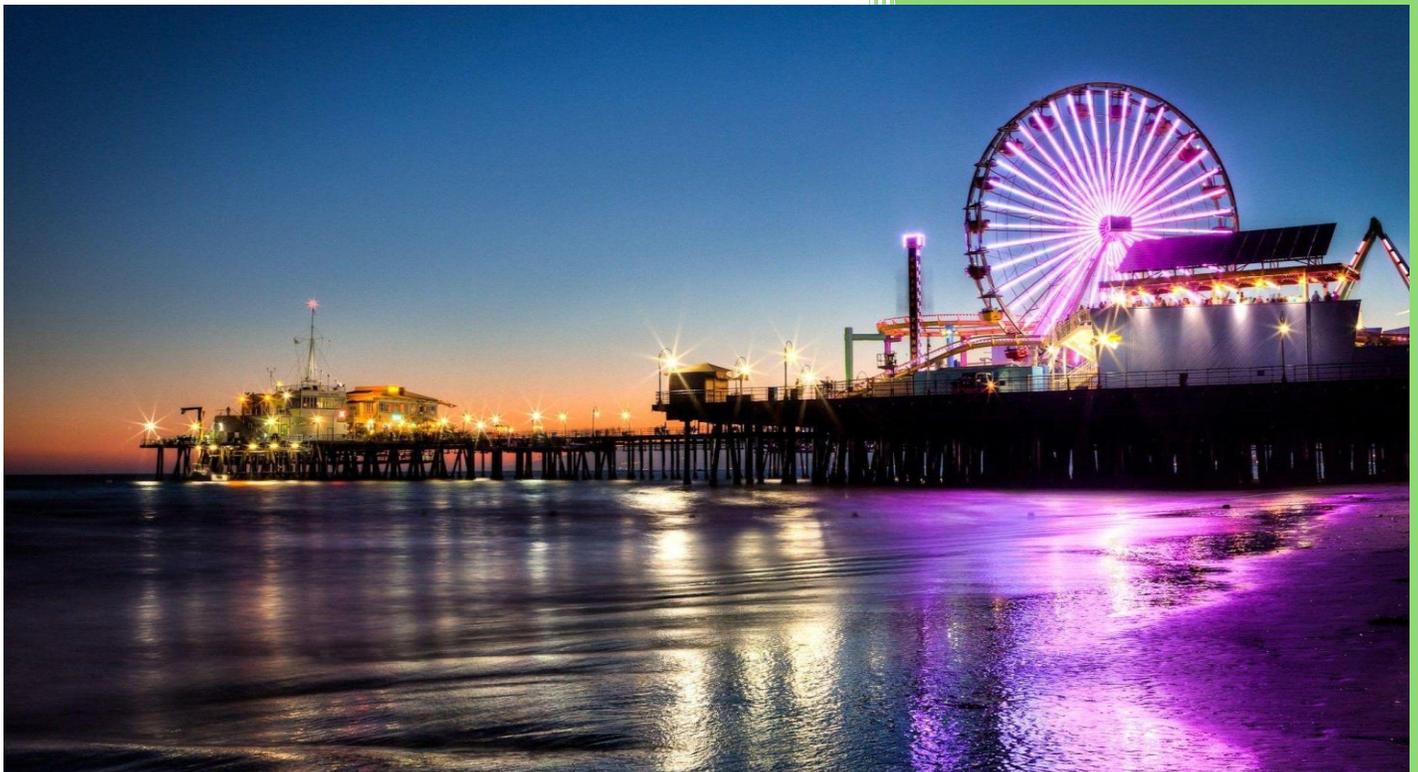


# **ProviderConnect NX End User Manual for Intensive Home-Based Services and Therapeutic Behavioral Services Process**



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

Avatar NX is an Electronic Health Record System (EHRS) the Los Angeles County Department of Mental Health (LACDMH) has 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 Client 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 established at the funding source level for each fiscal year for the provider. Every Provider Authorization (P-Auth) is assigned a specific dollar amount, allocated by the contract or amendment. When claiming for a service, the provider uses a P-Auth, and claims can continue until the allocated amount is exhausted. Based on clients' Medi-Cal eligibility and the type of service claimed, the provider uses the P-Auth linked to either a Medi-Cal Funding Plan or a Non-Medi-Cal Funding Plan.

**Member-based Authorizations** are child records of P-AUTHs assigned to a specific member for a specific service. When requesting a member-based authorization for IHBS/TBS services, the provider should use an appropriate funding source that covers the requested service. The authorization must be based on the client's Medi-Cal eligibility, using either a Medi-Cal or a Non-Medi-Cal Funding Source. Additionally, for each claim submitted with a member-based authorization, the dollar amount will be deducted from the parent P-Auth.

## Access and Limitations

- 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 the Providers' Electronic Health Record (EHR) via Web Services. This must be done before the Provider can create an authorization in **ProviderConnect NX**.
- To access **ProviderConnect NX**, a web address Uniform Resource Locator (URL) is used to launch the browser-based application.
- Once an authorization request is submitted via **ProviderConnect NX**, Users will only be allowed to make changes to the request while the status is still at "Pending".
- If changes to the authorization in **ProviderConnect NX** are required, users should contact the Authorizations Unit at [ChildWelfareAuth@dmh.lacounty.gov](mailto:ChildWelfareAuth@dmh.lacounty.gov) for further direction.
- Users must complete a HEAT ticket if the User is having **ProviderConnect NX** functionality issues.

### Links and Numbers

Help Desk – (213)351-1335

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

Authorizations Unit - [ChildWelfareAuth@dmh.lacounty.gov](mailto: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 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](mailto: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](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](http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf)

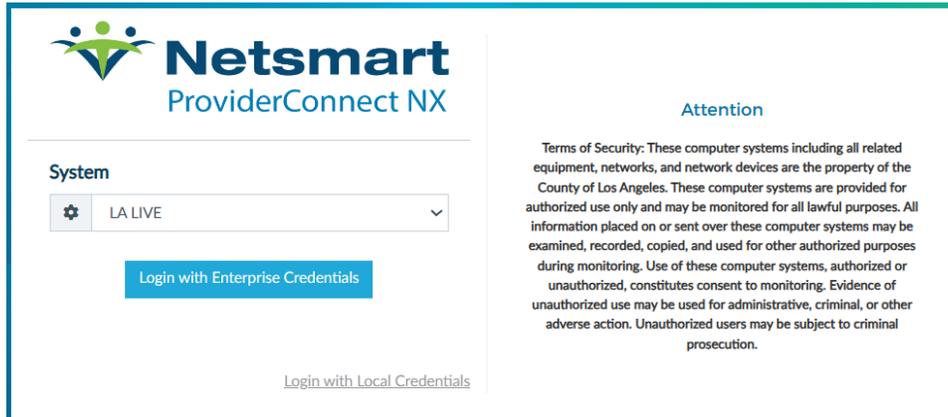
**\*NOTE\*** Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

Should you have any questions or if you require additional assistance, please contact the DMH Systems Access Unit at [SystemsAccessUnit@dmh.lacounty.gov](mailto: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 a web browser (Edge, Chrome, or Firefox). 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.

