

End User Training Manual for the Residential Services and Psychiatric Health Facility Concurrent Review

ProviderConnect



July 2022 v5.9

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Introduction to IBHIS for Residential Services and Psychiatric Health Facility Providers

The Integrated Behavioral Health Information System (IBHIS) is the Electronic Health Record System (EHRS) that the Los Angeles County Department of Mental Health (LACDMH) implemented. ProviderConnect is a web-based interface that communicates with IBHIS. ProviderConnect is a standard browser-based application that can be launched from any web browsing application such as Edge, Chrome, or Firefox. ProviderConnect has real-time communication with IBHIS, hence any information submitted into ProviderConnect is directly entered or updated into IBHIS immediately.

This manual will cover how Providers will use the Concurrent Review process to request Authorizations for the Residential Services programs: Crisis Residential Treatment Program (CRTP), Adult Residential Treatment (ART) and for Psychiatric Health Facility (PHF) program. Concurrent Review is required for CRTP, ART and PHF per Department of Health Care Services (DHCS) requirements BHIN 22-016 and 22-017.

Residential Services (CRTP & ART) - Prior to service delivery, ICD will provide authorization and admission documentation, but providers will enter episode information.

CRTP - may accept clients directly, but will need to enter episode information, send admission documentation within one business day to receive authorization.

PHF - must enter episode information then provide admission documentation within one business day of starting services to receive authorization.

Processing time frames are as follows:

CRTP - 1 week

ART - 1 month

PHF - 1 week

Providers will use ProviderConnect for the following functions and to upload the follow documents:

Residential Services (Crisis Residential Treatment Program (CRTP) and Adult Residential Treatment (ART) providers will use ProviderConnect for the following functions:

1. Search for clients
2. View Clients Demographics
3. Submit Authorizations request for IHBS Services.

NOTE: Authorization Request for Residential Services should be completed prior to services delivered.

4. Upload the Client documents as Attachment to client cases.

Documents to upload

CRTP - Admission (initial authorization): Referral Authorization Form

For the first continuing day review,

- Initial Psychiatric evaluation
- Initial Adult Assessment
- Weekly Summary
- Medication List

For subsequent continuing day reviews,

- Medical Doctor (MD)/Nurse Practitioner (NP) Progress Notes
- Weekly Summary (refer to CRTP Manual)
- Medication List

Items upon request

- Labs
- Medication Administration Record (MAR)s

Discharge

- After Care
- Discharge Plan
- Review the status of the authorization

ART - Admission (Initial authorization): Intake Packet

For the first continuing day review

- Initial Psychiatric evaluation & MD progress note
- Initial Adult Assessment
- Monthly Summary
- Medication List

For subsequent continuing day reviews

- Medical Doctor (MD)/Nurse Practitioner (NP) Progress Notes
- Monthly Summary
- Medication List

Items upon request

- Labs
- Medication Administration Record (MAR)s

Discharge

- After Care
- Discharge Plan

Psychiatric Health Facility (PHF) providers will use ProviderConnect for the following functions:

1. Search for clients
2. View Clients Demographics
3. Submit Authorizations Request for IHBS Services.

NOTE: Authorization Request for PHF should be completed prior to services delivered

4. Upload the Client documents as Attachment to Clients cases.

Documents to upload

Admission:

- Medical Doctor (MD) Order
- Face Sheet
- Plan of Care

Continuing Days:

- Rounds Sheet
- Psych eval
- Medical Doctor (MD) notes
- Registered Nurse (RN) notes
- Revised plan of care
- History & Physical

Discharge:

- Discharge Plan
- Aftercare Plan
- Progress Notes

5. Review the status of the authorization

*This manual will also be housed on the DMH website at this link - <https://dmh.lacounty.gov/pc/cp/ffs1/> or <https://dmh.lacounty.gov/pc/cp/iefsaf/>

Provider Authorizations vs. Member Based Authorizations

Provider Authorizations are at funding source level for a given fiscal year for a provider. Each provider authorization (P-Auth) is assigned with specific dollar amount allocated as per the contract/amendment. When claiming for a service, providers use a P-Auth and claiming can continue until the dollar is exhausted. Based on clients Medi-Cal eligibility and the type of service claimed, the provider uses a P-Auth that is linked to a Medi-Cal Funding Plan or a Non-Medical Funding Plan.

Member Based Authorizations are child records of P-Auth's that are assigned for a specific member for a specific service. When requesting for a member-based authorization (M-Auth) for Residential Services or Psychiatric Health Facility services, the provider should use an appropriate funding source that covers the requested service. The authorization must be based on the client's Medi-Cal eligibility using a Medi-Cal or a Non Medi-Cal Funding Source and Benefit Plan. Also, note that for each claim submitted with a member-based authorization, the dollar amount will be deducted from the parent P-Auth.

Access and Limitations

- To access the system, a web address (URL - Uniform Resource Locator) is used to launch the browser-based application.
- Once your request to access ProviderConnect is approved, a user ID (e.g., C123456@dmh.lacounty.gov) and system generated password will be issued to designated users by LACDMH. This is accompanied with the Multi-Factor Authentication (MFA) setup for access to ProviderConnect.
- The client must have an open admission and a completed Financial Eligibility in IBHIS with the Legal Entity (LE) Provider seeking an authorization request. This will be done through Web Services or the Users Electronic Health Record (EHR) system prior to the provider creating an Authorization Request in ProviderConnect.
- ProviderConnect allows users to upload documentation to support their Authorization Request. The upload file size is limited to 5 MB (Mega Byte). ProviderConnect will not allow the upload if the size of the file is larger than 5 MB. If this is the case designated users must split the document into files no larger than 5 MB.
- Once an Authorization Request is submitted via ProviderConnect, designated users will not be able to make any change in the submitted Authorization Request.

NOTE: If changes are required, Users will need to complete a HEAT ticket to have changes or updates done for their Authorization Request in ProviderConnect by DMH staff.

Forms and Instructions for the process to apply for access to ProviderConnect

Forms to request access to ProviderConnect:

C Number Packet: (Includes the following forms)

- Application Access form
- Confidentiality Oath form
- Downey Data Center Registration form
- County of Los Angeles Agreement for Acceptable Use form

The Systems Access Request (SAR) portal will be the only way to submit forms for new/renewal “C” Number packets and request applications access.

SAR portal is only for LE Liaison/Representatives submitting forms.

For LE Liaison/Representatives to gain access to the Systems Access Request portal we are requiring a “C Number Packet” and an “Individuals Authorized to Sign Access Forms” to be submitted to ensure all DMH forms are current and up to date.

Please use the links below:

C Number Packet:

http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf

Individuals Authorized to Sign Access Forms:

http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf

NOTE: Completely fill out all forms and have them signed by an authorized individual from your agency, preferably an authorized manager’s signature.

To avoid delays, please make sure that the forms are legible by being typed or digitally entered in the PDF form.

Any illegible forms, incomplete forms or forms with missing signatures will result in the forms being rejected.

If your agency does not have an application liaison/Representative, email the “C” number Packet to:

systemsaccessunit@dmh.lacounty.gov and include your Agency name in the subject line.

Once a new User has their “C” number with their Los Angeles County assigned email (example;

“C123456@dmh.lacounty.gov”) for their access to ProviderConnect the new User will need to setup their Multi Factor Authentication (MFA), See link for instructions:

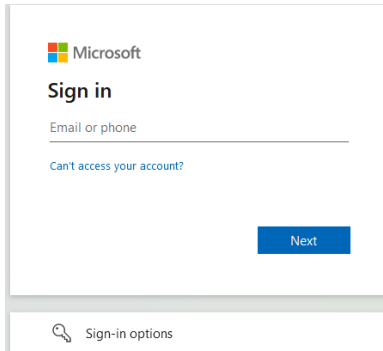
<https://my.dpss.lacounty.gov/documents/O365%20MFA%20Enrollment%20Instructions.pdf>

NOTE: If a User does not login to ProviderConnect in 30 days after DMH has sent the User their login credentials the account will be deleted. If a User has logged into ProviderConnect but then does not login again within the next 60 days, from the last time the User logged into ProviderConnect, the Users account will be disabled. If the User does not contact DMH within the next 30 days, after they have been disabled, the Users account will be deleted. At that time the User will need to reapply for ProviderConnect access.

Provider Connect: Login with MFA & Main Menu

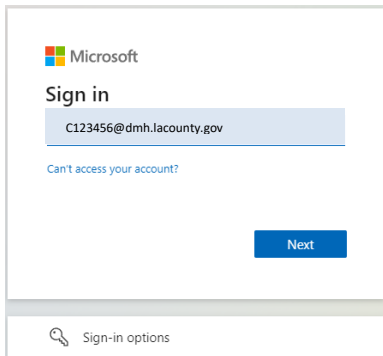
Start the web browser (Edge, Chrome, or Firefox) on your computer. Type or cut and paste the following web address in the address line <https://lapconn.netSMARTcloud.com/la> or go to this link <https://dmh.lacounty.gov/for-providers/web-apps/> to access the link for ProviderConnect.

1. This will be where the Microsoft Sign in prompt will appear.



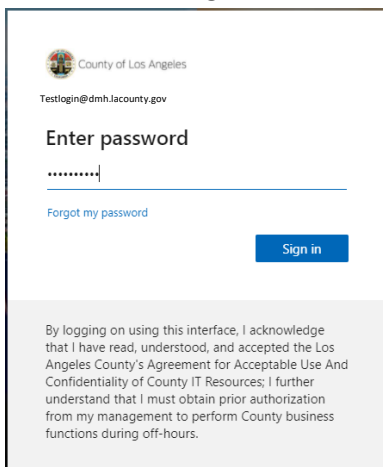
The screenshot shows the Microsoft Sign in page. At the top left is the Microsoft logo. Below it, the text "Sign in" is displayed. Underneath, there is a text input field labeled "Email or phone". Below the input field is a link that says "Can't access your account?". At the bottom right of the main content area is a blue button labeled "Next". At the bottom of the page, there is a section titled "Sign-in options" with a magnifying glass icon.

2. Users will enter their County assigned email that starts with the Users "C" number (C123456@dmh.lacounty.gov) and select the **Next** button.




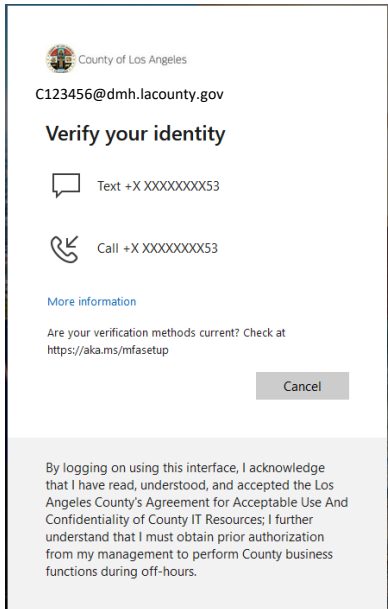
The screenshot shows the Microsoft Sign in page with the email address "C123456@dmh.lacounty.gov" entered into the "Email or phone" field. The "Next" button is highlighted in blue. The "Sign-in options" section is visible at the bottom.


3. This will navigate the User to where the User will enter their created Password and click the **Sign in** button.

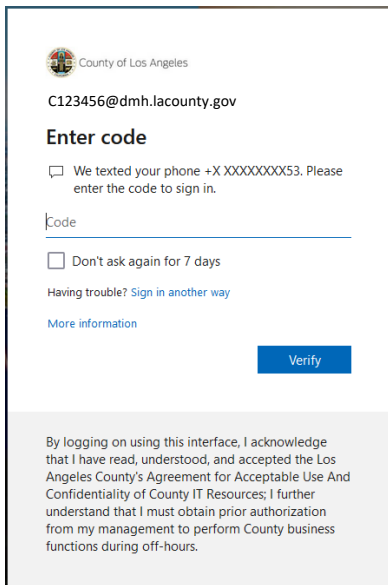
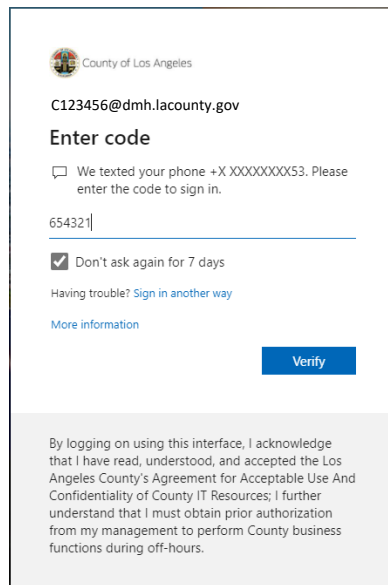


The screenshot shows the County of Los Angeles password entry page. At the top left is the County of Los Angeles logo. Below it, the text "County of Los Angeles" is displayed. Underneath, the email address "Testlogin@dmh.lacounty.gov" is shown. The main heading is "Enter password". Below this is a password input field with a masked password ".....". Below the input field is a link that says "Forgot my password?". At the bottom right of the main content area is a blue button labeled "Sign in". At the bottom of the page, there is a disclaimer: "By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours."

4. The User will be navigated to **Verify your identity**. Here the User will select how the User wants to receive the verification code. In this example the User opted to receive the code via text. Selecting  Text +X XXXXXXXX53 will navigate the User to where the User will enter the Verification code.



5. Here the User will enter the code they have received via text. The User will then select the  button. The User will be navigated to the **Terms of Security** and the **Authorization Disclaimer** page within ProviderConnect. You may check the box “Don’t ask again for 7 days”.

6. The User will see the **Terms of Security** and the **Authorization Disclaimer**.

ATTENTION:

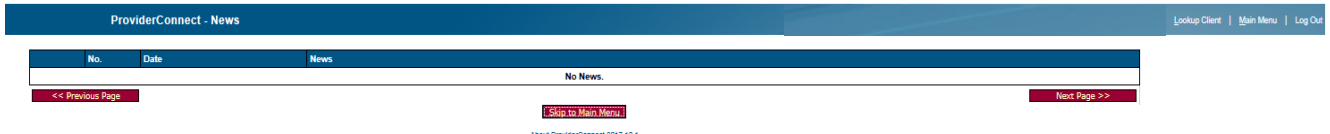
Terms of Security: These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution. **Authorization Disclaimer:** Authorization is not a guarantee for payment. Provider must have sufficient funds in its MCA in order to be reimbursed for services rendered under this authorization. Payment is subject to all claim submission requirements, and contingent upon the client being eligible at the time the service is rendered and having benefits available when the claim is processed.

By selecting "continue", you agree, under penalty of perjury, that you are an authorized agent to use this information system.

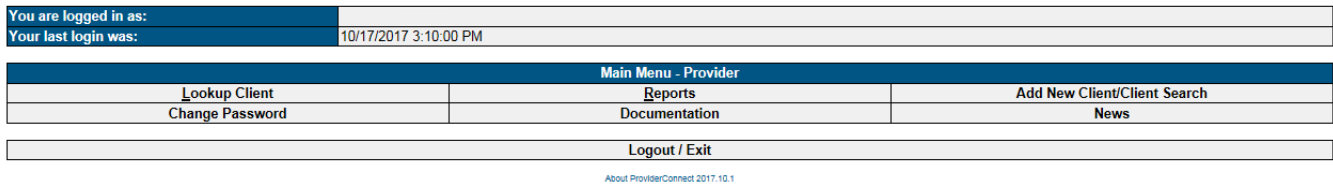
[Exit](#) [Continue](#)

NOTE: If this is the Users first time logging into ProviderConnect the User should review before selecting the  hyperlink to agree with the **Terms of Security** and the **Authorization Disclaimer** and to continue to the next page.

7. Once the User has clicked the **Continue** hyperlink, the User will be directed to **ProviderConnect-News** alerts. The **News** screen will provide you with alerts and updates regarding the system.



8. Click **Skip to Main Menu** to continue to the Provider Connect **Main Menu - Provider**.



On the **Main Menu** the labeled tabs allow the User to:

- **Lookup Client:** Allows the User to search clients with an existing admission created by your agency.
- **Reports:** Allows the User to access reports that apply to the Users log in security rights.
- **Add New Client/Client Search:** Allows the User to add new client or search clients who may have an existing admission within the system from other providers.
- **News:** Is used to provide the User with communication regarding updates and enhancements associated to ProviderConnect.
- **Documentation:** Provides help on ProviderConnect.
- **Change password:** Not applicable.

NOTE: If the client has not been associated to the Legal Entity this means that before a User can access the client in ProviderConnect to request an Authorization the client should have an Admission under the Users Legal Entity. This is created in IBHIS (DMH EHR system) directly from the Legal Entity's EHR system. This means that the Client needs to have an open Admission for their Legal Entity for the User to request an Authorization using Client Web Service.

ProviderConnect: Add New Client/Client Search

The **Add New Client/Client Search** feature is used to verify that a client has not been associated to the Legal Entity currently seeking an Authorization Request.

NOTE: If the client has not been associated to the Legal Entity this means that before a User can access the client in ProviderConnect to request an Authorization the client should have an Admission under the Users Legal Entity. This is created in IBHIS (DMH EHR system) directly from the Legal Entity's EHR system. This means that the Client needs to have an open Admission for their Legal Entity for the User to request an Authorization using Client Web Service.

1. To search for a client the User will use the **Main Menu** and click on **Add New Client/Client Search** to search for a client that is not associated to from their Agency.

Main Menu - Admin		
Billing	Lookup Client	Provider
Reports	Utilities	Add New Client/Client Search
Change Password	Documentation	News
Logout / Exit		

2. A User can search for a client by either entering the Clients **Member ID** (Client ID) or by entering the Clients **SSN** and/or **Last Name, First Name, Sex** and/or **Date of Birth**.

NOTE: Entering more information on a client greatly narrows the search results.

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text"/>
Alias:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

Client Search using the Clients Member ID:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text" value="3171139"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

[Search](#)

[Back](#)

Client Search using the Clients Member ID Search Results:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text" value="3171139"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Sex:	<input type="radio"/> Female - F <input type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

[Search](#)

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3171139	SPIDERMAN,JOE	03/30/1991				056575	100

[Create Admission for New Client](#)

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Client Search using the Clients Last Name, First Name and Sex:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	Spiderman
First Name:	Joe
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

[Back](#)

Client Search using the Clients Last Name, First Name and Sex Search Results:

ProviderConnect - Add New Client/Client Search

Search Criteria	
Social Security Number:	<input type="text"/>
Member ID:	<input type="text"/>
Subscriber Client Index Number:	<input type="text"/>
Last Name:	Spiderman
First Name:	Joe
Sex:	<input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U
Date of Birth:	<input type="text"/>

Search

Search Results							
ID	Name	Date Of Birth	Client's Address City	Client's Address Zipcode	Alias	Admitting Practitioner	Score
3171138	SPIDERMAN,JOE	03/31/1981				056575	91
3171139	SPIDERMAN,JOE	03/30/1991				056575	91
3171140	SPIDERMAN,JOE	03/03/1988	LOS ANGELES	90007		056575	91
3171141	SPIDERMAN,JOE	03/31/1994	ROSEMEAD	91770		056575	91
3171142	SPIDERMAN,JOE	06/29/1981				056575	91
3171143	SPIDERMAN,JOE	03/03/1961				056575	91
3171144	SPIDERMAN,JOE	03/03/1981	LOS ANGELES	90033		056575	91
3171145	SPIDERMAN,JOE	03/03/1981				056575	91
3171146	SPIDERMAN,JOE	03/03/1981				056575	91
3171147	SPIDERMAN,JOE	03/03/1981	LOS ANGELES	90020		056575	91
3171148	SPIDERMAN,JOE	03/03/1981	LOS ANGELES	90033		056575	91
3171149	SPIDERMAN,JOE	03/03/1981				056575	91
3171150	SPIDERMAN,JOE	03/03/1981				056575	91
3171151	SPIDERMAN,JOE	03/03/1981	LOS ANGELES	90020		054827	91

Create Admission for New Client

[Back](#)

NOTE: Users must do their due diligence in verifying that the User is selecting the correct client.

3. Clicking the Client ID hyperlink will navigate the User to the **ProviderConnect – Provider Admissions** pre-display.

ProviderConnect - Provider Admissions

Client Name:	Spiderman, Joe
Member ID:	3171139
SSN:	999-99-9999

Episode Information			
Episode	Admission Date	Discharge Date	Program
1	6/28/2017		1234I FFS1 HOSPITAL TRAINING

[Return to Client Search](#)

NOTE: If the User is navigated to the **ProviderConnect-Provider Admissions Form** this means the Client the User input had not been associated to their Agency. This must be done through Web Services. After the Client has been associated to their Agency through Web Services only then can the User create and Authorization in ProviderConnect. What does this mean? This means that before you can access the client in ProviderConnect and request an authorization, the client should have an active admission under your Agency created in IBHIS (DMH EHR system) directly from your EHR system. All this means is that the client needs to have an admission open for the Agency that they are requesting an authorization for, using Client Web Service the user will need to open an episode/create an admission for the client.

Below is an example of if the User has a Client that is not associated to their Agency

Top of page

ProviderConnect - Provider Admission Form

FIVE ACRES THE BOYS and GIRLS AID 8/9/2022 4:26:04 PM [Lookup Client](#) | [Main Menu](#) | [Log Out](#)

Client Name: SMITH, JAMES	
Member ID: 1775057	
SSN: 570-47-9426	

Admission Information	
Sex <input type="radio"/> Female - F <input checked="" type="radio"/> Male - M <input type="radio"/> Transgender (F to M) - FTM <input type="radio"/> Transgender (M to F) - MTF <input type="radio"/> Unknown - U	Age 61
Date of Birth 12/30/1960	Admission Time [] : [] : [] AM/PM
Admission Date [] / [] / []	Admitting Practitioner []
Program [Please Choose One...]	Type of Admission First Admission - 1
Attending Practitioner [Please Choose One...]	Social Security Number 570-47-9426
Source of Admission [Please Choose One...]	Advanced Directive <input type="checkbox"/> No - N <input type="checkbox"/> Yes - Y
All Social Security Number	Advanced Directive Note

Bottom of page

Alias 1	Alias 2
Alias 3	Alias 4
Alias 5	Alias 6
Alias 7	Alias 8
Alias 9	Alias 10
Client's Cell Phone	Client's Email Address
Communication Preference [Please Choose One...]	Smoker [Please Choose One...]
Client Declined to Provide Information	

[Cancel](#)

4. Click the **Authorizations** tab in the **TASK Navigation Bar** to navigate to the Authorization Request form to create and submit an authorization request.

Member ID
Demographic
Authorizations
Provider Admission
Attachments
Plan Communication
Systemwide Annual Liability
Exit to Main Menu

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
No records found.										

Create Request

ProviderConnect: Look up Client

The ProviderConnect Client Search feature:

The **Lookup Client** feature is used when the client has an existing Admission with a Legal Entity currently seeking an Authorization Request.

1. To Search for a Client the User will use the **Main Menu** and click on **Lookup Client** to search for an existing client from their agency.

Main Menu - Admin		
Billing	Lookup Client	Provider
Reports	Utilities	Add New Client/Client Search
Change Password	Documentation	News
Logout / Exit		

2. A User can search for a client by either entering the Clients **Member ID** (Client ID) or by entering the Clients **SSN** and/or **Last Name, First Name** and/or **Date of Birth**.

NOTE: Sometimes Users will have to use different combinations of the Search Criteria to locate the desired Client. (e.g. – **First Name & Last Name only or First Name & Last Name and DOB or First Name & Last Name and SSN**)

ProviderConnect - Look Up Client FFS1 HOS

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	FFS1 HOSPITAL TRAINING

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

[Search by Criteria](#)

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Look up Client using the Clients Member ID:

ProviderConnect - Look Up Client FFS1 HOS

Search Criteria	
Member ID:	<input type="text" value="3171139"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Agency:	FFS1 HOSPITAL TRAINING

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

[Search by Criteria](#)

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Look up Client using the Clients Member ID Search Results:

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3171139	Spiderman	Joe	3/30/1991	FFS1 HOSPITAL TRAINING

[Search Criteria](#)

[Back](#)

Look up Client using the Clients Last Name and First Name:

NOTE: Sometimes Users will have to use different combinations of the Search Criteria to locate the desired Client. (e.g. – First Name & Last Name only or First Name & Last Name and DOB or First Name & Last Name and SSN)

Search Criteria	
Member ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	<input type="text" value="Spiderman"/>
First Name:	<input type="text" value="Joe"/>
Date of Birth:	<input type="text"/>
Agency:	FFS1 HOSPITAL TRAINING

Note: Only clients with authorization requests, pending or approved authorizations, and/or provider-initiated Admissions will display.

[Search by Criteria](#)

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Look up Client using the Clients Last Name and First Name Search Results:

NOTE: Users must do their due diligence in verifying that the User is selecting the correct client.

Search Results				
Client ID	Last Name	First Name	Date of Birth	Agency
3171145	SPIDERMAN	JOE	3/3/1981	FFS1 HOSPITAL TRAINING
3171139	Spiderman	Joe	3/30/1991	FFS1 HOSPITAL TRAINING
3171146	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING
3171143	Spiderman	Joe	3/3/1961	FFS1 HOSPITAL TRAINING
3171147	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING
3171148	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING
3171141	Spiderman	Joe	3/31/1994	FFS1 HOSPITAL TRAINING
3171149	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING
3171140	Spiderman	Joe	3/3/1988	FFS1 HOSPITAL TRAINING
3171138	Spiderman	Joe	3/31/1981	FFS1 HOSPITAL TRAINING
3171142	Spiderman	Joe	6/29/1981	FFS1 HOSPITAL TRAINING
3171150	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING
3171144	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING
3171151	Spiderman	Joe	3/3/1981	FFS1 HOSPITAL TRAINING

- The User must choose the correct client and click on the desired **Clients ID** Hyperlink. This will navigate the User to the client **ProviderConnect – Demographic**.

Provider Connect: Demographic

From the **Main Menu** page, the User will select **Lookup Client** to search for the desired client. Select on that Clients **Client ID** Hyperlink to navigate to the Clients **ProviderConnect - Member Demographic** form.

NOTE: The **Task Navigation** Tool Bar (in **RED**) on the left side column allows you the ability to access different Client forms within ProviderConnect.

NOTE: On the **Member Demographic** page will not be an editable form.

ProviderConnect - Demographic								
7/7/2022 4:26:11 PM Lookup Client Main Me								
<table border="1"> <tr> <td>Client Name:</td> <td>Spiderman, Joe</td> </tr> <tr> <td>Member ID:</td> <td>3171139</td> </tr> <tr> <td>SSN:</td> <td>999-99-9999</td> </tr> </table>			Client Name:	Spiderman, Joe	Member ID:	3171139	SSN:	999-99-9999
Client Name:	Spiderman, Joe							
Member ID:	3171139							
SSN:	999-99-9999							
Member Demographics								
Social Security Number 999-99-9999	Date of Birth 3/30/1991	Facility Chart Number <input type="text"/>						
Member Street 1 <input type="text"/>	Member Street 2 <input type="text"/>	Member City <input type="text"/>						
Member County -Please Choose One- <input type="text"/>		Member State -Please Choose One- <input type="text"/>						
Member Zip Code <input type="text"/>	Member Phone Number <input type="text"/>	Member Work Number <input type="text"/>						
Member Language -Please Choose One- <input type="text"/>	Sex Male - M <input type="text"/>	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation? -Please Choose One- <input type="text"/>						
Ethnicity -Please Choose One- <input type="text"/>	Race -Please Choose One- <input type="text"/>	Race African-American - 2 American Indian/Alaska Native - 4 Armenian - 31 Asian Indian - 15						
Client Maiden Name <input type="text"/>	Veteran <input type="text"/>	Education Level At Admission -Please Choose One- <input type="text"/>						
Pre-Admission Disposition <input type="text"/>								
Employment Status -Please Choose One- <input type="text"/>								
Marital Status -Please Choose One- <input type="text"/>	Client's Cell Phone <input type="text"/>	Client's Email Address <input type="text"/>						
Communication Preference -Please Choose One- <input type="text"/>	Smoker -Please Choose One- <input type="text"/>	Client Declined to Provide Information Ethnic Origin - 8 Language - 149 Race - 116						

Save Record

Provider Connect: Authorizations

The **Authorizations** form is used to create an authorization for a Client for the purpose of tracking funding for the submitting of claims for billing.

Member ID 3275250 Demographic Authorizations Provider Admission Attachments Plan Communication Systemwide Annual Liability Exit to Main Menu	ProviderConnect - Demographic		Lookup Client Main Menu Log Out
	Client Name: YOBA, MALIK Member ID: 3275250 SSN: 379-58-7887		
	Member Demographics		
	Social Security Number 379-58-7887	Date of Birth 1/1/2000	Facility Chart Number
	Member Street 1 695 S Vermont Ave	Member Street 2	Member City Los Angeles
	Member County Los Angeles - 19		Member State CA - CALIFORNIA
	Member Zip Code 90005	Member Phone Number	Member Work Number
	Member Language	Sex Male - M	Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?
	Race	Client Maiden Name	Veteran
	Education Level At Admission	Pre-Admission Disposition	
Employment Status			
Marital Status	Client's Cell Phone	Client's Email Address	
Communication Preference	Smoker	Client Declined to Provide Information	

- On the left of the Users screen in the **Task Navigation** Tool Bar, the User can select the **Authorizations** tab to navigate the User to the **ProviderConnect – Authorization** form.

Member ID
Demographic
Authorizations
Provider Admission
Attachments
Plan Communication
Systemwide Annual Liability
Exit to Main Menu

- Once on the **Authorization Information** pre-display the User can create an authorization request for the Client. The User will click on the **Create Request** button. This will navigate the User to the **ProviderConnect - Authorization Request** form.

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
No records found.										

Create Request

3. Once on the **ProviderConnect - Authorization Request** form the User will complete all required fields.

ProviderConnect - Authorization Request			Lookup Client	Main Menu	Log Out
Authorization Request					
Client Information					
CLIENT NAME James Todd Smith	MEMBER ID 3278600				
Authorization Dates					
Authorization Requested Start Date:	<input type="text"/>	Set authorization for	<input type="text"/>	days	<input type="button" value="Set"/>
Authorization Requested End Date:	<input type="text"/>				
Care Manager					
CARE MANAGER ASSIGNED:					DATE ASSIGNED:
Authorization Information					
AUTHORIZATION NUMBER:	CURRENT AUTHORIZATION STATUS:	CURRENT AUTHORIZATION STATUS REASON:			
AUTHORIZED LEVEL OF CARE:	TYPE OF AUTHORIZATION:	PERFORMING PROVIDER TYPE:			
PLANNED ADMIT DATE:	INITIAL OR CONTINUING AUTH:	NEXT REVIEW DATE:			
Funding Source & Benefit Plan Information					
Funding Source:	Benefit Plan:	Provider Registration Date For Funding Source:			
- Please Choose One - *	- Please Choose One - *				
Program:					
- Please Choose One - *					
Authorization Group Leave Blank for Individual CPT Codes requests.					
PROCEDURE CODE					
UNITS REQUESTED Enter 0 units to ignore added code.					
<input type="button" value="Add Code"/>					
<input type="button" value="File Request"/>					
Comments					
Comments on Authorization:					
<input type="text"/>					
<input type="button" value="Return To Authorization List"/>					

NOTE: All required fields are highlighted in **RED**, or the field is highlighted in **RED** and has a **RED** asterisk. The fields that are highlighted in **RED** and have a **RED** asterisk are dropdown fields.

4. Users will enter the **Authorization Requested Start Date** and the **Authorization Requested End Date**.

This is normally a 7-day period for CRTP and PHF or 30-day period for ART.

Authorization Dates		
Authorization Requested Start Date:	<input type="text"/>	Set authorization for <input type="text"/> days <input type="button" value="Set"/>
Authorization Requested End Date:	<input type="text"/>	

The User can enter the number of days to be authorized in the **Set authorization for** field and click the **Set** button. This will use the number of days to figure the **Authorization Request End Date** and auto populate the date in the **Authorization Request End Date** field.

NOTE: This will only work if an **Authorization Request Start Date** has already been entered.

Authorization Dates		
Authorization Requested Start Date:	01/27/2022	Set authorization for 30 days <input type="button" value="Set"/>
Authorization Requested End Date:	02/25/2022	

5. The User will then select from the dropdowns in the **Funding Source, Benefit Plan and Program** section.

Definitions

Funding Source – or Funding Program is linked to a **P-Auth**, in which money is allocated to, for Contract Providers to use for billing claims. Use the Funding Source listing referenced on page 23 **Appendix 1** to assist in selecting the correct Funding Source.

Benefit Plan – A Funding Source is linked to a Benefit Plan to which you will use to complete these fields. The plan contains the Billing Categories that direct the system to the Procedure Codes covered by the plan. Use the Funding Source and Benefit Plan list referenced on page 23 **Appendix 1** to assist in selecting the correct Benefit Plan.

Program – The physical locations where Contracting Providers provide the authorized services. The Contracting Provider Programs are the sites/locations where the services are performed and where the authorization for services is initiated.

Funding Source & Benefit Plan Information	
Funding Source: - Please Choose One - *	Benefit Plan: - Please Choose One - *
Program: - Please Choose One - *	

NOTE: See **Appendix 1** for the full list of **Funding Sources** and **Benefit Plans**.

Funding Source & Benefit Plan Information	
Funding Source: MHSA Alternative Crisis Svs-MC	Benefit Plan: MHSA Alternative Crisis Services [MC]
Program: <input type="text"/>	

6. The User will need to select the **Add Code** button to enter the **Procedure Code**, (a Procedure Code must be selected according to the type of services being provided and requiring an authorization), see list below. The User will select a procedure code from the dropdown in the **Procedure Code** section.

PROCEDURE CODE	UNITS REQUESTED Enter 0 units to ignore added code.
<input type="text"/>	<input type="text"/>
Add Code	

- *For CRISIS RESIDENTIAL SERVICES select the Procedure Code: H0018
- *For TRANS RES-TRANSITIONAL SERVICES select the Procedure Code: H0019
- *For TRANS RES LONG TERM SERVICES select the Procedure Code: H0019HE
- *For TRANS RES-TRANS-NON MEDI-CAL SERVICES select the Procedure Code: H0019HC
- *For RESIDENTIAL DAY PASS services select the Procedure Code: 183HB
- *For PSYCH HEALTH FAC services select the Procedure Code: H2013

NOTE: DMH suggests using “1-30” for the **Units Requested**. “For **Units Requested**, 1 Unit represents 1 Day”

PROCEDURE CODE	UNITS REQUESTED Enter 0 units to ignore added code.
- Please Choose One - Remove	0
Add Code	

PROCEDURE CODE	UNITS REQUESTED Enter 0 units to ignore added code.
H2019:HE:HX - Therapeutic Behav Serv (Non MC) Remove	99999
Add Code	

Once a **Procedure Code** has been selected from the dropdown and the **Unit Requested** have been entered the User must click the **File Request** button to save the **Authorization Request**. This will navigate the User back to the **Authorization Information** pre-display.

7. On the **Authorization Information** pre-display, the User will see that the **Auth Number** is “Unassigned” and is a hyperlink, the **Status** is “Pending”, the **Review Status** shows as “Not Reviewed”, the **Review Date** is shows as “Not Reviewed” and **Attachments** show as “Add New” and is a hyperlink.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	Unassigned	ProviderConnect		Pending	Not Reviewed	9/18/2020 5:30:47 PM	Not Reviewed	9/1/2020	10/15/2020	Add New

Create Request

8. The User must re-refresh the **Authorization Information** pre-display page. Once this is done, the User will see that an **Auth Number** has been assigned and the number will show as a hyperlink and the **Status** will show as “Complete”. The **Review Status** and the **Review Date** will still show as “Not Reviewed”.

NOTE: When refreshing the form this may take a few minutes for the **Auth Number** to display under the **Auth Number** heading.

NOTE: Once Users have submitted their Authorization Request the User will need to retrieve the **Auth Number (M-Auth)** number from the ProviderConnect-Authorization Request form pre-display. Then the User will need to add the M-Auth number to their EHR for the 837-claiming process.

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	772	ProviderConnect		Complete	Not Reviewed	9/16/2020 5:30:47 PM	Not Reviewed	9/1/2020	10/15/2020	Add New

Create Request

NOTE: At this point the User will add any attachments they have for their client to the newly created **Authorization**. (See the **ProviderConnect: Add Attachments** section of this document) Once the attachments have been added the authorization will be reviewed for Approval or Denial.

9. Once the **Authorization** is approved, the User will see that the **Review Status** will display in green font as

Review Status **Approved** and the **Review Date** will display as **9/17/2020 12:39:32 PM** with the Date and Time that the authorization was approved.

- Submit documents within 1 day
- DMH with review and adjudicate within 1 day

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Attachments
	772	ProviderConnect		Complete	Approved	9/16/2020 5:30:47 PM	9/17/2020 12:39:32 PM	9/1/2020	10/15/2020	Add New

Create Request

ProviderConnect: Add Attachment

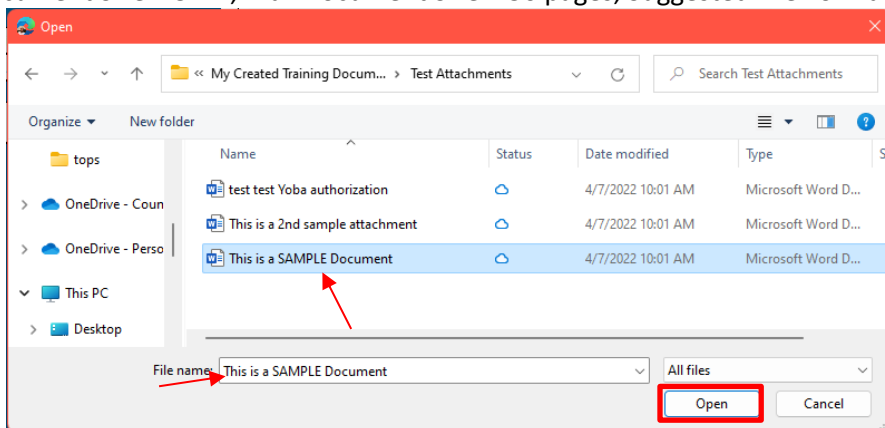
- From the **Demographic** form the User must click **Authorizations** tab in the **Task Navigation** to navigate to the **ProviderConnect – Authorization Requests** form.

- The User must select the **“Add New”** hyperlink under the Attachments column to add a new attachment to a client’s record. This will navigate the User to the **ProviderConnect – File Attachments** form.

- On the **ProviderConnect – File Attachments** form select the **“Choose File”** button under the **File Name** section.

- This will open a window on the Users computer to choose the file to upload. Navigate to the location of the file to be attached to the record. Select the file and click the **Open** button.

NOTE – Document information to remember when creating files to attach in ProviderConnect:
 Max Document Size – 5MB, Max Document Size – 50 pages, Suggested File Format - PDF



- Click the **Attach New Files** button to upload file.

ProviderConnect - File Attachments Lookup Client | Main Menu | Log Out

File Name	Attached By	Date Attached	Notes History	Notes
Add New File Attachment(s):				
<i>Note: File Attachments may not be made immediately available</i>				
File Name	Notes			
<input type="button" value="Choose File"/> This is a SA...cument.docx				
<input type="button" value="Attach New Files"/>				

- This will navigate the User back to the pre-display for Authorization Requests form. Here the User will see that the hyperlink has changed from "Add New" to "Edit / Add New". The User must select the Edit / Add New hyperlink to navigate back to the File Attachments form for the User to view uploaded attachments.

ProviderConnect - Authorization Requests Lookup Client | Main Menu | Log Out

Client Name:
 Member ID:
 SSN:

Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
FIVE ACRES	1300	ProviderConnect	7286A FIVE ACRES	Complete	Not Reviewed	7/21/2022 9:26:44 AM	Not Reviewed	10/29/2020	11/27/2020		<input type="button" value="Edit / Add New"/>

ProviderConnect - File Attachments Lookup Client | Main Menu | Log Out

File Name	Attached By	Date Attached	Notes History	Notes
Download	This_is_a_SAMPLE_Document.docx	bkincaid@dmh.lacounty.gov	8/30/2022	<input type="button" value="View"/>
<input type="button" value="Save Changes"/>				
Add New File Attachment(s):				
<i>Note: File Attachments may not be made immediately available</i>				
File Name	Notes			
<input type="button" value="Choose File"/> No file chosen				
<input type="button" value="Attach New Files"/>				

- Users can also add an attachment and add Notes follow Steps 2 through 5. Then the User can add Notes before they upload the attachment then Click the **Attach New Files** button.

ProviderConnect - File Attachments Lookup Client | Main Menu | Log Out

File Name	Attached By	Date Attached	Notes History	Notes
Download	This_is_a_SAMPLE_Document.docx	bkincaid@dmh.lacounty.gov	8/30/2022	<input type="button" value="View"/>
<input type="button" value="Save Changes"/>				
Add New File Attachment(s):				
<i>Note: File Attachments may not be made immediately available</i>				
File Name	Notes			
<input type="button" value="Choose File"/> This is a 2n...chment.docx	This is a test! This is only a test!			
<input type="button" value="Attach New Files"/>				

- This will navigate the User back to the pre-display for Authorization Request form. The User must select the "Edit / Add New" hyperlink to navigate back to the File Attachments form for the User to view uploaded attachments and notes.

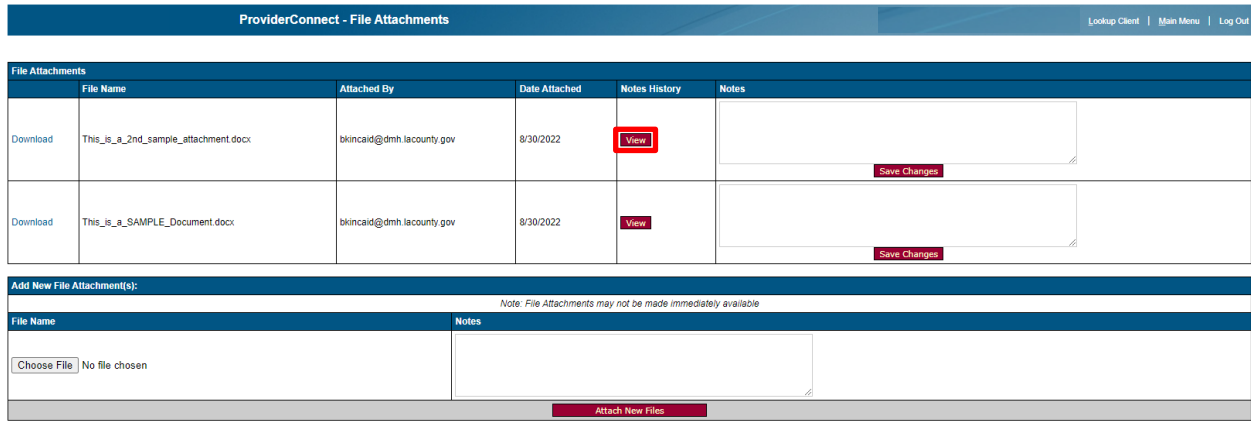
ProviderConnect - Authorization Requests Lookup Client | Main Menu | Log Out

Client Name:
 Member ID:
 SSN:

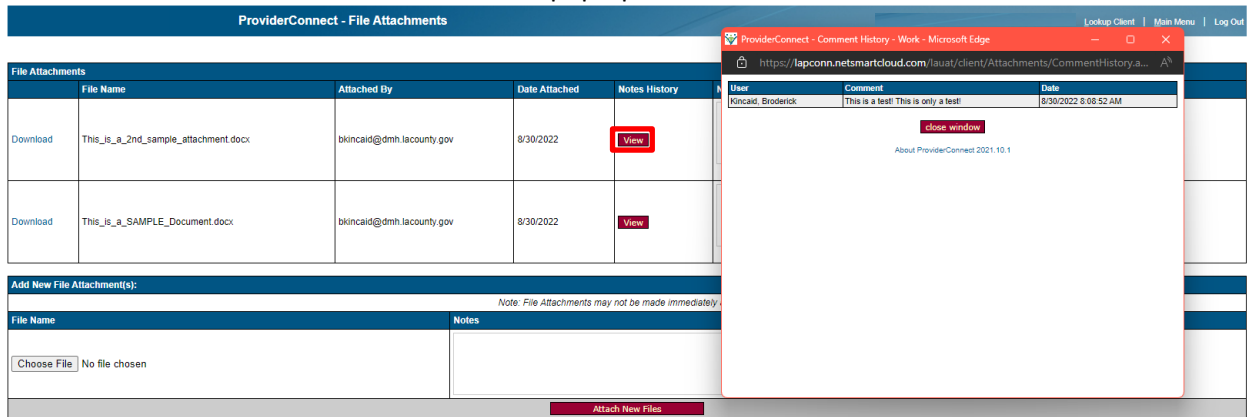
Authorization Information

Provider	Auth Number	Origin	CP Program	Status	Review Status	Request Date	Review Date	Begin Date	Expiration Date	Tx Codes	Attachments
FIVE ACRES	1300	ProviderConnect	7286A FIVE ACRES	Complete	Not Reviewed	7/21/2022 9:26:44 AM	Not Reviewed	10/29/2020	11/27/2020		<input type="button" value="Edit / Add New"/>

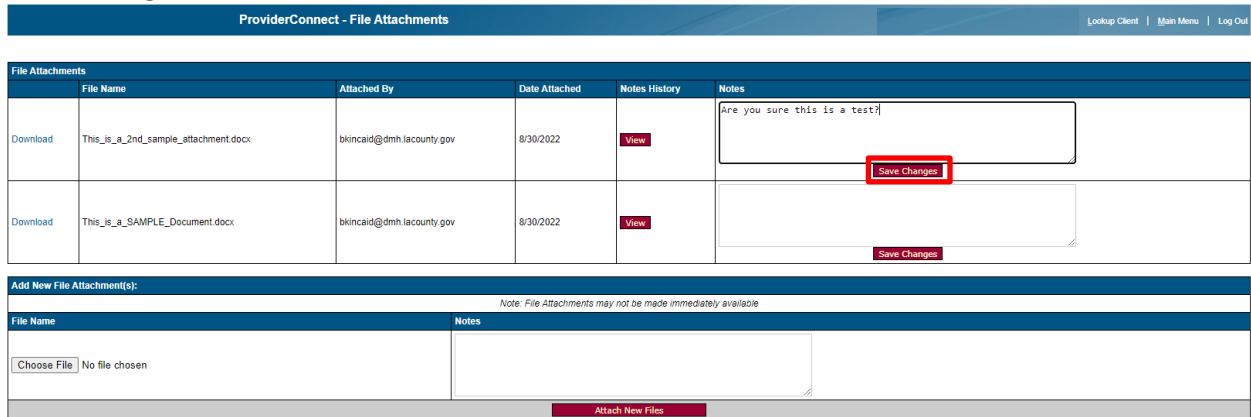
9. The User must click the “View” button to see the notes that were added to the attachment.



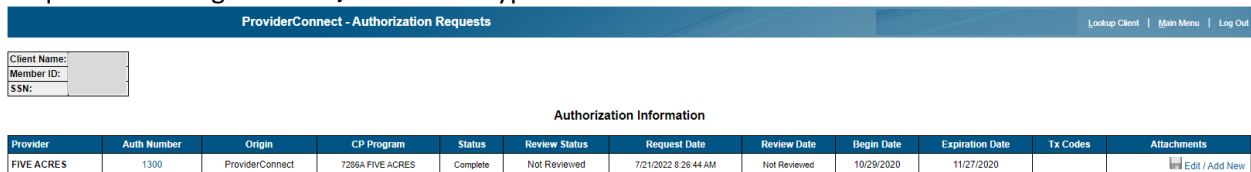
10. A pop-up window will open to see the **Notes** for an **Attachment** when the User clicks the **View**. The User must click the “Close Window” button to close the pop-up window.



11. Users can also add **Notes** to an already attached file by entering the comments in the Notes field and clicking the “Save Changes” button.



12. Clicking the **Save Changes** button will navigate the User back to the pre-display form for the Authorization Request. Selecting the “Edit/Add New” hyperlink to view the Notes for the File Attachments.



13. To see the **Notes** for an **Attachment** click the **View** button to see the comments.

The screenshot shows the 'ProviderConnect - File Attachments' page. At the top right, there are links for 'Lookup Client', 'Main Menu', and 'Log Out'. Below the header is a table with the following columns: File Name, Attached By, Date Attached, Notes History, and Notes. Two rows are visible, each with a 'View' button highlighted in red. Below the table is a section for 'Add New File Attachment(s):' with a note: 'Note: File Attachments may not be made immediately available'. This section includes a 'File Name' field, a 'Notes' field, a 'Choose File' button, and an 'Attach New Files' button.

14. A pop-up window will open to see the **Notes** for an **Attachment** when the User clicks the **View**. The User must click the **“Close Window”** button to close the pop-up window.

This screenshot shows the same 'ProviderConnect - File Attachments' page as in step 13, but with a 'View' button clicked. A pop-up window titled 'ProviderConnect - Comment History - Work - Microsoft Edge' is open over the table. The pop-up window contains a table with columns 'User', 'Comment', and 'Date'. The table lists three comments from 'Kincaid, Broderick'. Below the table is a 'close window' button and the text 'About ProviderConnect 2021.10.1'. The background interface is dimmed.

To add additional files, repeat steps 2 through 5 by first clicking the **“Choose File”** button.

ProviderConnect: Reports

The **Reports** feature is used when the Providers want to view either a client’s authorizations that have been requested or view all authorizations for all the Providers Clients that are associated to their Agency that have been requested.

1. To generate a report the User will use the **Main Menu** and click on **Reports** to view client or all their clients that have been requested.

Main Menu - Provider		
Lookup Client	Reports	Add New Client/Client Search
Change Password	Documentation	News
Logout / Exit		

2. On the **ProviderConnect – Reports** form the User must select “**Authorization Request Status**” under **Reports** to navigate to the **ProviderConnect – Authorization Status Report** form.

ProviderConnect - Reports

Reports
Authorization Request Status

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3. On the **ProviderConnect – Authorization Status Report** Form User can enter the required search parameters need for desired results.

ProviderConnect - Authorization Status Report

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Record Date:	8/26/2020 - 9/25/2020
Agency:	-- All Agencies --
Status:	-- All Statuses --

[Search by Criteria](#)

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4. Under the **Status** dropdown Users can either select the “**All Statuses**” for a client or select a specific status of the authorizations the User needs to view.

Status:

- All Statuses --
- Approved
- Denied
- Not Reviewed
- Pending

EXAMPLES:

Using the Clients **Member ID** Users can select the **Search by Criteria** button to view the search results.

Search Criteria	
Member ID:	<input type="text" value="1234567"/>
Last Name:	<input type="text"/>
Record Date:	<input type="text" value="8/26/2020"/> - <input type="text" value="9/25/2020"/>
Agency:	<input type="text" value="-- All Agencies --"/>
Status:	<input type="text" value="-- All Statuses --"/>

Search by Criteria

[Back](#)

Using the **Status** dropdown Users can select “**Approved**” then click the **Search by Criteria** button to view all client authorizations requested with the status of approved in the search results.

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Record Date:	<input type="text" value="8/26/2020"/> - <input type="text" value="9/25/2020"/>
Agency:	<input type="text" value="-- All Agencies --"/>
Status:	<input type="text" value="Approved"/>

Search by Criteria

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Export Data

Search:

No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	Authorization No.	User
1.	9/2/2020 5:27:43 PM			MSO	Approved			7/1/2020	7/31/2020	P16664	admin (netsmart admin)
2.	9/2/2020 5:27:43 PM			MSO	Approved			8/1/2020	6/30/2021	P16663	admin (netsmart admin)
3.	9/2/2020 5:27:42 PM			MSO	Approved			8/1/2020	6/30/2021	P16662	admin (netsmart admin)
4.	9/2/2020 5:27:42 PM			MSO	Approved			7/1/2020	7/31/2020	P16661	admin (netsmart admin)

Showing 1 to 4 of 4 entries

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Using the **Status** dropdown Users can select “**All Statuses**” then click the **Search by Criteria** button to view all authorizations requested and their status in the search results.

ProviderConnect - Authorization Status Report

Search Criteria	
Member ID:	<input type="text"/>
Last Name:	<input type="text"/>
Record Date:	8/26/2020 - 9/25/2020
Agency:	-- All Agencies --
Status:	-- All Statuses --

Search by Criteria

[Back](#)

Export Data

Search:

No.	Request Date / Time	Member ID	Provider	Origin	Request Status	Last Name	First Name	Begin Date	End Date	Authorization No.	User
1.	9/24/2020 2:35:43 AM	3203620		ProviderConnect	Approved	TESTING	PC	8/1/2020	2/28/2021	790	admin (netsmart admin)
2.	9/23/2020 3:54:16 AM	3192238		MSO	Pending	LSKAAC	FSKAAC	10/1/2020	12/31/2020	784	admin (netsmart admin)
3.	9/22/2020 2:56:29 PM	3192238		ProviderConnect	Not Reviewed	LSKAAC	FSKAAC			788	GiriMulti (Girivasan Patterikalam)
4.	9/18/2020 2:53:01 PM	3275250		ProviderConnect	Not Reviewed	YOBA	MALIK			782	KincaidMulti (Broderick Kincaid)
5.	9/18/2020 1:07:44 AM	3275250		ProviderConnect	Approved	YOBA	MALIK	9/1/2020	10/15/2020	772	admin (netsmart admin)
6.	9/10/2020 1:45:42 AM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	759	admin (netsmart admin)
7.	9/10/2020 1:45:42 AM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	9/10/2020	12/31/2020	766	admin (netsmart admin)
8.	9/10/2020 1:45:09 AM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	9/10/2020	12/31/2020	764	admin (netsmart admin)
9.	9/8/2020 2:27:20 PM	3192238		ProviderConnect	Not Reviewed	LSKAAC	FSKAAC			767	GiriMulti (Girivasan Patterikalam)
10.	9/3/2020 2:43:09 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	763	admin (netsmart admin)
11.	9/3/2020 2:42:33 PM	3192238		MSO	Approved	LSKAAC	FSKAAC	8/1/2020	9/30/2020	762	admin (netsmart admin)
12.	9/2/2020 5:28:19 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	9/1/2020	10/30/2020	761	admin (netsmart admin)
13.	9/2/2020 5:28:18 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	760	admin (netsmart admin)
14.	9/2/2020 5:28:18 PM			MSO	Approved			8/1/2020	6/30/2021	P16666	admin (netsmart admin)
15.	9/2/2020 5:28:15 PM			MSO	Approved			7/1/2020	7/31/2020	P16665	admin (netsmart admin)
16.	9/2/2020 5:27:42 PM			MSO	Approved			7/1/2020	7/31/2020	P16656	admin (netsmart admin)
17.	9/2/2020 5:27:42 PM			MSO	Approved			8/1/2020	6/30/2021	P16655	admin (netsmart admin)
18.	9/2/2020 5:27:42 PM			MSO	Approved			8/1/2020	6/30/2021	P16654	admin (netsmart admin)
19.	9/2/2020 5:27:42 PM			MSO	Approved			7/1/2020	7/31/2020	P16653	admin (netsmart admin)
20.	9/2/2020 5:27:41 PM	3192238		MSO	Approved	LSKAAC	FSKAAC	8/1/2020	9/30/2020	754	admin (netsmart admin)
21.	9/2/2020 5:27:41 PM	3192238		MSO	Approved	LSKAAC	FSKAAC	8/1/2020	9/30/2020	757	admin (netsmart admin)
22.	9/2/2020 5:27:38 PM			MSO	Approved			7/1/2020	7/31/2020	P16618	admin (netsmart admin)
23.	9/2/2020 5:27:38 PM			MSO	Approved			8/1/2020	6/30/2021	P16617	admin (netsmart admin)
24.	9/2/2020 5:27:38 PM			MSO	Approved			8/1/2020	6/30/2021	P16616	admin (netsmart admin)
25.	9/2/2020 5:27:37 PM			MSO	Approved			7/1/2020	7/31/2020	P16615	admin (netsmart admin)
26.	9/1/2020 6:01:26 PM	3192238		ProviderConnect	Approved	LSKAAC	FSKAAC	8/1/2020	9/29/2020	758	admin (netsmart admin)

Showing 1 to 26 of 26 entries

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5. Users can download a copy of this report in a “.csv” format by clicking the **Export Data** button.

6. Users can also complete a Search of the Report by using the **Search:** fielded in the upper right corner for the Reports search results.

ProviderConnect: Provider Funding Source and Benefit Plan List

Appendix 1

Residential Service Providers

LE	Provider_Site (Program)	FS_ID	funding_source_name	PLAN_ID	benefit_plan_name
108	7837A TELECARE IMD STEP DOWN	28	MHSA Alternative Crisis Svcs-Non-MC	285	MHSA Alter Crisis Svcs [Non MC]-Non IHBS
108	7837A TELECARE IMD STEP DOWN	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
108	7837A TELECARE IMD STEP DOWN	1011	CGF IMD Step Down Non-MC	370	CGF IMD Step Down [Non-MC]- Non IHBS
108	7837A TELECARE IMD STEP DOWN	1021	CGF IMD Step Down MC	266	CGF IMD Step Down MC - Non IHBS
190	7470A GATEWAYS NVE OUTPATIENT CLINIC	28	MHSA Alternative Crisis Svcs-Non-MC	285	MHSA Alter Crisis Svcs [Non MC]-Non IHBS
190	7671A GATEWAYS PERCY VILLAGE OP CLINIC	28	MHSA Alternative Crisis Svcs-Non-MC	285	MHSA Alter Crisis Svcs [Non MC]-Non IHBS
190	7470A GATEWAYS NVE OUTPATIENT CLINIC	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
190	7671A GATEWAYS PERCY VILLAGE OP CLINIC	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
190	7470A GATEWAYS NVE OUTPATIENT CLINIC	1011	CGF IMD Step Down Non-MC	370	CGF IMD Step Down [Non-MC]- Non IHBS
190	7671A GATEWAYS PERCY VILLAGE OP CLINIC	1011	CGF IMD Step Down Non-MC	370	CGF IMD Step Down [Non-MC]- Non IHBS
190	7470A GATEWAYS NVE OUTPATIENT CLINIC	1021	CGF IMD Step Down MC	266	CGF IMD Step Down MC - Non IHBS
190	7671A GATEWAYS PERCY VILLAGE OP CLINIC	1021	CGF IMD Step Down MC	266	CGF IMD Step Down MC - Non IHBS
214	7619A SPECIAL SRVS FOR GROUPS ALLIANCE	28	MHSA Alternative Crisis Svcs-Non-MC	285	MHSA Alter Crisis Svcs [Non MC]-Non IHBS
214	7619A SPECIAL SRVS FOR GROUPS ALLIANCE	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
214	7619A SPECIAL SRVS FOR GROUPS ALLIANCE	1011	CGF IMD Step Down Non-MC	370	CGF IMD Step Down [Non-MC]- Non IHBS
214	7619A SPECIAL SRVS FOR GROUPS ALLIANCE	1021	CGF IMD Step Down MC	266	CGF IMD Step Down MC - Non IHBS
274	7243R BRIDGES - CASITAS ESPERANZA	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
274	7595A BRIDGES PROJECT INDEPENDENCE	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
409	7589A ANNE SIPPI CLINIC COMM SVCS	28	MHSA Alternative Crisis Svcs-Non-MC	285	MHSA Alter Crisis Svcs [Non MC]-Non IHBS
409	7589A ANNE SIPPI CLINIC COMM SVCS	29	MHSA Alternative Crisis Svcs-MC	286	MHSA Alter Crisis Svcs [MC]-Non IHBS
508	7594A HFL CEDAR STREET HOMES	28	MHSA Alternative Crisis Svcs-Non-MC	285	MHSA Alter Crisis Svcs [Non MC]-Non IHBS

PHF Providers

LE	Provider_Site (Program)	FS_ID	funding_source_name	PLAN_ID	benefit_plan_name
108	7277Q LA CASA PSYCH HEALTH FACILITY	101	DMH Mental Health Services (CGF) Non-MC	258	DMH MH Services- (Non-MC)- Non IHBS
108	7277Q LA CASA PSYCH HEALTH FACILITY	102	DMH Mental Health Services (CGF) MC	259	DMH MH Services (MC) - Non IHBS TBS
527	7871Q EXODUS RECOVERY INC	101	DMH Mental Health Services (CGF) Non-MC	258	DMH MH Services- (Non-MC)- Non IHBS
527	7871Q EXODUS RECOVERY INC	102	DMH Mental Health Services (CGF) MC	259	DMH MH Services (MC) - Non IHBS TBS
543	1961R STAR VIEW ADOLESCENT CENTER PHF	171	DCFS PHF MC	61	DCFS PHF (MC)