



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

ProviderConnect NX

RS and PHF End User Manual

APR 2024 v5.0

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Introduction to Avatar NX for Residential Services and Psychiatric Health Facility Providers

The Avatar NX is the Electronic Health Record System (**EHR**S) that the Los Angeles County Department of Mental Health (**LACDMH**) implemented. **ProviderConnect NX** is a web-based interface that communicates with Avatar.

ProviderConnect NX is a standard browser-based application that can be launched from any web browsing application such as Edge, Chrome, or Firefox. **ProviderConnect NX** has real-time communication with Avatar, hence any information submitted into **ProviderConnect NX** is directly entered or updated into Avatar 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 - 2 week

ART - 1 month

PHF - 1 week

ProviderConnect NX: Documents to Upload

Providers will use **ProviderConnect NX** 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 (Update Client Data)
3. Submit Authorizations request for Avatar NX 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

- First 14 days: RAF (regardless of Direct Admissions or Referred by DMH, please upload the RAF)
- Second 14 days (aka first continuing 14 day): Initial psych eval, Initial Adult assessment, Weekly Summary, Med list.
- Third and subsequent 14 days: Most recent MD/NP progress note, Most recent weekly summary, 1-2 Most recent daily note(s), Med 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 NX** for the following functions:

1. Search for clients
2. View Clients Demographics (Update Client Data)
3. Submit Authorizations Request for Avatar NX 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.

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 a specific dollar amount allocated as per the contract/amendment. When claiming for a service, the provider uses 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-Medi-Cal Funding Plan.

Member Based Authorizations are child records of P-Auth's that are assigned to a specific member for a specific service. When requesting a member-based authorization for IHBS/TBS, 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, use a Medi-Cal or a Non Medi-Cal Funding Source. 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 **ProviderConnect NX**, a web address (URL - Uniform Resource Locator) is used to launch the browser-based application.
- Once your request is approved, a user ID and system generated password will be issued to designated users by LACDMH. This initial password must be changed upon the first login to the application.
- The client must have an open admission and Financial Eligibility in Avatar NX with the Legal Entity seeking an authorization request for the client that has been submitted through Web Services. This is prior to the provider creating an authorization in **ProviderConnect NX**.
- Once an authorization request is submitted via **ProviderConnect NX**, designated users will not be able to make any change to the submitted request.
- If required, Users will need to complete a HEAT ticket to have changes or updates completed in **ProviderConnect NX**.

Links and Numbers

Help Desk – (213)351-1335

HEAT ticket System - <https://lacdmhheat.saasit.com>

User Manuals and Videos - <https://dmh.lacounty.gov/pc/cp/provider-connect/>

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

Request Forms for Provider Connect Access:

- APPLICATION ACCESS FORM (AAF)
- CONFIDENTIALITY OATH
- COUNTY OF LOS ANGELES AGREEMENT FOR ACCEPTABLE USE AND CONFIDENTIALITY OF COUNTY INFORMATION ASSETS (AUA)
- ELECTRONIC SIGNATURE AGREEMENT
- SECURITY AGREEMENT NON-LACDMH USER

****Below is an example of the email an Onboarding Provider will receive****

This is a reminder for Legal Entity (LE) Providers that they required to Onboard a designated a Legal Entity Representative (liaison). The LE liaison will be the point of contact for any LE staff requesting access to Department of Mental Health (DMH) resources/applications. To facilitate staff requests, the DMH Provider Advocacy Office (PAO) has developed the online **Systems Access Request (SAR)** portal. The SAR portal will enable liaisons with a quick, reliable, and more accountable way to request access to existing and future DMH applications.

*****IMPORTANT*** Mailed access request forms and/or emailed access request forms will **NO** longer be processed. Any requests for application access or New C-Number/C-Number business agreement renewals **MUST** be created in the SAR portal by the LE liaison.**

The SAR portal is only accessible to LE liaisons. To request SAR portal access for an LE liaison, please complete and email the “**Individuals Authorized to Sign Application Access Forms**” in addition to the “**Contractor Number Request Packet**” to the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov with subject line “**ONBOARDING SAR PORTAL LIAISON ACCESS.**” For your convenience, we have provided the direct link to the above-mentioned forms below:

Contractor Number Request Packet:

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

Individuals Authorized to Sign Application Access Forms:

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

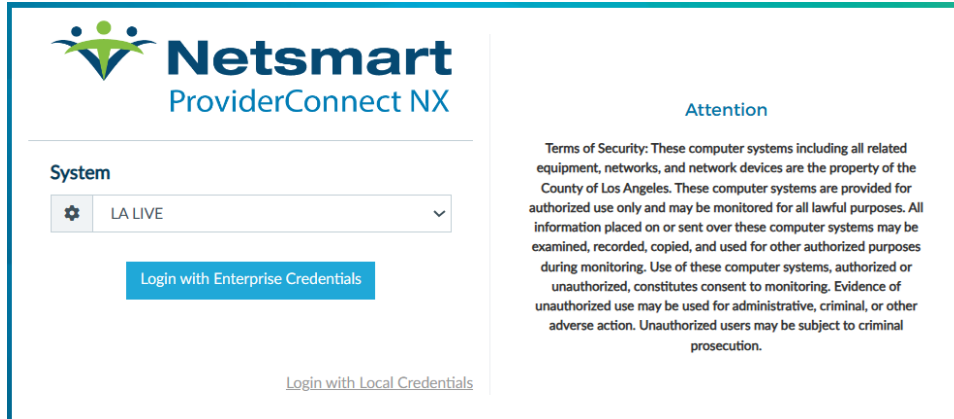
NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

Should you have any questions or if you require additional assistance, please contact the DMH Systems Access Unit and we will gladly assist you. We sincerely thank you for all your time and cooperation.

Provider Connect NX: Login with Enterprise Credentials

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://lapcnx.netsmartcloud.com/#/home> to access the link for **ProviderConnect NX**. We also suggest that User save this link to their Favorites Bar for ease of access.

Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft MFA login screen.



Netsmart
ProviderConnect NX

System
LA LIVE

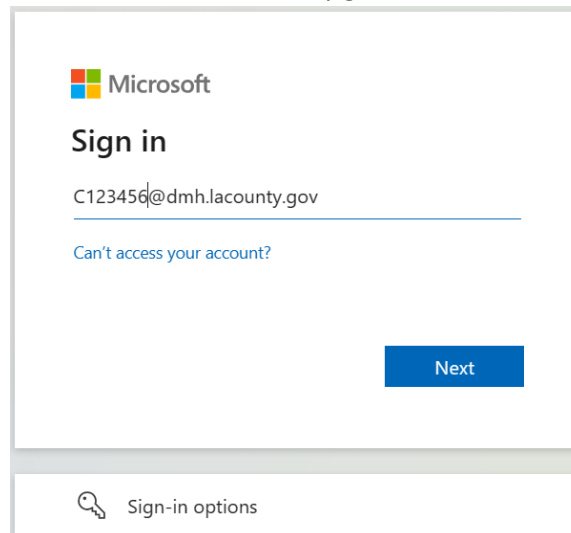
Login with Enterprise Credentials

[Login with Local Credentials](#)

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.

Users will either enter in their “C” number with @dmh.lacounty.gov email address and click the “**Next**” button or



Microsoft

Sign in

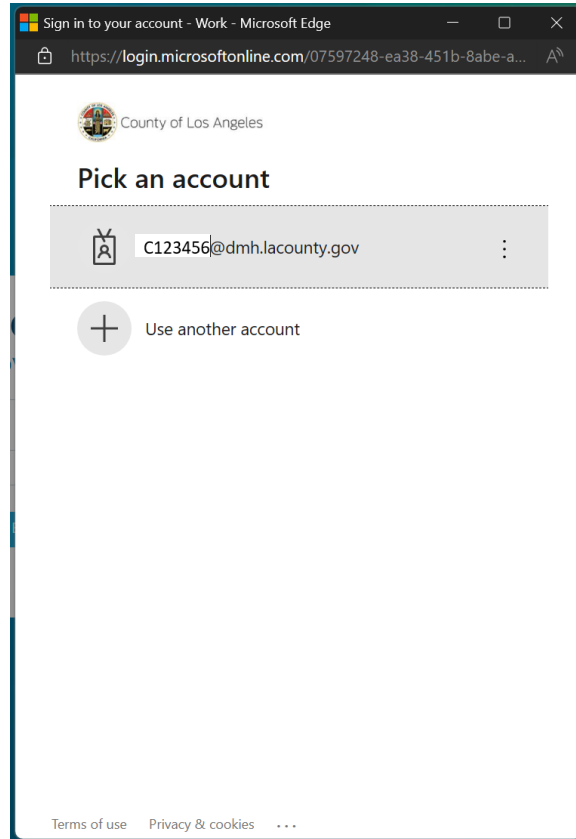
C123456@dmh.lacounty.gov

[Can't access your account?](#)

Next

Sign-in options

On the screen either enter the User “C” number DMH email address or select the email address on the “Pick an account” popup screen. This will navigate the User to the “Enter Password” popup screen.



The User will enter their password and click the **“Sign in”** button. This will navigate the User to the Netsmart **ProviderConnect NX** login.

Sign in to your account - Work - Microsoft Edge
https://login.microsoftonline.com/07597248-ea38-451b-8...

County of Los Angeles

← c123456@dmh.lacounty.gov

Enter password

.....|

[Forgot my password](#)

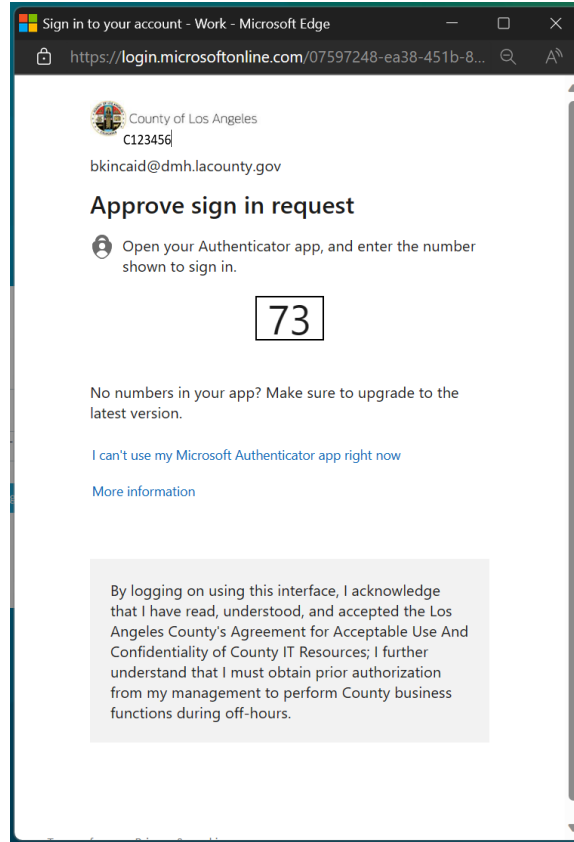
[Sign in](#)

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.

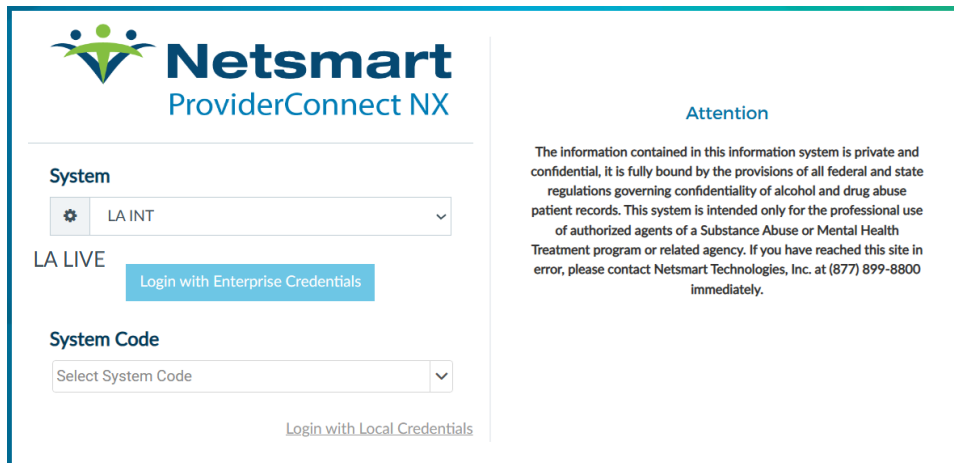
[Terms of use](#) [Privacy & cookies](#) ...

User will receive the number to be entered into the “**Authenticator App**”. The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.

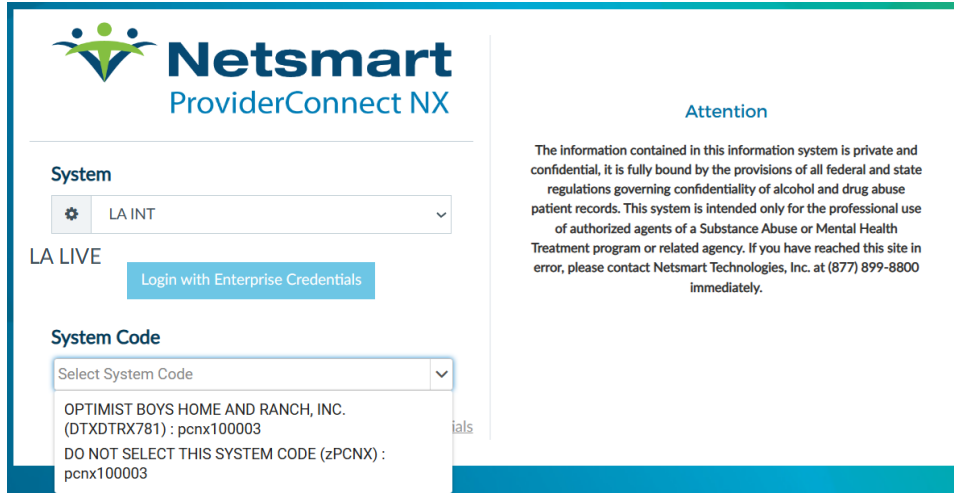
NOTE: If User do not have the Authenticator App User **MUST** contact the Help Desk.



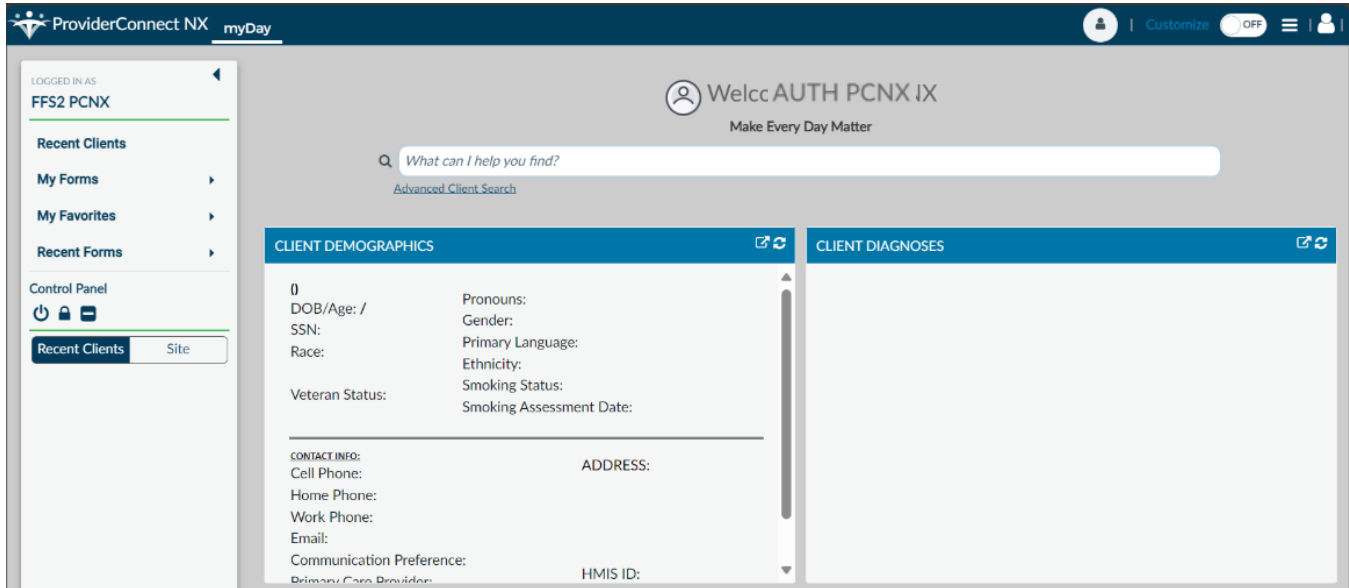
Using the “**System Code**” dropdown select the code for the Users agency. The User will only see the system codes they are authorized to see to access **ProviderConnect NX**.



Select the Users Agencies name from the dropdown menu.

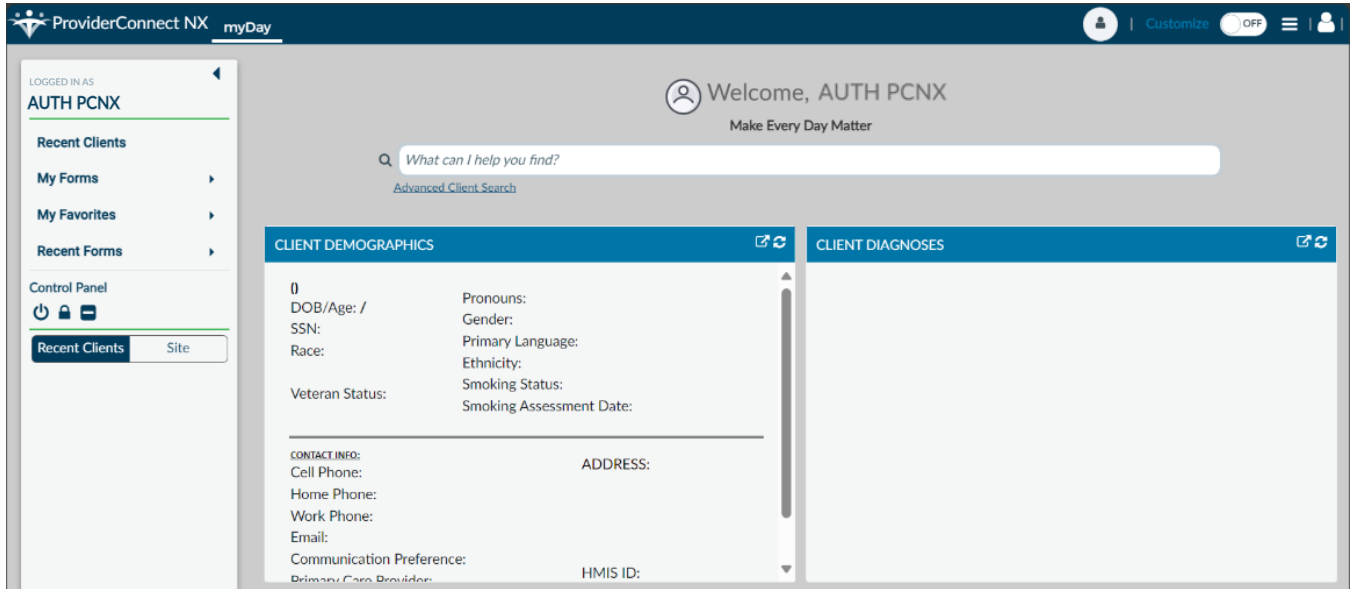


This will navigate the User to the **ProviderConnect NX** Home page.

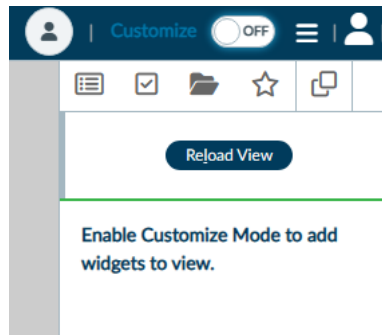


Provider Connect NX: How to Add a Widget

From the **ProviderConnect NX** “Home screen”.




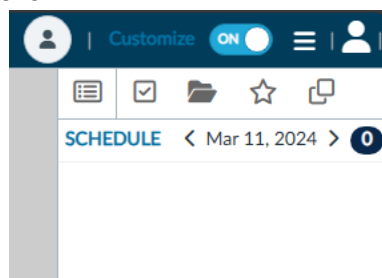
In the upper right corner of the screen Users will see a “Customize” selector.



Turn the “Customize” selector from the “OFF” selection to the “ON” selection.



Select the icon  to open the widget options.



In the widget options select, drag and drop the “**Provider File Attach**” and “**Consoel Widget Viewer**” widget to the “**Home Screen**”.

The screenshot shows a widget options menu with a top navigation bar containing icons for a list, a checkmark, a folder, a star, and a refresh icon. Below the navigation bar are two buttons: "Reload View" and "Revert Changes". A checkbox labeled "Include Client Information header in view" is present. The menu is organized into three sections: "CLIENT", "CONSOLE", and "MISC".

- CLIENT**
 - Claim Service Information
 - Pending Service Authorizations
 - Provider File Attach
 - Service Authorization Information
- CONSOLE**
 - Console Widget Viewer
- MISC**
 - Financial Eligibility
 - Systemwide Annual Liability

Example for “**Provider File Attach**”.

This example shows the "Provider File Attach" widget in a home screen layout on the left. On the right, the expanded view of the widget is shown, featuring a blue header with the title "PROVIDER FILE ATTACH" and a close button. Below the header is a table with the following columns:

View	Provider	Document Name	Date	Authorization Number	Document Type

Example for “**Console Widget Viewer**”.

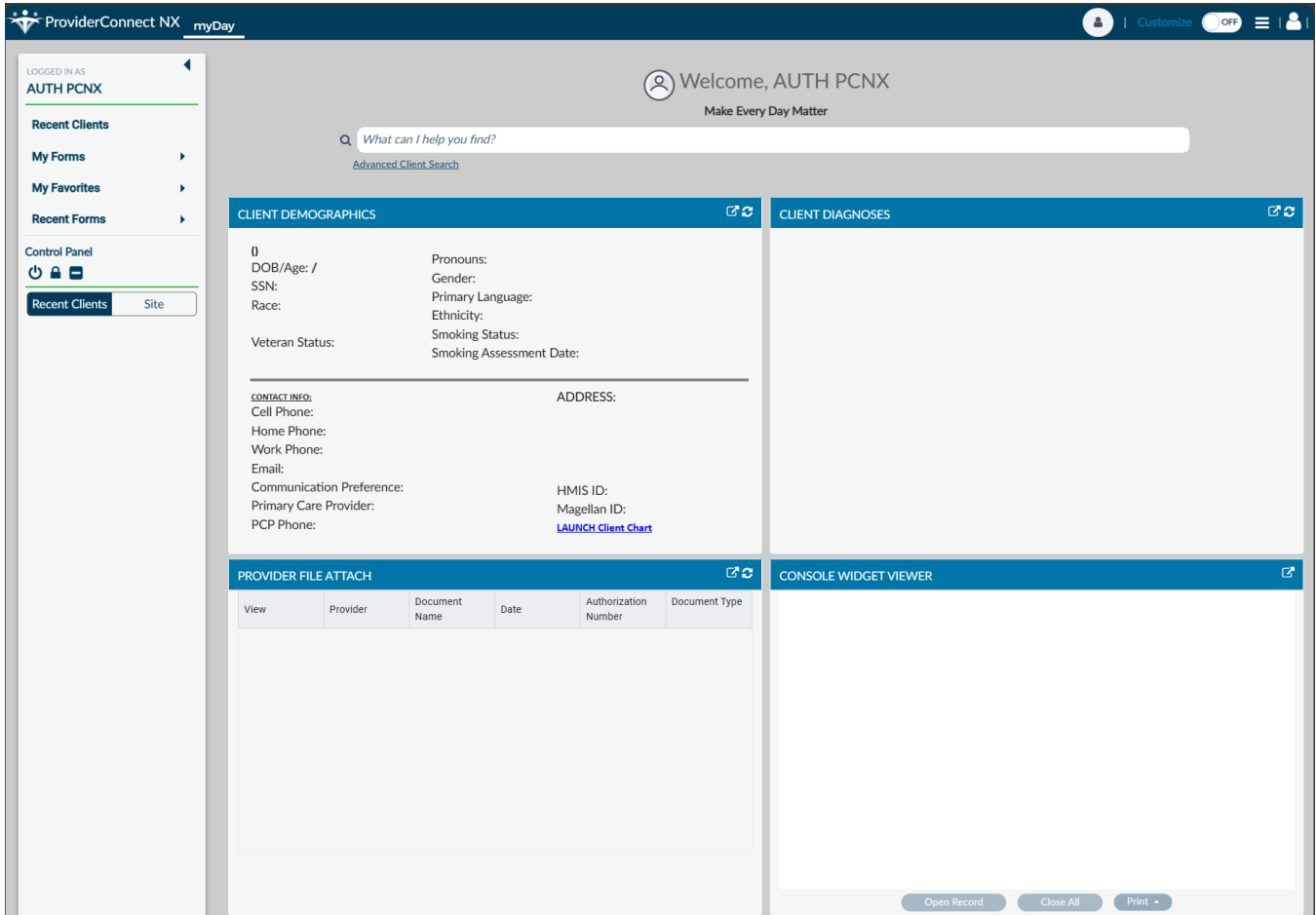
This example shows the "Console Widget Viewer" widget in a home screen layout on the left. On the right, the expanded view of the widget is shown, featuring a blue header with the title "CONSOLE WIDGET VIEWER" and a close button. The content area below the header is currently empty.

Once completed turn the “Customize” selection from the “ON” selection to the “OFF” selection.



Select the icon  to close the side bar.

Users will now be able to view the Client file attachments from the “Home Screen”.



ProviderConnect NX: How to Create an Authorization

From the “Home Screen”.

The screenshot displays the ProviderConnect NX Home Screen. At the top, the navigation bar includes the logo, 'ProviderConnect NX myDay', a user profile icon, 'Customize' with a toggle switch set to 'OFF', and a menu icon. The main content area features a 'Welcome, AUTH PCNX' message with the tagline 'Make Every Day Matter' and a search bar containing the text 'What can I help you find?' and a link to 'Advanced Client Search'.

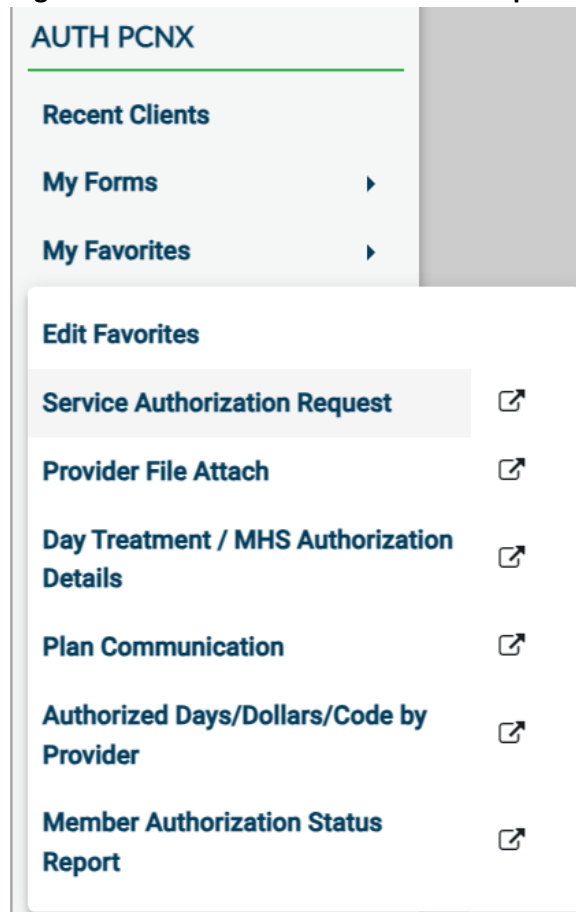
The interface is divided into several sections:

- CLIENT DEMOGRAPHICS:** Displays client information including ID, DOB/Age, SSN, Race, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date.
- CONTACT INFO:** Lists Cell Phone, Home Phone, Work Phone, and Email.
- ADDRESS:** A field for the client's address.
- COMMUNICATION PREFERENCE:** A field for communication preferences.
- HMIS ID:** A field for the Health Management Information System ID.
- Primary Care Provider:** A field for the primary care provider.
- Magellan ID:** A field for the Magellan ID.

The **PROVIDER FILE ATTACH** section contains a table with the following columns: View, Provider, Document Name, Date, Authorization Number, and Document Type.

The **CLIENT DIAGNOSES** and **CONSOLE WIDGET VIEWER** sections are currently empty. At the bottom right, there are buttons for 'Open Record', 'Close All', and 'Print'.

Using “My Favorites” in the **TASK Navigation** select “Service Authorization Request” from the dropdown menu.



Enter the Client ID into the Search field.

Opening: **Service Authorization Request**

Home > Select Client >

Select Client

Q |

OK Cancel

Select the Client name and Client ID.

Opening: **Service Authorization Request**

Home > Select Client >

Select Client

Q 9358744

Name	Date Of Birth	Client's Address - Street
PCNX ADMISSIONS (009358744)	01/12/2000	550 N Vermont Ave

OK Cancel

The User will be navigated to the “Service Authorization Request” form.

NOTE: The Client **MUST** have an open Admission through their Legal Entity for the User to request an Authorization using ProviderConnect NX.

TEST.PCNX (003334798)

TEST.PCNX (003334798)
F, 24, 01/01/2000
HT: -, WT: -, BMI: -

Ep: -
Preferred Name: -
Personal Pronouns: -
Problem P: -

Address: 550 VERMONT AVE, LOS ANGELES, C...
Phone #: -
DX P: -

Allergies (0)

SERVICE AUTHORIZATION REQUEST

Submit Discard Add to Favorites

- Member Service Authorization
- Member Service Authorization 21-40
- Care Manager
- Diagnosis
- Comments
- Provider Search
- Online Documentation

Brief Member Review

Type Of Authorization: Select

Funding Source Authorization Is For *: Select

Provider To Be Authorized: OPTIMIST YOUTH HOMES DBA BOYS HOME (781)

Contracting Provider Program: Select

Planned Admit Date: [Calendar Icon] [T] [Y]

Authorized Level of Care: Select

Current Authorization Status *: Approved Denied Pending

Member Authorization History

Authorization Number: 1318

Benefit Plan: Select

Performing Provider: Select

Performing Provider Type: Select

Current Authorization Status Reason *: Select

Initial Or Continuing Authorization: Initial Continuing Copy

Begin Date Of Authorization *: [Calendar Icon] [T] [Y]

Clinical Authorization End Date: [Calendar Icon] [T] [Y]

Financial Authorization End Date *: [Calendar Icon] [T] [Y]

NOTE: All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before claims can be submitted. There are other fields, that are not marked as “Required” but are needed to complete an “Authorization Request”.

Using the dropdown under the “Funding Source Authorization Is For” field select the Funding Source to be used for this request.

The image shows three sequential screenshots of a dropdown menu titled "Funding Source Authorization Is For *".

- The first screenshot shows the dropdown with the text "Select" and a search icon.
- The second screenshot shows the dropdown menu open, displaying a list of funding source options. The options are: (1) Invalid P-Auth, (10) Juvenile Day Reporting Center Non-MC, (1001) FFS2 Outpt Svcs - Psychtest (CGF) MC, (1002) FFS2 Outpatient Services Non MD(CGF), (1003) FFS2 Outpatient Services MD(CGF), (1005) FFS2 TAR Prof Svc, (1006) IMD Exclusion- FFS2 TAR Prof Svc, (101) DMH Mental Health Services (CGF) Non-MC, and (1011) CGF IMD Step Down Non-MC.
- The third screenshot shows the dropdown menu with the option "(102) DMH Mental Health Services (CGF) MC" selected.

Using the dropdown under the “Benefit Plan” field select the corresponding Benefit Plan for the chosen Funding Source to be used for this request.

The image shows three sequential screenshots of a dropdown menu titled "Benefit Plan *".

- The first screenshot shows the dropdown with the text "Select" and a search icon.
- The second screenshot shows the dropdown menu open, displaying a list of benefit plan options. The options are: DMH MH Services (MC), DMH MHSvces (MC / HF) DAYTX, IHBS MC, XX expired, XX expired, and XXX CGF IMD Step Down (MC).
- The third screenshot shows the dropdown menu with the option "IHBS MC" selected.

Using the dropdown under the “**Current Authorization Status Reason**” field select the Reason to be used for this request status.

Current Authorization Status Reason *

Select x v

Current Authorization Status Reason *

Select x v

CAU - Pending Denial

CAU - Pending DMH Decision

CAU - Pending Modified Approval

CAU - Pending More Information

CWD - Modified Approval

CWD - Pending DMH Decision

NOTE: User must select “**CWD Pending DMH Decision**”.

Current Authorization Status Reason *

CWD - Pending DMH Decision x v

Review the section to verify all fields that were reviewed have been completed.

Brief Member Review

Member Authorization History

Type Of Authorization

Select x v

Funding Source Authorization Is For *

(102) DMH Mental Health Services (CGF) MC x v

Provider To Be Authorized *

OPTIMIST YOUTH HOMES DBA BOYS HOME (781) Q

Contracting Provider Program

Select x v

Planned Admit Date

Calendar icon T Y

Authorized Level of Care

Select x v

Current Authorization Status *

Approved Denied Pending

Authorization Number

1318

Benefit Plan *

IHBS MC x v

Performing Provider

ALYSSA BRAY (21180) x v

Performing Provider Type

Marriage and Family Therapist v

Current Authorization Status Reason *

CAU - Pending DMH Decision x v

Initial Or Continuing Authorization

Initial Continuing Copy

Enter the “Begin Date of Authorization” and the “Financial Authorization End Date”.

NOTE: For Authorizations that span over into the next Fiscal Year the “Financial Authorization End Date” **MUST** be the last day of the Fiscal Year. (example - 06/30/2XXX)

The image shows two examples of date selection fields. Each example consists of a text input field, a calendar icon, and two buttons labeled 'T' and 'Y' with a double-headed arrow. The first example shows empty fields. The second example shows the 'Begin Date Of Authorization' field populated with '03/21/2024' and the 'Financial Authorization End Date' field populated with '06/30/2024'.

NOTE: For Authorizations that span over into the next Fiscal Year the “Financial Authorization End Date” **MUST** be the last day of the Fiscal Year. (example - 06/30/2XXX) and date the User wants to enter will be entered into the “Clinical Authorization Date” field.

If the “Financial Authorization Date” spans into the next Fiscal Year the “Account” and the “Clinical Authorization End Date” field will show grayed and the User will not be allowed to continue.

The image is a screenshot of a web form. It features several date selection fields and two dropdown menus. The 'Begin Date Of Authorization' field is populated with '03/21/2024'. The 'Financial Authorization End Date' field is populated with '10/30/2024'. The 'Clinical Authorization End Date' field is present but its input area is grayed out. At the bottom, there are two dropdown menus: 'Account' and 'Contracting Provider Authorization', both showing 'Select' as the current value.

The User **MUST** enter the last day of the current Fiscal Year into the “Financial Authorization End Date” field and then enter the end date they request in the “Clinical Authorization End Date” field before the “Account” and the “Clinical Authorization End Date” field will show ungrayed.

This screenshot shows the top portion of the authorization form. It includes three date input fields: 'Begin Date Of Authorization' (03/21/2024), 'Clinical Authorization End Date' (10/30/2024), and 'Financial Authorization End Date' (06/30/2024). Below these are two dropdown menus: 'Account' (set to 'Select') and 'Contracting Provider Authorization' (set to 'Select').

NOTE: Once the Authorization is “Approved” the actual end date will show in the “Clinical Authorization End Date” field.

Review the section to verify all fields that were reviewed have been completed.

This screenshot shows the same form as above, but with all fields populated. The 'Begin Date Of Authorization' is 03/21/2024, 'Clinical Authorization End Date' is 10/30/2024, and 'Financial Authorization End Date' is 06/30/2024. The 'Account' and 'Contracting Provider Authorization' dropdowns remain set to 'Select'.

Using the dropdown select the “Account” to be used for the authorization and the “Contracting Provider Authorization”.

This screenshot shows the 'Account' and 'Contracting Provider Authorization' dropdown menus. Both are currently set to 'Select'.

This block shows a detailed view of the dropdown selection process. The 'Account' dropdown is open, showing a list of options. The selected option is 'OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPN'. The 'Contracting Provider Authorization' dropdown is also open, showing a list of options. The selected option is 'Auth: P33070 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt Remain: \$1948106.71 Amt Denied: \$0.00'. Below the dropdowns, there are checkboxes for 'Inhibit Adjudication For', 'Funding Source Au', 'Contracting Provide', and 'Member Service Au'.

Review the section to verify all fields that were reviewed have been completed.

Account: OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTII

Contracting Provider Authorization * ⓘ
Auth: P33070 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Date

In this section the fields are dynamic. Fields will be ungrayed once other field(s) have been completed with the correct information.

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

Total Estimated Liability

Procedure Code Type (1)

CPT® Codes Revenue Code

Code Authorized (1)

Requested Units (1)

Units Authorized (1)

Estimated Liability Code (1)

Authorization Grouping

Select

Display Authorization Grouping

Letter Type

Select

Procedure Code Type (2)

CPT® Codes Revenue Code

Code Authorized (2)

Requested Units (2)

Units Authorized (2)

Estimated Liability Code (2)

In the section select the “Individual” radio button.

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

In the section select the “CPT Codes” radio button.

Procedure Code Type (1)

CPT® Codes Revenue Code

Procedure Code Type (1)

CPT® Codes Revenue Code

Using the dropdown for “Code Authorized” type in the code to activate the dropdown. Then select the full title for the code to be authorized. In this example we will be using “H2019:HE”.

The screenshot shows a three-step process for selecting a code:

- Code Authorized (1)**: An empty search box with a magnifying glass icon.
- Code Authorized (1)**: The search box contains the text "H2019".
- Results**: A list of search results:
 - Therapeutic Behav Serv (H2019:HE)
 - Therapeutic Behav Serv (Non MC) (H2019:HE:HX)
 - Therapeutic Behav Serv Dupl (:76) (H2019:HE:76)
 - Therapeutic Behav Serv: Phone (H2019:SC)
 - Therapeutic Behav Serv: Phone Dupl (:76) (H2019:SC:76)
- Code Authorized (1)**: The search box now contains the selected result: "Therapeutic Behav Serv (H2019:HE)".

NOTE: The Procedure Code must be selected according to the type of services being provided and requiring authorization, see list below.

- *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

Enter the unit requested.

NOTE: One unit is equal to 15 minutes, for example, 30 minutes will equal to 2 Units.

Two input fields labeled "Requested Units (1)" are shown side-by-side. The left field is empty, and the right field contains the number "2".

Review the section to verify all fields that were reviewed have been completed.

- Member Service
- Authorization 21-40
- Care Manager
- Diagnosis
- Comments
- Provider Search
- Online Documentation

Account: OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/23/2023

Contracting Provider Authorization: Select

Inhibit Adjudication For Services Claimed During Authorization Period

- Funding Source Authorization
- Contracting Provider Service Authorization
- Member Service Authorizaion

Claim Status for Inhibited Services

Approved Denied Pending

Claim Status Reason for Inhibited Services

Select

- Member Service
- Authorization 21-40
- Care Manager
- Diagnosis
- Comments
- Provider Search
- Online Documentation

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

Authorization Grouping: Select

Display Authorization Grouping

Total Estimated Liability: 0.00

Letter Type: Select

Procedure Code Type (1)

CPT® Codes Revenue Code

Procedure Code Type (2)

CPT® Codes Revenue Code

Code Authorized (1): Therapeutic Behav Serv (H2019:HE)

Code Authorized (2): [Search]

Requested Units (1): 30

Requested Units (2): [Input]

Units Authorized (1): [Input]

Units Authorized (2): [Input]

Estimated Liability Code (1): [Input]

Estimated Liability Code (2): [Input]

Scroll to the top of the form and select the “**Submit**” button.

SERVICE AUTHORIZATION REQUEST

Submit **Discard** **Add to Favorites**

The User will receive a message. Selecting “**NO**” will navigate the User back to the “**Home**” screen. Selecting “**YES**” navigates the User to the Authorization pre-display screen where the User will see all past and current authorizations that have been requested for this Client, this includes the authorization that was just created.

Note: For this example, we will select “**YES**” to navigate to the Authorization pre-display screen.

At this point the User has successfully created an Authorization Request for this client.

✓ Selected Client : TEST,PCNX (003334798)

Select Record

Funding Source ⇅	Provider ⇅	Auth # ⇅	Begin Date ⇅	End Date ⇅	Code Authorized (1) ⇅	Authorization Status ⇅
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST YOUTH HOMES DBA BOYS HOME	1318	10/01/2023	10/31/2023	Therapeutic Behav Serv (H2019:HE)	Pending

Add

Edit

Delete

Cancel

ProviderConnect NX: How to Add an Attachment to a File

From the “Home” screen

The screenshot displays the 'Home' screen of the ProviderConnect NX application. The interface includes a top navigation bar with the 'myDay' logo and a search bar. A left sidebar contains navigation options like 'Recent Clients', 'My Forms', and 'My Favorites'. The main content area is divided into several panels: 'CLIENT DEMOGRAPHICS' with fields for DOB, SSN, Race, and Veteran Status; 'CLIENT DIAGNOSES' which is currently empty; 'PROVIDER FILE ATTACH' which contains a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type; and 'CONSOLE WIDGET VIEWER' which is also empty. At the bottom right, there are buttons for 'Open Record', 'Close All', and 'Print'.

LOGGED IN AS
AUTH PCNX

Recent Clients
My Forms
My Favorites
Recent Forms

Control Panel
Recent Clients Site

Welcome, AUTH PCNX
Make Every Day Matter

What can I help you find?
[Advanced Client Search](#)

CLIENT DEMOGRAPHICS

ID
DOB/Age: /
SSN:
Race:
Pronouns:
Gender:
Primary Language:
Ethnicity:
Smoking Status:
Smoking Assessment Date:
Veteran Status:

CLIENT DIAGNOSES

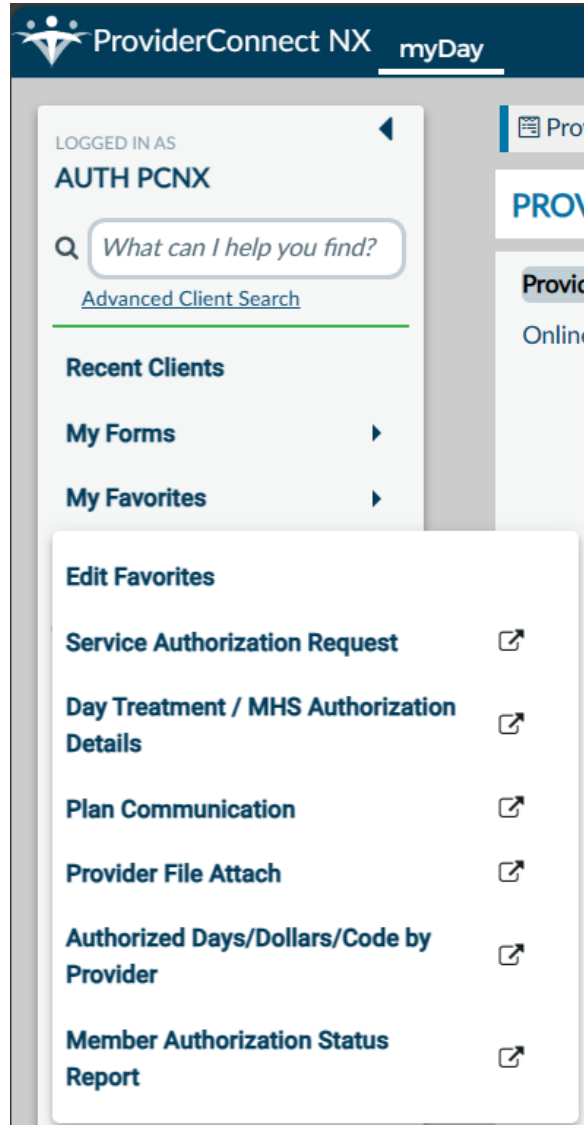
PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CONSOLE WIDGET VIEWER

Open Record Close All Print

Using the “My Favorites” tab in the **TASK Navigation** select “**Provider File Attach**” to navigate to that form.



Once on the “**Provider File Attach**” form enter the “**Member ID**”, “**Provider**”, and “**File Type**” to upload an attachment (File). In this section the fields are dynamic. Fields will be ungrayed once other field(s) have been completed with the correct information.

The screenshot displays the 'Provider File Attach' form within the ProviderConnect NX myDay interface. The form is titled 'PROVIDER FILE ATTACH' and includes a navigation bar with 'Submit', 'Discard', and 'Add to Favorites' buttons. The main form area is divided into several sections:

- Member ID ***: A text input field with a search icon.
- Provider ***: A text input field with a search icon.
- File Type ***: A dropdown menu with 'Select' and a clear button (x).
- Authorization**: A dropdown menu with 'Select'.
- Document Type**: A dropdown menu with 'Select' and a clear button (x).
- Upload File**: A button to initiate the file upload process.
- Comments**: A large text area for adding comments, with a 'Store File' button and a 'Delete File' button.
- Existing Files**: A dropdown menu with 'Select' and a clear button (x).
- Update Comments**: A button to update the comments.
- File Name**: A text input field for the file name.
- Comment History**: A large text area for viewing the history of comments.

The left sidebar contains navigation options such as 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. The top right corner shows a 'Customize' toggle set to 'OFF' and a user profile icon.

To Upload an Attachment (File)

Enter "Member ID"

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
GANT,REJOUNAE D (8451084)	09/16/2008	4741 W Ave J-3

Member ID *

Enter the "Provider ID"

Provider *

Provider *

Results
INC. OPTIMIST BOYS HOME AND RANCH (781)

Provider *

From the "File Type" dropdown select "Authorizations"

File Type *

File Type *

Authorization
Other
Provider

File Type *

From the “Authorization” dropdown select the desired authorization number

Authorization *

Select x v

Authorization *

Select x v Store F

| Q

- Authorization #247103 Start Date: 07/05/2022 End Date: 01/04/2023 ▲
- Authorization #266445 Start Date: 07/01/2022 End Date: 07/04/2022
- Authorization #266465 Start Date: 07/01/2022 End Date: 07/04/2022
- Authorization #280134 Start Date: 07/05/2022 End Date: 01/04/2023
- Authorization #299641 Start Date: 01/05/2023 End Date: 06/30/2023
- Authorization #306172 Start Date: 01/05/2023 End Date: 06/30/2023 ▼

Authorization *

Authorization #306172 Start v

Select the **“Upload File”** button. Two windows will open. One for where the User must select the file to upload from their computer and the other is where the User can drag and drop the file to upload.

File Attachments form.

NOTE: Form to be attached:

- Assessment

NOTE: Provider should follow file naming convention: **“Auth Number_Form Name_Date MonthDayYear”** (Example – “1318_Assessment_01182024”). Providers should use the date that they are submitting the Authorization Request.

The screenshot illustrates the file upload workflow. At the top, a form contains an **Upload File** button and a **File Name** input field. Below this, a **File Upload** dialog box is shown with a large dashed box for dropping a file and a **Cancel** button. To the right, a table displays the list of uploaded files.

Name	Status	Date modified
This is a Test attachment 2	✓	12/12/2023 1:50
This is a Test attachment 3	✓	3/7/2024 9:54 A
This is a Test attachment 22222	✓	3/7/2024 9:56 A
This is a Test attachment	✓	12/12/2023 1:50

Below the table, the **File Name** input field is populated with the text: **This is a Test attachment 2.docx**.

Click the **“Store File”** button to complete the file upload. User will receive a pop-up message to confirm the file was successfully uploaded. Select the **“OK”** button to close the pop-up message.

The screenshot shows a **Confirm** dialog box with the message: **File successfully created.** Below the message is an **OK** button.

ProviderConnect NX: How to View, Print or Save Uploaded Files

To View Uploaded Attachments (Files)

Using the “Provider File Attach” form

The screenshot displays the 'Provider File Attach' form within the ProviderConnect NX application. The interface is organized into a sidebar on the left and a main content area. The sidebar includes a search bar, a 'LOGGED IN AS AUTH PCNX' indicator, and navigation links for 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. Below these are 'Control Panel' icons and buttons for 'Recent Clients' and 'Site'. The main content area features a top navigation bar with 'Submit', 'Discard', and 'Add to Favorites' buttons. The form itself is titled 'PROVIDER FILE ATTACH' and includes several required fields: 'Member ID *', 'Provider *', 'File Type *' (a dropdown menu), 'Authorization' (a dropdown menu), and 'Document Type' (a dropdown menu). A large text area for 'Comments' is positioned to the right of these fields. Below the form fields are buttons for 'Upload File', 'Store File', 'Update Comments', and 'Delete File'. An 'Existing Files' dropdown menu is also present. At the bottom of the form area, there is a 'File Name' field and a 'Comment History' section.

Enter "Member ID"

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
GANT,REJOUNAE D (8451084)	09/16/2008	4741 W Ave J-3

Member ID *

Enter the "Provider ID"

Provider *

Provider *

Results
INC. OPTIMIST BOYS HOME AND RANCH (781)

Provider *

From the "File Type" dropdown select "Authorizations"

File Type *

File Type *

Authorization
Other
Provider

File Type *

From the “Authorization” dropdown select the desired authorization number

Authorization *

Select x v

Authorization *

Select x v Store F

| Q

Authorization #247103 Start Date: 07/05/2022 End Date: 01/04/2023 ▲

Authorization #266445 Start Date: 07/01/2022 End Date: 07/04/2022

Authorization #266465 Start Date: 07/01/2022 End Date: 07/04/2022

Authorization #280134 Start Date: 07/05/2022 End Date: 01/04/2023

Authorization #299641 Start Date: 01/05/2023 End Date: 06/30/2023

Authorization #306172 Start Date: 01/05/2023 End Date: 06/30/2023 ▼

Authorization *

Authorization #306172 Start v

Using the “Existing Files” dropdown Users will see the uploaded file for the selected Authorization.

Existing Files

Select x v

Existing Files

Select x v

| Q

This is a Test attachment 2.docx

This is a Test attachment.docx

To View Uploaded Attachments (Files)

From the “HOME” screen

The screenshot shows the 'myDay' interface for a user logged in as 'AUTH PCNX'. The main content area displays a patient profile for 'ADMISSIONS, PCNX (009358744)'. The profile includes a search bar, a 'WELCOME TO AVATAR' message, and several data widgets: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'PROVIDER FILE ATTACH' widget is a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type. It contains three rows of test data. The 'CONSOLE WIDGET VIEWER' is currently empty.

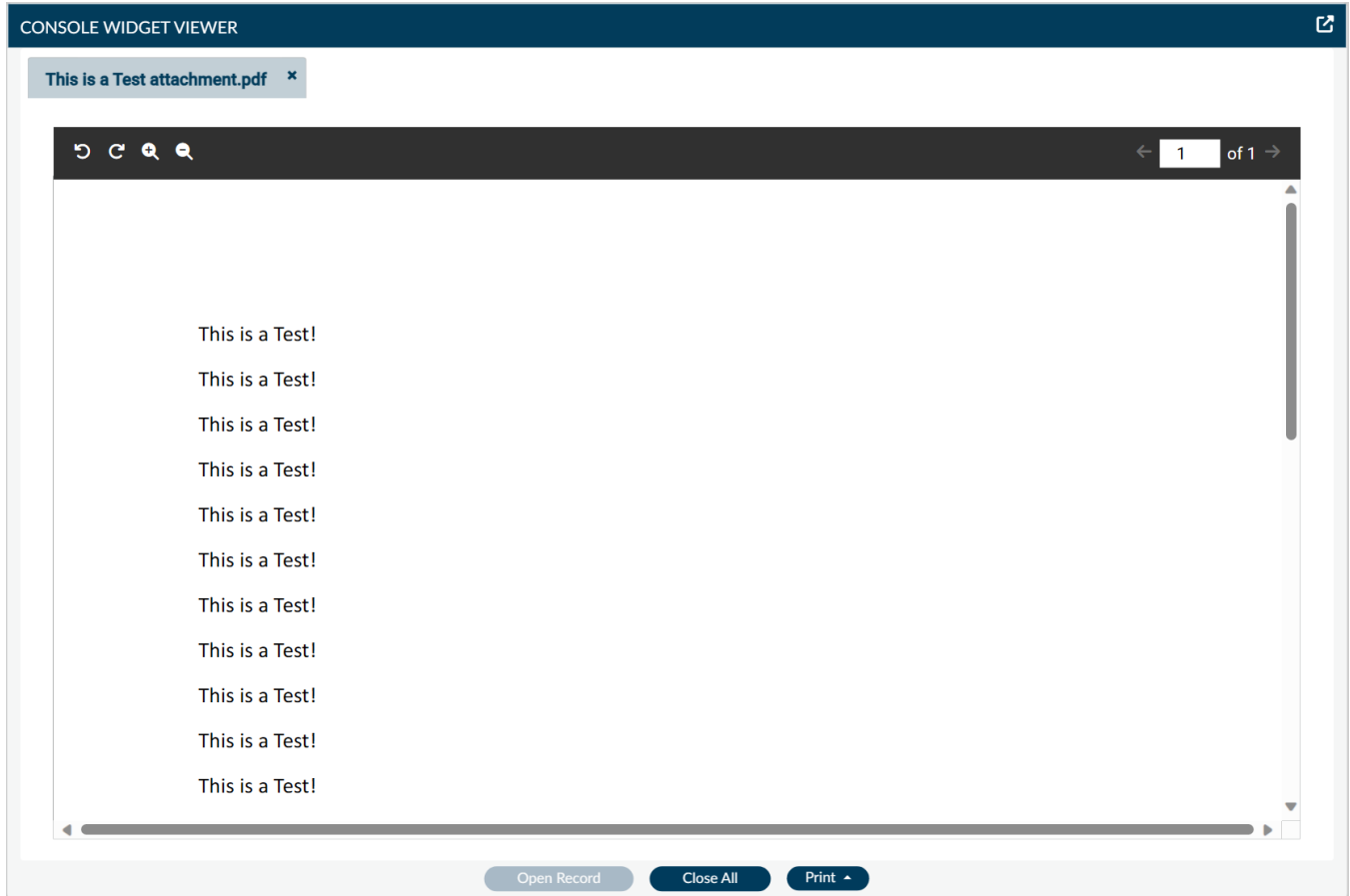
Users can view the uploaded documents using the “**Provider File Attach**” widget.

PROVIDER FILE ATTACH					
View	Provider	Document Name	Date	Authorization Number	Document Type
View	OPTIMIST BO...	This is a Test ...	03/06/2024	360482	No Entry
View	OPTIMIST BO...	This is a Test ...	03/07/2024	360484	No Entry
View	OPTIMIST BO...	This is a Test ...	03/08/2024	360485	No Entry

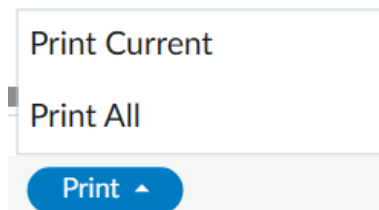
In the “**Provider File Attach**” widget Users must click the “**View**” button next to the document to view.

View	OPTIMIST BO...	This is a Test ...	03/06/2024	360482	No Entry
----------------------	----------------	--------------------	------------	--------	----------

Once selected the document will be viewed the “Console Widget Viewer” widget.



To download the file Users can click the “Print” button to open the dropdown menu and select either “Print Current” or “Print All” (if more than one document is open being viewed) to open pop-up to Print/Save window.