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



**Netsmart**  
ProviderConnect NX

System

LA LIVE

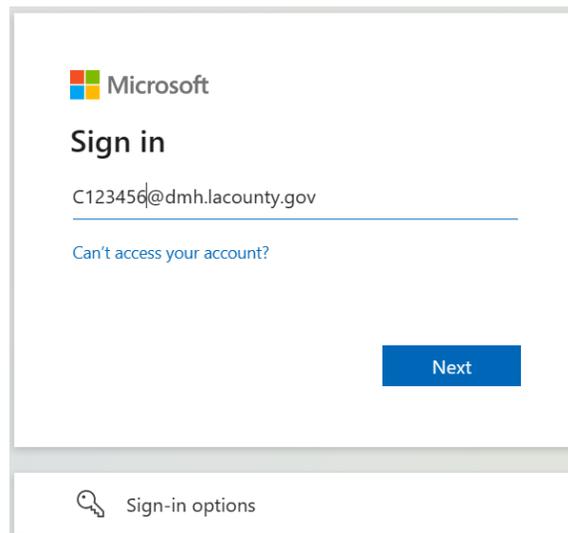
Login with Enterprise Credentials

[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

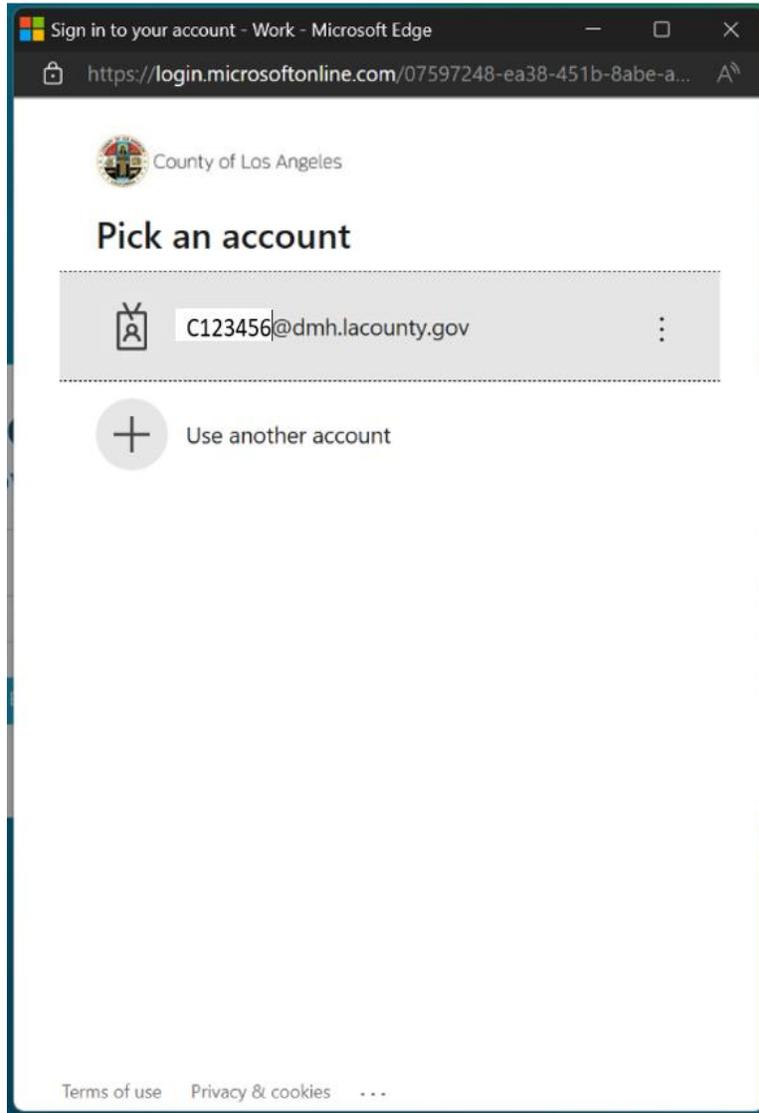
C123456@dmh.lacounty.gov

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

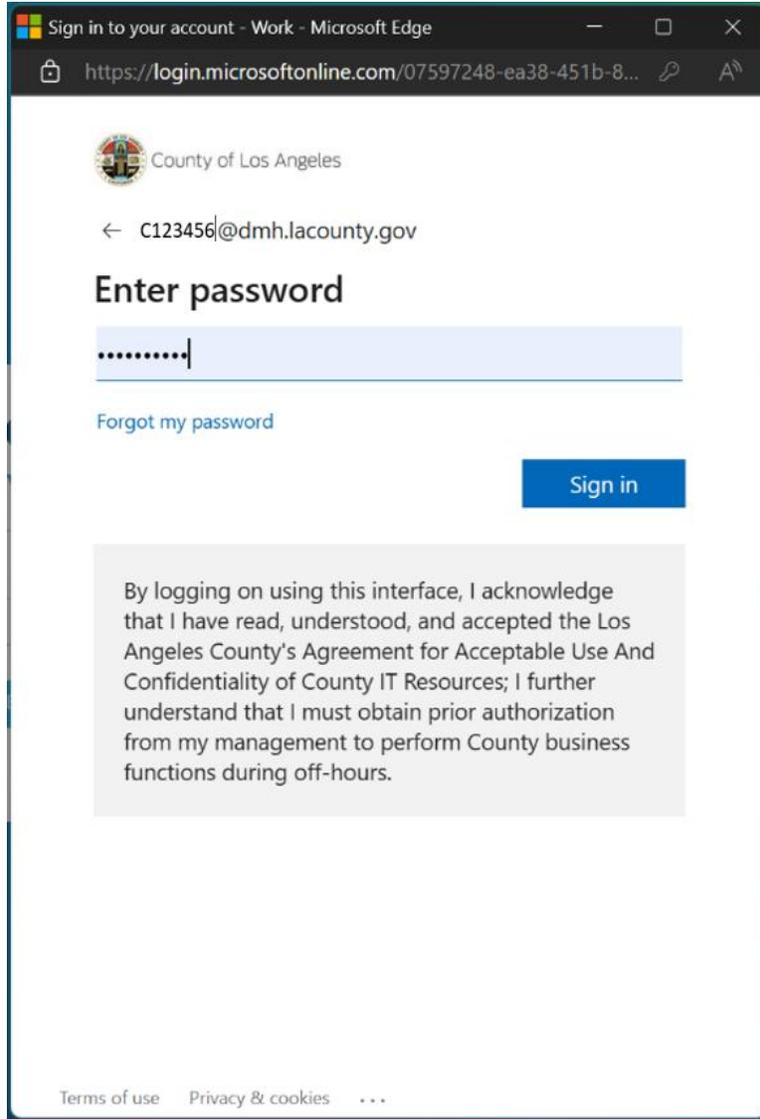
Next

Sign-in options

On the **“Pick an account”** popup screen 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.

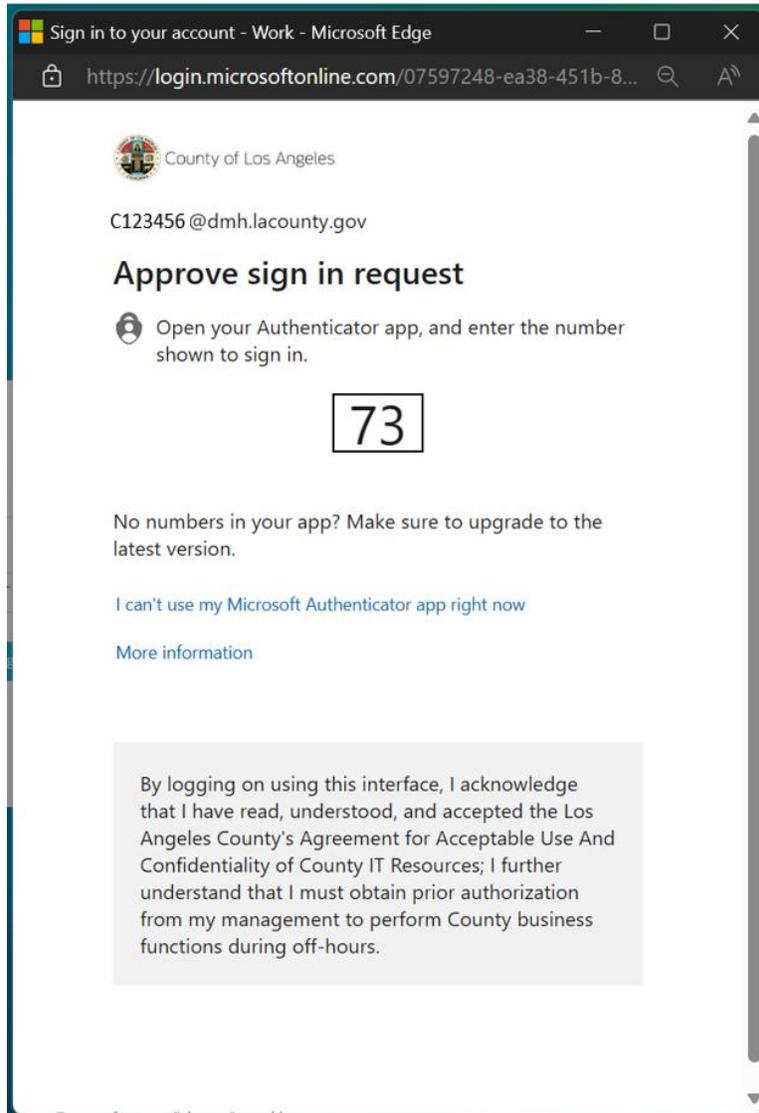


The User enters their password and clicks the “Sign in” button, which navigates them to the Netsmart **ProviderConnect NX** login.



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 Users agency. The User will only see the system code they are authorized 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**

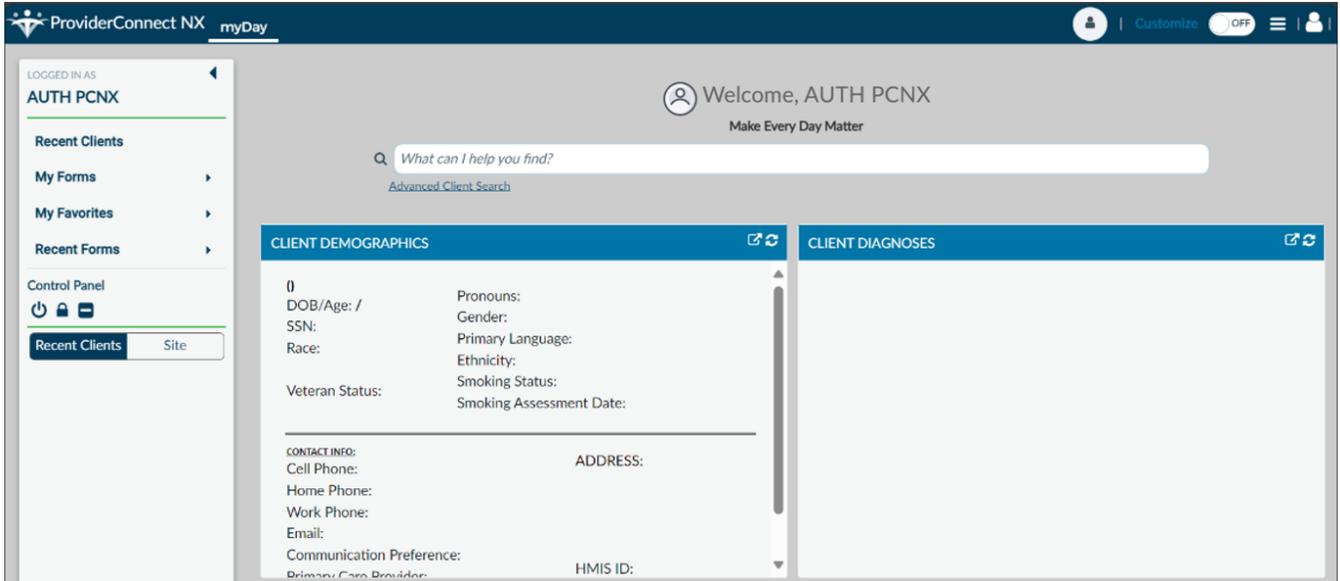
Select System Code

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

**Attention**

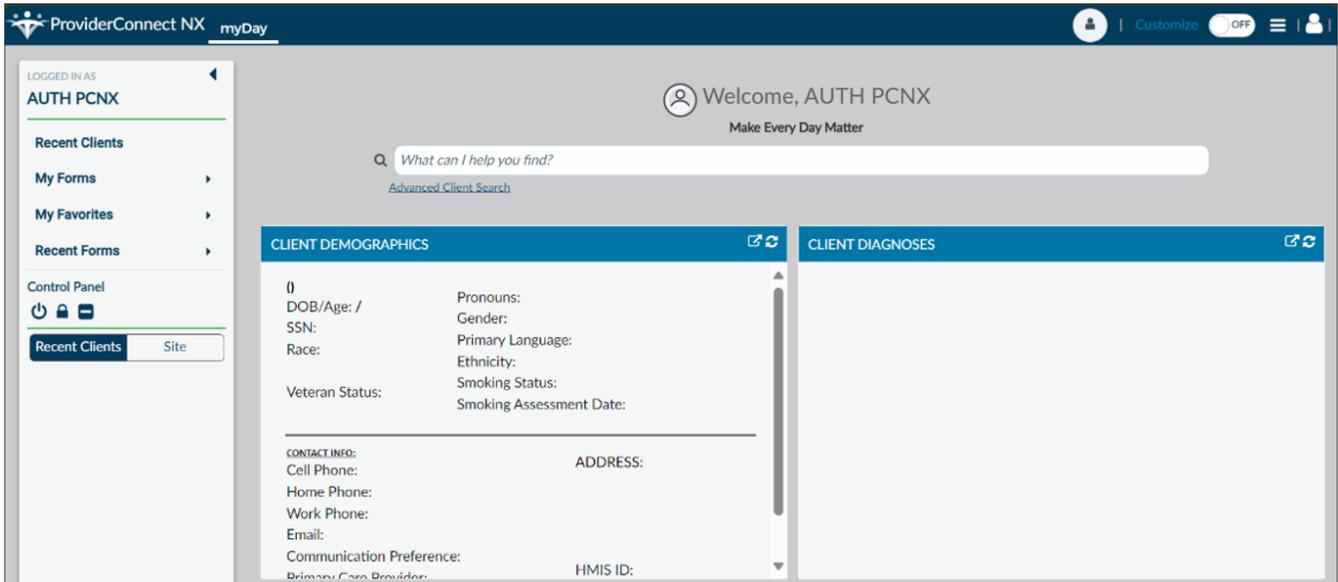
The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of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

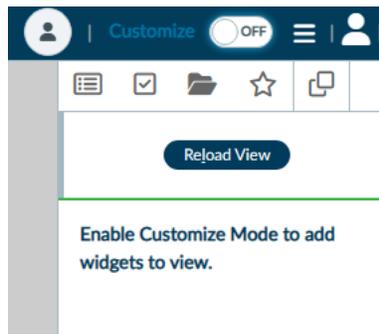


# Provider Connect NX: How to Add a Widget

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



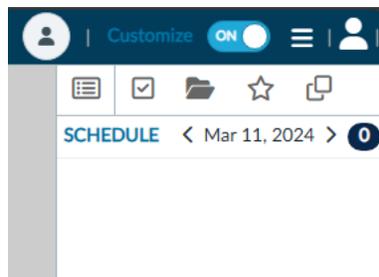
In the upper right corner of the screen, Users will see a “**Customize**” selector.



