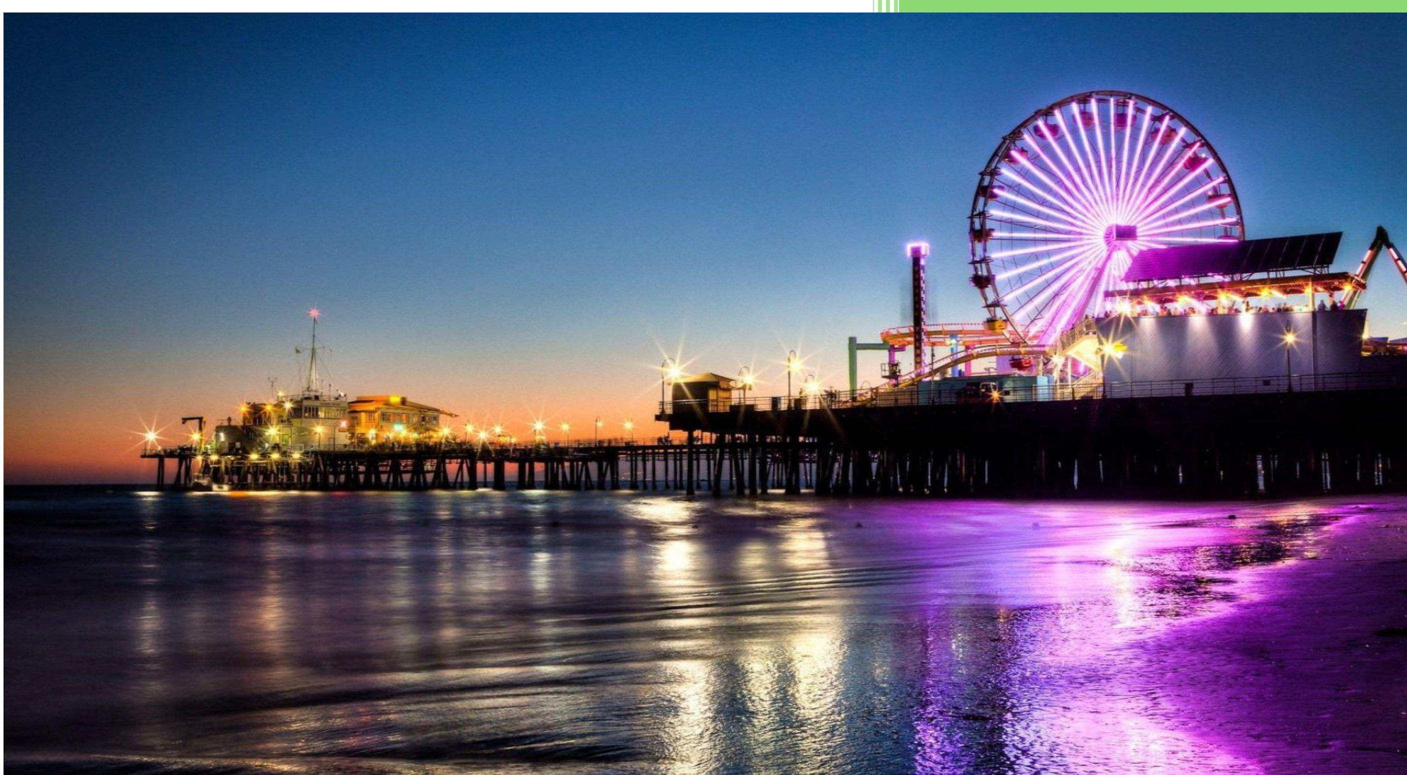
ProviderConnect NX End User Manual for Intensive Home-Based Services and Therapeutic Behavioral Services Process



Los Angeles County Department of Mental Health

FEB 2025 v7.0

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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 for further direction.
- Users must complete a HEAT ticket if the User is having **ProviderConnect NX** functionality issues.

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 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

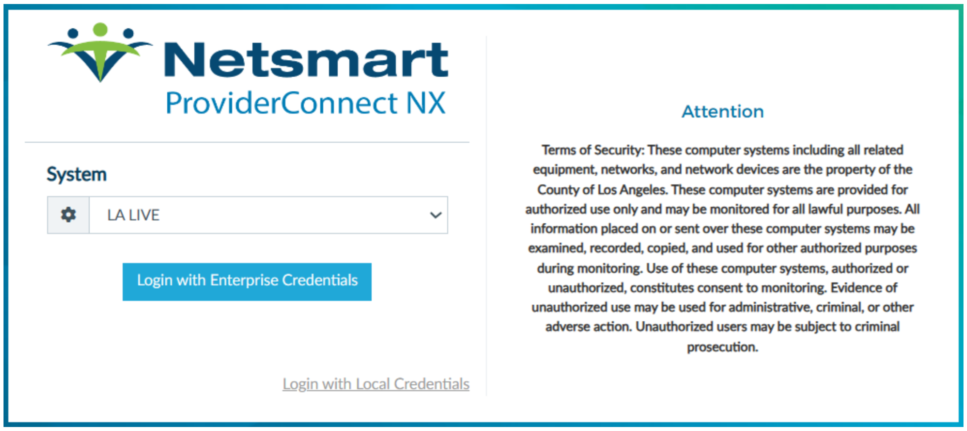
NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

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

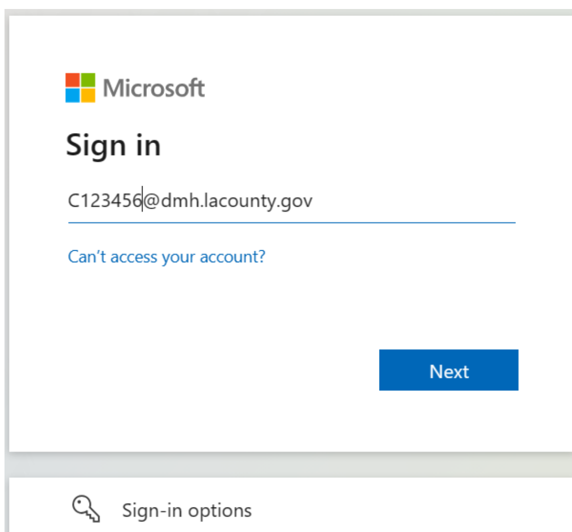
Provider Connect NX: Login with Enterprise Credentials

Start 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.

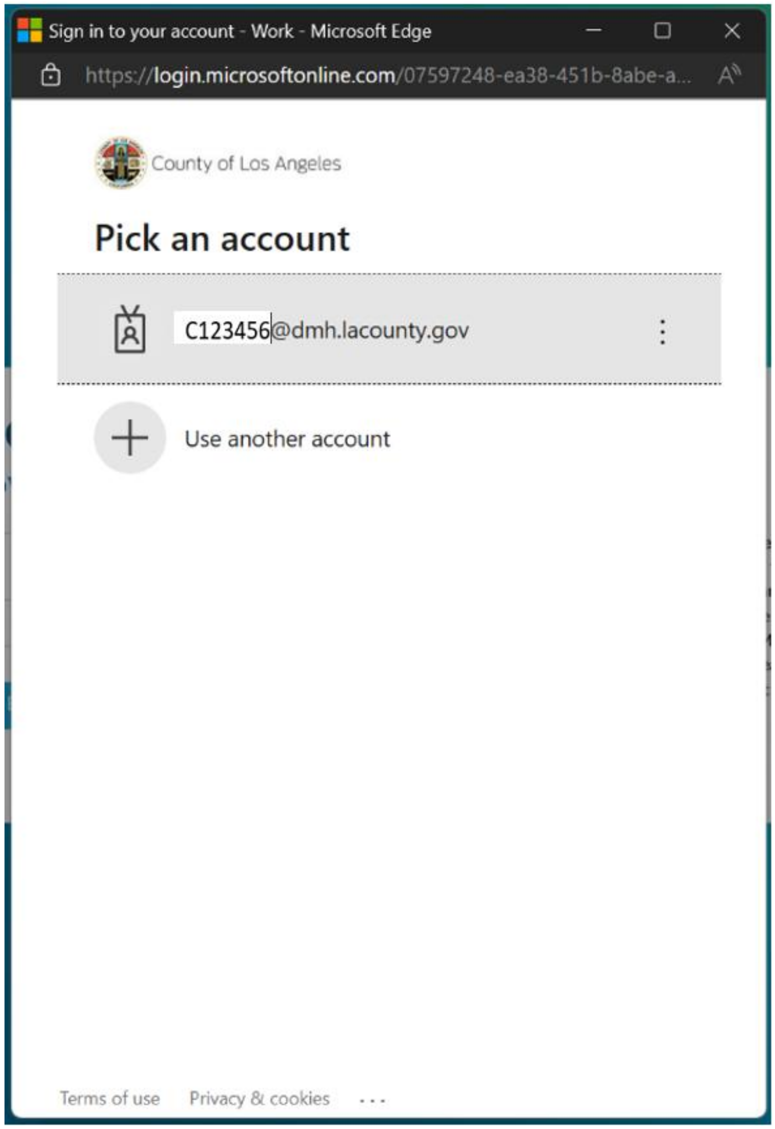
Select the "**Login with Enterprise Credentials**" button. This will navigate the User to the Microsoft MFA login screen.



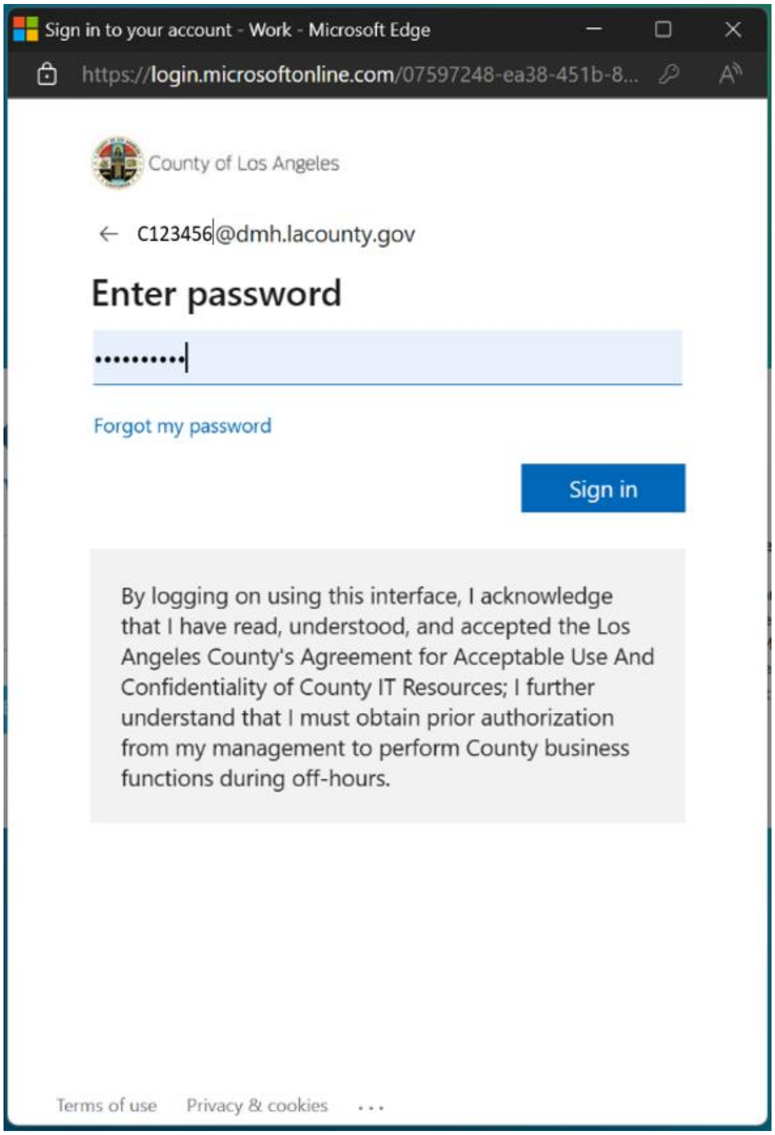
Users will either enter their "**C**" number with the @dmh.lacounty.gov email address and click the "**Next**" button or



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.

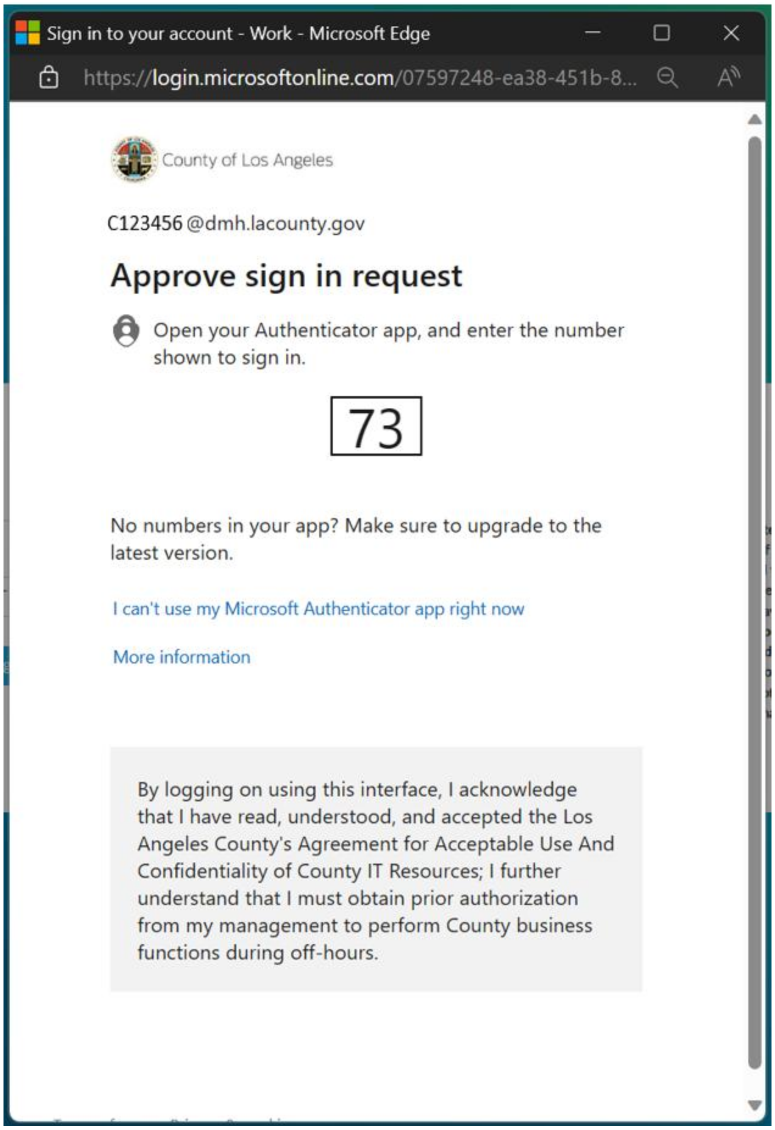


The User enters their password and clicks the "Sign in" button, which navigates them to the Netsmart **ProviderConnect NX** login.

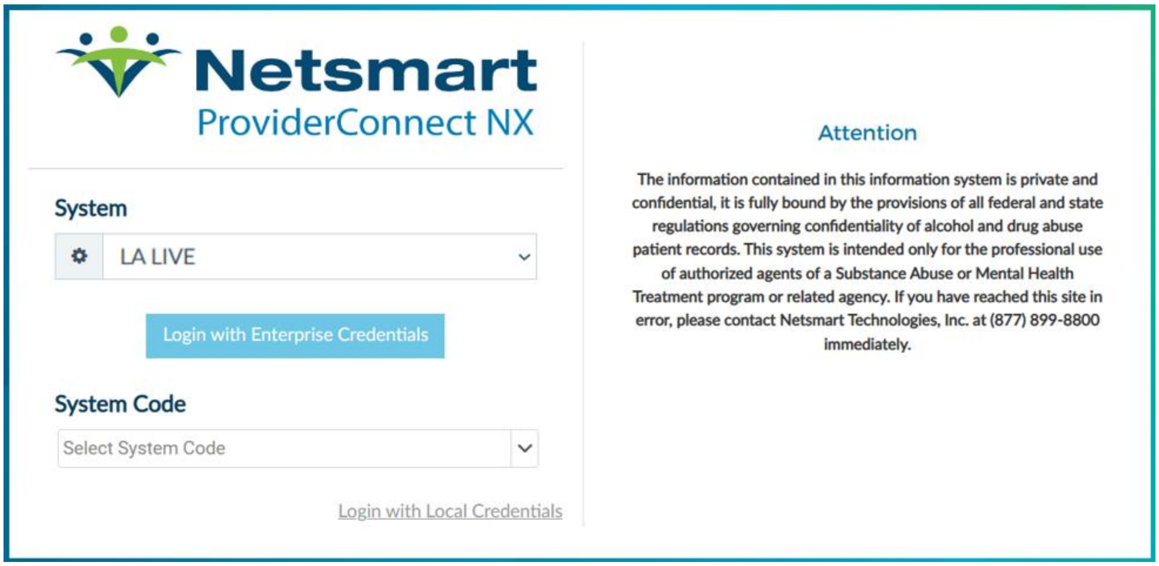


A number will display. This number must be entered into the "**Authenticator App**". The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.

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

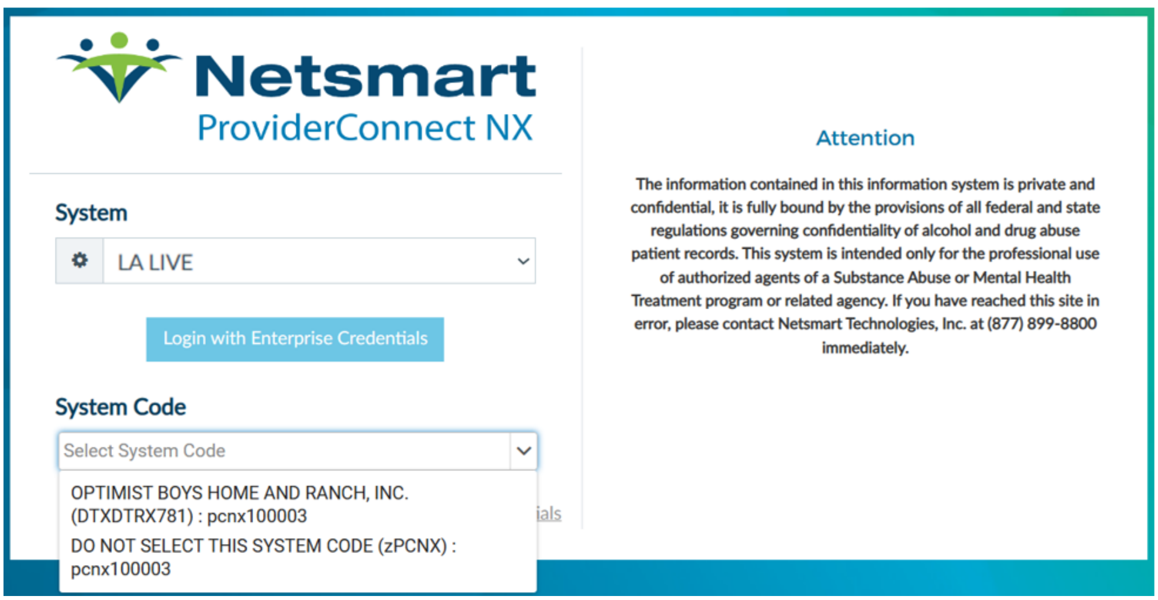


Using the "**System Code**" dropdown select the Users agency. The User will only see the system code they are authorized to access **ProviderConnect NX**.

