Clinical and Non-Clinical Service Authorization Justification (SAR J)

Purpose: How to complete a SAR J

Steps:

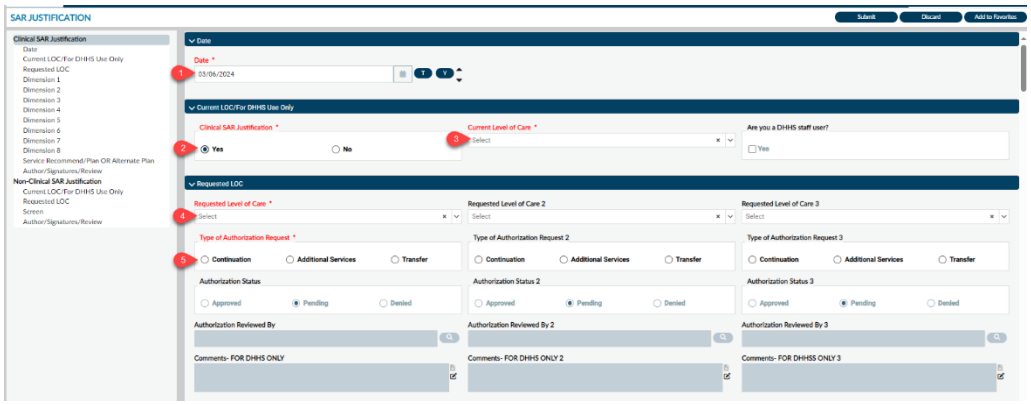
1. Open the **SAR Justification** form via the *"What can I help you find?"* search menu or *My Favorites*
2. Select **Episode**

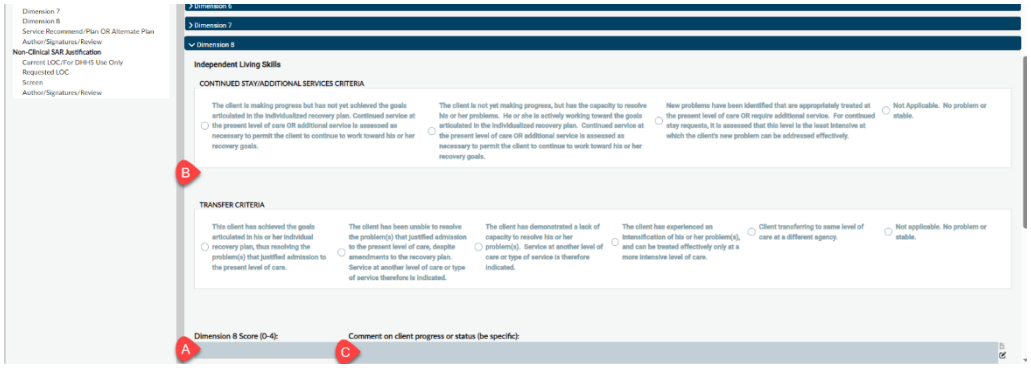
Clinical SAR J:

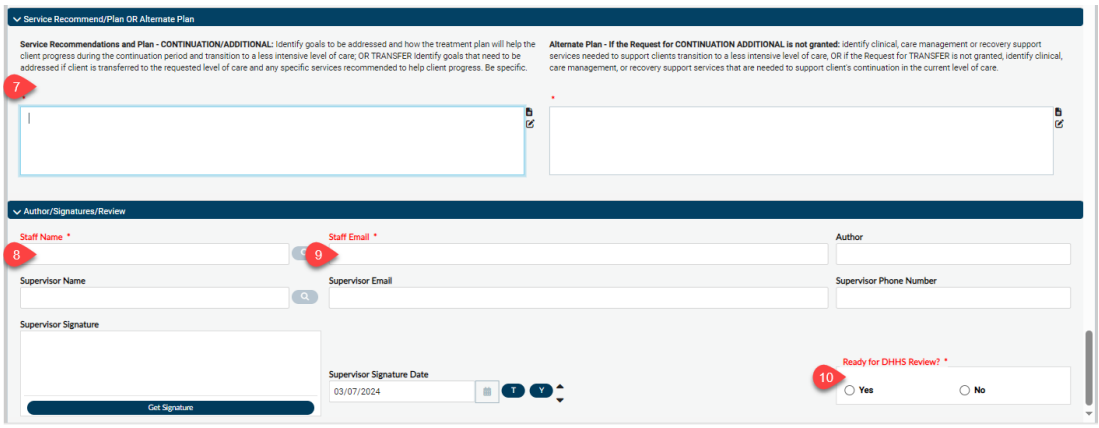
1. Enter **Date**
2. **Clinical SAR Justification** – select **Yes** to complete the clinical SAR J
3. Enter Program in **Current Level of Care**
4. Enter Program in **Requested Level of Care**
5. Select **Type of Authorization Request**
6. Complete the **Dimensions:**
   a. **Dimension score**
   b. Select which **Continued Stay/Additional Service** or **Transfer** criteria apply
   c. Enter **Comment on client's progress or status**
7. Enter the **Service Recommendations and Plan**
8. Enter the **Staff Name**
9. Enter the **Staff Email**

