



End User Manual for the Intensive Home-Based Services & Therapeutic Behavioral Services Process

ProviderConnect NX

IHBS and TBS End User Manual

MAR 2024 v5.5

Table of Contents

Introduction to Avatar NX for Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Service (TBS) Providers.....	2
Provider Authorizations vs. Member Based Authorizations.....	3
Access and Limitations.....	3
Forms and Instructions for the process to apply for access to ProviderConnect NX.....	4
ProviderConnect NX: Login with Enterprise Credentials.....	5
ProviderConnect NX: How to Add a Widget.....	9
ProviderConnect NX: How to Create an Authorization.....	12
ProviderConnect NX: How to Add an Attachment File.....	25
ProviderConnect NX: How to View, Print or Save Uploaded Files.....	29
ProviderConnect NX: Plan Communication.....	36
ProviderConnect NX: How to View Authorization Reports.....	41
ProviderConnect NX: Funding Source and Benefit Plan List (Appendix 1).....	46

Introduction to Avatar NX for Intensive Home-Based Services and Therapeutic Behavioral Service Providers

The Avatar NX is the Electronic Health Record System (EHRS) that the Los Angeles County Department of Mental Health (LACDMH) implemented. **ProviderConnect NX** is a web-based interface that communicates with Avatar NX. **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 NX, hence any information submitted is directly entered or updated into Avatar NX immediately.

Intensive Home-Based Services (IHBS) and **Therapeutic Behavioral Service (TBS)** providers will use **ProviderConnect NX** for the following functions:

1. Search for Clients.
2. View Clients Demographics
3. Submit Authorization requests for Avatar NX Services.
4. Upload the Client document(s) as an Attachment to Client cases.
 - Documents to upload:
 - IHBS /TBS Assessment
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 Financial 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 Financial 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 the system, 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 (Open Episode) and their Financial Eligibility setup in Avatar NX with the Legal Entity seeking an authorization request for the client that has been submitted through Client Web Service. This is prior to the provider creating a Member Authorization in **ProviderConnect NX**.
- Once an authorization request is submitted via **ProviderConnect NX**, designated users will not be able to make any changes to the submitted request.
- If changes to the authorization in **ProviderConnect NX** are required, users should contact the Authorizations Unit at ChildWelfareAuth@dmh.lacounty.gov for further direction.
- If the User is having **ProviderConnect NX** functionality issues Users will need to complete a HEAT ticket to have the issue investigated and resolved.

Links and Numbers

Help Desk – (213)351-1335

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

Authorizations Unit - ChildWelfareAuth@dmh.lacounty.gov

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 NX 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

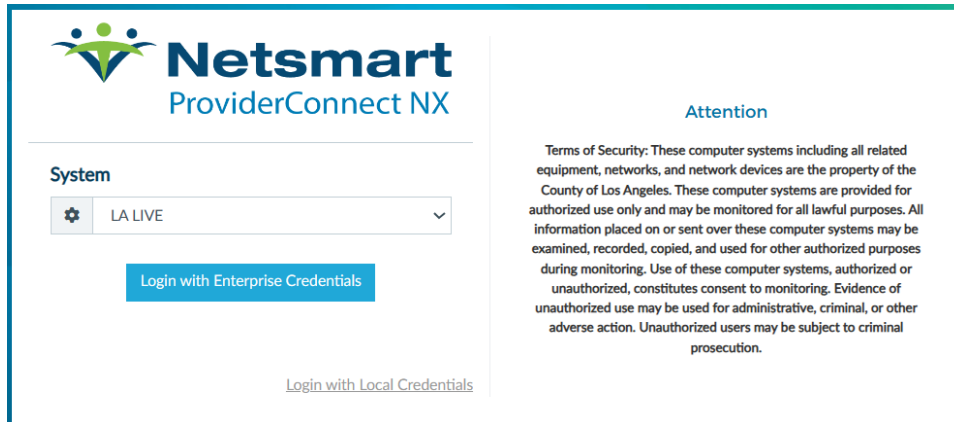
NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

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

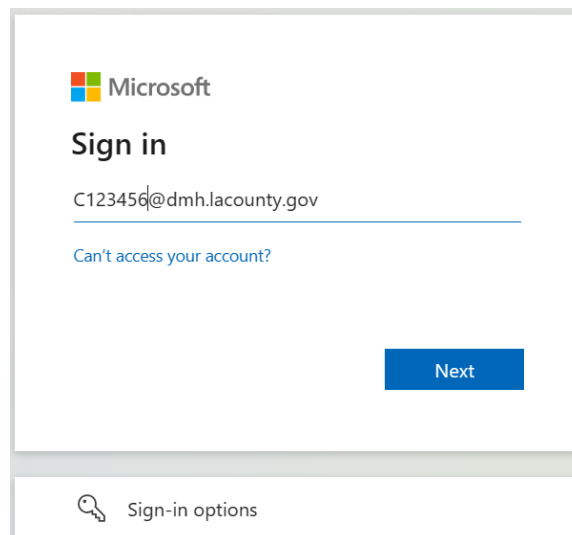
Provider Connect NX: Login with Enterprise Credentials

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.

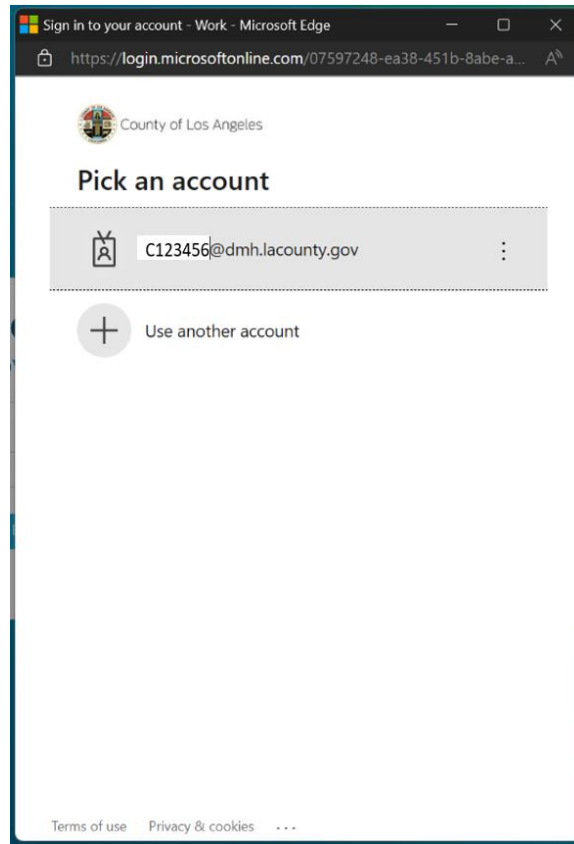
Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft MFA login screen.