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 “**Console Widget Viewer**” widgets to the “**Home Screen**”.

The screenshot shows a configuration panel with a top toolbar containing icons for a list, a checkmark, a folder, a star, and a copy icon. Below the toolbar are two buttons: "Reload View" and "Revert Changes". A checkbox labeled "Include Client Information header in view" is currently unchecked. The main area is divided into three sections: "CLIENT", "CONSOLE", and "MISC".

- CLIENT** section contains four widget options:
  - Claim Service Information
  - Pending Service Authorizations
  - Provider File Attach
  - Service Authorization Information
- CONSOLE** section contains one widget option:
  - Console Widget Viewer
- MISC** section contains two widget options:
  - Financial Eligibility
  - Systemwide Annual Liability

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

The screenshot shows a home screen layout with a widget titled "Provider File Attach" on the left. On the right, a larger view of the widget is shown, featuring a blue header with the title "PROVIDER FILE ATTACH" and a close icon. Below the header is a table with the following columns:

View	Provider	Document Name	Date	Authorization Number	Document Type

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

The screenshot shows a home screen layout with a widget titled "Console Widget Viewer" on the left. On the right, a larger view of the widget is shown, featuring a blue header with the title "CONSOLE WIDGET VIEWER" and a close icon. The main content area of the widget is currently blank.

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



Select the icon  to close the sidebar.

Users can now view the added widget on 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

0  
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:  
HMIS ID:  
Magellan ID:  
[LAUNCH Client Chart](#)

CLIENT DIAGNOSES

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
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CONSOLE WIDGET VIEWER

Open Record Close All Print

# ProviderConnect NX: How to create an Authorization

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, 'myDay', and user settings. A central header area shows a welcome message and a search bar. The main content is divided into four panels: Client Demographics, Client Diagnoses, Provider File Attachments, and Console Widget Viewer.

**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:

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

**PROVIDER FILE ATTACH**

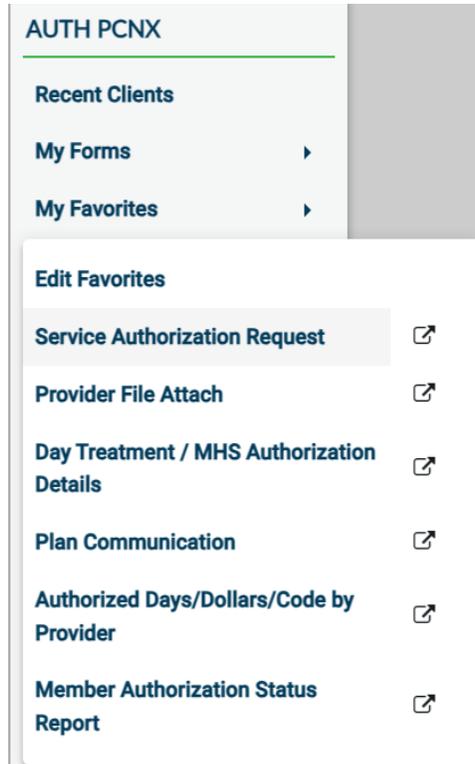
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

**CLIENT DIAGNOSES**

**CONSOLE WIDGET VIEWER**

Open Record Close All Print

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**.

The screenshot shows a web application window titled "Opening: Service Authorization Request". The breadcrumb navigation shows "Home > Select Client >". Below this is a dark blue header with the text "Select Client". A search input field is present with a magnifying glass icon and the letter "I" entered. The main area of the dialog is empty. At the bottom, there are two buttons: "OK" and "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