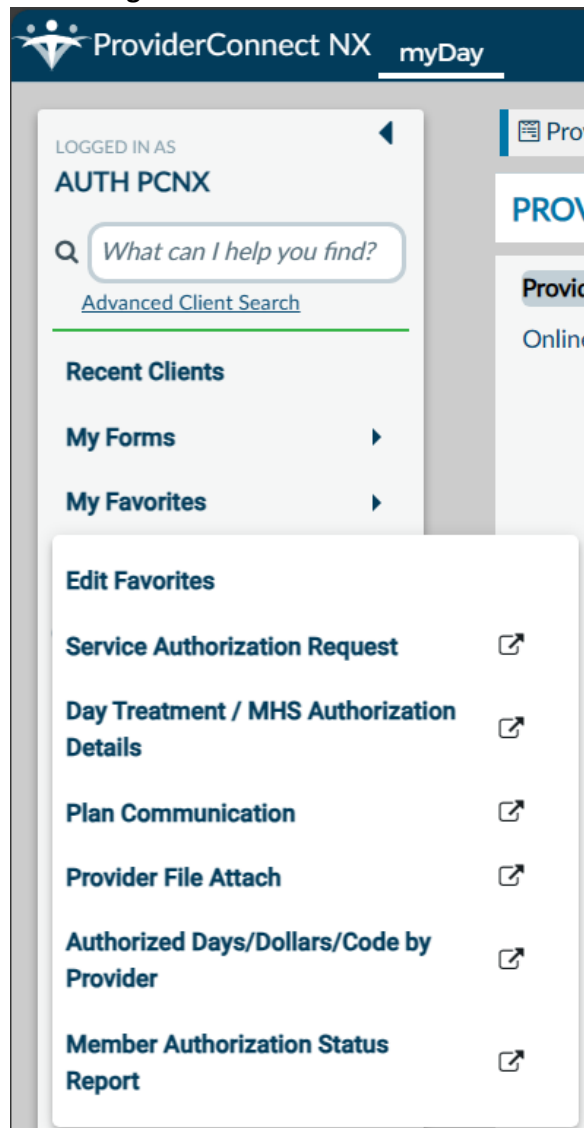


ProviderConnect NX: Plan Communication

From the “Home” screen

The screenshot displays the 'myDay' interface for 'AUTH PCNX'. The top navigation bar includes the logo, 'myDay' text, a user profile icon, 'Customize' button, and a 'OFF' indicator. The main content area features a search bar with the placeholder 'What can I help you find?' and a link to 'Advanced Client Search'. Below the search bar are four panels: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'CLIENT DEMOGRAPHICS' panel contains fields for ID, DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date. It also includes sections for 'CONTACT INFO' (Cell, Home, Work Phone, Email) and 'ADDRESS'. The 'PROVIDER FILE ATTACH' panel shows a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type. The 'CONSOLE WIDGET VIEWER' panel is currently empty. At the bottom right, there are buttons for 'Open Record', 'Close All', and 'Print'.

Using the “My Favorites” tab in the **TASK Navigation** select “Plan Communication” to navigate to that form.



The User will be navigated to the “Fast Service Entry Submission” form.

The screenshot displays the 'Fast Service Entry Submission' form in the ProviderConnect NX system. The top navigation bar includes 'ProviderConnect NX myDay' and a 'Customize' toggle. The left sidebar contains navigation options like 'Recent Clients', 'My Forms', and 'My Favorites'. The main content area is titled 'PLAN COMMUNICATION' and features several input fields and dropdown menus. The 'Authorization Number' field is marked as required with a red asterisk. Below it are sections for 'DMH CAU Communication' and 'Provider Communication', each with a 'Yes' checkbox. The 'Date' field is also marked as required. The 'Intended Recipient' and 'Time' fields are present, with a 'Current Time' button and AM/PM selection. Two dropdown menus, 'DMH/CAU Communication Type' and 'Provider Communication Type', offer various submission options. A 'Comment' field is located at the bottom of the form. Buttons for 'Submit', 'Discard', and 'Add to Favorites' are visible at the top right of the form area.

NOTE: All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before claims can be submitted and processed. There are other fields that we will go over, that are not marked as “**Required**” but are needed to complete an “**Authorization Request**”.

Enter the “Authorization Number”

Authorization Number *	Authorization Number *
<input type="text"/>	1318

Select “YES” box for Provider Communication

Provider Communication	Provider Communication
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

Enter the “Initiator Name”. Users can enter either the name of the initiator or enter their ID number.

Initiator Name

Initiator Name

Results
ALYSSA BRAY (21180)

Initiator Name

Enter the “Date” for the communication.

Date *	Date *
<input type="text"/>	01/04/2024

“Intended Recipient” must be filled out if this message is going to a specific person.

Intended Recipient	Intended Recipient
<input type="text"/>	Jane Doe

Enter the time by typing in the time or selecting the “Current Time” button.

Time	Time
<input type="text"/>	02:42 PM

Check the box under “Provider Communication” for the reason communication is being sent.

Provider Communication Type	Provider Communication Type
<input type="radio"/> New Submission	<input checked="" type="radio"/> New Submission
<input type="radio"/> Updated Care Plan	<input type="radio"/> Updated Care Plan
<input type="radio"/> Updated Service Necessity Assessment	<input type="radio"/> Updated Service Necessity Assessment
<input type="radio"/> Discharge Notification	<input type="radio"/> Discharge Notification
<input type="radio"/> Supplemental Assessment Form	<input type="radio"/> Supplemental Assessment Form
<input type="radio"/> ICC Eligibility Form	<input type="radio"/> ICC Eligibility Form
<input type="radio"/> Full Assessment/Recent Addendum(s)	<input type="radio"/> Full Assessment/Recent Addendum(s)
<input type="radio"/> CANS	<input type="radio"/> CANS
<input type="radio"/> Other	<input type="radio"/> Other

Enter the message to be sent in the “Comments” field.

Comment



Comment

This is a Test! 123456 Test is complete.



Once all fields have been completed scroll to the top of the form and select the “Submit” button. This will navigate the User back to the “Home Screen”.

PLAN COMMUNICATION

Submit

Discard

Add to Favorites

Users can view all “Plan Communications” in the pre-display by going back to the form.

Opening: Plan Communication

Home > Select Client >

Selected Client : TEST,PCNX (003334798)

Select Record

Date	Authorization Number	Initiator Name	Intended Recipient	Time
01/04/2024	1318			
01/04/2024	1318	BRAY, ALYSSA Barns, Bucky	Jane Doe	02:42 PM

Add

Edit

Delete

Cancel

If the User needs to create another message click the “Add” button and repeat the process.

ProviderConnect NX: How to View Authorization Reports

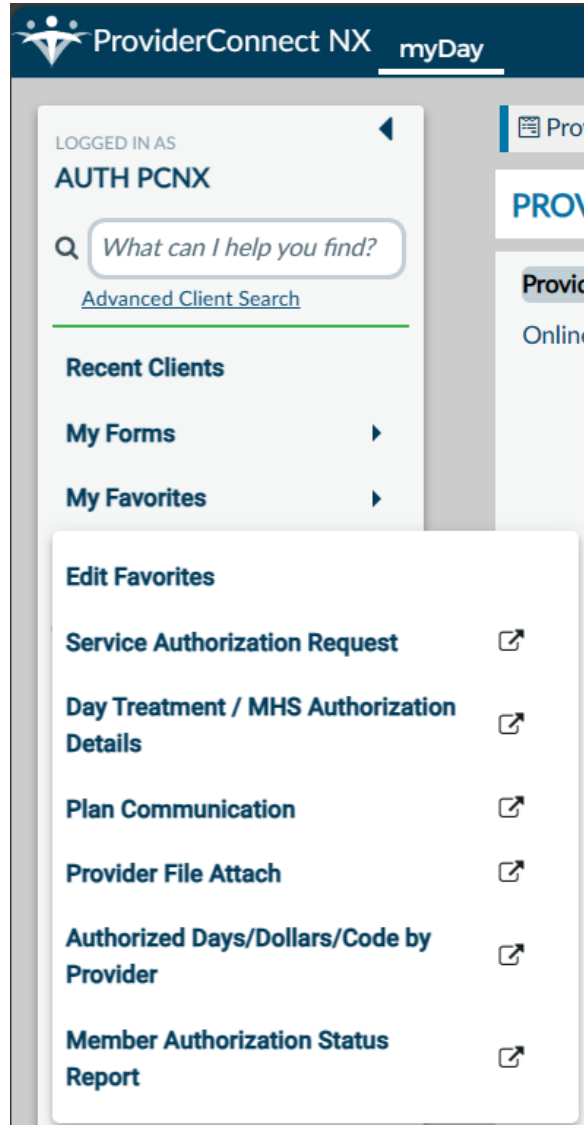
From the “Home” screen

The screenshot displays the ProviderConnect NX myDay interface. At the top, it shows the user is logged in as AUTH PCNX. The main content area is divided into several sections:

- CLIENT DEMOGRAPHICS:** Displays personal information such as DOB/Age, SSN, Race, Pronouns, Gender, Primary Language, Ethnicity, and Smoking Status.
- CLIENT DIAGNOSES:** A section for viewing client diagnoses, currently empty.
- PROVIDER FILE ATTACH:** A table listing document attachments with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type.
- CONSOLE WIDGET VIEWER:** A section for viewing console widgets, currently empty.

At the bottom of the console widget viewer, there are buttons for "Open Record", "Close All", and "Print".

Using the “My Favorites” tab in the TASK Navigation select “Member Authorization Status Report” to navigate to that form.



Complete all required fields in RED.

The image shows a screenshot of the 'MEMBER AUTHORIZATION STATUS REPORT' form. The form title is 'MEMBER AUTHORIZATION STATUS REPORT' in blue. At the top right, there are three buttons: 'Process', 'Discard', and 'Add to Favorites'. On the left, there is a sidebar with a 'Member Authorization Status Report' button. The main form area has a dark blue header with a dropdown arrow. Below the header, there are three input fields: 'Select PROVIDER *' (a text box with a search icon), 'Date Range Start Date *' (a date picker with 'T' and 'Y' buttons), and 'Date Range End Date *' (a date picker with 'T' and 'Y' buttons). At the bottom, there is a 'Member ID:' label followed by a text box with a search icon. The labels 'Select PROVIDER *', 'Date Range Start Date *', and 'Date Range End Date *' are in red.

NOTE: All field names that are in RED with RED Asterisk are required fields and must be completed before the report can be processed. There are other fields that we will go over, that are not marked as “Required” but can also be complete to narrow the data in the report.

