

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE
 FOCUS - REAUTHORIZATION

Name: _____ **Case #:** _____ **Case:** _____
Date of Birth _____ **Home Phone** _____ **Current Admission** _____
Address _____ **Primary Affiliate:** _____
Primary Program: _____
Case Holder: _____
Disability Designation: _____

Authorization
Affiliate
 SUD CA
Provider _____ **Consumer** _____

Service Package [lookup](#)

Authorization Effective Date 
[Use Current Date](#)

Authorization Expiration Date 
[Use Current Date](#)

DIAGNOSIS


ICD-9	ICD-10	Description	Status Date	Status
Pri			<input type="text"/>	<input type="checkbox"/>
Sec			<input type="text"/> Use Current Date	<input type="checkbox"/>
Ter			<input type="text"/> Use Current Date	<input type="checkbox"/>

Diagnostic Formulation

characters left: 4096

- | | |
|---|---|
| <input type="checkbox"/> Economic Problems | <input type="checkbox"/> Problem with primary support group |
| <input type="checkbox"/> Problem accessing healthcare | <input type="checkbox"/> Problem related to social environment |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Problem related to interaction with legal system |
| <input type="checkbox"/> Occupational problems | <input type="checkbox"/> Other psychological and environmental problems |
| <input type="checkbox"/> Housing problems | <input type="checkbox"/> Behavioral/personality issues |

Current GAF

GAF Date 
[Use Current Date](#)

ASAM Result [Complete ASAM Worksheet](#)

Dimension 1: _____ Dimension 4: _____
 Dimension 2: _____ Dimension 5: _____
 Dimension 3: _____ Dimension 6: _____

Comments 

characters left: 30000



Stage of Change

- Pre-contemplation Contemplation Action Maintenance

Type of 12-Step meeting attendance and frequency

characters left: 128



Type of ancillary services provided or referred

- | | | | |
|--------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Transportation | <input type="checkbox"/> Self-help | <input type="checkbox"/> DHS |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Parenting Support | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Other | <input type="text"/> | | |

Authorizing Agent Notes

Provider Notes

characters left: 2048



Requested Date

Requested / Added By

Spell Check

CONTINUE

CANCEL

Back

Home

Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type	
Effective Dates <input type="text"/> - <input type="text"/>	Total Units Requested <input type="text"/>	Frequency <input type="text"/> ▼	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>
Notes <input type="text"/>				
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type	
Effective Dates <input type="text"/> - <input type="text"/>	Total Units Requested <input type="text"/>	Frequency <input type="text"/> ▼	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>
Notes <input type="text"/>				
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type	
Effective Dates <input type="text"/> - <input type="text"/>	Total Units Requested <input type="text"/>	Frequency <input type="text"/> ▼	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>
Notes <input type="text"/>				
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type	
Effective Dates <input type="text"/> - <input type="text"/>	Total Units Requested <input type="text"/>	Frequency <input type="text"/> ▼	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>
Notes <input type="text"/>				
Service <input type="button" value="lookup"/> <input type="button" value="clear"/>			Standard Unit Type	
Effective Dates <input type="text"/> - <input type="text"/>	Total Units Requested <input type="text"/>	Frequency <input type="text"/> ▼	Total Units Requested <input type="text"/>	<input type="button" value="Calculate"/>
Notes <input type="text"/>				

			<input type="button" value="Calculate"/>
Notes			
Add More Detail Lines			

Spell Check

<input type="button" value="PROCESS REQUEST"/>	<input type="button" value="SAVE and PEND"/>	<input type="button" value="CANCEL"/>
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<input type="button" value="Back"/>	<input type="button" value="Home"/>
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