

**Region 4 Acute Care Project Initial Authorization Date:** \_\_\_\_\_

Treating Facility:

Tuckers    JRMC    PDH    PSH    PWP    RCH    Retreat    SMH    SRMC  
 Other \_\_\_\_\_

CSB/BHA:    CR    D19    CMH    G/P    Han    Hen    RBHA

Treating MD: \_\_\_\_\_ DOA: \_\_\_\_\_ Age: \_\_\_\_\_    M    F

Client: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN/ID#: \_\_\_\_\_ FACILITY ADMITTING DIAGNOSIS: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Project Admission Date: \_\_\_\_\_ Number of Days Initially Authorized: \_\_\_\_\_

Legal Status:    VOLUNTARY    COURT MANDATED VOLUNTARY    INVOLUNTARY COMMITMENT

Receiving CSB Services:    Yes    No   Funding Authorized By: \_\_\_\_\_

**5 Day Re-Authorization**

See attached Narrative/Clinical Justification for Reauthorization:    Yes    No

Date Reauthorization faxed to CSB/BHA: \_\_\_\_\_ Funding Approved Through: \_\_\_\_\_

Utilization Specialist:    Maria Baker, LCSW    Kirk Morton, RN

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Date of Request To RAC for funding extension: \_\_\_\_\_ Number of Days Currently Funded: \_\_\_\_\_

See attached Narrative/Clinical Justification for continued funding request

Utilization Specialist:    Maria Baker, LCSW    Kirk Morton, RN

Funding Extension Approved By RAC until: \_\_\_\_\_

Chair, \_\_\_\_\_

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REGION 4 ACUTE CARE DISCHARGE DATE: \_\_\_\_\_ TOTAL FUNDED DAYS: \_\_\_\_\_

Project Discharge

Withdrawn from Project (Reason for Withdrawal): \_\_\_\_\_

Discharge Documentation Attached

Utilization Specialist:    Maria Baker, LCSW    Kirk Morton, RN