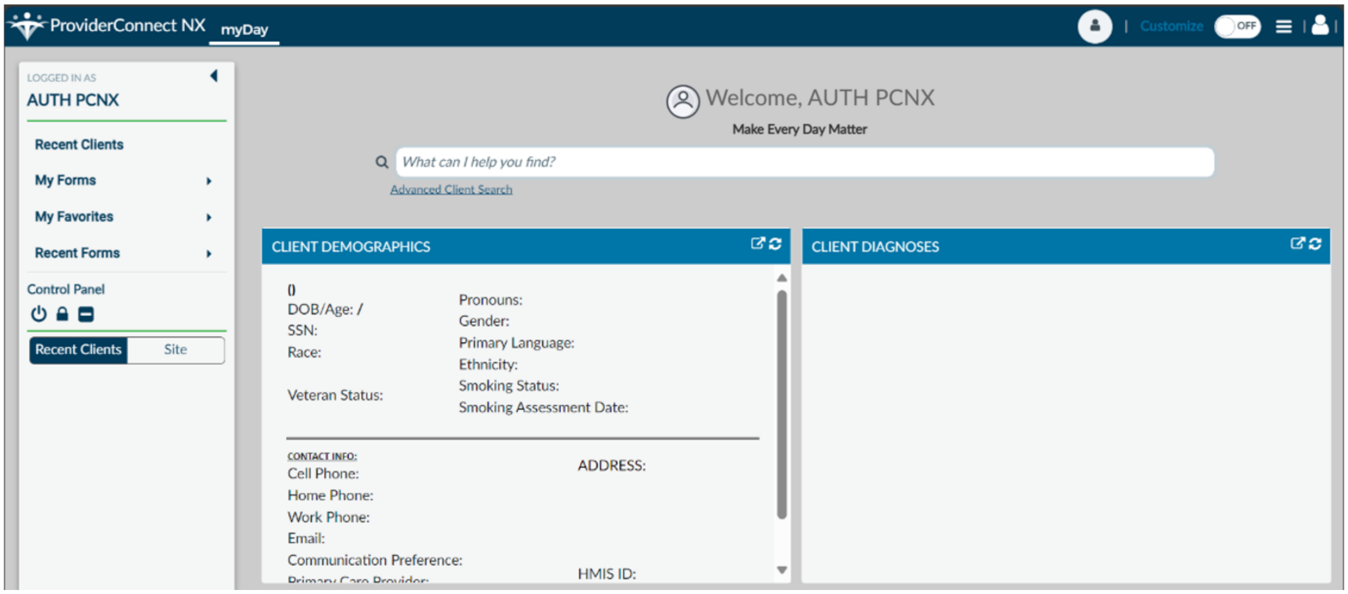


Click the arrow to open the dropdown menu for "**System Code**". The User must select their Agency name from the dropdown.

NOTE: DO NOT SELECT THE "DO NOT SELECT THIS SYSTEM CODE"

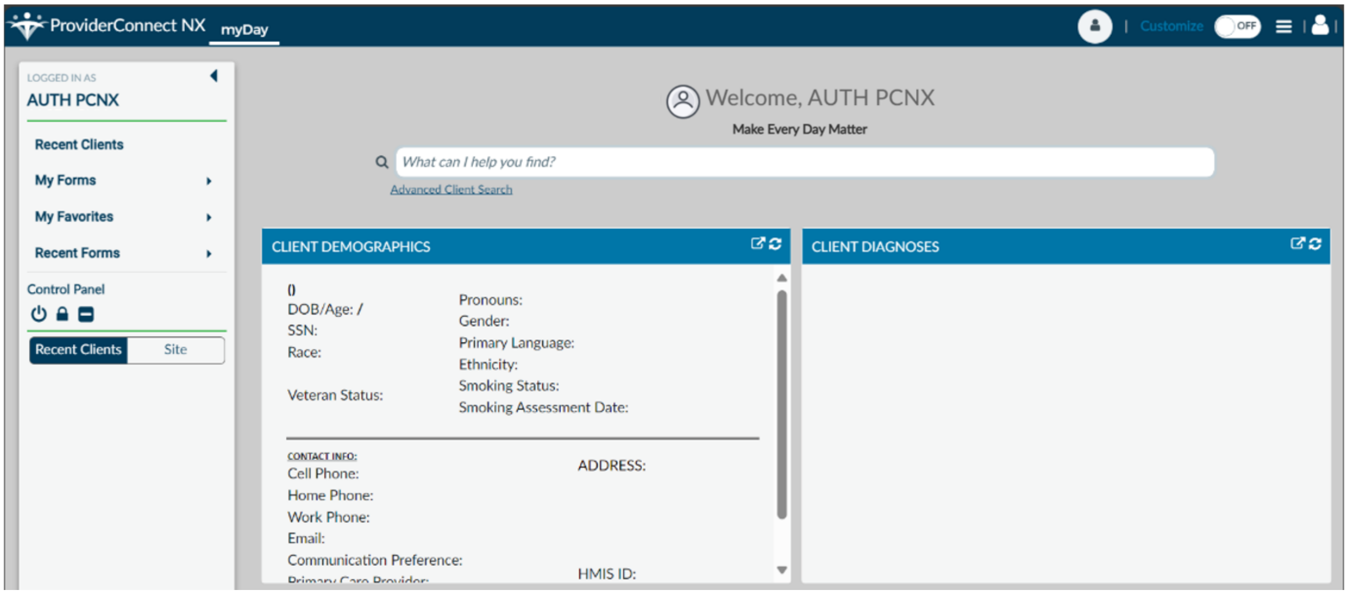


When the User selects their Agency name this will navigate the User to the **ProviderConnect NX** “**Home Screen”**.

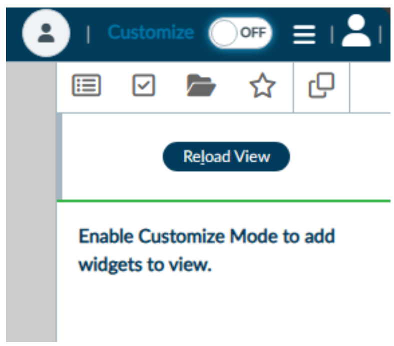


Provider Connect NX: How to Add a Widget

From the **ProviderConnect NX** "**Home screen**".

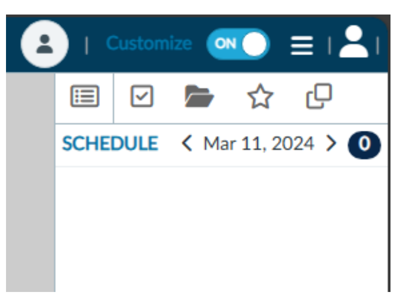


In the upper right corner of the screen, Users will see a "**Customize**" selector.

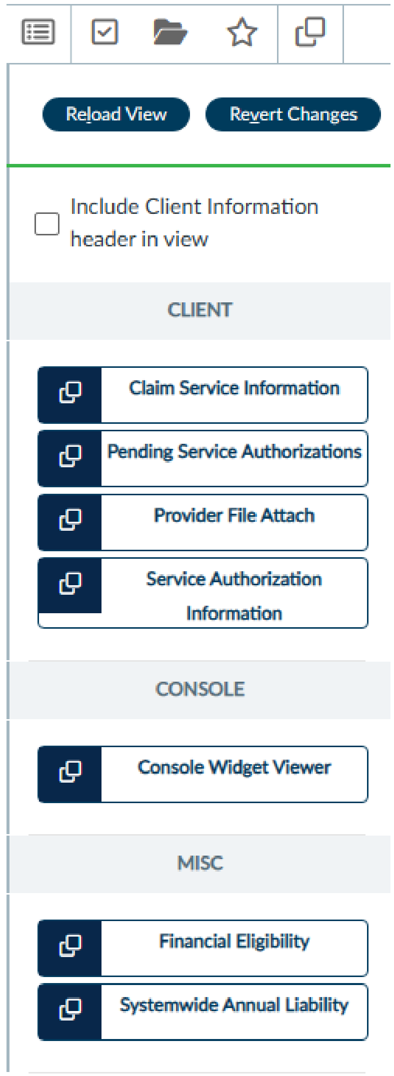


Turn the "**Customize**" selector from the "**OFF**" selection to the "**ON**" selection.

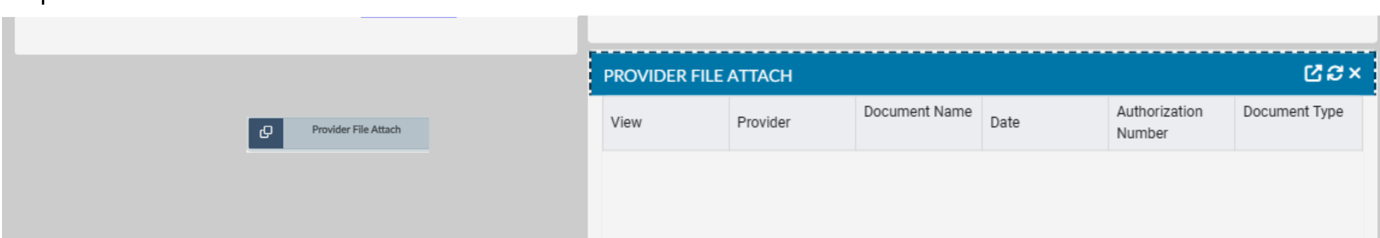
Select the icon  to open the widget options.



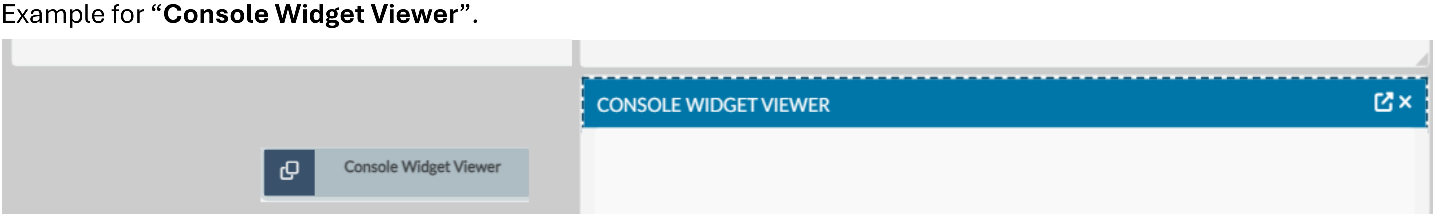
In the widget options select, drag, and drop the "**Provider File Attach**" and "**Console Widget Viewer**" widgets to the "**Home Screen**".



Example for "**Provider File Attach**".



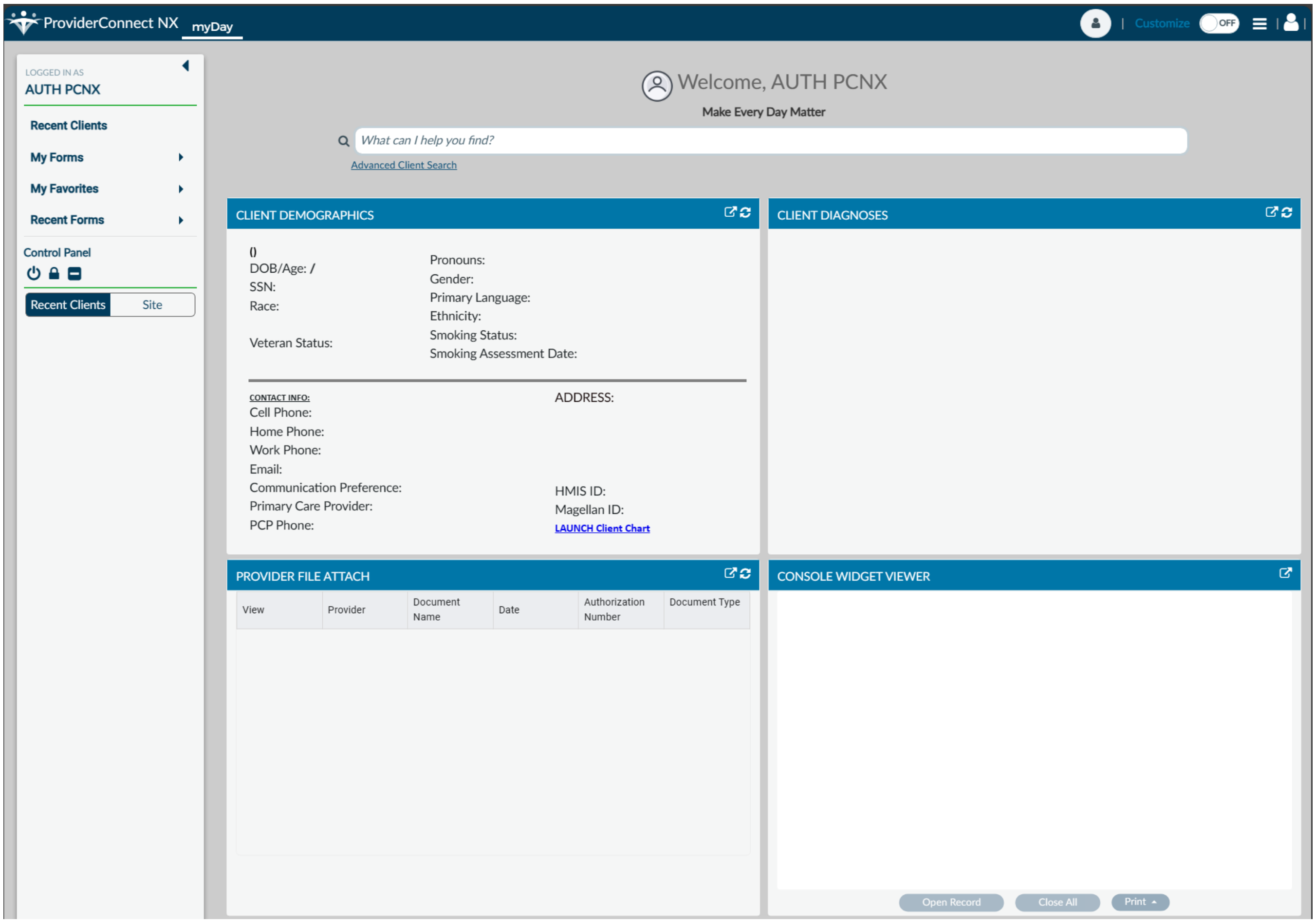
Example for "**Console Widget Viewer**".



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

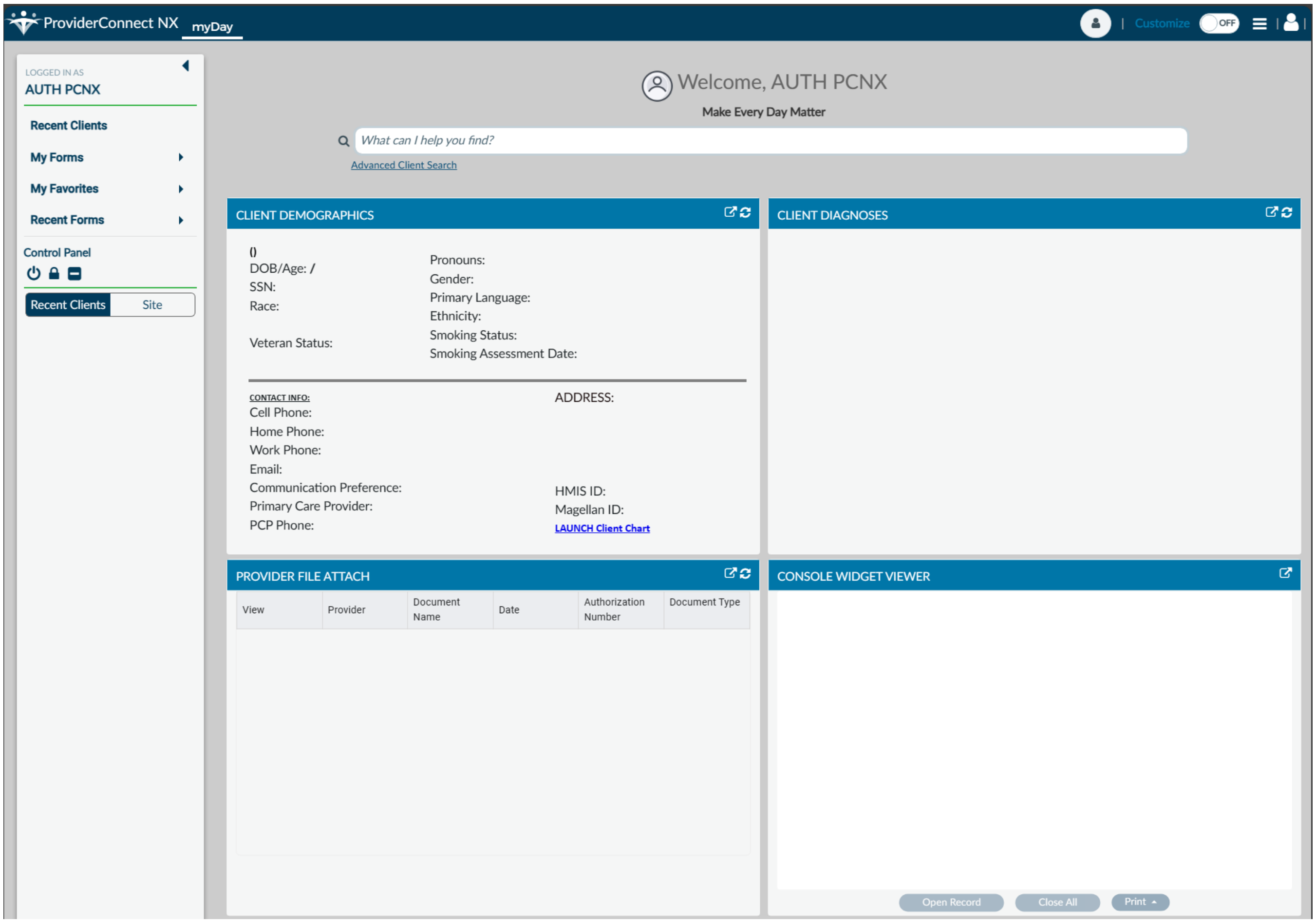
Select the icon  to close the sidebar.

Users can now view the added widget on the “**Home Screen**”.

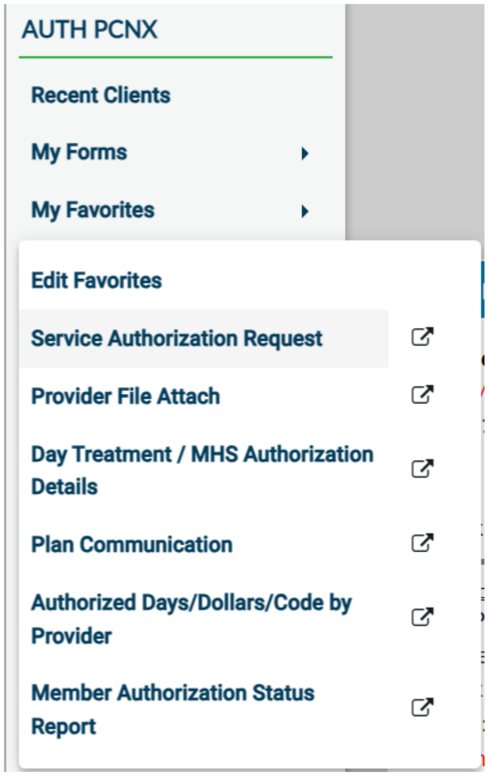


ProviderConnect NX: How to create an Authorization

From the "**Home**" screen



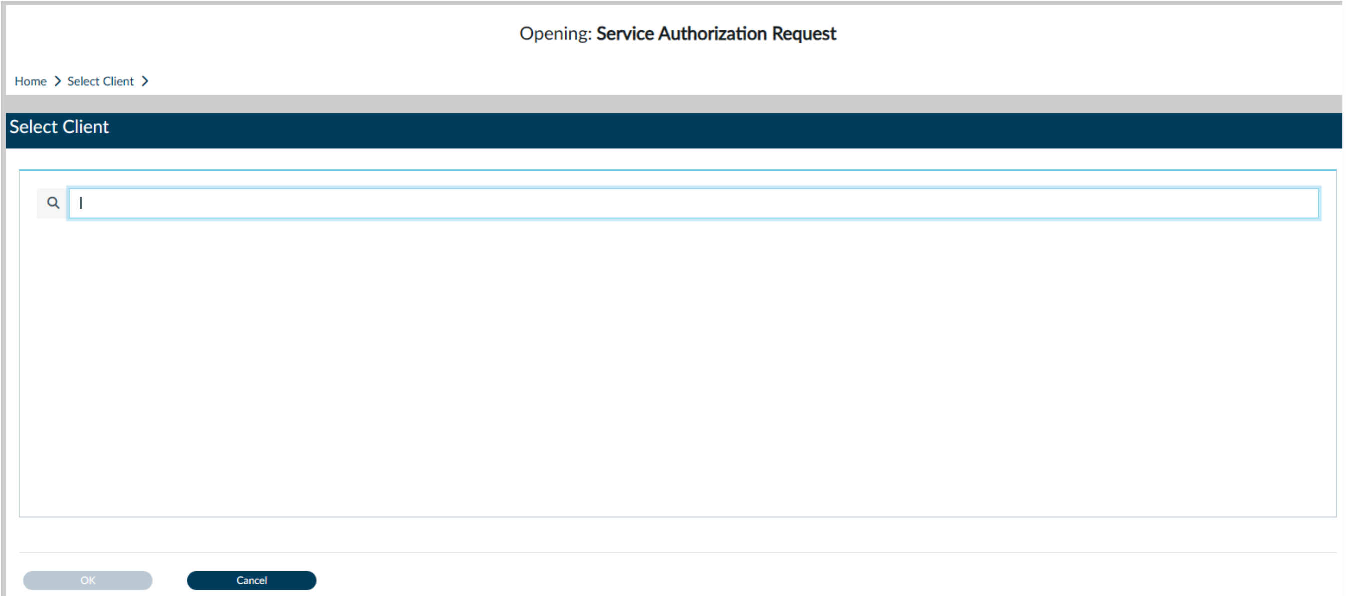
The User **MUST** go to their "**My Favorites**" in the **TASK Navigation** and select "**Service Authorization Request**" from the dropdown menu.



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.

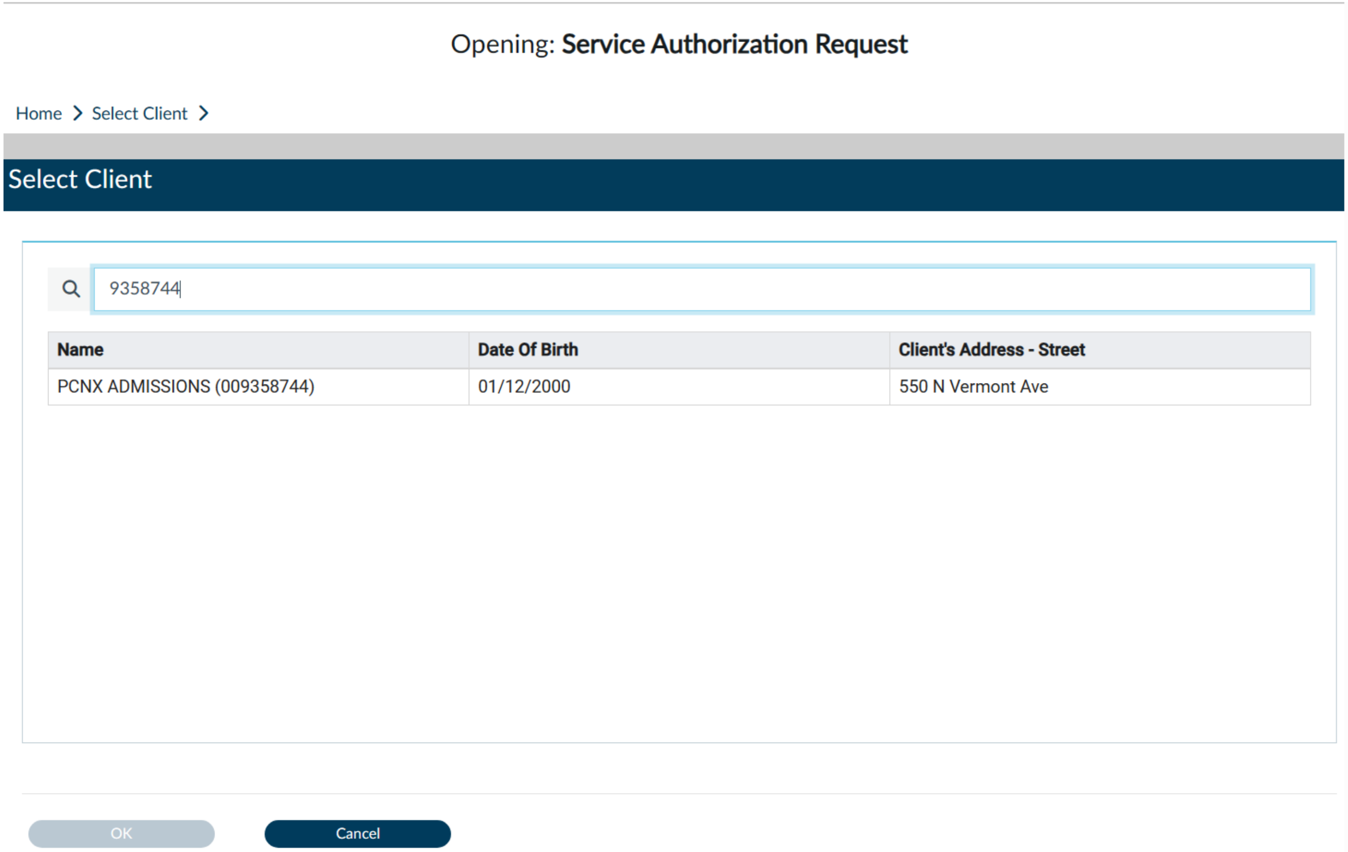
NOTE: This is the suggested method to search for a client in **ProviderConnect NX**.



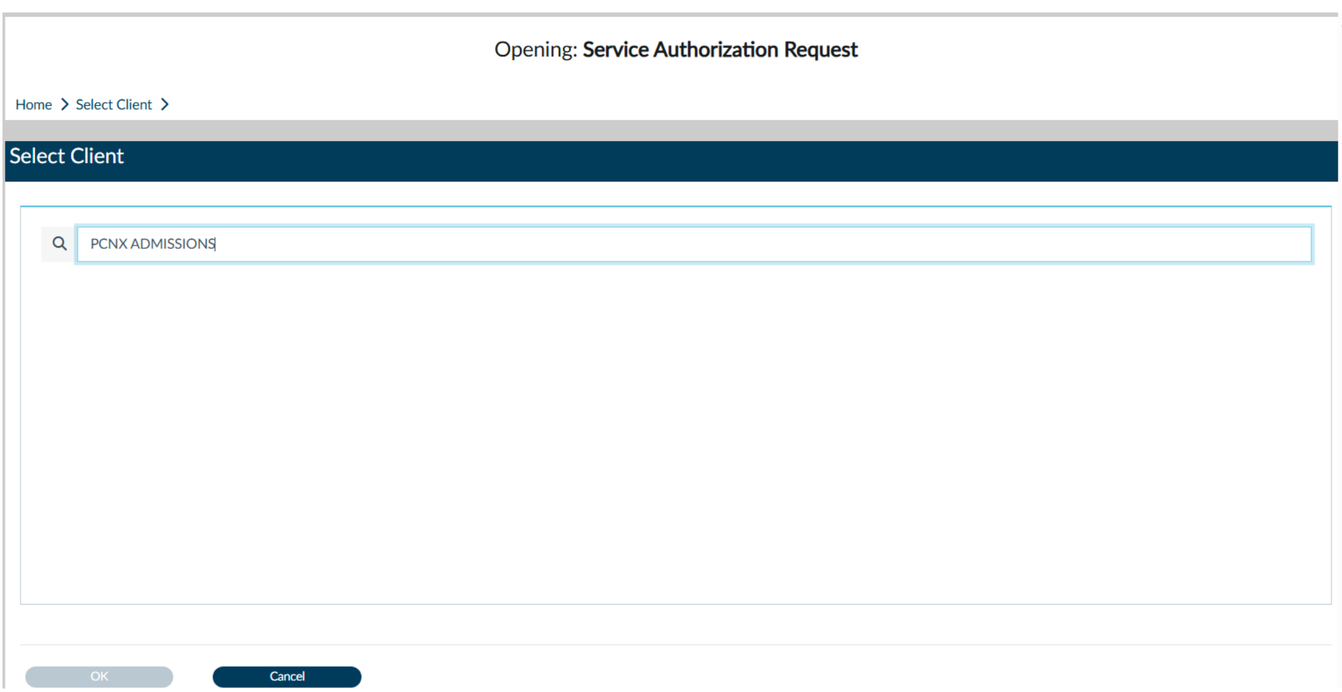
Note: If a User search returns no results, the client inputted by the User has not been associated with the User's Legal Entity. This association must be done through the Legal Entities EHR. Only after the client has been associated with their Legal Entity via the Legal Entities EHR can the User create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

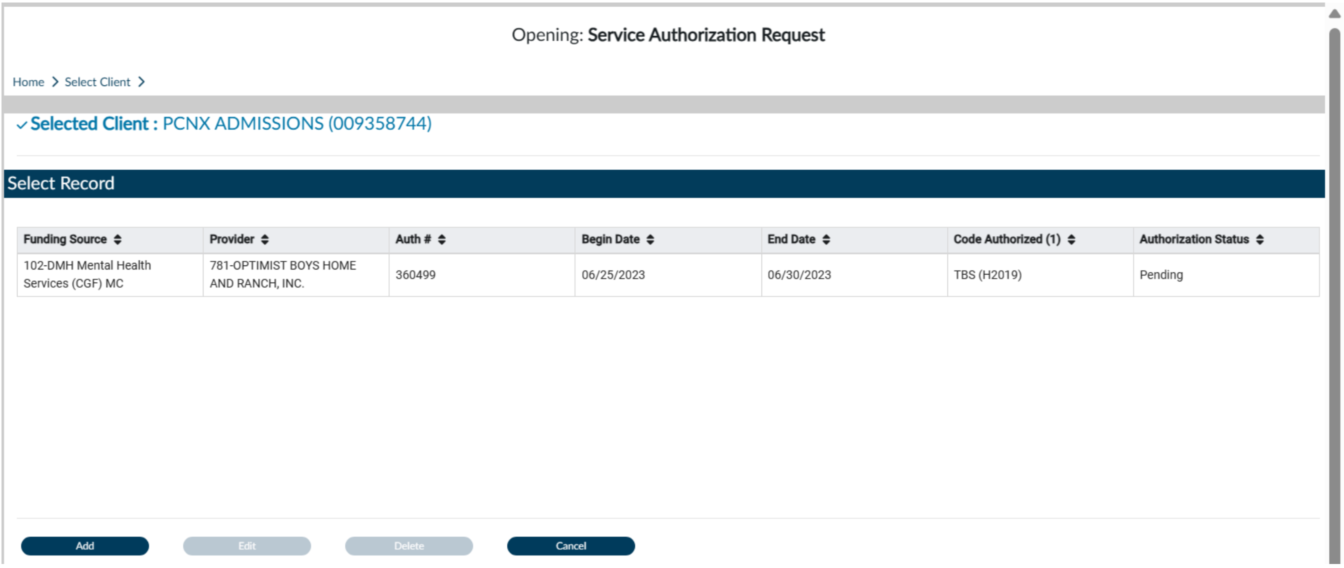


<u>Below is an example of what the User will see when the User has a Client that does not have an active admission/episode created by the User Legal Entity</u>

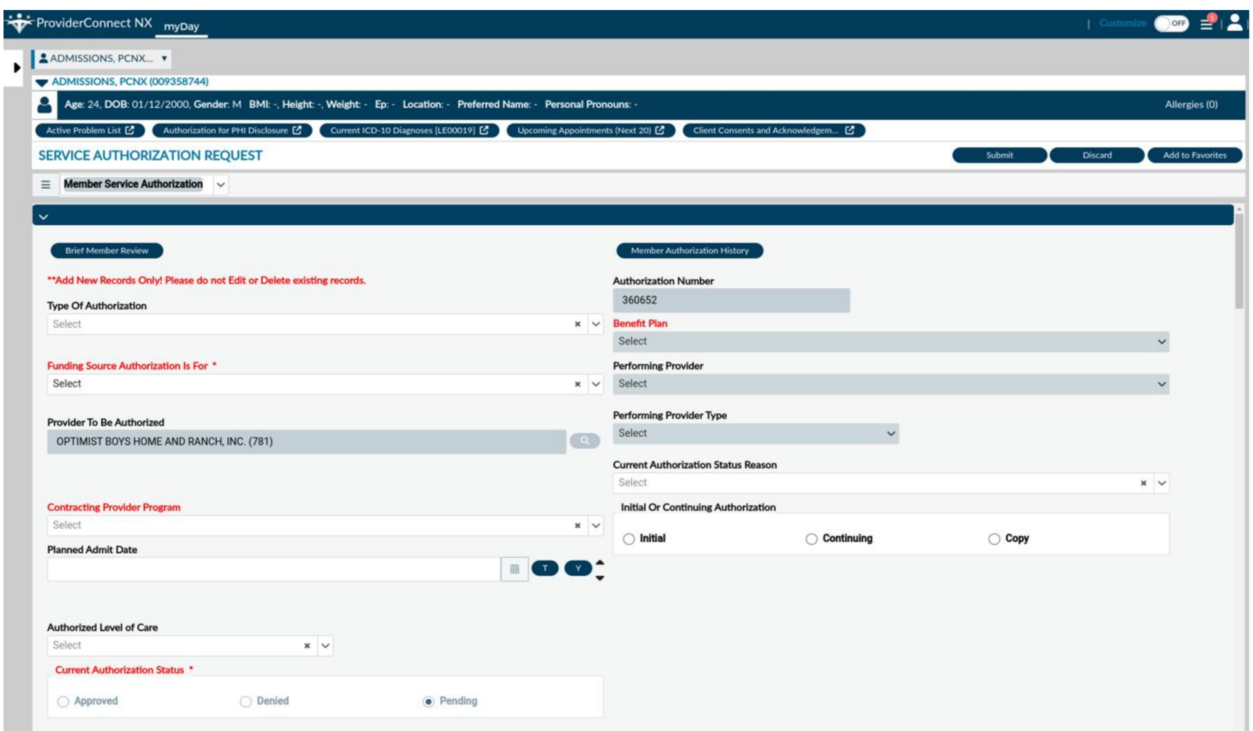


NOTE: The Client **MUST** have an open Admission through their Legal Entities EHR before the User can request an Authorization using **ProviderConnect NX**.

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.

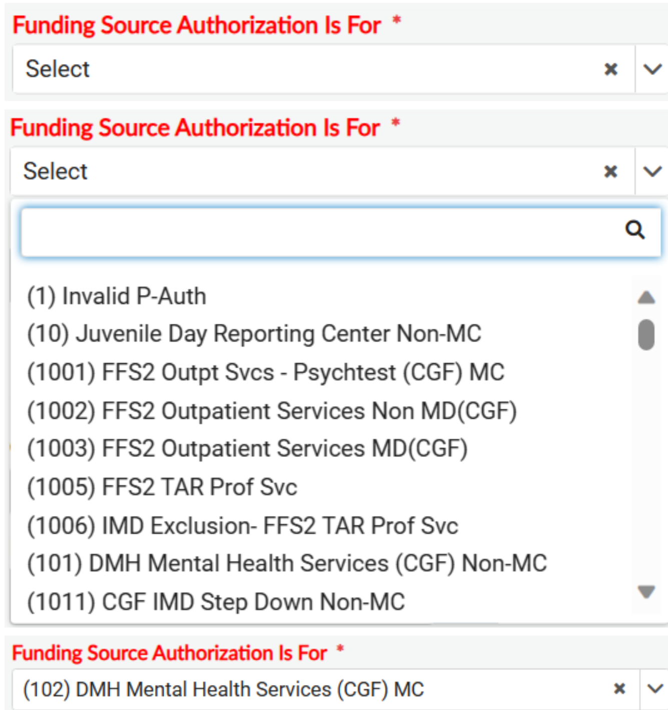


If the Client has no past authorization request, Users will be navigated directly to the "**Service Authorization Request**" form without seeing the pre-display.

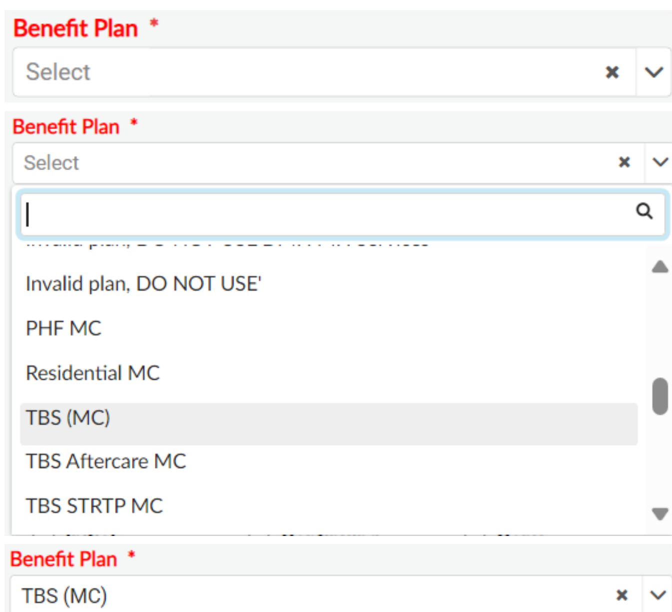


NOTE: All field names in **RED** or with a **RED Asterisk** are required fields. These fields must be completed before the request can be submitted. There are other fields that are not marked as "**Required.**" They are needed to complete an "**Authorization Request.**"

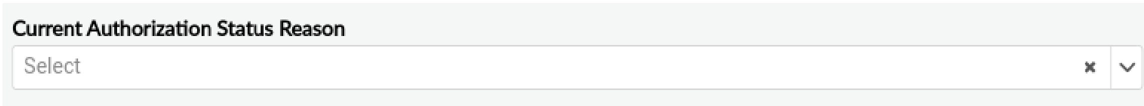
Using the dropdown under the "**Funding Source Authorization Is For**" field, select the Funding Source to be used for this request.



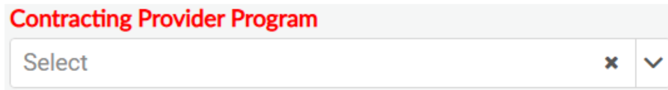
Using the dropdown under the "**Benefit Plan**" field, select the corresponding benefit plan for the chosen Funding Source for this request.

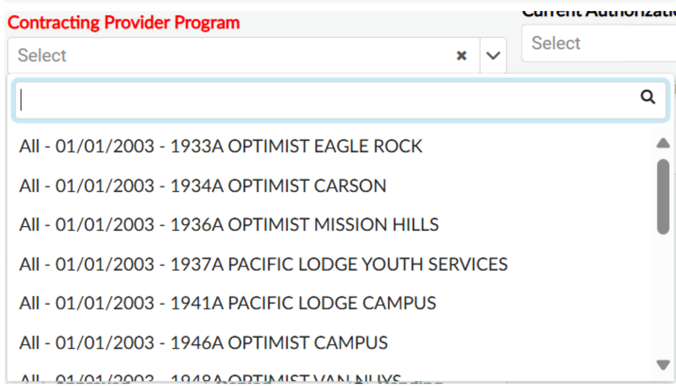


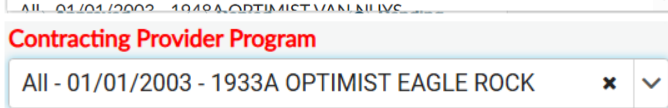
NOTE: The "**Current Authorization Status Reason**" field is auto-populated when the "Code Authorized (1)" is completed. **DO NOT MAKE A SELECTION FOR THIS FIELD**.