Q 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

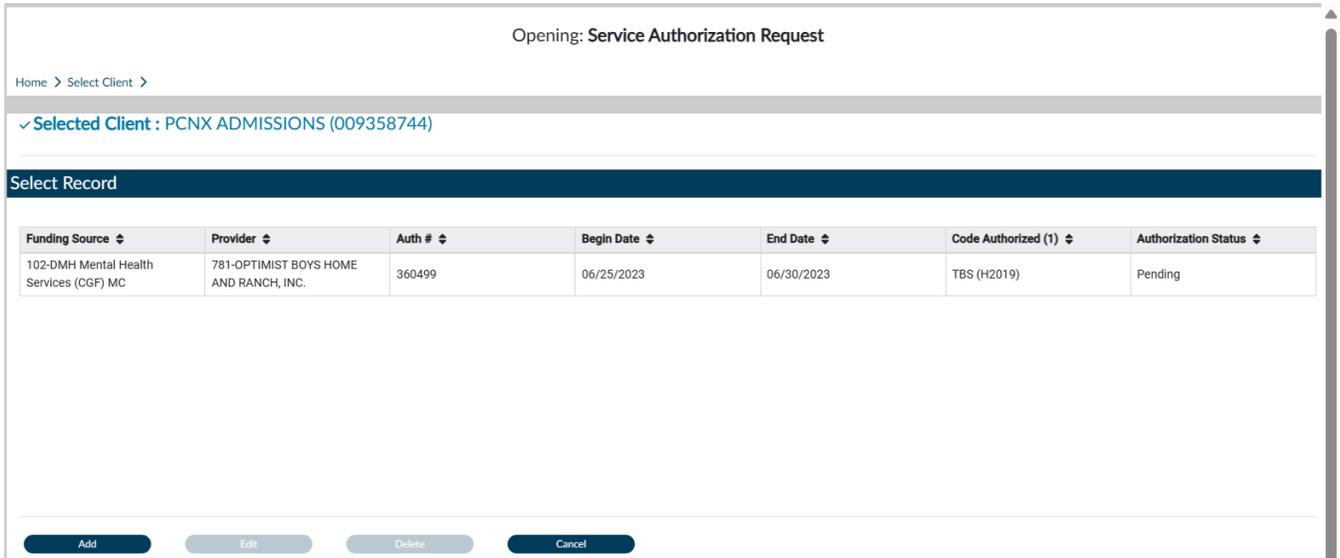
Q PCNX ADMISSIONS

OK

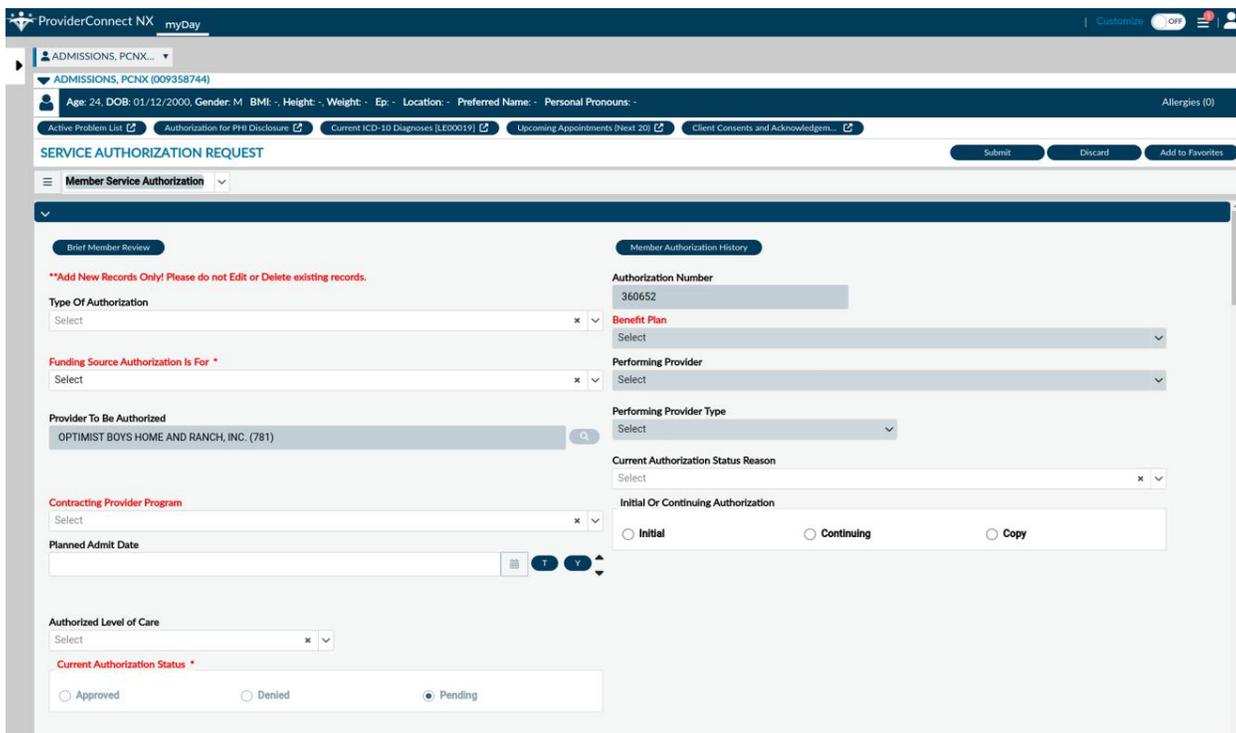
Cancel

**NOTE:** The Client **MUST** have an open Admission through their Legal Entities EHR before the User can 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.



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



**NOTE:** All field names in **RED** or with a **RED Asterisk** are required fields. These fields must be completed before the request can be submitted. There are other fields that are not marked as “**Required.**” They 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 open with the text "Select" and a search icon.
- The second screenshot shows the dropdown menu open with a search bar and a list of options. The options are: (1) Invalid P-Auth, (10) Juvenile Day Reporting Center Non-MC, (1001) FFS2 Outpt Svcs - Psychtest (CGF) MC, (1002) FFS2 Outpatient Services Non MD(CGF), (1003) FFS2 Outpatient Services MD(CGF), (1005) FFS2 TAR Prof Svc, (1006) IMD Exclusion- FFS2 TAR Prof Svc, (101) DMH Mental Health Services (CGF) Non-MC, and (1011) CGF IMD Step Down Non-MC.
- The third screenshot shows the dropdown menu closed with the selected option "(102) DMH Mental Health Services (CGF) MC".

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 \*".

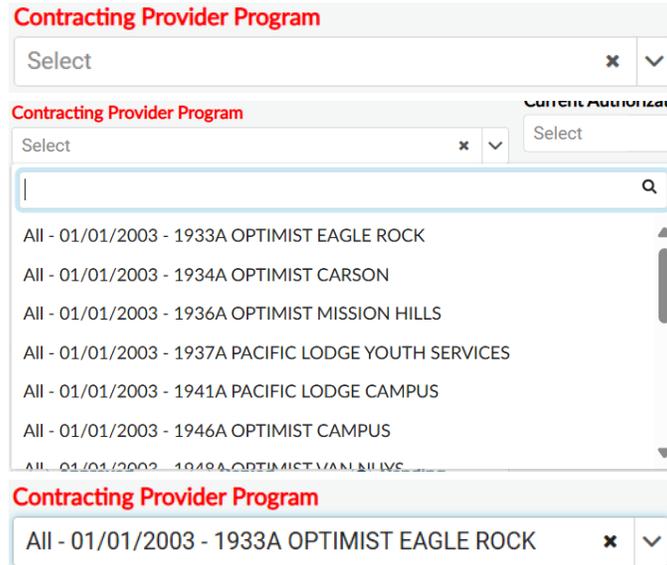
- The first screenshot shows the dropdown menu open with the text "Select" and a search icon.
- The second screenshot shows the dropdown menu open with a search bar and a list of options. The options are: Invalid plan, DO NOT USE, PHF MC, Residential MC, TBS (MC), TBS Aftercare MC, and TBS STRTP MC.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

**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.**



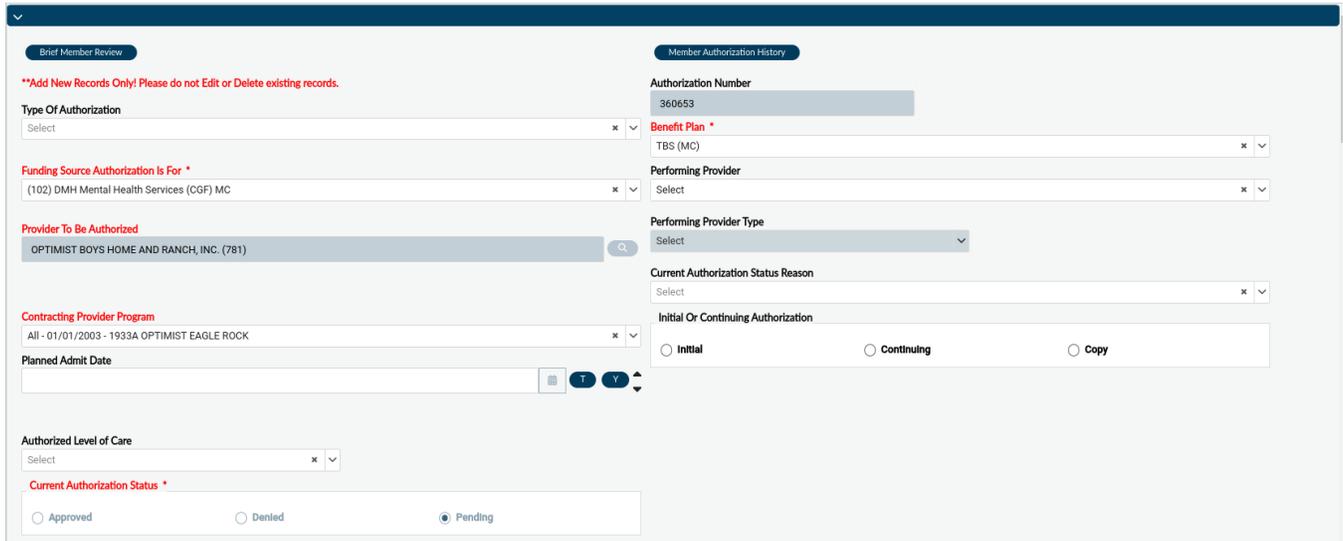
A screenshot of a dropdown menu titled "Current Authorization Status Reason". The menu is currently closed, showing a "Select" placeholder text and a small "x" icon on the right side.

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



A screenshot showing the "Contracting Provider Program" dropdown menu. The menu is open, displaying a list of options. The first option is selected: "All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK". Other options include "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".

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



A screenshot of a web application interface showing two 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:** OPTIMIST BOYS HOME AND RANCH, INC. (781)
- Contracting Provider Program:** All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK
- Planned Admit Date:** [Calendar icon]
- Authorized Level of Care:** Select
- Current Authorization Status:**  Approved  Denied  Pending

**Member Authorization History:**

- Authorization Number:** 360653
- Benefit Plan:** TBS (MC)
- Performing Provider:** Select
- Performing Provider Type:** Select
- Current Authorization Status Reason:** Select
- 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 a date selection form. Each example consists of two rows. The first row is labeled "Begin Date Of Authorization \*" and the second row is labeled "Financial Authorization End Date \*". Each row contains a text input field, a calendar icon, and buttons for "T" (month) and "Y" (year) with up/down arrows. In the first example, the fields are empty. In the second example, the "Begin Date Of Authorization" field contains "03/01/2024" and the "Financial Authorization End Date" field contains "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). Users do not need to 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. At the top, there are two rows of date fields. The first row has "Begin Date Of Authorization \*" with the value "03/01/2024" and "Clinical Authorization End Date" which is grayed out. The second row has "Financial Authorization End Date \*" with the value "10/30/2024". Below these are two dropdown menus: "Account" with the value "Select" and "Contracting Provider Authorization" with the value "Select". Both dropdown menus are grayed out.

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 two date pickers: "Begin Date Of Authorization" with the value "03/01/2024" and "Clinical Authorization End Date" which is currently empty. The bottom section contains "Financial Authorization End Date" with the value "06/30/2024". Below this, there are two dropdown menus: "Account" and "Contracting Provider Authorization", both of which are currently grayed out and show "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 date pickers and grayed-out dropdown menus.

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

The screenshot shows the "Account" and "Contracting Provider Authorization" dropdown menus. The "Account" dropdown is now active and shows a list of options, with the first option 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 "Contracting Provider Authorization" dropdown remains grayed out.

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

The screenshot shows the "Account" dropdown menu expanded. The selected option is "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".

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

**Authorization Grouping**  
Select  
Display Authorization Grouping

**Total Estimated Liability**

**Procedure Code Type (1)**  
 CPT® Codes  Revenue Code

**Code Authorized (1)**

**Code Authorized (2)**

**Letter Type**  
Select

**Procedure Code Type (2)**  
 CPT® Codes  Revenue Code

**Requested Units (1)**

**Requested Units (2)**

**Units Authorized (1)**

**Units Authorized (2)**

**Estimated Liability Code (1)**

**Estimated Liability Code (2)**

For “Authorization Grouping OR Individual Authorizations”, 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 and press Enter to activate the dropdown. Then select the full code to be authorized. In this example, we will be using “H2017:HK”.

Code Authorized (1)

Code Authorized (1)

**Results**

Rehabilitation HK (H2017:HK)
Rehabilitation HK Aud (H2017:HK:SC)
Rehabilitation HK Aud St LVN (H2017:HK:SC:TE)
Rehabilitation HK Aud St RN (H2017:HK:SC:TD)
Rehabilitation HK HV (H2017:HK:HV)
Rehabilitation HK HV Aud (H2017:HK:HV:SC)
Rehabilitation HK HV Aud St LVN (H2017:HK:HV:SC:TE)
Rehabilitation HK HV Aud St RN (H2017:HK:HV:SC:TD)
Rehabilitation HK HV St LVN (H2017:HK:HV:TE)
Rehabilitation HK HV St RN (H2017:HK:HV:TD)

Code Authorized (1)

**NOTE:** The Procedure Code must be selected according to the type of services 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 Procedure Code H2019
- \*For TBS Non Medi-Cal services select the Procedure Code H2019:HX

Enter the unit requested.

Requested Units (1)	Requested Units (1)
	1000

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

**NOTE:** Confirm the “Current Authorization Status Reason” has been auto-populated with “CWD – New Submission”.

**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**

**\*\*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

**Member Authorization History**

**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

**Procedure Code Type (1)**  
 CPT® Codes  Revenue Code

**Code Authorized (1)**  
TBS (H2019)

**Requested Units (1)**  
1000

**Units Authorized (1)**

**Estimated Liability Code (1)**

**Letter Type**  
Select

**Procedure Code Type (2)**  
 CPT® Codes  Revenue Code

**Code Authorized (2)**

**Requested Units (2)**

**Units Authorized (2)**

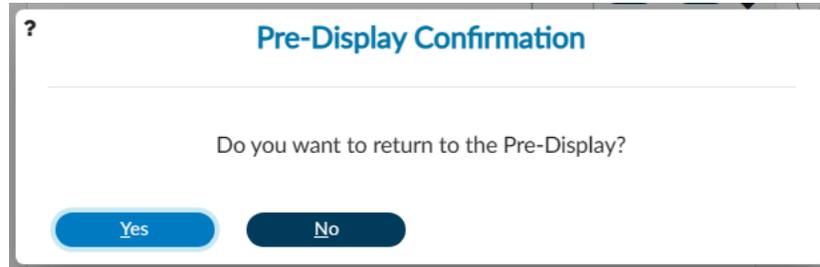
**Estimated Liability Code (2)**

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 example, select “**YES**” to navigate back to the 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	TBS (H2019)	Pending

Add Edit Delete Cancel

# Home Screen

The screenshot displays the 'Home Screen' of the ProviderConnect NX myDay application. The interface is divided into several sections:

- Header:** 'ProviderConnect NX myDay' on the left, and user profile, 'Customize', 'OFF', and a menu icon on the right.
- Left Sidebar:**
  - LOGGED IN AS: AUTH PCNX
  - Recent Clients
  - My Forms
  - My Favorites
  - Recent Forms
  - Control Panel (with power, lock, and minus icons)
  - Recent Clients (with 'Site' button)
  - ADMISSIONS, PCNX ID#: 9358744
  - ADMISSIONS, PCNX ID#: 9358744
- Main Content Area:**
  - Welcome, AUTH PCNX. Make Every Day Matter.
  - Search bar: 'What can I help you find?' with 'Advanced Client Search' link below.
  - 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:
    - Home Phone:
    - Work Phone:
    - Email:
    - Communication Preference: No Entry**
    - Primary Care Provider:**
    - ADDRESS: 550 N Vermont Ave
    - LOS ANGELES CA 90005
    - HMIS ID:
  - CLIENT DIAGNOSES:** (Empty panel)
  - PROVIDER FILE ATTACH:**

View	Provider	Document Name	Date	Authorization Number	Document Type
  - CONSOLE WIDGET VIEWER:** (Empty panel)
  - Buttons at the bottom: 'Open Record', 'Close All', 'Print -'

# 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 'myDay' logo and user profile options. A central 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 for managing document attachments.

**CLIENT DEMOGRAPHICS**

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

**CONTACT INFO:**      **ADDRESS:**

Cell Phone: [ ]  
Home Phone: [ ]  
Work Phone: [ ]  
Email: [ ]  
Communication Preference: [ ]      HMIS ID: [ ]  
Primary Care Provider: [ ]      Magellan ID: [ ]  
PCP Phone: [ ]      [LAUNCH Client Chart](#)

