

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: Kirk Morton, RN |

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

See attached Narrative/Clinical Justification for continued funding request

Funding Approved Through: _____

Utilization Specialist: Kirk Morton, RN

Funding Extension Approved By RAC until: _____

Chair, _____

REGION 4 ACUTE CARE DISCHARGE DATE: _____ TOTAL FUNDED DAYS: _____

Project Discharge

Withdrawn from Project (Reason for Withdrawal): _____

Discharge Documentation Attached

Utilization Specialist: Kirk Morton, RN