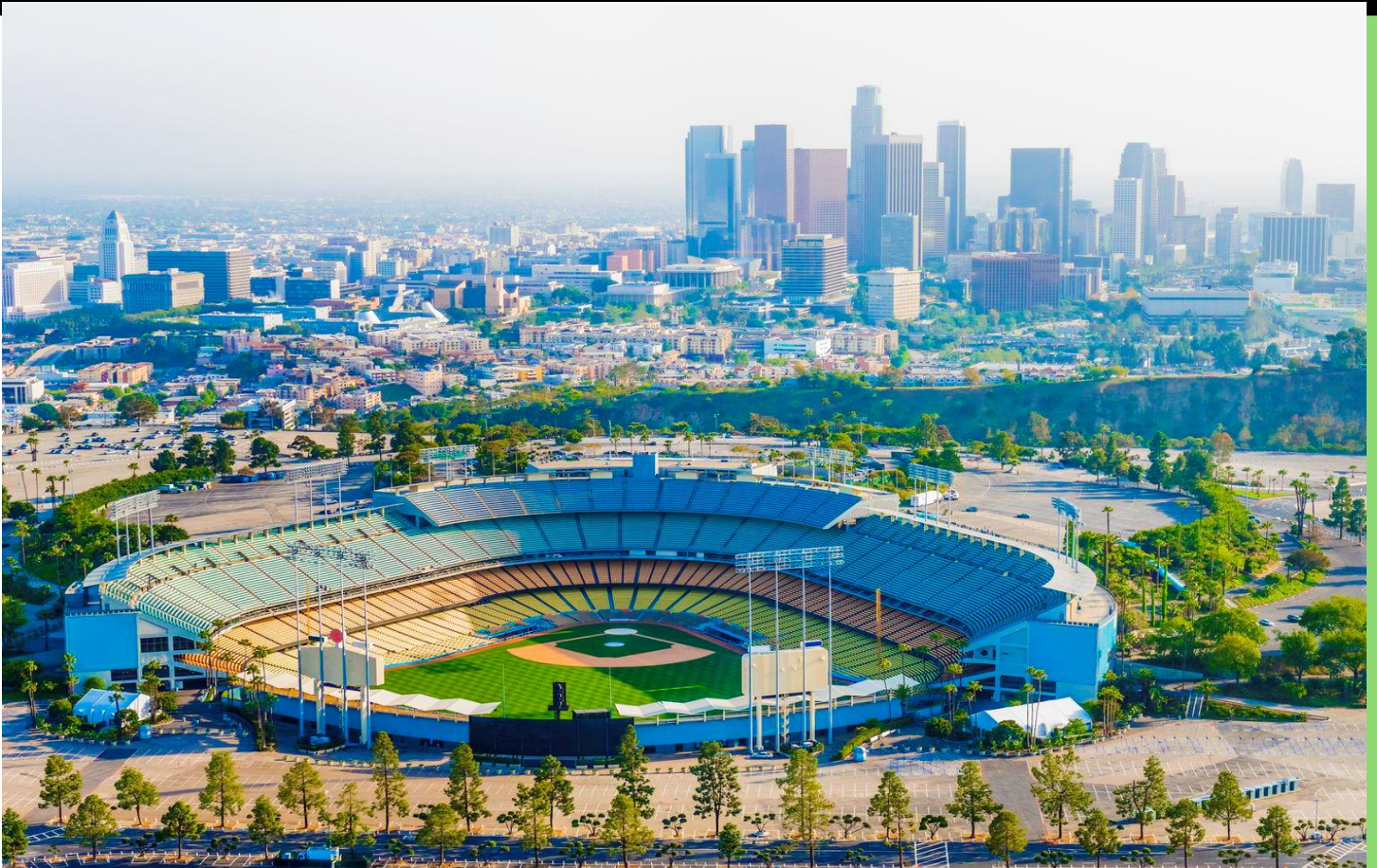


End User Manual for the Residential Services and Psychiatric Health Facility Concurrent Review ProviderConnect NX RS and PHF End User Manual



Los Angeles County Department of Mental Health

JAN 2026 v7.0

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

Avatar NX serves as the Electronic Health Record System (EHRS) for the Los Angeles County Department of Mental Health (LACDMH). To facilitate access and interaction with Avatar NX, **ProviderConnect NX** offers a web-based interface that seamlessly works with standard browsers like Edge, Chrome, and Firefox. This interface enables real-time communication with Avatar NX, ensuring that any data entered in **ProviderConnect NX** is instantly recorded and/or updated within the main system.

This manual will cover how Providers will use the Concurrent Review process to request Authorizations for the Residential Services programs: Crisis Residential Treatment Program (**CRTP**), Adult Residential Treatment (**ART**), and Psychiatric Health Facility (**PHF**) program. Concurrent Review is required for CRTP, ART, and PHF per Department of Health Care Services (**DHCS**) requirements BHIN 22-016 and 22-017.

Residential Services (CRTP & ART) - Before service delivery, ICD will provide authorization and admission documentation, but providers will enter episode information.

CRTP - may accept clients directly, but will need to enter episode information, and send admission documentation within one business day to receive authorization.

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

The processing time frames are as follows:

CRTP - 2 weeks

ART - 1 month

PHF - 1 week

ProviderConnect NX: Documents to Upload

Providers will use **ProviderConnect NX** for the following functions and upload the following documents:

Residential Services Crisis Residential Treatment Program (**CRTP**) and Adult Residential Treatment (**ART**) providers will use **ProviderConnect NX** for the following functions:

1. Search for clients
2. View Clients' Demographics (Update Client Data)
3. Submit Authorizations Request for Avatar NX Services.

NOTE: Authorization Request for Residential Services should be completed before services are delivered.

4. Upload the Client documents as an Attachment to client cases.

Documents to upload

CRTP

- First 14 days: RAF (regardless of Direct Admissions or Referred by DMH, please upload the RAF)
- Second 14 days (aka first continuing 14 days): Initial psych eval, Initial Adult assessment, Weekly Summary, Med list.
- Third and subsequent 14 days: Most recent MD/NP progress note, most recent weekly summary, 1-2 Most recent daily note(s), Med list

Items upon request

- Labs
- Medication Administration Record (MAR)s

Discharge

- After Care
- Discharge Plan
- Review the status of the authorization

ART - Admission (Initial authorization): Intake Packet

For the first continuing day review

- Initial Psychiatric evaluation & MD progress note
- Initial Adult Assessment
- Monthly Summary
- Medication List

For subsequent continuing day reviews

- Medical Doctor (MD)/Nurse Practitioner (NP) Progress Notes
- Monthly Summary
- Medication List

Items upon request

- Labs
- Medication Administration Record (MAR)s

Discharge

- After Care
- Discharge Plan

Psychiatric Health Facility (PHF) Providers will use **ProviderConnect NX** for the following functions:

1. Search for clients
2. View Clients' Demographics (Update Client Data)
3. Submit Authorizations Request for Avatar NX Services.

NOTE: Authorization Request for PHF should be completed before services are delivered.

4. Upload the Client documents as Attachments to Client cases.

Documents to upload

Admission:

- Medical Doctor (MD) Order
- Face Sheet
- Plan of Care

Continuing Days:

- Rounds Sheet
- Psych eval
- Medical Doctor (MD) notes
- Registered Nurse (RN) notes
- Revised plan of care
- History & Physical

Discharge:

- Discharge Plan
- Aftercare Plan
- Progress Notes

5. Review the status of the authorization.

Provider Authorizations vs. Member-Based Authorizations

Provider Authorizations are set at the funding source level for each provider in a given fiscal year. 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

- To access **ProviderConnect NX**, a web address (URL - Uniform Resource Locator) is used to launch the browser-based application.
- Once your request is approved, a user ID and system-generated password will be issued to designated users by LACDMH. This initial password must be changed upon the first login to the application.
- The client must have an open admission and Financial Eligibility in Avatar NX with the Legal Entity seeking an authorization request for the client that has been submitted through Web Services. This is before the provider creates an authorization in **ProviderConnect NX**.
- Once an authorization request is submitted via **ProviderConnect NX**, designated users will not be able to make any changes to the submitted request.
- If required, Users will need to complete a HEAT ticket to have changes or updates completed in **ProviderConnect NX**.

Links and Numbers

Help Desk – (213)351-1335

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

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

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

Request Forms for Provider Connect Access:

- APPLICATION ACCESS FORM (AAF)
- CONFIDENTIALITY OATH
- COUNTY OF LOS ANGELES AGREEMENT FOR ACCEPTABLE USE AND CONFIDENTIALITY OF COUNTY INFORMATION ASSETS (AUA)
- ELECTRONIC SIGNATURE AGREEMENT
- SECURITY AGREEMENT NON-LACDMH USER

****Below is an example of the email an Onboarding Provider will receive****

This is a reminder for Legal Entity (LE) Providers that they are required to onboard a designated Legal Entity Representative (liaison). The LE liaison will be the point of contact for any LE staff requesting access to Department of Mental Health (DMH) resources/applications. To facilitate staff requests, the DMH Provider Advocacy Office (PAO) has developed the online **Systems Access Request (SAR)** portal. The SAR portal will enable liaisons with a quick, reliable, and more accountable way to request access to existing and future DMH applications.

*****IMPORTANT***** Mailed access request forms and/or emailed access request forms will **NO** longer be processed. Any requests for application access or New C-Number/C-Number business agreement renewals **MUST** be created in the SAR portal by the LE liaison.

The SAR portal is only accessible to LE liaisons. To request SAR portal access for an LE liaison, please complete and email the “**Individuals Authorized to Sign Application Access Forms**” in addition to the “**Contractor Number Request Packet**” to the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov with the subject line “**ONBOARDING SAR PORTAL LIAISON ACCESS.**” For your convenience, we have provided the direct link to the above-mentioned forms below:

Contractor Number Request Packet:

http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf

Individuals Authorized to Sign Application Access Forms:

http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf

NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents must be legible, and all parties must 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 require additional assistance, contact the DMH Systems Access Unit and we will gladly assist you. We sincerely thank you for all your time and cooperation.

Provider Connect NX: Login with Enterprise Credentials

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

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

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

[Login with Local Credentials](#)

Attention

Terms of Security: These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution.

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

County of Los Angeles

Sign in

C123456@dmh.lacounty.gov

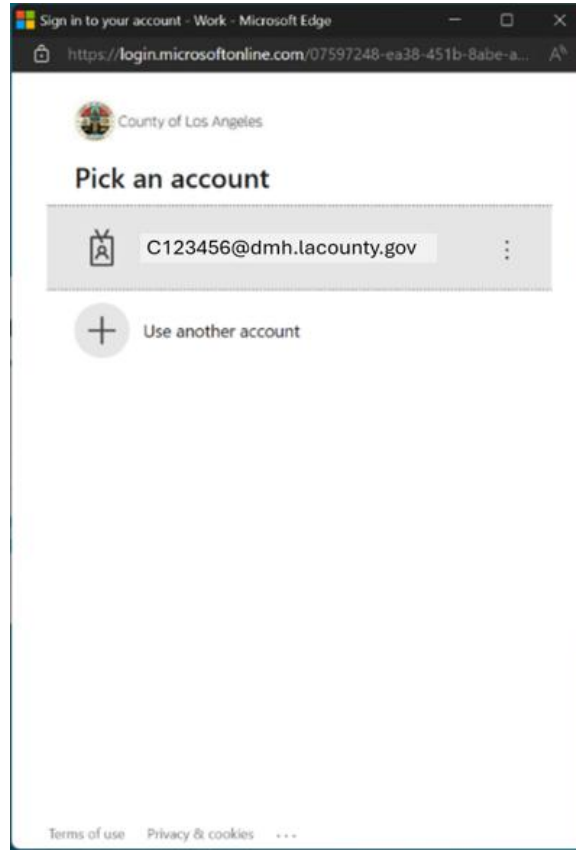
[Can't access your account?](#)

Next

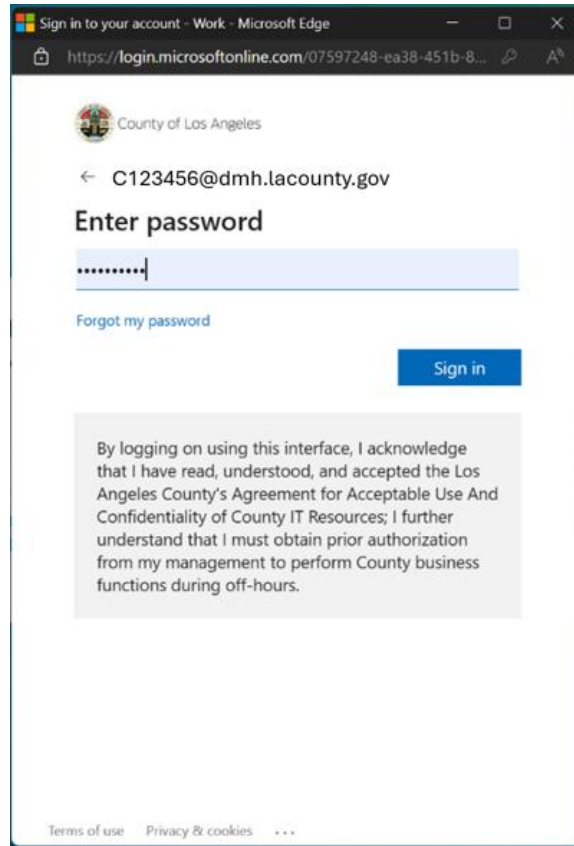
By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.

Sign-in options

on the “**Pick an account**” pop-up screen, 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**” page, where the User can enter their “**C**” number DMH email address and click the “**Next**” button.

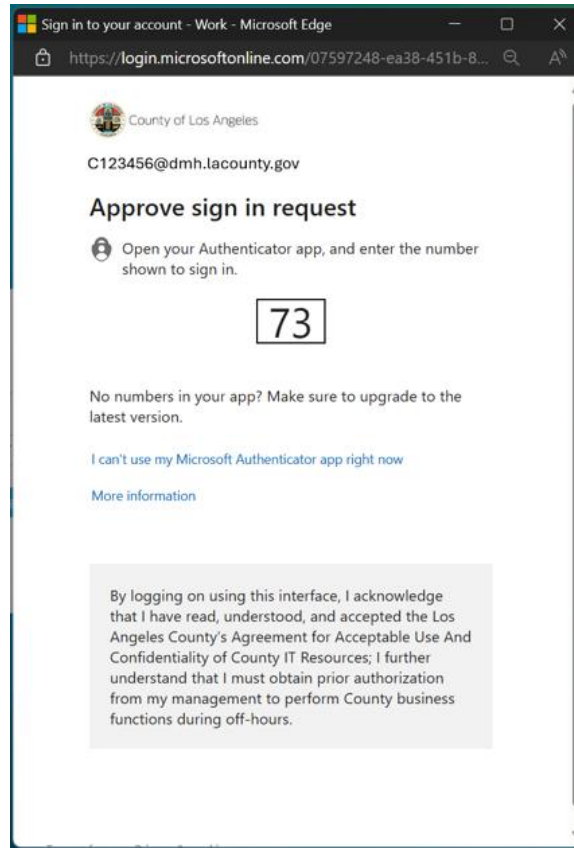


The User will enter their password and click the “**Sign in**” button. This will navigate the User to the MFA “**Approve Sign-in Request**”.



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

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



“System Code” dropdown, select the code for the User's agency. The User will only see the system codes 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

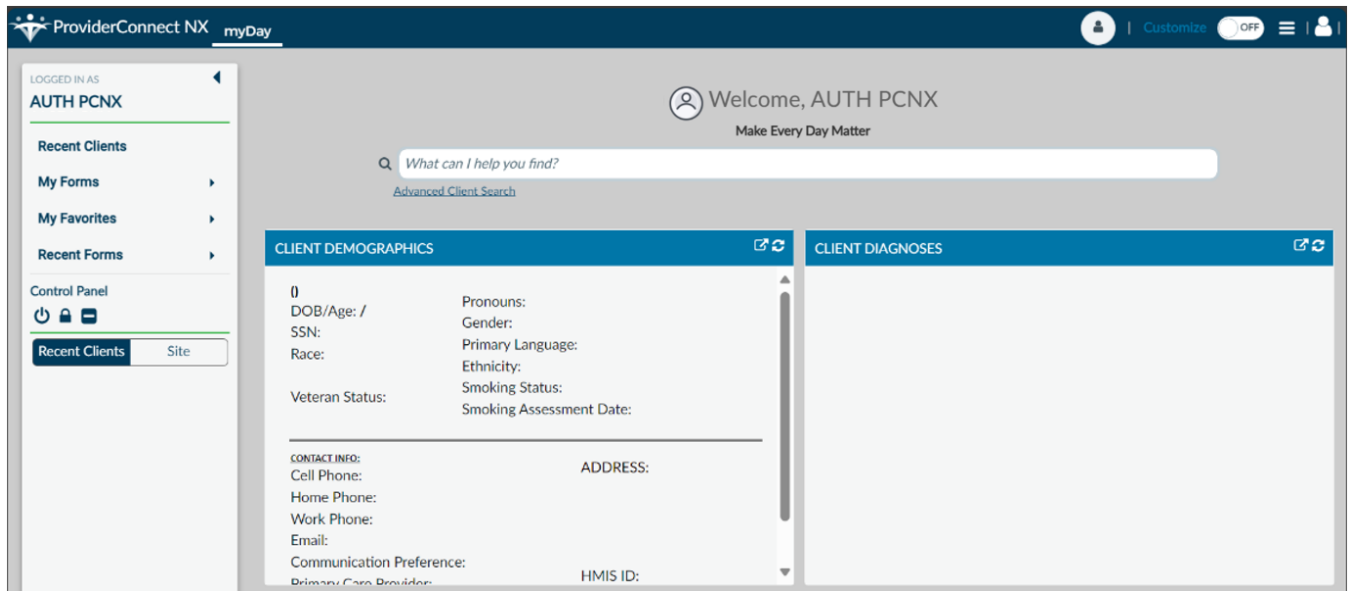
OPTIMIST BOYS HOME AND RANCH, INC.
(DTXDTRX781) : pcnx100003

DO NOT SELECT THIS SYSTEM CODE (zPCNX) :
pcnx100003

Attention

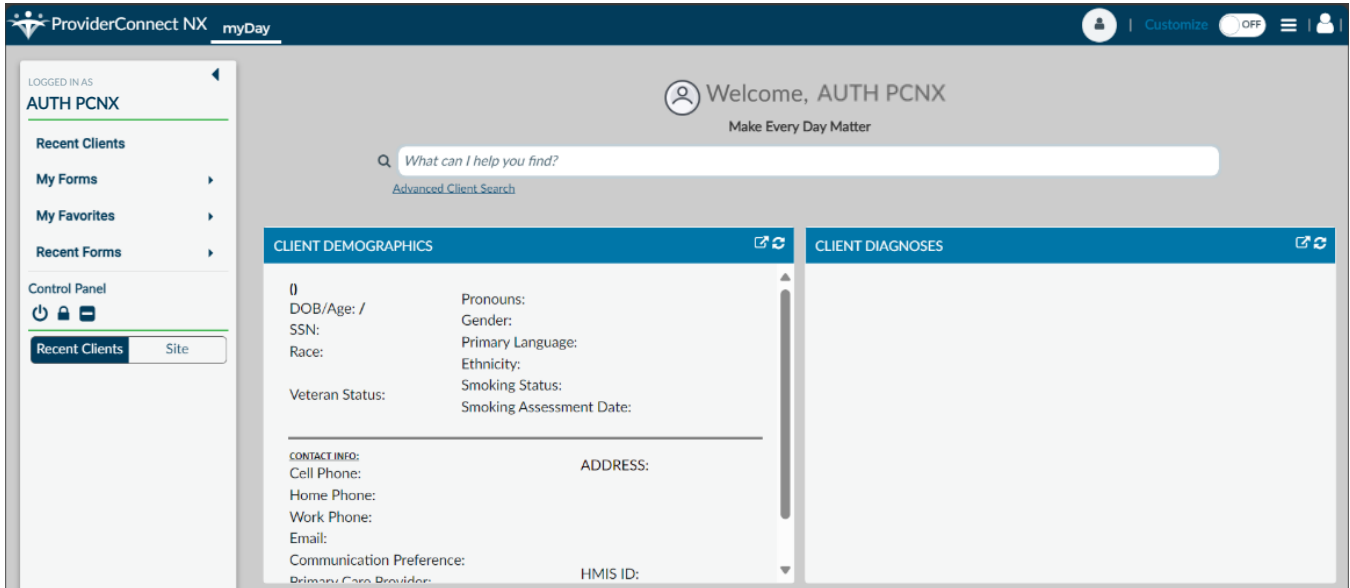
The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of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

Once selected, this will navigate the User to the **ProviderConnect NX “Home Screen”**.

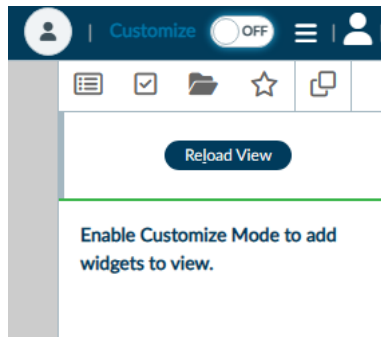


Provider Connect NX: How to Add a Widget

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




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

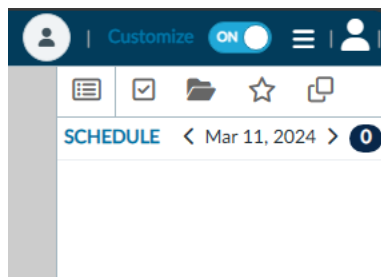


Switch the “**Customize**” selector from “**OFF**” to “**ON**” selection.



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**”.

Include Client Information header in view

CLIENT

- Claim Service Information
- Pending Service Authorizations
- Provider File Attach**
- Service Authorization Information

CONSOLE

- Console Widget Viewer**

MISC

- Financial Eligibility
- Systemwide Annual Liability

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

View	Provider	Document Name	Date	Authorization Number	Document Type

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

To close the customization, turn the “Customize” from “ON” to “OFF” selection.



Select the icon  to close the sidebar.

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

ProviderConnect NX myDay

LOGGED IN AS AUTH PCNX

Welcome, AUTH PCNX
Make Every Day Matter

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

CLIENT DEMOGRAPHICS

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

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

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

ProviderConnect NX: How to Create an Authorization

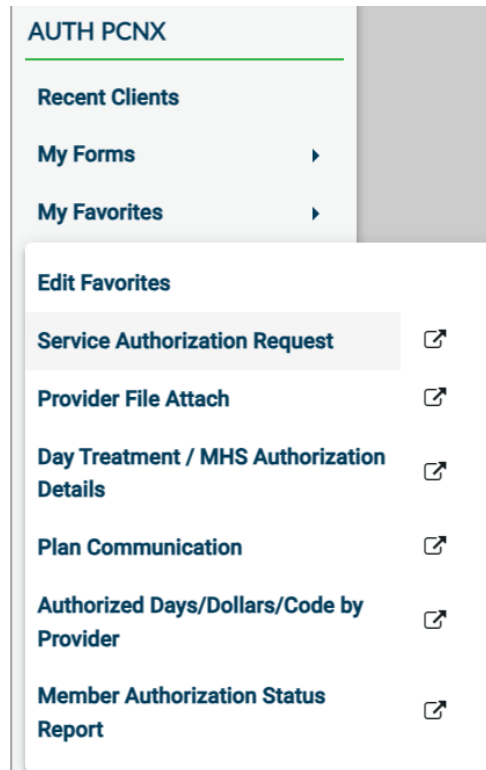
From the “Home Screen”.

The screenshot displays the ProviderConnect NX home screen. At the top, the header includes the logo, 'ProviderConnect NX myDay', and user options like 'Customize' and 'OFF'. The main content area is titled 'Welcome, AUTH PCNX' with the slogan 'Make Every Day Matter'. A search bar is present with the placeholder text 'What can I help you find?' and a link to 'Advanced Client Search'. The interface is divided into several panels:

- CLIENT DEMOGRAPHICS:** Contains fields for DOB/Age, SSN, Race, Gender, Primary Language, Ethnicity, and Smoking Assessment Date. It also includes a 'Smoking Status' section.
- CONTACT INFO:** Lists fields for Cell Phone, Home Phone, Work Phone, and Email.
- ADDRESS:** A section for the client's address.
- PROVIDER FILE ATTACH:** A table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type.
- CLIENT DIAGNOSES:** A section for client diagnoses.
- 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'.

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 advised method when searching for a client in **ProviderConnect NX**.

Opening: **Service Authorization Request**

Home > Select Client >

Select Client

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

The screenshot shows a dialog box titled "Opening: Service Authorization Request". At the top, there is a breadcrumb trail: "Home > Select Client >". Below this is a dark blue header bar with the text "Select Client". The main area of the dialog is a search interface. It features a search input field with a magnifying glass icon on the left and the text "PCNX ADMISSIONS" inside. The search results area below the input field is empty. At the bottom of the dialog, there are two buttons: "OK" and "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
PCNX ADMISSIONS (009358744)	01/12/2000	550 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

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

The screenshot shows the 'SERVICE AUTHORIZATION REQUEST' form in the ProviderConnect NX system. The form is divided into several sections:

- Member Information:** Includes fields for 'Type Of Authorization' (Select), 'Funding Source Authorization Is For' (Select), 'Provider To Be Authorized' (OPTIMIST BOYS HOME AND RANCH, INC. (781)), 'Contracting Provider Program' (Select), 'Planned Admit Date' (calendar), 'Authorized Level of Care' (Select), and 'Current Authorization Status' (radio buttons: Approved, Denied, Pending).
- Authorization Details:** Includes 'Authorization Number' (360652), 'Benefit Plan' (Select), 'Performing Provider' (Select), 'Performing Provider Type' (Select), 'Current Authorization Status Reason' (Select), and 'Initial Or Continuing Authorization' (radio buttons: Initial, Continuing, Copy).
- Dates:** Includes 'Begin Date Of Authorization' (calendar), 'Clinical Authorization End Date' (calendar), and 'Financial Authorization End Date' (calendar).

Fields marked with a red asterisk (*) are required: 'Funding Source Authorization Is For', 'Contracting Provider Program', 'Begin Date Of Authorization', 'Clinical Authorization End Date', and 'Financial Authorization End Date'. The 'Current Authorization Status' field has 'Pending' selected.

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

Funding Source Authorization Is For *
Select

Funding Source Authorization Is For *
Select

(1) Invalid P-Auth
(10) Juvenile Day Reporting Center Non-MC
(1001) FFS2 Outpt Svcs - Psychtest (CGF) MC
(1002) FFS2 Outpatient Services Non MD(CGF)
(1003) FFS2 Outpatient Services MD(CGF)
(1005) FFS2 TAR Prof Svc
(1006) IMD Exclusion- FFS2 TAR Prof Svc
(101) DMH Mental Health Services (CGF) Non-MC
(1011) CGF IMD Step Down Non-MC

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

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

Benefit Plan *
Select

Benefit Plan *
Select

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

Benefit Plan *
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.**

Current Authorization Status Reason
Select

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

The image shows a sequence of three screenshots of a web form. The top screenshot shows a dropdown menu for 'Contracting Provider Program' with the text 'Select' and a search icon. The middle screenshot shows the dropdown menu open, displaying a list of locations: '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 NUYS'. The bottom screenshot shows the dropdown menu closed with 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK' selected.

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

The image shows a screenshot of a web form titled 'Member Authorization History'. The form contains several fields and sections:

- Brief Member Review**: A red warning message: "**Add New Records Only! Please do not Edit or Delete existing records." Below it is a 'Type Of Authorization' dropdown menu.
- Funding Source Authorization Is For ***: A dropdown menu with the value '(102) DMH Mental Health Services (CGF) MC'.
- Provider To Be Authorized**: A search field with the value 'OPTIMIST BOYS HOME AND RANCH, INC. (781)'.
- Contracting Provider Program**: A dropdown menu with the value 'All - 01/01/2003 - 1933A OPTIMIST EAGLE ROCK'.
- Planned Admit Date**: A date field with a calendar icon and buttons for 'T' and 'Y'.
- Authorized Level of Care**: A dropdown menu with the value 'Select'.
- Current Authorization Status ***: Radio buttons for 'Approved', 'Denied', and 'Pending' (selected).
- Member Authorization History**: A section with the following fields:
 - Authorization Number**: 360653
 - Benefit Plan ***: TBS (MC)
 - Performing Provider**: Select
 - Performing Provider Type**: Select
 - Current Authorization Status Reason**: Select
 - Initial Or Continuing Authorization**: Radio buttons for 'Initial', 'Continuing', and '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)

Begin Date Of Authorization *

Financial Authorization End Date *

Begin Date Of Authorization *

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). Users **MUST NOT** 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.

Begin Date Of Authorization * 03/01/2024 **Clinical Authorization End Date**

Financial Authorization End Date * 10/30/2024

Account Select **Contracting Provider Authorization** Select

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 several fields. At the top, there are two date pickers: "Begin Date Of Authorization" with the value "03/01/2024" and "Clinical Authorization End Date" which is currently empty. Below these is the "Financial Authorization End Date" field with the value "06/30/2024". At the bottom, there are two dropdown menus: "Account" with the value "Select" and "Contracting Provider Authorization" with the value "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 that all fields that were reviewed have been completed.

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

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 the "Contracting Provider Authorization" dropdown menu open. 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 Remain: \$107358.08 Amt Denied: \$0.00". This selection has populated the "Account" field with the text "OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTIMIST BOYS' HOME + RANCH I".

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

The final screenshot shows the completed form. The "Account" field is populated with "OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTIMIST BOYS' HOME + RANCH I". The "Contracting Provider Authorization" field is 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 a form with the following sections:

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

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

The first example shows the form with the **All** radio button selected. The second example shows the form with the **Individual** radio button selected and highlighted with a blue circle.

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

The first example shows the form with the **Revenue Code** radio button selected. The second example shows the form with the **CPT® Codes** radio button selected and highlighted with a blue circle.

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

Code Authorized (1)



Code Authorized (1)



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

⏪ ⏩ 1 ⏪ ⏩

Code Authorized (1)



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

Medi-Cal

H0018:HA:HE	CRISIS RESIDENTIAL SERVICES	Under the age of 21
H0018:HB:HE	CRISIS RESIDENTIAL SERVICES	Adults from 18 through 64 years of age
H0018:HC:HE	CRISIS RESIDENTIAL SERVICES	Geriatric Adult 65 years of age and older
H0019:HB:HE	Adult Residential	Non-Geriatric (Ages 21 to 64)
H0019:HC:HE	Adult Residential	Geriatric (Over Age 64)

NON-Medi-Cal

H0018:HA:HE:HX	CRISIS RESIDENTIAL SERVICES	under age 21 Non Medi-Cal
H0018:HB:HE:HX	CRISIS RESIDENTIAL SERVICES	Adults from 18 through 64 years of age
H0018:HC:HE:HX	CRISIS RESIDENTIAL SERVICES	Geriatric Adult 65 years of age and older
H0019:HB:HE:HX	Adult Residential	Non-Geriatric (Ages 21 - 64) Non Medi-Cal
H0019:HC:HE:HX	Adult Residential	Geriatric (Over Age 64) Non Medi-Cal

Enter the unit requested.

NOTE: One unit is equal to 15 minutes; for example, 30 minutes will equal 2 Units.

Requested Units (1)	Requested Units (1)
	2

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

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

Authorized Level of Care
Select

Current Authorization Status *
 Approved Denied Pending

Authorization Number
360659

Benefit Plan *
Select

Performing Provider
Select

Performing Provider Type
Select

Current Authorization Status Reason
CWD - New Submission

Initial Or Continuing Authorization
 Initial Continuing Copy

Begin Date Of Authorization *
03/21/2024

Clinical Authorization End Date

Financial Authorization End Date *
06/15/2024

Account
OPTIMIST BOYS' HOME + RANCH INC. 1) 07/01/2023 - 06/30/2024 \$10447911.00 OPTI

Contracting Provider Authorization *
Auth: P33070 FS: DMH Mental Health Services (CGF) MC(102) Care Lvl: No Entry Dates: (

Authorization Grouping Or Individual Authorizations *
 All Grouping Individual

Authorization Grouping
Select

Total Estimated Liability
0.00

Letter Type
Select

Procedure Code Type (1)
 CPT® Codes Revenue Code

Procedure Code Type (2)
 CPT® Codes Revenue Code

Code Authorized (1)
Crisis Residential (H0018)

Code Authorized (2)

Requested Units (1)
2

Requested Units (2)

Units Authorized (1)

Units Authorized (2)

Estimated Liability Code (1)

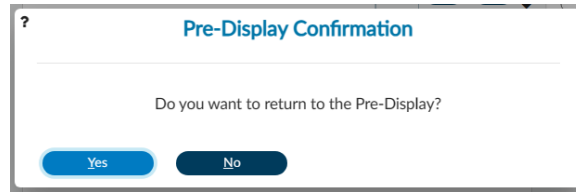
Estimated Liability Code (2)

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

SERVICE AUTHORIZATION REQUEST

Submit Discard Add to Favorites

The User will receive a message. Selecting “**NO**” will navigate back to the “**Home**” screen. Selecting “**YES**” navigates the User to the Authorization pre-display screen, where they can see all past and current authorizations requested for this Client.



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

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

Selected Client : ADMISSIONS, PCNX (009358744)

Select Record

Funding Source	Provider	Auth #	Begin Date	End Date	Code Authorized (1)	Authorization Status
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST BOYS HOME AND RANCH, INC.	360499	06/25/2023	06/30/2023	TBS (H2019)	Pending
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST BOYS HOME AND RANCH, INC.	360501	03/21/2024	06/30/2024	Crisis Residential (H0018)	Pending

Add Edit Delete Cancel

Home Screen.

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
HMIS ID:

PROVIDER FILE ATTACH

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

CLIENT DIAGNOSES

CONSOLE WIDGET VIEWER

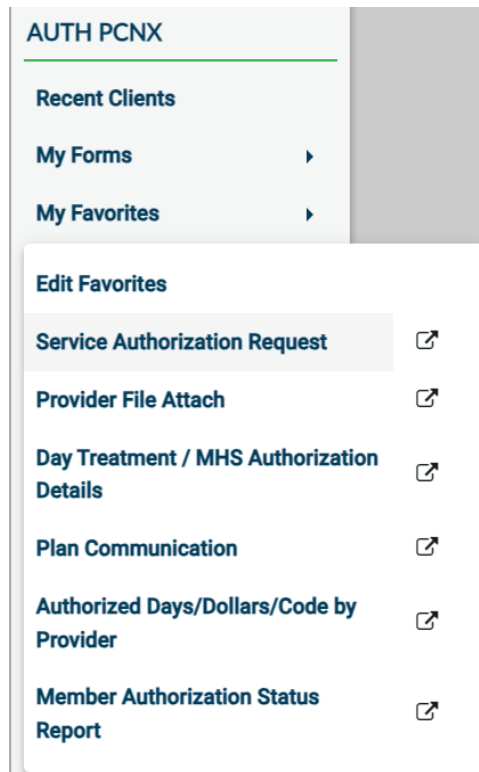
Open Record Close All Print

ProviderConnect NX: How to Add an Attachment to a File

From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. At the top, the navigation bar includes the logo, 'ProviderConnect NX myDay', a user profile icon, 'Customize', and a 'LOG OFF' button. The main content area features a search bar with the placeholder text 'What can I help you find?' and a link for 'Advanced Client Search'. Below the search bar, the screen is divided into four panels: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'CLIENT DEMOGRAPHICS' panel contains fields for ID, DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date. The 'PROVIDER FILE ATTACH' panel includes a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type. The 'CONSOLE WIDGET VIEWER' panel is currently empty. At the bottom right, there are buttons for 'Open Record', 'Close All', and 'Print'.

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: Fields highlighted in **RED** and/or with asterisks are required. They represent the minimum 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 buttons for 'Submit', 'Discard', and 'Add to Favorites'. The form fields are as follows:

- Member ID ***: A text input field with a search icon, highlighted in red.
- Provider ***: A text input field with a search icon, highlighted in red.
- File Type ***: A dropdown menu with 'Select' and a search icon, highlighted in red.
- Authorization**: A dropdown menu with 'Select'.
- Document Type**: A dropdown menu with 'Select' and a search icon.
- File Name**: A text input field.
- Comments**: A large text area for entering comments.
- Existing Files**: A dropdown menu with 'Select' and a search icon.

Buttons for 'Upload File', 'Store File', 'Update Comments', and 'Delete File' are located at the bottom of the form. A 'Comment History' section is visible at the bottom of the form, which is currently empty.

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 “Authorizations.”

The first screenshot shows a dropdown menu titled "File Type *" with "Select" chosen. The second screenshot shows the same menu with a search bar and "Authorization" selected. The third screenshot shows the dropdown menu with "Authorization" selected.

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

The first screenshot shows a dropdown menu titled "Authorization *" with "Select" chosen. The second screenshot shows the dropdown menu with a list of authorization numbers and dates, and "Authorization #306172 Start Date: 01/05/2023 End Date: 06/30/2023" selected.

Uploading Your File

- **Click "Upload File":** This action triggers two separate prompts.
- **Option A (File Explorer):** Use the standard system window to browse and select the file from your local drive.
- **Option B (Drop Zone):** Alternatively, use the secondary window to **drag and drop** your file directly into the interface.

File Attachments form.

NOTE: Form to be attached:

- Assessment

NOTE: Provider should follow file naming convention: **“Auth Number_Form Name_Date MonthDayYear”** (Example – “1318_Assessment_01182024”). Providers should use the date they are submitting the Authorization Request.

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

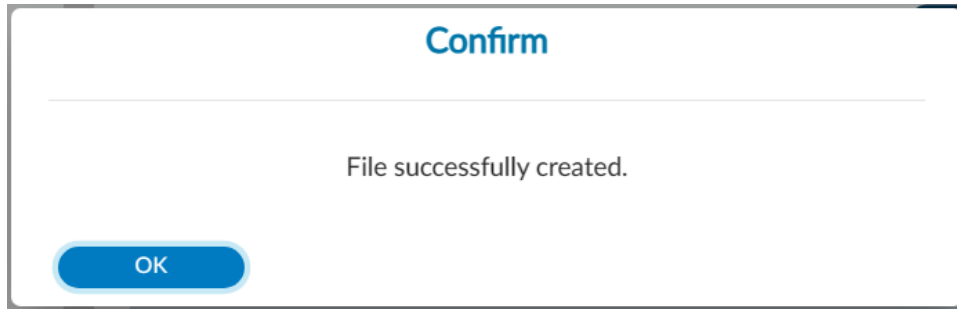
The screenshot illustrates the file upload process. At the top, there is a dark blue 'Upload File' button. Below it is a light gray 'File Name' input field. A modal dialog box titled 'File Upload' is open, featuring a large dashed border representing a drop zone with the text 'click here or drop file' and a 'Cancel' button at the bottom. To the right of the dialog is a table 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 dialog and table, the 'File Name' input field is populated with 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.

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 within the ProviderConnect NX interface. The top navigation bar shows 'ProviderConnect NX myDay' and a 'Customize' toggle set to 'OFF'. The left sidebar contains navigation options like 'Recent Clients', 'My Forms', and 'My Favorites'. The main content area is titled 'PROVIDER FILE ATTACH' and includes a search bar and buttons for 'Submit', 'Discard', and 'Add to Favorites'. The form itself is divided into several sections: 'Member ID *' with a search-enabled text input; 'Provider *' with another search-enabled text input; 'File Type *' with a dropdown menu; 'Authorization' with a dropdown menu; 'Document Type' with a dropdown menu; 'File Name' with a text input; and a large 'Comments' text area. Action buttons include 'Upload File', 'Store File', 'Update Comments', and 'Delete File'. There is also an 'Existing Files' dropdown menu. A 'Comment History' section is visible at the bottom of the form area.

Enter "Member ID"

Member ID *




Member ID *



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


Navigation: [Previous] [1] [Next]

Member ID *




Enter the "Provider ID"

Provider *



Provider *




Results

INC. OPTIMIST BOYS HOME AND RANCH (781)

Navigation: [Previous] [1] [Next]

Provider *



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

The first screenshot shows a dropdown menu titled "File Type *" with "Select" chosen. The second screenshot shows the same menu with a search bar and "Authorization" selected. The third screenshot shows the dropdown menu with "Authorization" selected.

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

The first screenshot shows a dropdown menu titled "Authorization *" with "Select" chosen. The second screenshot shows the dropdown menu with a search bar and a list of authorization numbers and dates. The third screenshot shows the dropdown menu with "Authorization #306172 Start Date: 01/05/2023 End Date: 06/30/2023" selected.

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 shows the dropdown with the text 'Select' and a downward arrow. The bottom instance shows the dropdown expanded, displaying a search bar with a magnifying glass icon and two file entries: 'This is a Test attachment 2.docx' and 'This is a Test attachment.docx'.

