

## **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: