

End User Manual for the Residential Services and Psychiatric Health Facility Concurrent Review ProviderConnect NX RS and PHF End User Manual

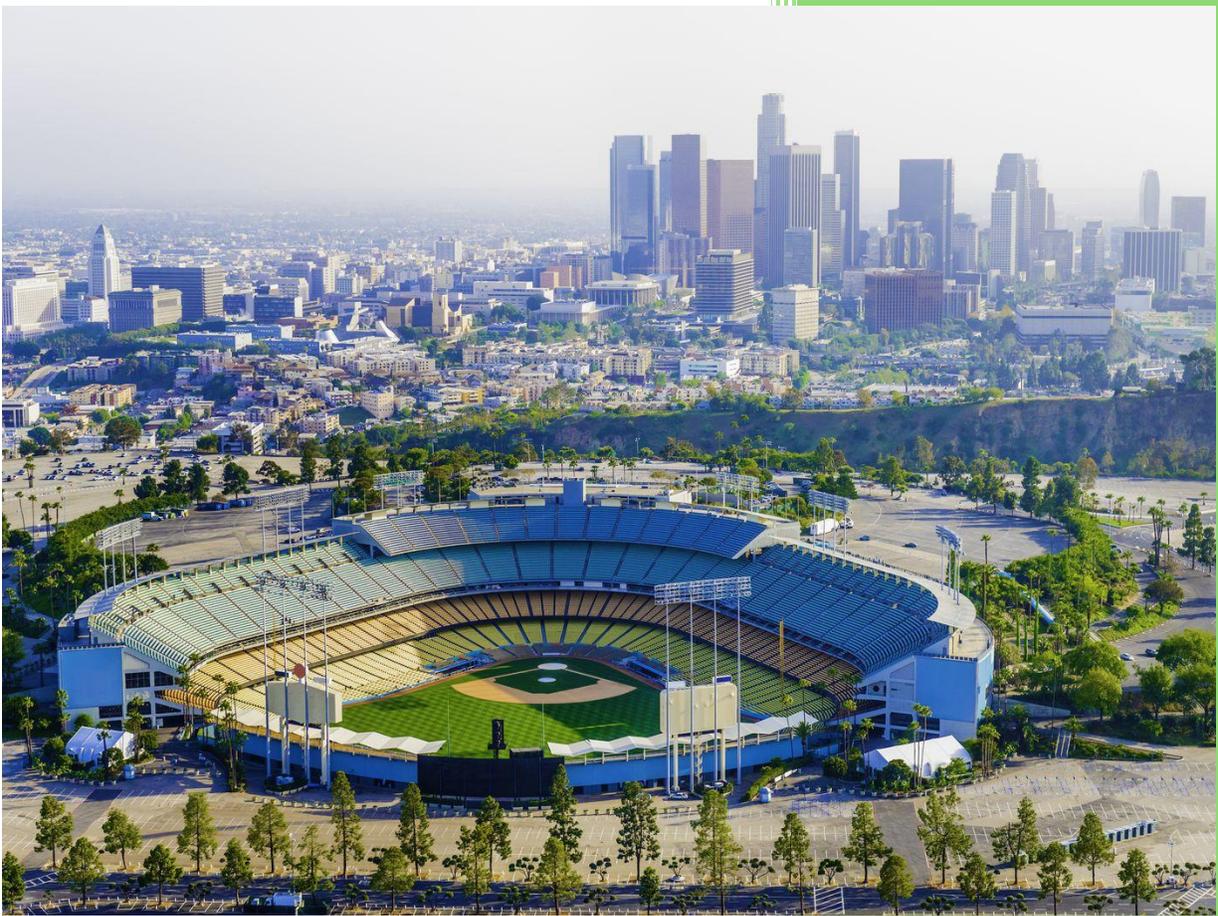


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Introduction to Avatar NX for Residential Services and Psychiatric Health Facility Providers

The Avatar NX is the Electronic Health Record System (**EHRS**) implemented by the Los Angeles County Department of Mental Health (LACDMH). **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 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) - Before 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, and send admission documentation within one business day to receive authorization.

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

The 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 upload the following 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 before services are delivered.

4. Upload the Client documents as an 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 days): 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 before services are delivered.

4. Upload the Client documents as Attachments to Client 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 the 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 a service, the provider uses a P-Auth, and claims can continue until the dollar is exhausted. Based on the client's 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-AUTHs 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 and 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 before the provider creates 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 are required to Onboard a designated 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 the 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

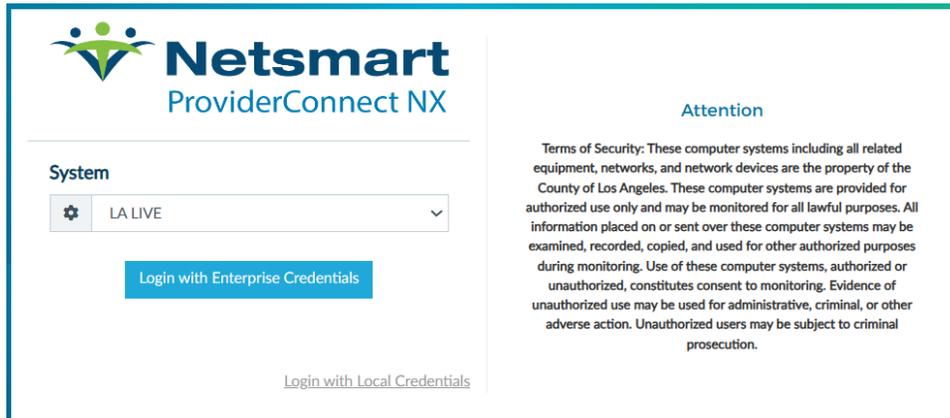
NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

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

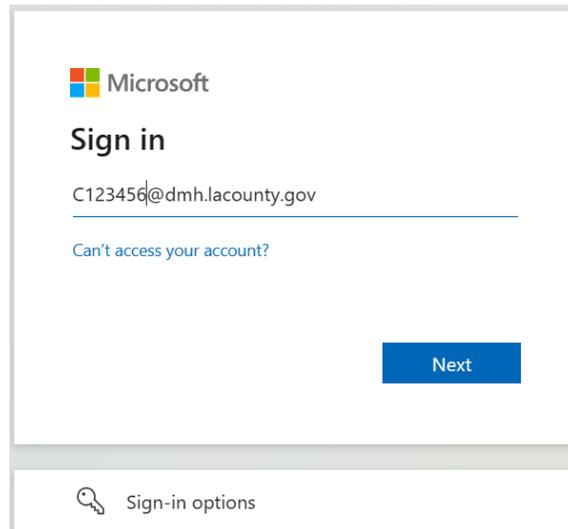
Login with Enterprise Credentials

[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 their “**C**” number with the @dmh.lacounty.gov email address and click the “**Next**” button or



Microsoft

Sign in

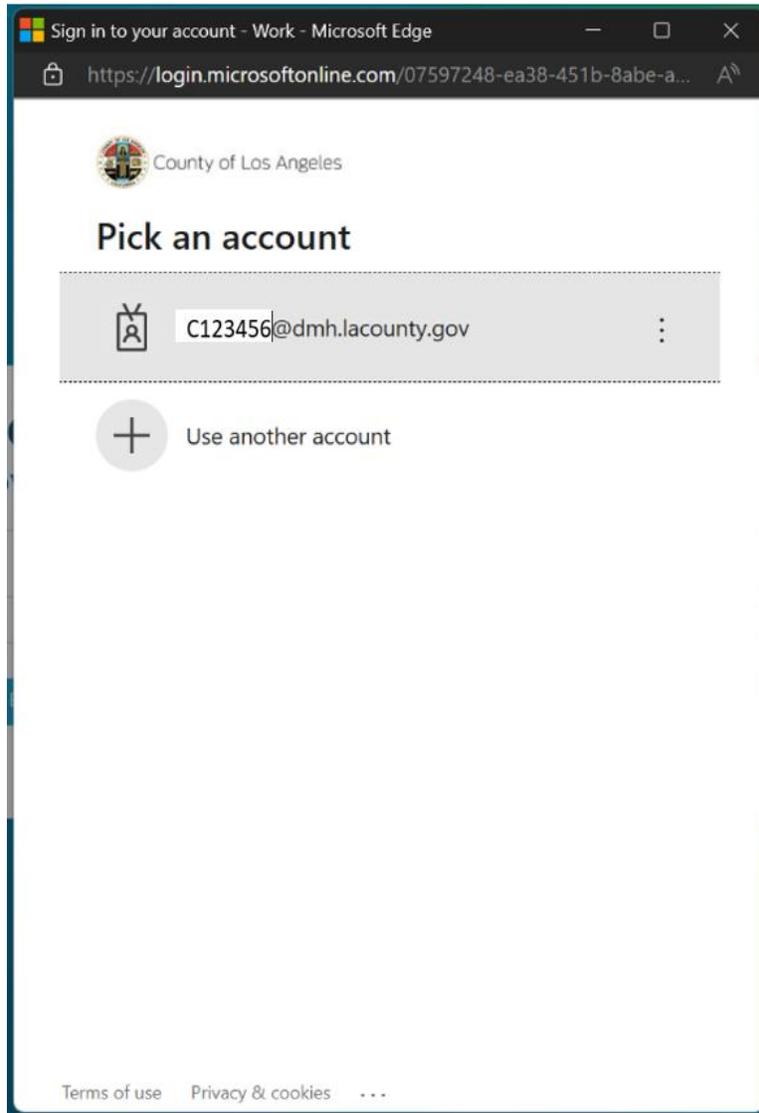
C123456@dmh.lacounty.gov

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

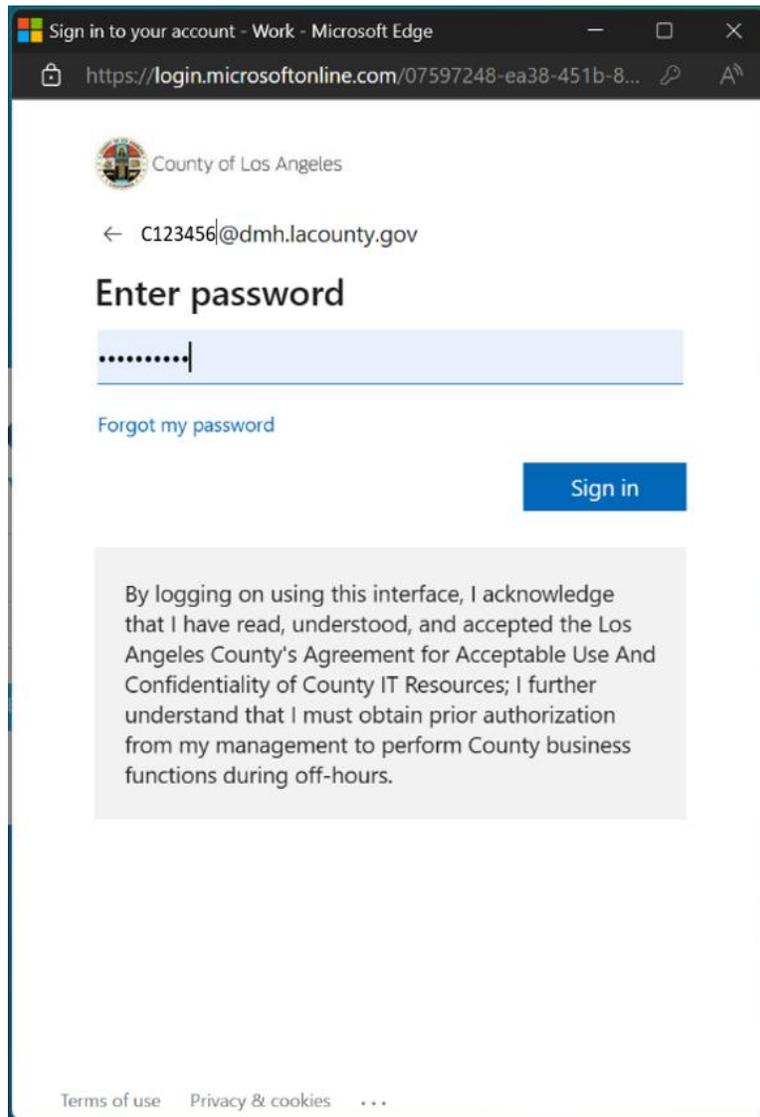
Next

Sign-in options

On this screen either select the User “C” number @dmh.lacounty.gov email address or if the User does not see their “C” number @dmh.lacounty.gov email select the “+” to navigate back to the sign-in screen. Selecting the “C” number @dmh.lacounty.gov email will navigate the User to the “Enter Password” popup screen.

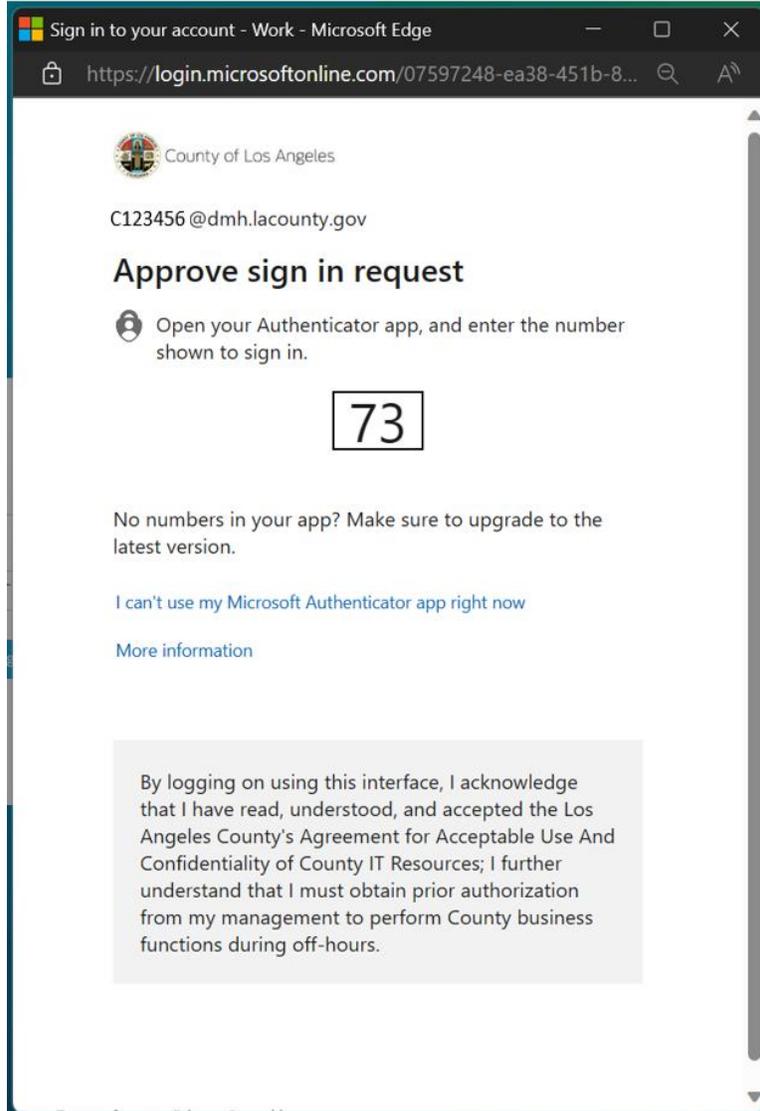


The User will enter their password and click the “**Sign in**” button. This will navigate the User to the MFA “**Approve Sign-in Request**”.



A number will display. This number must 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 Users do not have the Authenticator App User **MUST** contact the Help Desk.



Using the “**System Code**” dropdown select the code for the User's agency. The User will only see the system codes 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**”. The User must select their Agency name from the dropdown.

NOTE: DO NOT SELECT THE “DO NOT SELECT THIS SYSTEM CODE”

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

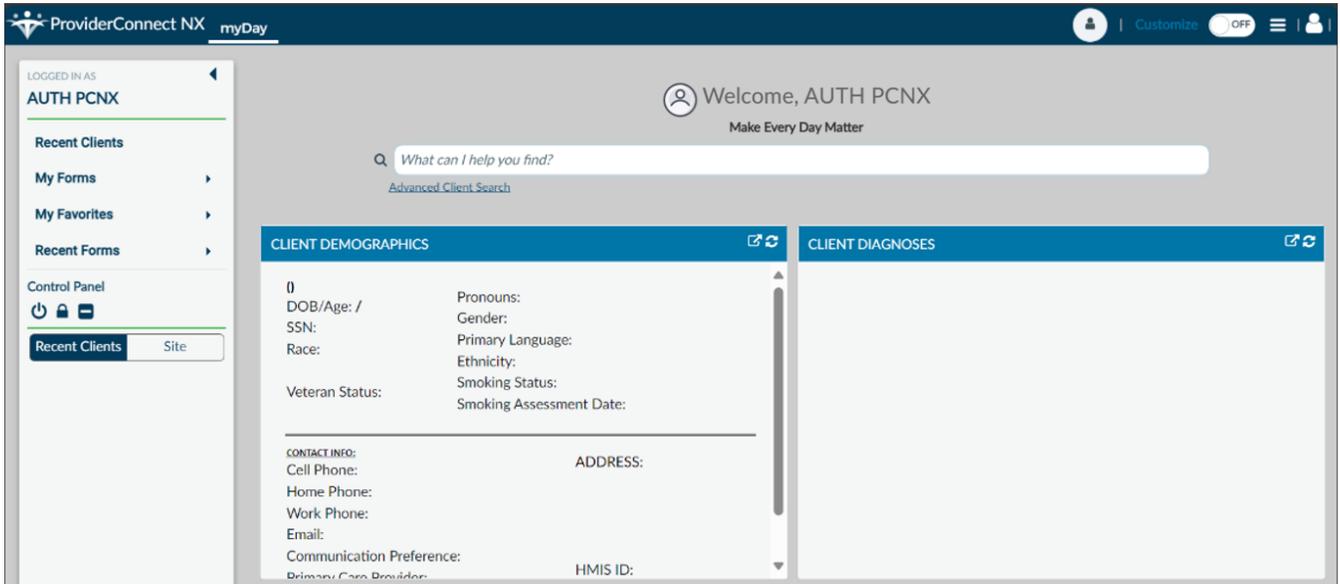
OPTIMIST BOYS HOME AND RANCH, INC.
(DTXDTRX781) : pcnx100003

DO NOT SELECT THIS SYSTEM CODE (zPCNX) :
pcnx100003

Attention

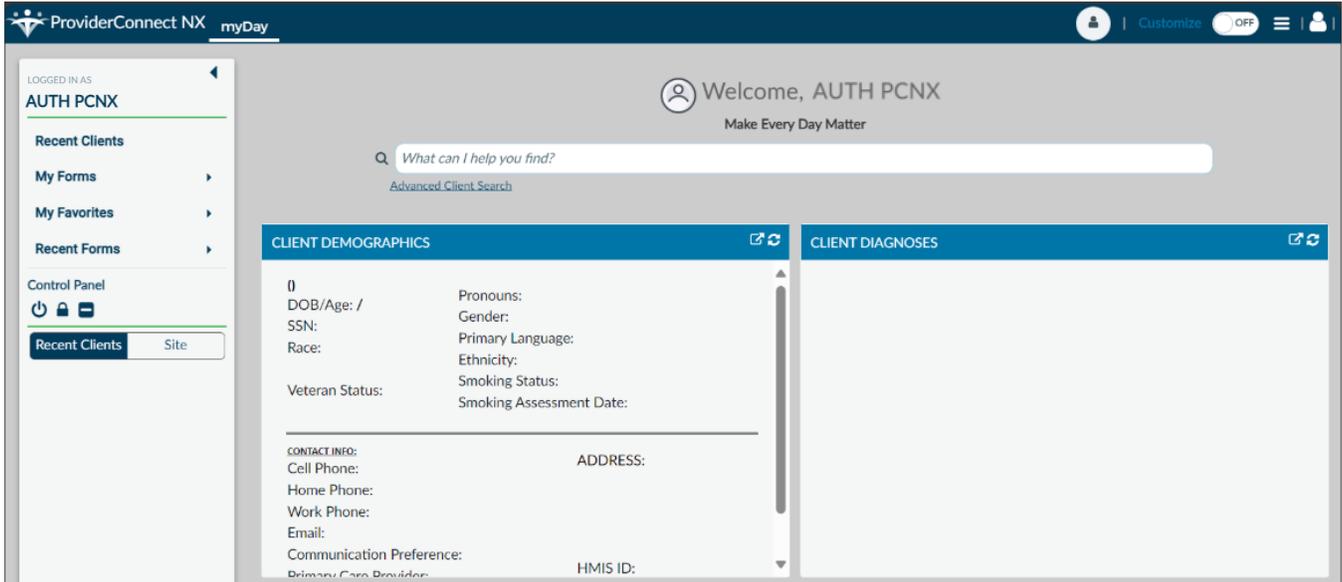
The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of 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.

When the User selects their Agency name this will navigate the User to the **ProviderConnect NX “Home Screen”**.

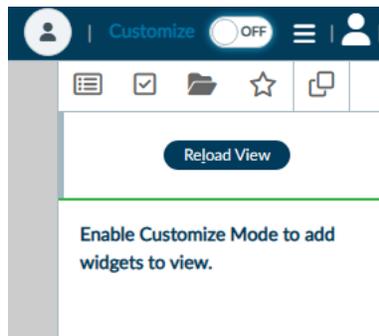


Provider Connect NX: How to Add a Widget

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



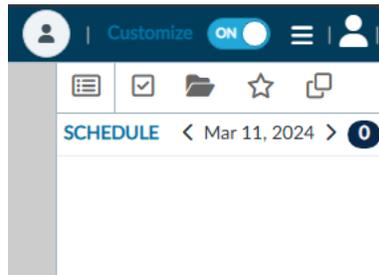
In the upper right corner of the screen, Users will see a “**Customize**” selector.



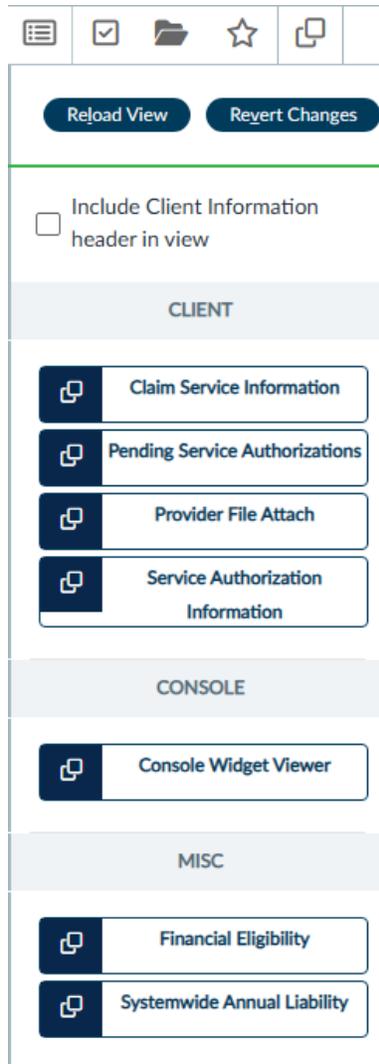
Turn the “**Customize**” selector from the “**OFF**” selection to the “**ON**” selection.



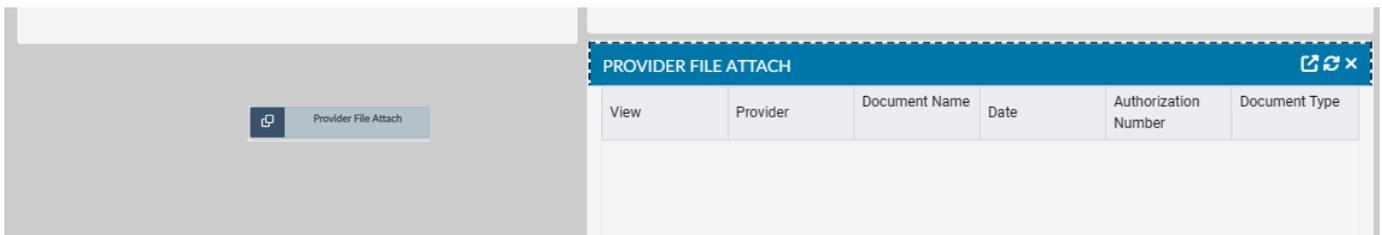
Select the icon  to open the widget options.



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



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



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



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



Select the icon  to close the sidebar.

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

DOB/Age: /

SSN:

Race:

Veteran Status:

Pronouns:

Gender:

Primary Language:

Ethnicity:

Smoking Status:

Smoking Assessment Date:

CONTACT INFO:

Cell Phone:

Home Phone:

Work Phone:

Email:

Communication Preference:

Primary Care Provider:

PCP Phone:

ADDRESS:

HMIS ID:

Magellan ID:

LAUNCH Client Chart

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
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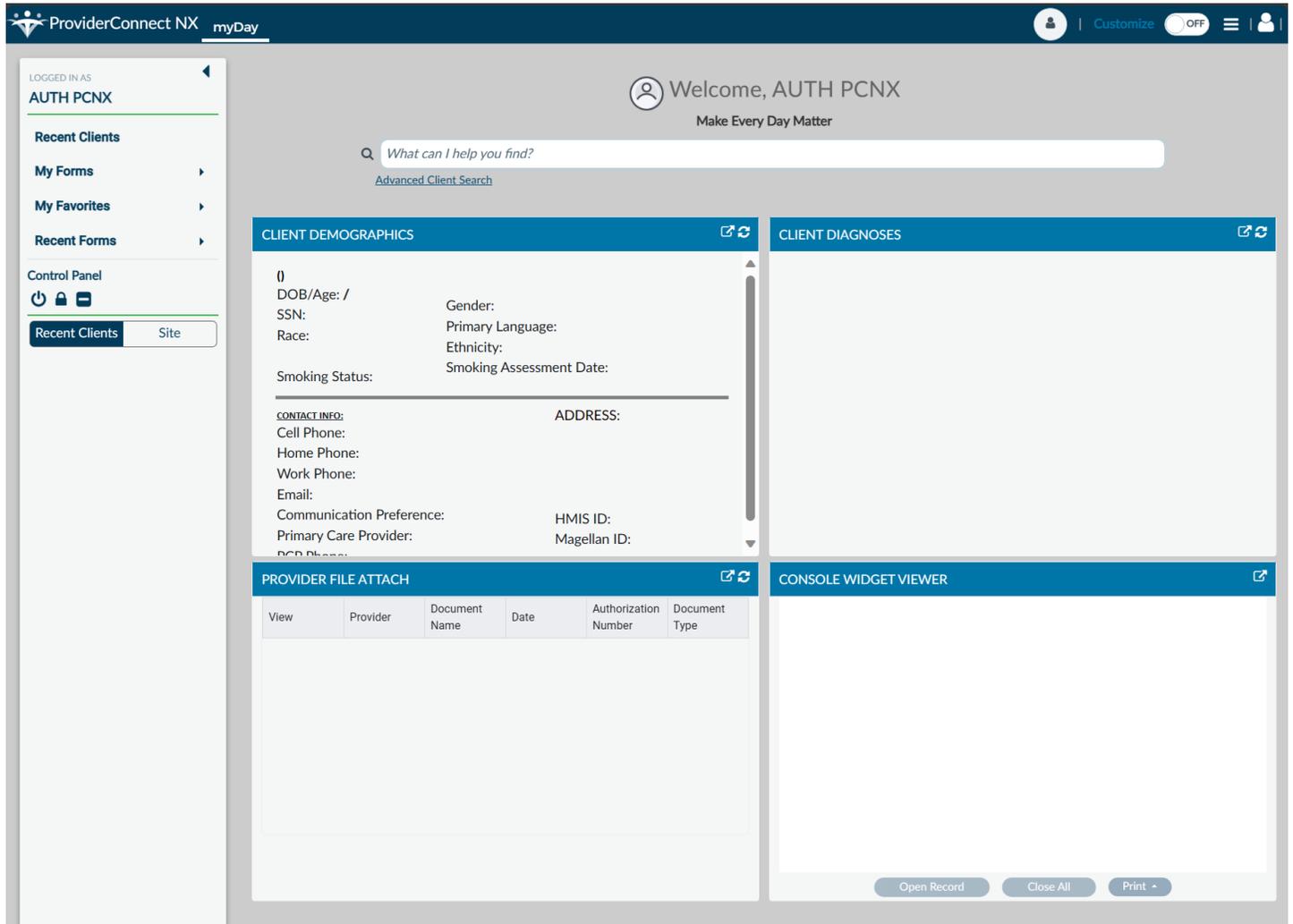
CLIENT DIAGNOSES

CONSOLE WIDGET VIEWER

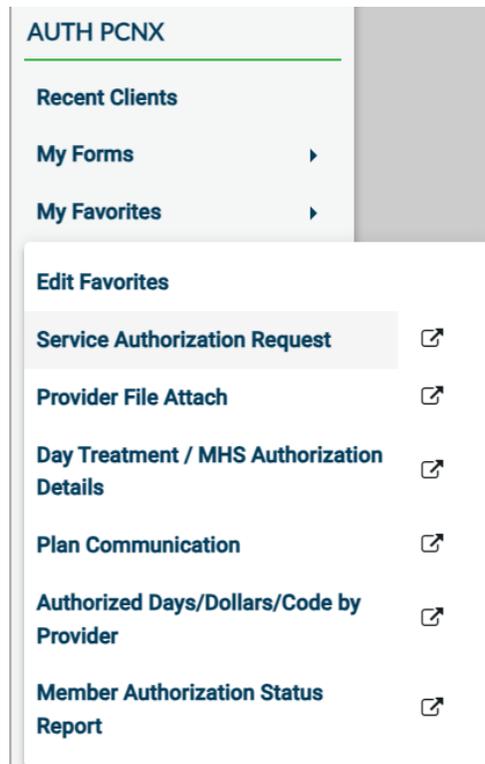
Open Record Close All Print

ProviderConnect NX: How to Create an Authorization

From the “Home Screen”.



The User **MUST** go to their “**My Favorites**” in the **TASK Navigation** and select “**Service Authorization Request**” from the dropdown menu.



Note: To access clients in ProviderConnect NX, a User must verify that the client has an open Admission and completed Financial Eligibility under the User's Legal Entity through the Legal Entity's EHR. The client must have an open Admission through their Legal Entity EHR before the User can submit an Authorization Request for the client in ProviderConnect NX.

Enter the Client ID into the Search field.

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

Opening: **Service Authorization Request**

Home > Select Client >

Select Client

Q |

OK Cancel

Note: If a User search returns no results, the client inputted by the User has not been associated with the User's Legal Entity. This association must be done through the Legal Entities EHR. Only after the client has been associated with their Legal Entity via the Legal Entities EHR can the User create an Authorization Request in ProviderConnect NX.

What does this mean? Before a User can access their client in ProviderConnect NX and request authorization, the client must have an open Admission under the User's Legal Entity, created directly from the User's EHR system. The client must have an open admission for the Legal Entity requesting authorization using the User's EHR system.

Select the Client name and Client ID.

Opening: **Service Authorization Request**

Home > Select Client >

Select Client



9358744

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

OK

Cancel

Below is an example of what the User will see when the User has a Client that does not have an active admission/episode created by the User Legal Entity

Opening: **Service Authorization Request**

Home > Select Client >

Select Client

OK
Cancel

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

If the Client has a pre-existing Authorization the User will be able to view the submission here on the “**Service Authorization Request**” pre-display. The User must click the “**Add**” button to create a new authorization request. The User will be navigated to the “**Service Authorization Request**” form.

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. If the Client has no past authorization request Users will be navigated directly to the “**Service Authorization Request**” form without seeing the pre-display.

The screenshot shows the 'SERVICE AUTHORIZATION REQUEST' form in the ProviderConnect NX system. The form is titled 'Member Service Authorization' and contains various fields for authorization details. Fields marked with a red asterisk are required.

Required Fields (Red Asterisk):

- Type Of Authorization
- Funding Source Authorization Is For *
- Contracting Provider Program
- Current Authorization Status *
- Begin Date Of Authorization *
- Financial Authorization End Date *

Other Fields:

- Authorization Number: 360652
- Benefit Plan
- Performing Provider
- Performing Provider Type
- Current Authorization Status Reason
- Initial Or Continuing Authorization: Initial Continuing Copy
- Authorized Level of Care
- Clinical Authorization End Date
- Financial Authorization End Date

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 for the field "Funding Source Authorization Is For *".

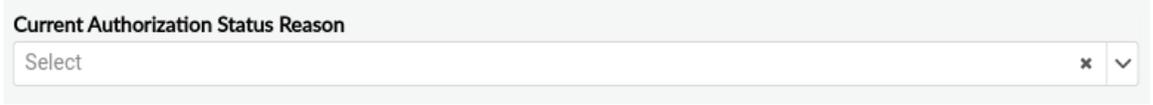
- The first screenshot shows the dropdown menu with the text "Select" and a search icon.
- The second screenshot shows the dropdown menu open, displaying a list of funding source options: (1) Invalid P-Auth, (10) Juvenile Day Reporting Center Non-MC, (1001) FFS2 Outpt Svcs - Psychtest (CGF) MC, (1002) 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 for this request.

The image shows three sequential screenshots of a dropdown menu for the field "Benefit Plan *".

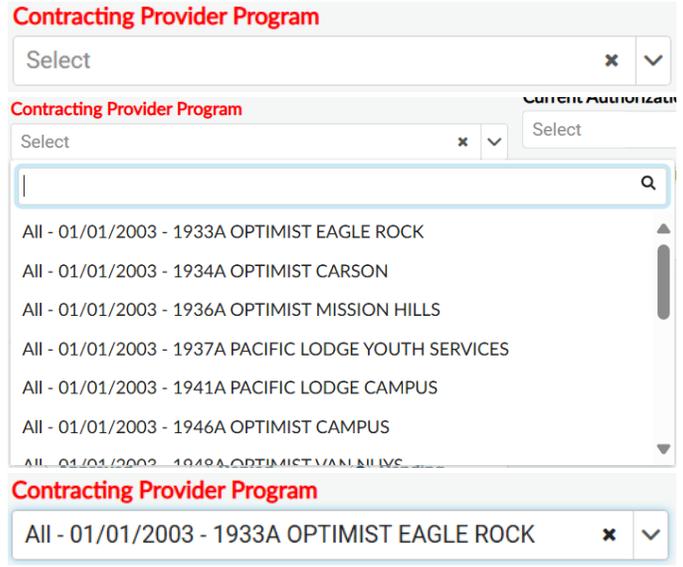
- The first screenshot shows the dropdown menu with the text "Select" and a search icon.
- The second screenshot shows the dropdown menu open, displaying a list of benefit plan options: Invalid plan, DO NOT USE, PHF MC, Residential MC, TBS (MC), TBS Aftercare MC, and TBS STRTP MC. The option "TBS (MC)" is highlighted.
- The third screenshot shows the dropdown menu with the option "TBS (MC)" selected.

NOTE: The “**Current Authorization Status Reason**” field is auto-populated when the “Code Authorized (1)” is completed. **DO NOT MAKE A SELECTION FOR THIS FIELD.**



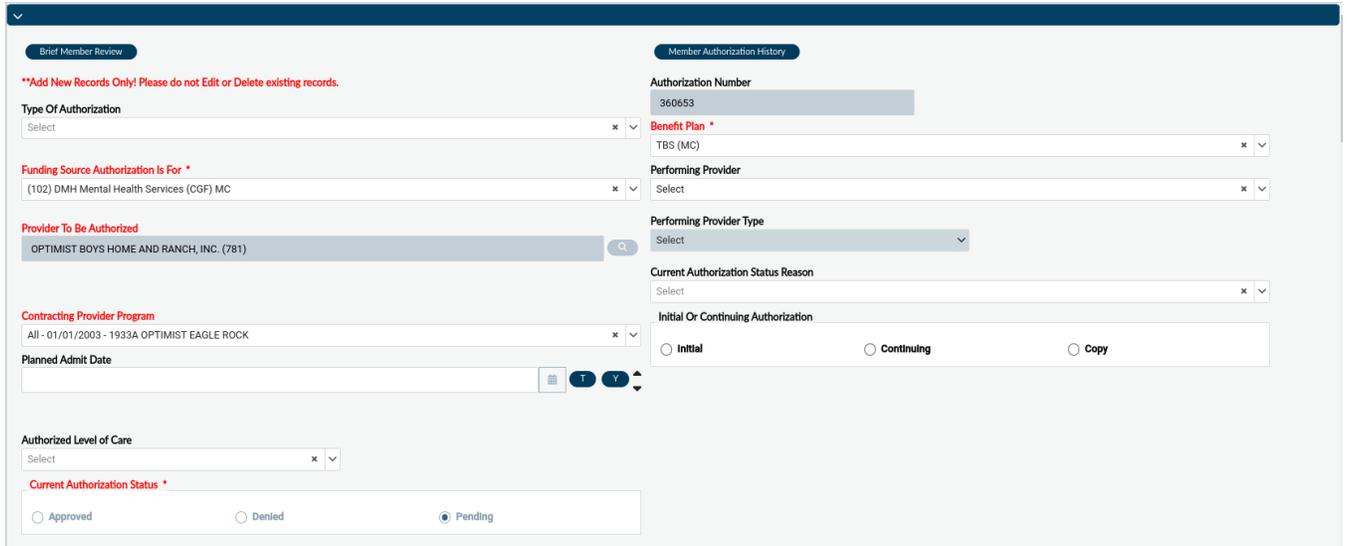
A screenshot of a dropdown menu titled "Current Authorization Status Reason". The menu is currently open and shows a single option: "Select". There are "x" and "v" icons on the right side of the dropdown.

Using the dropdown under the “**Contracting Provider Program**” field select the location where the services were provided.



A screenshot of a dropdown menu titled "Contracting Provider Program". The menu is open, showing a search bar and a list of options. The options are: "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", "All - 01/01/2003 - 1946A OPTIMIST CAMPUS", and "All - 01/01/2003 - 1948A OPTIMIST VAN ALYS". The first option is selected.

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



A screenshot of the "Brief Member Review" form. The form is divided into two main sections: "Brief Member Review" and "Member Authorization History". The "Brief Member Review" section includes fields for "Type Of Authorization" (dropdown), "Funding Source Authorization Is For" (dropdown), "Provider To Be Authorized" (text field), "Contracting Provider Program" (dropdown), "Planned Admit Date" (calendar), "Authorized Level of Care" (dropdown), and "Current Authorization Status" (radio buttons). The "Member Authorization History" section includes fields for "Authorization Number" (text field), "Benefit Plan" (dropdown), "Performing Provider" (dropdown), "Performing Provider Type" (dropdown), "Current Authorization Status Reason" (dropdown), and "Initial Or Continuing Authorization" (radio buttons). The "Current Authorization Status" is set to "Pending".

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 identical form sections. The top section has empty input fields for 'Begin Date Of Authorization' and 'Financial Authorization End Date'. The bottom section has the same fields populated with '03/01/2024' and '06/30/2024'. Each field includes a calendar icon, 'T' and 'Y' buttons, and a vertical scroll arrow.

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). Users **MUST NOT** enter a date into the “**Clinical Authorization Date**” field. DMH Staff will enter the “**Clinical Authorization Date**” date.

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

The image shows a form with several fields. The 'Begin Date Of Authorization' field contains '03/01/2024'. The 'Financial Authorization End Date' field contains '10/30/2024'. The 'Clinical Authorization End Date' field is grayed out and empty. Below these fields are two dropdown menus: 'Account' (with 'Select' as the current value) and 'Contracting Provider Authorization' (with 'Select' as the current value).

The User **MUST** enter the last day of the entered Fiscal Year into the **“Financial Authorization End Date”** before the **“Account”** and the **“Contracting Provider Authorization”** field will show ungrayed.

The screenshot shows a form with two sections. The top section contains three date fields: 'Begin Date Of Authorization' with the value '03/01/2024', 'Clinical Authorization End Date' which is currently empty, and 'Financial Authorization End Date' with the value '06/30/2024'. Each date field has a calendar icon and 'T' and 'Y' buttons. The bottom section contains two dropdown menus: 'Account' and 'Contracting Provider Authorization', both currently showing 'Select'.

NOTE: Once the Authorization is **“Approved”** DMH staff will enter the actual end date in the **“Clinical Authorization End Date”** field.

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

This screenshot is identical to the one above, showing the form with 'Begin Date Of Authorization' (03/01/2024), 'Clinical Authorization End Date' (empty), 'Financial Authorization End Date' (06/30/2024), and the 'Account' and 'Contracting Provider Authorization' dropdowns set to 'Select'.

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

This screenshot is identical to the one above, showing the 'Account' and 'Contracting Provider Authorization' dropdown menus.

Using the **“Account”** dropdown select the account for this authorization request.

The screenshot shows the 'Account' dropdown menu open. The top part shows the 'Account' label and a 'Select' dropdown. The bottom part shows a list of account options, with the first one selected: 'OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00'. The dropdown arrow is visible on the right side of the selected item.

Using the “Contracting Provider Authorization” dropdown select the P-Auth for this authorization request.

Contracting Provider Authorization * ⓘ

Select

Contracting Provider Authorization * ⓘ

OPTIMIST BOYS' HOME + RANCH INC | Select

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: P34021 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt

Review the section to verify all fields that were completed with the correct information.

Account OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTIMIST BOYS' HOME + RANCH INC | **Contracting Provider Authorization *** ⓘ Auth: P34021 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt

The fields in this section are dynamic. Once the correct information has been entered into the other field(s), the fields will be ungrayed.

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

Total Estimated Liability

Procedure Code Type (1)

CPT® Codes Revenue Code

Code Authorized (1)

Code Authorized (2)

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

Requested Units (2)

Units Authorized (2)

Estimated Liability Code (2)

For “Authorization Grouping OR Individual Authorization” select the “Individual” radio button.

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

For “Procedure Code Type (1)” 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 (1)” type in the code to activate the dropdown. Then select the full code to include the modifiers for the code to be authorized. In this example, we will be using “H2015:HK”.

Code Authorized (1)

Code Authorized (1)

H0018

Results

Crisis Residential (H0018)
CRISIS RESIDENTIAL ADULT 18-64 (H0018:HB:HE)
CRISIS RESIDENTIAL ADULT 18-64 NON-MC (H0018:HB:HE:HX)
CRISIS RESIDENTIAL CHILDREN (CCRP) NON-MC (H0018:HA:HE:HX)
CRISIS RESIDENTIAL CHILDREN CCRP (H0018:HA:HE)
CRISIS RESIDENTIAL GERIATRIC 65 AND OVER (H0018:HC:HE)
CRISIS RESIDENTIAL GERIATRIC 65 OVER NON-MC (H0018:HC:HE:HX)
Crisis Residential Non Medi-Cal (H0018:HX)

⏪ ⏩ 1 ⏪ ⏩

Code Authorized (1)

Crisis Residential (H0018)

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 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 2 Units.

Requested Units (1)	Requested Units (1)
	2

Review the section to verify that all reviewed fields 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 **Member Authorization History**

****Add New Records Only! Please do not Edit or Delete existing records.**

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

Authorized Level of Care
Select

Current Authorization Status *
 Approved Denied Pending

Authorization Number
360659

Benefit Plan *
Select

Performing Provider
Select

Performing Provider Type
Select

Current Authorization Status Reason
CWD - New Submission

Initial Or Continuing Authorization
 Initial Continuing Copy

Begin Date Of Authorization *
03/21/2024

Clinical Authorization End Date

Financial Authorization End Date *
06/15/2024

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 Dates (

Authorization Grouping Or Individual Authorizations *
 All Grouping Individual

Authorization Grouping
Select

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)
Crisis Residential (H0018)

Code Authorized (2)

Requested Units (1)
2

Requested Units (2)

Units Authorized (1)

Units Authorized (2)

Estimated Liability Code (1)

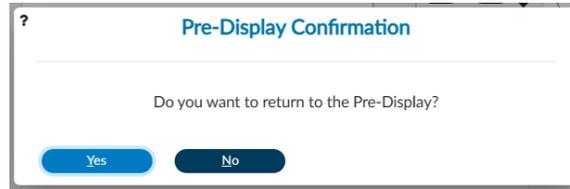
Estimated Liability Code (2)

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 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 requested for this Client.



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

The User has successfully created an Authorization Request for this client. Users can select the “**Add**” button to add another Authorization Request or they can choose the “**Cancel**” button to return to the “**Home Screen**”.

Selected Client : ADMISSIONS, PCNX (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
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST BOYS HOME AND RANCH, INC.	360501	03/21/2024	06/30/2024	Crisis Residential (H0018)	Pending

Add Edit Delete Cancel

Home Screen.

Welcome, AUTH PCNX

Make Every Day Matter

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

- LOGGED IN AS
AUTH PCNX
- Recent Clients
- My Forms
- My Favorites
- Recent Forms
- Control Panel
- Recent Clients Site
- ADMISSIONS, PCNX
ID#: 9358744
- ADMISSIONS, PCNX
ID#: 9358744

CLIENT DEMOGRAPHICS

ADMISSIONS, PCNX (9358744)
 DOB/Age: **2000-01-12 / 24**
 SSN: **111-22-3333**
Race:
 Veteran Status:

Pronouns:
 Gender Identity: **Female**
 Primary Language: **No Entry**
 Ethnicity: **No Entry**
 Smoking Status: **No Entry**
 Smoking Assessment Date:

CONTACT INFO:
 Cell Phone: **ADDRESS: 550 N Vermont Ave**
 Home Phone:
 Work Phone: **LOS ANGELES CA 90005**
 Email:
Communication Preference: No Entry
Primary Care Provider: **HMIS ID:**

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 Add an Attachment to a File

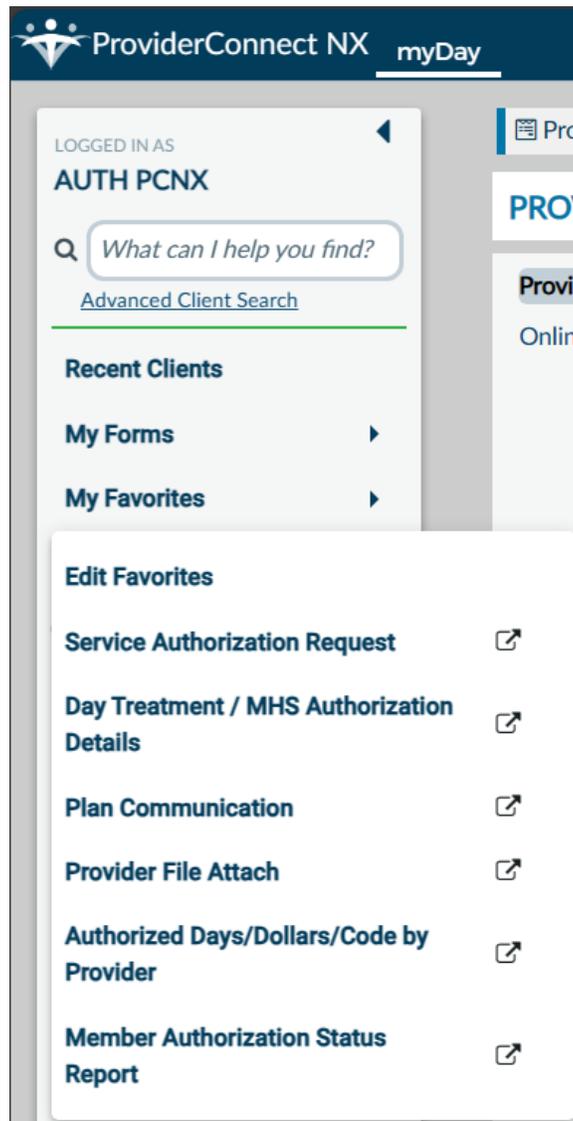
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. The top navigation bar includes the logo, 'myDay', and user settings. The main content area is divided into several sections:

- CLIENT DEMOGRAPHICS:** A form containing fields for ID, DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date.
- CLIENT DIAGNOSES:** A section for listing client diagnoses.
- PROVIDER FILE ATTACH:** A table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type.
- CONSOLE WIDGET VIEWER:** A section for viewing console widgets.

At the bottom of the screen, there are buttons for 'Open Record', 'Close All', and '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** with a **RED Asterisk** are required fields and must be completed.

The screenshot displays the 'Provider File Attach' form within the ProviderConnect NX interface. The form is titled 'PROVIDER FILE ATTACH' and includes a search bar and navigation buttons (Submit, Discard, Add to Favorites). The form fields are as follows:

- 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 close button.
- Authorization**: A dropdown menu with 'Select'.
- Document Type**: A dropdown menu with 'Select' and a close button.
- Upload File**: A button.
- Comments**: A large text area for entering comments.
- Store File**: A button.
- Existing Files**: A dropdown menu with 'Select' and a close button.
- Update Comments**: A button.
- Delete File**: A button.
- File Name**: A text input field.
- Comment History**: A large text area for viewing comment history.

The sidebar on the left shows the user is logged in as 'AUTH PCNX' and provides navigation options such as 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. The top navigation bar includes 'ProviderConnect NX myDay', 'Customize', and 'OFF'.

To Upload an Attachment (File)

Enter “Member ID”

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (9358744)	01/12/2000	550 N Vermont Ave

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 *

Select x v

File Type *

Select x v

| Q

Authorization

Other

Provider

File Type *

Authorization x v

From the “Authorization” dropdown select the desired authorization number

NOTE: The Client **MUST** have an open and active Authorization to see the authorization number in the dropdown.

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 Date: 01/05/2023 End Date: 06/30/2023 x 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.

NOTE: The maximum file size is 100MB. The only accepted file type is PDF.

The image shows a sequence of steps in a file upload process. At the top, there is a button labeled "Upload File" and a text input field for "File Name". Below this, a modal dialog titled "File Upload" is shown. The dialog has a "Choose File" button and a "Drop Files Here" area with the text "click here or drop file". A "Cancel" button is at the bottom of the dialog. To the right of the dialog is a table of existing 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

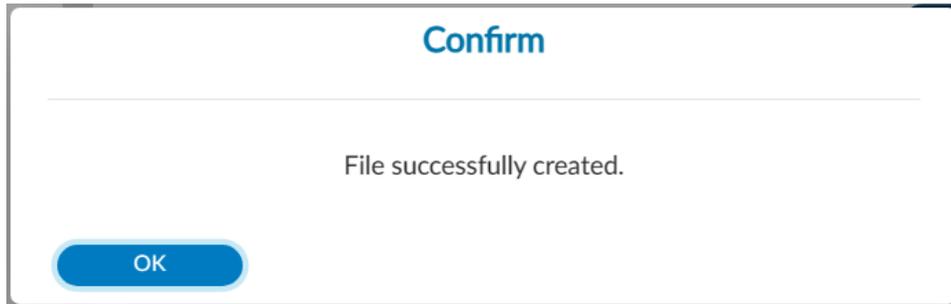
Below the table, the "Upload File" button is shown again, followed by the "File Name" input field containing the text "This is a Test attachment 2.docx".

Click the “**Store File**” button to complete the file upload.

The image shows the "Store File" button and a dropdown menu labeled "Existing Files". The dropdown menu is currently open, showing the word "Select" and a close button (x) and a dropdown arrow (v).

The User will receive a pop-up message to confirm the file was successfully uploaded. Select the “**OK**” button to close the pop-up message.

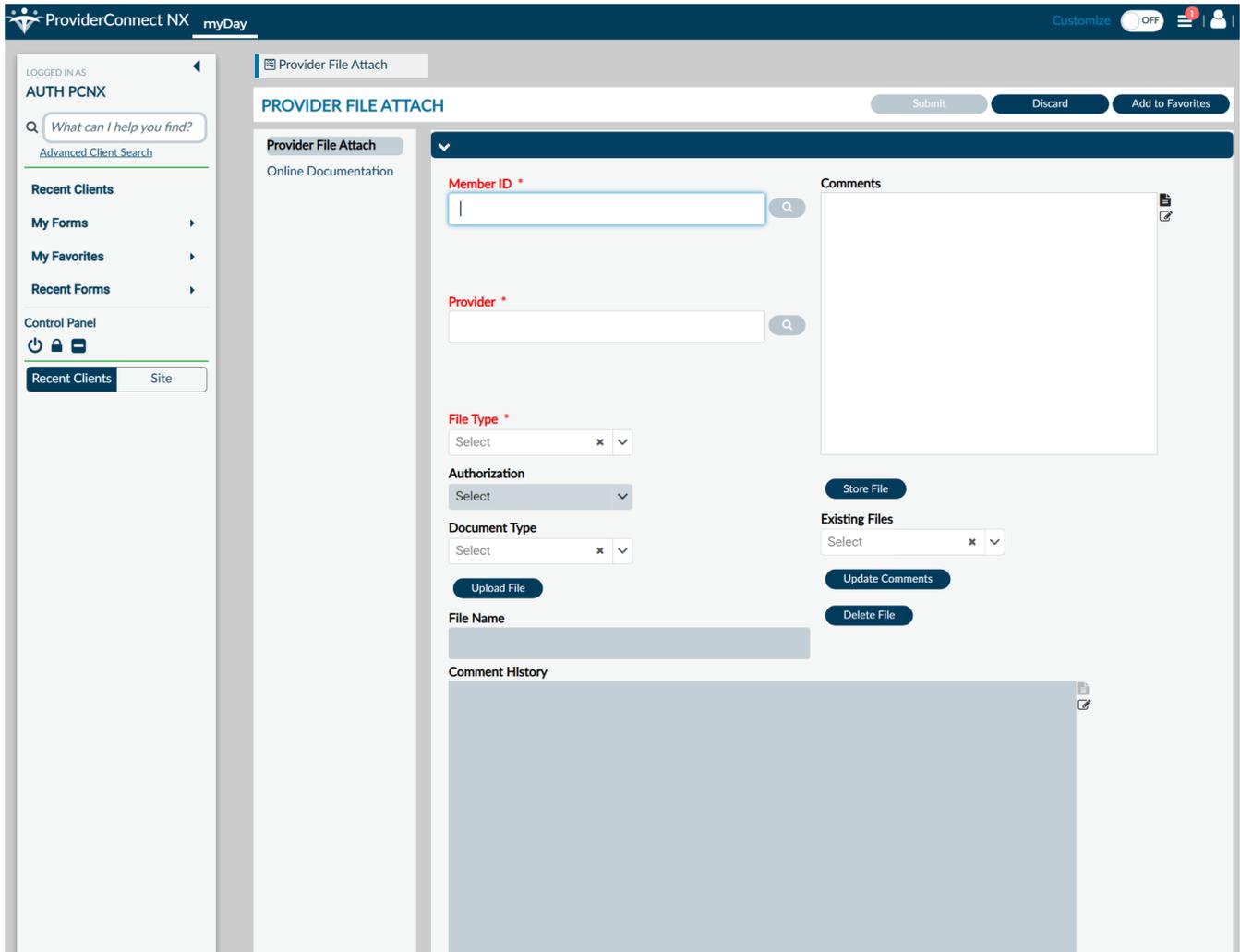
NOTE: Users will **NEVER** use the “**SUBMIT**” button to upload files



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
ADMISSIONS,PCN X (9358744)	01/12/2000	550 N Vermont Ave

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 *

Select x v

File Type *

Select x v

| Q

Authorization

Other

Provider

File Type *

Authorization x v

From the “Authorization” dropdown select the desired authorization number

NOTE: The Client **MUST** have an open and active Authorization to see the authorization number in the dropdown.

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

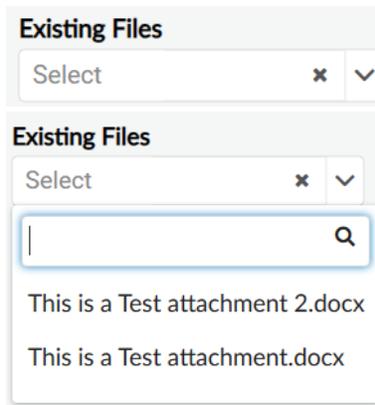
Authorization #299641 Start Date: 01/05/2023 End Date: 06/30/2023

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

Authorization *

Authorization #306172 Start Date: 01/05/2023 x v

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



The image shows two instances of a dropdown menu titled "Existing Files". The top instance shows a "Select" button with an "x" and a "v" icon. The bottom instance shows the dropdown menu open, displaying a search bar with a magnifying glass icon and two file entries: "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.

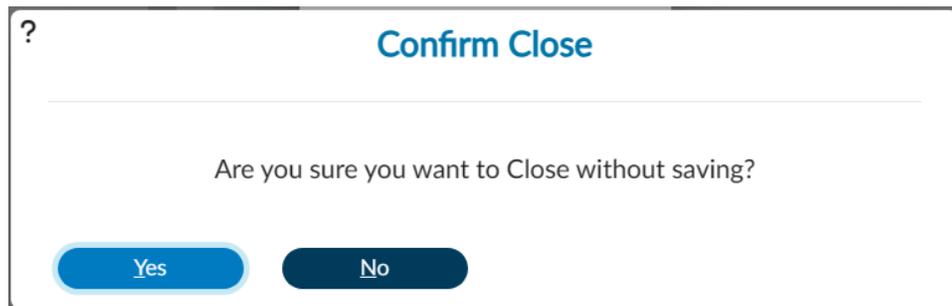
PROVIDER FILE ATTACH

Submit

Discard

Add to Favorites

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

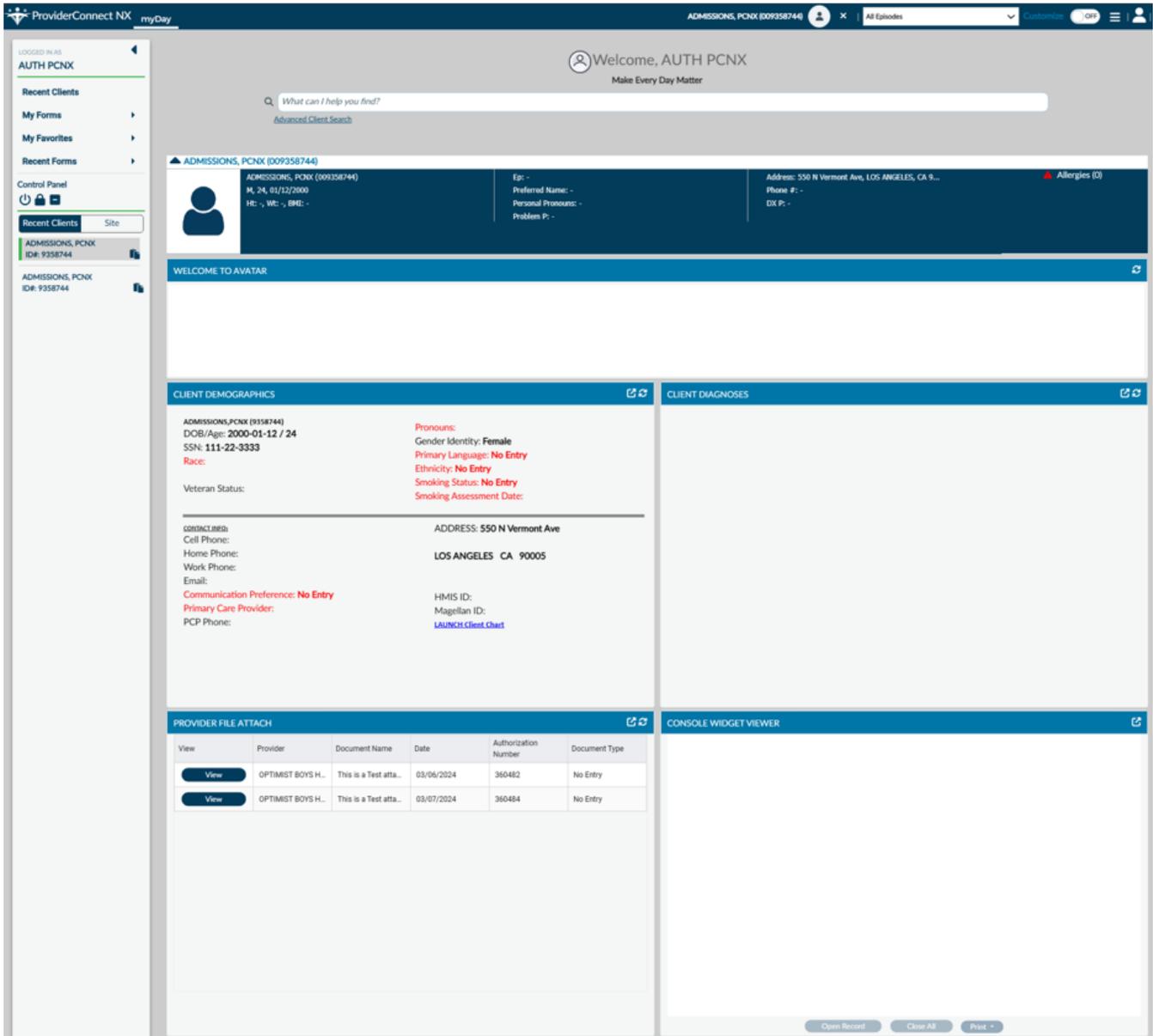


The image shows a dialog box titled "Confirm Close" with a question mark icon in the top left corner. The main text asks "Are you sure you want to Close without saving?". At the bottom, there are two buttons: "Yes" (highlighted in blue) and "No" (dark blue).

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

To View Uploaded Attachments (Files)

From the “HOME” screen



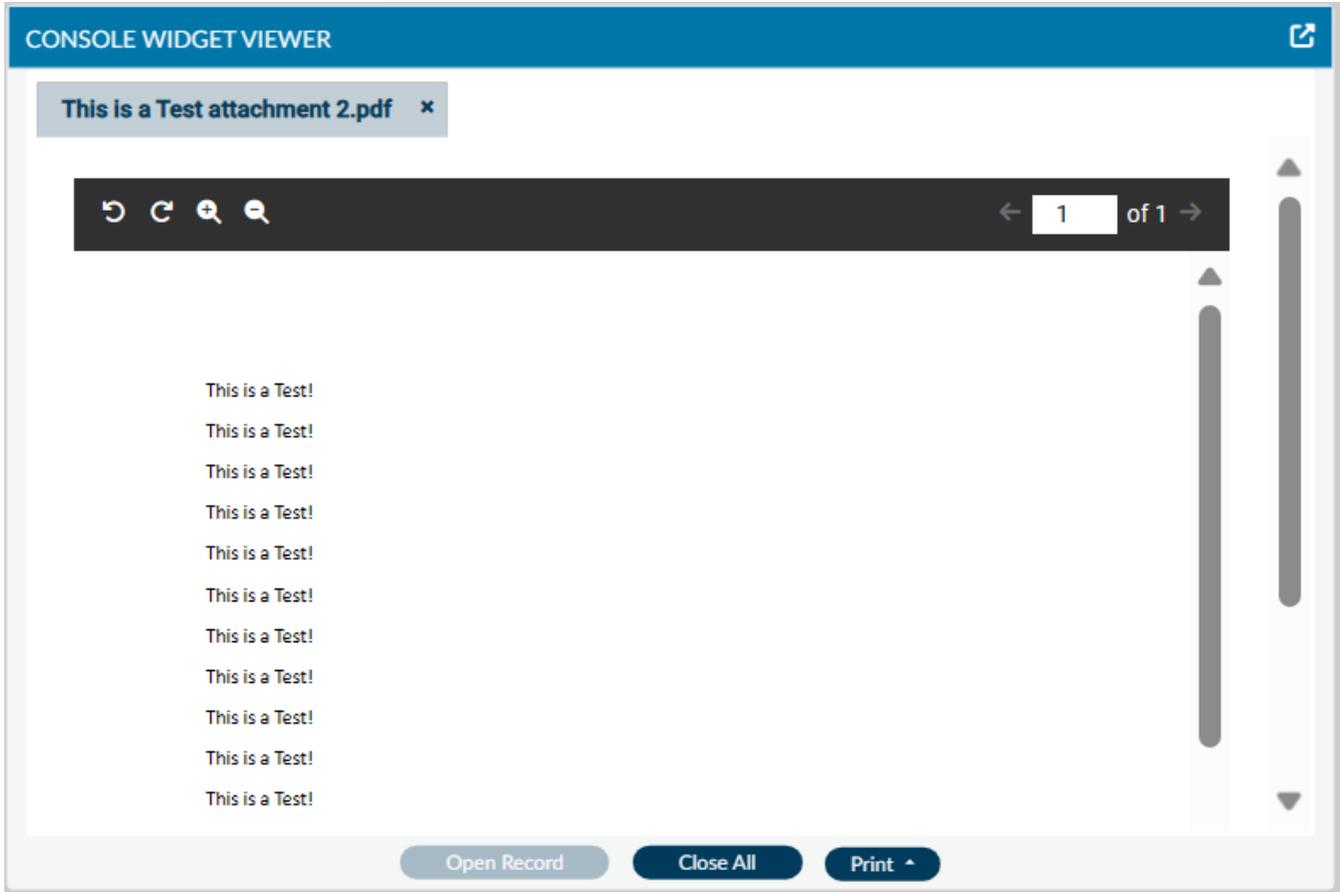
Users can view the uploaded documents using the “**Provider File Attach**” widget.

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

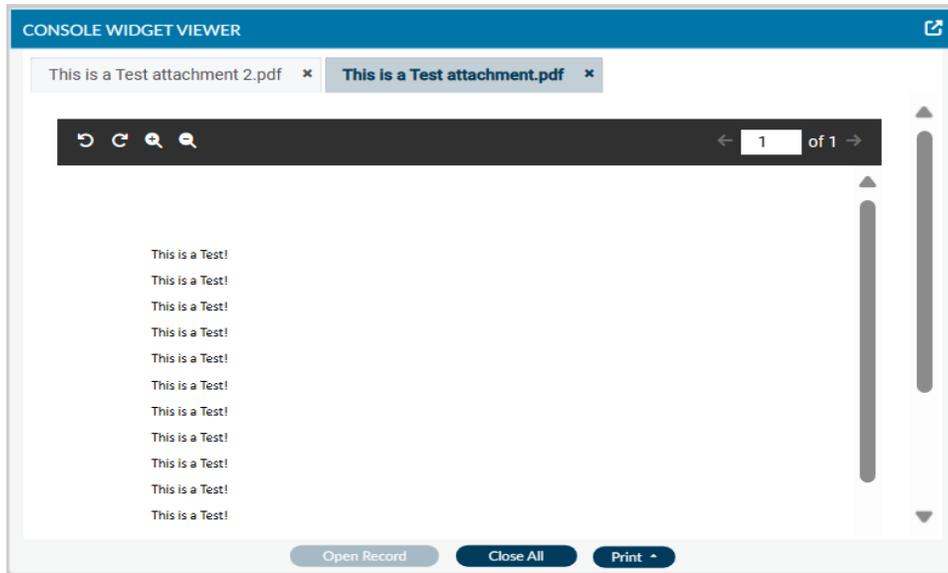
Once selected the document will be viewed in the “**Console Widget Viewer**” widget.



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 file name across the top of the “Console Widget Viewer”.



ProviderConnect NX: How to View Authorization Reports

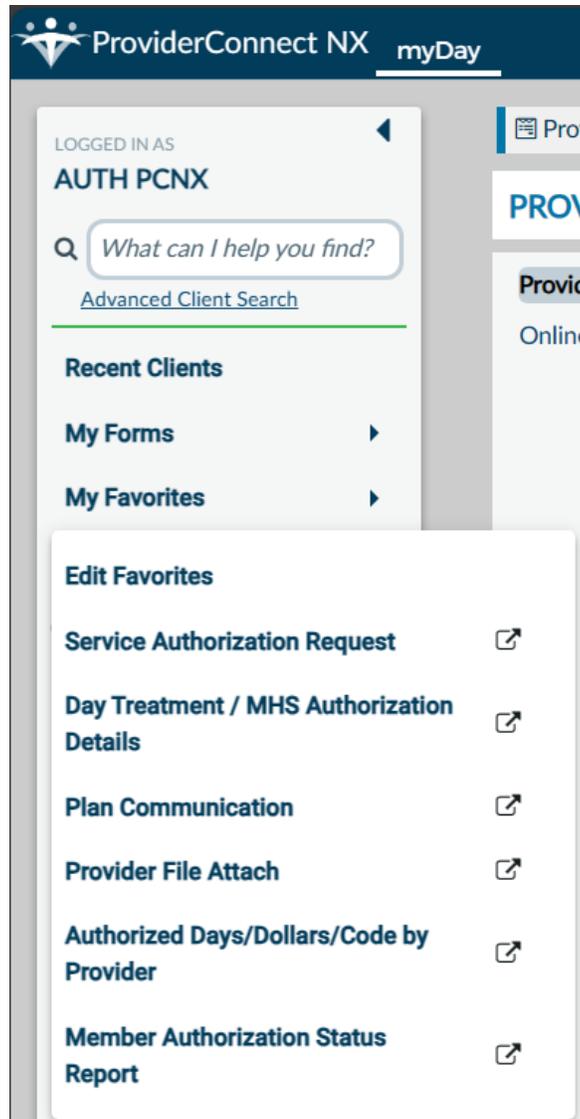
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. The top navigation bar includes the logo, "myDay", and user controls. The main content area is divided into several sections:

- CLIENT DEMOGRAPHICS:** Displays fields for ID, DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date.
- CLIENT DIAGNOSES:** A section for viewing client diagnoses.
- PROVIDER FILE ATTACH:** A table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type.
- CONSOLE WIDGET VIEWER:** A section for viewing console widgets.

At the bottom of the screen, 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 open that form.



Complete all required fields in **RED**.

The image shows a screenshot of the 'MEMBER AUTHORIZATION STATUS REPORT' form. The form title is at the top left. On the right side, there are three buttons: 'Process', 'Discard', and 'Add to Favorites'. The form contains several input fields: a dropdown menu for 'Select PROVIDER *', a search bar for the provider, a 'Date Range Start Date *' field with a calendar icon and a 'T Y' dropdown, a 'Date Range End Date *' field with a calendar icon and a 'T Y' dropdown, and a 'Member ID:' field with a search bar. The labels 'Select PROVIDER *', 'Date Range Start Date *', and 'Date Range End Date *' are highlighted in red to indicate they are required fields.

NOTE: All field names in **RED** with **RED Asterisk** are required fields and must be completed before a report can be processed.

Enter the User 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.

Avatar NX Report Viewer 2025.01.00 Close Report

Print Report Export

Find... 1 of 1+ 100% SAP CRYSTAL REPORTS®

Main Report

Member Authorization Status Report

Run Date 2/11/2025

Member ID	Prov ID	Provider	Auth No	Fund Src ID	Funding Source	Plan ID	Request Status	Begin Date	End Date	Est Liability	Used Amount	Rem Liability	Clinical Auth End Date
781		OPTIMIST BOYS HOME AND247101 RANCH, INC.		112	MHSA FSP MC	251	Approved	7/6/2022	1/5/2023	31,397	2,035	29,362	
781		OPTIMIST BOYS HOME AND247103 RANCH, INC.		112	MHSA FSP MC	251	Approved	7/5/2022	1/4/2023	31,397	892	30,505	
781		OPTIMIST BOYS HOME AND248135 RANCH, INC.		134	Specialized Foster Care Wraparound MC	5001	Approved	7/3/2022	1/3/2023	31,397	0	31,397	
781		OPTIMIST BOYS HOME AND249195 RANCH, INC.		112	MHSA FSP MC	251	Approved	7/7/2022	1/7/2023	34,697	1,822	32,875	
781		OPTIMIST BOYS HOME AND249196 RANCH, INC.		112	MHSA FSP MC	251	Approved	7/8/2022	1/8/2023	34,697	4,202	30,494	
781		OPTIMIST BOYS HOME AND251270 RANCH, INC.		134	Specialized Foster Care Wraparound MC	251	Approved	7/8/2022	1/8/2023	34,697	19,789	14,907	
781		OPTIMIST BOYS HOME AND266392 RANCH, INC.		40	SFC Wraparound Non-MC	252	Approved	7/1/2022	10/27/2022	27,697	0	27,697	
781		OPTIMIST BOYS HOME AND266393 RANCH, INC.		40	SFC Wraparound Non-MC	252	Approved	7/1/2022	7/2/2022	27,697	0	27,697	
781		OPTIMIST BOYS HOME AND266394 RANCH, INC.		40	SFC Wraparound Non-MC	252	Approved	7/1/2022	10/6/2022	27,697	0	27,697	
781		OPTIMIST BOYS HOME AND266395 RANCH, INC.		40	SFC Wraparound Non-MC	252	Approved	7/1/2022	9/10/2022	27,697	0	27,697	
781		OPTIMIST BOYS HOME AND266396 RANCH, INC.		40	SFC Wraparound Non-MC	252	Approved	7/1/2022	10/8/2022	27,697	0	27,697	
781		OPTIMIST BOYS HOME AND266397 RANCH, INC.		40	SFC Wraparound Non-MC	252	Approved	7/1/2022	9/10/2022	27,697	0	27,697	

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

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

Member ID: 🔍

NOTE: Using the client’s name may display multiple results. To avoid this, Users should use the **Client ID** to locate clients. Using the **Client ID** (Member ID) will only result in one result.

Member ID: 🔍

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (9358744)	01/12/2000	550 N Vermont Ave

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Member ID: 🔍

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

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

Print Report

Export

Run Date 1/28/2025

Member ID	Prov ID	Provider	Auth No	Fund Src ID	Funding Source	Plan ID	Request Status	Begin Date	End Date	Est Liability	Used Amount	Rem Liability	Clinical Auth End Date
9358744	781	OPTIMIST BOYS HOME AND RANCH, INC.	360652	102	DMH Mental Health Services (CGF) MC	251	Pending	3/1/2024	4/1/2024	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

PROVID	Legal Entity Name	Funding Source ID	Funding Source Name	Benefit Plan ID	Benefit Plan Name
108	TELECARE CORP.	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
108	TELECARE CORP.	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
108	TELECARE CORP.	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
108	TELECARE CORP.	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
108	TELECARE CORP.	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
108	TELECARE CORP.	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
183	DIDI HIRSCH PSYCHIATRIC SERVICE	101	DMH Mental Health Services (CGF) Non-MC	385	Residential Non-MC
183	DIDI HIRSCH PSYCHIATRIC SERVICE	102	DMH Mental Health Services (CGF) MC	384	Residential MC
190	GATEWAYS HOSPITAL & MHC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
190	GATEWAYS HOSPITAL & MHC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
214	Special Service for Groups	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
214	Special Service for Groups	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
527	EXODUS RECOVERY, INC.	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
527	EXODUS RECOVERY, INC.	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
2129	THE TEEN PROJECT INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
2129	THE TEEN PROJECT INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
2130	LA CTRS FOR ALCOHOL AND DRUG ABUSE	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
2130	LA CTRS FOR ALCOHOL AND DRUG ABUSE	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1946	CNTRL STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1946	CNTRL STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1946	CNTRL STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1946	CNTRL STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1946	CNTRL STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1946	CNTRL STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
1130	VALLEY STAR BEHAVIORAL HEALTH INC	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
543	STAR VIEW ADOLESCENT CNTR, INC.	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
543	STAR VIEW ADOLESCENT CNTR, INC.	29	MHSA Alternative Crisis Svs-MC	384	Residential MC
543	STAR VIEW ADOLESCENT CNTR, INC.	28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
543	STAR VIEW ADOLESCENT CNTR, INC.	29	MHSA Alternative Crisis Svs-MC	384	Residential MC

PHF Providers

PROVID	Legal Entity Name	Funding Source ID	Funding Source Name	Benefit 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)