

For AMI and I/DD Providers Only



To: DWHN AMI and I/DD Residential Providers

Re: Submission of Service Authorizations to Clinically Responsible Service Providers

Effective: Monday, May 18, 2020

DWHN Specialized Residential Services Authorization Request Form

Discontinued as of Friday, May 15, 2020

(Please see attached form)

Directions:

- All service related authorizations will be forwarded to your respective CRSP case manager/supports coordinator.
- The CRSP case manager/supports coordinator or the agency designee will input the authorizations into MHWIN.
- Your CRSP will advise you of the method by which to send your authorization request.
- Submit all inquiries related to your specific CRSP and please carefully follow their directions to ensure the timely processing of your request.



**Detroit Wayne
Integrated Health Network**

Residential Services

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 989-9513
Fax: (313) 989-9525
residentialreferral@dwhn.org

TDD: (800) 630-1044 / TTY: (888) 339-5588

Specialized Residential Service Authorization Request
for CPT Codes H2016, T1020, H0043 & H0015

Facility: _____ Date: _____

Contact Name: _____ Contact Phone: _____ Email Address: _____

of Authorizations for Review: _____

Is Consumer(s)'s IPOS uploaded properly in MHWIN? YES NO

If consumer's IPOS is not in MHWIN, please contact the designated CRSP Case Manager/Support Coordinator to confirm IPOS has been properly uploaded into Consumer's MHWIN system. Your authorization request will then be resubmitted for re-review.

(for Multiple Consumers)

Is this authorization request the same for each consumer? YES NO

If NO, please list each request separately for their authorization to be reviewed.

MHWIN ID#	Authorization Inquiry Reason	Service Authorization Expiration Date	Review Complete (DWHN Only)
_____	<input type="checkbox"/> No Authorization Placement Date: _____ <input type="checkbox"/> No Payment Received <input type="checkbox"/> Authorization Expired <input type="checkbox"/> Wrong CLS/PC Rate <input type="checkbox"/> Other: _____	_____	
_____	<input type="checkbox"/> No Authorization Placement Date: _____ <input type="checkbox"/> No Payment Received <input type="checkbox"/> Authorization Expired <input type="checkbox"/> Wrong CLS/PC Rate <input type="checkbox"/> Other: _____	_____	

DISCONTINUED effective 5/15/2020