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

PROVIDER FILE ATTACH

Submit

Discard

Add to Favorites

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

The image shows a 'Confirm Close' dialog box. It has a question mark icon in the top left corner, the title 'Confirm Close' in blue text, and the text 'Are you sure you want to Close without saving?'. At the bottom, there 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 shows the 'HOME' screen for a user logged in as AUTH PCNX. The main content area displays a client profile for 'ADMISSIONS, PCNX (009358744)'. The profile includes a search bar, a 'WELCOME TO AVATAR' message, and several widgets: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'PROVIDER FILE ATTACH' widget contains a table with two rows of data.

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

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.

CONSOLE WIDGET VIEWER ↗

This is a Test attachment 2.pdf ✕

↶ ↷ 🔍 🔍
← 1 of 1 →

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

This is a Test!

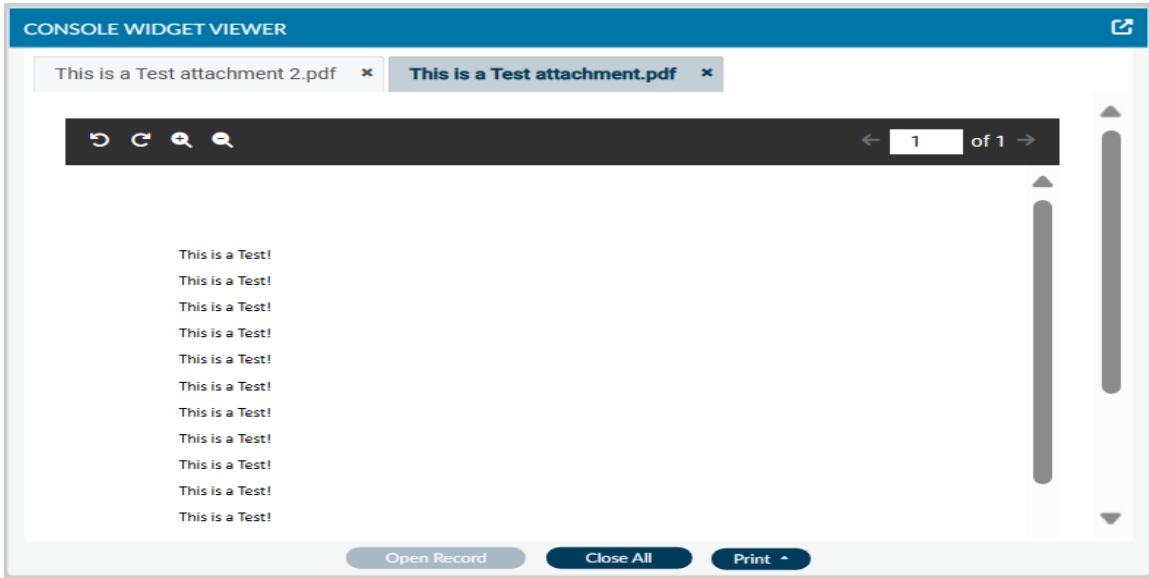
This is a Test!

Open Record
Close All
Print ^

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

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

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



ProviderConnect NX: How to View Authorization Reports

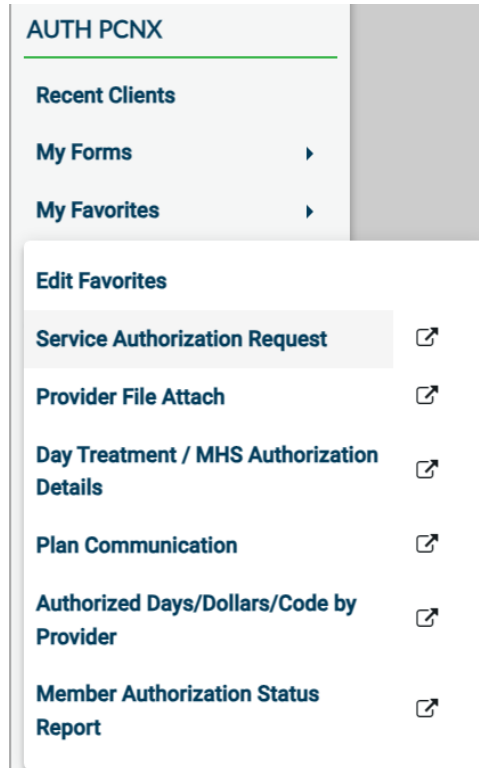
From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. At the top, the user is logged in as AUTH PCNX. The main 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 viewing 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 viewing console widgets, currently empty.

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

Using the “My Favorites” tab in the **TASK Navigation**, select “**Member Authorization Status Report**” to open that form.



Complete all required fields in **RED**.

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

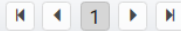
Enter the User Provider number or enter the Provider name in the “**Select PROVID**” field.

Select PROVID *

Select PROVID *

Results

OPTIMIST YOUTH HOMES DBA BOYS HOME (781)



Select PROVID *

Results

OPTIMIST YOUTH HOMES DBA BOYS HOME (781)



Select PROVID *

Enter the start and end dates for the report range.

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

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

Avatar NX Report Viewer 2025.01.00 Close Report

Print Report Export

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

Main Report

Member Authorization Status Report

Run Date 2/11/2025

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

Click the “**Print Report**” button to print. Users can export the report and open it in Excel.

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?

Yes No

ProviderConnect: Provider Funding Source and Benefit Plan List

Appendix 1

Benefit Plans for Psychiatric Health Facility (PHF) M-Auth

Funding Source ID	Funding Source Name	Benefit Plan ID	Benefit Plan Name
101	DMH Mental Health Services (CGF) Non-MC	387	PHF Non-MC
102	DMH Mental Health Services (CGF) MC	386	PHF MC

Benefit Plans for Crisis Residential and Adult Residential M-Auth

Funding Source ID	Funding Source Name	Benefit Plan ID	Benefit Plan Name
28	MHSA Alternative Crisis Svs-Non-MC	385	Residential Non-MC
29	MHSA Alternative Crisis Svs-MC	384	Residential MC
101	DMH Mental Health Services (CGF) Non-MC	385	Residential Non-MC
102	DMH Mental Health Services (CGF) MC	384	Residential MC