



The Georgia  
Collaborative ASO

# **ProviderConnect User Guide**

**Version 1.3**

December 2016

## **Version Change Log**

<b>Version 1.1 – 07.2016</b>	
•	<b>Updated Registration Section to reflect:</b>
○	<b>Updates to back-dating of Registrations up to 365 Days</b>
•	<b>Updated Authorization Section to reflect:</b>
○	<b>Number of service classes available up to 20</b>
○	<b>New authorization numbers issued for concurrent requests</b>
○	<b>Updates to pend rules for Non-Intensive Outpatient Services to 60 days from 30 days</b>
○	<b>Update an Existing Authorization</b>
<b>Version 1.2 – 10.2016</b>	
•	<b>Updated Claims Section to reflect:</b>
○	<b>Prior Authorization required for claims submission for state funded claims and encounters</b>
<b>Version 1.3 – 12.2016</b>	
•	<b>Updated Authorization Section to reflect:</b>
○	<b>Additional status values added to Medicaid Indicator display for authorizations</b>

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## Introduction

### Introduction to the Georgia Collaborative ASO Authorization Process

This chapter will provide an overview of the registration, authorization and discharge functionality that makes up the Georgia Collaborative's process. Subsequent chapters will provide step-by-step instructions for submitting these requests using the ProviderConnect system.

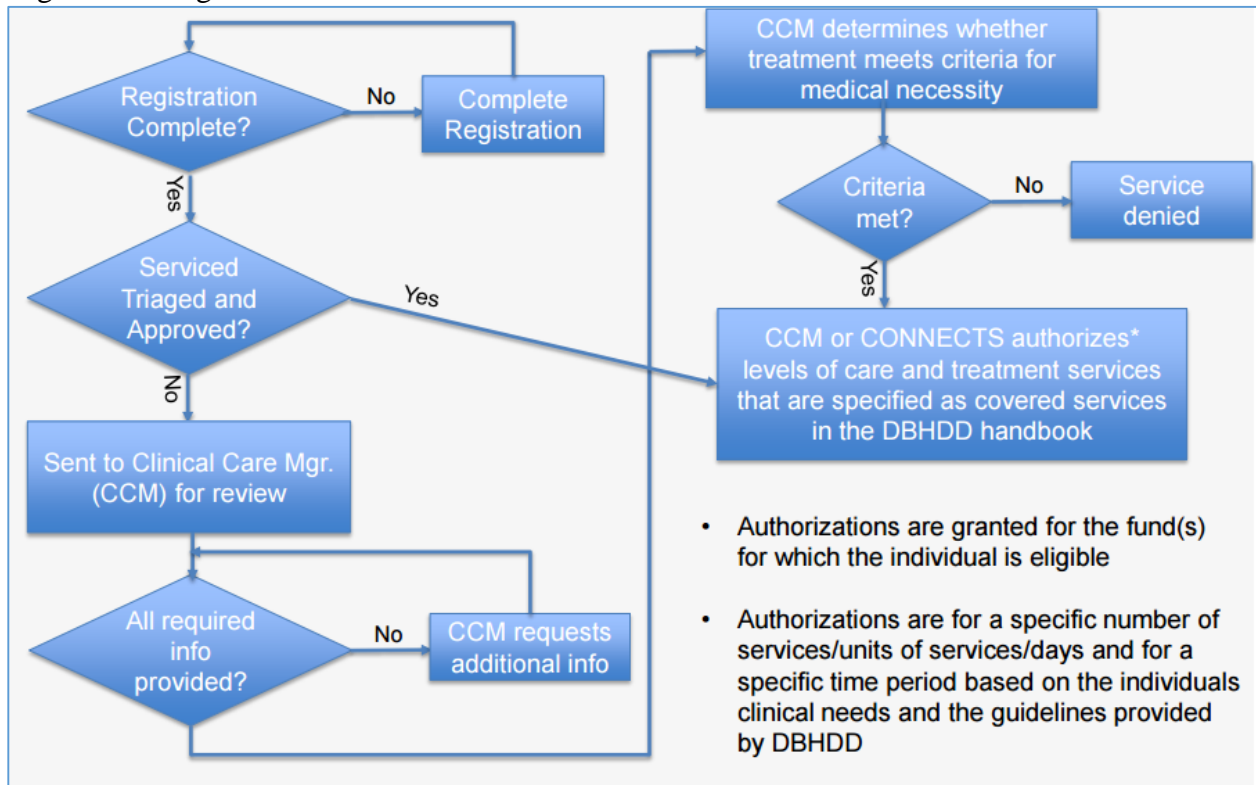
**Registration:** Providers must ensure that individuals are registered in the Georgia Collaborative system prior to requesting authorization.

- A registration is a separate process from authorization for services.
- A registration results in an individual receiving a unique consumer ID (CID) which enables the individual to be tracked throughout the system. A CID follows the individual throughout the system and is not unique to the provider. The Collaborative uses "best match" logic so duplicate CIDs aren't created for one individual.
- The registration process requires that providers answer questions that will determine the fund source for the individual's service based on the provider's approved services and individual's coverage (e.g. Medicaid, state funded services). This is done by the Collaborative based on logic built into the system. Providers should answer questions to the best of their ability to ensure appropriate funds are assigned.
- Most registrations remain active for a period of 365 days. This appendix outlines available fund sources and the length of registration.
- Individuals must have an active registration prior to providers submitting an authorization request.
- The registration is able to be updated when an individual's demographic information changes.

**Authorization:** The authorization confirms the individual's eligibility for specific services and is required for claims payment.

- Authorization requests for new services or a new individual is called **Initial** authorization request. Authorizations continued services are called **Concurrent** authorization requests.
- The authorization is provider specific (as opposed to the registration which is not specific to the provider).
- Requesting an authorization is a four tier process to determine the Combination of Care made up of: Level of Service (LOS), Type of Service (TOS), Level of Care (LOC), and Type of Care (TOC).
- Providers must select all services that they are requesting (there are no "packages" of services).

High-Level Registration and Authorization Process Flow



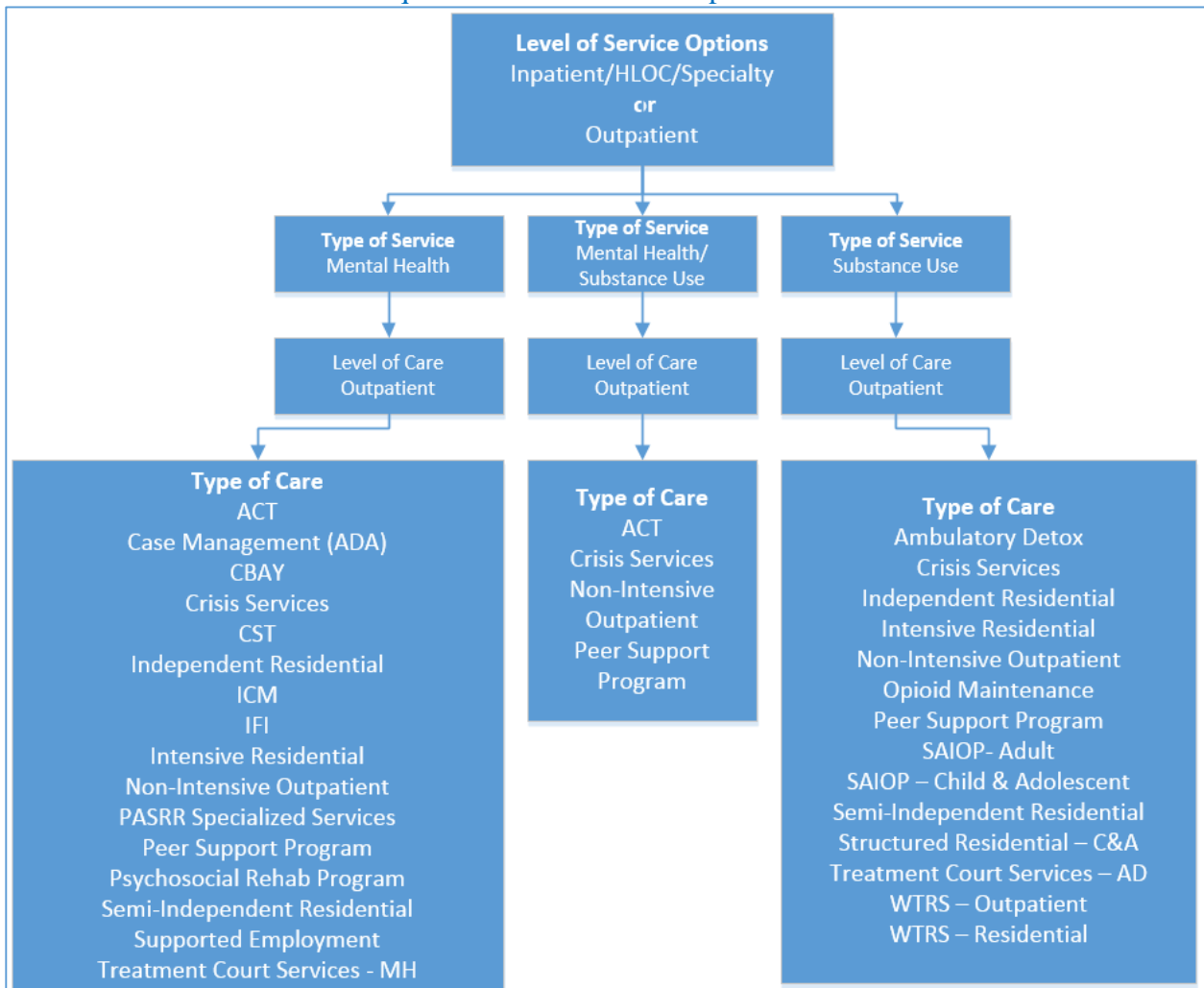
**Note:** The mechanism for requesting authorizations varies for high levels of care.

- Initial inpatient and CSU referrals and authorizations are completed thru GCAL
- Concurrent reviews for inpatient and CSU are requested thru Beacon Health Options
- Concurrent reviews for Inpatient thru ProviderConnect
- CSU's may request concurrent reviews thru ProviderConnect or batch processes
- PRTF is requested exclusively thru ProviderConnect
- All other services can be requested via ProviderConnect or batch processes

The below graphic illustrates Outpatient levels of care would be requested thru the web-based ProviderConnect portal.

1. To determine the service the provider must first determine the Level of Service –see the first row: select either Inpt/Community-based or Outpatient.
2. Type of Service is either mental health, substance use or co-occurring mental health/substance use. Co-occurring should only be selected if the provider will be actively treating both. Some services are only covered under one or the other type of service.
3. The next decision is Level of Care. For the higher levels of care this includes Inpatient, Crisis Stabilization Unit, PRTF, Residential or Nursing home (not pictured here). For Outpatient Services, the provider will have an option to select the Type of Care and then the services requested within each.
  - a. Example: If a provider is requesting “core” services to treat co-occurring diagnoses, the provider would select: Outpatient > Mental Health/Substance Use > Non-Intensive Outpatient > Select appropriate services (e.g. Individual, Family, Group, etc.).

Authorization Request Decision Tree: Outpatient Level of Care





Providers can access the [Service Matrix](#) to review the Types of Care and services in each category. The example below illustrates the choices for Non-Intensive Outpatient services:

Level of Service	Type of Service	Type of Care Code	Type of Care Description	Service Class Code	Service Groups Available	Service Description	Initial Auth		Concurrent Auth		Max Daily Units	Place of Service
							Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd		
Outpatient	MH, SU,	NIO	Non-Intensive Outpatient <sup>4</sup>	BHA	10101	BH Assmt & Service Plan	90	32	275	64	24	11, 12, 53, 99
				TST	10102	Psychological Testing	90	5	275	10	5	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	90	2	275	4	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	90	24	275	96	4	11, 12, 53, 99
				CIN	10110	Crisis Intervention	90	20	275	96	16	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	90	12	275	48	2	11, 12, 53, 99
				NUR	10130	Nursing Services	90	12	275	120	16	11, 12, 53, 99
				MED	10140	Medication Administration	90	6	275	120	1	11, 12, 53, 99
				CSI	10150	Community Support Services	90	68	275	160	48	11, 12, 53, 99
				PSR	10151	Psychosocial Rehabilitation	90	52	275	160	48	11, 12, 53, 99
				ADS	10152	Additional Case Support	90	100	275	600	48	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	90	8	275	48	2	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	90	480	275	400	20	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	90	32	275	120	16	11, 12, 53, 99
				CTP	21292	Community Transition Planning	90	24	275	48	24	11, 12, 53, 99
				LCT	21203	Legal Skills / Competency	90	200	275	800	8	11, 12, 53, 99
				CMS	21302	Case Management	90	68	275	160	24	11, 12, 53, 99
				PSI	20306	Peer Support - Individual	90	72	275	312	48	11, 12, 53, 99
				PSW	20302	Peer Support Whole Health &	90	72	275	312	6	11, 12, 53, 99

*Note: Services previously known as the “Core Service Package” have changed to “Non-Intensive Outpatient Services”.*

### Individualized authorizations:

Authorization requests will need to be individualized as the Collaborative does not authorize based on standardized service “packages”. Providers will identify those services that they wish to request for the individual. Please keep the individual’s needs in mind and plan for services that may be needed throughout that authorization period; for instance if someone is not initially in group, but the goal is to begin group in another month, providers would want to request that service at the time of authorization. Individuals do not progress in a straight lineal manner in their treatment and recovery – it is best to anticipate setbacks and request additional sessions that may be needed for those setbacks. The [Service Matrix](#) shows the max units that can be authorized for the timeframes. These are guidelines to assist in planning, providers should request only those services and units they anticipate needing for successful treatment for the given timeframe.

### Place of service:

In addition to requesting the service, providers will indicate the **Place of service (POS)**; this is a new concept for authorization requests. The POS that is indicated in the Service Matrix is a suggested POS that can be used for authorization requests. Not all services need to be provided at that location. Place of service codes and descriptions can be found [here](#).

### Initial and Concurrent Authorization Requests

Initial authorization requests will be submitted for:

- The individual’s first authorization in the Georgia Collaborative system (regardless of service history prior to the Georgia Collaborative go-live)

- The individuals first authorization in any new Type of Service, Level of Care, or Type of Care
- Remember: Requesting an authorization is a four tier process utilizing Level of Service (LOS), Type of Service (TOS), Level of Care (LOC), and Type of Care (TOC). “Combinations of Care”. Each unique combination of care requires a new initial request to begin services and will get a new authorization number.

**Concurrent requests:** These are requests for ongoing service authorization.

- Should be submitted when additional services or units are needed or due to the lapse of the initial authorization end date.
- Should be requested prior to expiration of the previous authorization
- May be submitted even if there is a lapse in services between authorizations. Concurrent requests may be submitted within 90 days from the end date of the previous authorization.
- All non-intensive outpatient requests for concurrent authorizations will require CANS or ANSA.

***Note:** Due to the transition from APS Healthcare to the Georgia Collaborative, the first authorization in the Collaborative system for all individuals in Non-Intensive Outpatient Services will be an initial authorization even if they were in services prior to the Georgia Collaborative go-live.*

**CANS/ANSA:** The functional assessments used for children and adults, respectively

- Initial requests for Non-Intensive Outpatient Services do not require the CANS and ANSA. All other outpatient services require ANSA and CANS information on initial, concurrent, and discharge requests.

## Discharge

A discharge request should be submitted when:

1. An individual is no longer receiving **any** services under the outpatient type of service at a provider agency
2. An individual discharges from higher level of care services:
  - a. Inpatient
  - b. PRTF level of care
  - c. Residential Detox

Providers should note that a discharge from outpatient services discharges the individual from ALL outpatient services at the agency. A discharge from outpatient services does not affect the authorization for CSU, Inpatient, Residential Detox, or PRTF services.

### Section summary & key points:

- Individuals must have an active registration prior to authorization

- Requesting an authorization is a four tier process utilizing Level of Service (LOS), Type of Service (TOS), Level of Care (LOC), and Type of Care (TOC). “Combinations of Care”
- For Outpatient the LOS and LOC will always be “Outpatient”.
- Each unique combination of care requires a new initial request to begin services and will get a new authorization number.
- Two “Initial” requests in a row will be allowed if there is a change in Type of Service.
- A discharge from any of the Outpatient Levels of Service will discharge all authorizations with the same combination of care for the individual and should only be submitted if the individual is no longer active in any outpatient service at the provider agency.

## ProviderConnect Overview

ProviderConnect is an easy-to-use online application that providers can use to complete everyday service requests. Providers have the ability to access information 24 hours a day/7 days a week. ProviderConnect is compatible with Internet Explorer, Mozilla Firefox, Google Chrome, and Safari. This allows compatibility for both PC and Mac users.

Providers can use ProviderConnect to:

- Access and register a provider
- Submit individual’s registration
- Verify individual’s eligibility and registrations
- Enter an authorization request
- Search authorizations
- Submit discharge reviews
- Enter a claim
- Search claims

In addition, ProviderConnect contains links to other resources such as:

- Compliance
- The Georgia Collaborative ASO Provider Handbook
- Forms

## Before You Begin

Be aware of the following before using this guide:

- Screen captures are examples only.
- The workflows presented in this document represent one possible scenario. Workflows may vary in practice depending on a particular user’s circumstances.

*Note: Required fields in this guide are shown in blue*

*Note: Required fields in ProviderConnect are denoted with an asterisk (\*)*

## Where to Submit

The Georgia Collaborative ASO is providing administrative services on behalf of DBHDD for individuals receiving Medicaid Rehab Option (MRO) and state-funded behavioral health and substance abuse treatment services. The chart below advises where to appropriately submit information for these services.

<b>Fund Source</b>	<b>Registration</b>	<b>Authorization</b>	<b>Discharge</b>	<b>Claims Submission</b>
State Contracted Services	Submit to Collaborative through ProviderConnect or submitted via batch files.	Submit to Collaborative through ProviderConnect or submitted via batch files.	Submit to Collaborative through ProviderConnect or submitted via batch files.	Submit to Collaborative through ProviderConnect or submitted via batch files.
Medicaid Fee For Service (MRO)	Submit to Collaborative through ProviderConnect or submitted via batch files.	Submit to Collaborative through ProviderConnect or submitted via batch files.	Submit to Collaborative through ProviderConnect or submitted via batch files.	Submit to HP
CMO (e.g. Amerigroup, Magellan, Cenpatico)	Not applicable to CMO members. Use appropriate CMO's processes for requesting authorizations and claims.			

## Accessing ProviderConnect

This chapter covers the following topics:

- How to log on to ProviderConnect
- New user registration

### Log On to ProviderConnect

To log on to ProviderConnect:

**Note:** Required fields in this guide are shown in *blue*

1. Access the following URL: <http://www.georgiacollaborative.com/>
2. Click on the [Providers](#) link.



Figure 1: GeorgiaCollaborative.com

3. Click [Log In](#).

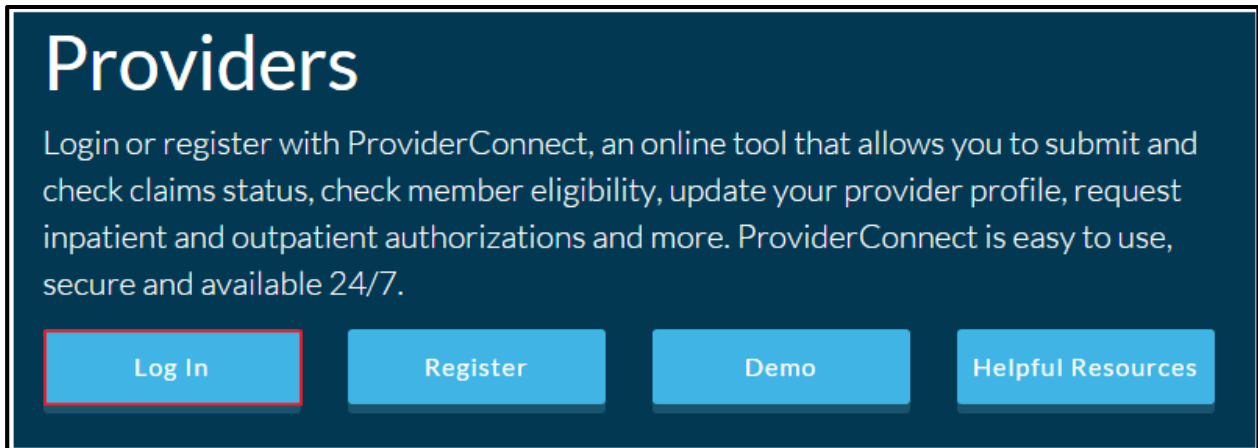


Figure 2: Provider Page - Login

*Note: Required fields in the ProviderConnect are denoted with an asterisk (\*)*

4. Enter your [Georgia-specific User ID](#) (beginning with GAC) and [Password](#).
5. Click [Log In](#).

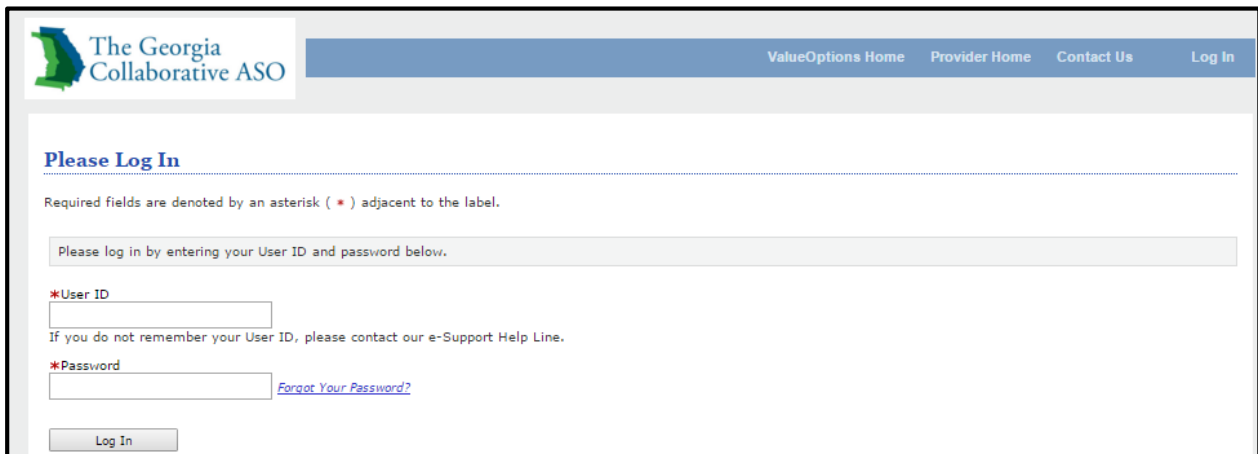


Figure 3: ProviderConnect Login

6. Carefully read the ProviderConnect Use Agreement and then click [I Agree](#).

## New User Registration

There are two ways in which providers can set up a new user for ProviderConnect:

- Providers should identify a Super User within their organization. A Super User has the ability to set up other users within the agency and assign administrative rights for each user within their own agency. In order to set up a Super User, please complete the Account Request Form and follow the submission instructions on the form.

- Providers may login to ProviderConnect to register by following the steps below:

*Note: Required fields in this guide are shown in blue*

1. Access the following URL: <http://www.georgiacollaborative.com/>
2. Click on the [Providers](#) link.
3. Click [Register](#).

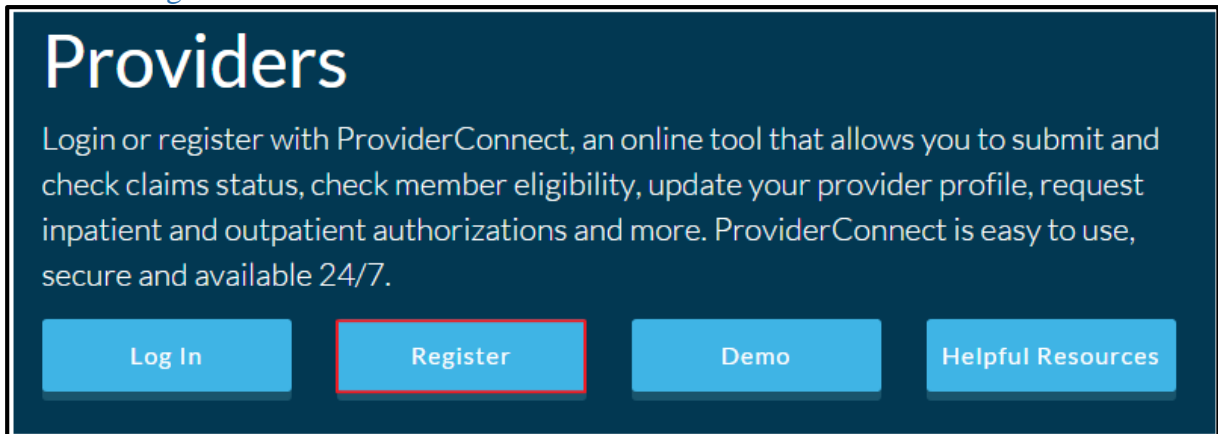


Figure 4: Provider Page - Register

4. Complete the fields on the Provider Online Services Registration screen.

*Note: Required fields in ProviderConnect are denoted with an asterisk (\*)*

- Enter the user's first name.
- Enter the [user's last name](#).
- Enter the person's name to contact at the office.
- Enter the [provider number](#). (Contact National Networks to obtain a Provider ID number that begins with GAC if needed. The Provider ID number is assigned by Beacon Health Options for Georgia Collaborative providers.)
- Enter the provider's Federal ID or Social Security Number.
- Enter and verify the provider's [primary e-mail address](#).
- Enter the provider's secondary e-mail address.
- Enter the provider's complete [phone number](#), omitting dashes.
- Enter the provider's complete fax number, omitting dashes. Enter and confirm a [password](#). Passwords must contain at least:

- One number (0-9) and,
- One upper case letter (A-Z) and,
- One lower case letter (a-z) and,
- One of the following special characters:

!	:
#	;
\$	<
~	=
"	>
%	?
&	[
'	\
(	]
)	^
*	_
+	`
,	{
-	
.	}

- Passwords must be between 8 and 20 characters, cannot contain spaces, and are case-sensitive.
  - Create a [security question and answer](#).
5. Click [Submit](#).

**Note:** You are required to change your password every 90 days. When password expires a new one will be required upon Login



### Provider Online Services Registration

\*Required fields are denoted by an asterisk ( \* ) adjacent to the label.

First Name

\*Last Name

Contact Name

\*Provider ID  ?

Tax ID

Provider Group, Facility or Clinic Name (if applicable)

\*Primary Email Address

\*Verify Primary Email Address

Secondary Email Address

\*Phone Number  
(10 digit number without dashes)

Ext

Fax Number  
(10 digit number without dashes)

Password must be between 8 and 20 characters long, must contain at least one number (0-9), one upper case letter (A-Z), one lower case letter (a-z), one of these special characters ( ! # \$ % & ' \* + , - . : ; = ? [ ] ^ \_ ` < > | { } \ ), but no spaces. Make sure it is difficult for others to guess. Your Password is case-sensitive.

\*Select a Password

\*Confirm New Password

\*Create a Security Question

\*Answer to Security Question

Please check the provider services you want access to:

Inquiry Functions
  Claims Submission

*Claims, Authorizations, Patient Eligibility, and Benefits searches will be available automatically upon acceptance of online registration.*

Figure 5: ProviderConnect Registration

## Registration: Searching and Viewing Individual's Information

A user can search for and access information for an individual via the *Specific Individual Search* section of ProviderConnect.

A search for an individual should be provider's first step in the process. If an Individual is already registered in ProviderConnect, the provider may be able to utilize the existing registration. The Collaborative utilizes best match logic to ensure that duplicate CIDs are not created for one individual.

If an individual already has a Registration and a new Registration is submitted, the prior Registration will terminate using the date prior to the new submission and the new Registration will start on the day of approval. If for any reason the updated Registration contains different information from the prior Registration, the system will pend the new Registration to verify information and will use the best match feature to ensure that the Individual maintains only one CID.

### Key Terms:

**Registration:** A Registration is used to request eligibility information for the individual. The Registration generates a unique Consumer ID (CID) and identifies funding and benefits eligibility and collects demographics for reporting. Registrations follow the individual and are not affected by authorizations and/or discharges. A valid registration for an individual may be used by multiple providers. At this time, only providers may submit a Registration for an Individual. A Registration can be back-dated up to 180 days.

**CID Number:** The CID is a unique Consumer Identification Number and may also be referred to as the Individual ID.

**Inquiry:** An inquiry in the ProviderConnect system is an electronic message, similar to an email, but is transmitted securely through ProviderConnect.

<i>Note: Required fields in this guide are shown in blue</i>
--------------------------------------------------------------

<i>Note: Required fields in ProviderConnect are denoted with an asterisk (*)</i>
----------------------------------------------------------------------------------

## Individual Search

To search for an individual, either click **Specific Individual Search** on the navigation bar or **Find a Specific Individual** on the main menu.

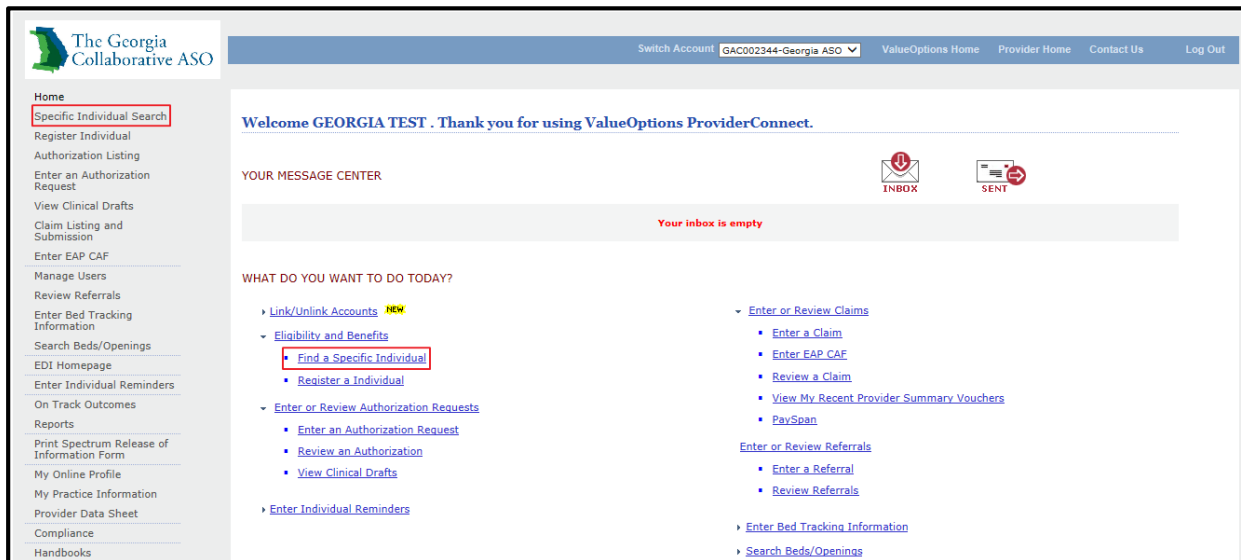


Figure 6: ProviderConnect Home

The Eligibility & Benefits Search screen displays.

To retrieve individual information the user must have at least an Individual ID and Date of Birth.

1. Enter the individual ID in the **Individual ID** field.

***Note:** Individual ID can be the Consumer ID(CID), Medicaid ID, Medicare ID, or Social Security Number.*

2. Enter a date in the **Date of Birth** field.

***Note:** Enter information in MMDDYYYY format only.*

3. Enter the individual's first and last names to narrow the search.
4. Click **Search**.

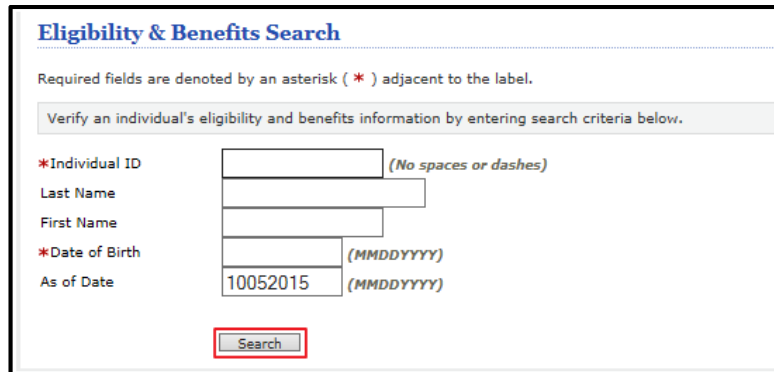


Figure 7: Eligibility and Benefits Search

Once the search has been completed, the individual's information displays in a section that contains the following tabs:

- Demographics – Displays a subset of the individual's demographic information
- Enrollment History – Displays all of the individual's current and historic enrollments and funding sources
- COB – Not applicable
- Benefits – Not applicable
- Additional Information – Not applicable

## Demographics Tab

The Demographics screen displays individual-specific information such as individual ID, name, date of birth, eligibility, etc.

**Note:** Demographics information must be re-entered with each new Registration and will not carry over to subsequent Registrations.

On the bottom of the screen are buttons used to either retrieve individual information or to enter/request individual information.

- View Individual Auths – Displays all the authorizations for the selected individual. Provider will only be able to see authorizations associated with their provider number.
  - Click on View Individual Auths
  - Enter Auth #
  - Enter Service From and Service Through dates

**Note:** Leaving Auth # and Service From and Service Through dates blank will display all current and expired authorizations for the individual

- Click Search

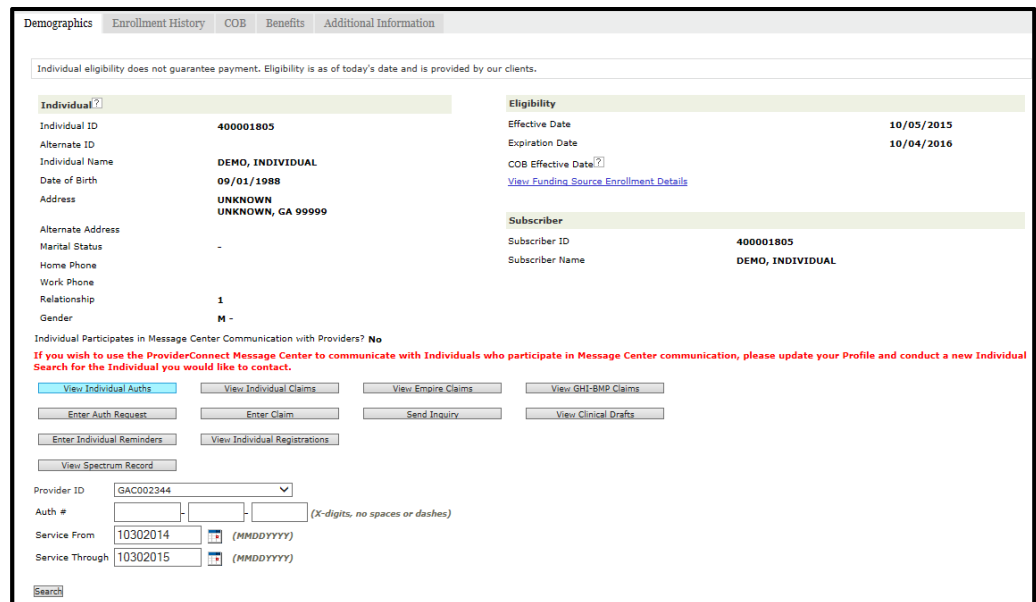


Figure 8: View Individual Auths

- View Individual Claims – Displays information about the selected individual’s claims. Provider will only be able to see claims associated with their provider number.

- Click on View Individual Claims
- Enter Claim #
- Enter Service From and Service Through dates

**Note:** Leaving Claim # and Service From and Service Through dates blank will display all current and expired authorizations for the individual

- Click Search

Demographics | Enrollment History | COB | Benefits | Additional Information

Individual eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Individual?		Eligibility	
Individual ID	400001805	Effective Date	10/05/2015
Alternate ID		Expiration Date	10/04/2016
Individual Name	DEMO, INDIVIDUAL	COB Effective Date?	
Date of Birth	09/01/1988	<a href="#">View Funding Source Enrollment Details</a>	
Address	UNKNOWN UNKNOWN, GA 99999	<b>Subscriber</b>	
Alternate Address		Subscriber ID	400001805
Marital Status	-	Subscriber Name	DEMO, INDIVIDUAL
Home Phone			
Work Phone			
Relationship	1		
Gender	M -		

Individual Participates in Message Center Communication with Providers? **No**

**If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.**

Provider ID:

Claim #:  -  (X-digits, no spaces or dashes)

Service From:  (MMDDYYYY)

Service Through:  (MMDDYYYY)

Figure 9: View Individual Claims

- View Empire Claims – Not applicable
- View GHI-BMP Claims – Not applicable
- Enter Auth Request – Authorizations (Requests for Services) can be submitted electronically
- Enter Claim – Claims can be submitted for an individual electronically
- Send Inquiry – Inquiries can be submitted electronically to the Beacon Health Options' Customer Service Center. Electronic communications can be transmitted through ProviderConnect through the messaging center, which is similar to other online messaging center
- View Clinical Drafts – Displays saved drafts of authorizations for the individual
- Enter Individual Reminders – Ability to enter appointment and medication reminders for the individual
- View Individual Registrations – Displays individual registrations and allows re-registration which begins the Individual Registration
- View Spectrum Record – Will be available in the future

**Demographics** | Enrollment History | COB | Benefits | Additional Information

Individual eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

<p><b>Individual?</b></p> <p>Individual ID: <b>400001805</b></p> <p>Alternate ID: <b>400001805</b></p> <p>Individual Name: <b>DEMO, INDIVIDUAL</b></p> <p>Date of Birth: <b>09/01/1988</b></p> <p>Address: <b>UNKNOWN, GA 99999</b></p> <p>Alternate Address: <b>UNKNOWN, GA 99999</b></p> <p>Marital Status: <b>-</b></p> <p>Home Phone: <b>-</b></p> <p>Work Phone: <b>-</b></p> <p>Relationship: <b>1</b></p> <p>Gender: <b>M -</b></p> <p>Individual Participates in Message Center Communication with Providers? <b>No</b></p> <p><b>If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.</b></p> <p><a href="#">View Individual Auths</a>   <a href="#">View Individual Claims</a>   <a href="#">View Empire Claims</a>   <a href="#">View GHI-BMP Claims</a></p> <p><a href="#">Enter Auth Request</a>   <a href="#">Enter Claim</a>   <a href="#">Send Inquiry</a>   <a href="#">View Clinical Drafts</a></p> <p><a href="#">Enter Individual Reminders</a>   <a href="#">View Individual Registrations</a></p> <p><a href="#">View Spectrum Record</a></p>	<p><b>Eligibility</b></p> <p>Effective Date: <b>10/05/2015</b></p> <p>Expiration Date: <b>10/04/2016</b></p> <p>COB Effective Date? <a href="#">View Funding Source Enrollment Details</a></p> <p><b>Subscriber</b></p> <p>Subscriber ID: <b>400001805</b></p> <p>Subscriber Name: <b>DEMO, INDIVIDUAL</b></p>
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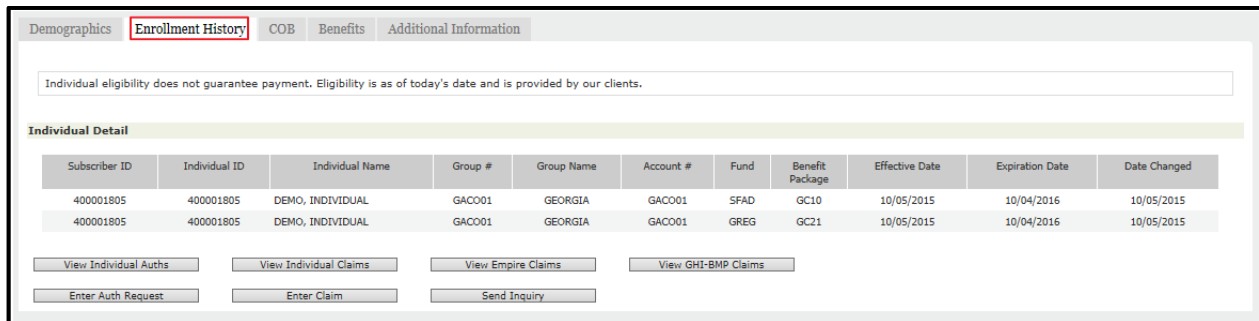
Figure 10: Demographics Tab

## Enrollment History Tab

This tab provides the individual’s current and historical enrollment and eligibility information. This includes fund sources associated with the individual. The following information can be found in the *Individual Detail* section of this screen.

Subscriber ID	Group #	Fund	Expiration Date
Individual ID	Group Name	Benefit Package	Date Changed
Individual Name	Account #	Effective Date	

- Subscriber ID – Individuals CID
- Individual ID - Individuals CID
- Individual Name – Last, First name of the Individual
- Group # - Will show as GACO01
- Group Name – Will show as Georgia
- Account # - Will show as GACO01
- Fund – Funding Source
- Benefit Package – Assigned benefits based funding source
- Effective Date – Registration start date
- Expiration Date – Registration end date
- Date changed – Date of last update in ProviderConnect



Demographics **Enrollment History** COB Benefits Additional Information

Individual eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

**Individual Detail**

Subscriber ID	Individual ID	Individual Name	Group #	Group Name	Account #	Fund	Benefit Package	Effective Date	Expiration Date	Date Changed
400001805	400001805	DEMO, INDIVIDUAL	GACO01	GEORGIA	GACO01	SFAD	GC10	10/05/2015	10/04/2016	10/05/2015
400001805	400001805	DEMO, INDIVIDUAL	GACO01	GEORGIA	GACO01	GREG	GC21	10/05/2015	10/04/2016	10/05/2015

View Individual Auths View Individual Claims View Empire Claims View GHI-BMP Claims

Enter Auth Request Enter Claim Send Inquiry

Figure 11: Enrollment History Tab



## Registering an Individual

Registrations are needed to request eligibility information for the individual. Registrations will need to be completed before authorizations as funding is needed for an authorization to be completed. Please see appendix C (Default Funds) and appendix D (Selected Funds) for a complete list of funding sources.

Providers will enter information regarding the individual. This information will be used to assign a unique Consumer ID (CID) and determine appropriate fund sources available for the individual.

Registration length will be 365 days unless otherwise noted in the chart below. Re-registration is needed once the current registration has expired or a new fund source is needed.

***Example:** Individual is receiving Non-Intensive Outpatient Services and now also needs Women's Treatment and Recovery services. A Re-registration is needed to obtain Women's Treatment and Recovery services funding.*

***Note:** Registrations can be completed at any time and will not affect the current authorizations.*

<b>Fund/Service</b>	<b>Length of Registration</b>	<b>Fund Assigned</b>
Crisis/Temporary/ Unknown/Incomplete	7 days	GACF
Women's Treatment & Recovery Services - Outpatient	90 Days	WTSO
Treatment Court/Mental Health Court or Drug Court	90 Days	TCMH (Mental Health) TCDC (Drug Court)

***Note:** The length of the registration for the Crisis/Temporary/Unknown/Incomplete Fund/Service has been temporarily moved to 20 days to allow providers additional time to transition to the new system(s).*

## Registering an Individual

To register an individual, either click [Register Individual](#) on the navigation bar or [Register an Individual](#) on the main menu.

*Note: Required fields in this guide are shown in **blue***

*Note: Required fields in ProviderConnect are denoted with an asterisk (\*)*

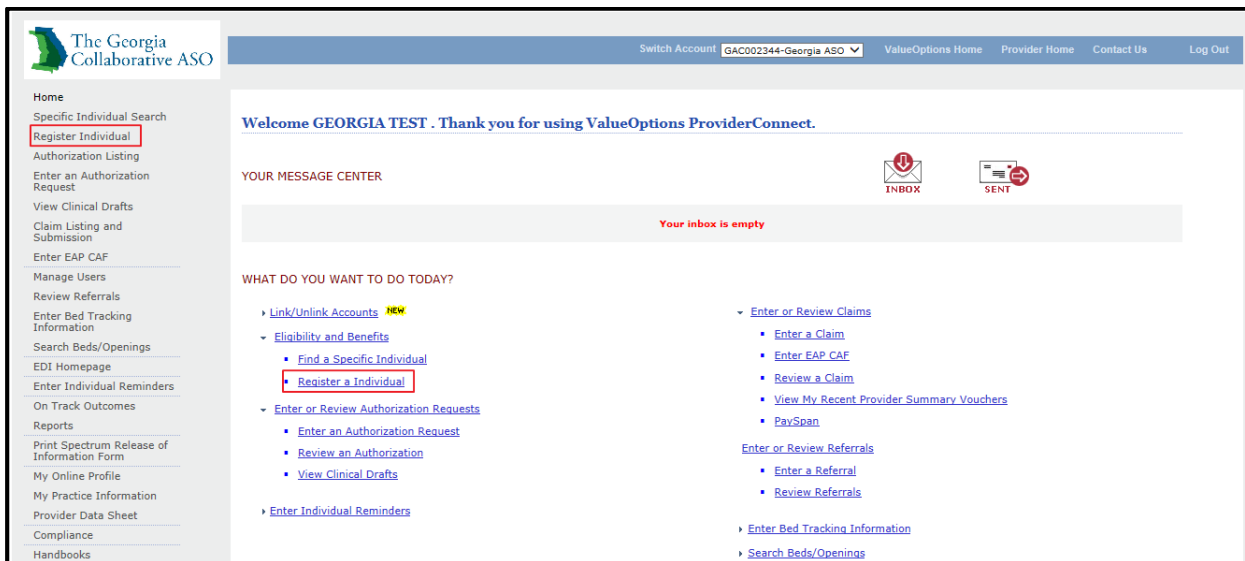


Figure 12: ProviderConnect Home Page

The Individual Registration screen displays.

To register an individual:

1. Click [GEORGIA DEPT OF BH & DD ASO](#)

Figure 13: Individual Registration

## Individual Registration

1. Enter a date in the **Registration Start Date** field.

***Note:** Enter information in MMDDYYYY format only. Registrations can be backdated 365 days and cannot be submitted for a future start date.*


2. Enter the individual’s CID, Medicaid ID, or Medicare ID if applicable.
3. Answer all questions in regards to **short-term, immediate services, inpatient admission, CBAY, Women’s Treatment & Recovery and Treatment Court**. Selecting any of these will assign appropriate fund sources for these special programs and any other default funds available (e.g. state funds, Medicaid, etc.).
4. If the user answers “no” to all questions, the individual will be assigned the appropriate default fund source(s) (e.g. state funds, Medicaid, etc.).
5. If the user answers “yes” to **short-term, immediate services**, the Individual will be registered for the Crisis/Temporary fund and this fund is active for 20 days.

***Note:** Reporting for Treatment Court (Mental Health Court or Drug Court) has not been implemented at this time. Providers should not select this fund source.*

***Note:** Short-Term Immediate Services is a Registration for Individuals who are unable to provide information about themselves.*

**Individual Registration**


*All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.*

<b>* Registration Start Date (MMDDYYYY)</b>	<b>Individual's CID</b>	<b>Medicaid ID</b>	<b>Medicare ID</b>
<input type="text" value="10052015"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>

**\* Are you registering an individual in order to provide **short-term, immediate** services?**  Yes  No  
 If yes, do you know the individual's last name, first name AND Date of Birth?  Yes  No (if No, leave all unknown fields blank)

**\* Are you registering the individual for state hospital admission?**  Yes  No

**\* Are you registering the individual for **CBAY**?**  Yes  No  
 If yes, which CBAY fund:  MFP  BIP  State Funds

**\* Are you registering an individual for a **Women's Treatment & Recovery Services** program?**  Yes  No **Program end date(MMDDYYYY)**  
 If yes, select one:  Residential  Outpatient  

**\* Are you registering an individual for **Treatment Court**?**  Yes  No  
 If yes, select one:  Mental Health  Drug Court

Figure 14: Individual Registration

## Basic Demographic Information

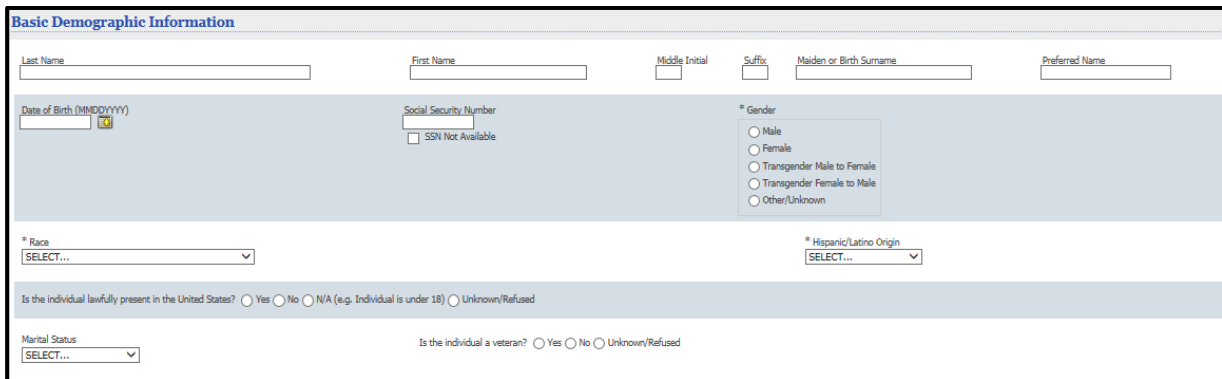
1. Enter **Last Name**, **First Name**, and additional name information if available
2. Enter **Date of Birth**

*Note: When registering for short term, immediate services and Name and Date of Birth is unknown then they are not required*

3. Enter **Social Security Number** or select **SSN not Available**
4. Select **Gender**
5. Select **Race** and **Hispanic/Latino Origin**
6. Select answer for *Is the individual lawfully present in the United States?*

*Note: Adults who are not lawfully present are only eligible for the temporary fund (GACF) and are only eligible for the services in the Crisis Services Type of Care. If the individual is under age 18, select “n/a”.*

7. Select **Marital Status**
8. Select answer for *Is the individual a veteran?*



The screenshot shows a web form titled "Basic Demographic Information". The form contains the following fields and options:

- Name Fields:** Last Name, First Name, Middle Initial, Suffix, Maiden or Birth Surname, Preferred Name (all text input fields).
- Date of Birth:** Date of Birth (MMDDYYYY) with a calendar icon.
- Social Security Number:** Social Security Number (text input) with a checkbox for "SSN Not Available".
- Gender:** Radio button options for Male, Female, Transgender Male to Female, Transgender Female to Male, and Other/Unknown.
- Race and Origin:** \* Race (dropdown menu) and \* Hispanic/Latino Origin (dropdown menu).
- Legal Status:** Is the individual lawfully present in the United States? (radio buttons for Yes, No, N/A (e.g. Individual is under 18), Unknown/Refused).
- Marital Status and Veteran Status:** Marital Status (dropdown menu) and Is the individual a veteran? (radio buttons for Yes, No, Unknown/Refused).

Figure 15: Basic Demographic Information

### Additional Demographic Information

1. Enter **address information**

*Note: If Homeless is selected, a City, State, and Zip code are still required. Providers may use the most recent information available.*

*Note: The Select City, State & Zip button can be used to locate most accurate information*

2. Select **County of Residence**
3. Enter **Individual's Phone Number** or select **No Phone**
4. Enter Individual's Email Address

Figure 16: Additional Demographic Information

### Alternate Contact Person

1. Enter Last Name and First Name of the alternate contact person
2. Select Relationship to the Individual
3. Enter Phone Number
4. Enter Address Information

*Note: The Select City, State & Zip button can be used to locate most accurate information*

Figure 17: Alternate Contact Person

### Communication

1. Select level of **English Proficiency**
2. Answer *Does the individual prefer to speak or use a language other than English?*

*Note: If answered yes then select the language from the dropdown menu*

3. Answer for *What mode(s) of communication does the individual utilize?*

**Note:** Can select more than one mode of communication

4. Answer for *What is the individual's preferred mode of communication?*

Figure 18: Communication

## Hearing/Vision

1. Answer the following questions:
  - *Is the individual deaf or have serious difficulty hearing?*
  - *Is there indication from sources other than the individual that the individual has hearing loss?*
  - *Is the individual blind or have serious difficulty seeing, even when wearing glasses?*
  - *Is there indication from sources other than the individual that the individual has serious difficulty seeing, even when wearing glasses?*

Figure 19: Hearing/Vision

## Income/Household Size

1. Enter **Individual's monthly income** or select **Unknown/Refused**
2. Enter **Household monthly income** or select **Unknown/Refused**
3. Select **Number of people living in the household, including the individual**

Figure 20: Income/Household Size

## Minor/Legal Guardian Information

1. Answer *Is the individual a Minor or does s/he have a Legal Guardian/Representative?*
2. If yes, enter Last Name, First Name, Phone Number, Email Address (if available) and address

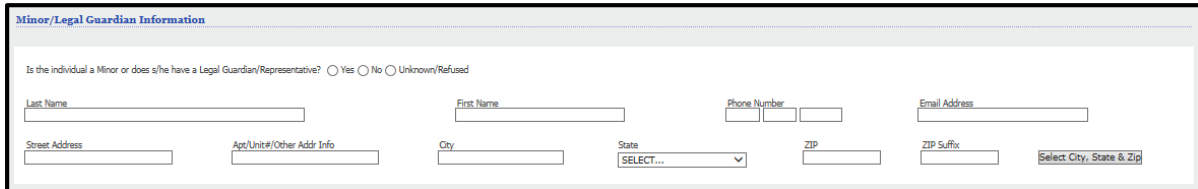


Figure 21: Minor/Legal Guardian Information

## Health Insurance

*Note: Only complete if individual is 18 and under. The answers provided here will assist in determining the appropriate fund source for the individual.*

1. Answer *Does the Individual have Medicaid?*
2. Answer *Does the individual have private health insurance (other than Medicaid)?*
3. If both of the above questions are answered no, select the applicable description from the list provided.
4. Click **Next**

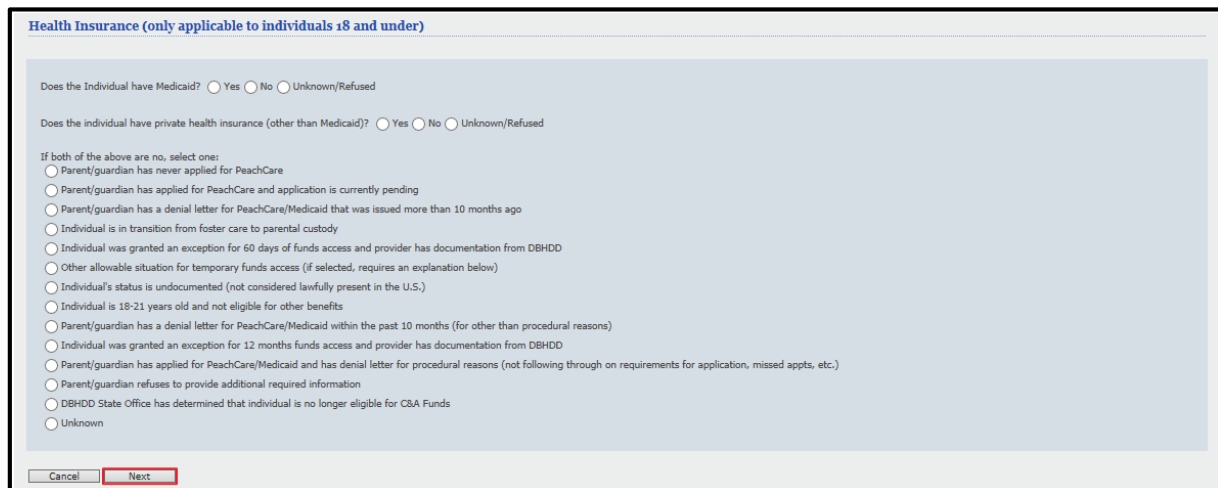


Figure 22: Health Insurance

## Selected Funds

1. Review Selected Funds
2. Click **Continue** to move forward or **Back** to update any information.



Selected Funds		
<small>Please confirm your selection of funding source for each type of service</small>		
Type of Service	Start Date of Svc	End Date of Svc
GACO-BH - STATE FUNDED - ADULT	10/05/2015	10/04/2016
GACO-REGISTRATION FUND	10/05/2015	10/04/2016

Cancel Back Continue

Figure 23: Selected Funds

## Individual Registration Confirmation

### 1. Review Funds

**Individual Registration Confirmation**

**Status:** \*\*\*\*\* PENDED \*\*\*\*\*  
INQUIRY: 11062015-8094486-010000

Provider ID <b>GAC002344</b>	Provider Last Name <b>TEST</b>	Provider First Name <b>GEORGIA</b>	
Individual CID <b>TEMP001011406</b>	Last Name <b>INDIVIDUAL</b>	First Name <b>TEST</b>	Individual Address <b>..</b>

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
SFAD	GACO-BH - STATE FUNDED - ADULT	11/06/2015	11/05/2016
GREG	GACO-REGISTRATION FUND	11/06/2015	11/05/2016

**MESSAGE:**  
IF THE ELIGIBILITY STATUS IS APPROVED, THE INDIVIDUAL HAS BEEN ENROLLED IN THE VALUEOPTIONS ELIGIBILITY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.

IF THE ELIGIBILITY STATUS IS PENDED, THE INDIVIDUAL NEEDS TO BE VERIFIED BY THE VALUEOPTIONS ELIGIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN 48 HOURS. ONCE THE STATUS IS CHANGED TO APPROVED, THE INDIVIDUAL WILL BE ASSIGNED A NEW, PERMANENT MEMBER ID.