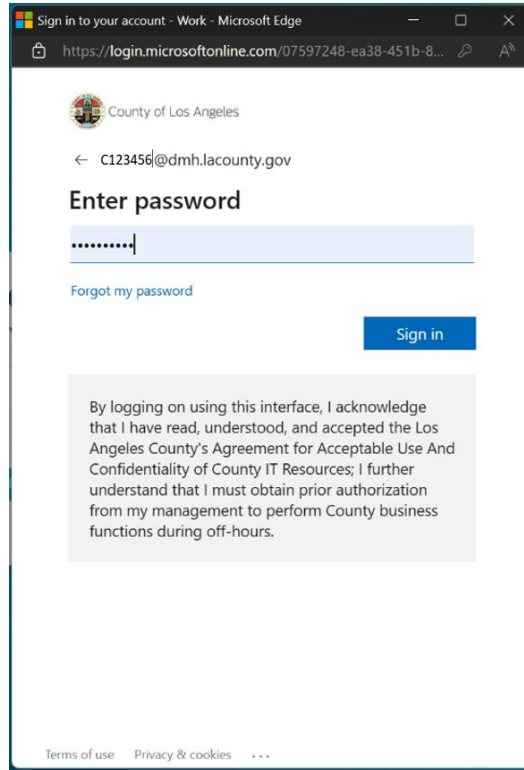
Users will either enter in their “C” number with @dmh.lacounty.gov email address and click the “**Next**” button or



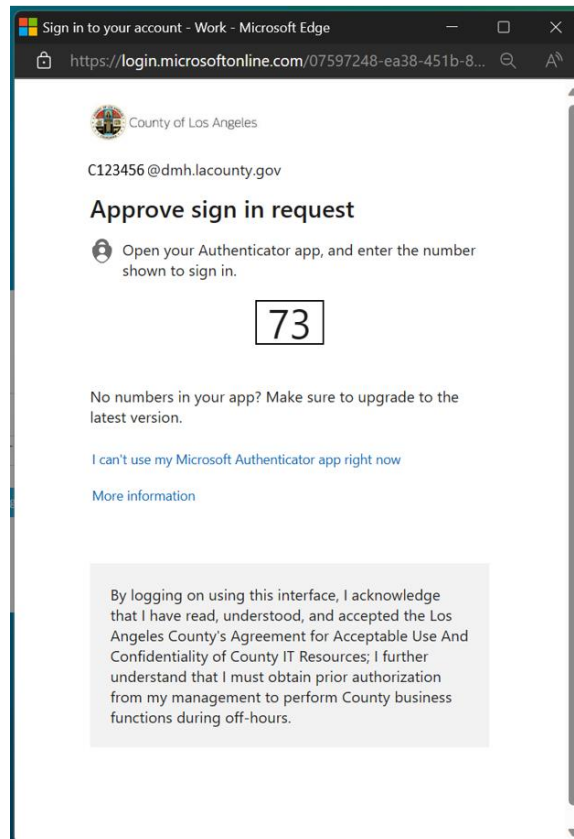
on the **“Pick an account”** popup screen User will either select the **“C”** number DMH email address or if the User does not see their **“C”** number DMH email the User can click the **“+”** to use another account. This will navigate the User back to the **“Sign in”** to where the User can enter their **“C”** number DMH email address and click the **“Next”** button.



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



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.



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

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

Login with Local Credentials

Attention

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

Click the arrow to open the dropdown menu for “**System Code**”.

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

- OPTIMIST BOYS HOME AND RANCH, INC. (DTXDTRX781) : pcnx100003
- DO NOT SELECT THIS SYSTEM CODE (zPCNX) : pcnx100003

Attention

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

Once selected, this will navigate the User to the **ProviderConnect NX Home Page**.

ProviderConnect NX myDay

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

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

CONTACT INFO: ADDRESS:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference: HMIS ID:
Primary Care Provider: Magellan ID:
PCD Phone:

PROVIDER FILE ATTACH

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

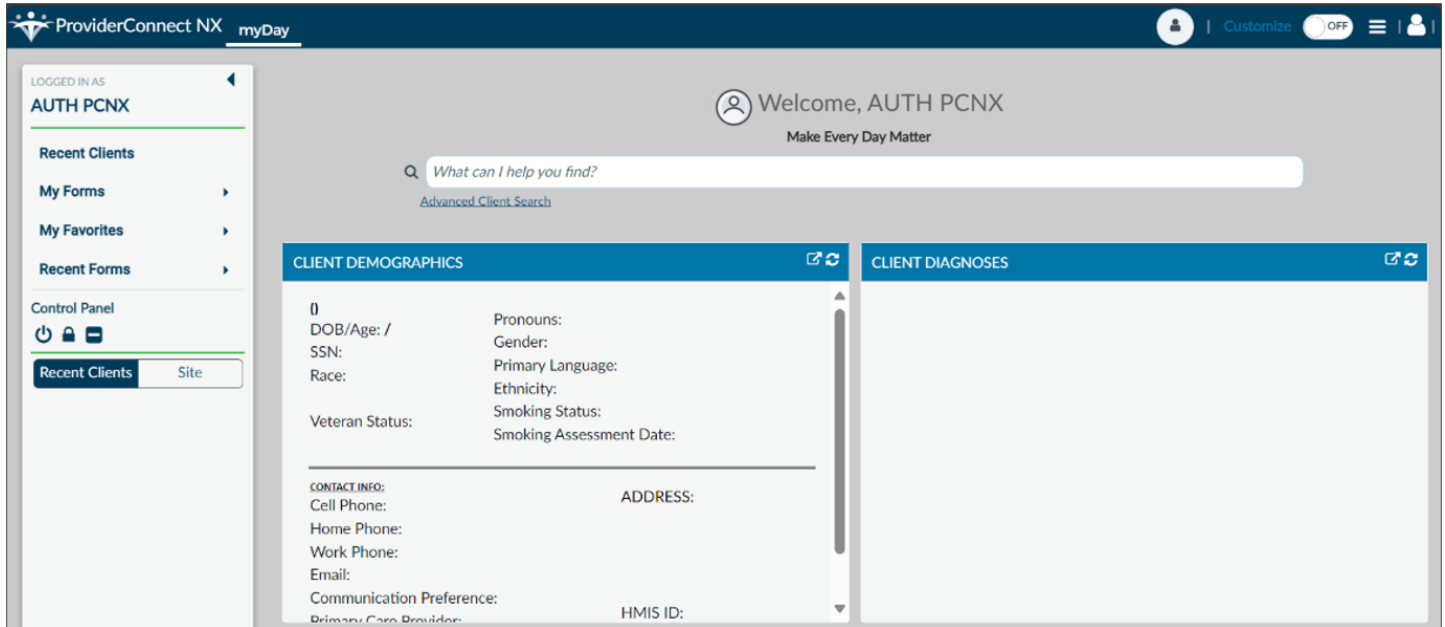
CLIENT DIAGNOSES

CONSOLE WIDGET VIEWER

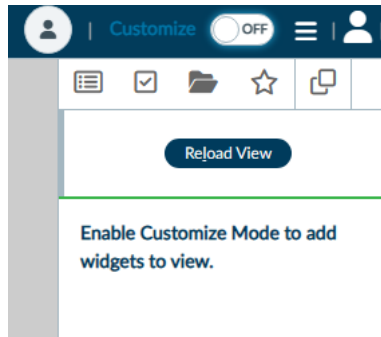
Open Record Close All Print

Provider Connect NX: How Add a Widget

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




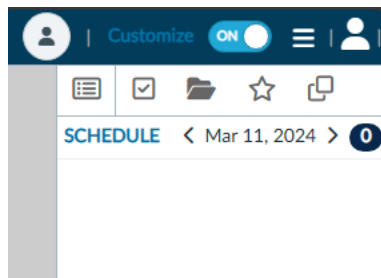
In the upper right corner of the screen Users will see a “**Customize**” selector.



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 vertical menu of widget options. At the top, there are five icons: a list, a checkmark, a folder, a star, and a copy icon. Below these are two buttons: "Reload View" and "Revert Changes". A checkbox is labeled "Include Client Information header in view". The menu is divided into three sections: "CLIENT", "CONSOLE", and "MISC". Under "CLIENT", there are four widgets: "Claim Service Information", "Pending Service Authorizations", "Provider File Attach", and "Service Authorization Information". Under "CONSOLE", there is one widget: "Console Widget Viewer". Under "MISC", there are two widgets: "Financial Eligibility" and "Systemwide Annual Liability".

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

The screenshot shows a home screen on the left with a "Provider File Attach" widget. On the right, a larger view of the widget is shown, featuring a table with the following columns: View, Provider, Document Name, Date, Authorization Number, and Document Type. The table header is "PROVIDER FILE ATTACH" and includes refresh and close icons.

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

The screenshot shows a home screen on the left with a "Console Widget Viewer" widget. On the right, a larger view of the widget is shown, featuring a table with the following columns: View, Provider, Document Name, Date, Authorization Number, and Document Type. The table header is "CONSOLE WIDGET VIEWER" and includes refresh and close icons.

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 myDay

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:

CONTACT INFO: ADDRESS:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference:
Primary Care Provider:
PCP Phone:

CLIENT DIAGNOSES

PROVIDER FILE ATTACH

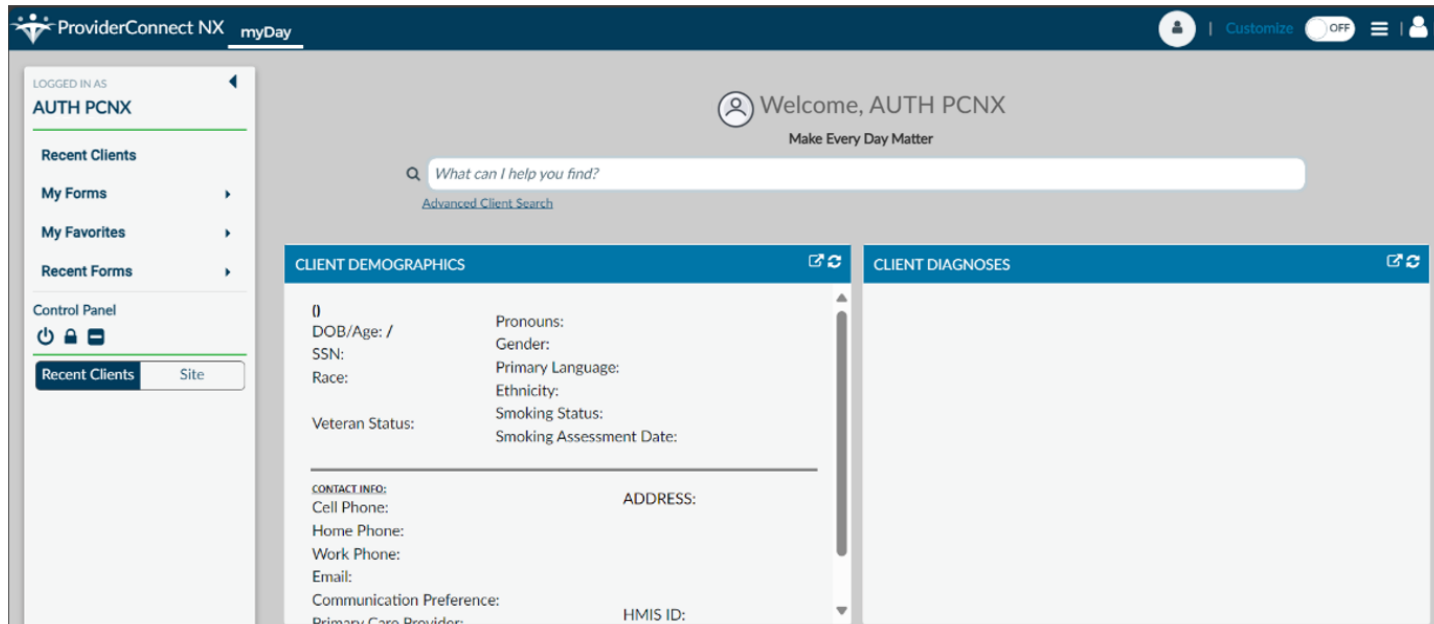
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CONSOLE WIDGET VIEWER

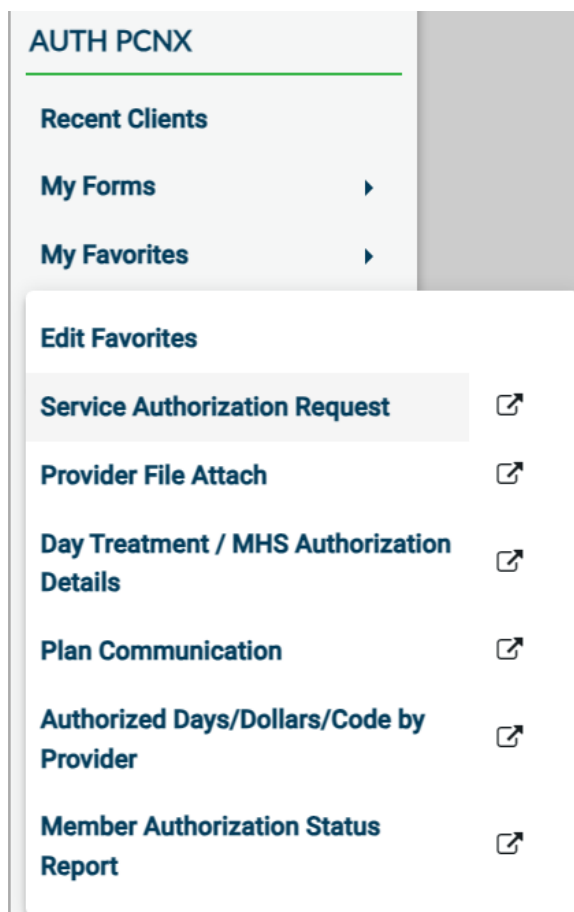
Open Record Close All Print

ProviderConnect NX: How to create an Authorization

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



The User will go to their “**My Favorites**” in the TASK Navigation and select “**Service Entry Submission**” from the dropdown menu.



Users will see the “Select Client”.

Opening: Service Authorization Request

Home > Select Client >

Select Client

Q I

OK Cancel

Users can enter the **Client ID** or the Client name and select the client.

