

DHHS-BH Authorization Paperwork Matrix for Children’s Behavioral Health Organizational Providers

Service Type		
	TBS	IHBS
Initial Authorization	<p style="color: #00728f;">DHHS initiates by sending Provider:</p> <ul style="list-style-type: none"> 1006 Release of Information 1012 Client Information Form 1013 Client Information Form Update (if available) 1014 Client Plan 1038/1039 Medical Necessity/Levels (pages 1-2) 1068 TBS Assessment 1096 Assessment or 1238 Youth Behavioral Health Assessment 1172 Medical Necessity Criteria/Authorization for TBS 1173 Mental Status Exam Diagnosis <p style="color: #00728f;">Provider faxes to CBH Analyst at fax # 445-7270:</p> <ul style="list-style-type: none"> TBS Fax Cover Sheet 1127c Contract Provider Face Sheet 1127b Contract Provider Diagnosis Form 1012 Client Information Form 1038/39 Medical Necessity/Levels (pages 1-2) TBS Authorization Schedule TBS Treatment Plan TBS Treatment Plan Signature Sheet 	<p style="color: #00728f;">DHHS initiates by sending Provider:</p> <ul style="list-style-type: none"> 1006 Release of Information 1012 Client Information Form 1013 Client Information Form-Update (if available) 1014 Client Plan 1028 Health History (if available) 1038/1039 Medical Necessity/Levels (pages 1-2) 1238 Youth Behavioral Health Assessment 1173 Mental Status Exam 1211 IHBS Assessment 1212 IHBS Authorization Diagnosis <p style="color: #00728f;">Provider faxes to CBH Analyst at fax # 476-1299:</p> <ul style="list-style-type: none"> 1127c Contract Provider Face Sheet 1127b Contract Provider Diagnosis
Update	<p style="color: #00728f;">Provider faxes all documents related to TBS to CBH Analyst at fax # 445-7270:</p> <ul style="list-style-type: none"> TBS Fax Cover Sheet TBS Authorization Schedule TBS Treatment Plan 	<p style="color: #00728f;">Provider faxes all documents related to IHBS to CBH Analyst at fax # 476-1299:</p> <ul style="list-style-type: none"> 1127c Contract Provider Face Sheet 1127b Contract Provider Diagnosis Form
Continued Authorization/ Annual Update	<p style="color: #00728f;">Provider faxes to CBH Analyst at fax # 445-7270:</p> <ul style="list-style-type: none"> TBS Fax Cover Sheet 	<p style="color: #00728f;">CBH initiates by sending:</p> <ul style="list-style-type: none"> 1211 IHBS Assessment

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Service Type		
	TBS	IHBS
	<ul style="list-style-type: none"> TBS Reauthorization Schedule TBS Treatment Plan 1038/39 Medical Necessity/Levels (pages 1-2) 1216 Managed Care Authorization TBS Treatment Plan Signature Sheet (if available) 	<ul style="list-style-type: none"> 1212 IHBS Authorization 1006 Release of Information (if needed)
Discharge	<p>Provider faxes to CBH Analyst at fax # 445-7270:</p> <ul style="list-style-type: none"> 1127c Contract Provider Face Sheet 1127b Contract Provider Diagnosis Form 	<p>Provider faxes to CBH Analyst at fax # 476-1299:</p> <ul style="list-style-type: none"> 1127c Contract Provider Face Sheet 1127b Contract Provider Diagnosis Form

If Provider requires additional forms or documentation beyond what is provided by DHHS, Provider is responsible to complete the additional documents.