Return

Figure 24: Individual Registration Confirmation

*Note: If a registration pends, the temporary CID can be used to submit authorizations and claims in ProviderConnect. This temporary CID is generated when there is a potential duplicate CID. It can take up to 48 hours for a response with the permanent CID.*

*Note: Registration submissions must be accepted and returned to the provider before an Authorization can be submitted.*

## Review an Authorization

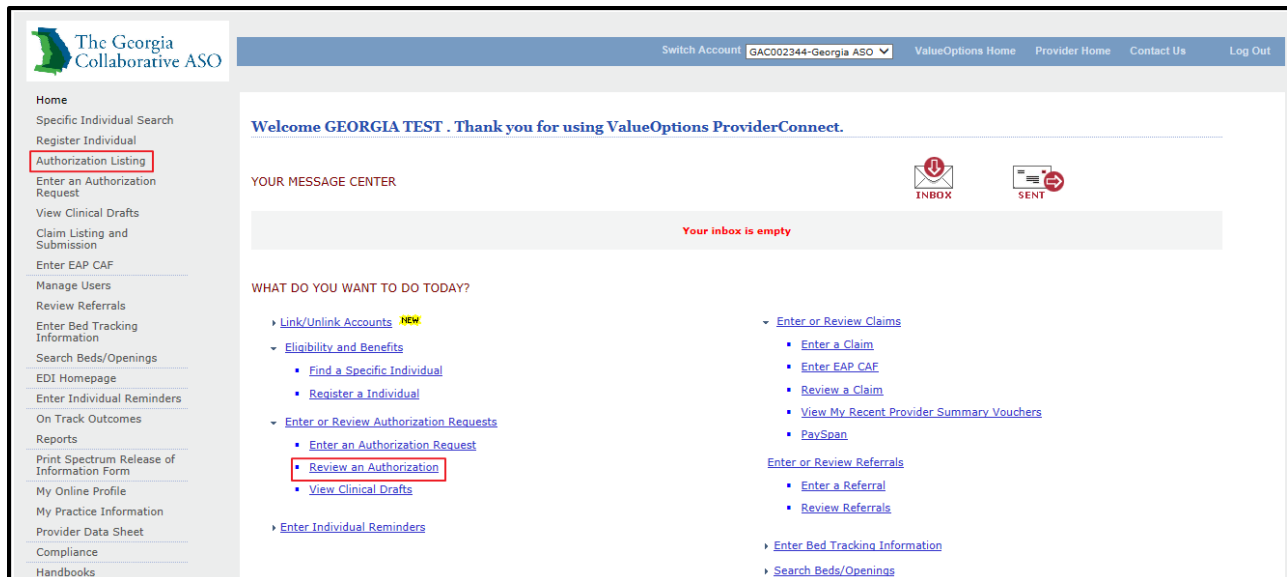
In this section of ProviderConnect, a user can search for information on provider-specific authorizations (e.g., authorization letters, associated claims). There are many ways to obtain authorization information.

**Note:** Required fields in this guide are shown in *blue*

**Note:** Required fields in ProviderConnect are denoted with an asterisk (\*)

**Note:** To research a specific individual's authorizations, select **Specific Individual Search** on the navigation bar instead of selecting **Authorization Listing**.

To access the Authorization Listing section, either click Authorization Listing on the navigation bar or Review an Authorization on the main menu. The Search Authorizations screen displays.



ProviderConnect Home Screen

1. Click [View All](#) to see *all* the authorizations for the provider. (The Search Results screen displays all the authorizations.)

**Note:** Results can be sorted by individual ID, individual name, or authorization number.

**- OR -**

2. A user may search by Vendor ID, Individual ID, Authorization # (example: 01-120115-1-1), Client Authorization # (example: 0000000123).

**Note:** Authorization # is an internal tracking number and can be used to search within ProviderConnect. Client Authorization # (12 digits) is used for billing purposes when submitting a claim to HP and can also be used to search within ProviderConnect

**Note:** Search results can be sorted by individual ID, individual name, authorization number or client authorization number.

3. Enter a date range in the Effective Date and Expiration Date fields.
4. Click **Search**.

### Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Results screen will display all the authorizations. To search by effective and expiration date, enter the effective & expiration dates in the appropriate field and click on the **Search** button. The Search Results screen will display all the authorizations for the specified date range.

Required fields are denoted by an asterisk ( \* ) adjacent to the label. Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

\* Provider ID:  ▼

NPI # for Authorization:  ▼

---

Vendor ID:

Individual ID:

Authorization #:  -  -  (No spaces or dashes)

Client Authorization #:

Effective Date:   (MMDDYYYY)

Expiration Date:   (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

---

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

*Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.*

Activity Date span cannot exceed seven (7) days.  
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From:   (MMDDYYYY)


Activity Date To:   (MMDDYYYY)

Delimiter Type:  Comma ','  Pipe '|'

Search Authorizations Screen

The Authorization Search Results screen displays.

**Note:** Authorizations shown are specific to the provider number. Providers will only be able to view authorizations generated by their organization.



Switch Account:  ▼
ValueOptions Home
Provider Home
Contact Us
Log Out

Home

- Specific Individual Search
- Register Individual
- Authorization Listing
- Enter an Authorization Request
- View Clinical Drafts
- Claim Listing and Submission
- Enter EAP CAF
- Manage Users
- Review Referrals
- Enter Bed Tracking Information
- Search Beds/Openings
- EDI Homepage

### Authorization Search Results

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

[Next >>](#)

Auth # ▼	Individual ID	Individual DOB	Provider ID	Vendor ID	Service
View Letter	Individual Name		Provider Alt. ID	Alternate Provider	
<a href="#">01-090815-1-49</a>	400001286	09/01/2008	GAC002344	GA000012	TCS - AD
	MEMBERMEMBER, TESTTEST		0000000537		OUTPATIENT
<a href="#">01-090815-1-28</a>	400001286	09/01/2008	GAC002344	GA000012	TCS - MH
	MEMBERMEMBER, TESTTEST		0000000537		OUTPATIENT

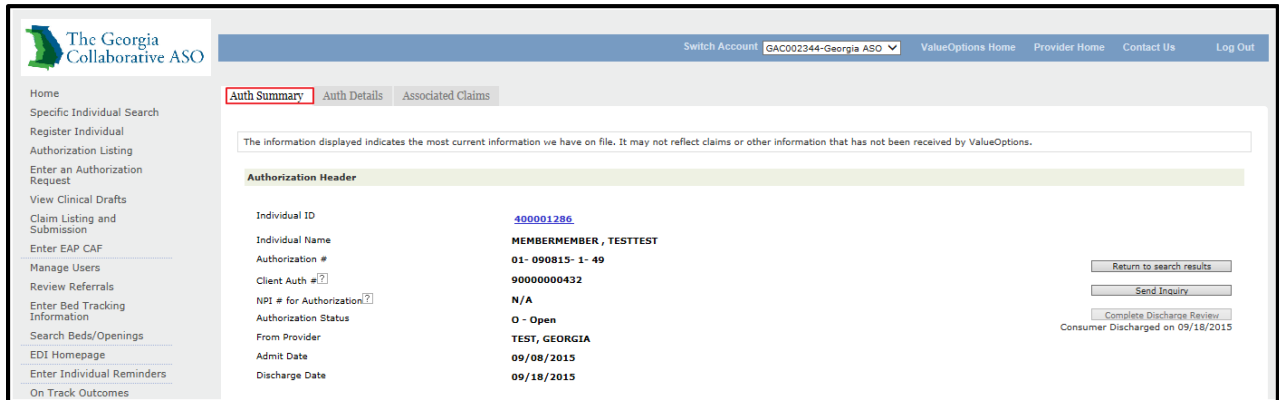
[Next >>](#)

Authorization Search Results Screen

1. Click on the desired [Authorization #](#) link.

**Note:** Individual IDs also display as links.

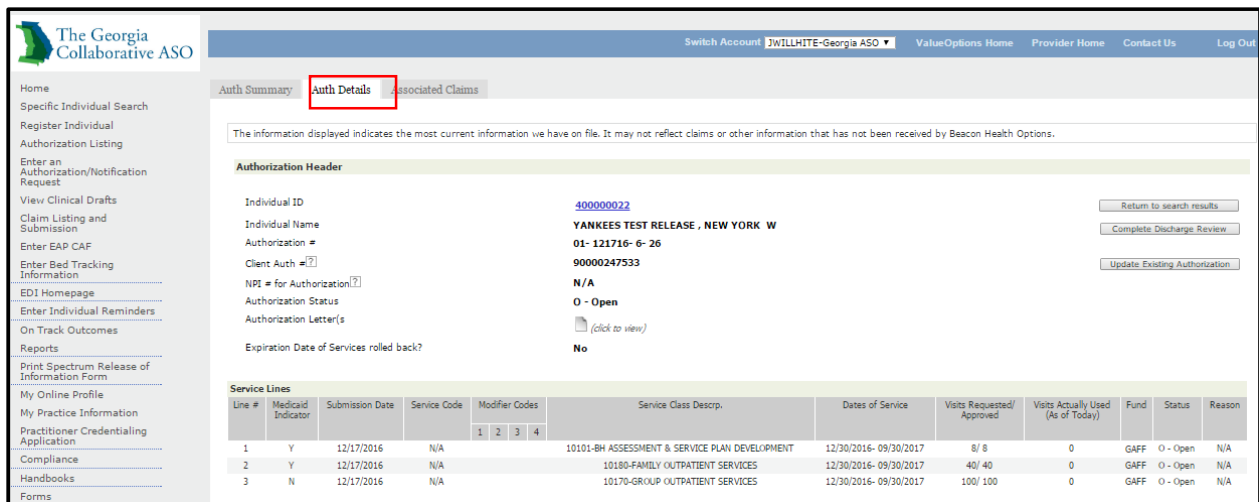
The Auth Summary screen displays.



### Auth Summary Screen

1. Click the Auth Details tab to view the authorization details.

The Auth Details screen displays.



Line #	Medicaid Indicator	Submission Date	Service Code	Modifier Codes	Service Class Descr.	Dates of Service	Visits Requested/Approved	Visits Actually Used (As of Today)	Fund	Status	Reason
1	Y	12/17/2016	N/A	1 2 3 4	10101-BH ASSESSMENT & SERVICE PLAN DEVELOPMENT	12/30/2016- 09/30/2017	8/ 8	0	GAFF	O - Open	N/A
2	Y	12/17/2016	N/A		10180-FAMILY OUTPATIENT SERVICES	12/30/2016- 09/30/2017	40/ 40	0	GAFF	O - Open	N/A
3	N	12/17/2016	N/A		10170-GROUP OUTPATIENT SERVICES	12/30/2016- 09/30/2017	100/ 100	0	GAFF	O - open	N/A

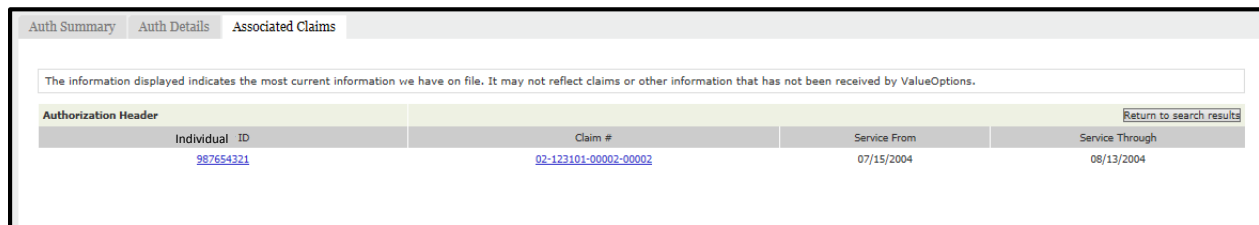
### Auth Details Screen

**Note:** To view the Individual's demographic information click on the Individual ID hyperlink.

**Note:** The Medicaid Indicator field will contain a value if the Individual's authorization was transmitted to HP. Please see the table below for a description of each value displayed.

Medicaid Indicator Displayed	Description	Scenario
B	Bypassed	Service detail line bypassed the GAMMIS extract since it is not a Medicaid reimbursable service. Other authorization detail lines may have different statuses.
E	Errored Internally	Service line detail errored internally
S	Sent	Service detail line has been sent to GAMMIS and is awaiting response.
Y	Accepted by GAMMIS	Service detail line has been accepted in GAMMIS.
N	Rejected by GAMMIS	Service detail line has been rejected or errored by GAMMIS.
R	Resubmitted	Service detail line was previously rejected by GAMMIS and has been resubmitted or the record errored internally and is being resubmitted.
Blank	Service detail line is being processed. Check back for status code	The record is not found.

2. Click the Associated Claims tab to view claims.



The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Individual ID	Claim #	Service From	Service Through
<a href="#">987654321</a>	<a href="#">02-123101-00002-00002</a>	07/15/2004	08/13/2004

[Return to search results](#)

Associated Claims

<b>Note:</b> Claims listed under Associated Claims are State Funded claims only
<b>Note:</b> To view the claim click on the claim hyperlink
<b>Note:</b> Units are referred to as visits in ProviderConnect and in this guide
<b>Note:</b> Visits actually used will show the number of Units used to date per the claims that are on file. This will only show state funded Units.

## Enter an Authorization (RFS)

The *Enter an Authorization Request* function enables users to electronically submit requests for services (RFS) for Outpatient and Inpatient services. The Individual must be registered for the appropriate funding source before an authorization is requested. Registrations are specific to the individual and may be used between providers. Authorizations are provider specific. Click [here](#) for more information on Registering an Individual.

For each Type of Care, providers must identify each service requested. Services will not be authorized via packaged “bundles”. An authorization may only be requested for one Type of Care per authorization. If multiple Types of Care are being provided to one individual by the provider, multiple authorizations must be requested. Each authorization may have separate and unrelated start and end dates and do not impact one another. Please consult the DBHDD Service Matrix for [outpatient](#) or [inpatient](#) services available by Type of Care.

Once an individual has been authorized, a provider may update the authorization to request additional services and/or units. All concurrent authorizations will be issued a new authorization number.

In addition to the information submitted within the authorization request, Clinical Care Managers (CCM’s) have the ability to reach out by phone or electronically send a message to a provider’s inbox with a request for any missing clinical information. The electronic message, which is in the form of a web response, will display to the provider with a read-only history of the authorization request that was submitted by the provider and allow the provider an opportunity to respond back with the missing information within a specific turnaround time which will be defined in the Message Center communication. The provider’s feedback will be sent to the CCM. Providers can attach clinical documents and enter notes. Communications which request information that are not responded to within the allotted timeframe will be disabled and may result in the authorization being denied. See the Message Center section for more details.

All initial authorizations for Non-Intensive Outpatient services will be granted a 90 day authorization span. Concurrent request will then be granted a 275day authorization. Units will be adjusted accordingly to account for extended initial authorization period.

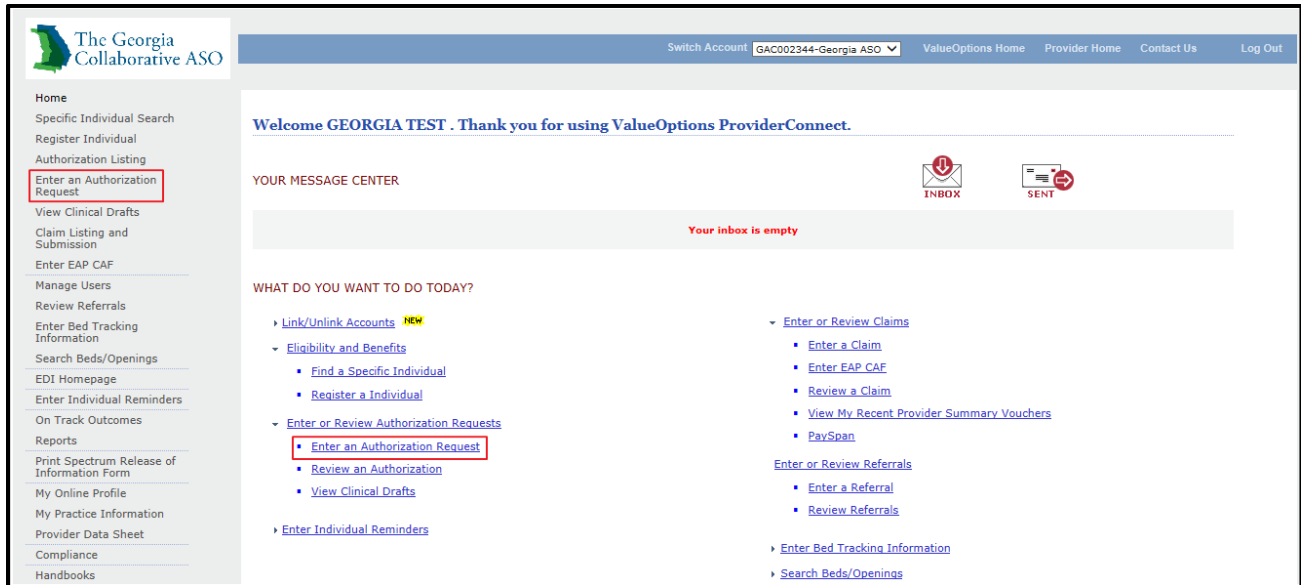
The following Provider Types will request initial authorizations through GCAL and concurrent authorizations through ProviderConnect or via the Batch process:

- Behavioral Health Crisis Center (BHCC)
- Crisis Stabilization Unit (CSU) and Residential Detox
- State Contracted Hospital
- State Hospital

To access the Enter an Authorization Request section, click [Enter an Authorization Request](#) on either the navigation bar or the main menu.

**Note:** Required fields in this guide are shown in *blue*

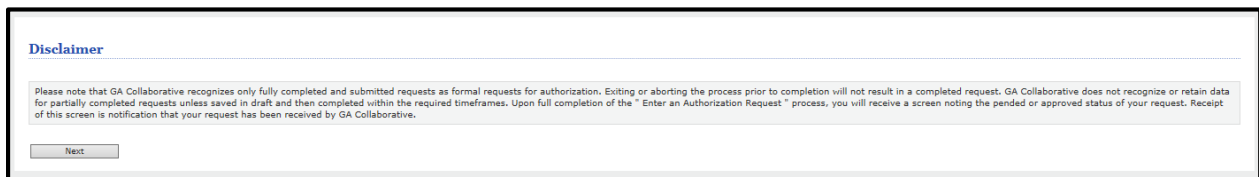
**Note:** Required fields in ProviderConnect are denoted with an asterisk (\*)



ProviderConnect Home Screen

The Disclaimer screen displays.

1. Review the disclaimer.
2. Click [Next](#).



Disclaimer

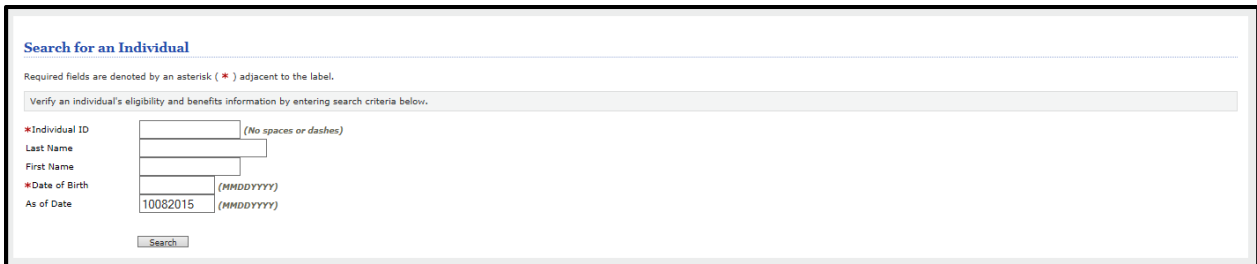
## Search for an individual

The Search an individual screen displays.

1. Enter the CID in the [Individual ID](#) field.

**Note:** Temporary CID, Medicaid ID, Medicare ID, or SSN can also be used in this field

2. Enter a date in the [Date of Birth](#) field.



**Search for an Individual**

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Verify an individual's eligibility and benefits information by entering search criteria below.

\*Individual ID  (No spaces or dashes)

Last Name

First Name

\*Date of Birth  (MMDDYYYY)

As of Date  (MMDDYYYY)

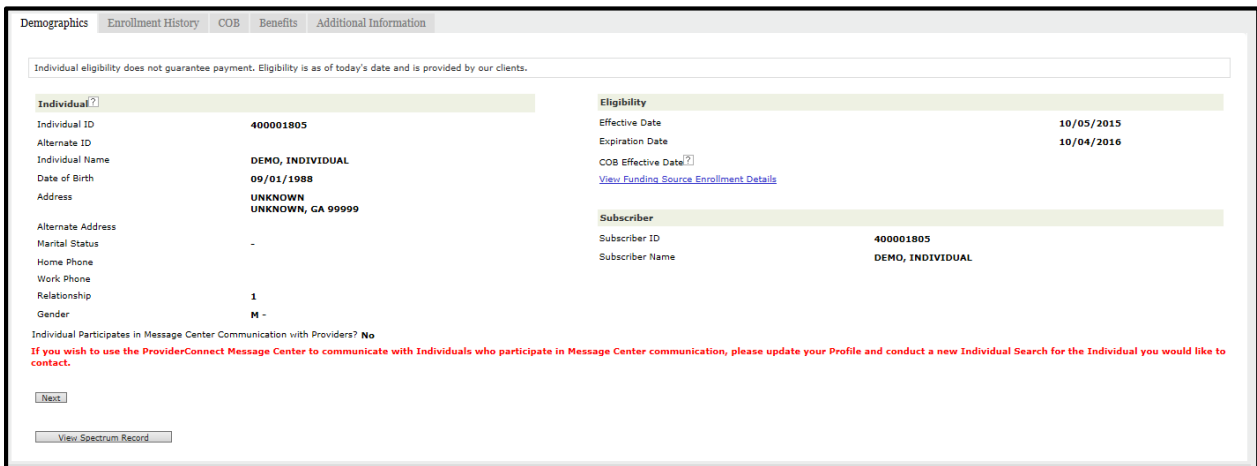
Search an individual screen

3. Enter the individual's first and last names to narrow the search.
4. Click [Search](#).

## Review Demographics

The Demographics screen displays.

1. Review the individual's information.
2. Click [Next](#)



Demographics | Enrollment History | COB | Benefits | Additional Information

Individual eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Individual?		Eligibility	
Individual ID	400001805	Effective Date	10/05/2015
Alternate ID		Expiration Date	10/04/2016
Individual Name	DEMO, INDIVIDUAL	COB Effective Date?	
Date of Birth	09/01/1988	<a href="#">View Funding Source Enrollment Details</a>	
Address	UNKNOWN UNKNOWN, GA 99999	<b>Subscriber</b>	
Alternate Address		Subscriber ID	400001805
Marital Status	-	Subscriber Name	DEMO, INDIVIDUAL
Home Phone			
Work Phone			
Relationship	1		
Gender	M -		

Individual Participates in Message Center Communication with Providers? **No**

**If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.**

Individual demographics Screen

## Select Service Address

The Provider screen displays.

1. Select the appropriate [service address](#) that is an approved location for the type of care being requested.
2. Click [Next](#).



**Note:** Not all Pay to addresses and Vendor IDs will be available. Select the appropriate Service address as Pay to address and Vendor ID are needed for claims, not authorizations

**Provider**

Provider ID: TEST, GEORGIA (GAC002344) | Provider Last Name: TEST | Provider First Name: GEORGIA

**Select Service Address**

Provider		Vendor	
Capture	Provider ID	Vendor ID	Vendor Last Name
	Last Name	Vendor First Name	Vendor First Name
	First Name	Paid To Vendor ID	Pay To Address
	Service Address		
Alternate ID			
<input checked="" type="radio"/>	GAC002344	GA000012	TEST FACILITY 4
	456123434		77 ANDERSON RD
	0000000537		BOX SPRINGS, GA 31801-3953-

Back Next

Select Service Address

## Requested Services Header

The requested Services Header screen displays next.

1. Enter [Requested Start Date](#)

**Note:** Requested start date can be backdated up to 180 days in the past, however, more than 60 days will automatically pend for review. *Note that the 180 day rule is temporarily waived to allow requests to be backdated up to 365 days in the past. Any requested start date more than 180 days in the past will pend for clinical review.*

**Note:** Requested start date can be up to 180 days in the future, however, more than 30 days will automatically pend for review

2. Select [Level of Service](#)
  - The level of service selected on this determines which additional fields will display and which screens need to be completed. The two options for the level of service are:
    - Outpatient
    - Inpatient/Hospital Level of Care (HLOC)

3. Select [Type of Service](#)  
Indicates if the services being requested are MH, SU or co-occurring MH/SU. This selection will drive which services are available for request.

4. Select [Level of Care](#)  
Drop down items are dependent on the level of service identified.  
Inpatient Level of Service will allow options classified as inpatient services.  
Outpatient Level of Service only allows outpatient level of care.

5. Select [Type of Care](#)
  - **Similar to the field above, this field is driven by the selections made in the Level of Service, Type of Care and Level of Care determinations.**

**Note:** As you make your selections, the next field will update with the appropriate selections

6. Enter Admit Date (Inpatient/HLOC only)

7. Answer *Has the individual already been admitted to the facility?* (Inpatient/HLOC only)

The steps for completing an authorization request are covered in the following sections.

**Note:** Instructions are provided for all the fields on a particular screen. Only the fields with asterisks (\*) are required.

**Requested Services Header**

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.

\*Auth Start Date (MMDDYYYY) [0092015]      \*Level of Service [SELECT...]

Provider				
Tax ID 456123434	Provider ID GAC002344	Provider Last Name TEST	Vendor ID GA000012	Provider Alternate ID 000000537

Individual			
Individual CID 400001805	Last Name DEMO	First Name INDIVIDUAL	Date of Birth (MMDDYYYY) 09011988

Requested Services Header

## Attach a Document

Attaching a document allows additional clinical information to be submitted with the authorization request. Although it is not required for most requests, if any information is available that would help in making a determination of medical necessity it can be uploaded here. The following types of care always require additional documents that can be uploaded:

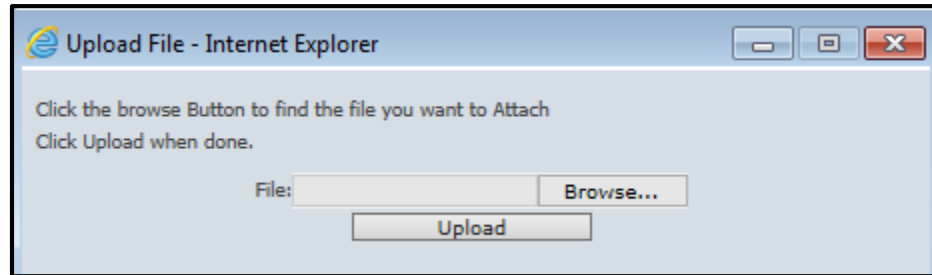
- PRTF Initial Level of Care (Referral)
- CBAY Initial Level of Care (Referral)
- CBAY Initial Authorization Request
- CBAY Concurrent Authorization Request

**Note:** Please see the *PRTF/CBAY Referral Document Checklist* for a list of required documents

To upload a document:

1. Answer *Does this Document contain clinical information about the Individual?*
2. Select Document Description
  - Additional Clinical
  - Assessment/Eval
  - Correspondence
  - Higher Level of Care Treatment Request
  - Other
  - Outpatient Request Form
  - Research for Legal Request
3. Upload File
  - Click Upload File
  - Click Browse

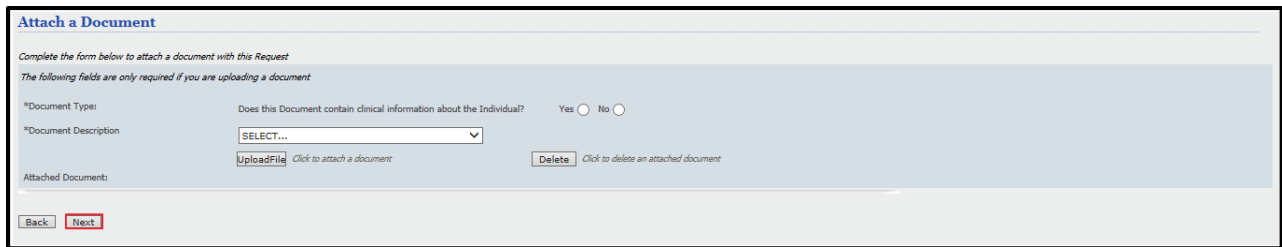
- Select file from computer
- Click Upload



Upload File

4. Click [Next](#)

**Note:** *There is no limit to the amount of documents that can be uploaded*



Attach a Document

All requests generate the following screens.

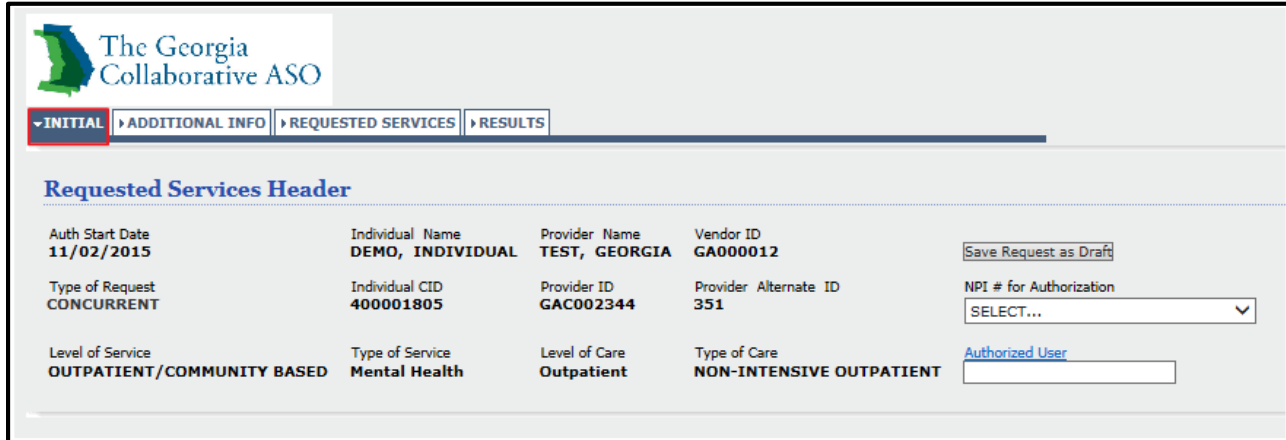
- Initial
- Additional Info
- Requested Services
- Results

These screens need to be completed sequentially.

**Note:** *Only the fields with asterisks (\*) are required.*

## Initial

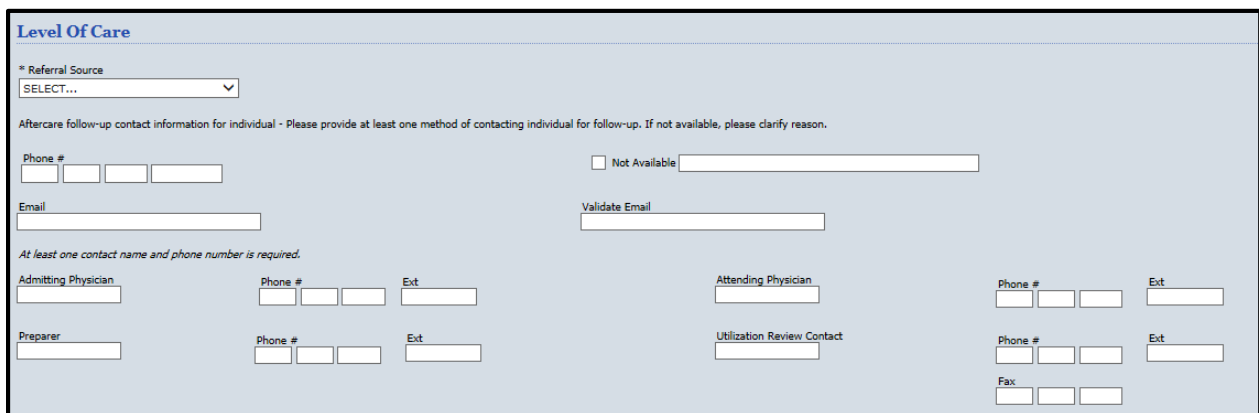
The Initial tab must be completed first.



Initial Tab

## Level of Care

1. Select [Referral Source](#).
2. Enter [Phone #](#) or select [Not Available](#) give explanation as to why.
3. Enter Email and Validate Email (This step is optional.)
4. Enter name and Phone # of one of the following:
  - [Admitting Physician](#) (Physician who admitted the Individual)
  - [Attending Physician](#) (Physician who is attending to the Individual)
  - [Preparer](#) (Person who prepared authorization request)
  - [Utilization Review Contact](#) (Person to reach out for Utilization Review information)



Level of Care

## Presenting Concerns

1. Explain the reason for current admission or authorization request in the [Narrative Entry](#)

**Presenting Concerns**

Please explain the reason for current admission or authorization request (describe symptoms) and include the precipitant (what stressor or situation led the individual to seek services at this time). If this is a concurrent review, please list both the progress that has been made to date and what symptoms still remain.

▼ Narrative Entry (0 of 2000)

Presenting Concerns

## Diagnosis

The Diagnosis screen displays next and contains the following sections for capturing diagnosis information.

- Behavioral Diagnoses
- Primary Medical Diagnoses
- Social Elements Impacting Diagnosis

## Behavioral Diagnoses

The *Behavioral Diagnoses* section contains five rows for capturing diagnoses. Each row contains the following fields.

- [Diagnostic Category](#)
- [Diagnosis Code](#)
- [Description](#)

The Diagnostic Category field will drive the possible values of the other two fields. If multiple options are available for the remaining fields, the user can select from among a list of possible choices from a drop down menu. If only one option is available for the remaining fields, the system auto-populates those values.

**Note:** *The Diagnosis Code and Description are hyperlinked to allow you to enter data into these fields resulting in auto population for the other two fields in the row. Criteria may be narrowed by typing in the field and selecting the hyperlink.*

This section functions as follows:

- Users may enter up to five diagnoses, but only the **principal (primary) diagnosis is required.**

**Note:** *Not required for Initial requests for Non-Intensive Outpatient services.*

**Note:** *Required for concurrent requests for Non-Intensive Outpatient services as well as Initial and Concurrent requests for all other services*

- All the fields are required in order to a complete behavioral diagnosis.

**Note:** *For Authorizations with start dates 10/1/2015 and on, only ICD-10 Codes will be allowed. For Authorizations beginning prior to 10/1/2015 ICD-9 Codes can be used. The list of acceptable codes can be found in the DBHDD Provider Manual.*

- The user must enter at least three characters of the diagnosis code in order to initiate the automatic search. (That is, the automatic search begins when the fourth character is entered.)
- Upon a user entering a partial or complete diagnosis description and then tabbing or clicking out of the field, the system begins an automatic search to complete the other two fields if there is only a single match

**Diagnosis**

Documentation in Diagnostic Category 1 is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **additional co-occurring** conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is **strongly recommended** to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions of the benefit.

**Diagnosis**  
Diagnosis (inclusive of MH, SU, and IDD).

* Diagnostic Category 1 <input type="text" value="SELECT..."/>	* <a href="#">Diagnosis Code 1</a> <input type="text"/>	* <a href="#">Description</a> <input type="text"/>
<b>Additional Diagnosis</b>		
Diagnostic Category 2 <input type="text" value="SELECT..."/>	<a href="#">Diagnosis Code 2</a> <input type="text"/>	<a href="#">Description</a> <input type="text"/>
Diagnostic Category 3 <input type="text" value="SELECT..."/>	<a href="#">Diagnosis Code 3</a> <input type="text"/>	<a href="#">Description</a> <input type="text"/>
Diagnostic Category 4 <input type="text" value="SELECT..."/>	<a href="#">Diagnosis Code 4</a> <input type="text"/>	<a href="#">Description</a> <input type="text"/>
Diagnostic Category 5 <input type="text" value="SELECT..."/>	<a href="#">Diagnosis Code 5</a> <input type="text"/>	<a href="#">Description</a> <input type="text"/>

Diagnosis

### Primary Medical Diagnoses

The *Primary Medical Diagnoses* section contains three rows for capturing diagnoses. Each row contains the following fields.

- [Diagnostic Category](#)
- Diagnosis Code
- Description

**Note:** Medical Diagnosis selection is completed in the same way as Behavioral Health Diagnosis.

**Note:** If unknown or no diagnosis is present, select Unknown or None from the Diagnostic Category

**Primary Medical Diagnosis**

*Selection is required for Diagnostic Category 1, but you can select 'None' or 'Unknown' if applicable. Select primary medical diagnostic category from dropdown or select medical diagnosis code and description.*

* Diagnostic Category 1 SELECT... <input type="button" value="v"/>	Diagnosis Code 1 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 2 SELECT... <input type="button" value="v"/>	Diagnosis Code 2 <input type="text"/>	Description <input type="text"/>
Diagnostic Category 3 SELECT... <input type="button" value="v"/>	Diagnosis Code 3 <input type="text"/>	Description <input type="text"/>

Primary Medical Diagnosis

### Social Elements Impacting Diagnosis

The *Social Elements Impacting Diagnosis* section contains the following checkboxes. (Users may select multiple checkboxes, but are **required to select at least one.**)

- None
- Educational problems
- Financial problems
- Problems with access to health care services
- Problems related to interaction w/legal system/crime
- Problems with Primary support group
- Problems related to the social environment
- Occupational problems
- Other psychosocial and environmental problems\*
- Unknown

\*Selecting Other psychosocial and environmental problems activates a 250-character text box. (This field is required.)

**Social Elements Impacting Diagnosis**

\* Check all that apply

<input type="checkbox"/> None	<input type="checkbox"/> Problems with access to health care services	<input type="checkbox"/> Problems related to the social environment	<input type="checkbox"/> Unknown
<input type="checkbox"/> Educational problems	<input type="checkbox"/> Problems related to interaction w/legal system/crime	<input type="checkbox"/> Occupational problems	
<input type="checkbox"/> Financial problems	<input type="checkbox"/> Problems with primary support group	<input type="checkbox"/> Other psychosocial and environmental problems	

Social Elements Impacting Diagnosis

### Serious and Persistent Mental Illness (Adult)

1. Answer *Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?*

**Serious and Persistent Mental Illness**

\* Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?  
 Yes  No  Unknown

To answer Yes, BOTH the following must be true:

a) a mental, behavioral, or emotional disorder diagnosable currently or within the past year with sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders

b) the mental illness leads to a serious functional impairment, which substantially interferes with or limits one or more major life activities

Serious and Persistent Mental Illness (SPMI)

**Serious Emotional Disorder (Child)**

1. Answer *Does the child/youth have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?*

**Serious Emotional Disorder**

\* Does the child/youth have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?  
 Yes  No  Unknown

To answer Yes, BOTH the following must be true:

a) Currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM

b) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities

Serious Emotional Disorder (SED)

**Medical Implications**

1. Answer *Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?*
2. Answer *Is the individual receiving appropriate medical care for the comorbid medical conditions?*
3. Answer *Is the individual currently pregnant?*

**Note:** *If individual has been identified as male NA will prepopulate*

4. Answer *Does the individual have dependent children under the age of 19?*

**Medical Implications**

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?  Yes  No  Unknown

Is the individual receiving appropriate medical care for the comorbid medical conditions?  Yes  No  Unknown

Is the individual currently pregnant?  
 Yes  No  Not Applicable  Unknown

\* Does the individual have dependent children under the age of 19?

Medical Implications

**Metabolic Assessment Tool**



1. Enter Current Weight, Height, Waist Circumference, and BMI
2. Enter Results of BMI indicate and Recommendation
3. Enter Results of Metabolic Syndrome Assessment

**Note:** This section is optional but is highly recommended to complete if information is available.

**- or -**

4. Select BMI not assessed
5. Enter Narrative Entry as to why BMI was not assessed.

**Metabolic Assessment Tool**

Current Weight  lbs    Height  ft  in    Waist Circumference in inches  in    BMI

**BMI Categories:** Underweight < 18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater.

Results of BMI indicate that the individual may be  Recommendation

Additional information on Metabolic Syndrome and assessment tools are available at <http://www.valueoptions.com/providers/Protocols.htm>. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment

BMI not assessed

Please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available.

▶ Narrative Entry (0 of 2000)

Metabolic Assessment Tool

## Functional Assessment

1. Select Assessment Measure
2. Enter Assessment Score
3. Select Secondary Assessment Measure
4. Enter Assessment Score

**Note:** For CSU and Inpatient Providers, LOCUS and CAFAS can be entered here

**Functional Assessment**

Please indicate the functional assessment tool utilized or select Other to write in other specific tool. Assessment score for specific tool should be noted in the Assessment Score field.

Assessment Measure     Assessment Score     Secondary Assessment Measure     Assessment Score

Functional Assessment

## Adult Needs and Strength Assessment (ANSA) 18 yrs. +

1. Complete each section of the ANSA as needed

**Note:** For Individuals under 18 years of age see CANS

**Note:** [ANSA](#) required for all adult outpatient services except initial requests for non-intensive outpatient services (can still be entered when not required)

**Note:** For additional information on completing the ANSA please see the [DBHDD ANSA/CANS Materials and Support Tools](#)

<b>LIFE DOMAIN FUNCTIONING</b>	
0 = no evidence of problems 2 = moderate	1 = history, mild 3 = severe
Physical/Medical	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Family Functioning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Employment <sup>1</sup>	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Social Functioning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Recreational	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Intellectual/Developmental <sup>2</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sexuality	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Independent Living Skills	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Residential Stability	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Legal	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sleep	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Self Care	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Decision-Making	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Involvement in Recovery	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Transportation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Medication Adherence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Parental/Caregiver Role <sup>3</sup>	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Life Domain Functioning

**Note:** If Employment is 1, 2, or 3 complete the Vocational/Career Module

**Note:** If Intellectual/Development is 1, 2, or 3 complete Developmental needs (DD) Module

**Note:** if Parental/Caregiver Role is 1, 2, or 3 complete parenting/Caregiver Module

BEHAVIORAL HEALTH NEEDS	
0 = no evidence	1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder	3 = causing severe/dangerous problems
Psychosis	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Impulse Control	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Depression	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Anxiety	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Interpersonal Problems	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Antisocial Behavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Adjustment to Trauma <sup>4</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Anger Control	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Eating Disturbance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Behavioral Health Needs

**Note:** if Adjustment to Trauma is 1, 2, or 3 complete Trauma Module

RISK BEHAVIORS	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Suicide Risk <sup>5</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Danger to Others <sup>6</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Self Injurious Behavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Other Self Harm	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Exploitation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Gambling	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sexual Aggression <sup>7</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Criminal Behavior <sup>8</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Risk Behaviors

**Note:** If Suicide Risk is 1, 2, or 3 complete Suicide Module

**Note:** If Danger to Others is 1, 2, or 3 complete Dangerous Module

**Note:** If Sexual Aggression is 2, or 3 complete Sex Offender Module

**Note: If Criminal Behavior is 1, 2, or 3 complete Crime Module**

STRENGTHS	
0 = centerpiece	1 = useful
2 = identified	3 = not yet identified
Family	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Social Connectedness	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Optimism	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Talents/Interest	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Educational	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Volunteering	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job History	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Spiritual/Religious	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Community Connection	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Natural Supports	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Resiliency	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Resourcefulness	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Strengths

SUBSTANCE USE	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Substance Use	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Peer Influences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Environmental	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Influences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Severity of Use	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Duration of Use	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Recovery Support in the Community	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Stage of Recovery	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Substance Use

<b>ACCULTURATION</b>	
0 = no evidence	1 = minimal needs
2 = moderate needs	3 = severe needs
Language	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cultural Identity	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Ritual	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cultural Stress	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Acculturation

<b>Optional CAREGIVER STRENGTHS &amp; NEEDS</b>	
<input type="checkbox"/> Not applicable - no caregiver identified	
0 = no evidence	1 = minimal needs
2 = moderate needs	3 = severe needs
Physical/Behavioral Health	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Involvement	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Knowledge	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Social Resources	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Family Stress	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Safety	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Caregiver Strengths & Needs

- Complete any Extension modules as required

<b>VOCATIONAL/CAREER</b>	
0 = no evidence of problems	1 = history, mild
2 = moderate	3 = severe
Career Aspirations	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job Time	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job Attendance	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job Performance	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job Relations	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job Skills	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Vocational/Career

<b>DEVELOPMENTAL NEEDS (DD)</b>	
0 = no evidence of problems	1 = history, mild
2 = moderate	3 = severe
Cognitive	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Communication	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Developmental	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Developmental Needs (DD)

<b>PARENTING/CAREGIVER ROLE EXTENSION MODULE</b>	
0 = no evidence of problems	1 = history, mild
2 = moderate	3 = severe
Knowledge of Needs	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Supervision	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Involvement with Care	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Organization	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Marital/Partner Violence Home	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Parenting/Caregiver Role Extension Module

<b>TRAUMA (Characteristics of the trauma experience)</b>	
0 = no evidence	1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder	3 = causing severe/dangerous problems
Sexual Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Physical Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Emotional Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Medical Trauma	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Natural/Manmade Disaster	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Witness/Victim to Family Violence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Witness/Victim to Community Violence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>ADJUSTMENT</b>	
Affect Regulation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Intrusions	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Attachment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Dissociation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Trauma

<b>SUICIDE MODULE</b>	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Suicide Ideation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Suicide Intent	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Suicide Planning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Suicide History	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Suicide Module

<b>DANGEROUSNESS MODULE</b>	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Intent	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Planning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Violence History	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Frustration Management	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Hostility	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Paranoid Thinking	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Secondary Gains from Anger	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Violent Thinking	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<b>Resiliency Factors</b>	
Aware of Violence Potential	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Response to Consequences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Commitment to Self-Control	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Treatment Involvement	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Dangerousness Module

<b>SEXUALLY AGGRESSIVE BEHAVIOR (SAB)</b>	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Relationship	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Physical Force/Threat	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Planning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Age Differential	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Type of Sex Act	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Response to Accusation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Sexually Aggressive Behavior (SAB)



CRIME	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Seriousness	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
History	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Arrests	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Planning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Community Safety	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Legal Compliance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Peer Influences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Environmental Influences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Crime

### Child and Adolescent Needs and Strengths (CANS)

1. Complete each section of the CANS

<i><b>Note:</b> For Individuals over 18 years of age see ANSA</i>
<i><b>Note:</b> <a href="#">CANS</a> required for all child and adolescent outpatient services except initial requests for non-intensive outpatient services (can still be entered when not required)</i>
<i><b>Note:</b> For additional information on completing the CANS please see the <a href="#">DBHDD ANSA/CANS Materials and Support Tools</a></i>

<b>LIFE DOMAIN FUNCTIONING</b>	
0 = no evidence of need	1 = a need for watching
2 = a need for action	3 = a need for immediate/intensive action
Family	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Living Situation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Social Functioning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Developmental	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Recreational	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Legal	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Medical	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Physical	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sleep	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sexual Development	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
School Behavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
School Achievement	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
School Attendance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Life Domain Functioning

<b>CHILD BEHAVIORAL/EMOTIONAL NEEDS</b>	
0 = no evidence of need	1 = a need for watching
2 = a need for action	3 = a need for immediate/intensive action
Psychosis	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Attention/Concentration	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Impulsivity	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Depression	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Anxiety	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Oppositional	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Conduct	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Attachment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Eating Disturbance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Behavioral Regression	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Somatization	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Anger Control	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Child Behavioral/Emotional Needs

<b>CHILD RISK BEHAVIORS</b>	
0 = no evidence of need	1 = a need for watching
2 = a need for action	3 = a need for immediate/intensive action
Suicide Risk	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Non-Suicidal Self Injury	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Other Self Harm	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Danger to Others	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sexual Aggression	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Runaway	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Delinquency	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Judgment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Fire Setting	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Intentional Misbehavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sexually Reactive Behavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Child Risk Behaviors

<b>TRAUMATIC STRESS SYMPTOMS</b>	
0 = no evidence of need	1 = a need for watching
2 = a need for action	3 = a need for immediate/intensive action
Adjustment to Trauma	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Traumatic Grief	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Re-experiencing	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Hyper arousal	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Avoidance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Numbing	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Dissociation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Affective/Physiological Dysfunction	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Traumatic Stress Symptoms

<b>ACCULTURATION</b>	
0 = no evidence of need	1 = a need for watching
2 = a need for action	3 = a need for immediate/intensive action
Language	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Identity	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Ritual	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cultural Stress	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Acculturation

TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES	
0 = no evidence	1 = mild exposure
2 = moderate	3 = severe
Sexual Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Physical Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Emotional Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Neglect	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Medical Trauma	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Family Violence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Community Violence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
School Violence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Natural or Manmade Disasters	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
War Affected	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Terrorism Affected	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Witness to Criminal Activity	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Parental Criminal Behavior	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Disruption in Caregiving	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Traumatic/Adverse Childhood Experiences

<b>CHILD STRENGTHS</b>	
0 = centerpiece strength	1 = useful strength
2 = identified strength	3 = none identified
Family	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Interpersonal	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Education	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Vocational	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Coping and Savoring	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Optimism	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Talents/Interest	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Spiritual Religious	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Community Life	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Relationship	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Permanence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Resilience	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Child Strengths

<b>SUBSTANCE USE</b>	
0 = no evidence	1 = history, watch/prevent
2 = recent, act	3 = acute, act immediately
Substance Use	<input type="radio"/> N/A <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Peer Influences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Environmental	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Influences	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Severity of Use	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Duration of Use	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Recovery Support in the Community	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Stage of Recovery	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Substance Use

<b>TRANSITION TO ADULTHOOD</b>	
<b>Required for 15 years and older</b>	
0 = no evidence	1 = minimal needs
2 = moderate needs	3 = severe needs
Independent Living Skills	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Transportation	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Parenting Roles	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Intimate Relationships	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Medication Compliance	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Education Attainment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Victimization	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Job Functioning	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Transition to Adulthood

<b>RATINGS OF CHILDREN 5 YRS AND YOUNGER</b>	
<b>Required for 5 years and under</b>	
0 = no evidence	1 = minimal needs
2 = moderate needs	3 = severe needs
Motor	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sensory	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Communication	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Failure to Thrive	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Feeding/Elimination	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Birth Weight	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Prenatal Care	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Substance Exposure	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Labor & Delivery	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Parent/Sibling Problems	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Availability of Caregiver	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Curiosity	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Playfulness	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Temperament	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Day Care Preschool	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Ratings of Children 5 Yrs. and Younger



CAREGIVER STRENGTHS & NEEDS	
0 = no evidence	1 = minimal needs
2 = moderate needs	3 = severe needs
Physical	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Mental Health	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Involvement	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Knowledge	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Social Resources	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Posttraumatic Reactions	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Safety	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Substance Abuse	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Developmental	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Supervision	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Organization	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Residential Stability	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Marital/Partner Violence	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Caregiver Strengths & Needs

## Medications

1. Click on Medication hyperlink and choose medication from list
2. Enter the start date of the medication

**Note:** This is the date the Individual started the medication

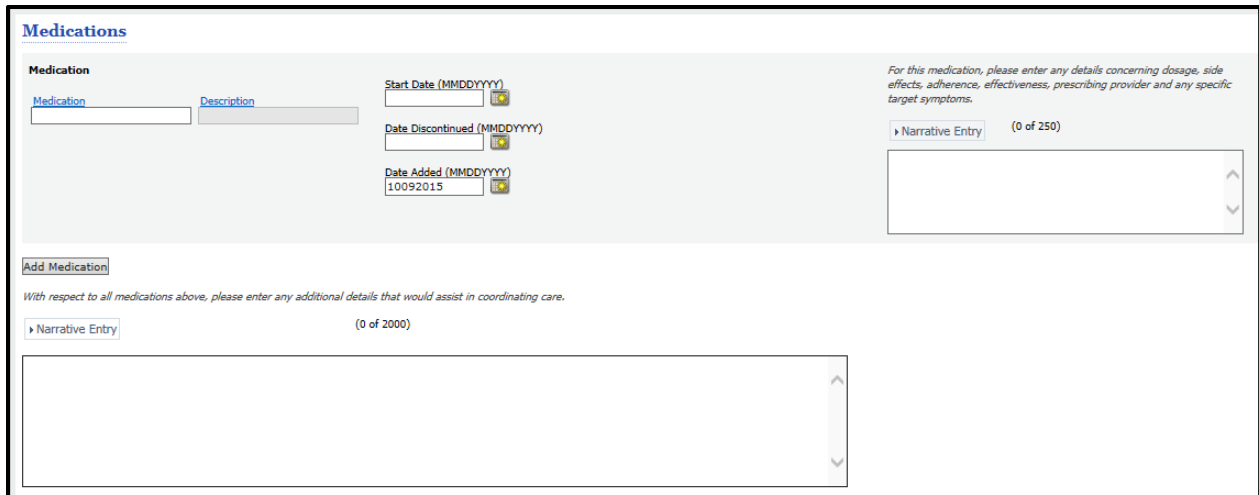
**Note:** Date Added will auto populate to the current date as that is the date it was added to the file.

3. Enter the Date Discontinued if applicable
4. Enter any details concerning the medication in the Narrative Entry

**Note:** Enter any details concerning dosage, side effects, adherence, effectiveness, prescribing provider and any specific target symptoms.

**Note:** For additional medications click Add Medication and repeat these steps. Up to ten medications can be entered

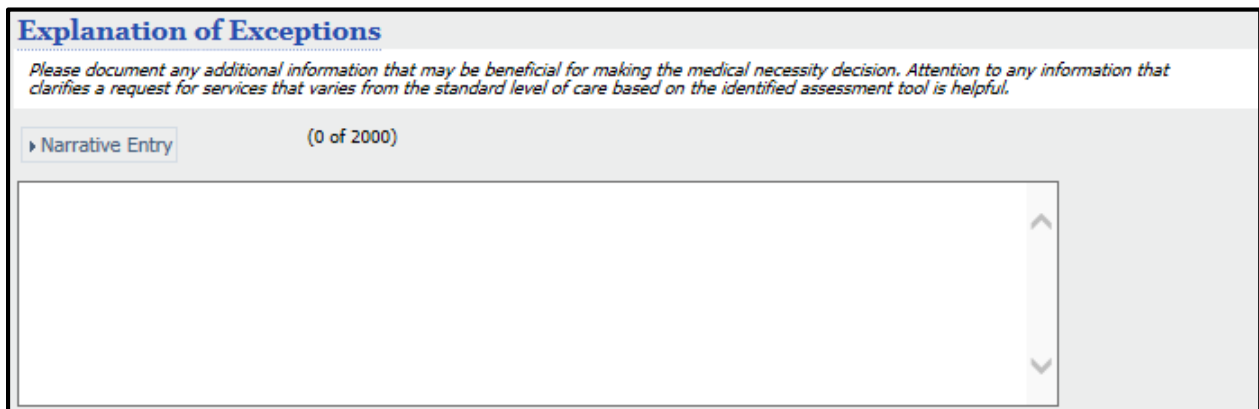
5. Enter any additional details on all medications entered in the Narrative Entry



Medications

### Explanation of Exceptions

1. Enter any additional information that may be beneficial for Beacon CCM’s making the medical necessity decision



Explanation of Exceptions

### Substance Use

1. Select [Type of Substance\\*\(s\) used](#)

*Note: If None is selected next steps are not required*

2. Select Primary Substance
3. Select Route of Administration
4. Select Frequency of Use
5. Enter Age of First Use

*Note: Secondary and Tertiary Substances can be completed but are not required*

6. Answer *How many previous treatment episodes has the person received in any substance abuse program?*
7. Answer *Has the individual participated in any self-help groups for recovery in the past 30 days?*
8. Answer *How many times has the individual attended any self-help groups in the past 30 days?*
9. Answer *Will the use of opioid medications such as methadone or buprenorphine be part of the individual's recovery plan?*

**Substance Use**

\* Type of substance(s) used  None  Alcohol  Drugs  Both

---

**Primary Substance**

Substance:       Route of Administration:       Frequency of Use:

Enter Age of First Use:

---

**Secondary Substance**

Substance:       Route of Administration:       Frequency of Use:

Enter Age of First Use:

---

**Tertiary Substance**

Substance:       Route of Administration:       Frequency of Use:

Enter Age of First Use:

---

How many previous treatment episodes has the person received in any substance abuse treatment program?

Will the use of opioid medications such as methadone or buprenorphine be part of the individuals recovery plan?  
 Yes  No  Unknown

Has the individual participated in any self-help groups for recovery in the past 30 days?

How many times has the individual attended any self-help groups for recovery in the past 30 days?

Substance Use

## Withdrawal Symptoms

1. Select all that apply

**Note:** *Required when requesting Detox and should be submitted when available/applicable*

**Withdrawal Symptoms**

Complete if requesting detox or if otherwise relevant. Check all that apply.

<input type="checkbox"/> None	<input type="checkbox"/> Sweating	<input type="checkbox"/> Tremors	<input type="checkbox"/> Past DTs
<input type="checkbox"/> Nausea	<input type="checkbox"/> Agitation	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Current Seizures
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Current DTs	<input type="checkbox"/> Past Seizures
<input type="checkbox"/> Cramping			

Withdrawal Symptoms

## Vitals

1. Enter Blood Pressure, Temperature, Pulse, Respiration, and Blood Alcohol

**Note:** Required when requesting Detox and should be submitted when available

2. Answer Urine Drug Screen (UDS)? And Outcome of UDS
3. Enter Date of UDS
4. Select all that apply for Positive For
5. Select Longest period of Sobriety
6. Enter Most Recent Relapse Date

Vitals

### ASAM/ Other Patient Placement Criteria

1. Select Dimensions 1 through 6

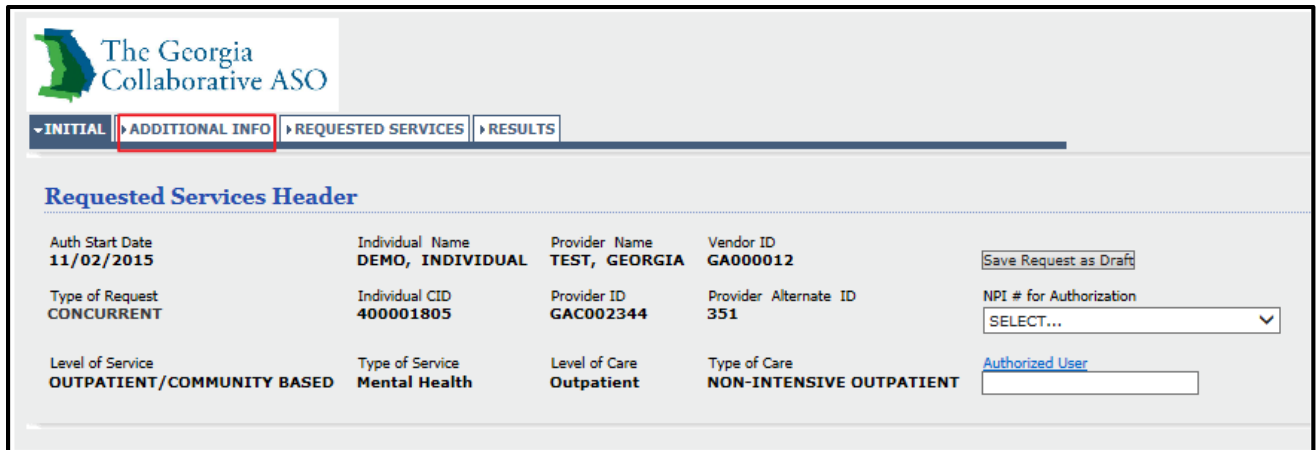
**Note:** Not required but if available, ASAM should be completed

2. Click [Next](#)

ASAM/Other Patient Placement Criteria

### Additional Info

The Additional Info tab must be completed second.