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

Users will be navigated to the pre-display for “**Service Authorization Request**”. When Users will see past Authorization Request. Users must select the “**Add**” button to create a new Authorization Request.

Opening: Service Authorization Request

Home > Select Client >

✓ Selected Client : PCNX ADMISSIONS (009358744)

Select Record

Funding Source	Provider	Auth #	Begin Date	End Date	Code Authorized (1)	Authorization Status
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST BOYS HOME AND RANCH, INC.	360499	06/25/2023	06/30/2023	TBS (H2019)	Pending

Add


Edit

Delete

Cancel

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

▲ 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 Member Authorization History

Type Of Authorization: Select x v

Funding Source Authorization Is For *: Select x v

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

Contracting Provider Program: Select x v

Planned Admit Date: [Calendar] T Y

Authorized Level of Care: Select x v

Current Authorization Status *: Approved Denied Pending

Authorization Number: 1318

Benefit Plan: Select v

Performing Provider: Select v

Performing Provider Type: Select v

Current Authorization Status Reason *: Select x v

Initial Or Continuing Authorization: Initial Continuing Copy

Begin Date Of Authorization *: [Calendar] T Y

Clinical Authorization End Date: [Calendar] T Y

Financial Authorization End Date *: [Calendar] 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.

Funding Source Authorization Is For *
Select x v

Funding Source Authorization Is For *
Select x v

Search

- (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
- (1011) CGF IMD Step Down Non-MC

Funding Source Authorization Is For *
(102) DMH Mental Health Services (CGF) MC x v

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

Benefit Plan *
Select x v

Benefit Plan *
Select x v

Search

- Invalid plan, DO NOT USE
- PHF MC
- Residential MC
- TBS (MC)
- TBS Aftercare MC
- TBS STRTP MC

Benefit Plan *
TBS (MC) x v

Using the dropdown under the “Contracting Provider Program” field select the program to be used for this request.

NOTE: Even though this field is not highlighted in **RED** it is still a required field.

The screenshot shows a form with three instances of the 'Contracting Provider Program' dropdown. The first instance is at the top with a 'Select' button. The second instance is below it, also with a 'Select' button, and has a red 'Current' label to its right. The third instance is at the bottom, showing a selected option: 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK'. The middle instance has an open dropdown menu with a search bar and a list of options: 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK', 'All - 01/01/2003 - 1934A OPTIMIST CARSON', 'All - 01/01/2003 - 1936A OPTIMIST MISSION HILLS', 'All - 01/01/2003 - 1937A PACIFIC LODGE YOUTH SERVICES', 'All - 01/01/2003 - 1941A PACIFIC LODGE CAMPUS', and 'All - 01/01/2003 - 1946A OPTIMIST CAMPUS'.

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

The screenshot shows a form with three instances of the 'Current Authorization Status Reason' dropdown. The first instance is at the top with a 'Select' button. The second instance is below it, also with a 'Select' button, and has a red asterisk to its right. The third instance is at the bottom, showing a selected option: 'CWD - Pending DMH Decision'. The middle instance has an open dropdown menu with a search bar and a list of options: 'CAU - Pending Denial', 'CAU - Pending DMH Decision', 'CAU - Pending Modified Approval', 'CAU - Pending More Information', 'CWD - Modified Approval', and 'CWD - Pending DMH Decision'. The 'CWD - Pending DMH Decision' option is highlighted.

NOTE: User must select “CWD Pending DMH Decision”

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

The screenshot shows a web form with two main sections: "Brief Member Review" and "Member Authorization History".

- Brief Member Review:**
 - Type Of Authorization: Select
 - Funding Source Authorization Is For: (102) DMH Mental Health Services (CGF) MC
 - Provider To Be Authorized: INC. OPTIMIST BOYS HOME AND RANCH (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: 360688
 - Benefit Plan: TBS (MC)
 - Performing Provider: ALYSSA BRAY (21180)
 - Performing Provider Type: Marriage and Family Therapist
 - Current Authorization Status Reason: CWD - Pending DMH Decision
 - 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 with a calendar icon and "T" and "Y" buttons.

- Example 1:**
 - Begin Date Of Authorization: [Empty field]
 - Financial Authorization End Date: [Empty field]
- Example 2:**
 - Begin Date Of Authorization: 03/21/2024
 - Financial Authorization End Date: 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 screenshot shows a form with two sections. The top section contains three date fields: "Begin Date Of Authorization" with the value 03/21/2024, "Clinical Authorization End Date" which is currently empty, and "Financial Authorization End Date" with the value 10/30/2024. The bottom section contains two dropdown menus: "Account" and "Contracting Provider Authorization", both of which are currently set to "Select".

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 grayed.

This screenshot is similar to the previous one, but the "Clinical Authorization End Date" field now contains the value 10/30/2024. The "Account" and "Contracting Provider Authorization" dropdown menus remain 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.

The final screenshot shows the form with all fields populated: "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" dropdown menus are still set to "Select".

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

Account Contracting Provider Authorization * ?

Select x v Select x v

Account

Select v

Account

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

Contracting Provider Authorization * ?

Select x v

Account Contracting Provider Authorization * ?

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

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

Auth: P34019 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt Remain: \$193030.13 Amt Denied: \$0.00

Auth: P34020 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt Remain: \$698722.88 Amt Denied: \$0.00

Auth: P34021 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt Remain: \$107358.08 Amt Denied: \$0.00

Contracting Provider Authorization * ?

Auth: P33070 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: v

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

Account Contracting Provider Authorization * ?

OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTII v Auth: P33070 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: v

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

The screenshot shows a form with the following fields:

- Authorization Grouping Or Individual Authorizations ***: Radio buttons for **All**, **Grouping**, and **Individual**.
- Authorization Grouping**: A dropdown menu with "Select" and a "Display Authorization Grouping" button.
- Total Estimated Liability**: A grayed-out input field.
- Letter Type**: A dropdown menu with "Select", a close button (x), and a dropdown arrow (v).
- Procedure Code Type (1)**: Radio buttons for **CPT® Codes** and **Revenue Code**.
- Procedure Code Type (2)**: Radio buttons for **CPT® Codes** and **Revenue Code**.
- Code Authorized (1)**: A grayed-out input field with a search icon.
- Code Authorized (2)**: A grayed-out input field with a search icon.
- Requested Units (1)**: A grayed-out input field.
- Requested Units (2)**: A grayed-out input field.
- Units Authorized (1)**: A grayed-out input field.
- Units Authorized (2)**: A grayed-out input field.
- Estimated Liability Code (1)**: A grayed-out input field.
- Estimated Liability Code (2)**: A grayed-out input field.

In the section select the “**Individual**” radio button.

Two side-by-side screenshots of the "Authorization Grouping Or Individual Authorizations *" section. The left screenshot shows the "All" radio button selected. The right screenshot shows the "Individual" radio button selected.

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

Two side-by-side screenshots of the "Procedure Code Type (1)" section. The left screenshot shows the "Revenue Code" radio button selected. The right screenshot shows the "CPT® Codes" radio button selected.

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 “TBS(H2019)”.

The screenshot shows a search interface with three stages:

- Top: A search box labeled "Code Authorized (1)" is empty.
- Middle: The search box contains "2019". Below it, a "Results" list is displayed with the following items:
 - FFPSA TBS (H2019:HE:HV)
 - FFPSA TBS DUP59 (H2019:HE:HV:59)
 - FFPSA TBS DUP76 (H2019:HE:HV:76)
 - FFPSA TBS PHONE (H2019:SC:HV)
 - FFPSA TBS PHONE DUP59 (H2019:SC:HV:59)
 - FFPSA TBS PHONE DUP76 (H2019:SC:HV:76)
 - FFPSA TBS TELEPSYCH (H2019:HV:GT)
 - FFPSA TBS TELEPSYCH DUP59 (H2019:HV:GT:59)
 - FFPSA TBS TELEPSYCH DUP76 (H2019:HV:GT:76)
 - TBS (H2019)A pagination bar below the list shows "1 2 3".
- Bottom: The search box now contains "TBS (H2019)".

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

- *For IHBS Medi-Cal services select the Procedure Code H2017:HK
- *For IHBS Non Medi-Cal services select the Procedure Code H2017:HK:HX
- *For TBS Medi-Cal services select the Procedure Code H2019
- *For TBS Non Medi-Cal services select the Procedure Code H2019:HX

Enter the unit requested.

NOTE: One unit is equal to 15 minutes, for example, 15,000 minutes will equal 1000 Units.

- IHBS has no limit for units, User will use 1000 for units.
- TBS has a limit of 1000 units. (Every 6 months)

The image shows two input fields side-by-side, both labeled "Requested Units (1)". The left field is empty, and the right field contains the number "1000".

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

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 *: (102) DMH Mental Health Services (CGF) MC

Provider To Be Authorized: OPTIMIST BOYS HOME AND RANCH, INC. (781)

Contracting Provider Program: All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK

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

Authorized Level of Care: Select

Current Authorization Status *: Approved Denied Pending

Member Authorization History

Authorization Number: 360519

Benefit Plan *: TBS (MC)

Performing Provider: Select

Performing Provider Type: Select

Current Authorization Status Reason *: CWD - Pending DMH Decision

Initial Or Continuing Authorization: Initial Continuing Copy

Begin Date Of Authorization *: 03/21/2024 [Calendar] [T] [Y]

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

Financial Authorization End Date *: 06/30/2024 [Calendar] [T] [Y]

Begin Date Of Authorization *: 03/21/2024 [Calendar] [T] [Y]

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

Financial Authorization End Date *: 06/30/2024 [Calendar] [T] [Y]

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

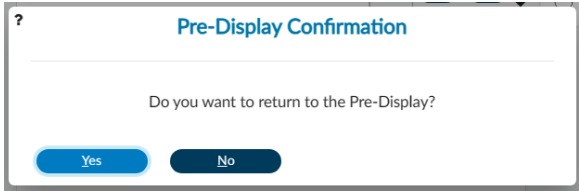
Contracting Provider Authorization *: Auth: P33070 FS: DMH Mental Health Services (CGF) MC(102) Car L

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 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 logo, user name 'AUTH PCNX', and a 'Customize' button. A search bar is present with the placeholder text 'What can I help you find?' and a link to 'Advanced Client Search'. The main content area is divided into four panels: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'CLIENT DEMOGRAPHICS' panel contains fields for personal and contact information. The 'PROVIDER FILE ATTACH' panel features 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'.

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:
Veteran Status:

Pronouns:
Gender:
Primary Language:
Ethnicity:
Smoking Status:
Smoking Assessment Date:

CONTACT INFO: ADDRESS:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference:
Primary Care Provider:
PCP Phone:

HMIS ID:
Magellan ID:
[LAUNCH Client Chart](#)

PROVIDER FILE ATTACH

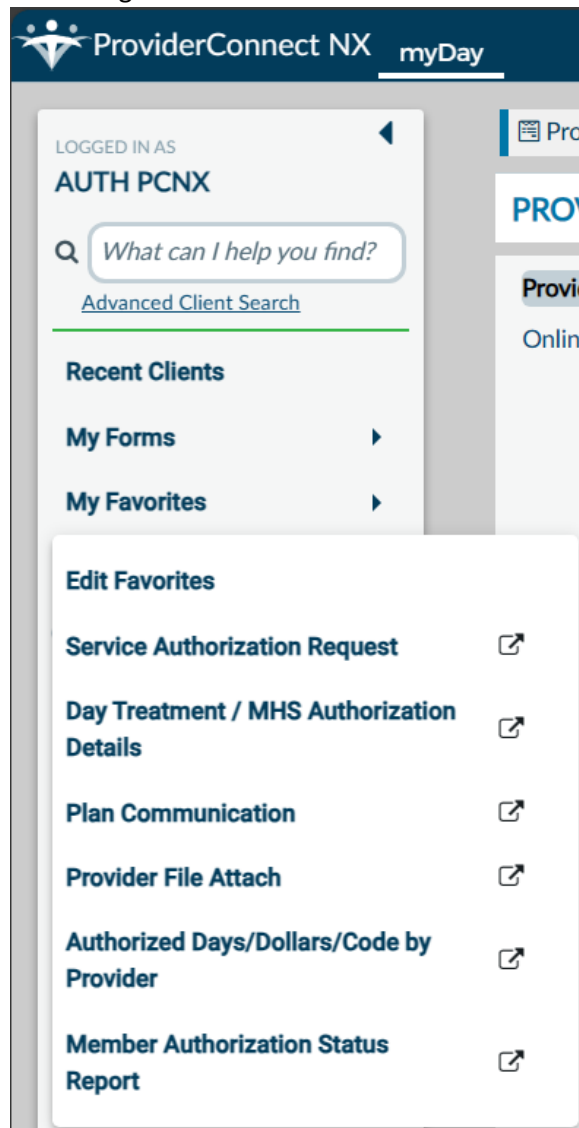
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CLIENT DIAGNOSES

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.

NOTE: The fields highlighted in **RED** and/or with asterisks are required fields. They represent the minimum information required to submit the form.

The screenshot displays the 'Provider File Attach' form within the ProviderConnect NX myDay interface. The form is titled 'PROVIDER FILE ATTACH' and includes several input fields and buttons. The 'Member ID' and 'Provider' fields are highlighted in red and marked with an asterisk, indicating they are required. The 'File Type' field is also highlighted in red and marked with an asterisk. The 'Authorization' and 'Document Type' fields are dropdown menus. The 'File Name' field is a text input. The 'Comments' field is a large text area. The form also includes buttons for 'Upload File', 'Store File', 'Update Comments', and 'Delete File'. The interface includes a sidebar with navigation options like 'Recent Clients', 'My Forms', and 'My Favorites', and a top navigation bar with user information and a 'Customize' toggle.

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

The image shows a sequence of three screenshots illustrating the selection of an authorization number. The top screenshot shows a dropdown menu with the text "Select" and a downward arrow. The middle screenshot shows the dropdown menu expanded, displaying a search bar and a list of six authorization entries. The bottom screenshot shows the dropdown menu with "Authorization #306172 Start" selected.

Authorization *

Select x v

Authorization *

Select x v Store F

Search

- 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:

- IHBS /TBS Assessment

NOTE: Provider should follow file naming convention: **“Auth Number_Form Name_Date MonthDayYear”** (Example – “1318_IHBS_TBS_Assessment_01182024”). Providers should use the date that they are submitting the Authorization Request.

NOTE: MAX file size is 100MB, only accepted file type .PDF.

The screenshot illustrates the file upload workflow. At the top, there is an 'Upload File' button. Below it is a 'File Name' input field. A 'File Upload' dialog box is shown, containing a large dashed box with the text 'click here or drop 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, another 'Upload File' button is shown, followed by the 'File Name' input field containing the text 'This is a Test attachment 2.docx'.

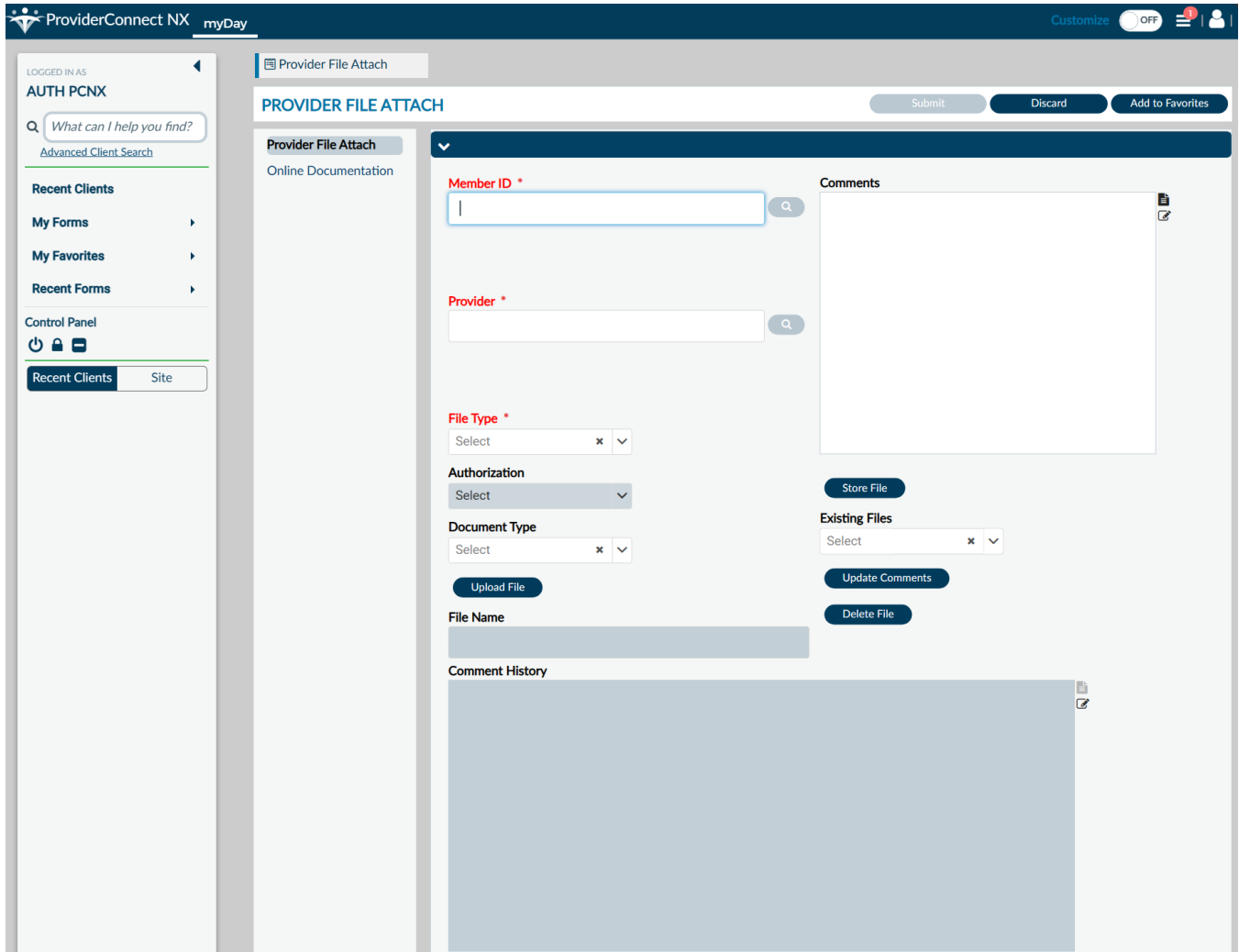
Click the **“Store File”** button to complete the file upload. User will receive a pop-up message to confirm the file was successfully uploaded. Select the **“OK”** button to close the pop-up message.

The screenshot shows a 'Confirm' pop-up message with the text 'File successfully created.' and an 'OK' button.

ProviderConnect NX: How to View, Print or Save uploaded files

To View Uploaded Attachments (Files)

Using the “Provider File Attach” form



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

The image shows three instances of the 'Authorization' dropdown menu. The top one is closed, showing 'Select'. The middle one is open, displaying a search bar and a list of six authorization entries with their respective start and end dates. The bottom one is closed, showing 'Authorization #306172 Start' selected.

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

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

The image shows two instances of the 'Existing Files' dropdown menu. The top one is closed, showing 'Select'. The bottom one is open, displaying a search bar and a list of two files: 'This is a Test attachment 2.docx' and 'This is a Test attachment.docx'.

The User must select the “Discard” button at the top of the form.

PROVIDER FILE ATTACH

The image shows three buttons: 'Submit' (light blue), 'Discard' (dark blue), and 'Add to Favorites' (dark blue).

The system will ask the User “Are you sure you want to Close without saving?”. The User will select the “Yes” button.

The image shows a dialog box titled 'Confirm Close' with a question mark icon. The text inside asks 'Are you sure you want to Close without saving?' and has two buttons: 'Yes' and 'No'.

This will navigate the User back to the “Home Screen”.

To View Uploaded Attachments (Files)


From the “HOME” screen

The screenshot displays the ProviderConnect NX myDay interface. At the top, the user is logged in as AUTH PCNX. The main header shows 'Welcome, AUTH PCNX' and 'Make Every Day Matter'. A search bar is present with the placeholder text 'What can I help you find?' and a link to 'Advanced Client Search'. The patient's profile is displayed for 'ADMISSIONS, PCNX (009358744)'. The profile includes a profile picture, a search bar, and various fields: Ep: -, Preferred Name: -, Personal Pronouns: -, Problem P: -, Address: 550 N Vermont Ave, LOS ANGELES, CA 9..., Phone #: -, DX P: -, and Allergies (0). Below the profile is a 'WELCOME TO AVATAR' section. The interface is divided into several panels: 'CLIENT DEMOGRAPHICS' showing patient information (DOB: 2000-01-12 / 24, SSN: 111-22-3333, Race: -, Gender Identity: Female, Primary Language: No Entry, Ethnicity: No Entry, Smoking Status: No Entry, Smoking Assessment Date: -), 'CONTACT INFO' (Cell Phone, Home Phone, Work Phone, Email, Communication Preference: No Entry, Primary Care Provider, PCP Phone), and 'ADDRESS: 550 N Vermont Ave, LOS ANGELES CA 90005'. The 'PROVIDER FILE ATTACH' panel shows a table of uploaded files:

View	Provider	Document Name	Date	Authorization Number	Document Type
View	OPTIMIST BOYS H...	This is a Test att...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test att...	03/07/2024	360484	No Entry

The 'CONSOLE WIDGET VIEWER' panel is currently empty. At the bottom of the interface, there are buttons for 'Open Record', 'Close All', and 'Print'.


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 BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry





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

View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

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

CONSOLE WIDGET VIEWER 

This is a Test attachment 2.pdf ✕





← 1 of 1 →

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!


This is a Test!

This is a Test!

This is a Test!

This is a Test!

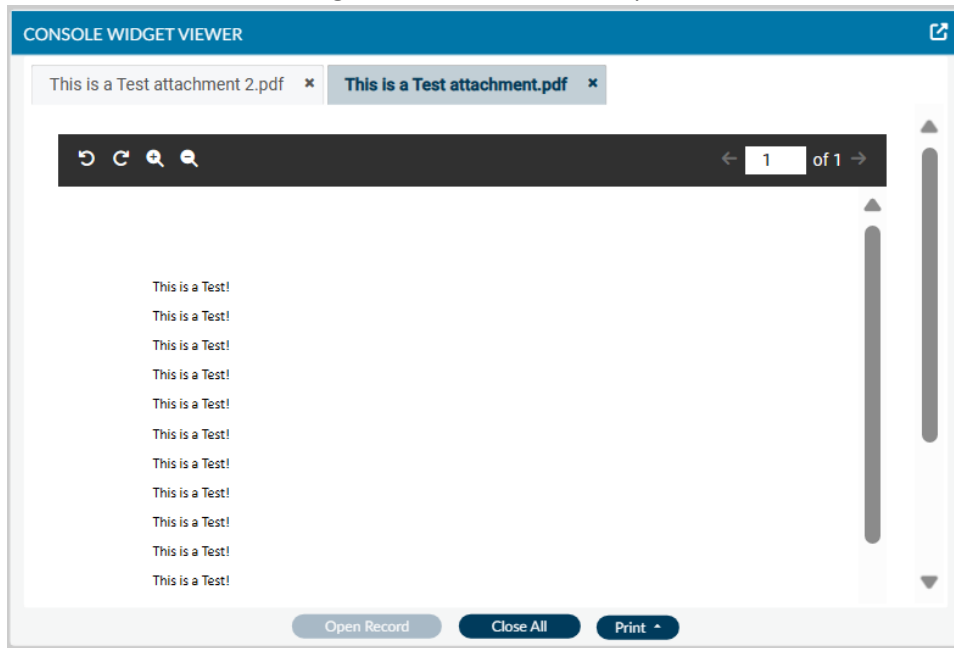
This is a Test!

Open Record
Close All
Print 

Select another file to view in the **“Console Widget Viewer”**.

View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

Users will see the fill name in the “**Console Widget Viewer**” across the top of the viewer.



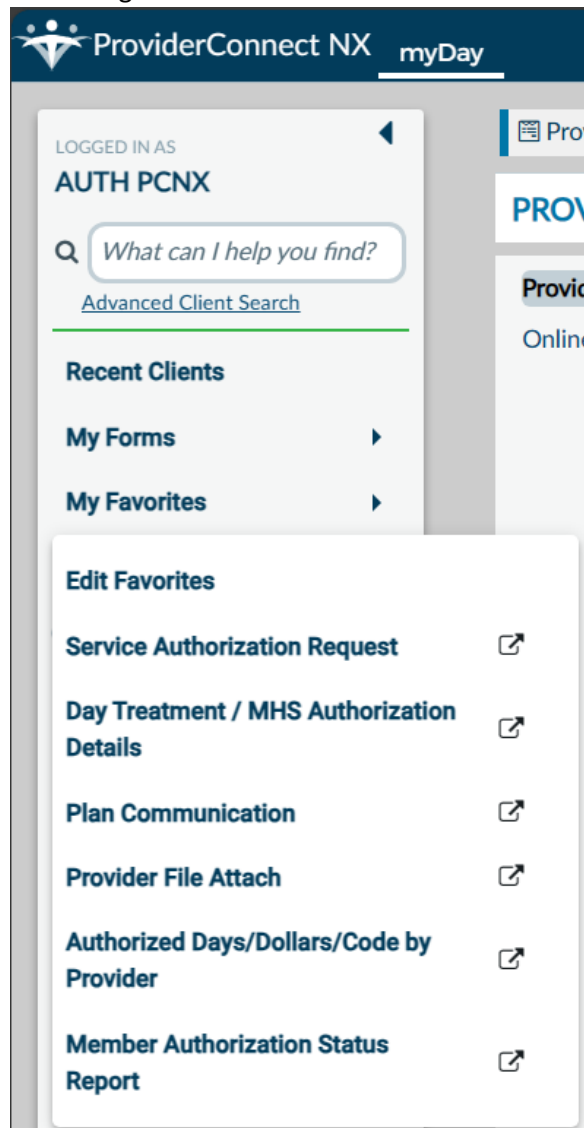
ProviderConnect NX: Plan Communication

From the “Home” screen

The screenshot displays the 'Home' screen of the ProviderConnect NX application. The interface is organized into several sections:

- Header:** Includes the 'ProviderConnect NX myDay' logo, a 'Customize' button with an 'OFF' indicator, and a user profile icon.
- Left Sidebar:** Contains navigation options such as 'LOGGED IN AS AUTH PCNX', 'Recent Clients', 'My Forms', 'My Favorites', 'Recent Forms', and a 'Control Panel' with 'Recent Clients' and 'Site' buttons.
- Main Content Area:**
 - Welcome, AUTH PCNX:** Features a search bar with the placeholder text 'What can I help you find?' and a link for 'Advanced Client Search'.
 - CLIENT DEMOGRAPHICS:** A panel displaying client information including 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'.
 - PROVIDER FILE ATTACH:** A table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type.
 - CLIENT DIAGNOSES:** A panel for viewing client diagnoses.
 - CONSOLE WIDGET VIEWER:** A panel for viewing console widgets.
- Footer:** Includes 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.

ProviderConnect NX myDay

LOGGED IN AS AUTH PCNX

PCNX TEST (1. Form)

PCNX TEST (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)

PLAN COMMUNICATION

Submit Discard Add to Favorites

Plan Communication

Authorization Number *

DMH/CAU Communication

Yes

Provider Communication

Yes

Initiator Name

Date *

Intended Recipient

Time

Current Time H M AM/PM

DMH/CAU Communication Type

- Request Updated Care Plan
- Request Updated SNA
- Final Disposition
- Request Supplemental Assessment Form
- Request ICC Eligibility Form
- Request Full Assessment/Recent Addendums
- Request CANS
- Other

Provider Communication Type

- New Submission
- Updated Care Plan
- Updated Service Necessity Assessment
- Discharge Notification
- Supplemental Assessment Form
- ICC Eligibility Form
- Full Assessment/Recent Addendum(s)
- CANS
- Other

Comment

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”.

