

**BH SUD COC Service Array  
ADAD Benefit Exception Request Form**

1. Client BHA EMIS ID #:
2. PWWDC Client BHA EMIS ID # (if applicable):
3. Children BHA EMIS ID # (if applicable):
4. Admission Date:
5. Diagnosis:
6. Current Level of Care:
7. Current Authorization Period (beginning and end date):
8. Last UA result (Indicate if N/A):

\*HI CARES shall review the following client documents in the BHA-designated EMIS:

- a) Health and Wellness Plan;
- b) Assessment;
- c) ASAM; and
- d) Encounter Notes

Please fill out section 1 or 2 based on the type of request (extending current authorization period or continued stay):

1. Extension of Current Authorization Period  
Clinical Justification to Extend Authorization Time Period:
  
  
  
  
  
  
  
  
  
  
2. Continued Stay in Current LOC (Additional Units)  
Clinical Justification for Continued Stay Request: