



End User Manual for the DTI Authorizations Process

ProviderConnect NX

JAN 2026 v4.5

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Introduction to Avatar NX for Authorization Providers

The Avatar NX is the Electronic Health Record System (EHRS) implemented by the Los Angeles County Department of Mental Health (LACDMH). ProviderConnect NX is a web-based interface that communicates with Avatar NX. It is a standard browser-based application that can be launched from any web browser, including Microsoft Edge, Google Chrome, or Mozilla Firefox. ProviderConnect NX offers real-time communication with Avatar NX, ensuring that any information submitted is directly entered and updated in Avatar NX immediately.

Provider Authorizations vs. Member-Based Authorizations

Provider Authorizations are set at the funding source level for a given fiscal year for each provider. Each provider authorization (P-Auth) has a specific dollar amount allocated according to the contract or amendment. When claiming a service, the provider uses a P-Auth, and claiming can continue until the funds are exhausted. Depending on the client's Financial Eligibility and the type of service being claimed, the provider utilizes a P-Auth that is linked to either a Medi-Cal Funding Plan or a non-Medi-Cal funding Plan.

Member-Based Authorizations are child records of P-AUTHs that are assigned to a specific member for a particular service. When requesting a member-based authorization, the provider should use an appropriate funding source that covers the requested service. The authorization must be based on the client's Financial Eligibility and utilize either a Medi-Cal or a non-Medi-Cal funding Source. Additionally, note that for each claim submitted with a member-based authorization, the dollar amount will be deducted from the parent P-Auth.

Access and Limitations

- 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 Provider 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 they are having **ProviderConnect NX** functionality issues.

Links and Numbers

Help Desk – (213)351-1335

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

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

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

Request Forms for Provider Connect 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

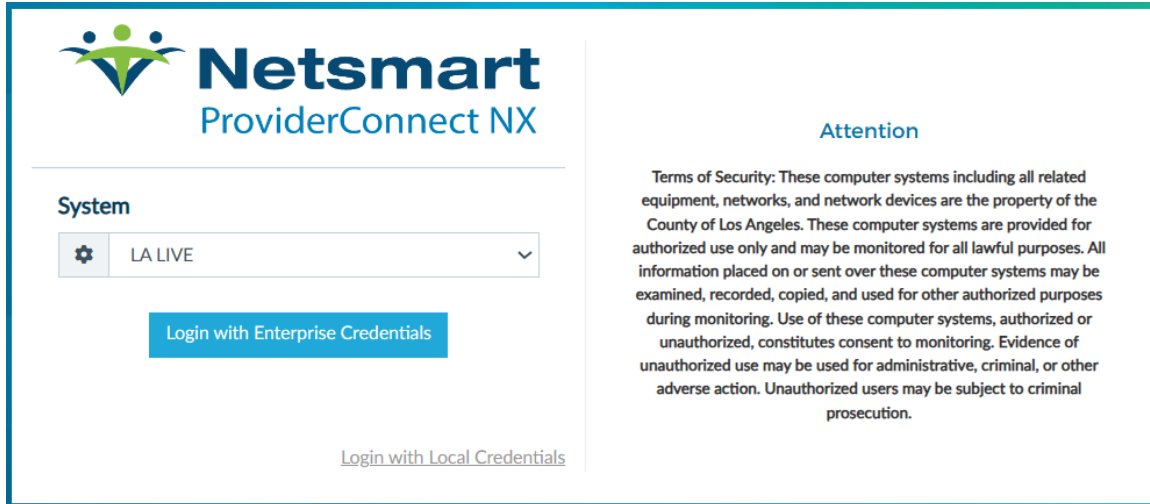
NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

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.

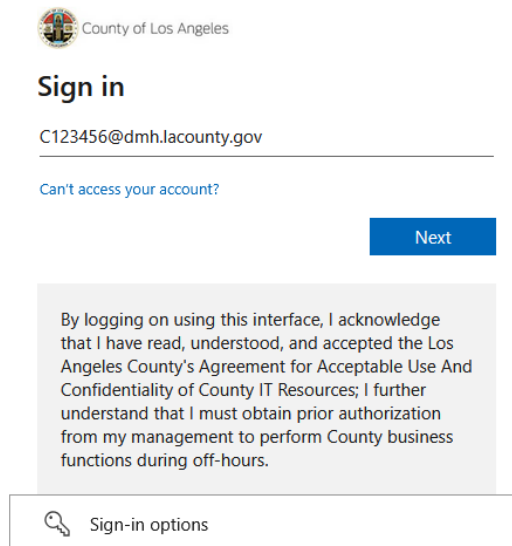
Provider Connect NX: Login with Enterprise Credentials

Start the web browser (Edge, Chrome, or Firefox) on your computer. Type or cut and paste the following web address in the address line: <https://lapcnx.netsmartcloud.com/#/home> to access the link for **ProviderConnect NX**. We also suggest that User save this link to their Favorites Bar for ease of access.

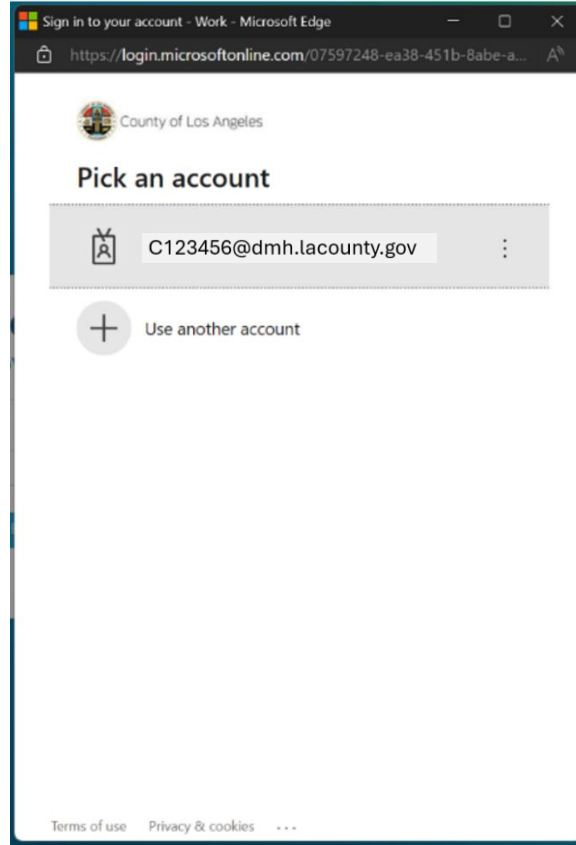
Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft MFA login screen.



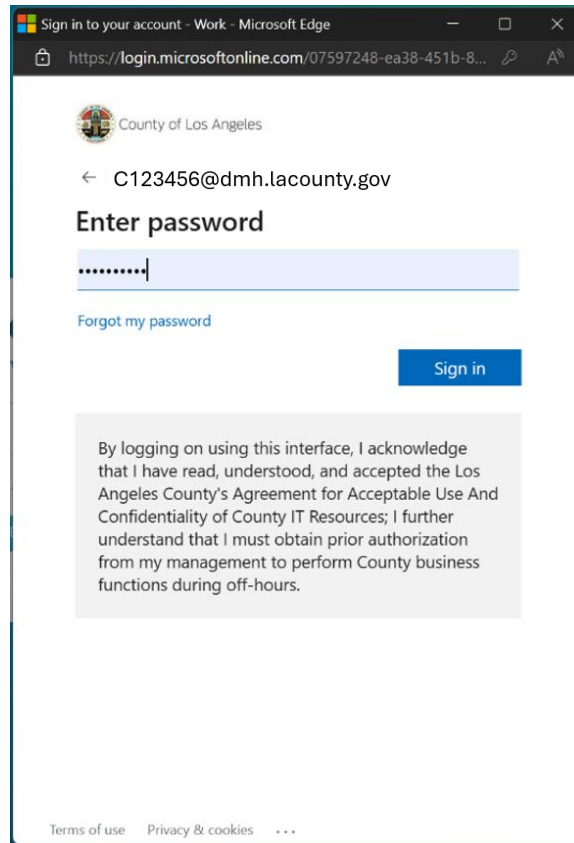
Users will either enter their “**C**” number with their @dmh.lacounty.gov email address and click the “**Next**” button, or



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

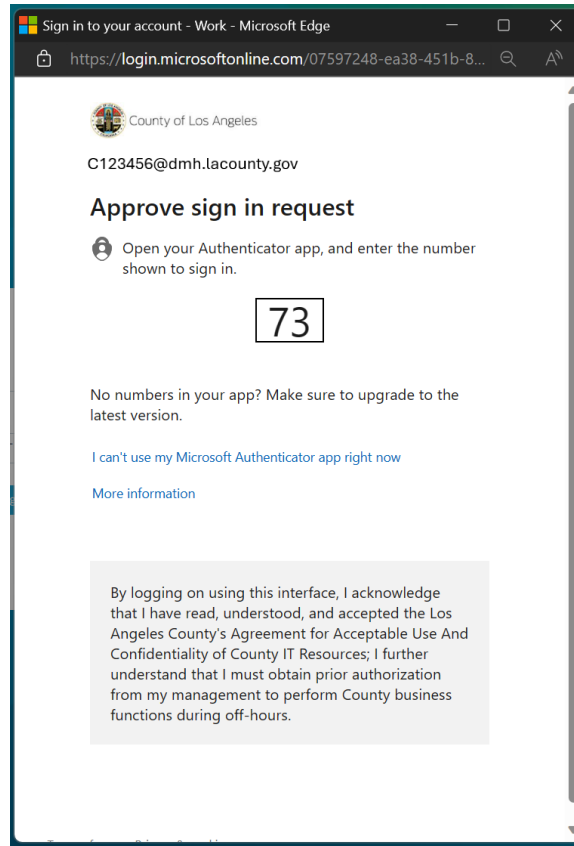


The User will enter their password and click the **“Sign in”** button. This will navigate the User to the Netsmart **ProviderConnect NX** login.

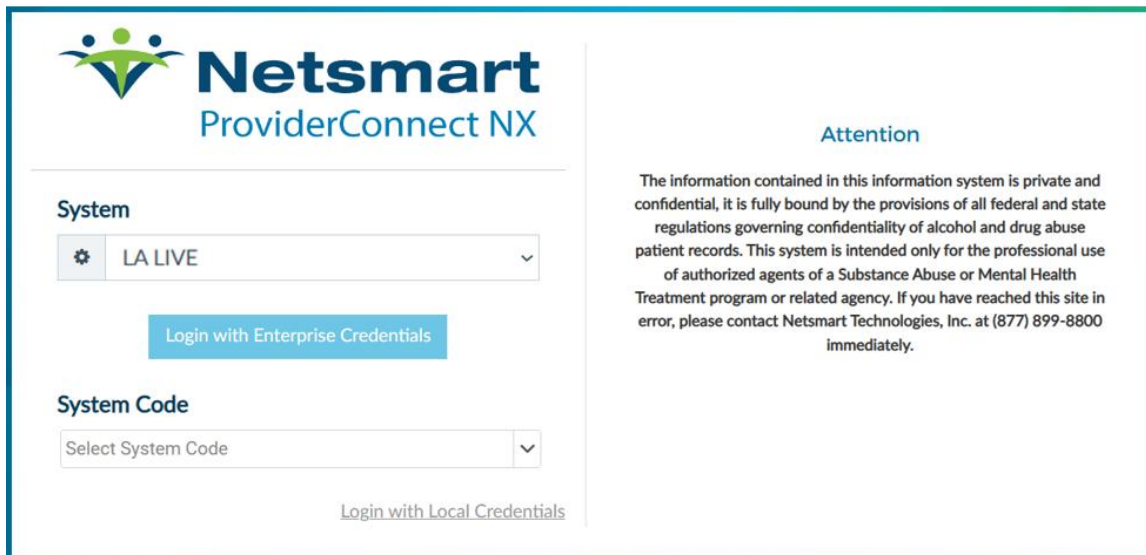


A number will display. This number must be entered into the “**Authenticator App**”. The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.

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

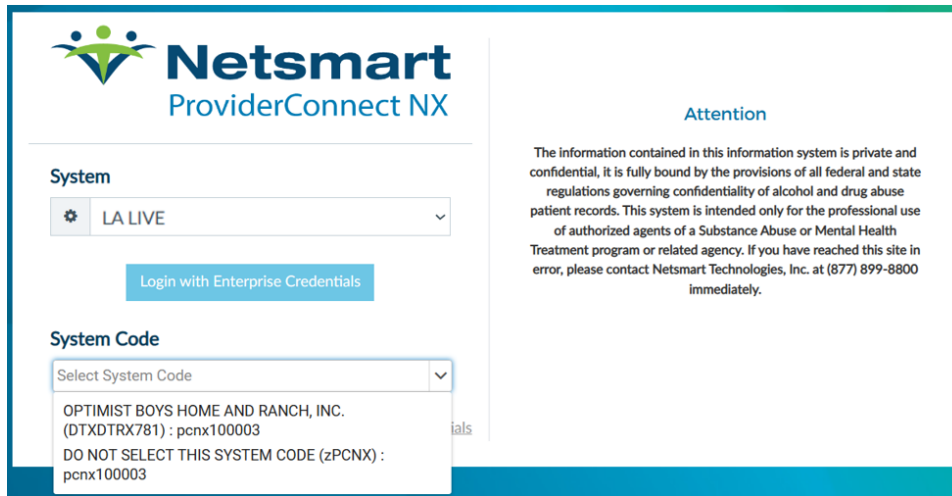


Using the “**System Code**” dropdown, select the code for the User's agency. The User will only see the system code they are authorized to see to access **ProviderConnect NX**.

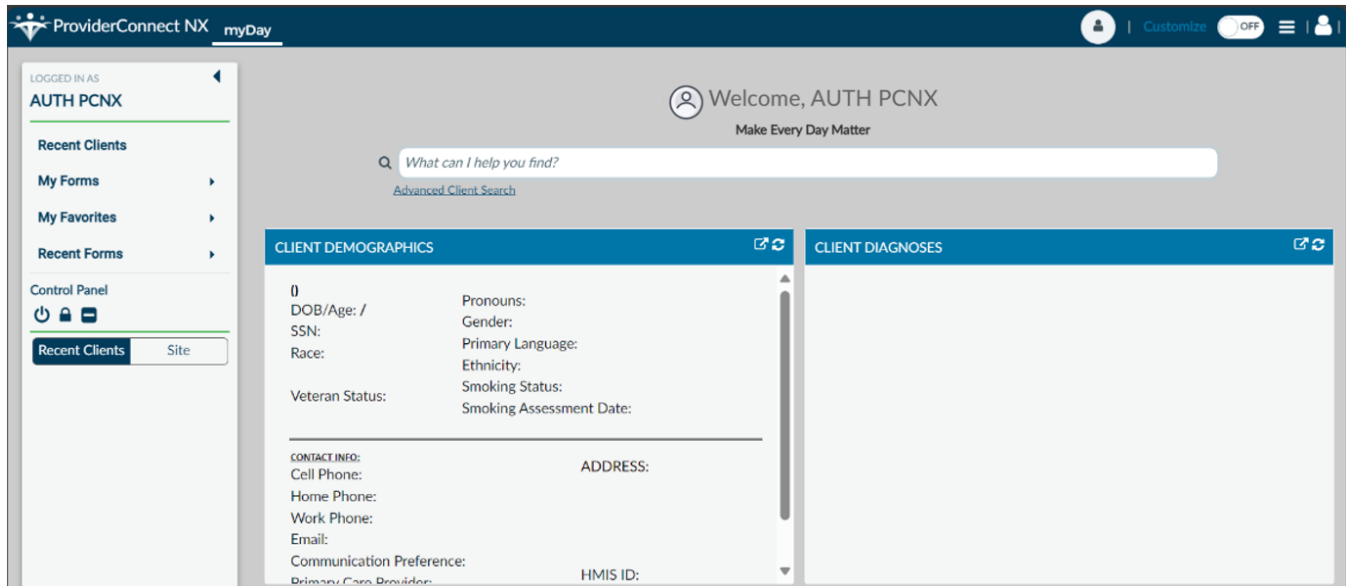


Click the arrow to open the dropdown menu for “System Code”. The User must select their Agency name from the dropdown.

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

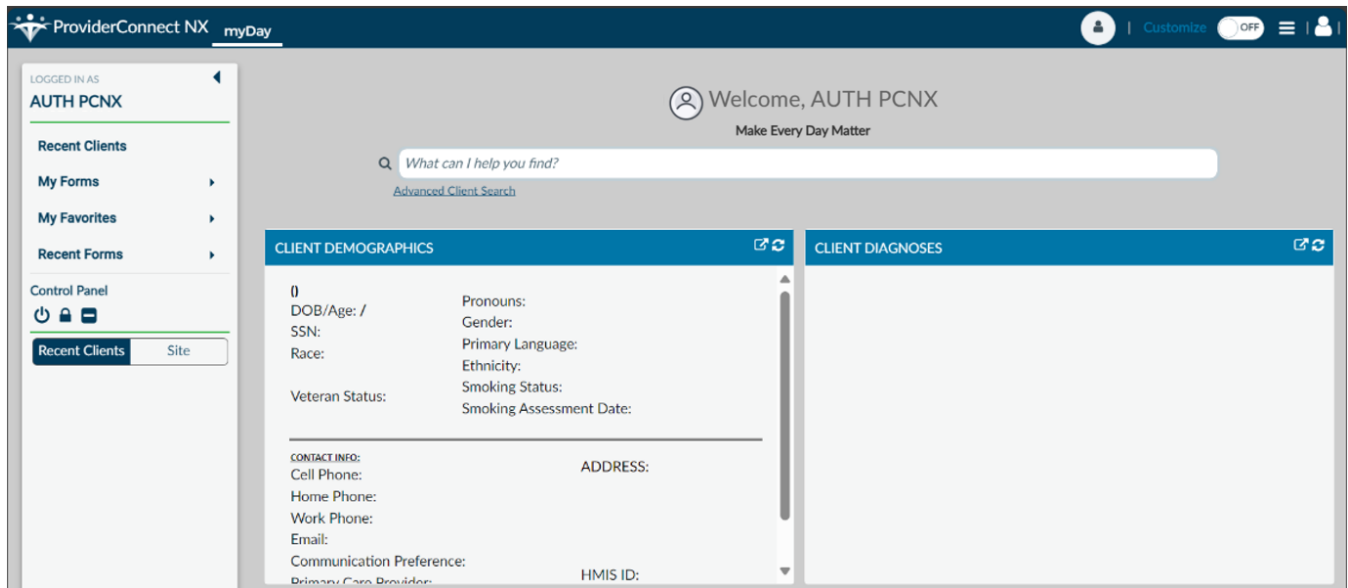


Once selected, this will navigate the User to the **ProviderConnect NX Home Page**.

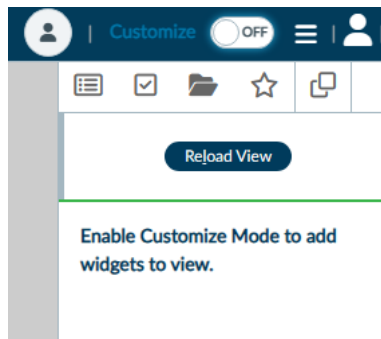


Provider Connect NX: How to Add a Widget

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




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

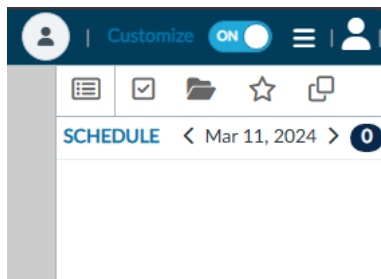


Turn the “**Customize**” selector from “OFF” to “ON”.



Select the icon  to open the sidebar.

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

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

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

View	Provider	Document Name	Date	Authorization Number	Document Type
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Example for “**Console Widget Viewer**”.

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

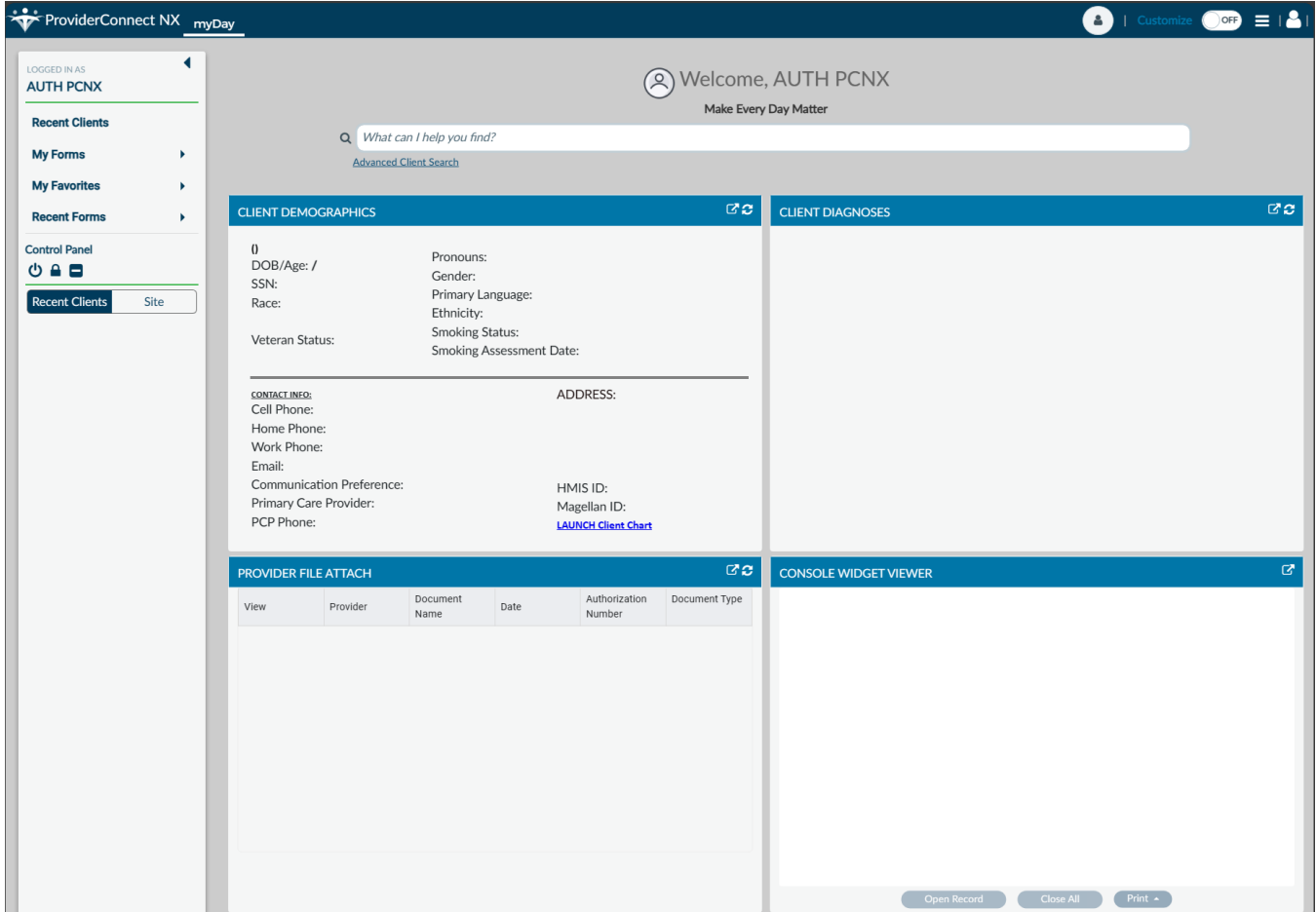
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

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



Select the icon  to close the sidebar.

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



ProviderConnect NX: How to create an Authorization

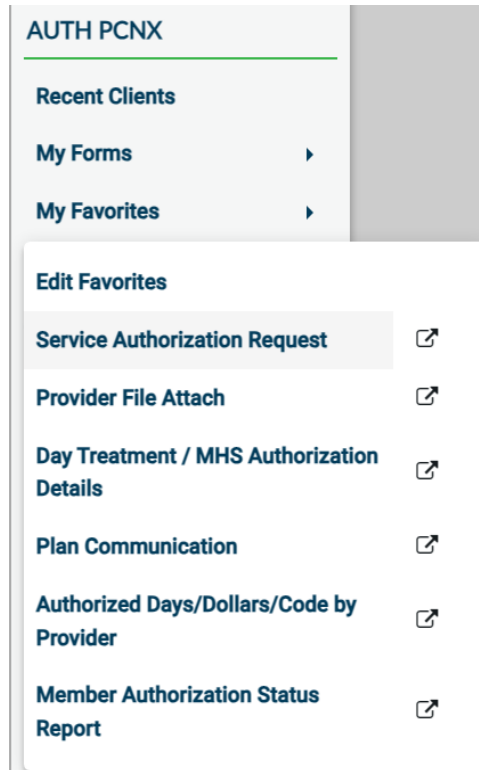
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. At the top, the user is logged in as 'AUTH PCNX'. The main header includes a search bar with the placeholder text 'What can I help you find?' and a link to 'Advanced Client Search'. Below the header, the screen is divided into several sections:

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

At the bottom of the screen, there are buttons for 'Open Record', 'Close All', and 'Print'. The left sidebar contains navigation options such as 'Recent Clients', 'My Forms', 'My Favorites', 'Recent Forms', and a 'Control Panel' with 'Recent Clients' and 'Site' buttons.

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



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

Enter the Client ID into the Search field.

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

Opening: Service Authorization Request

Home > Select Client >

Select Client

Q I

OK Cancel

Note: If a User search returns no results, the client inputted by the User has not been associated with the User's Legal Entity. This association must be done through the Legal Entities EHR. Only after the client has been associated with their Legal Entity via the Legal Entities EHR can the User create an Authorization Request in ProviderConnect NX. What does this mean? Before a User can access their client in ProviderConnect NX and request authorization, the client must have an open Admission under the User's Legal Entity, created directly from the User's EHR system. The client must have an open admission for the Legal Entity requesting authorization using the User's EHR system.

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's Legal Entity

Opening: Service Authorization Request

Home > Select Client >

Select Client

Q PCNX ADMISSIONS

OK Cancel

Select the Client name and Client ID.

Opening: Service Authorization Request

Home > Select Client >

Select Client

Q 9358744

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (009358744)	01/12/2000	205 N Vermont Ave

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.

Opening: Service Authorization Request

Home > Select Client >

✓ Selected Client : PCNX ADMISSIONS (009358744)

Select Record

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

Add

Edit

Delete

Cancel

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

The screenshot shows the 'SERVICE AUTHORIZATION REQUEST' form. At the top, there's a header with 'ProviderConnect NX myDay' and user information. Below that, a navigation bar shows 'ADMISSIONS, PCNX (009358744)'. The main form area is titled 'Member Service Authorization'. It contains several sections: 'Brief Member Review' with a warning to add new records only; 'Type Of Authorization' (dropdown); 'Funding Source Authorization Is For *' (dropdown, marked as required); 'Provider To Be Authorized' (text field with 'OPTIMIST BOYS HOME AND RANCH, INC. (781)'); 'Contracting Provider Program' (dropdown); 'Planned Admit Date' (calendar field); 'Authorized Level of Care' (dropdown); and 'Current Authorization Status *' (radio buttons for Approved, Denied, Pending). On the right, 'Member Authorization History' shows an 'Authorization Number' (360652), 'Benefit Plan' (dropdown), 'Performing Provider' (dropdown), 'Performing Provider Type' (dropdown), 'Current Authorization Status Reason' (dropdown), and 'Initial Or Continuing Authorization' (radio buttons for Initial, Continuing, Copy).

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. Other fields are not marked as “Required” but are needed to complete an “Authorization Request.”

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

The image shows a close-up of the 'Funding Source Authorization Is For *' dropdown menu. The menu is open, showing 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 option (102) DMH Mental Health Services (CGF) MC is selected and highlighted.

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 web form's 'Benefit Plan' field. Each screenshot has a red asterisk next to the field label. The first screenshot shows a dropdown menu with 'Select' and a search icon. The second screenshot shows the dropdown menu open, displaying a list of options: 'Invalid plan, DO NOT USE', 'PHF MC', 'Residential MC', 'TBS (MC)', 'TBS Aftercare MC', and 'TBS STRTP MC'. The 'TBS (MC)' option is highlighted. The third screenshot shows the dropdown menu closed, with 'TBS (MC)' now displayed in the field.

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.**

The image shows a screenshot of a web form's 'Current Authorization Status Reason' field. The field is a dropdown menu with 'Select' and a search icon. The field is highlighted with a black border.

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

The image shows three sequential screenshots of a web form's 'Contracting Provider Program' field. Each screenshot has a red asterisk next to the field label. The first screenshot shows a dropdown menu with 'Select' and a search icon. The second screenshot shows the dropdown menu open, displaying a list of options: 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK', 'All - 01/01/2003 - 1934A OPTIMIST CARSON', 'All - 01/01/2003 - 1936A OPTIMIST MISSION HILLS', 'All - 01/01/2003 - 1937A PACIFIC LODGE YOUTH SERVICES', 'All - 01/01/2003 - 1941A PACIFIC LODGE CAMPUS', 'All - 01/01/2003 - 1946A OPTIMIST CAMPUS', and 'All - 01/01/2003 - 1948A OPTIMIST VAN ALLEN'. The 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK' option is highlighted. The third screenshot shows the dropdown menu closed, with 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK' now displayed in the field.

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

The screenshot displays a software interface with two main sections: "Brief Member Review" and "Member Authorization History".

Brief Member Review:

- Type Of Authorization:** Select
- Funding Source Authorization Is For:** (102) DMH Mental Health Services (CGF) MC
- Provider To Be Authorized:** OPTIMIST BOYS HOME AND RANCH, INC. (781)
- Contracting Provider Program:** All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK
- Planned Admit Date:** [Calendar icon] [T] [Y]
- Authorized Level of Care:** Select
- Current Authorization Status:** Approved Denied Pending

Member Authorization History:

- Authorization Number:** 960653
- 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 current Fiscal Year. (example - 06/30/2XXX)

The screenshot shows four date input fields, each with a calendar icon and "T" and "Y" buttons:

- Begin Date Of Authorization:** [Empty]
- Financial Authorization End Date:** [Empty]
- Begin Date Of Authorization:** 03/01/2024
- Financial Authorization End Date:** 06/30/2024

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

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

The screenshot shows a form with the following fields and values:

- Begin Date Of Authorization ***: 03/01/2024
- Clinical Authorization End Date**: (Field is grayed out)
- Financial Authorization End Date ***: 10/30/2024
- Account**: Select (Field is grayed out)
- Contracting Provider Authorization ?**: Select (Field is 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 the following fields and values:

- Begin Date Of Authorization ***: 03/01/2024
- Clinical Authorization End Date**: (Field is grayed out)
- Financial Authorization End Date ***: 06/30/2024
- Account**: Select (Field is ungrayed)
- Contracting Provider Authorization ?**: Select (Field is 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 that all fields that were reviewed have been completed.

The screenshot shows a form with the following fields and values:

- Begin Date Of Authorization ***: 03/01/2024
- Clinical Authorization End Date**: (Field is grayed out)
- Financial Authorization End Date ***: 06/30/2024
- Account**: (Field is grayed out)
- Contracting Provider Authorization ?**: (Field is grayed out)

Using the “Contracting Provider Authorization” dropdown, select the P-Auth for this authorization request. This selection will automatically populate the “Account” field.

The screenshot shows a dropdown menu titled "Contracting Provider Authorization" with a search icon. The menu is open, showing a search bar and a list of authorization options. The selected option is "Auth: P34021 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: 07/01/2023-06/30/2024 Amt". Other options include "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", and "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".

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

The screenshot shows the "Account" field populated with "OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTIMIST BOYS' HOME + RANCH I" and the "Contracting Provider Authorization" field populated with "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.

The screenshot shows the "Authorization Grouping Or Individual Authorizations" section. It includes radio buttons for "All", "Grouping", and "Individual". Below this are fields for "Total Estimated Liability", "Procedure Code Type (1)", "Code Authorized (1)", "Requested Units (1)", "Units Authorized (1)", and "Estimated Liability Code (1)". The corresponding fields for "Authorization Grouping", "Letter Type", "Procedure Code Type (2)", "Code Authorized (2)", "Requested Units (2)", "Units Authorized (2)", and "Estimated Liability Code (2)" are currently grayed out.

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

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

Authorization Grouping Or Individual Authorizations *

All Grouping Individual

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

Procedure Code Type (1)

CPT® Codes Revenue Code

Procedure Code Type (1)

CPT® Codes Revenue Code

Using the dropdown for “Code Authorized (1)”, type in the code 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)

H2017:HK

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)

Rehabilitation HK (H2017:HK)

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

Member Authorization History

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

Type Of Authorization: Select

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

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

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

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

Authorized Level of Care: Select

Current Authorization Status *: Approved Denied Pending

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

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

Financial Authorization End Date *: 06/15/2024 [Calendar Icon] [T] [Y]

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: (v)

Authorization Grouping Or Individual Authorizations *: All Grouping Individual

Authorization Grouping: Select

Display Authorization Grouping

Total Estimated Liability: 0.00

Letter Type: Select

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

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

Code Authorized (1): TBS (H2019)

Code Authorized (2): [Search Icon]

Requested Units (1): 1000

Requested Units (2): [Text Field]

Units Authorized (1): [Text Field]

Units Authorized (2): [Text Field]

Estimated Liability Code (1): [Text Field]

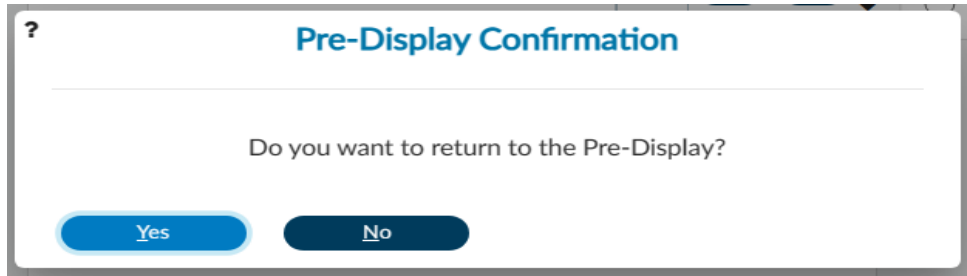
Estimated Liability Code (2): [Text Field]

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

ProviderConnect NX myDay

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

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
HMS ID:

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 Add an Attachment File

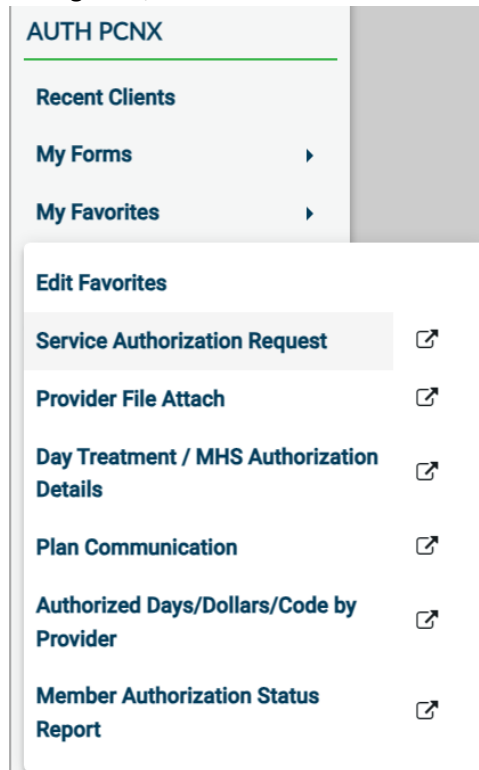
From the “Home” screen

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:** A form containing fields for ID, DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date. It also includes CONTACT INFO (Cell Phone, Home Phone, Work Phone, Email, Communication Preference, PCP Phone) and ADDRESS fields. A link for LAUNCH Client Chart is provided.
- CLIENT DIAGNOSES:** A section for entering or 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.

A search bar at the top center asks "What can I help you find?" with a link to "Advanced Client Search". A control panel on the left includes "Recent Clients" and "Site" buttons. At the bottom right, there are buttons for "Open Record", "Close All", and "Print".

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



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

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

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

- Member ID ***: A text input field with a search icon.
- Provider ***: A text input field with a search icon.
- File Type ***: A dropdown menu with 'Select' and a close button.
- Authorization**: A dropdown menu with 'Select'.
- Document Type**: A dropdown menu with 'Select' and a close button.
- File Name**: A text input field.
- Comments**: A large text area with a search icon and a document icon.
- Existing Files**: A dropdown menu with 'Select' and a close button.
- Buttons**: 'Upload File', 'Store File', 'Update Comments', and 'Delete File'.
- Comment History**: A large text area with a search icon and a document icon.

The left sidebar contains navigation options: 'LOGGED IN AS AUTH PCNX', 'Advanced Client Search', 'Recent Clients', 'My Forms', 'My Favorites', 'Recent Forms', 'Control Panel', and 'Recent Clients Site'.

To Upload an Attachment (File)

Enter “Member ID”

Member ID *

Member ID *

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

Member ID *

Enter the “Provider ID”

Provider *

Provider *

Results
INC. OPTIMIST BOYS HOME AND RANCH (781)

Provider *

From the “File Type” dropdown, select “Authorizations.”

File Type *

Select x v

File Type *

Select x v

| Q

Authorization

Other

Provider

File Type *

Authorization x v

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

Authorization *

Select x v

Store F

| Q

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

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

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

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

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

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

Authorization *

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

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

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

The screenshot illustrates the file upload process. At the top, there is a button labeled "Upload File" and a text input field for "File Name". Below this, a modal window titled "File Upload" is shown. It contains a large dashed box with the text "click here or drop file" and a "Cancel" button at the bottom. To the right of the modal, a table displays a list of uploaded files:

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

Below the table, the "File Name" input field now contains the text "This is a Test attachment 2.docx".

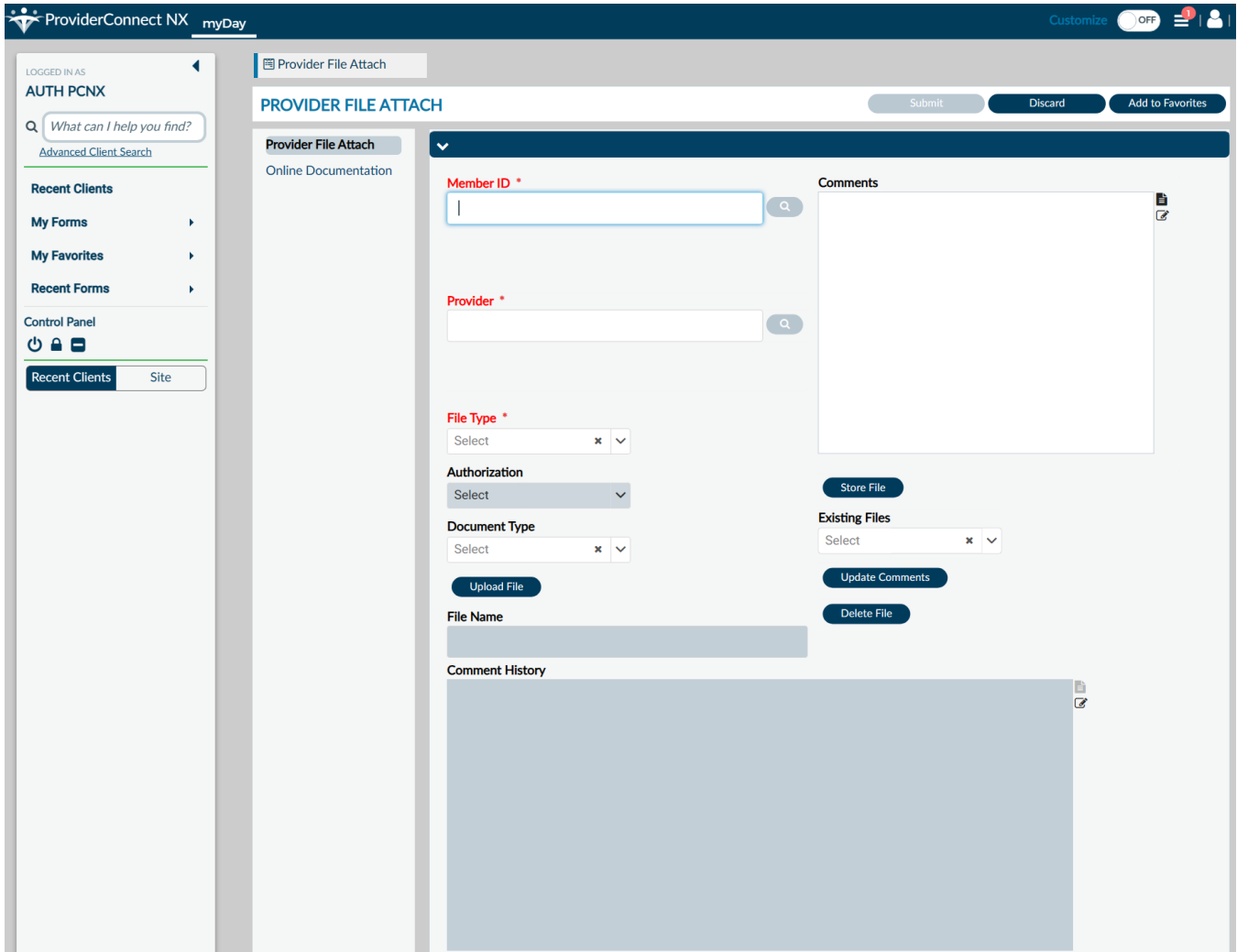
Click the **“Store File”** button to complete the file upload. The User will receive a pop-up message to confirm the file was successfully uploaded. Select the **“OK”** button to close the pop-up message.

The screenshot shows a confirmation pop-up message with the title "Confirm". The message text reads "File successfully created." and there is an "OK" button at the bottom.

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

To View Uploaded Attachments (Files)

Using the “**Provider File Attach**” form



Enter "Member ID"

Member ID *

Member ID *

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

Member ID *

Enter the "Provider ID"

Provider *

Provider *

Results
INC. OPTIMIST BOYS HOME AND RANCH (781)

Provider *

From the “File Type” dropdown, select “Authorizations.”

File Type *

Select x v

File Type *

Select x v

| Q

Authorization

Other

Provider

File Type *

Authorization x v

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

Authorization *

Select x v

Store F

| Q

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

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

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

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

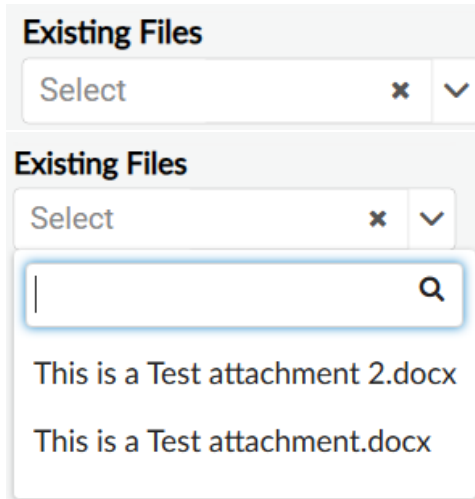
Authorization #299641 Start Date: 01/05/2023 End Date: 06/30/2023

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

Authorization *

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

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

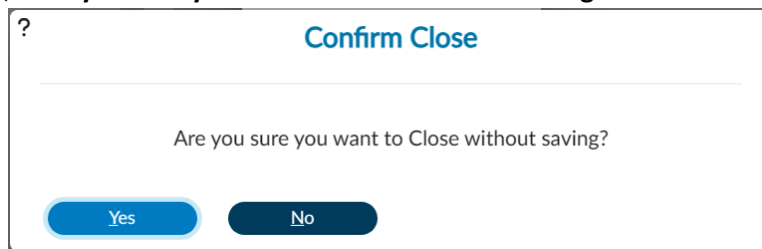


The User must select the “Discard” button at the top of the form.

PROVIDER FILE ATTACH



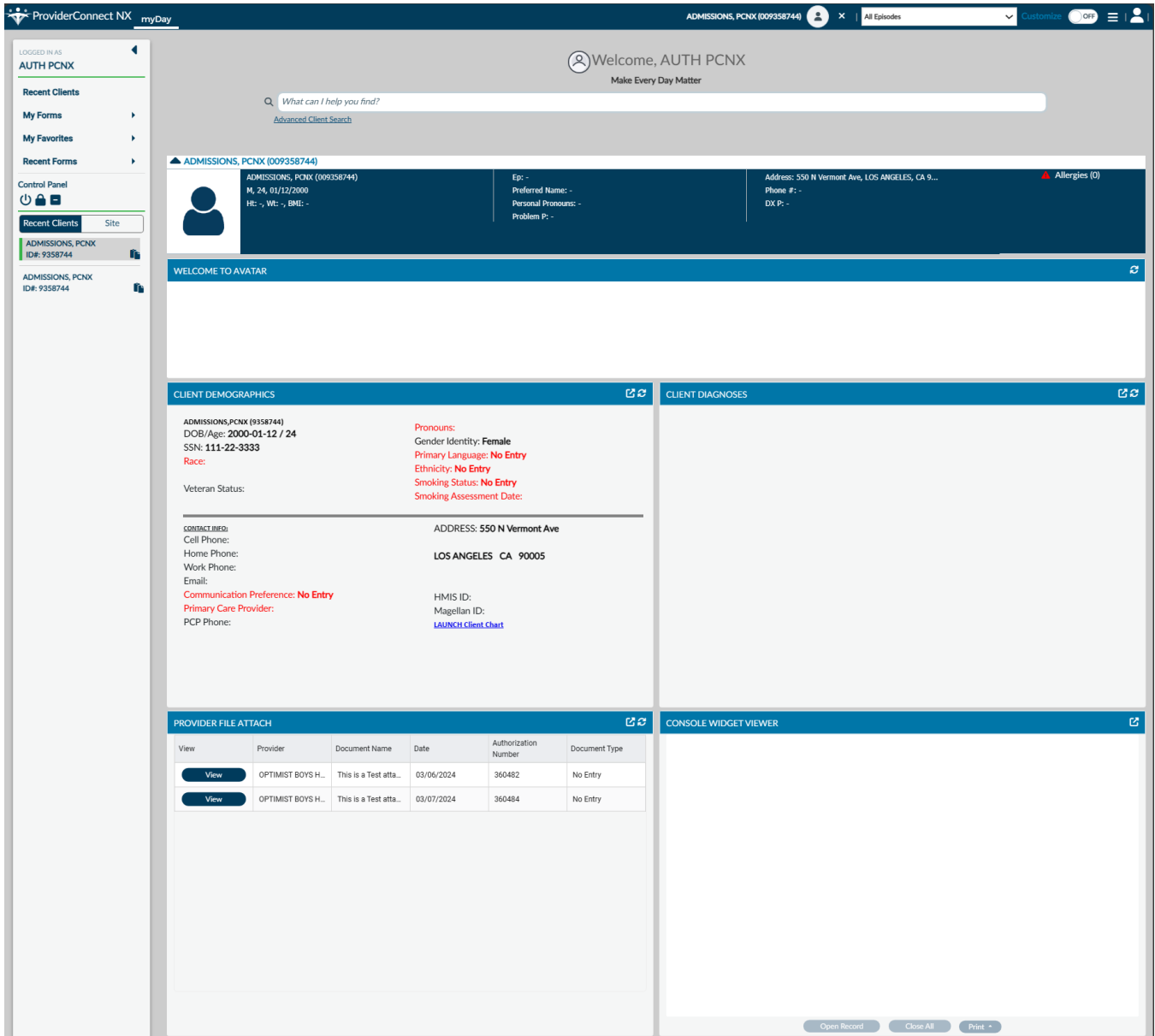
The system will ask the User, “Are you sure you want to Close without saving?” The User will select the “Yes” button.



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

To View Uploaded Attachments (Files)

From the “HOME” screen



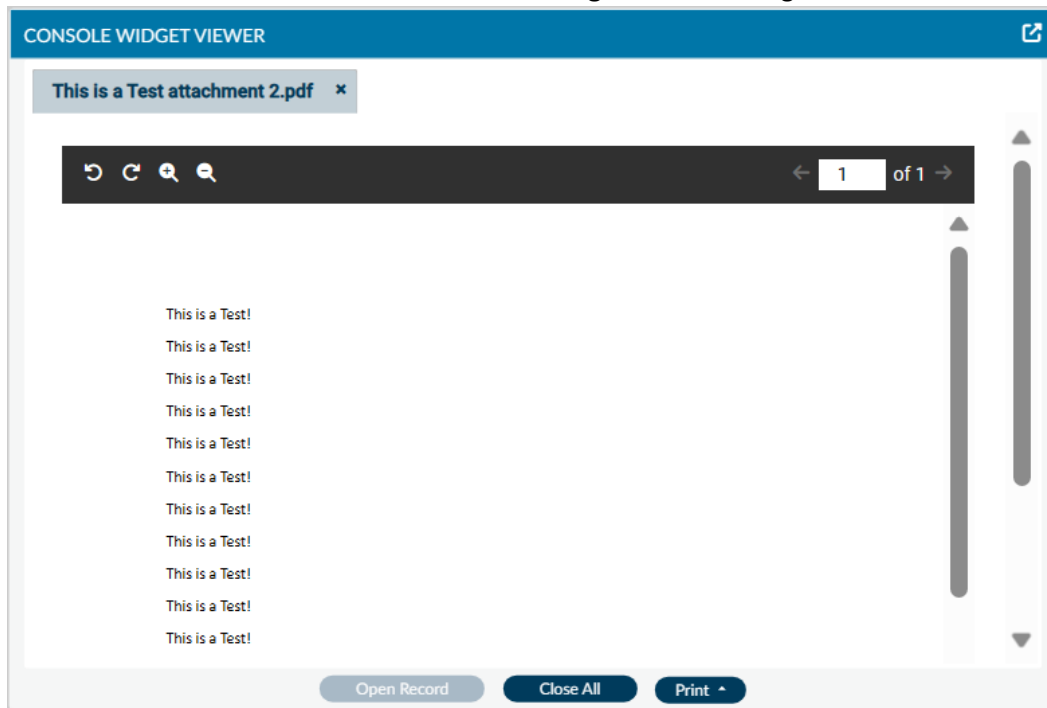
Users can view the uploaded documents using the “**Provider File Attach**” widget.

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

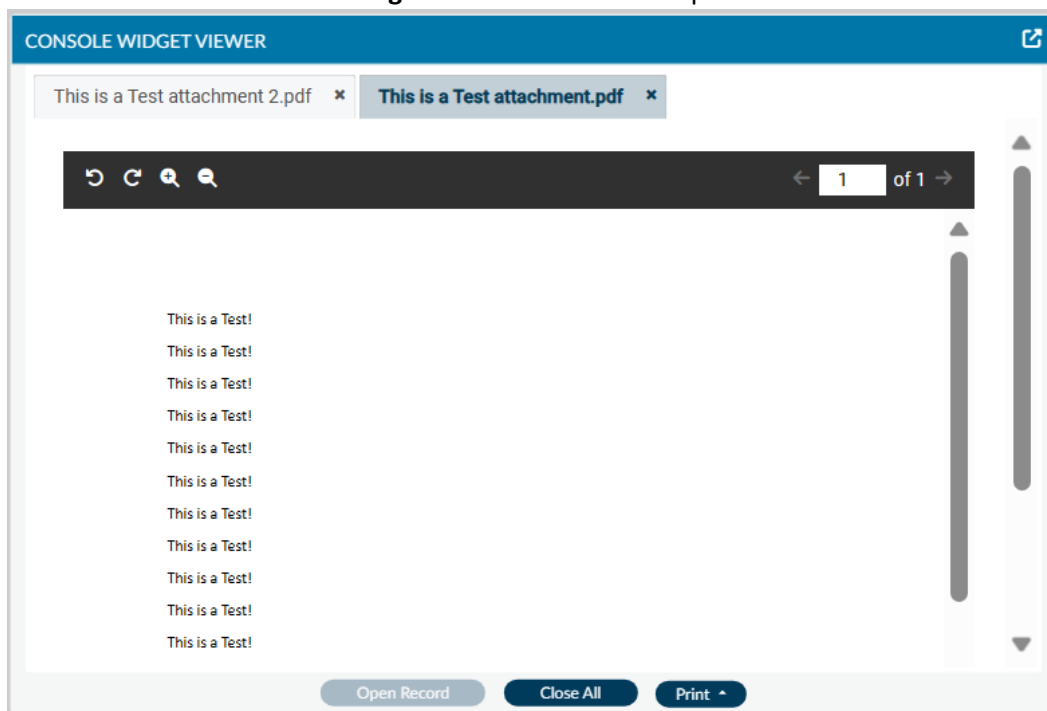
Once selected, the document will be viewed in the “Console Widget Viewer” widget.



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 full name in the “Console Widget Viewer” across the top of the viewer.



ProviderConnect NX: How to View Authorization Reports

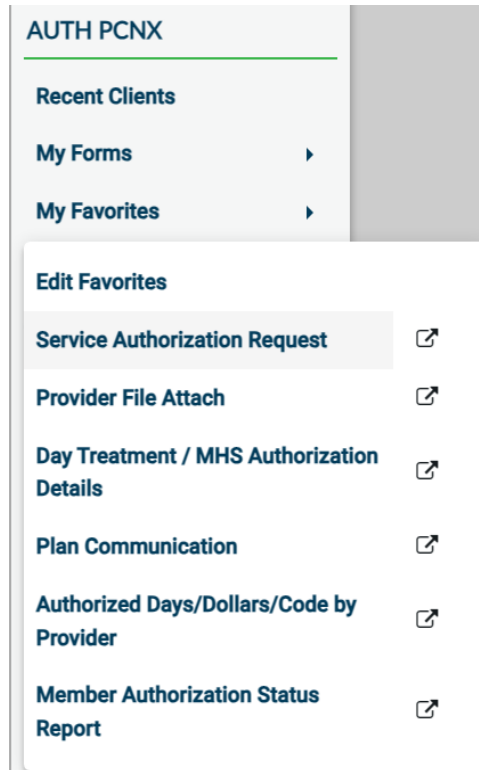
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. At the top, the user is logged in as AUTH PCNX. The main area is titled "Welcome, AUTH PCNX" with the tagline "Make Every Day Matter". A search bar is present with the placeholder text "What can I help you find?". Below the search bar, there are four main sections:

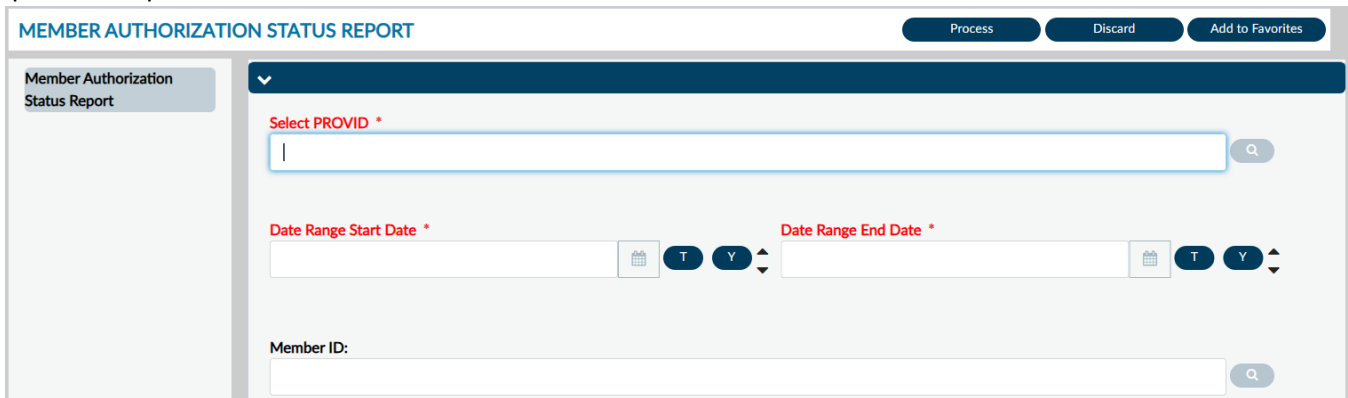
- CLIENT DEMOGRAPHICS:** Displays fields for ID, DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date.
- CLIENT DIAGNOSES:** A section for client diagnoses, currently empty.
- PROVIDER FILE ATTACH:** A table with columns for View,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

At the bottom right, there are buttons for "Open Record", "Close All", and "Print".

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



Complete all required fields in **RED**.



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

Enter the User's Provider number or enter the Provider name in the "Select PROVID" field.

Select PROVID *

Select PROVID *

Results

OPTIMIST YOUTH HOMES DBA BOYS HOME (781)

Select PROVID *

Results

OPTIMIST YOUTH HOMES DBA BOYS HOME (781)

Select PROVID *

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

Date Range Start Date *

Date Range End Date *

Date Range Start Date *

Date Range End Date *

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

MEMBER AUTHORIZATION STATUS REPORT

Process Discard Add to Favorites

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

Print Report Export

Member Authorization Status Report

Run Date 1/4/2024

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

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

When the User closes the report, the User will see a message “Member Authorization Status Report has completed. Do you wish to return to form?” 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?