Enter the “Authorization Number”

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

Select “YES” box for Provider Communication

Provider Communication <input type="checkbox"/> Yes	Provider Communication <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 <input type="text"/>
Initiator Name 21180
Results ALYSSA BRAY (21180)
Initiator Name ALYSSA BRAY (21180)

Enter the “Date” for the communication.

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

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

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

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

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

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

Provider Communication Type <ul style="list-style-type: none"><input type="radio"/> New Submission<input type="radio"/> Updated Care Plan<input type="radio"/> Updated Service Necessity Assessment<input type="radio"/> Discharge Notification<input type="radio"/> Supplemental Assessment Form<input type="radio"/> ICC Eligibility Form<input type="radio"/> Full Assessment/Recent Addendum(s)<input type="radio"/> CANS<input type="radio"/> Other	Provider Communication Type <ul style="list-style-type: none"><input checked="" type="radio"/> New Submission<input type="radio"/> Updated Care Plan<input type="radio"/> Updated Service Necessity Assessment<input type="radio"/> Discharge Notification<input type="radio"/> Supplemental Assessment Form<input type="radio"/> ICC Eligibility Form<input type="radio"/> Full Assessment/Recent Addendum(s)<input type="radio"/> CANS<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	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

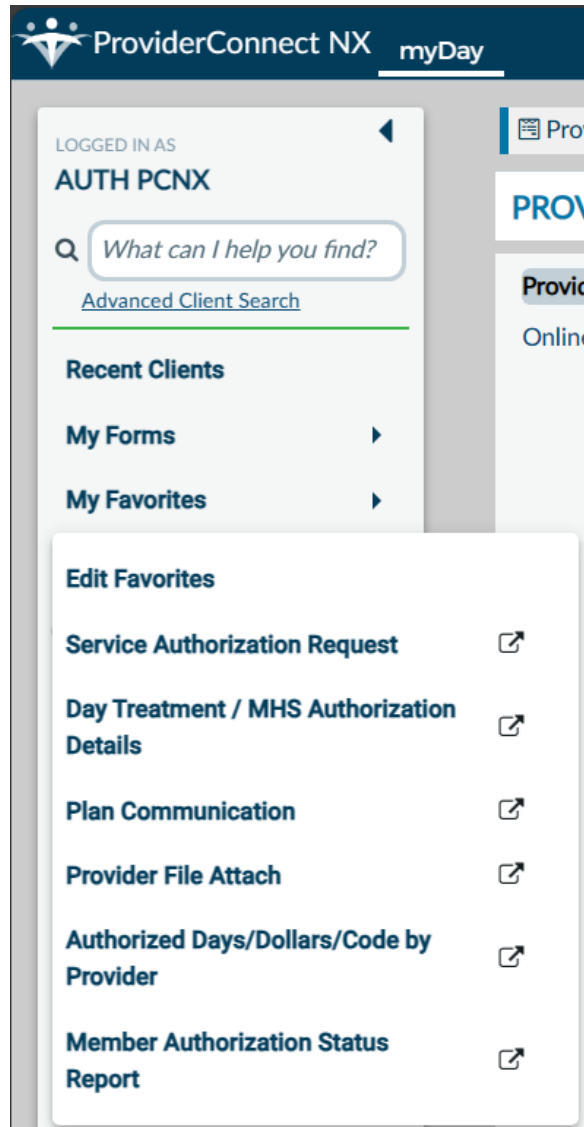
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. At the top, 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, Veteran Status, and Smoking Assessment Date.
- 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 'Member Authorization Status Report' selected. The main form area has a dark blue header with a dropdown arrow. Below the header, there are three input fields: 'Select PROVID *' (a text input 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 input field with a search icon. All labels and asterisks 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 are not marked as “Required” that 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

Process Discard Add to Favorites

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	781 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 display multiple results. To avoid this, it is best for Users to 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

Navigation: 1 2 3

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

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.

Member Authorization Status Report

Run Date 1/4/2024

Member ID	Prov ID	Provider	Plan ID	Fund Src ID	Reques t 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 NX: Funding Source and Benefit Plan List

IHBS Funding Sources and Benefit Plans

Funding Source ID	Funding Source Name	Benefit Plan ID	Benefit Plan Name
40	SFC Wraparound Non-MC	252	IHBS (Non-MC)
54	MHSA Outpatient Care Services MC	251	IHBS (MC)
102	DMH Mental Health Services (CGF) MC	251	IHBS (MC)
102	DMH Mental Health Services (CGF) MC	373	IHBS STRTP MC
102	DMH Mental Health Services (CGF) MC	374	IHBS Aftercare MC
102	DMH Mental Health Services (CGF) MC	377	IHBS TSCF MC
115	MHSA PEI Non-MC	252	IHBS (Non-MC)
116	MHSA PEI MC	251	IHBS (MC)
134	Specialized Foster Care Wraparound MC	251	IHBS (MC)
135	Specialized Foster Care TFC MC	251	IHBS (MC)
111	MHSA FSP Non-MC	252	IHBS (Non-MC)
112	MHSA FSP MC	251	IHBS (MC)
132	Specialized Foster Enhanced MHS (MC)	251	IHBS (MC)
55	MHSA Outpatient Care Services Non-MC	252	IHBS (Non-MC)
101	DMH Mental Health Services (CGF) Non-MC	252	IHBS (Non-MC)
141	Juvenile Justice Program (STOP) Non-MC	252	IHBS (Non-MC)
162	CalWORKs MHS Non-MC	252	IHBS (Non-MC)
46	Child Outreach & Triage Team COTT - MC	251	IHBS (MC)
142	Juvenile Justice Prog (JJCPA-MST) Non-MC	252	IHBS (Non-MC)

TBS Funding Sources and Benefit Plans

Funding Source ID	Funding Source Name	Benefit Plan ID	Benefit Plan Name
54	MHSA Outpatient Care Services MC	254	TBS (MC)
101	DMH Mental Health Services (CGF) Non-MC	255	TBS (Non-MC)
102	DMH Mental Health Services (CGF) MC	254	TBS (MC)
102	DMH Mental Health Services (CGF) MC	375	TBS STRTP MC
102	DMH Mental Health Services (CGF) MC	376	TBS Aftercare MC
102	DMH Mental Health Services (CGF) MC	378	TBS TSCF MC
116	MHSA PEI MC	254	TBS (MC)
134	Specialized Foster Care Wraparound MC	254	TBS (MC)
135	Specialized Foster Care TFC MC	254	TBS (MC)
112	MHSA FSP MC	254	TBS (MC)
132	Specialized Foster Enhanced MHS (MC)	254	TBS (MC)