

**Magellan Behavioral Health of Pennsylvania, Inc.  
HealthChoices Treatment Authorization Cover Sheet for  
Intensive Behavioral Health Services (IBHS)  
Registration ONLY**

☐ Bucks County      ☐ Cambria County      ☐ Lehigh County      ☐ Montgomery County      ☐ Northampton County  
 Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ Provider Name: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Magellan Provider MIS #: \_\_\_\_\_  
 MA ID #: \_\_\_\_\_ Provider Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Services Being Requested	# of Units Requested	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	MAGELLAN USE ONLY						
				Outcome Code	CPT	Prob Type	Mod1	Mod2	Mod3	Approved?
<input type="checkbox"/> IBHS-Individual Initial Assessment				536	H0032	001	HA			
<input type="checkbox"/> IBHS-Group Initial Assessment				536	H2021	001	HA			
<input type="checkbox"/> IBHS-ABA Initial Assessment				536	97151	001	HA			

**DSM-5 DIAGNOSIS**

---

---

---

---

---

---

**CURRENT MEDICATIONS**

---

---

---

---

---

---

**Select all identified Social Determinants of Health Concerns:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Not Assessed           | <input type="checkbox"/> None Known               | <input type="checkbox"/> Food Insecurity    | <input type="checkbox"/> Financial Strain             |
| <input type="checkbox"/> Literally Homeless     | <input type="checkbox"/> At Risk for Homelessness | <input type="checkbox"/> Lack of Child Care | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Education/Low Literacy | <input type="checkbox"/> Safety                   | <input type="checkbox"/> Social Isolation   | <input type="checkbox"/> Unemployment/Underemployment |
| <input type="checkbox"/> Clothing               | <input type="checkbox"/> Utilities                |   |   |

☐ By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.