Add Supervisor information and signature, if applicable

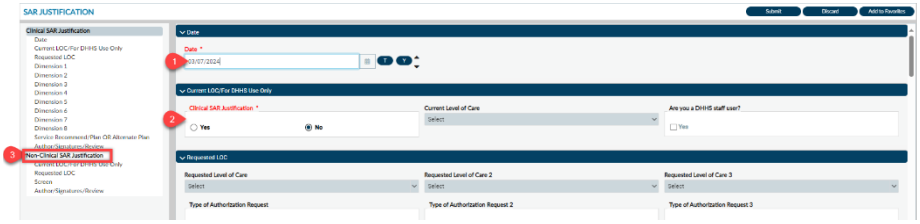
10. Select **Yes** or **No - Ready for DHHS Review**
11. Click **Submit**

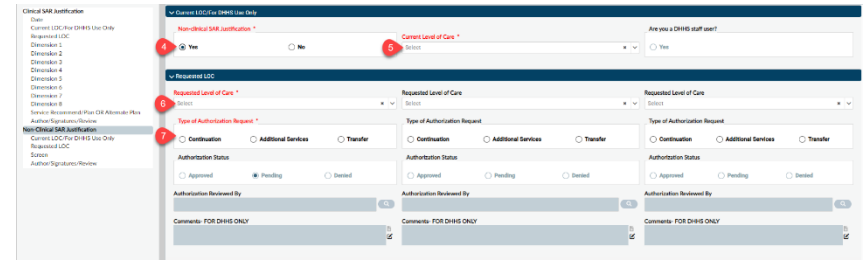


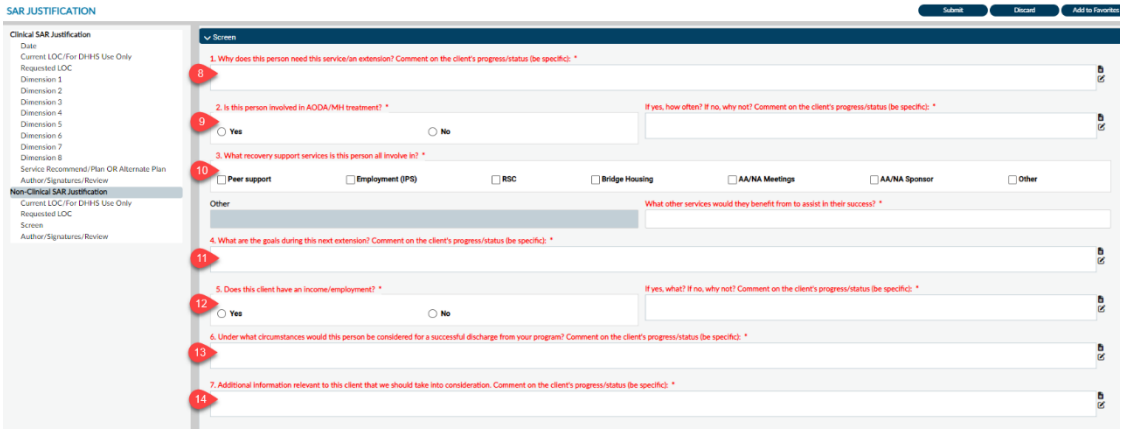




Non-Clinical Sar J:







1. Enter **Date**
2. Select **No - Clinical SAR Justification**
3. Click **Non-Clinical SAR Justification**
4. Click **Yes - Non-Clinical SAR Justification**
5. Enter Program in **Current Level of Care**
6. Enter Program in **Requested Level of Care**
7. Select **Type of Authorization Request**
8. Enter **Why does this person need this service/an extension?**
9. Select **Yes** or **No - Is this person involved in AODA/MH treatment**
    a. If Yes, add comments on frequency and progress
10. Select **Recovery Support Services** as applies
11. Complete **What are the goals during this nest extension?**
12. Select **Yes** or **No - Does the client have income/employment?**
    a. if **Yes** add comments on progress and status
13. Complete **Under what circumstances would this person be considered for a successful discharge from your program?**
14. Complete **Additional information relevant to this client that we should take into consideration**

15. Enter the **Staff Name**
16. Enter the **Staff Email** *Add Supervisor information and signature, if applicable*
17. Select **Yes** or **No - Ready for DHHS Review**
18. Click **Submit**