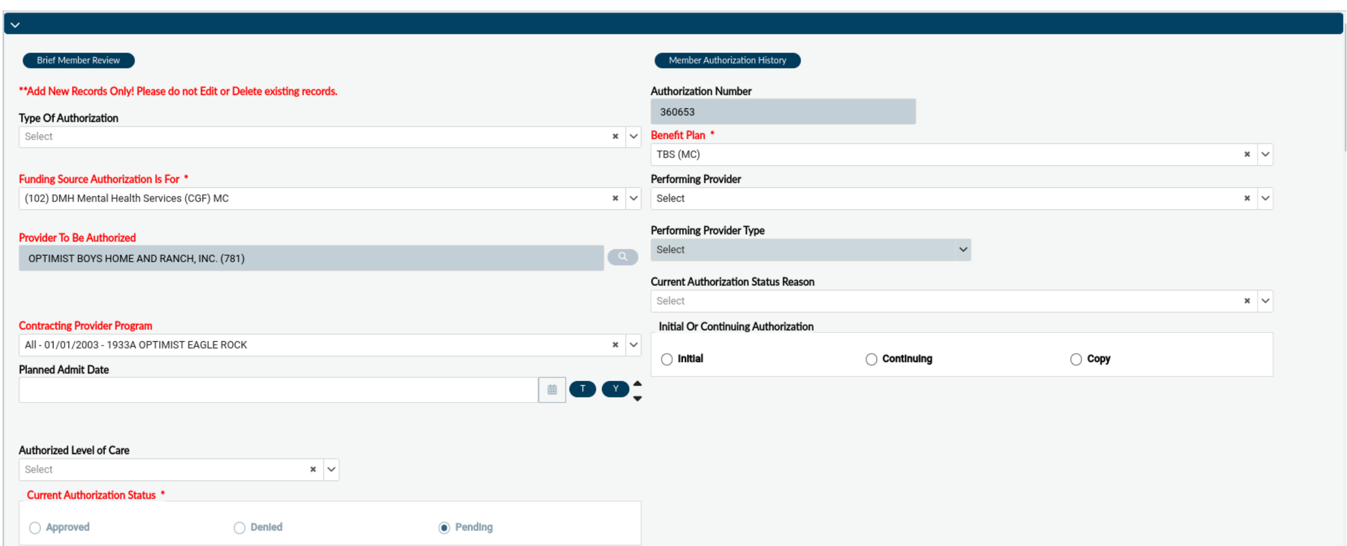
Using the dropdown under the "**Contracting Provider Program**" field, select the location where the services were provided.





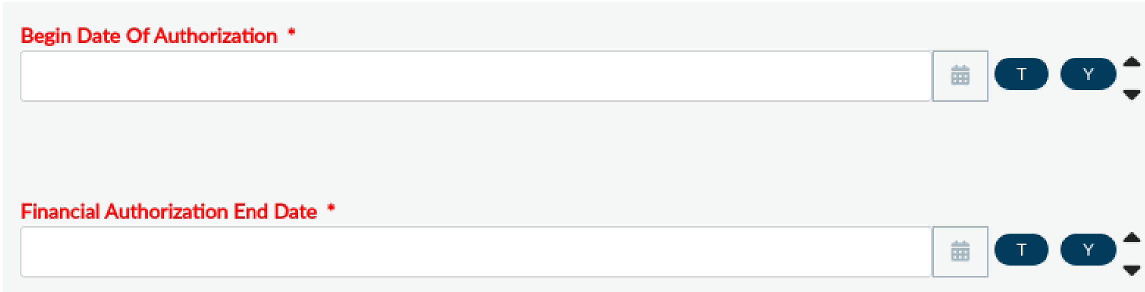


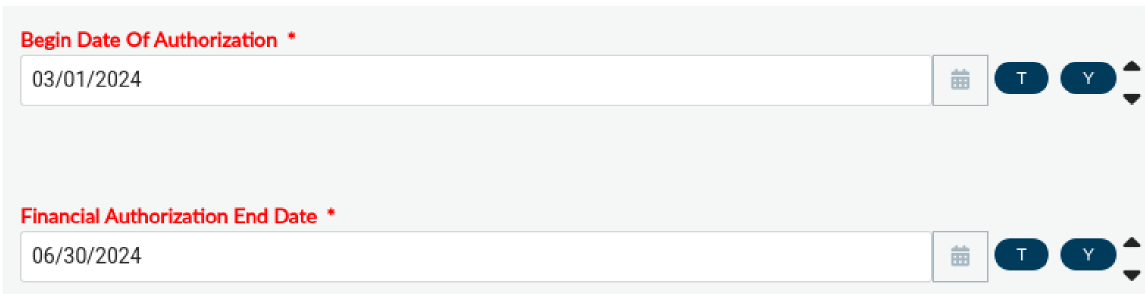
Review the section to verify that all reviewed fields have been completed.



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

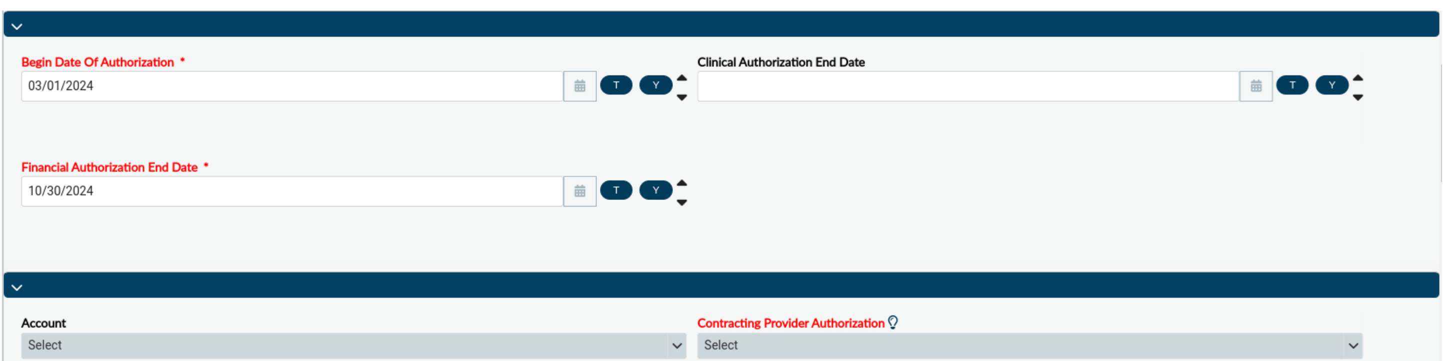
NOTE: For Authorizations that span over into the next Fiscal Year the “**Financial Authorization End Date**" **MUST** be the last day of the Fiscal Year. (example - 06/30/2XXX)



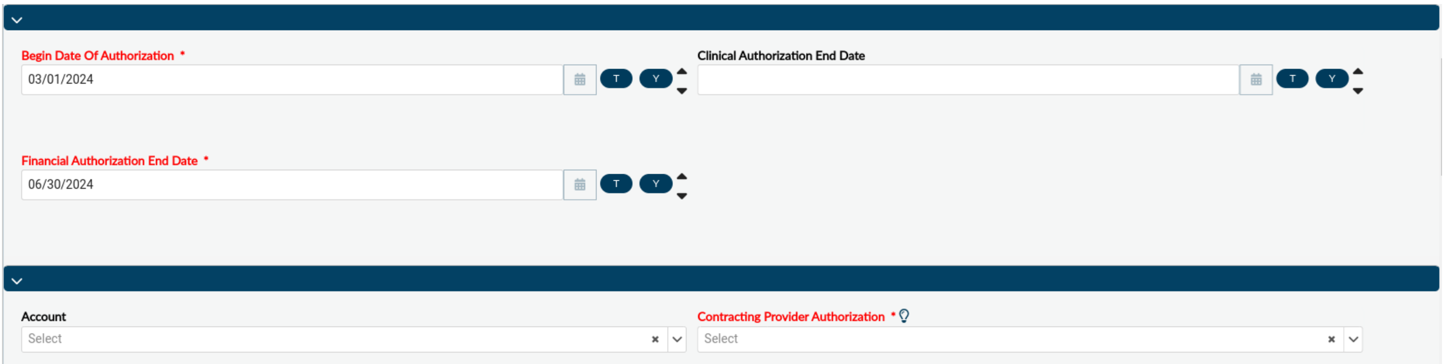


NOTE: For Authorizations that span over into the next Fiscal Year, the “**Financial Authorization End Date**" **MUST** be the last day of the Fiscal Year. (example - 06/30/2XXX). Users do not need to enter a date into the “**Clinical Authorization Date**” field. DMH Staff will enter the “**Clinical Authorization 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.

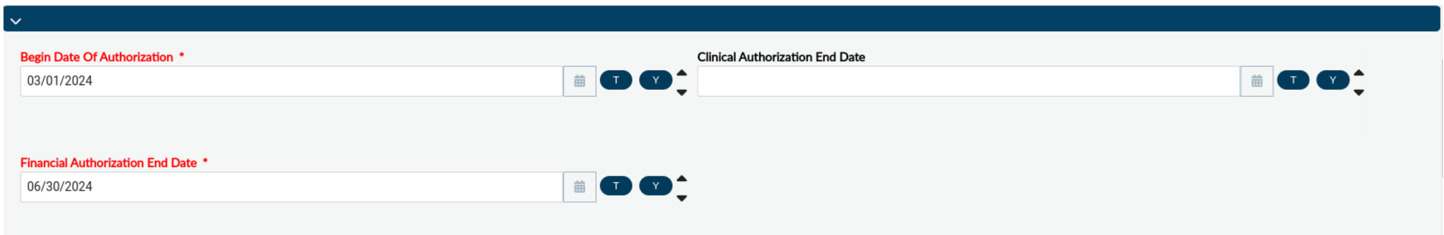


The User **MUST** enter the last day of the entered Fiscal Year into the **"Financial Authorization End Date"** before the "**Account**" and the **"Contracting Provider Authorization"** field will show ungrayed.

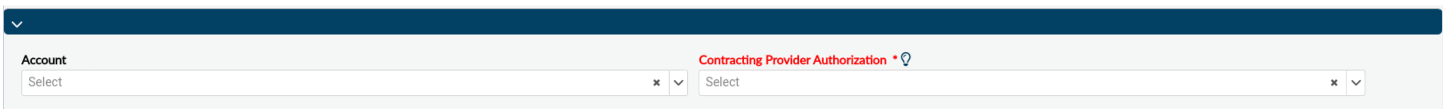


NOTE: Once the Authorization is **"Approved,"** DMH staff will enter the actual end date in the **"Clinical Authorization End Date"** field.

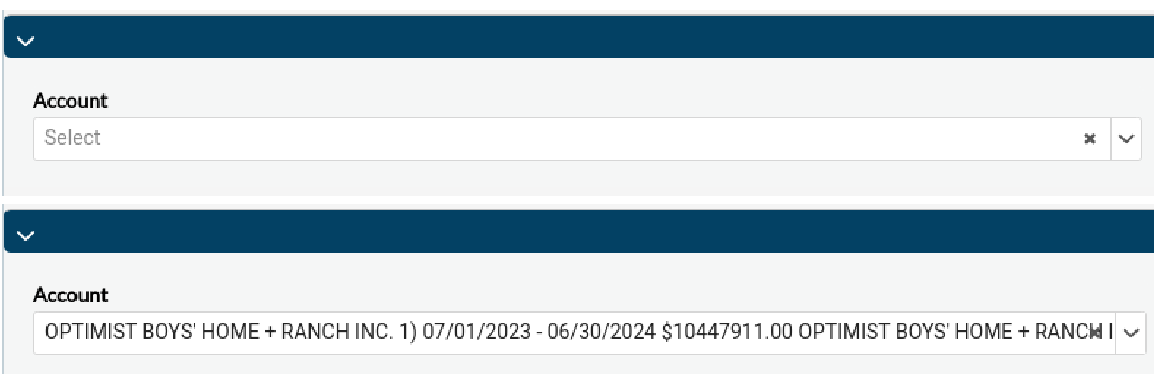
Review the section to verify all fields that were reviewed have been completed.



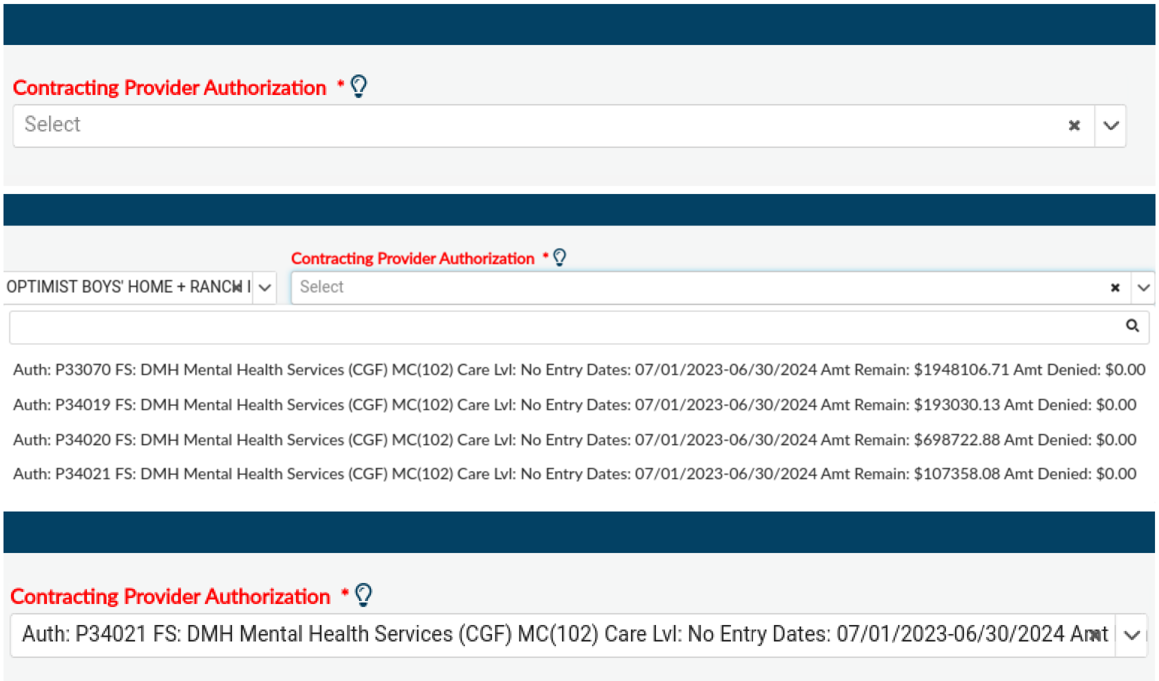
Using the dropdown select the "**Account**" to be used for the authorization and the "**Contracting Provider Authorization**".



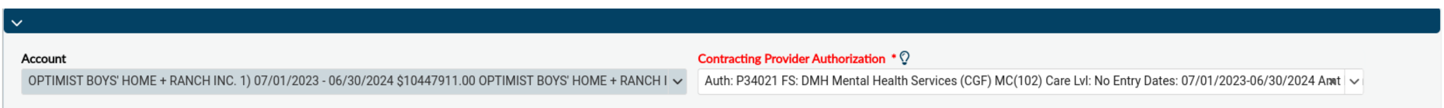
Using the **"Account"** dropdown, select the account for this authorization request.



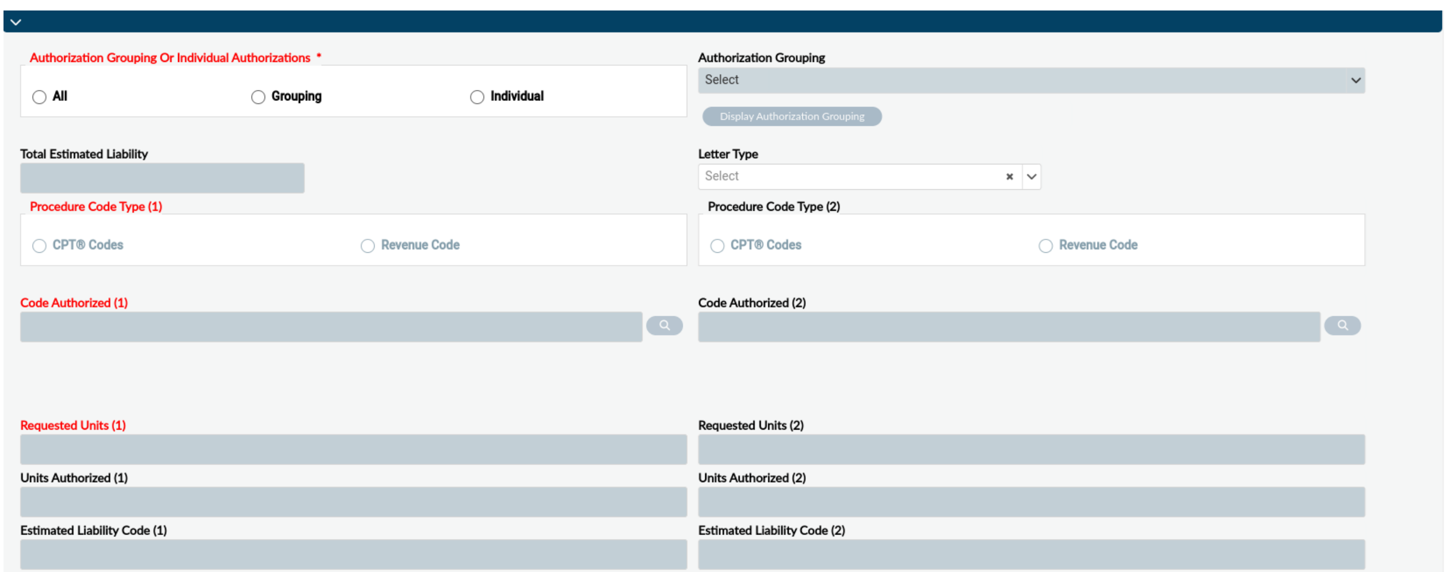
Using the **“Contracting Provider Authorization”** dropdown, select the P-Auth for this authorization request.



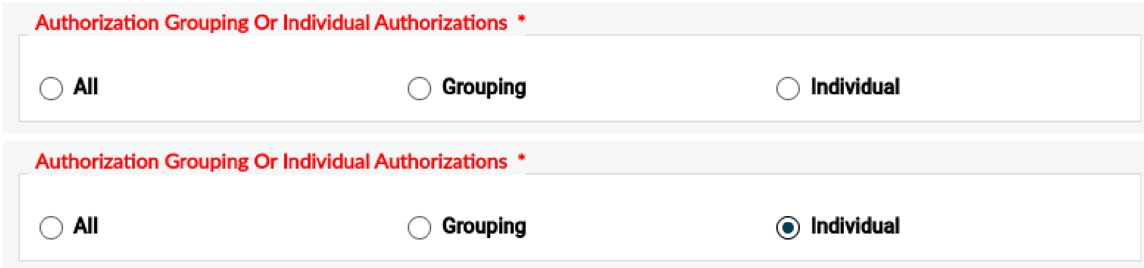
Review the section to verify all fields that were completed with the correct information.



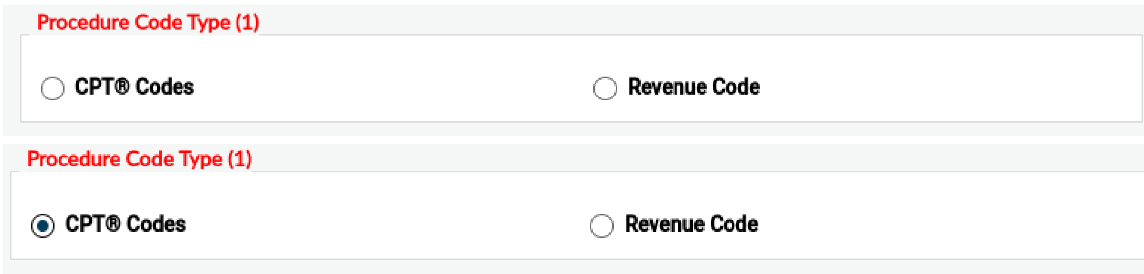
The fields in this section are dynamic. Once the correct information has been entered into the other field(s), the fields will be ungrayed.



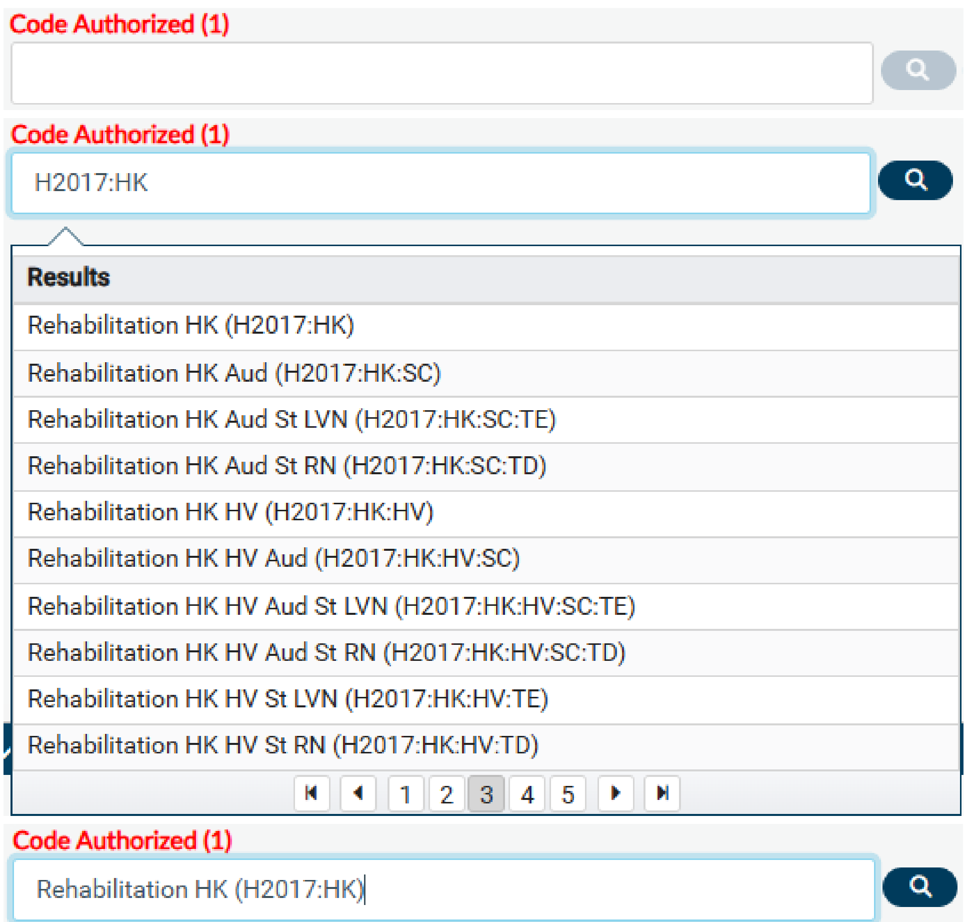
For **“Authorization Grouping OR Individual Authorization”,** select the “**Individual**” radio button.



For “**Procedure Code Type (1)**”, select the “**CPT Codes**” radio button.



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**”.



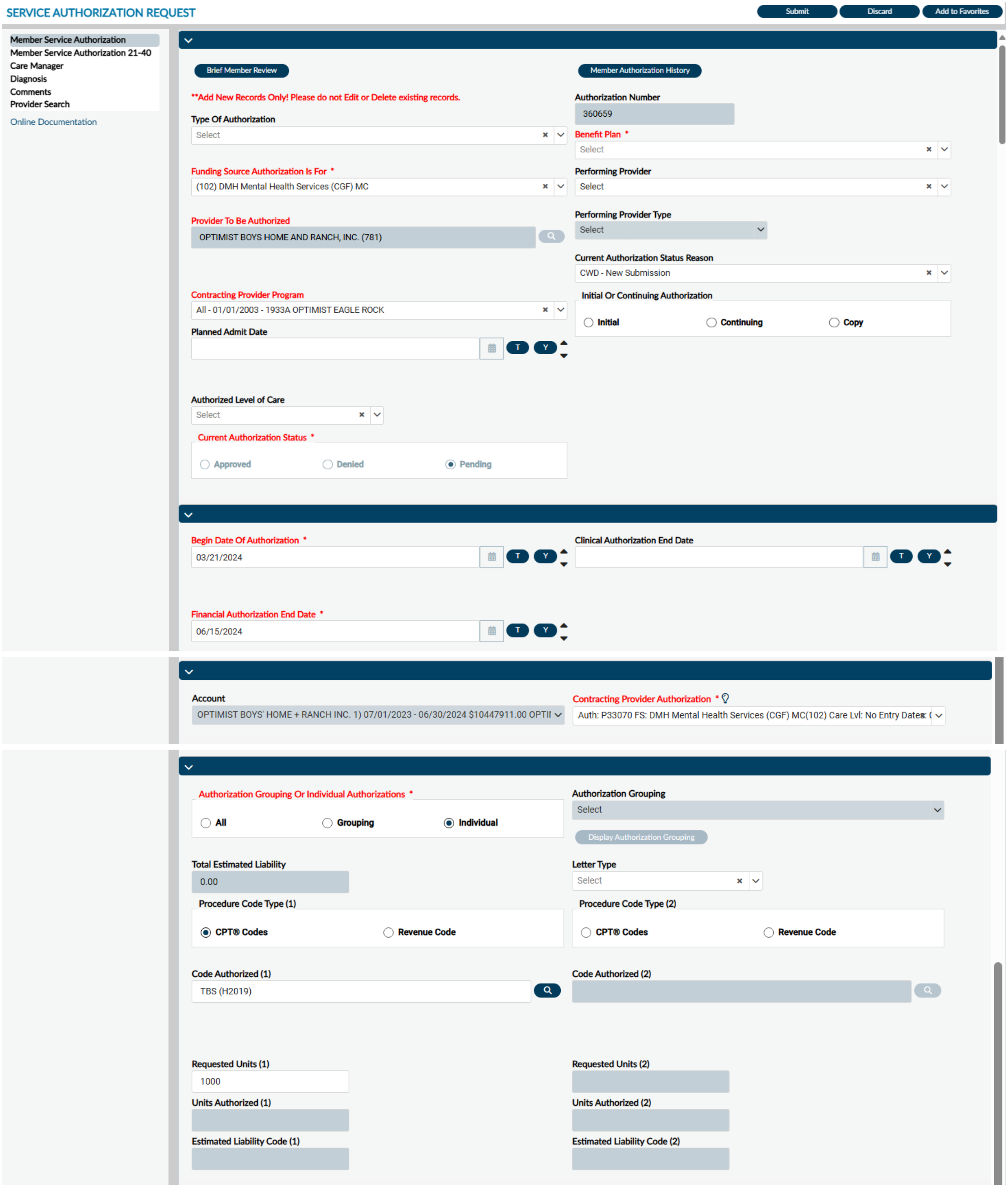
NOTE: The Procedure Code must be selected according to the type of services provided and requiring authorization, see list below.

*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.

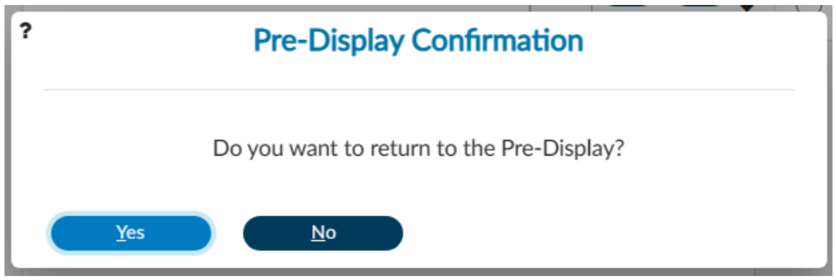
Review the section to verify that all reviewed fields have been completed.

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



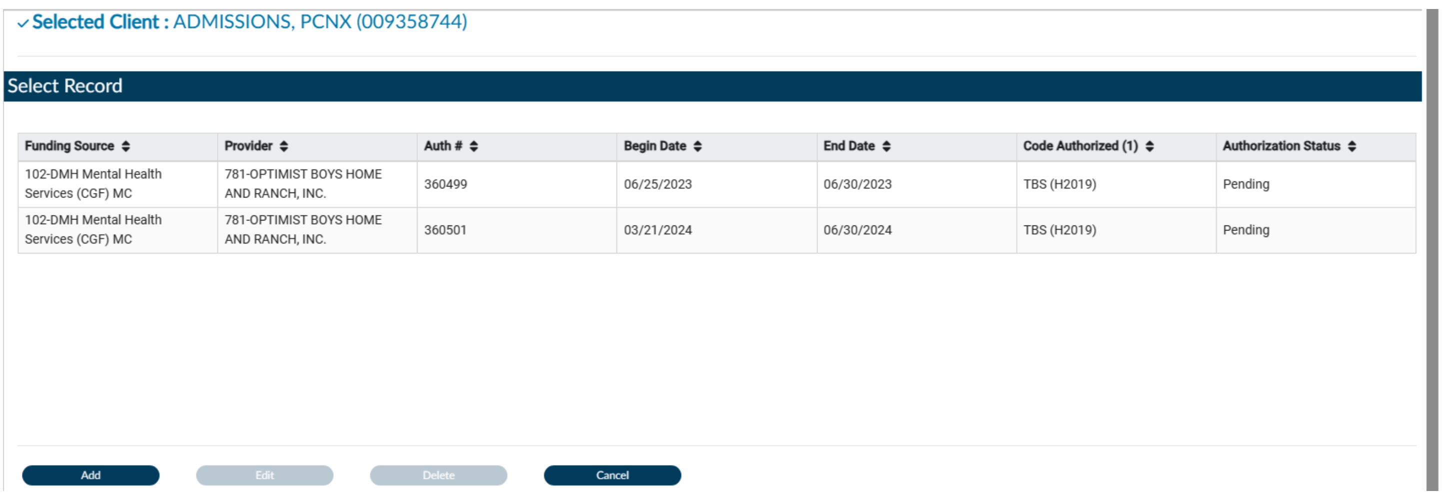
Scroll to the top of the form and select the “**Submit**” button.

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.

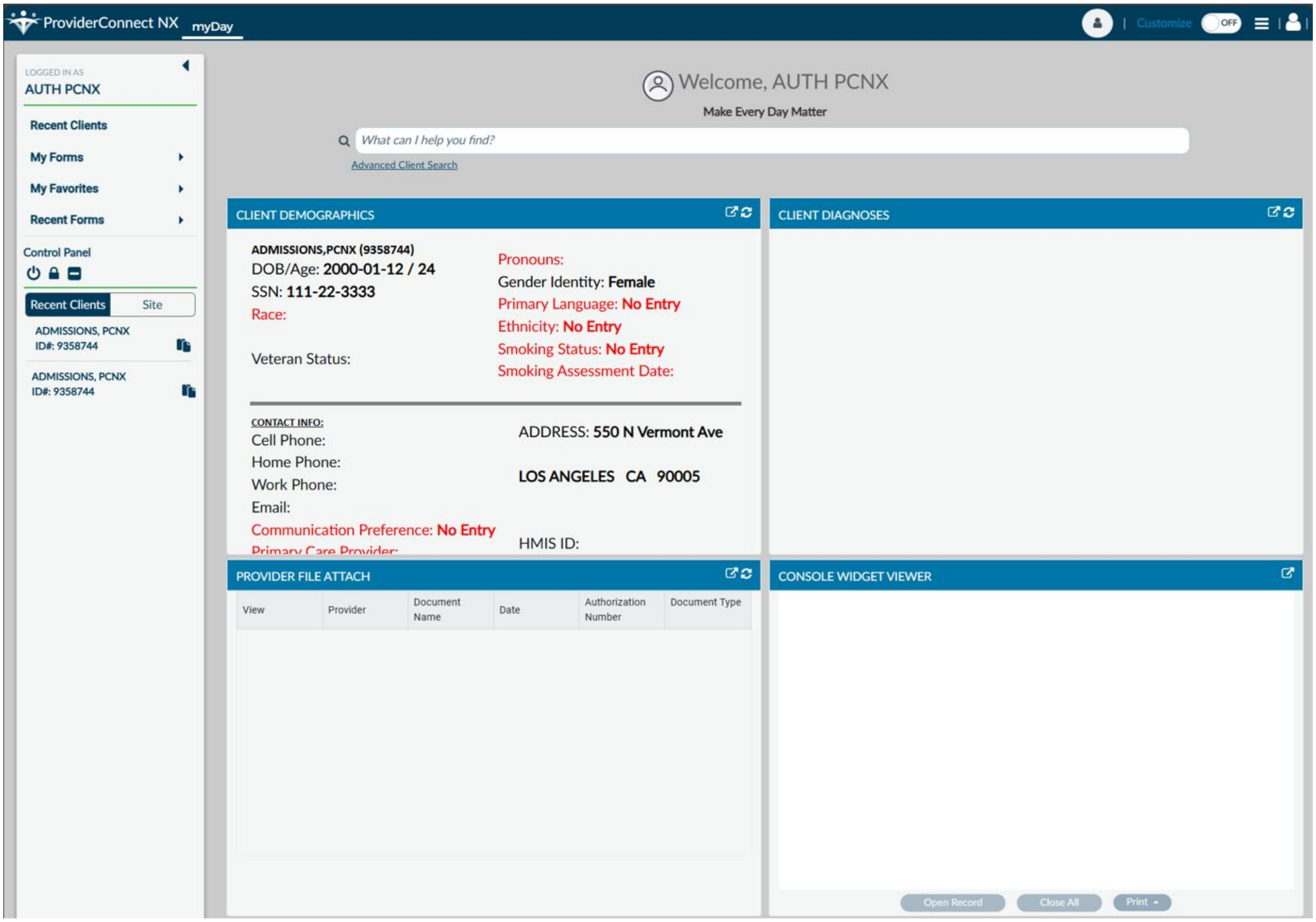


Note: For example, select “**YES**” to navigate back to the pre-display screen.

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**”.



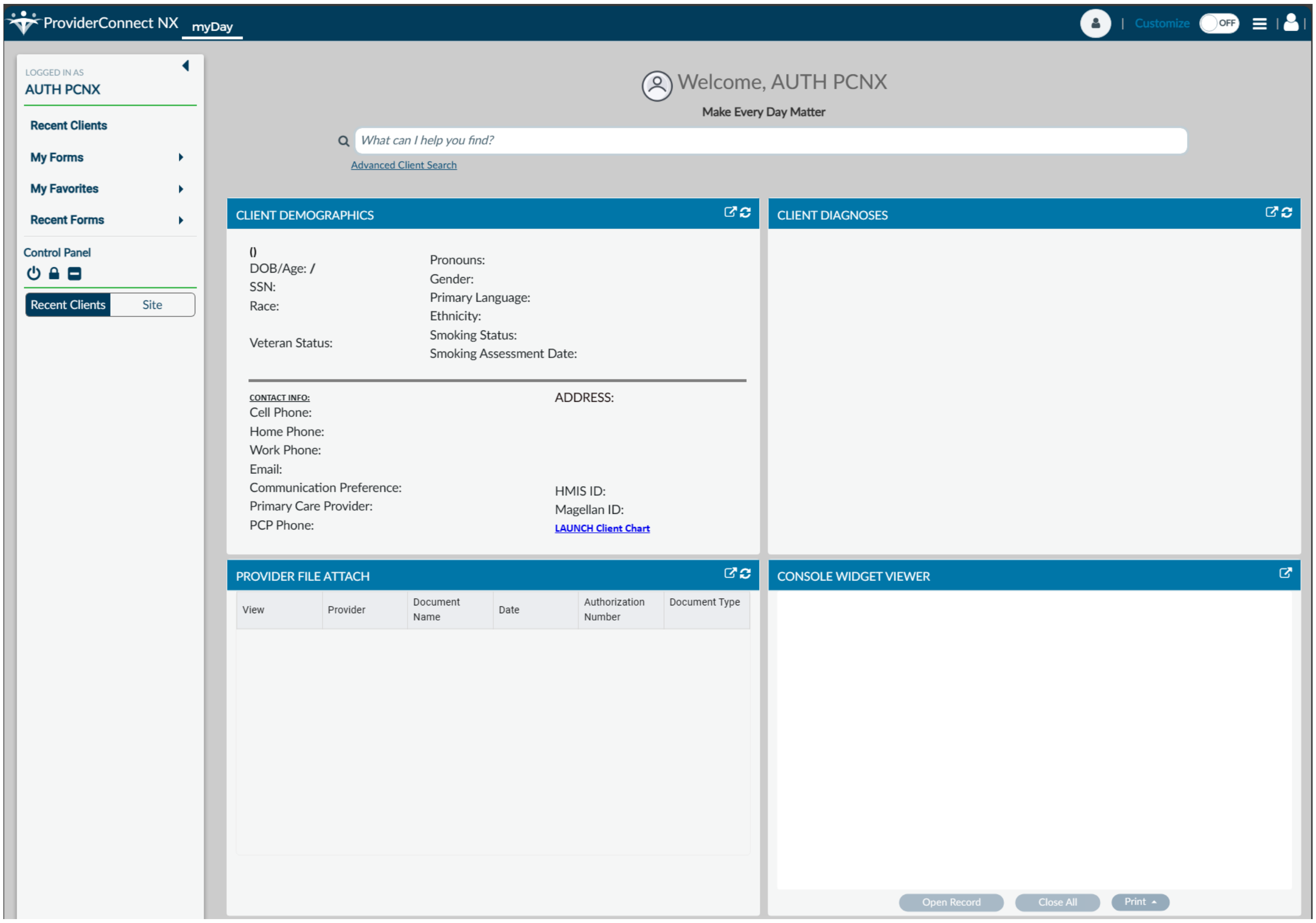
Home Screen



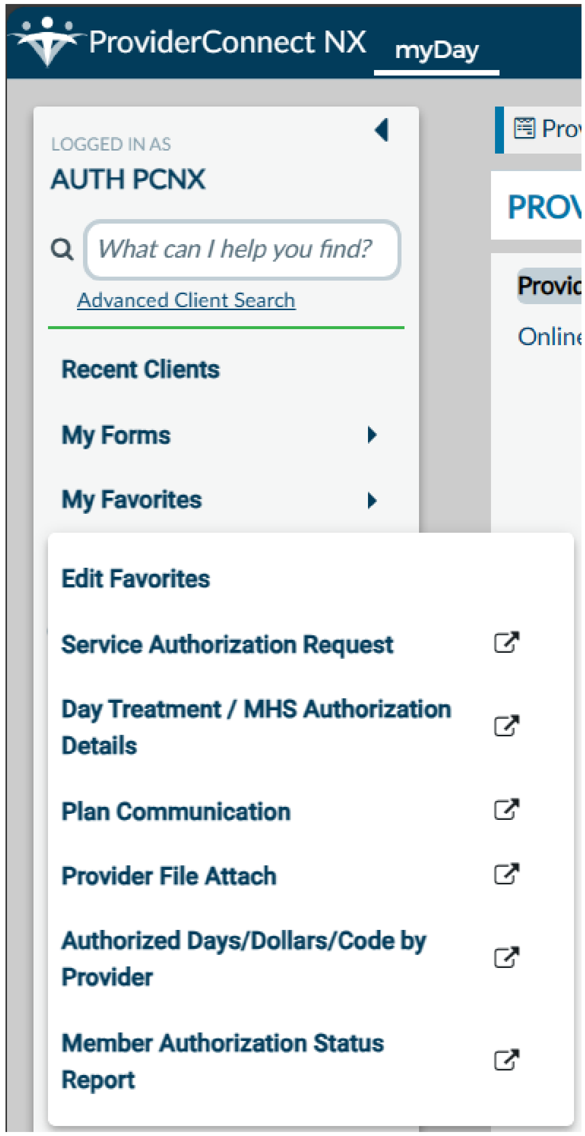
ProviderConnect NX
myDay
Customize
LOGGED IN AS
AUTH PCNX
Recent Clients
My Forms
My Favorites
Recent Forms
Control Panel
Recent Clients
Site
ADMISSIONS, PCNX
ID#: 9358744
ADMISSIONS, PCNX
ID#: 9358744
Welcome, AUTH PCNX
Make Every Day Matter
What can I help you find?
Advanced Client Search
CLIENT DEMOGRAPHICS
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
ADDRESS: 550 N Vermont Ave
LOS ANGELES CA 90005
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 File

From the "**Home**" screen

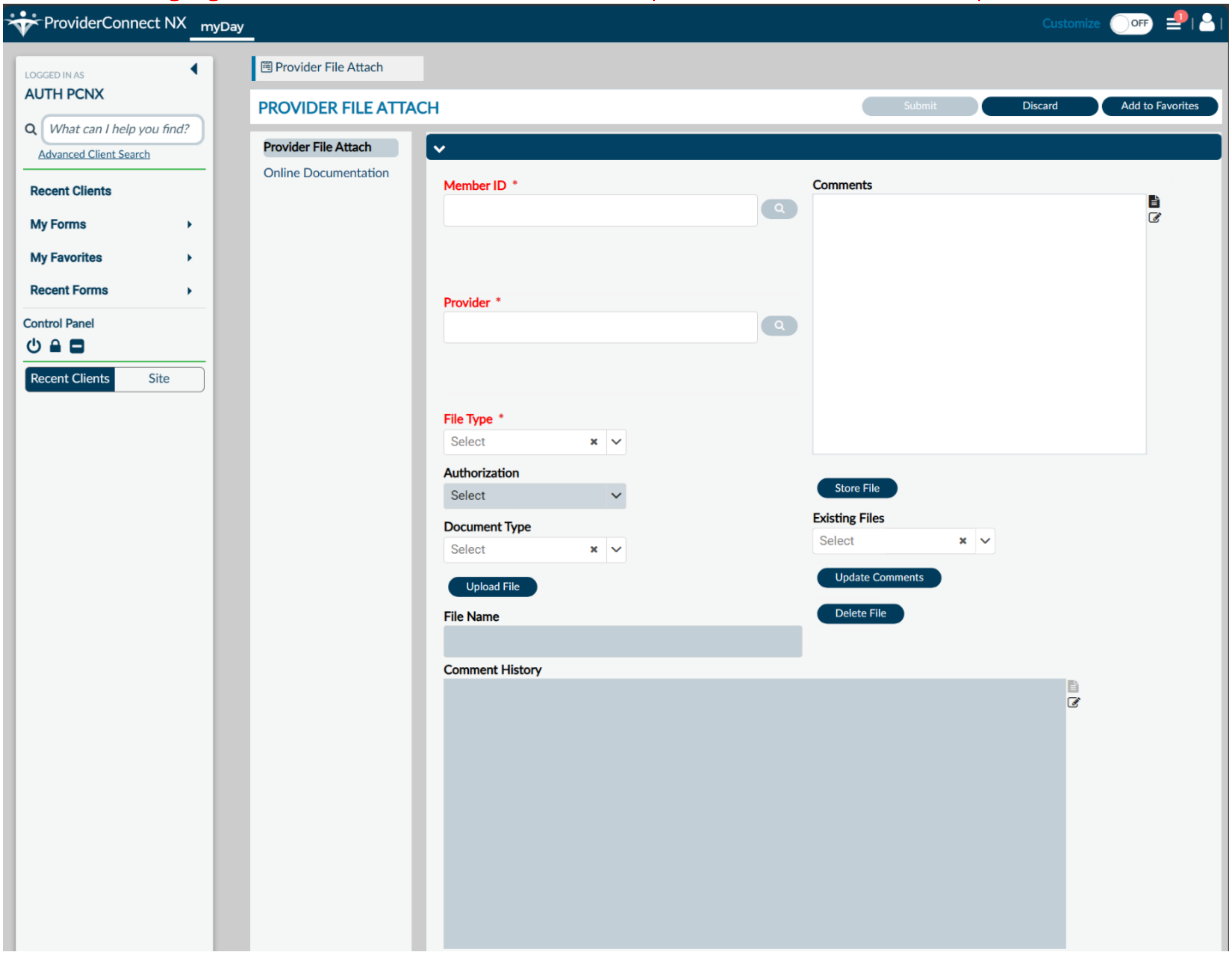


Using the “**My Favorites**” tab in the **TASK navigation,** select “**Provider File Attach**” to navigate to that form.



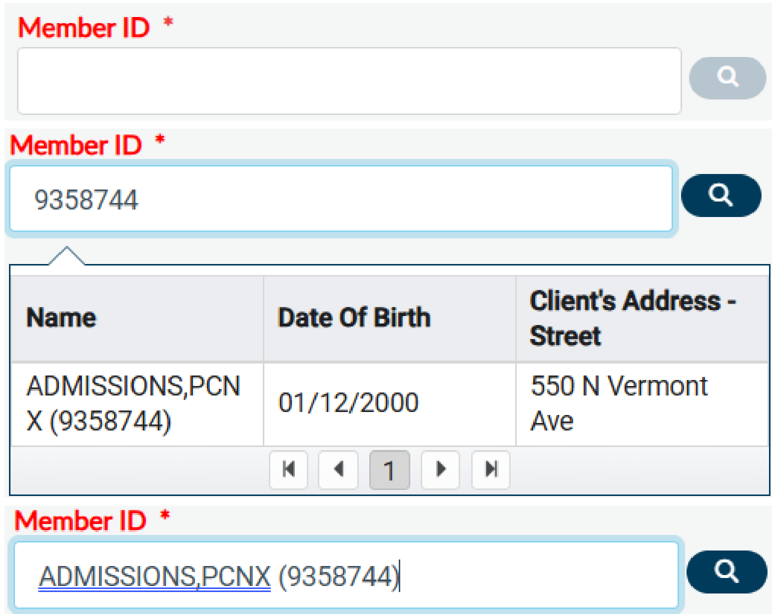
Once on the "**Provider File Attach**" form enter the "**Member ID,**" "**Provider,**" and "**File Type**" to upload an attachment (File). In this section, the fields are dynamic. Fields will be ungrayed once other field(s) have been completed with the correct information.

NOTE: The fields highlighted in **RED** with a **RED Asterisk** are required fields and must be completed.

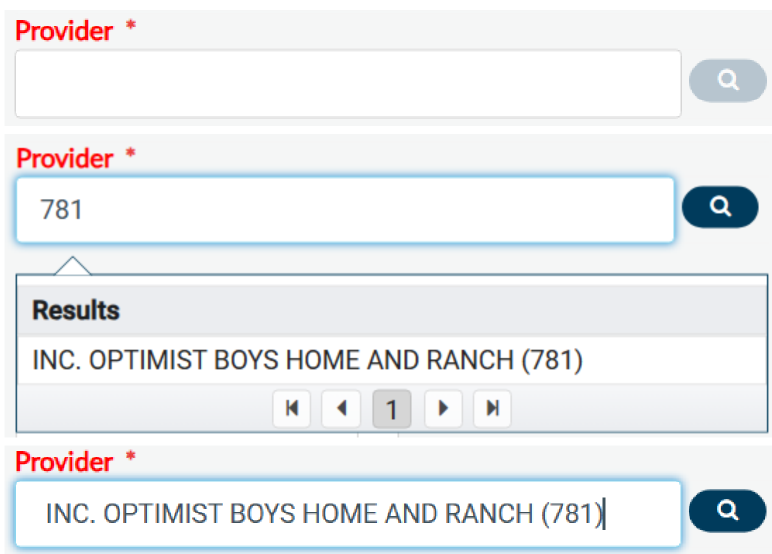


To Upload an Attachment (File)

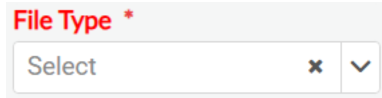
Enter “**Member ID**”

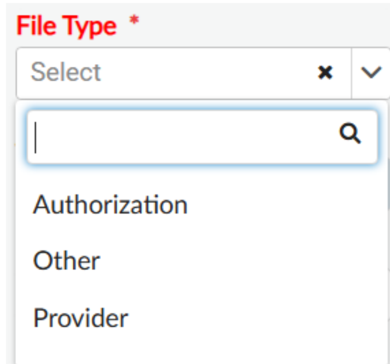


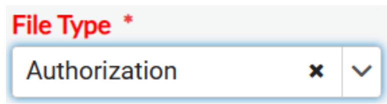
Enter the “**Provider ID**”



From the “**File Type**” dropdown, select “**Authorization**”

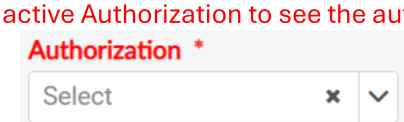


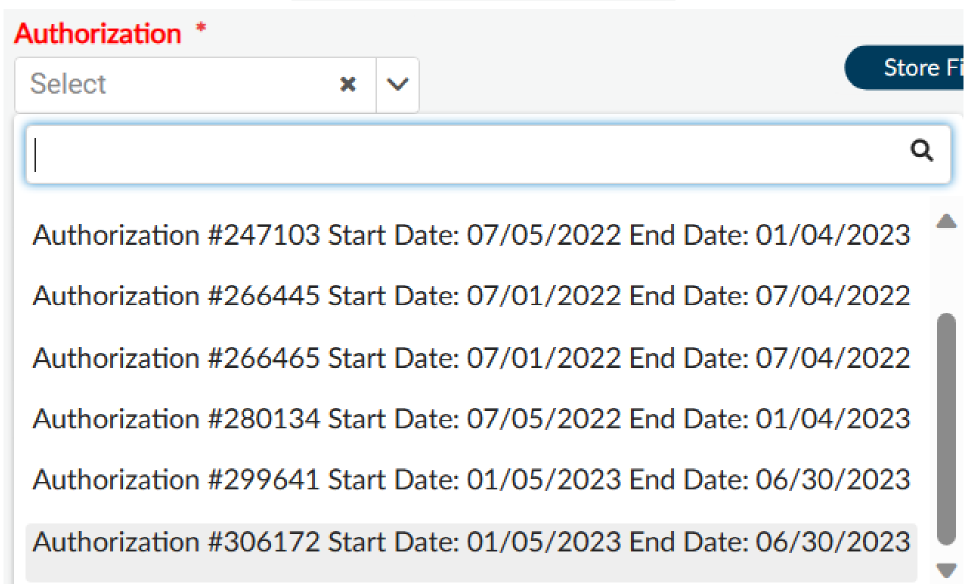


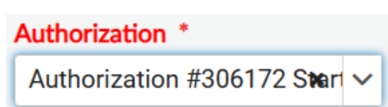


From the “**Authorization**” dropdown, select the desired authorization number.

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

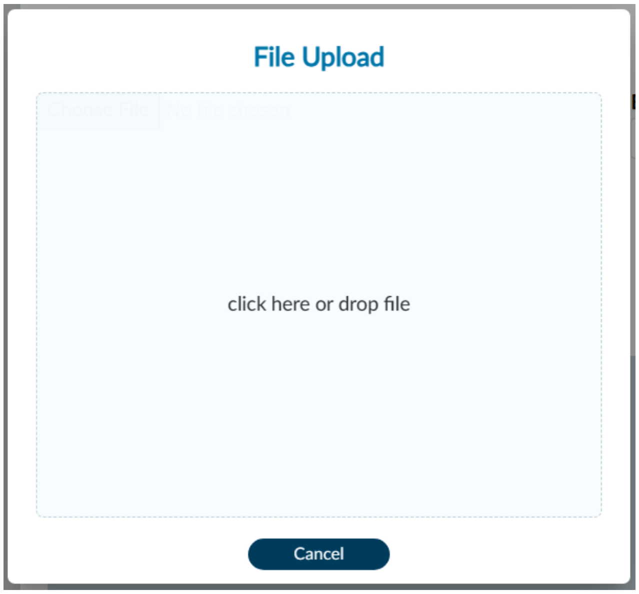


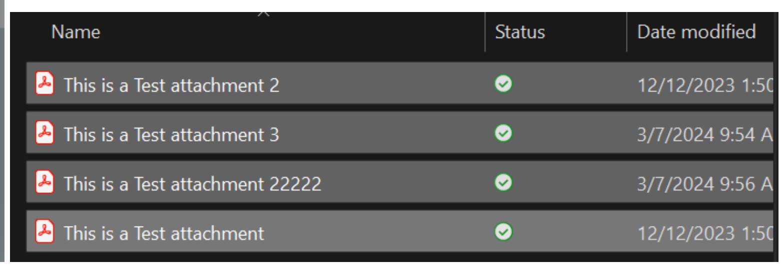


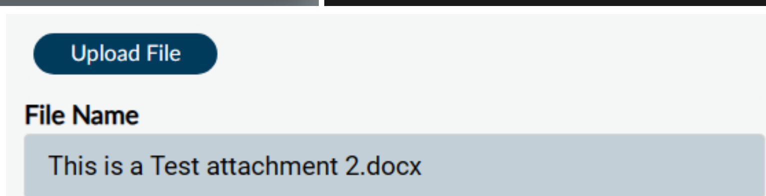


Select the “**Upload File**” button. Two windows will open. One is where the User must select the file to upload from their computer and the other is where the User can drag and drop the file to upload.

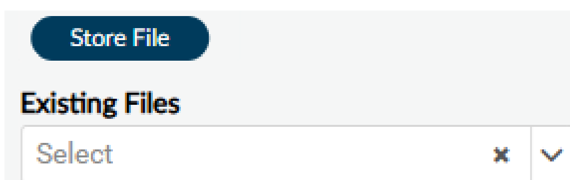
NOTE: The maximum file size is 100MB. The only accepted file type is PDF.





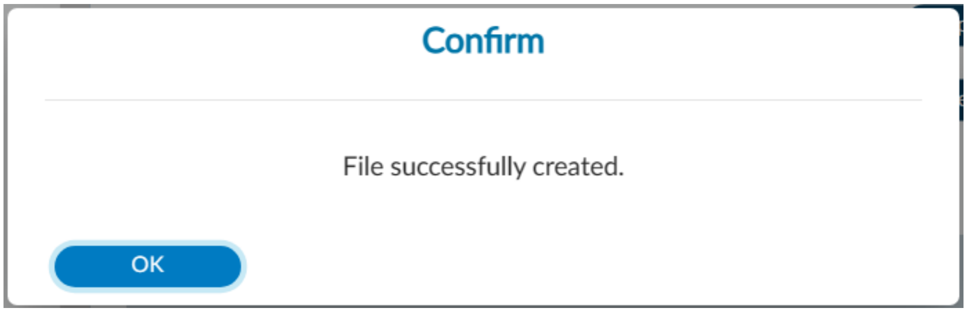


Click the “**Store File**” button to complete the file upload.



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.

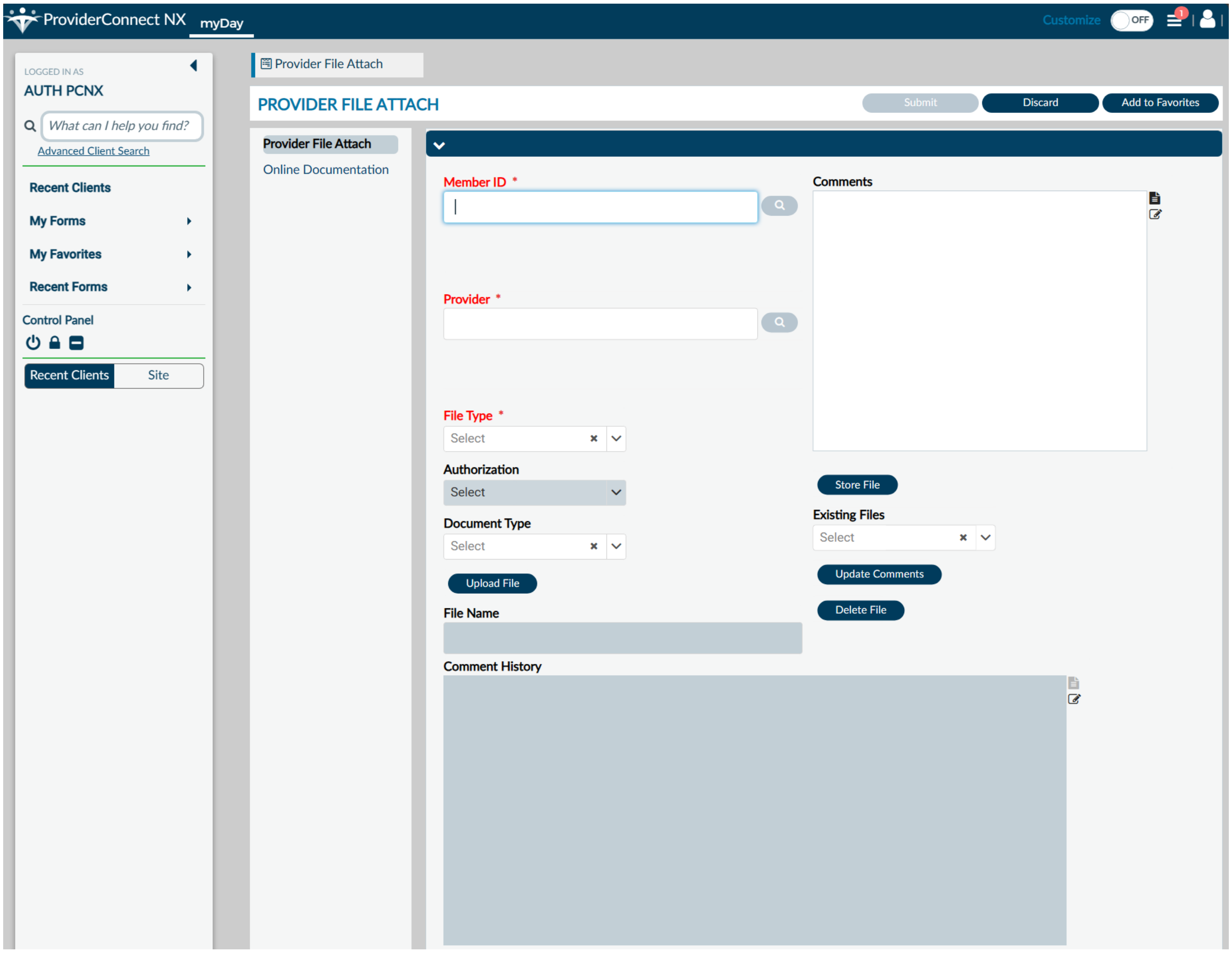
NOTE: Users will **NEVER** use the **"SUBMIT"** button to upload files



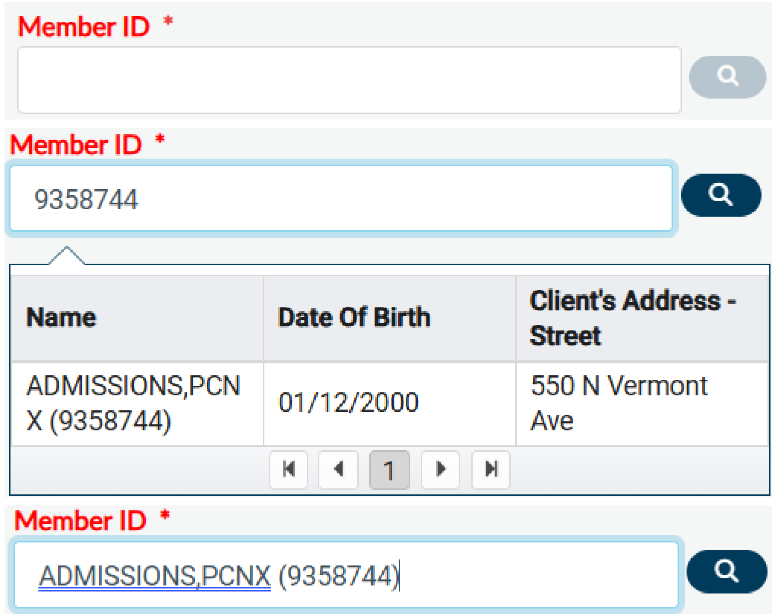
ProviderConnect NX: How to View, Print or Save uploaded files

To View Uploaded Attachments (Files)

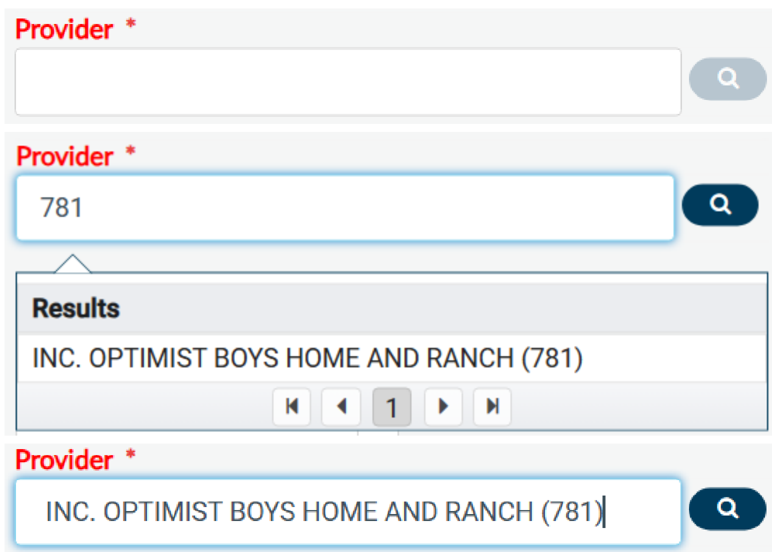
Using the "**Provider File Attach**" form



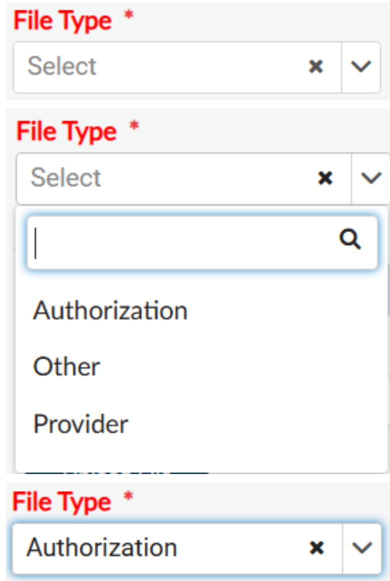
Enter “**Member ID**”



Enter the “**Provider ID**”

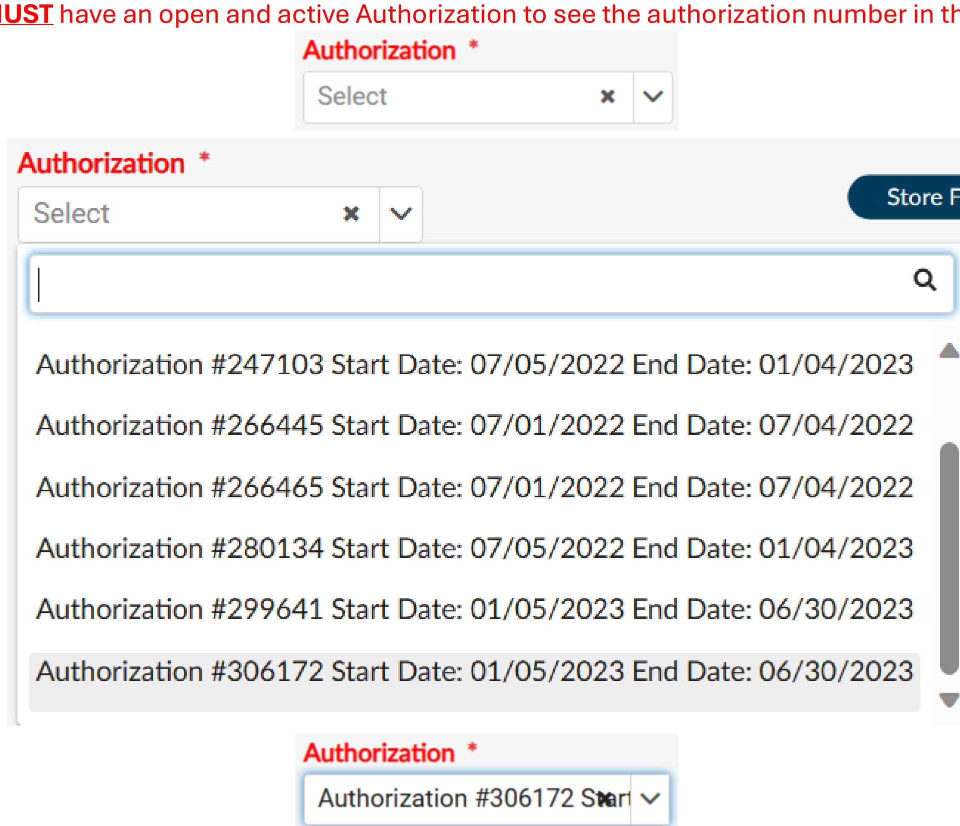


From the “**File Type**” dropdown, select “**Authorization**”

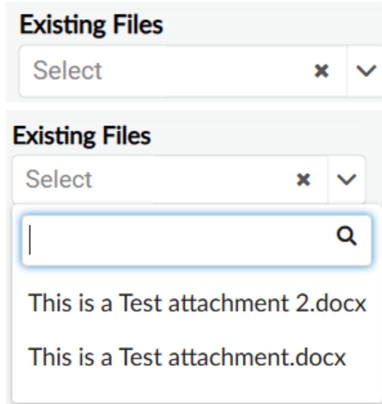


From the “**Authorization**” dropdown, select the desired authorization number.

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

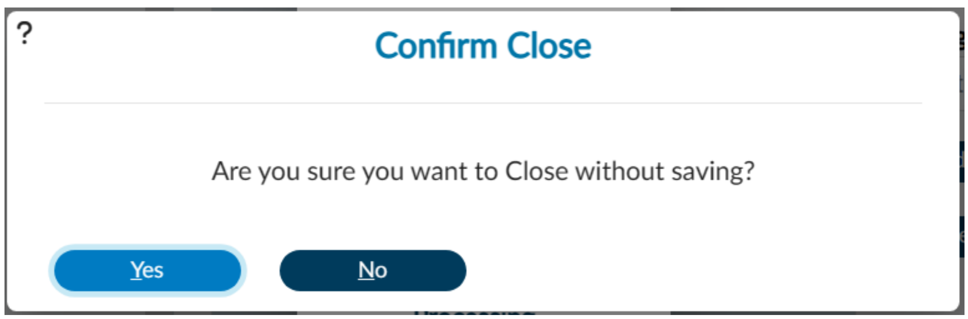


Using the “**Existing Files**” dropdown, Users will see the uploaded file for the selected Authorization.



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

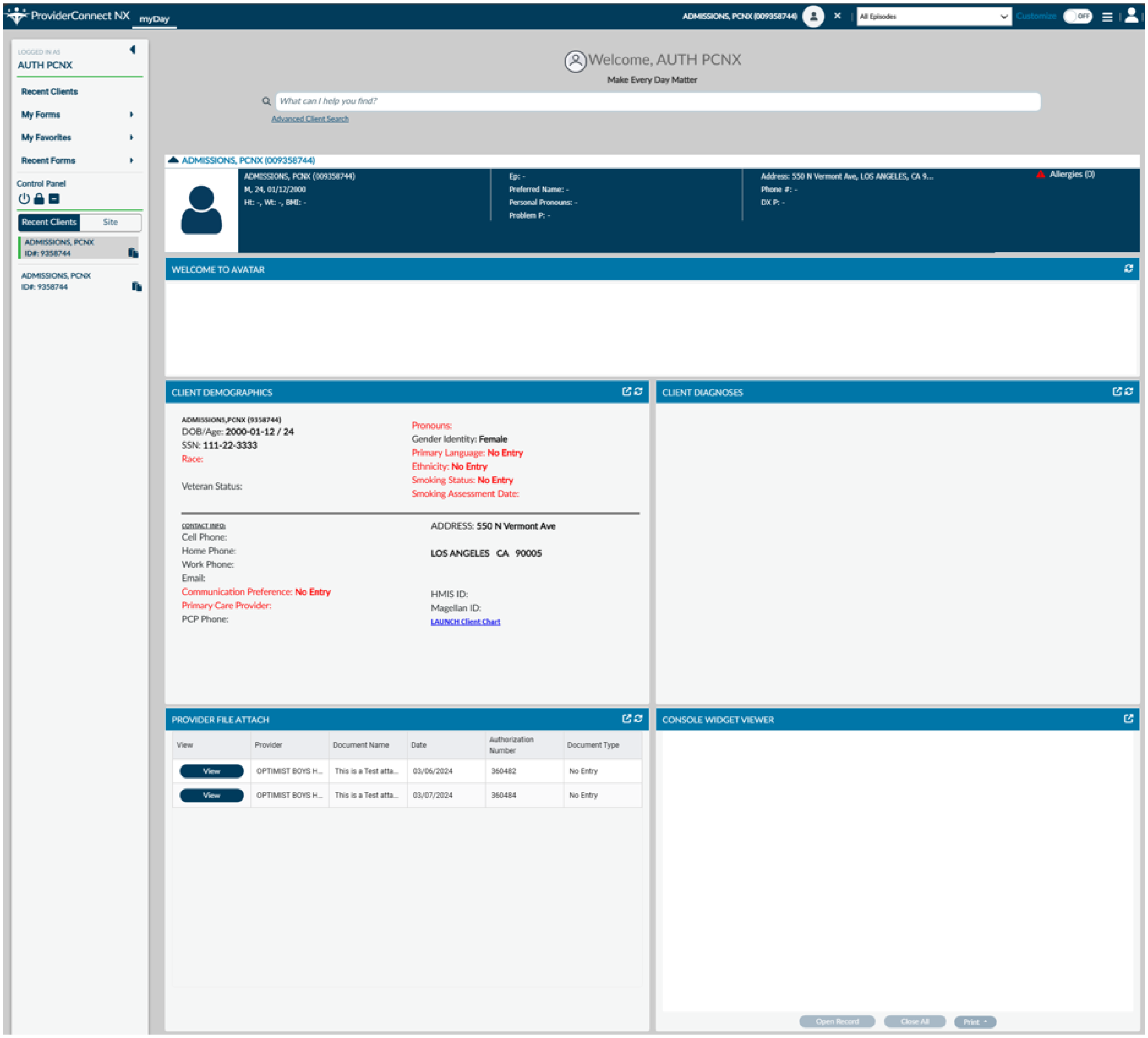
The system will ask the User “**Are you sure you want to Close without saving?**”. The User will select the “**Yes**” button.



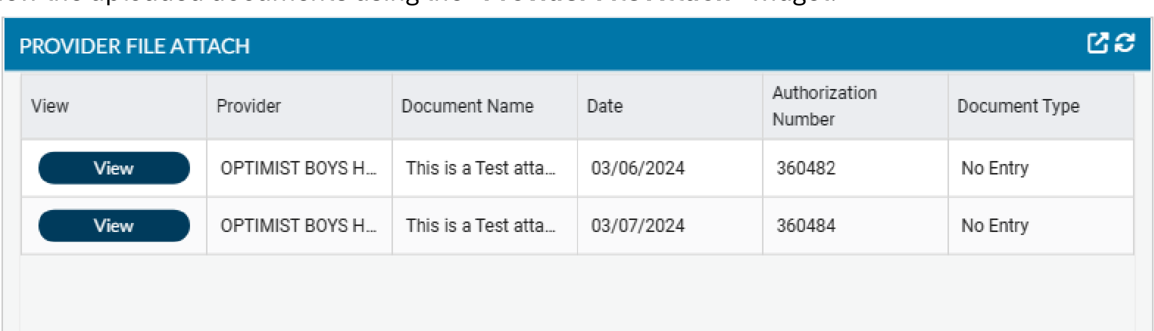
This will navigate the User back to the “**Home Screen**”.

To View Uploaded Attachments (Files)

From the “**HOME**” screen



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



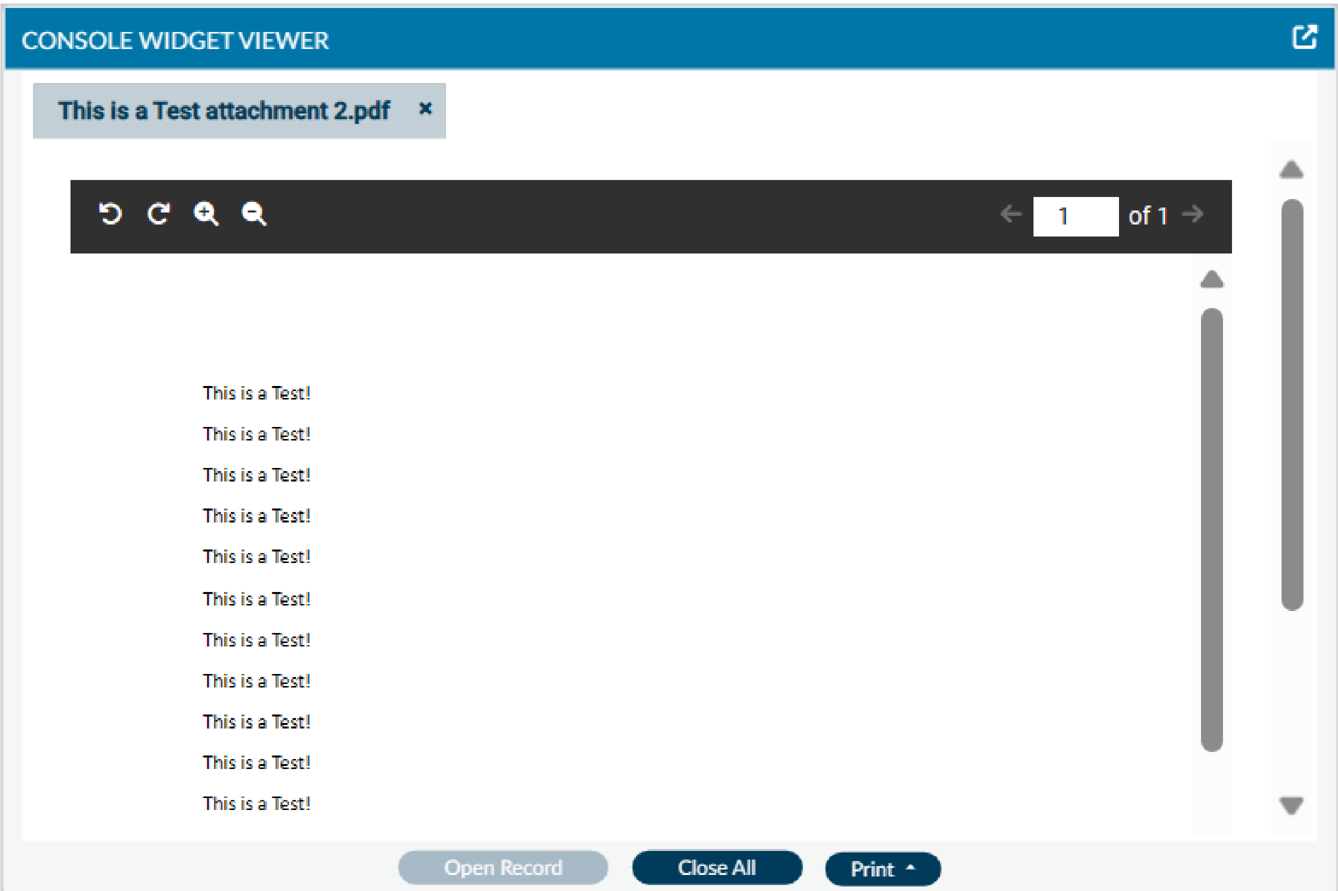
PROVIDER FILE ATTACH

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

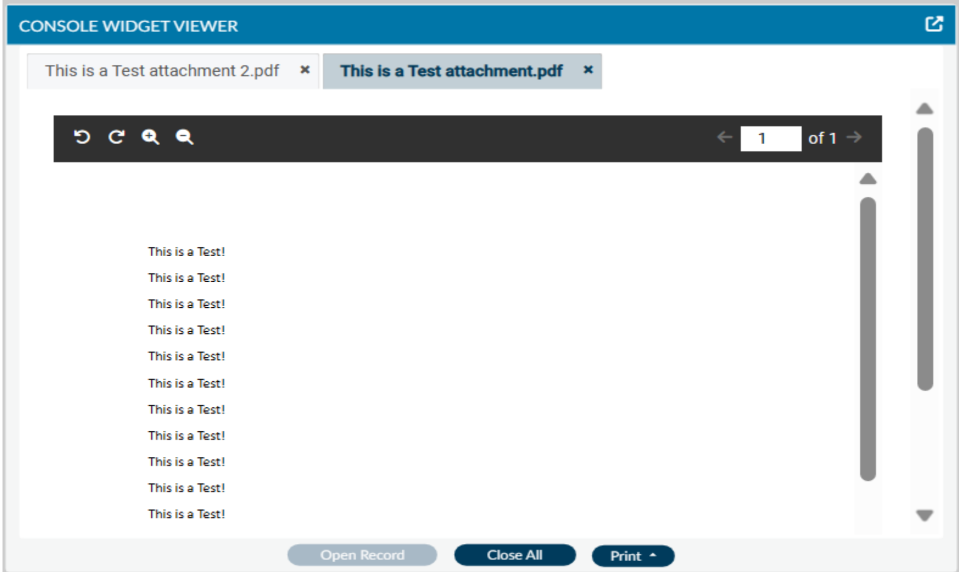
Once selected, the document will be viewed in the "**Console Widget Viewer**" widget.



