ADAD Benefit Exception Request Form

Client ID #:
PWWDC Client ID# (if applicable):
Children ID# (if applicable):
Admission Date:
Diagnosis:
Current Level of Care/Tier Level:
Current Authorization Period (beginning and end date):
Last UA result:

Please fill out form according to the type of request you are requesting for (extending current authorization period or continued stay):

**Extend Current Authorization Period**
*(CARES will be reviewing “bundle” (health and wellness plan, assessment, ASAM) and encounter notes*

Clinical Justification to Extend Authorization time period:

**Continued Stay in Current LOC/Tier (additional units)**
*(CARES will be reviewing “bundle” (health and wellness plan, assessment, ASAM) and encounter notes*

Clinical Justification for Continued Stay Request: