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.