

Letter of Collaboration

R 06-07-11

It is agreed that _____ and _____
(Facility/Site A) (Facility/Site B)

will collaborate on services provided to _____
(Member's Name)

Recipient ID # _____, for the duration of the attached prior authorization request.

This collaboration occurs through two service plans (Facility/Site A service plan and Facility/Site B service plan) developed collaboratively by the facilities' treatment teams. Each facility retains clinical control of and responsibility for its portion of the treatment. The progress in treatment will be coordinated through inter-agency staffing and consultations. The signatures of the respective clinicians below constitute agreement to collaborate *and understanding that if authorizations for services have been issued, they will be modified to reflect this collaboration.*

Facility/Site A Clinician, Credentials Date

Facility/Site B Clinician, Credentials Date

As a member, I agree to this treatment approach.

Member (14 or older) Date

As the parent/guardian of the above referenced member, I agree to this treatment approach.

Parent/Guardian Relationship to Member Date

The division of the monthly rate as indicated by the CAR level is as follows:

PROVIDERS AGREED UPON CAR SCORE LEVEL _____

REQUESTED SPLIT OF *MONTHLY*

DOLLAR RATE (in whole dollars) **Facility/Site A** _____

Facility/Site B _____

Total Dollars _____

(Dollars between the two cannot exceed the allowable limits determined by the CAR scores.)

This is an estimate subject to negotiated change and is included here for reference purposes.