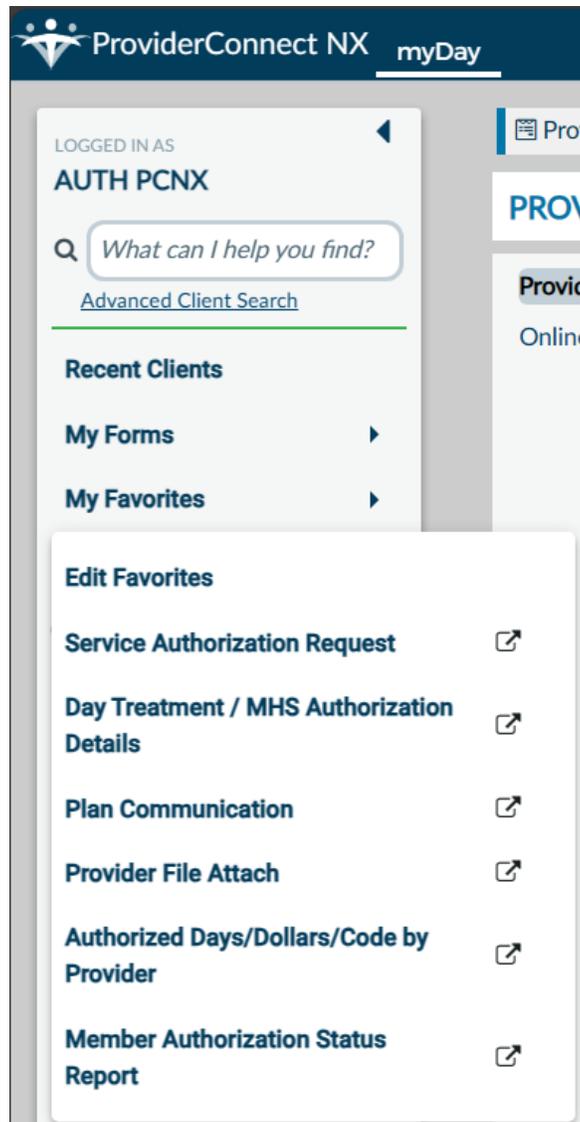
**PROVIDER FILE ATTACH**

View	Provider	Document Name	Date	Authorization Number	Document Type

**CONSOLE WIDGET VIEWER**

Open Record    Close All    Print

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



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

**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 myDay interface. The form is titled 'PROVIDER FILE ATTACH' and includes several input fields and buttons. The fields for 'Member ID \*', 'Provider \*', and 'File Type \*' are highlighted in red, indicating they are required. The 'File Type \*' field is a dropdown menu. Below these fields are sections for 'Authorization' and 'Document Type', both with dropdown menus. The 'File Name' field is a text input. To the right of the form is a 'Comments' section with a large text area and a 'Store File' button. Below the 'File Name' field is an 'Existing Files' section with a dropdown menu and 'Update Comments' and 'Delete File' buttons. At the bottom of the form is a 'Comment History' section. The interface also features a sidebar with navigation options like 'Recent Clients', 'My Forms', and 'My Favorites', and a top navigation bar with 'Submit', 'Discard', and 'Add to Favorites' buttons.

**To Upload an Attachment (File)**

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 “Authorization”

File Type \*

Select x v

File Type \*

Select x v

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

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

Select the “**Upload File**” button. Two windows will open. One is 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.

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

The screenshot illustrates the file upload process. At the top, there is a button labeled "Upload File". Below it is a "File Name" input field. A "File Upload" dialog box is open, showing a "Choose File" button and a "No file chosen" message. The dialog box contains the text "click here or drop file" and a "Cancel" button. To the right of the dialog box 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

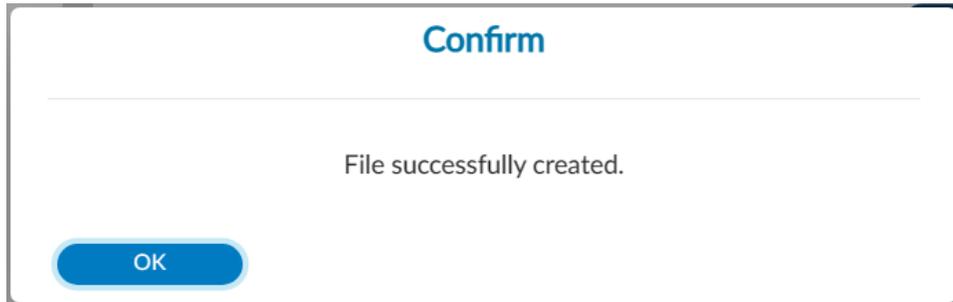
Below the table, there is another "Upload File" button and a "File Name" input field containing the text "This is a Test attachment 2.docx".

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

The screenshot shows a button labeled "Store File" and a dropdown menu labeled "Existing Files" with the text "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

The screenshot displays the 'Provider File Attach' form in the ProviderConnect NX system. The interface is organized into a sidebar on the left and a main content area. The sidebar includes a search bar, a 'LOGGED IN AS AUTH PCNX' indicator, and navigation links for 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. The main content area is titled 'PROVIDER FILE ATTACH' and contains several form fields: 'Member ID \*' (text input), 'Provider \*' (text input), 'File Type \*' (dropdown menu), 'Authorization' (dropdown menu), and 'Document Type' (dropdown menu). There are also buttons for 'Upload File', 'Store File', 'Update Comments', and 'Delete File'. A 'Comments' section is located on the right side of the form, and a 'Comment History' section is at the bottom. The top of the page shows the 'ProviderConnect NX myDay' logo and a 'Customize OFF' button.

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 “Authorization”

File Type \*

Select x v

File Type \*

Select x v

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

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 the 'Existing Files' dropdown menu. The top instance is closed, showing a 'Select' button with an 'x' and a dropdown arrow. The bottom instance is open, showing 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 modal dialog box titled 'Confirm Close'. It contains a question: 'Are you sure you want to Close without saving?'. Below the question are 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 'myDay' interface for a patient named 'ADMISSIONS, PCNX (009358744)'. The top navigation bar includes the user's name and a search bar. The main content area is divided into several sections:

- CLIENT DEMOGRAPHICS:** Displays patient information such as DOB (2000-01-12 / 24), SSN (111-22-3333), and contact details. It also lists medical history items like 'Pronouns', 'Gender Identity', and 'Primary Language'.
- CLIENT DIAGNOSES:** A section for viewing medical diagnoses, currently empty.
- PROVIDER FILE ATTACH:** A table showing uploaded documents with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type.
- CONSOLE WIDGET VIEWER:** A section for viewing additional widgets, currently empty.

View	Provider	Document Name	Date	Authorization Number	Document Type
<a href="#">View</a>	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
<a href="#">View</a>	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

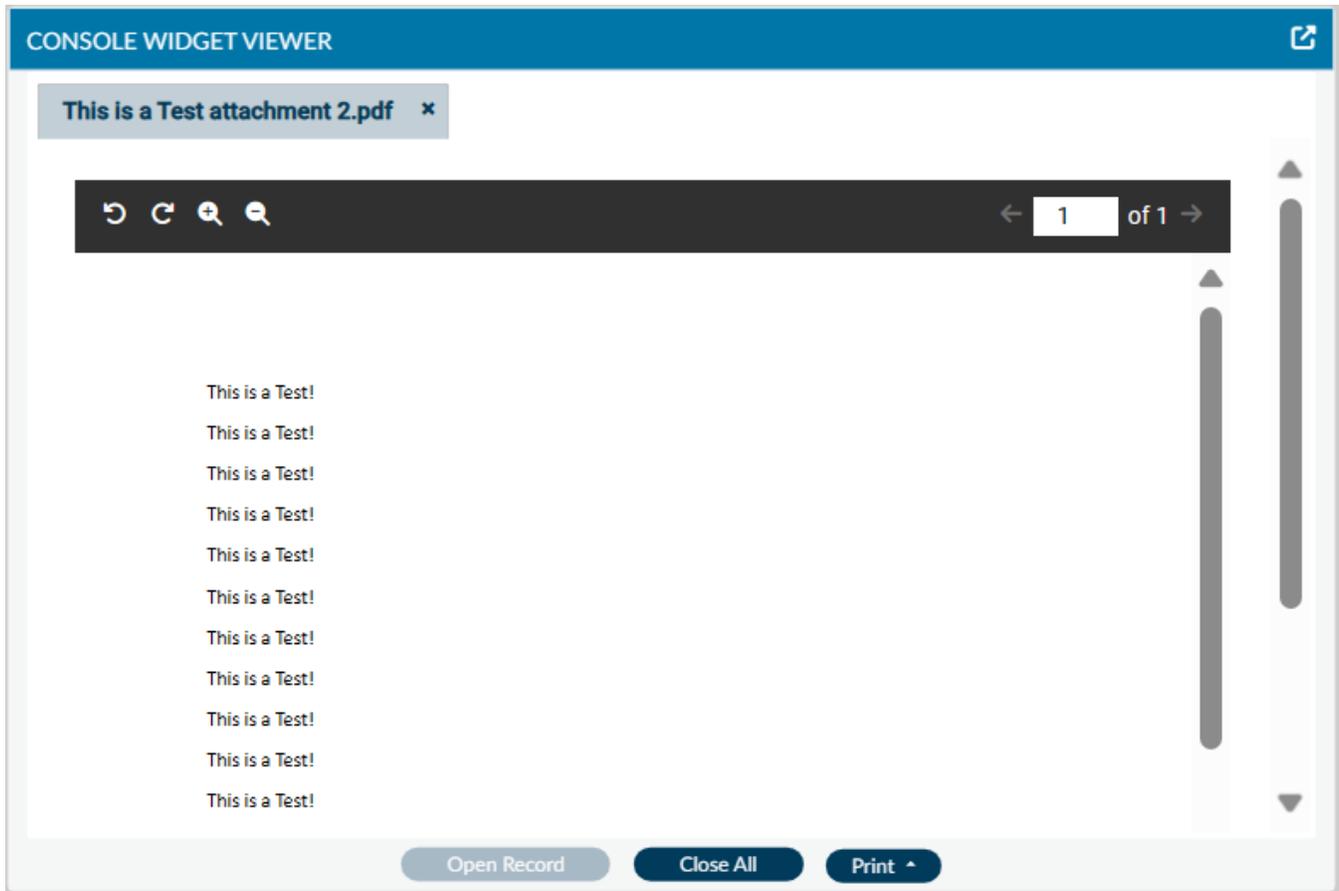
Users can view the uploaded documents using the “**Provider File Attach**” widget.

