

## HI WITS Training: Benefit Exception Request Process

### Lesson 4

**Situation:** If prolonged Services are need Clinically Justifiable Documentation is Required

**Note:** ADAD will Review and Approve or Deny all Requests. An Updated ASAM Should be Completed as Part of the Justification.

1. Under Client Profile select Authorization from the Left Menu Pick. Select Profile of Active Authorization

The screenshot shows the HI-WITS Training web application. The top navigation bar includes the WITS logo, the text 'HI-WITS Training', the user 'TEST PROVIDER, Main Office', and the user's name 'Afsharzadeh, Yoseb, BS' with a 'Logout' button. Below this is a breadcrumb trail 'Leopard, Def | DXLE1220741 | 1' and links for 'SSRS Reports' and 'Snapshot'.

The left sidebar contains a navigation menu with the following items: Home Page, Agency, Group List, Clinical Dashboard, Client List (expanded), Client Profile (expanded), Alternate Names, Additional Information, Military, Contact Info, Collateral Contacts, Other Numbers, History, Authorization (highlighted with a red arrow), Allergies, Linked Consents, Payor Group Enrollment, Non-Episode Contact, and Activity List.

The main content area displays the 'Authorization List' table. The table has columns: Actions, Auth #, Payor, Status, Effective Date, End Date, Authorized, Encumbered, Expended, Available, and Last Activity Date. The table contains three rows of data:

Actions	Auth #	Payor	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date
	282	ADAD Adult SABG 1 [ADULT, ADAD 18-XXX]	Active	9/1/2017	9/2/2017	\$69.00	\$0.00	\$0.00	\$69.00	9/15/2017
	283	ADAD Adult SABG 1 [ADULT, ADAD 18-XXX]	Active	9/1/2017	10/1/2017	\$150.00	\$90.00	\$0.00	\$60.00	9/1/2017
	279	ADAD Adult SABG 1 [ADULT, ADAD 18-XXX]	Closed	9/1/2017	9/18/2017	\$0.00	\$0.00	\$0.00	\$0.00	9/18/2017

Two red dashed arrows point from callout boxes to the interface. The first arrow points from the 'Authorization' menu item in the left sidebar to the callout box labeled '1. Click Authorization'. The second arrow points from the first row of the 'Authorization List' table to the callout box labeled '2. Select Profile of Active Authorization'.

2. Select Request Link

**Home Page**

- Agency
- Group List
- Clinical Dashboard
- Client List
  - Client Profile
    - Alternate Names
    - Additional Information
    - Military
    - Contact Info
    - Collateral Contacts
    - Other Numbers
    - History
    - Authorization
    - Allergies
    - Linked Consents
    - Payor Group Enrollment
    - Non-Episode Contact
  - Activity List
  - Episode List
- System Administration
- Reports
- Support Ticket

**Authorization**

Group Enrollment: ADAD Adult SABG 1      Status: Active

Plan: ADULT      Contract: ADAD 18-XXX - ADAD 18-XXX Test Provider / 7/1/2017 - 6/30/2018 - ADULT-ADAD Adult SABG 1

Authorization #: 283      Date Approved: 9/18/2017

Administering Agency: TEST PROVIDER      Updated Date: 9/18/2017 8:29 AM

Effective Date: 9/1/2017      Updated By: Afsharzadeh, Yoseb

End Date: 10/1/2017

Service Package: Pre-Treatment

Level of Care: 0.5

Comments:

**Authorized Services List**

Actions	Service	on Amt	Encumbered	Expended	Available Units
	Assessment-R1 (H0001/R1)		\$90.00	\$0.00	0.00
	Placement Determination-R0 (T1023/R0)		\$0.00	\$0.00	1.00
	Screening-R0 (H0002/R0)		\$0.00	\$0.00	1.00

Total Authorized: \$150.00

Total Encumbered: \$90.00

Total Expended: \$0.00

Total Available: \$60.00

Cancel Save Finish

1. Click on Requests Link

Close Requests

## 3. Click on the Add New Link

**Home Page**

- Agency
- Group List
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    - Collateral Contacts
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    - History
    - Authorization
    - Allergies
    - Linked Consents
    - Payor Group Enrollment
    - Non-Episode Contact
  - Activity List
  - Episode List