The screenshot shows the 'Additional Info' tab selected in the navigation bar. Below the navigation bar is the 'Requested Services Header' section. The form contains the following fields and values:

Auth Start Date 11/02/2015	Individual Name DEMO, INDIVIDUAL	Provider Name TEST, GEORGIA	Vendor ID GA000012	<a href="#">Save Request as Draft</a>
Type of Request CONCURRENT	Individual CID 400001805	Provider ID GAC002344	Provider Alternate ID 351	NPI # for Authorization SELECT... (dropdown)
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service Mental Health	Level of Care Outpatient	Type of Care NON-INTENSIVE OUTPATIENT	<a href="#">Authorized User</a> [text input field]

Additional Info Tab

## Legal Information

1. Select [Legal Status](#)
2. Select [Legal Involvement](#)
3. Select [Legal Custody](#)
4. Answer *Has individual been involved with criminal/juvenile justice system in past year?*
5. Enter [Number of Days](#)
6. Answer *Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?*
7. Answer *What is the date the individual was released from jail/RYDC or prison/YDC? (MMDDYYYY)*

**Note:** only required when step 6 is answered Released within 6 months

8. Answer *How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?*
9. Answer *How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?*

**Legal Information**

\* Legal Status


\* Legal Involvement

\* Legal Custody

\* Has individual been involved with criminal/juvenile justice system in past year?  Yes  No  Unknown/Refused

\* Number of arrests in past 30 days:

\* Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?  
 Currently in jail  Released within 6 months  No  Unknown

What is the date the individual was released from jail/RYDC or prison/YDC? (MMDDYYYY)  

\* How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?

\* How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?

Legal Information

**Income and Sources**

1. Answer *Does the individual have income from any source?*

**Note:** If answered no move on to Non-Cash Benefits

2. Enter Monthly Amount in all applicable income fields

**Note:** Total Monthly Income will automatically add all Monthly Incomes

**Income and Sources**

\* Does the individual have income from any source?  
 Yes  No  Unknown

If income source is "Yes" indicate all sources and dollar amounts for the sources that apply. At least one value must be greater than zero:

	Monthly Amount:
Earned Income	<input type="text" value="0"/> .00
Unemployment Insurance	<input type="text" value="0"/> .00
Supplemental Security Income/Social Security Disability Insurance	<input type="text" value="0"/> .00
VA Service-Connected Disability	<input type="text" value="0"/> .00
Temporary Assistance for Needy Families (TANF)	<input type="text" value="0"/> .00
Trust Fund Payments	<input type="text" value="0"/> .00
Pension or Retirement Income from a Former Job	<input type="text" value="0"/> .00
Child Support	<input type="text" value="0"/> .00
Alimony or Other Spousal Support	<input type="text" value="0"/> .00
Other Source of Regular Income	<input type="text" value="0"/> .00
Specify source <input type="text"/>	
Total Monthly Income	<input type="text" value="0"/>

Income and Sources

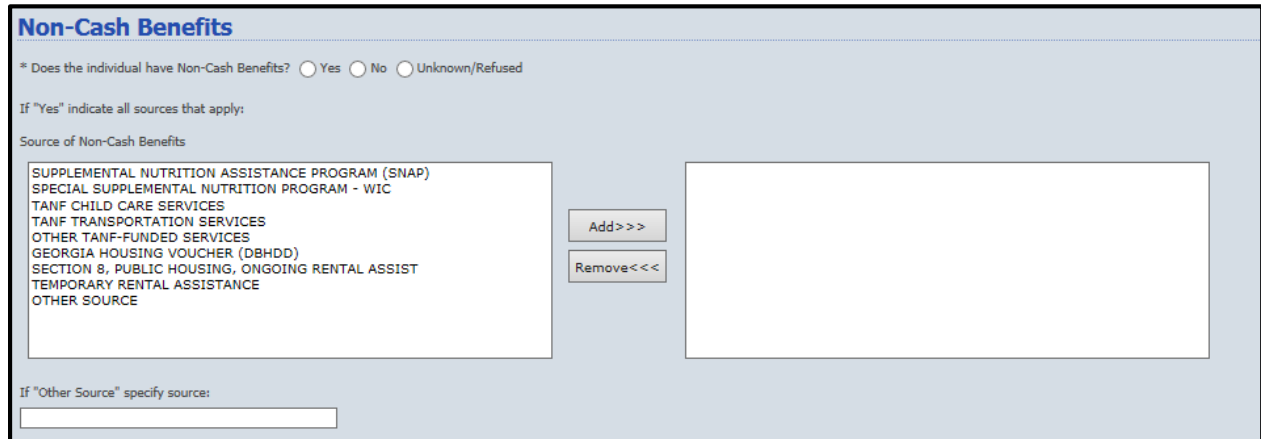
## Non-Cash Benefits

1. Answer *Does the individual have Non-Cash Benefits?*

*Note: If No move on to Health Insurance*

2. Select all applicable Sources of Non-Cash Benefits

*Note: Click on the specific source and click Add to select it*



**Non-Cash Benefits**

\* Does the individual have Non-Cash Benefits?  Yes  No  Unknown/Refused

If "Yes" indicate all sources that apply:

Source of Non-Cash Benefits

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM - WIC TANF CHILD CARE SERVICES TANF TRANSPORTATION SERVICES OTHER TANF-FUNDED SERVICES GEORGIA HOUSING VOUCHER (DBHDD) SECTION 8, PUBLIC HOUSING, ONGOING RENTAL ASSIST TEMPORARY RENTAL ASSISTANCE OTHER SOURCE	<input type="button" value="Add&gt;&gt;&gt;"/> <input type="button" value="Remove&lt;&lt;&lt;"/>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--

If "Other Source" specify source:

Non-Cash Benefits

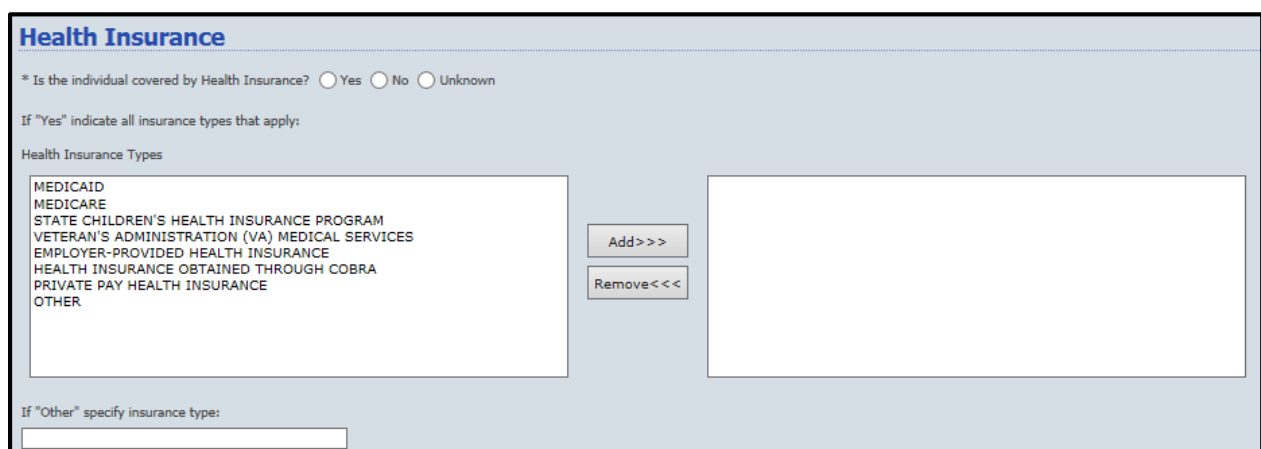
## Health Insurance

1. Answer *Is the individual covered by Health Insurance?*

*Note: If No move on to School*

2. Select all applicable Health Insurance Types

*Note: Click on the specific source and click Add to select it*



**Health Insurance**

\* Is the individual covered by Health Insurance?  Yes  No  Unknown

If "Yes" indicate all insurance types that apply:

Health Insurance Types

MEDICAID MEDICARE STATE CHILDREN'S HEALTH INSURANCE PROGRAM VETERAN'S ADMINISTRATION (VA) MEDICAL SERVICES EMPLOYER-PROVIDED HEALTH INSURANCE HEALTH INSURANCE OBTAINED THROUGH COBRA PRIVATE PAY HEALTH INSURANCE OTHER	<input type="button" value="Add&gt;&gt;&gt;"/> <input type="button" value="Remove&lt;&lt;&lt;"/>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	--

If "Other" specify insurance type:

Health Insurance

## School

1. Answer *For individuals in school, what is their current grade level? If not in school, what is their highest grade level completed?*

**School**

\* For individuals in school, what is their current grade level? If not in school, what is their highest grade level completed?

SELECT... ▼

School

## Living Situation and Status

1. Select *What is the individual's living situation at the present time?*
2. Select *How long has the individual been in this living situation?*
3. Select *What is the individual's housing status/stability at the present time?*
4. Enter Total days of homelessness in the past 90 days
5. Answer *Does the individual meet the federal definition of chronically homeless?*  
(*Note: this is not the same as being currently homeless.*)

**Note:** Definition of Chronically Homeless can be found at <https://www.nhchc.org>

6. Answer *Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in the 12 months prior to the authorization start date?*
7. Answer *Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date?*
8. Enter *How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days? (past 6 months for PRTF requests)*
9. Enter *What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days? (past 6 months for PRTF requests)*



**Living Situation and Status**

\* What is the individual's living situation at the present time?

\* How long has the individual been in this living situation?

\* What is the individual's housing status/stability at the present time?

\* Total days of homelessness in the past 90 days:

\* Does the individual meet the federal definition of chronically homeless? (Note: this is not the same as being currently homeless.)  
 Yes  No  Unknown

\* Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in the 12 months prior to the authorization start date?  
 Yes  No  Unknown

\* Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date?  
 Yes  No  Unknown

\* How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days? (past 6 months for PRTF requests)

\* What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days? (past 6 months for PRTF requests)

Living Situation and Status


**Employment**

1. Complete one of the following sections
  - [Competitive Employment](#)
  - [Non-Competitive Employment](#)
  - [Unemployed](#)


**Employment**

One of the following sections must be completed: Competitive Employment, Non-Competitive Employment or Unemployed status.

**Competitive Employment**  
 Competitive Employment indicates a community based job which pays at least minimum wage and for which any person can apply. Any job meeting these criteria should be considered competitive work, regardless of whether paid supports (e.g., a job coach) are needed to maintain that employment.

Date Employed (MMDDYYYY)   Hours Worked Typical Week  Hourly Wage

**Non-Competitive Employment**  
 Non-Competitive Employment includes work that pays less than minimum wage OR is located in a segregated setting OR is a position only open to individual's with disabilities. (Non-competitive Employment may be community or facility-based).

Date Employed (MMDDYYYY)   Hours Worked Typical Week  Type of Non-Competitive Employment  
 Community-based  Facility-based

**Unemployed**  
 Unemployed but available for work?  
 Yes  No

If answered "No" above, please indicate why individual is not available for work:

Employment

## Discharge Planning

1. Select *Highest Level of Care Planned for Discharge*
2. Select *Planned Discharge Residence*
3. Enter *Expected Discharge Date (MMDDYYYY)*
4. Click [Next](#)

### Discharge Planning

Discharge planning considerations should include obtaining releases to speak and coordinate care with the providers that care will be transitioning to as well as confirming that appointments are scheduled timely. Discharge planning should be included as a component of the treatment throughout the entire stay.

Highest Level of Care Planned for Discharge

SELECT... ▼

Planned Discharge Residence

SELECT... ▼

Describe Other Discharge Level Of Care

Expected Discharge Date (MMDDYYYY)

Back
Save Request as Draft
Next

Discharge Planning

## Requested Services

The Requested Services tab must be completed third.

The Georgia Collaborative ASO

◀ INITIAL

▶ ADDITIONAL INFO

▶ REQUESTED SERVICES

▶ RESULTS

### Requested Services Header

Auth Start Date <b>11/02/2015</b>	Individual Name <b>DEMO, INDIVIDUAL</b>	Provider Name <b>TEST, GEORGIA</b>	Vendor ID <b>GA000012</b>	<a href="#">Save Request as Draft</a>
Type of Request <b>CONCURRENT</b>	Individual CID <b>400001805</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>351</b>	NPI # for Authorization <div style="border: 1px solid #ccc; padding: 2px;">SELECT... ▼</div>
Level of Service <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>Mental Health</b>	Level of Care <b>Outpatient</b>	Type of Care <b>NON-INTENSIVE OUTPATIENT</b>	Authorized User <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div>

Requested Services Tab

1. Click [Add/Modify Service Classes](#)

All fields marked with an asterisk (\*) are required.  
Note: Disable pop-up blocker functionality to view all appropriate links.  
For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.  
Please indicate the service classes that are being requested. Units should remain as zero on request until this further clinical review is completed.

**Add / Modify Service Classes**

* Place Of Service	Service Class Code	Description	* Visits/Units
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			

TOTAL VISITS/ UNITS 0

**Instructions**  
This Request must include detailed information about service class code(s), place of service, and number of visits/units required for each procedure.  
Please enter the details on this screen.

**Note: TOTAL # OF UNITS CANNOT EXCEED 3598**

[Back](#) [Save Request as Draft](#) [Submit](#)

Add/Modify Service Classes

2. Select all applicable service classes

**NOTE: Select codes for this authorization request by checking the box next to the service classes being requested prior to saving the selection. Units being requested may be adjusted after saving codes. To de-select a code, uncheck the box. A limit of 10 service classes can be requested via this form.**

	Code	Description
<input type="checkbox"/>	ADS	10152-ADDICTIVE DISEASE SUPPORT SERVICES (ADSS)
<input type="checkbox"/>	BHA	10101-BH ASSESSMENT & SERVICE PLAN DEVELOPMENT
<input type="checkbox"/>	CAO	10104-INTERACTIVE COMPLEXITY ADD-ON CODE
<input type="checkbox"/>	CIN	10110-CRISIS INTERVENTION
<input type="checkbox"/>	CMS	21302-CASE MANAGEMENT SERVICES
<input type="checkbox"/>	CT1	21202-COMMUNITY TRANSITION PLANNING
<input type="checkbox"/>	DAS	10103-DIAGNOSTIC ASSESSMENT
<input type="checkbox"/>	FAM	10180-FAMILY OUTPATIENT SERVICES
<input type="checkbox"/>	GRP	10170-GROUP OUTPATIENT SERVICES
<input type="checkbox"/>	LCT	21203-LEGAL SKILLS & COMPETENCY TRAINING
<input type="checkbox"/>	MED	10140-MEDICATION ADMINISTRATION

Service Class List

**Note:** Not all service classes are shown in this guide.

- 3. Select Place of Service and enter Units
- 4. Click [Submit](#)

All fields marked with an asterisk (\*) are required.  
 Note: Disable pop-up blocker functionality to view all appropriate links.  
 For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero.  
 Please indicate the service classes that are being requested. Units should remain as zero on request until this further clinical review is completed.

Add / Modify Service Classes

* Place Of Service	Service Class Code	Description	* Visits/Units
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			
SELECT...			

TOTAL VISITS/ UNITS

**Instructions**  
 This Request must include detailed information about service class code(s), place of service, and number of visits/units required for each procedure.  
 Please enter the details on this screen.  
**Note: TOTAL # OF UNITS CANNOT EXCEED 3598**

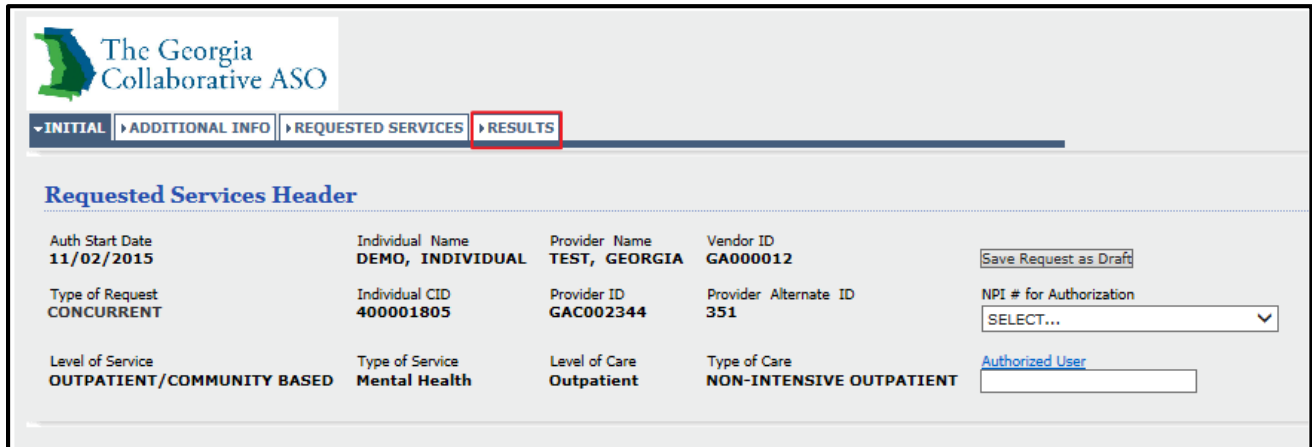
Back Save Request as Draft **Submit**

### Add/Modify Service Classes and Submit

*Note: Up to 20 services may be requested*

## Results

The Results tab is the last to show.



