

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

Purpose: How to complete a SAR J

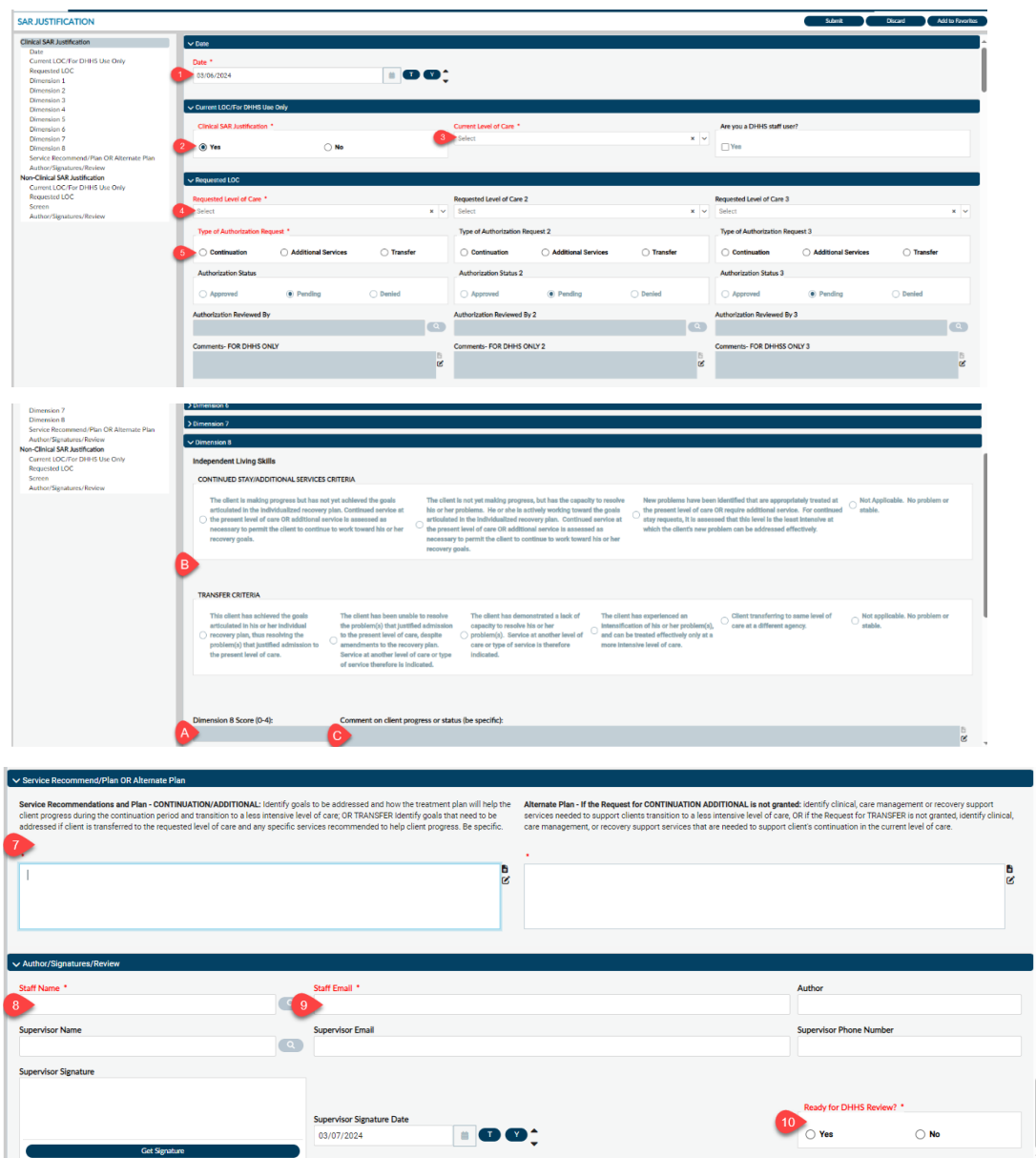
Steps:

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

Add Supervisor information and signature, if applicable



The screenshot displays the SAR Justification form with the following sections and callouts:

- 1**: Date field (03/06/2024)
- 2**: Clinical SAR Justification section with Yes/No radio buttons.
- 3**: Current Level of Care dropdown menu.
- 4**: Requested Level of Care dropdown menu.
- 5**: Type of Authorization Request section with radio buttons for Continuation, Additional Services, and Transfer.
- 6**: Dimensions section (B) containing:
 - Continued Stay/Additional Services Criteria** (B)
 - Transfer Criteria** (B)
 - Dimension B Score (0-4):** (A)
 - Comment on client progress or status (be specific):** (C)
- 7**: Service Recommendation/Plan OR Alternate Plan section.
- 8**: Staff Name field.
- 9**: Staff Email field.
- 10**: Ready for DHHS Review? section with Yes/No radio buttons.

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**

The image displays three screenshots of the SAR JUSTIFICATION form, illustrating the steps for Non-Clinical SAR Justification. Red numbered circles (1-17) indicate the sequence of actions:

- Step 1:** Enter the Date.
- Step 2:** Select **No - Clinical SAR Justification**.
- Step 3:** Click **Non-Clinical SAR Justification**.
- Step 4:** Click **Yes - Non-Clinical SAR Justification**.
- Step 5:** Enter Program in **Current Level of Care**.
- Step 6:** Enter Program in **Requested Level of Care**.
- Step 7:** Select **Type of Authorization Request**.
- Step 8:** Enter **Why does this person need this service/an extension?**
- Step 9:** Select **Yes or No - Is this person involved in AODA/MH treatment**.
- Step 10:** Select **Recovery Support Services** as applies.
- Step 11:** Complete **What are the goals during this nest extension?**
- Step 12:** Select **Yes or No - Does the client have income/employment?**
- Step 13:** Complete **Under what circumstances would this person be considered for a successful discharge from your program?**
- Step 14:** Complete **Additional information relevant to this client that we should take into consideration**.
- Step 15:** Enter the **Staff Name**.
- Step 16:** Enter the **Staff Email** *Add Supervisor information and signature, if applicable*.
- Step 17:** Select **Yes or No - Ready for DHHS Review**.