**Provider Authorization Change Request**

Group Enrollment: ADAD Adult SABG 1      Status: Active

Plan: ADULT      Contract: ADAD 18-XXX - ADAD 18-XXX Test Provider / 7/1/2017

Authorization #: 283      Date Approved: 9/18/2017

Effective Date: 9/1/2017      Updated Date: 9/18/2017

End Date: 10/1/2017      Updated By: Afsharzadeh, Yoseb

ATR Intake: 1/1/0001-

Comments:

**Authorization Change Request List**

Actions	Date	Type	Service	Units	End Date	Status	Justification

Add New

Finish

1. Click Add New Link

## 4. Set Parameters for Benefit Exception

Authorization Change Request Profile

Type

Change to Service

Service

Intensive Outpatient-R1 (H0015/R1)

Additional Units

2

End Date

Justification

Other

Requestor Comments

ADAD BENEFIT EXCEPTION REQUEST  
Client ID# \_\_\_\_\_ DATE/Time: \_\_\_\_\_ WEEK of TX: \_1\_  
TX: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Prognosis: \_\_\_\_\_  
Dimension 1: Acute Intoxication and Withdrawal Symptoms: RF(1-4): 0  
Risk Factors  
Protective Factors:  
Change Recommendations:  
Encounter Date(s):  
Dimension 2: Biomedical Conditions and Complications: RF(1-4): 0  
Risk Factors

Approver's Comments

Deny Reason

Other Description

Cancel

Save

Finish

5. If you want to Extend the Date Range of the Authorization Click Yes

SSRS Reports

Snapshot

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

Yes

No

To Extend the Date Range

6. Specify the Necessary End Date then Click Save once Finished

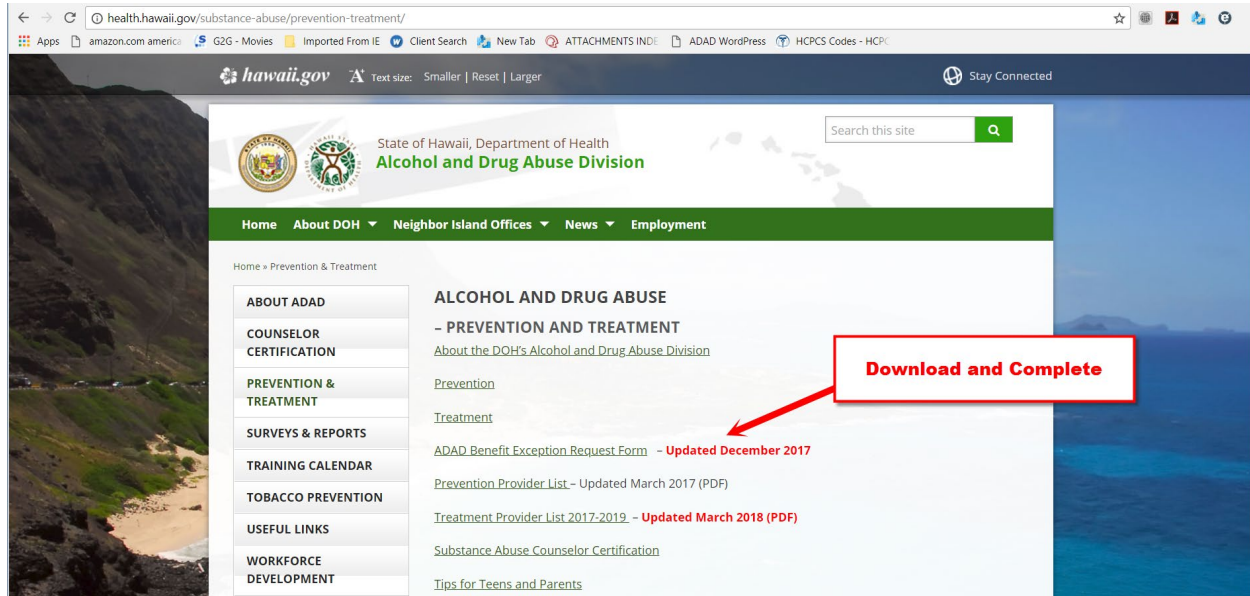
The screenshot shows a 'New End Date' form. At the top right, there are links for 'SSRS Reports' and 'Snapshot'. The form has a yellow input field for the date, a calendar icon, and two buttons: 'Cancel' (red) and 'Save' (green). Two red arrows with text boxes point to the form: one points to the date input field with the text '1. Specify Date', and the other points to the 'Save' button with the text '2. Click Save'.