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

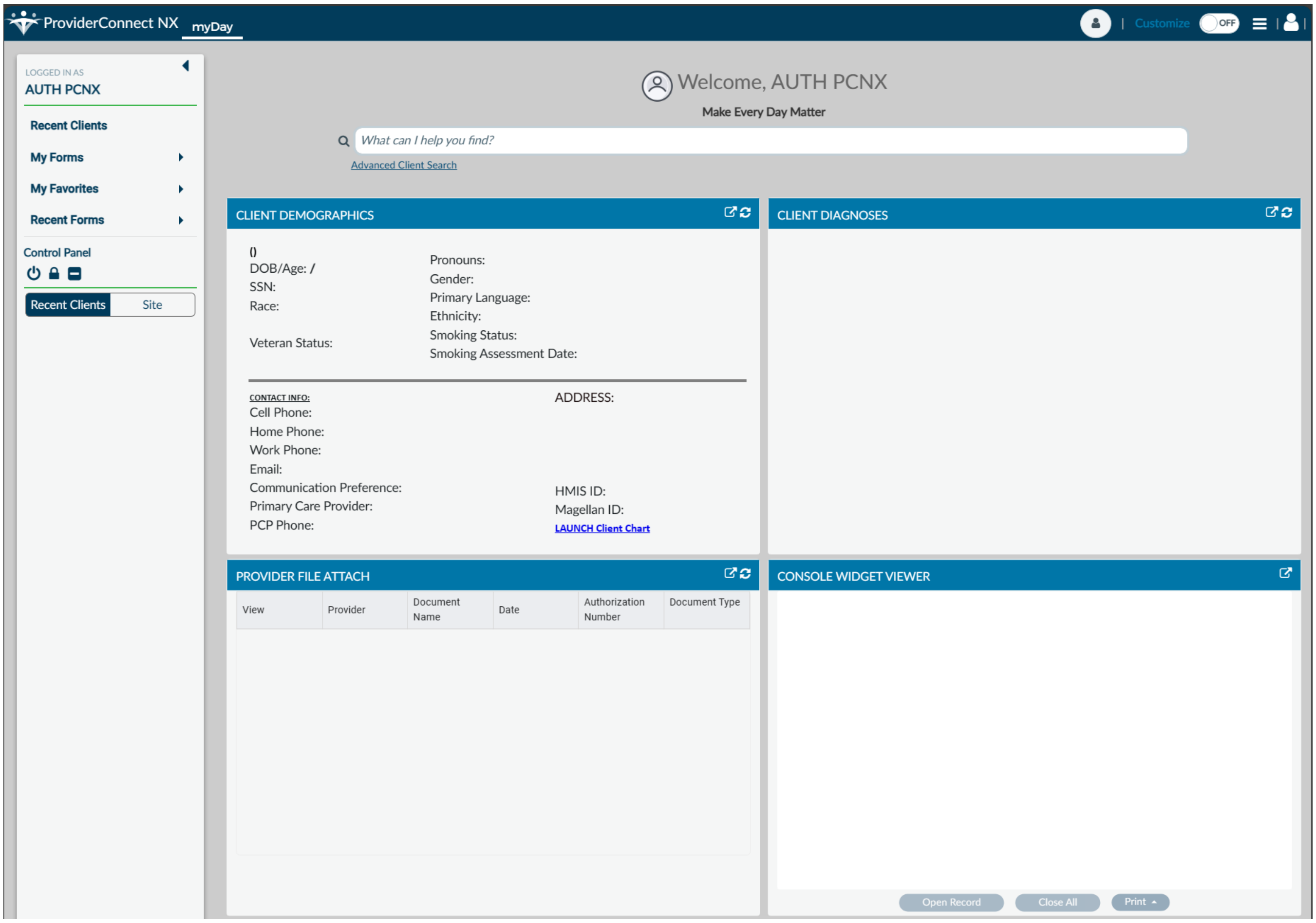
View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

Users will see the file name across the top of the "**Console Widget Viewer.**"

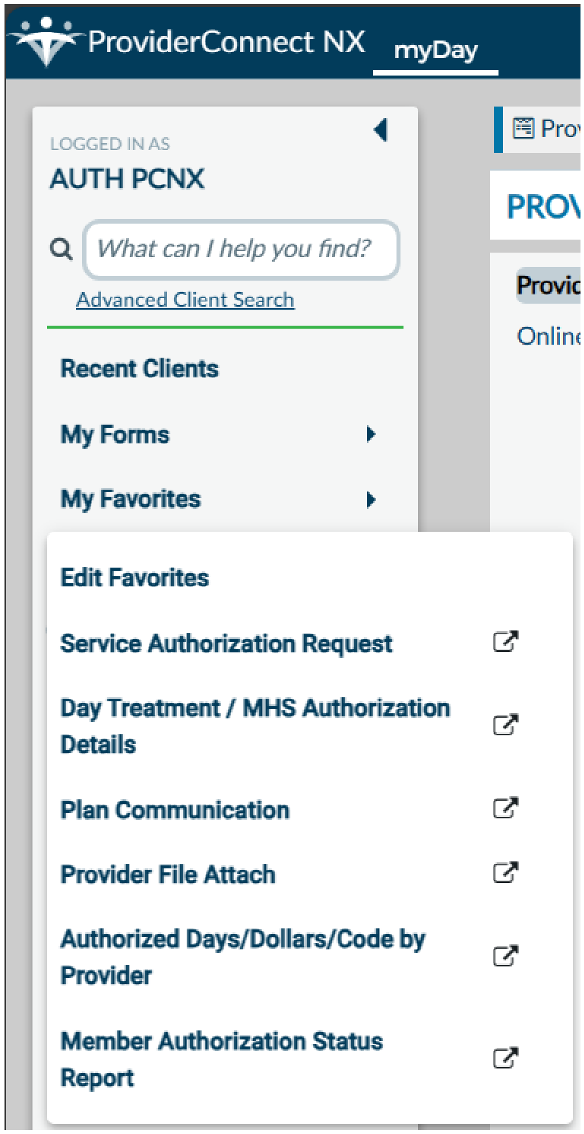


ProviderConnect NX: How to View Authorization Reports

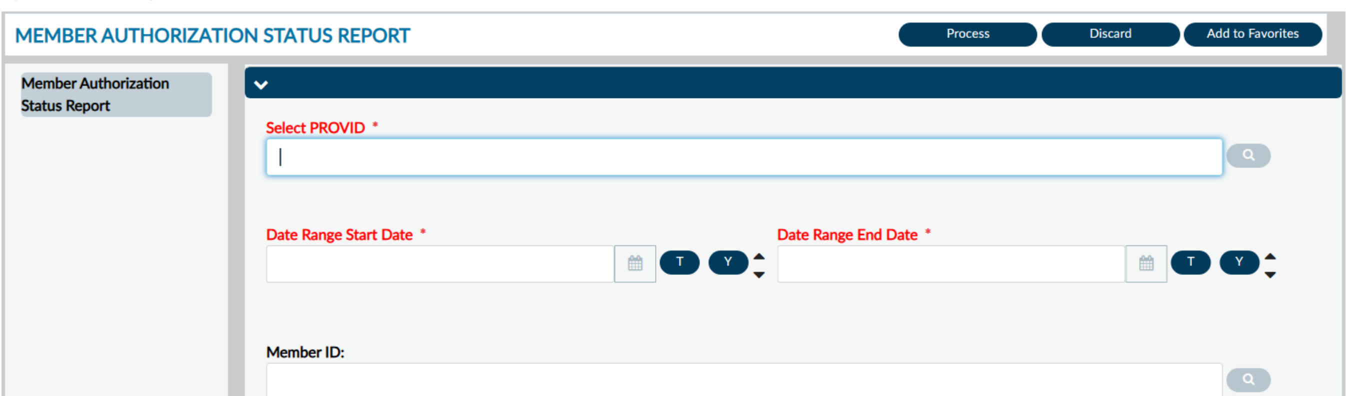
From the "**Home**" screen



Using the "**My Favorites**" tab in the **TASK navigation**, select **"Member Authorization Status Report"** to open the form.

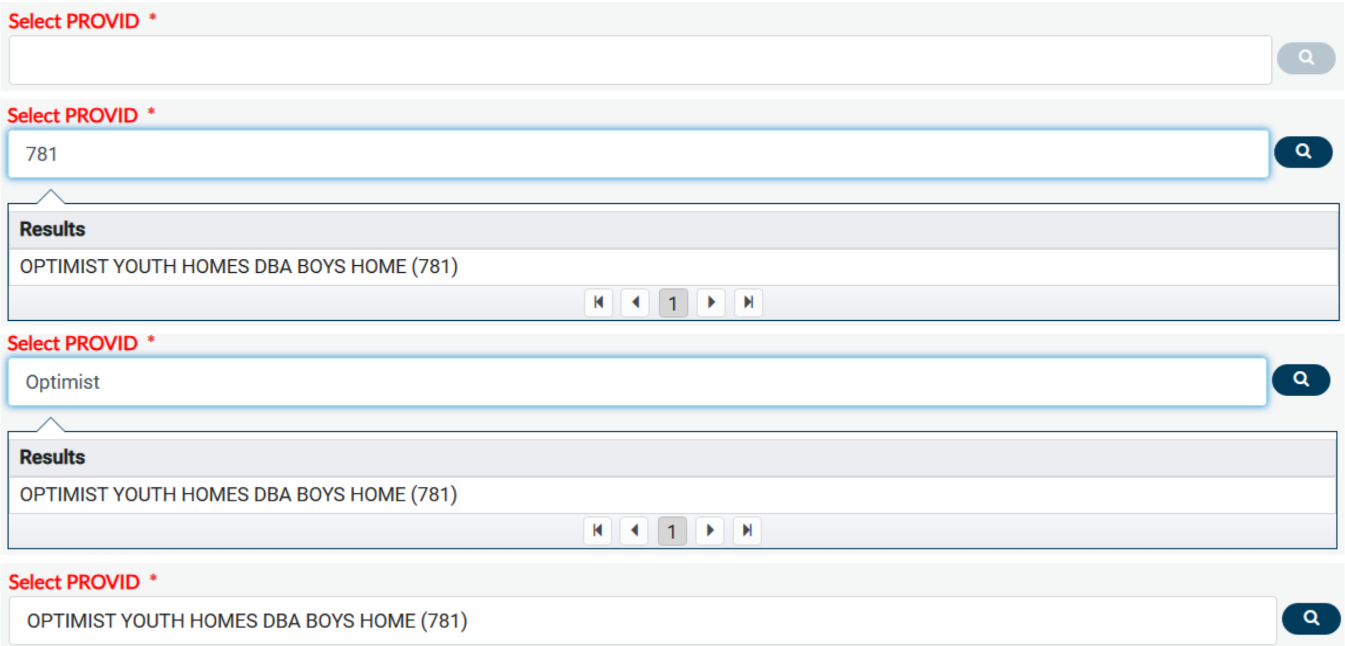


Complete all required fields in **RED**.

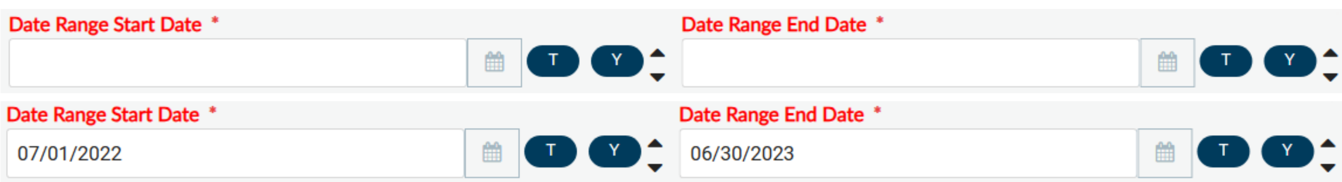


NOTE: All field names in **RED** with a RED **Asterisk** are required fields and must be completed before a report can be processed.

Enter the User Provider number or the Provider name in the “**Select PROVID**” field.

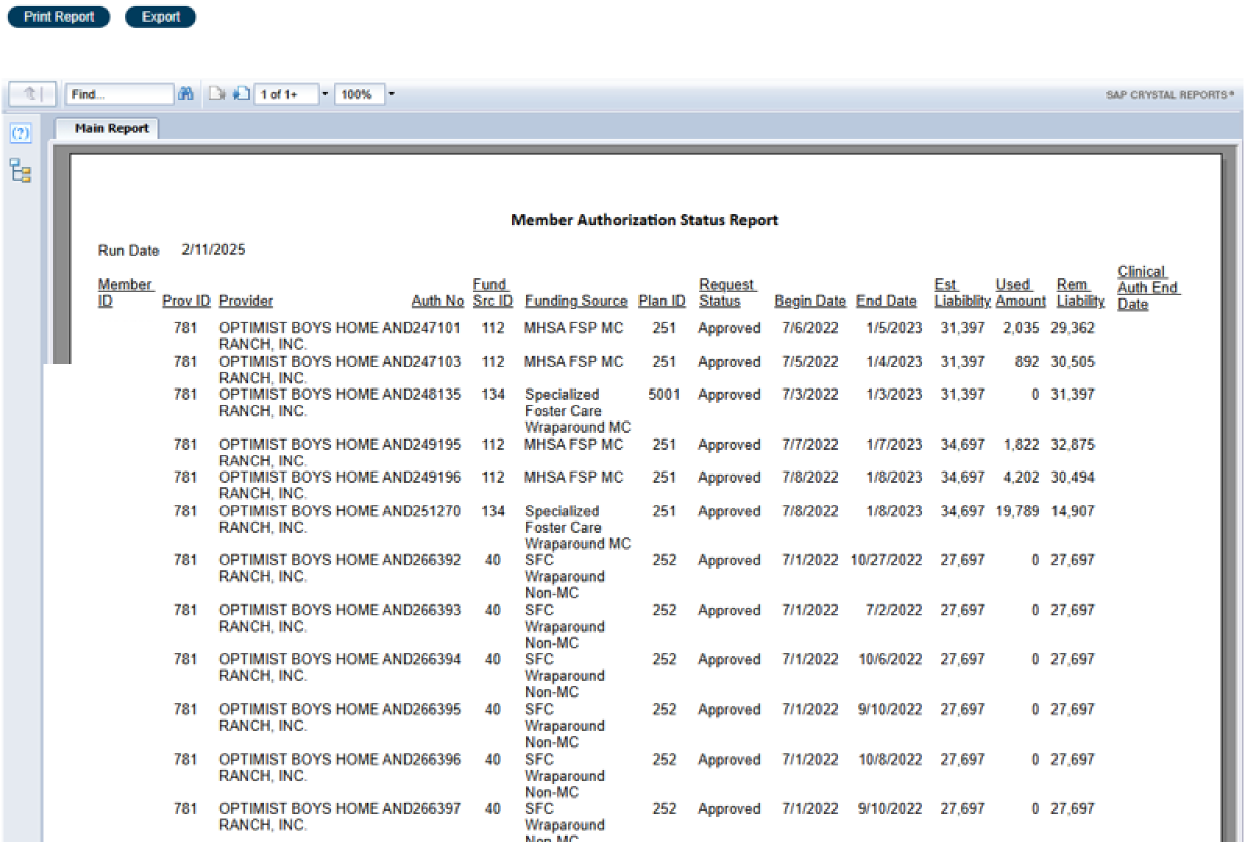


Enter the start date and end date for the report range.



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

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



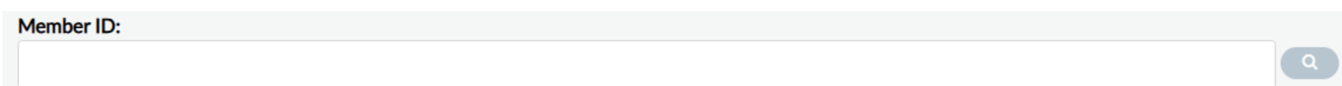
Member Authorization Status Report

Run Date 2/11/2025

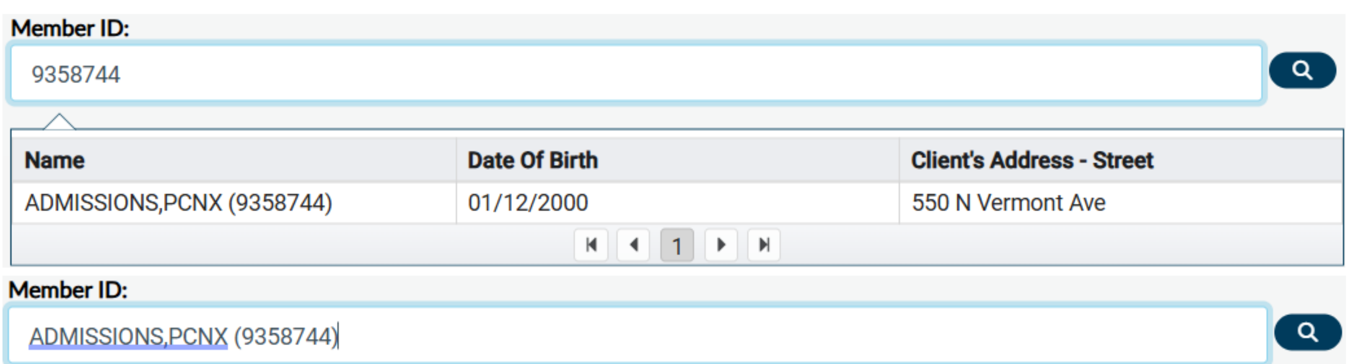
Member ID	Prov ID	Provider	Auth No	Fund Src ID	Funding Source	Plan ID	Request Status	Begin Date	End Date	Est Liability	Used Amount	Rem Liability	Clinical Auth End Date
	781	OPTIMIST BOYS HOME AND RANCH, INC.	247101	112	MHSA FSP MC	251	Approved	7/6/2022	1/5/2023	31,397	2,035	29,362	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	247103	112	MHSA FSP MC	251	Approved	7/5/2022	1/4/2023	31,397	892	30,505	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	248135	134	Specialized Foster Care Wraparound MC	5001	Approved	7/3/2022	1/3/2023	31,397	0	31,397	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	249195	112	MHSA FSP MC	251	Approved	7/7/2022	1/7/2023	34,697	1,822	32,875	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	249196	112	MHSA FSP MC	251	Approved	7/8/2022	1/8/2023	34,697	4,202	30,494	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	251270	134	Specialized Foster Care Wraparound MC	251	Approved	7/8/2022	1/8/2023	34,697	19,789	14,907	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	266392	40	SFC Wraparound Non-MC	252	Approved	7/1/2022	10/27/2022	27,697	0	27,697	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	266393	40	SFC Wraparound Non-MC	252	Approved	7/1/2022	7/2/2022	27,697	0	27,697	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	266394	40	SFC Wraparound Non-MC	252	Approved	7/1/2022	10/6/2022	27,697	0	27,697	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	266395	40	SFC Wraparound Non-MC	252	Approved	7/1/2022	9/10/2022	27,697	0	27,697	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	266396	40	SFC Wraparound Non-MC	252	Approved	7/1/2022	10/8/2022	27,697	0	27,697	
	781	OPTIMIST BOYS HOME AND RANCH, INC.	266397	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.

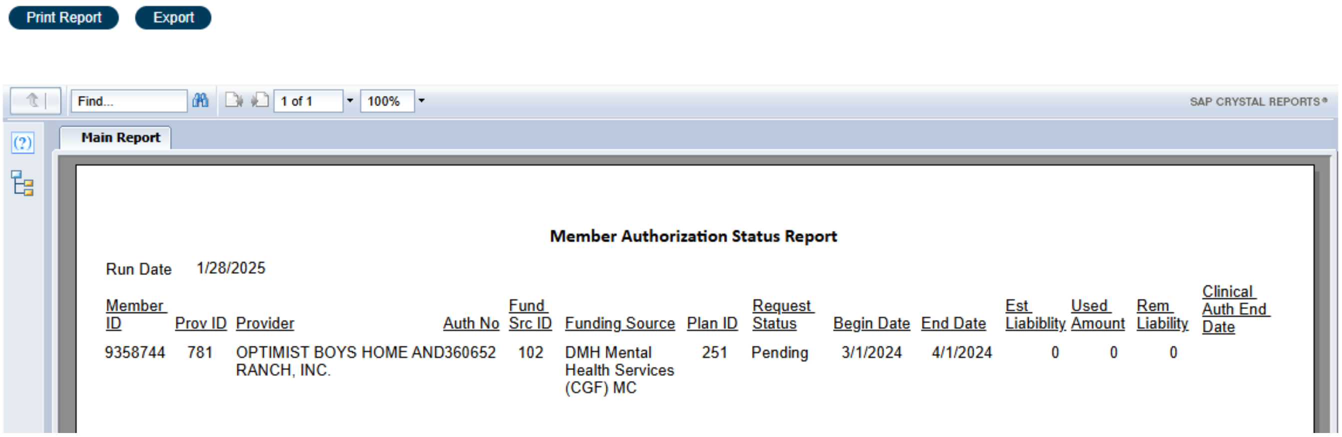


NOTE: Using the client's name may display multiple results. To avoid this, Users should use the **Client ID** to locate clients. Using the **Client ID** (Member ID) will only result in one result.



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

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

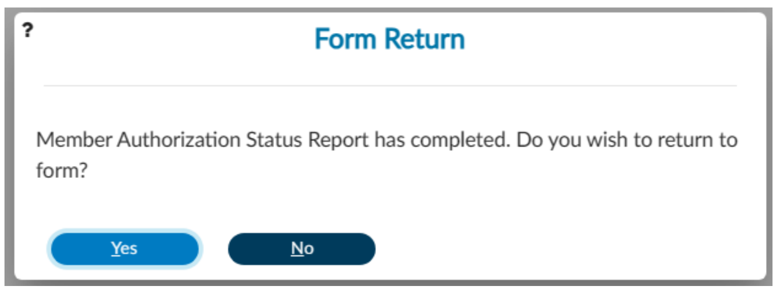


Member Authorization Status Report

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 Liabiblity	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.**"



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)