

A. Description of Consumer's Clinical Issues (September 2007)

(Use for documenting clinical information for initial authorizations in conjunction with the STR form. Please include in this section a description of the consumer's symptoms and behaviors that justify and support the assigned target population. If the consumer is court involved, please explain the nature of the involvement (i.e. Court ordered for treatment, DWI, etc.).

Client Name: _____

DOB: _____

Clinician/QP signature

Clinician's Email

B. Required Information

ASAM _____ GAF _____ LOC _____

Health Related Codes: Tobacco use Substance abuse Both Unknown None

Other Insurance: None Medicare Health Choice Private Insurance _____ Medicaid

C. Access SAR: (Requested Services)

- Comprehensive Clinical Assessment- Code _____ Event/Units _____ Effective Date _____
- CS/Child 32 units Effective Date _____ SAIOP/10 units Effective Date _____
- CS/Adult 32 units Effective Date _____ SACOT/1 unit Effective Date _____
- TCM/40 units Effective Date _____ IIHS/12 units Effective Date _____
- CST/87 units Effective Date _____ MST/120 units Effective Date _____
- ACTT/4 units Effective Date _____ Other (placeholders) _____ units Effective Date _____
- H2011: Mobile Crisis Management- # of Units _____ Effective Date _____
- H0005: SA Early Recovery/8 units _____ Effective Date _____
- H0004: Basic Benefit/8 units _____ Effective Date _____
- CONSUMER DOES NOT MEET A TARGET POP