PROVIDER FILE ATTACH					
View	Provider	Document Name	Date	Authorization Number	Document Type
<a href="#">View</a>	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
<a href="#">View</a>	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.

<a href="#">View</a>	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
<a href="#">View</a>	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

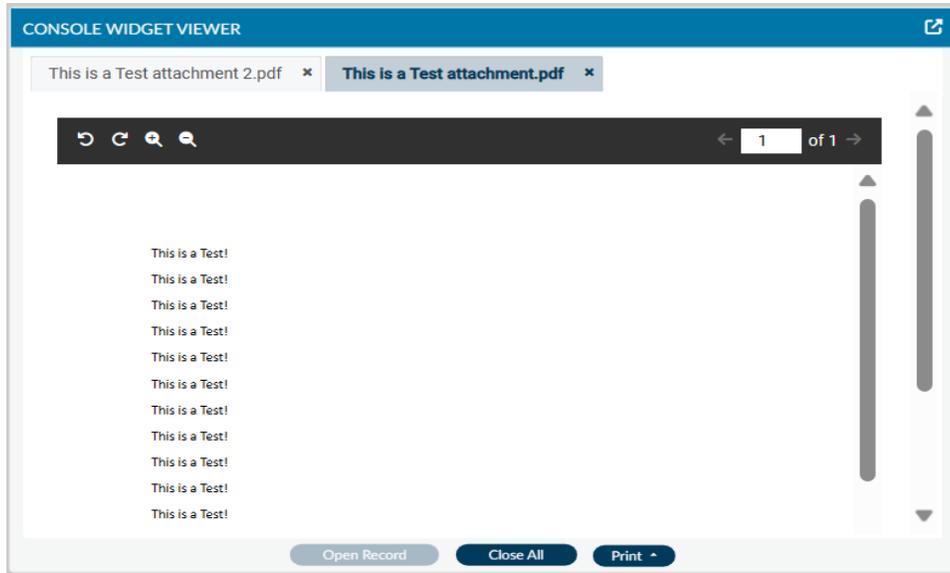
Once selected, the document will be viewed in the “**Console Widget Viewer**” widget.



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

<a href="#">View</a>	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
<a href="#">View</a>	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

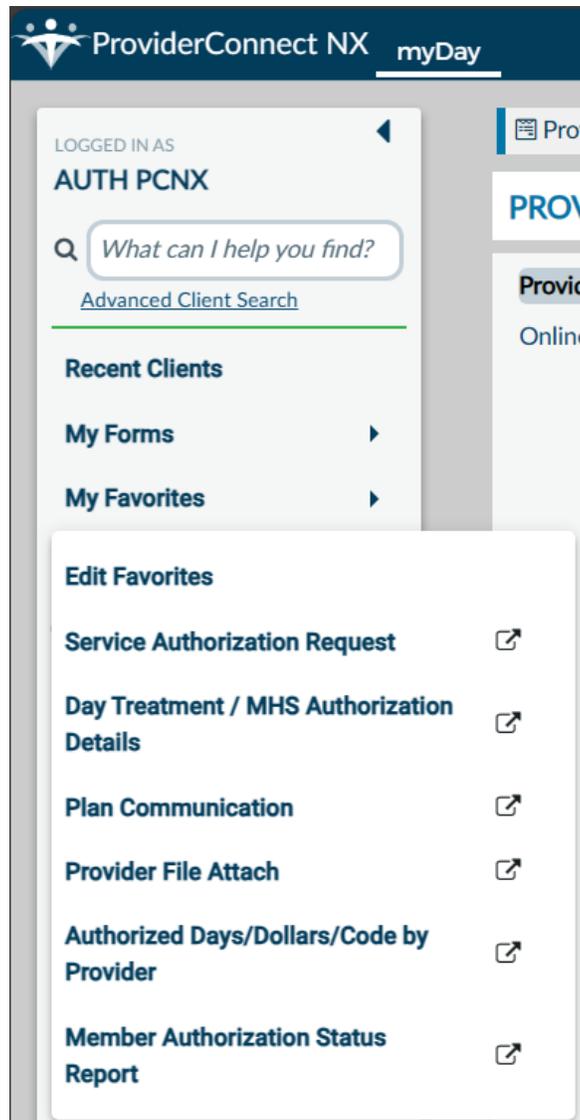
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. At the top, the user is logged in as AUTH PCNX. The main area is divided into several sections:

- CLIENT DEMOGRAPHICS:** Displays fields for ID, DOB/Age, 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 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 open the form.



Complete all required fields in **RED**.

The screenshot shows the 'MEMBER AUTHORIZATION STATUS REPORT' form. At the top right, there are buttons for 'Process', 'Discard', and 'Add to Favorites'. On the left, there is a sidebar with 'Member Authorization Status Report'. The main form area has a dropdown menu. Below it, there are three required fields: 'Select PROVIDID \*' (a text input field 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 and a text input field with a search icon.

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

Enter the User Provider number or 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 date and end date for the report range.

Date Range Start Date \*  [Calendar] [T] [Y] [Dropdown]

Date Range End Date \*  [Calendar] [T] [Y] [Dropdown]

Date Range Start Date \*  [Calendar] [T] [Y] [Dropdown]

Date Range End Date \*  [Calendar] [T] [Y] [Dropdown]

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

SAP CRYSTAL REPORTS\*

Find... 1 of 1+ 100%

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 it in an Excel document.

Users can run the report for just one client. Users can enter the Client's first and last name or the **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

Member ID:

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

Run Date 1/28/2025

<u>Member ID</u>	<u>Prov ID</u>	<u>Provider</u>	<u>Auth No</u>	<u>Fund Src ID</u>	<u>Funding Source</u>	<u>Plan ID</u>	<u>Request Status</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Est Liability</u>	<u>Used Amount</u>	<u>Rem Liability</u>	<u>Clinical Auth End Date</u>
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?

Yes No

## 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)