7. Notice two Requests Were Created

Authorization Change Request List								Add New
Actions	Date	Type	Service	Units	End Date	Status	Justification	
	10/3/2017	Change Voucher End Date			10/31/2017	Approved	Other	
	10/24/2017	Change to Service	Intensive Outpatient-R1 (H0015/R1)	2		Pending	Other	
	10/24/2017	Change Voucher End Date			11/15/2017	Pending	Other	

Below the table, there are two red arrows with text boxes: one points to the 'Units' column of the second row with the text 'More Units', and the other points to the 'End Date' column of the third row with the text 'Extend End Date'. A 'Finish' button is located at the bottom right of the table area.

8. Download the ADAD Benefit Exception Request Form from the ADAD Website  
<http://health.hawaii.gov/substance-abuse/prevention-treatment/> . Complete the Document,  
 Copy and Paste into Requester Comments Text Box.



**Complete Form**

ADAD Benefit Exception Request Form      Attachment A

Client CDS# \_\_\_\_\_ DATE/Time: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_ Prognosis: \_\_\_\_\_

PWWDC: YES \_\_\_ NO \_\_\_ Request for Children: Yes \_\_\_ No \_\_\_ Child Client ID # \_\_\_\_\_

Current Modality and Tier Level: \_\_\_\_\_

Requested UNITS and Tier Level: \_\_\_\_\_

Current Authorization end date \_\_\_\_\_

Requested Authorization end date \_\_\_\_\_

Dimension 1: Acute Intoxication and Withdrawal Symptoms: Risk Rating (0-4):

Risk Factors \_\_\_\_\_

Protective Factors: \_\_\_\_\_

Change Recommendations: \_\_\_\_\_

Updated Health & Wellness Plan/ Encounter/ Progress Notes Reference Dates: \_\_\_\_\_

Dimension 2: Biomedical Conditions and Complications: Risk Rating (0-4):

Risk Factors \_\_\_\_\_

## 9. Click “Finish” to Send Benefit Exception Request to ADAD

**HI-WITS Training** 18.25.2 TEST PROVIDER, Main Office Alsharzadeh, Yoseb, BS Logout

**Lepoard, Def | DXLE1220741 | 1** SSRS Reports Snapshot

**Home Page**

- Agency
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- Support Ticket

**Authorization Change Request Profile**

Type: **Change Voucher End Date**

Service:

Units:

End Date: **09/30/2017**

Justification: **Other**

TX: DATE/Time: \_\_\_\_\_ WEEK of TX: **1**

NAME/LAST 4:20/ \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Prognosis: \_\_\_\_\_

Dimension 1: Acute Intoxication and Withdrawal Symptoms: RF(1-4): 0

Risk Factors:

Protective Factors:

Change Recommendations:

Dimension 2: Biomedical Conditions and Complications: RF(1-4): 0

Risk Factors:

Protective Factors:

Change Recommendations:

Medications:

Dimension 3: Emotional / Behavioral Conditions and Complications: RF(1-4): 0

Risk Factors:

Protective Factors:

Change Recommendations:

Requestor Comments

Dimension 4: Treatment Acceptance / Resistance: RF(1-4): 0

Risk Factors:

Protective Factors:

Change Recommendations:

Dimension 5: Relapse Potential: RF(1-4): 0

Risk Factors:

Protective Factors:

Change Recommendations:

Dimension 6: Recovery Environment / Support System: RF(1-4): 0

Risk Factors:

Protective Factors:

Change Recommendations:

Operational Commitments: RF (1-4): 0

Issues:

Approver's Comments:

Deny Reason:

Other Description:

**1. Click "Finish"**

**Cancel Save Finish**

If you have any questions, please call the WITS Staff or email [WITSHelp@doh.hawaii.gov](mailto:WITSHelp@doh.hawaii.gov).