#)

Cancel Save Finish

**Authorization Change Request Profile**

Type: Change to Service

Service: Outpatient

Additional Units: 120

End Date: See comments.

Justification: See comments.

Comments: Enter justification for additional units. New Rss Services requested: Case Management - 90 units, Drug Testing - 90 units. R. Lemon needs case management and therapeutic drug testing while in treatment.

Approver's Comments:  

Actions: [Add ASAM Concurrent Review](#)

Cancel Save Finish

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

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

12. Click **Save** and **Finish.**

13. Click **Finish.**

**ASAM — PPC2R**

Dimension

1 - Acute Intoxication and/or Withdrawal Potential    Level of Risk [ ]    Level of Care: 1.0 Outpatient

Comments: Update 9/30/2013: Enter new ASAM comments for Dimension 1 or indicate no change. Admission ASAM comments for Dimension 1.

2 - Biomedical Conditions and Complications    Level of Risk [ ]    Level of Care: 1.0 Outpatient

Comments: Update 9/30/2013: Enter new ASAM comments for Dimension 2 or indicate no change. Admission ASAM comments for Dimension 2.

3 - Emotional, Behavioral, or Cognitive Conditions and Complications    Level of Risk [ ]    Level of Care: 1.0 Outpatient

Comments: Update 9/30/2013: Enter new ASAM comments for Dimension 3 or indicate no change. Admission ASAM comments for Dimension 3.

4 - Readiness to Change    Level of Risk [ ]    Level of Care: 1.0 Outpatient

Comments: Update 9/30/2013: Enter new ASAM comments for Dimension 4 or indicate no change. Admission ASAM comments for Dimension 4.

5 - Relapse, Continued Use, or Continued Problem Potential    Level of Risk [ ]    Level of Care: 1.0 Outpatient

Comments: Update 9/30/2013: Enter new ASAM comments for Dimension 5 or indicate no change. Admission ASAM comments for Dimension 5.

6 - Recovery / Living Environment    Level of Risk [ ]    Level of Care: 1.0 Outpatient

Comments: Update 9/30/2013: Enter new ASAM comments for Dimension 6 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

Comments [ ]

Review Date: 9/30/2013    Program: Treatment Location 1/Adult Outpatient : 8/16/2013

[ASAM Notes](#)   

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**Authorization Change Request Profile**

Type: Change to Service

Service: Outpatient

Additional Units: 120

End Date: [ ]

Justification: Client needs this service as part of [ ]

Comments: Enter justification for additional units. New RSS Services requested: Casem Management - 90 units, Drug Testing - 90 units. R Lemon needs case management and therapeutic drug testing while in treatment.

Approver's Comments [ ]

Actions:

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

15. Select **Yes** to change the end date of the Authorization.

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

17. Click **Finish**.

Do you want to link the existing ASAM record to the authorization change request?

Yes No

14

Would you like to request a change to the end date on the authorization?

Yes No

15

New End Date

12/31/2013

Cancel Save

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#### 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 - IDOC  
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

#### Authorization Change Request List

[Add New](#)

Date	Type	Service	Units	End Date	Status	Justification	Actions
9/30/2013	Change to Service	Outpatient	120		Pending	Client needs this service as part of the overall treatment plan	<a href="#">Review</a>   <a href="#">Delete</a>
9/30/2013	Change Voucher End Date			12/31/2013	Pending	Client needs this service as part of the overall treatment plan	<a href="#">Review</a>   <a href="#">Delete</a>

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Finish