Enter the Users Provider number or enter the Provider name in the “Select PROVID” field.

Select PROVID *

Select PROVID *

Results

OPTIMIST YOUTH HOMES DBA BOYS HOME (781)



Select PROVID *

Results

OPTIMIST YOUTH HOMES DBA BOYS HOME (781)



Select PROVID *

Enter the start and end date for the range of the report.

Date Range Start Date *

Date Range End Date *

Date Range Start Date *

Date Range End Date *

Scroll to the top of the form and select the “Process” button.

[MEMBER AUTHORIZATION STATUS REPORT](#)

A pop-up window will open, and the report will appear.

[Print Report](#) [Export](#)

Member Authorization Status Report

Run Date 1/4/2024

Member ID	Prov ID	Provider	Plan ID	Fund Src ID	Request Status	Begin Date	End Date	Auth No	Funding Source	Est Liability	Used Amount	Rem Liability
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	45	131	Approved	7/1/2022	6/30/2023	P11339	Specialized Foster Care DCFS MAT Non-MC	115,500	0	115,500	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	4801	133	Approved	7/1/2022	6/30/2023	P11340	Specialized Foster Care MAT MC	429,000	0	429,000	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	5001	134	Approved	7/1/2022	6/30/2023	P11341	Specialized Foster Care Wraparound MC	944,000	0	944,000	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	12	102	Approved	7/1/2022	6/30/2023	P11342	DMH Mental Health Services (CGF) MC	2,186,593	0	2,186,593	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	19	111	Approved	7/1/2022	6/30/2023	P11343	MHSA FSP Non-MC	24,114	0	24,114	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	25	112	Approved	7/1/2022	6/30/2023	P11344	MHSA FSP MC	865,488	0	865,488	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	300	54	Approved	7/1/2022	6/30/2023	P11345	MHSA Outpatient Care Services MC	2,275,408	0	2,275,408	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	41	115	Approved	7/1/2022	6/30/2023	P11346	MHSA PEI Non-MC	37,208	0	37,208	
781	OPTIMIST YOUTH HOMES DBA BOYS HOME	42	116	Approved	7/1/2022	6/30/2023	P11347	MHSA PEI MC	1,281,027	0	1,281,027	
2695977	OPTIMIST YOUTH HOMES DBA BOYS HOME	251	116	Pending	2/10/2023	2/15/2023	1316	MHSA PEI MC	0	0	0	

Users can either print the report using the “Print Report” button or using the “Export” button. Users can export the report to their computer to open in an Excel document.

User can also run the report for just one client by entering the Client's first and last name or entering the Client ID number.

Member ID:

Using the client's name may result in multiple results. We suggest that Users only use the Client ID to locate clients.

Member ID:

Name	Date Of Birth	Client's Address - Street
GARCIA,DIEGO A, (1718099)	06/19/1990	4814 1-2 MARIONWOOD DRIVE
GARCIA,DIEGO A, (2216157)	08/02/1996	16350 FILBERT ST
GARCIA,DIEGO, (1818525)	07/08/1991	554 CORRAN PL
GARCIA,DIEGO, (1878028)	12/04/1976	15434 SHERMAN WAY
GARCIA,DIEGO, (1927394)	09/15/1987	221 W 111TH PLACE
GARCIA,DIEGO, (2113988)	01/02/1993	10259 RINCON AVE
GARCIA,DIEGO, (2117774)	09/02/1989	610 S. MAIN ST #611
GARCIA,DIEGO, (2399786)	02/08/2004	808 W. OAKWOOD ST.
GARCIA,DIEGO, (2426572)	04/11/1988	721 MADISON AVE
GARCIA,DIEGO, (2591034)	05/06/2006	3208 COSBEY AVE

Using the Client ID (Member ID) will only result in one result.

NOTE: This is the suggested method to search for a client in **ProviderConnect NX**.

Member ID:

Name	Date Of Birth	Client's Address - Street
GARCIA,DIEGO (2695977)	11/25/2006	671 E 42ND PL

◀ ◁ 1 ▷ ▶

Member ID:

Scroll to the top of the form and select the “**Process**” button.

MEMBER AUTHORIZATION STATUS REPORT

A pop-up window will open, and the report will appear.

SAP CRYSTAL REPORTS*

Find... 1 of 1 100%

Main Report

Member Authorization Status Report

Run Date 1/4/2024

Member ID	Prov ID	Provider	Plan ID	Fund Src ID	Request Status	Begin Date	End Date	Auth No	Funding Source	Est Liability	Used Amount	Rem Liability
2695977	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	251	116	Pending	2/10/2023	2/15/2023	1316	MHSA PEI MC	0	0	0

When the User closes the report, the User will see a message asking to select “**Yes**” if the User wants to stay on the reports form or “**No**” to go back to the “**Home Screen**”.

?

Form Return

Member Authorization Status Report has completed. Do you wish to return to form?

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	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
108	7837A TELECARE IMD STEP DOWN	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
108	7837A TELECARE IMD STEP DOWN	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
108	19JLA TELECARE OLIVE HOUSE	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
108	19JLA TELECARE OLIVE HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
108	19JOB TELECARE CITRUS HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
108	19JOB TELECARE CITRUS HOUSE	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
108	19KCA TELECARE MAGNOLIA HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
108	19KCA TELECARE MAGNOLIA HOUSE	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
108	19JLA TELECARE OLIVE HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
108	19JLA TELECARE OLIVE HOUSE	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
108	19JOB TELECARE CITRUS HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
108	19JOB TELECARE CITRUS HOUSE	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
108	19KCA TELECARE MAGNOLIA HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
108	19KCA TELECARE MAGNOLIA HOUSE	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [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	7470A GATEWAYS NVE OUTPATIENT CLINIC	1021	CGF IMD Step Down MC	266	CGF IMD STEP DOWN MC - NON IHBS
190	7470A GATEWAYS NVE OUTPATIENT CLINIC	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
190	7470A GATEWAYS NVE OUTPATIENT CLINIC	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [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	7671A GATEWAYS PERCY VILLAGE OP CLINIC	1021	CGF IMD Step Down MC	266	CGF IMD STEP DOWN MC - NON IHBS
190	7671A GATEWAYS PERCY VILLAGE OP CLINIC	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
190	7671A GATEWAYS PERCY VILLAGE OP CLINIC	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
190	7412A GATEWAYS HOSPITAL SOCIAL REHABILIT	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
190	7412A GATEWAYS HOSPITAL SOCIAL REHABILIT	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
194	6758Y HILLVIEW MHC ADULT RESIDENTIAL	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
194	6758Y HILLVIEW MHC ADULT RESIDENTIAL	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [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
214	7619A SPECIAL SRVS FOR GROUPS ALLIANCE	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
214	7619A SPECIAL SRVS FOR GROUPS ALLIANCE	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
214	19JDA CRTP SSG FLORENCE HOUSE	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
214	19JDA CRTP SSG FLORENCE HOUSE	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
274	7243R BRIDGES - CASITAS ESPERANZA	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
274	7595A BRIDGES PROJECT INDEPENDENCE	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
409	7589A ANNE SIPPI CLINIC COMM SVCS	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS

409	7589A ANNE SIPPI CLINIC COMM SVCS	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
508	7594A HFL CEDAR STREET HOMES	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
527	190IA EXODUS RECOVERY INC	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
527	190IA EXODUS RECOVERY INC	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
543	19JMA STAR VIEW RANCHO LOS AMIGOS CRTP	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
543	19KNA STAR VIEW OLIVE VIEW UCLA CRTP	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
543	19JMA STAR VIEW RANCHO LOS AMIGOS CRTP	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
543	19KNA STAR VIEW OLIVE VIEW UCLA CRTP	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
1130	19JRA VALLEY STAR RANCHO LOS AMIGOS CRTP	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
1130	19JRA VALLEY STAR RANCHO LOS AMIGOS CRTP	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
1130	19KGA VALLEY STAR MLK BEHAVIORAL HEALTH	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
1130	19KGA VALLEY STAR MLK BEHAVIORAL HEALTH	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
1130	19KOA VALLEY STAR OLIVE VIEW UCLA CRTP	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
1130	19KOA VALLEY STAR OLIVE VIEW UCLA CRTP	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
1130	19KPA VALLEY STAR LAC-USC CRTP	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
1130	19KPA VALLEY STAR LAC-USC CRTP	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
1946	19KDA CNTRL STAR RANCHO LOS AMIGOS CRTP	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
1946	19KDA CNTRL STAR RANCHO LOS AMIGOS CRTP	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
1946	19KEA CENTRAL STAR LAC - USC CRTP	28	MHSA Alternative Crisis Svs-Non-MC	385	RESIDENTIAL NON-MC
1946	19KEA CENTRAL STAR LAC - USC CRTP	29	MHSA Alternative Crisis Svs-MC	384	RESIDENTIAL MC
1946	19KDA CNTRL STAR RANCHO LOS AMIGOS CRTP	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
1946	19KDA CNTRL STAR RANCHO LOS AMIGOS CRTP	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
1946	19KEA CENTRAL STAR LAC - USC CRTP	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
1946	19KEA CENTRAL STAR LAC - USC CRTP	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
2129	19CPA FREEHAB CRTP	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
2129	19CPA FREEHAB CRTP	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [MC]-NON IHBS
2130	19G6A SAFE HAVEN	28	MHSA Alternative Crisis Svs-Non-MC	285	MHSA ALTER CRISIS SRVS [NON MC]-NON IHBS
2130	19G6A SAFE HAVEN	29	MHSA Alternative Crisis Svs-MC	286	MHSA ALTER CRISIS SRVS [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)