**The Georgia Collaborative ASO**

[INITIAL](#) | [ADDITIONAL INFO](#) | [REQUESTED SERVICES](#) | **RESULTS**

### Requested Services Header

Auth Start Date <b>11/02/2015</b>	Individual Name <b>DEMO, INDIVIDUAL</b>	Provider Name <b>TEST, GEORGIA</b>	Vendor ID <b>GA000012</b>	Save Request as Draft
Type of Request <b>CONCURRENT</b>	Individual CID <b>400001805</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>351</b>	NPI # for Authorization SELECT...
Level of Service <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>Mental Health</b>	Level of Care <b>Outpatient</b>	Type of Care <b>NON-INTENSIVE OUTPATIENT</b>	Authorized User <input type="text"/>

### Results Tab

## Determination Status

### 1. Review Status

**Note:** Will show approved, pended, or denied

**Note:** Authorization # is an internal tracking number and can be used to search within ProviderConnect. Client Authorization # (12 digits) is used for billing purposes when

*submitting a claim to HP and the Georgia Collaborative and can also be used to search within ProviderConnect*

2. Select option to print or download the request
  - Print Authorization Result (Prints the Determination Status page)
  - Print Authorization Request (Prints entire authorization request)
  - Download Authorization Request (Downloads entire authorization to specified folder)

**Note: This is the only place where the authorization can be printed or downloaded. Once this page is left you will not have the option to print or download again.**

Determination Status:		***** APPROVED *****																							
Individual Name <b>INDIVIDUAL DEMO</b>	Individual ID <b>400001805</b>	Individual DOB <b>09/01/1988</b>	Subscriber Name <b>INDIVIDUAL DEMO</b>	Subscriber ID <b>400001805</b>																					
Authorization # <b>100915-1-10</b>	Client Authorization # <b>90000001153</b>	Type of Request <b>INITIAL</b>																							
Date of Admission/ Start of Services <b>10/09/2015</b>	From - To <b>10/09/2015 - 01/07/2016</b>	Submission Date <b>10/09/2015</b>																							
Level of Service <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>MENTAL HEALTH</b>	Level of Care <b>OUTPATIENT</b>	Type of Care <b>NON-INTENSIVE OUTPATIENT</b>																						
Reason Code <b>A70</b>																									
Provider Name & Address <b>GEORGIA TEST 1 PEACHTREE AVE NE ATLANTA GA 30305</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>0000000537</b>	NPI # for Authorization <b>N/A</b>																						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Units of Service</th> <th style="width: 35%;">Service Class Code</th> <th style="width: 35%;">Description</th> <th style="width: 15%;">Units Requested/Approved</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">FAM</td> <td>10180-FAMILY OUTPATIENT SERVICES</td> <td style="text-align: center;">5/ 5</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">GRP</td> <td>10170-GROUP OUTPATIENT SERVICES</td> <td style="text-align: center;">5/ 5</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total Units For Auth: 100915-1-03 From: 10/09/2015 To: 01/07/2016</td> <td style="text-align: center;">10</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total Units Authorized This Episode For: 100915-1-10</td> <td style="text-align: center;">10</td> </tr> </tbody> </table>		Units of Service	Service Class Code	Description	Units Requested/Approved	11	FAM	10180-FAMILY OUTPATIENT SERVICES	5/ 5	11	GRP	10170-GROUP OUTPATIENT SERVICES	5/ 5	Total Units For Auth: 100915-1-03 From: 10/09/2015 To: 01/07/2016			10	Total Units Authorized This Episode For: 100915-1-10			10		
Units of Service	Service Class Code	Description	Units Requested/Approved																						
11	FAM	10180-FAMILY OUTPATIENT SERVICES	5/ 5																						
11	GRP	10170-GROUP OUTPATIENT SERVICES	5/ 5																						
Total Units For Auth: 100915-1-03 From: 10/09/2015 To: 01/07/2016			10																						
Total Units Authorized This Episode For: 100915-1-10			10																						
<p>Message</p> <p><b>A70</b></p> <p>Claims payment is restricted to services for which the provider is contracted to deliver and is conditional upon services authorized, clinical necessity, and the enrolled individual being eligible for services on the date of service. Clinical authorization is not a guarantee of payment.</p> <p>If further authorization is required for treatment of this individual, please submit a new request prior to the end date of the current authorization or exhaustion of the number of units.</p>																									
<p><b>Attached Documents</b> <span style="color: red;">There are no documents attached with this Authorization Request</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Document Title</th> <th style="width: 40%;">Document Description</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">There are no documents attached with this Authorization Request</td> </tr> </tbody> </table>						Document Title	Document Description	There are no documents attached with this Authorization Request																	
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There are no documents attached with this Authorization Request																									
<p><b>Authorization Printing &amp; Downloading Options:</b> <small>(For the best print results, please print in Landscape format)</small></p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;"><input type="button" value="Print Authorization Result"/> <small>Print the Results page (This page)</small></td> <td style="width: 25%;"><input type="button" value="Print Authorization Request"/> <small>Print the entire Authorization Request</small></td> <td style="width: 25%;"><input type="button" value="Download Authorization Request"/> <small>Download the entire Authorization Request</small></td> <td style="width: 25%;"><input type="button" value="Return to Provider Home"/> <small>Return to the ProviderConnect Homepage</small></td> </tr> </table>						<input type="button" value="Print Authorization Result"/> <small>Print the Results page (This page)</small>	<input type="button" value="Print Authorization Request"/> <small>Print the entire Authorization Request</small>	<input type="button" value="Download Authorization Request"/> <small>Download the entire Authorization Request</small>	<input type="button" value="Return to Provider Home"/> <small>Return to the ProviderConnect Homepage</small>																
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## Determination Status

## Save Request as a Draft

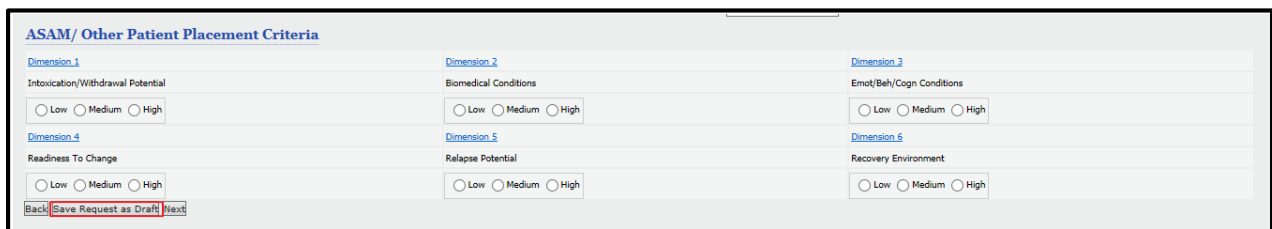
This functionality allows a provider to save an authorization request as a work in progress prior to submission. The provider has the option to save the authorization on each tab/screen. The draft is maintained on the home page for 30 days. After 30 days, the request is removed and a new request is required. The Save Request function displays as a Save Request as Draft button on the Requested Services Header screen.

To save a draft of an authorization request:

1. Click on the [Enter an Authorization Request](#) link.
2. Click [Next](#) on the Disclaimer screen.
3. Complete the [Individual ID](#) and [Date of Birth](#) fields and click [Search](#).
4. Click [Next](#).
5. Select the service address and click [Next](#).
6. Complete the Requested Services Header screen and click [Next](#).

The Save Request as Draft button can be selected on any of the subsequent screens.

**Note:** The [Authorized User](#) link allows creators of clinical drafts to authorize other users to update and/or submit saved drafts. (Refer to the [Authorized User](#) section at the end of this chapter for detailed information.)



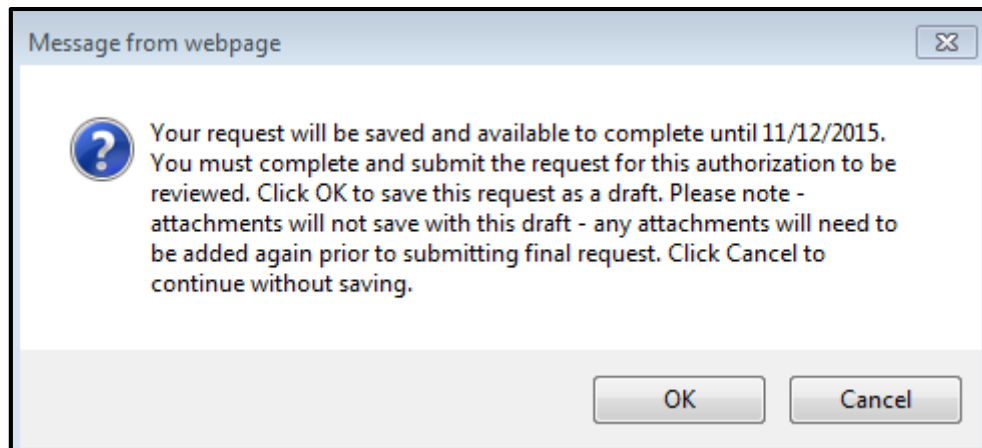
**ASAM/ Other Patient Placement Criteria**

Dimension 1	Dimension 2	Dimension 3
Intoxication/Withdrawal Potential <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	Biomedical Conditions <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	Emot/Beh/Cogn Conditions <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High
Dimension 4	Dimension 5	Dimension 6
Readiness To Change <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	Relapse Potential <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	Recovery Environment <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High

Back **Save Request as Draft** Next

### Save Request as Draft

Upon clicking the [Save Request as Draft](#) button, the following pop-up message displays advising the user how long the draft will be available for viewing and modification.

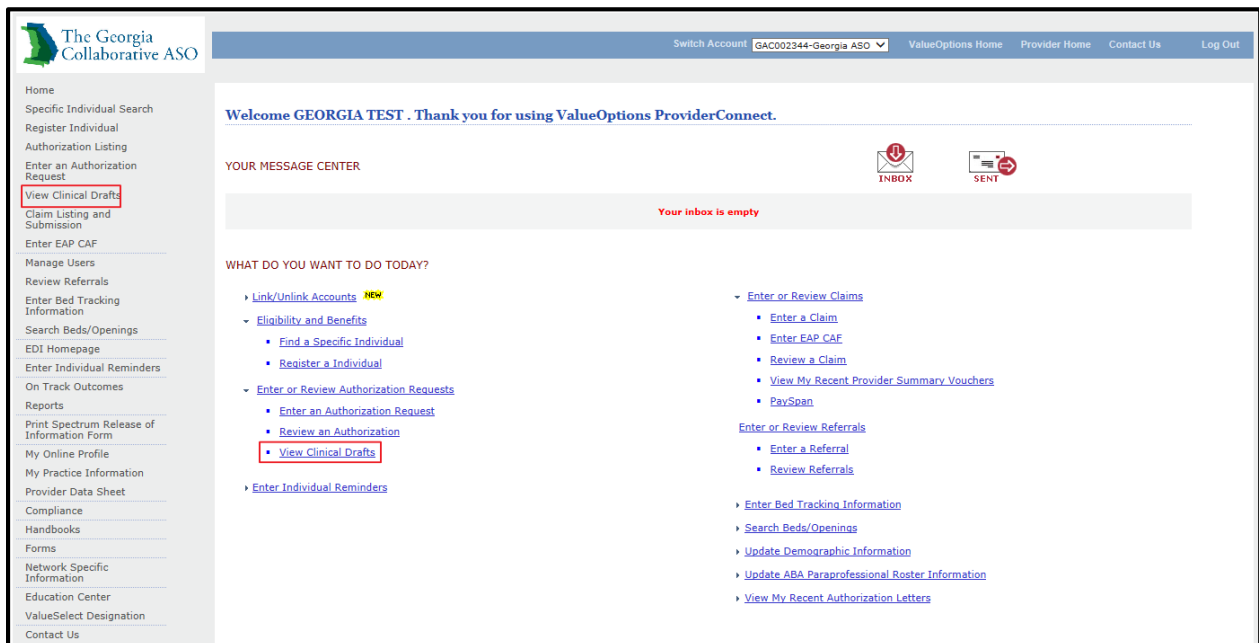


Save Draft Message

Upon clicking **OK**, the user receives a message stating that the draft request has been successfully saved.

## View Clinical Drafts

To view saved drafts, click on the [View Clinical Drafts](#) link.



View Clinical Drafts

Users will be able to view a read-only version of the draft by clicking the [View](#) button. To modify or continue with the Request for Authorization, the user may click the [Open](#) button. To delete a draft, the user may place a checkmark inside the box to the left of the draft and then click the [Delete Request Drafts](#) button. Clinical Request Drafts that have expired within the last 30 days will display at the bottom of the screen.

**Note:** *If attachments were added, they need to be reattached when the draft is opened. Attachments do not remain after saving a request as a draft.*

**View Clinical Drafts**

Please select the Provider ID below to view and click the Search Drafts button to view Saved and Expired Clinical Requests or Saved and Expired Plans for a different provider.

\* Provider ID:  [Search Drafts](#)

**Saved Clinical Request Drafts**

Saved request drafts will automatically expire 30 days after the Initial Saved Date [Delete Request Drafts](#)

	Initial Saved Date	Individual ID	Individual Name	Provider ID	Level of Service	Level Of Care	Type of Care	Authorized User	Requested Start Date	
<input type="checkbox"/>	10/13/2015	<a href="#">400001805</a>	DEMO, INDIVIDUAL	GAC002344	OP	OUTPATIENT	NON-INTENSIVE OUTPATIENT		10/13/2015	<a href="#">View</a> <a href="#">Open</a>

[Next >>](#)

**Expired Clinical Request Drafts**

The requests listed below expired within the last 30 days

Initial Saved Date	Individual ID	Individual Name	Provider ID	Level of Service	Level Of Care	Type of Care	Authorized User	Requested Start Date
No Expired Draft Requests to display								

**Saved Plan Drafts**

Saved plan drafts include Individual Plans, Care Plans, etc. that have been saved as a draft. These drafts will automatically expire 30 days after the Initial Saved Date.

Initial Saved Date	Individual ID	Individual Name	Provider ID	Level of Service	Level Of Care	Type of Care	Authorized User	Requested Start Date
No Saved Draft Requests to display								

**Expired Plan Drafts**

Expired plan drafts include Individual Plans, Care Plans, etc. that expired within the last 30 days.

Initial Saved Date	Individual ID	Individual Name	Provider ID	Level of Service	Level Of Care	Type of Care	Authorized User	Requested Start Date
No Expired Draft Requests to display								

View Clinical Drafts List

ProviderConnect sends automatic e-mail reminders to providers who have both saved drafts in RFS. The e-mail reminder is sent 25 days after the RFS was saved.

An Authorization Request Draft Reminder e-mail will be sent to each ProviderConnect user (that is, the user who initially saved the draft) on the 26th day (after 25 days) after the initial save date on an existing Authorization (RFS) draft.

Draft reminder e-mails will not be sent if a user does not have an e-mail address on file in the user's ProviderConnect account/profile record. Also, ProviderConnect will send reminder e-mails for only those RFS drafts that are in a "Saved" status, not an "Expired" or "Deleted" status.



## Authorized User

Creators of clinical drafts have the ability to allow other users to update and/or submit saved drafts via the [Authorized User](#) field. This functionality applies to all Requests for Services (RFS) workflows, the Individual Care Plan workflow, the Wellness Recovery Treatment Plan workflow, and the Special Program Application and Comprehensive Service Plan workflows).



The screenshot shows the 'Requested Services Header' form. The 'Authorized User' field is highlighted with a red box. The form contains the following data:

Auth Start Date 10/13/2015	Individual Name DEMO, INDIVIDUAL	Provider Name TEST, GEORGIA	Vendor ID GA000012	Save Request as Draft
Type of Request CONCURRENT	Individual CID 400001805	Provider ID GAC002344	Provider Alternate ID 351	NPI # for Authorization SELECT...
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service Mental Health	Level of Care Outpatient	Type of Care NON-INTENSIVE OUTPATIENT	Authorized User <input type="text"/>

### Authorized User

If a user is not associated with other users, the [Authorized User](#) field label will be fixed (i.e., static). If only one user was saved, the authorized user ID will display in this field. If multiple users were saved, the word multiple will display in this field.

Following are some of the attributes of this functionality.

- The system will store a record for each authorized user of a saved draft.
- Users who belong to a group will be able to authorize multiple users to a draft.
- When a saved draft is reopened for editing by the originating user, the [Authorized User](#) field will remain available to enable the originating user to access the pop-up to change authorized users.
- A Select Authorized User(s) pop-up window will display a list of users who can be authorized to have access to the originating user's saved draft request. The pop-up can be accessed from the [Authorized User](#) field when the logged on user is in a group with other users who have clinical access.
- The user will be able to select authorized users by clicking a checkbox next to each user.
- The user will have the option to select all associated users.
- There will be an option to clear all the selected users.
- The pop-up will display users associated with the logged in user who have clinical access to View/Save Draft Requests.
- If a user is associated with the logged in user but does not have the appropriate clinical security, that user will not appear in the pop-up.
- The list will be sorted in ascending order by user ID and cannot be re-sorted.

Submit Close

**Select Authorized User(s)**

Check All Clear

User Id	Name
<input type="checkbox"/> GAC002344A	GEORGIA, TEST
<input type="checkbox"/> GAC002344B	GEORGIA, TEST
<input type="checkbox"/> GAC002344T	GEORGIA, TEST
<input type="checkbox"/> GAC2344AL2	GEORGIA, TEST
<input type="checkbox"/> GACAL2344	GEORGIA, TEST

Submit Close

Authorized User List

## Updating an Existing Authorization

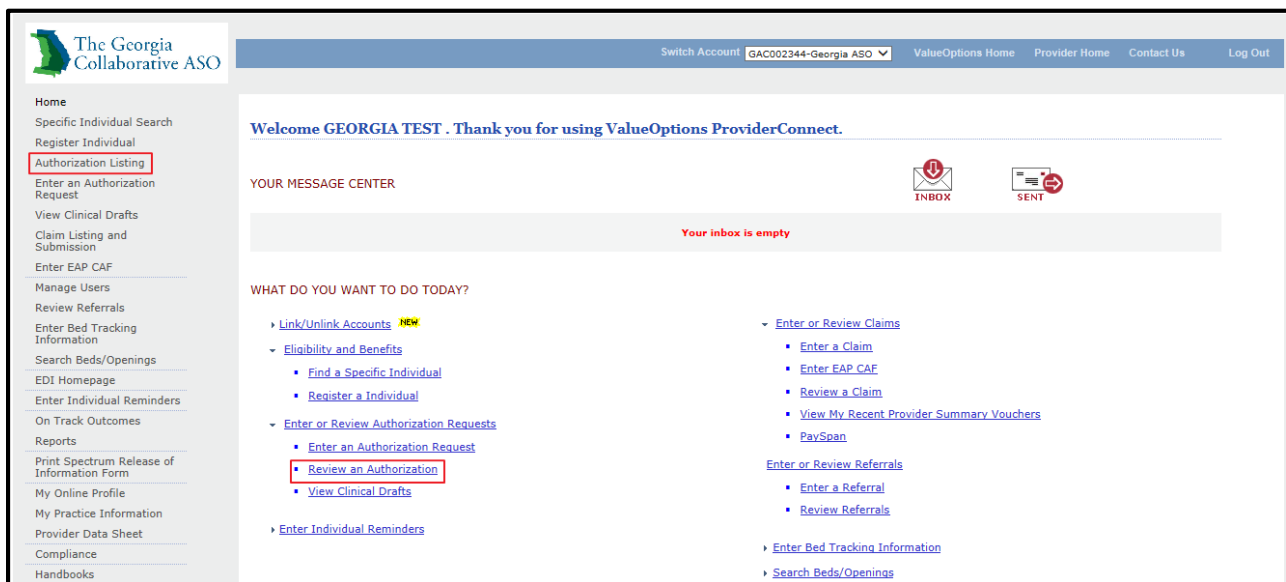
In this section of ProviderConnect, a user can update an existing authorization when additional services and/or units are needed.

**Note:** Authorizations that are still in a pending status cannot be updated

**Note:** Only the most recent authorization can be updated

**Note:** Only additional service classes and units can be updated

To access the Authorization Listing section, either click [Authorization Listing](#) on the navigation bar or [Review an Authorization](#) on the main menu. The Search Authorizations screen displays.



ProviderConnect Home Screen

1. Click [View All](#) to see all the authorizations for the provider. (The Search Results screen displays all the authorizations.)

**Note:** Results can be sorted by individual ID, individual name, or authorization number.

- or -

2. A user may search by Vendor ID, Individual ID, Authorization # (example: 01-120115-1-1), Client Authorization # (example: 0000000123).

**Note:** Authorization # is an internal tracking number and can be used to search within ProviderConnect. Client Authorization # is used for billing purposes and can also be used to search within ProviderConnect

**Note:** Search results can be sorted by individual ID, individual name, authorization number or client authorization number.

3. Enter a date range in the Effective Date and Expiration Date fields.
4. Click [Search](#).

### Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Results screen will display all the authorizations. To search by effective and expiration date, enter the effective & expiration dates in the appropriate field and click on the **Search** button. The Search Results screen will display all the authorizations for the specified date range.

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

\* Provider ID    
 NPI # for Authorization

---

Vendor ID   
 Individual ID   
 Authorization #  -  -  (No spaces or dashes)  
 Client Authorization #   
 Effective Date  (MMDDYYYY)  
 Expiration Date  (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

---

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

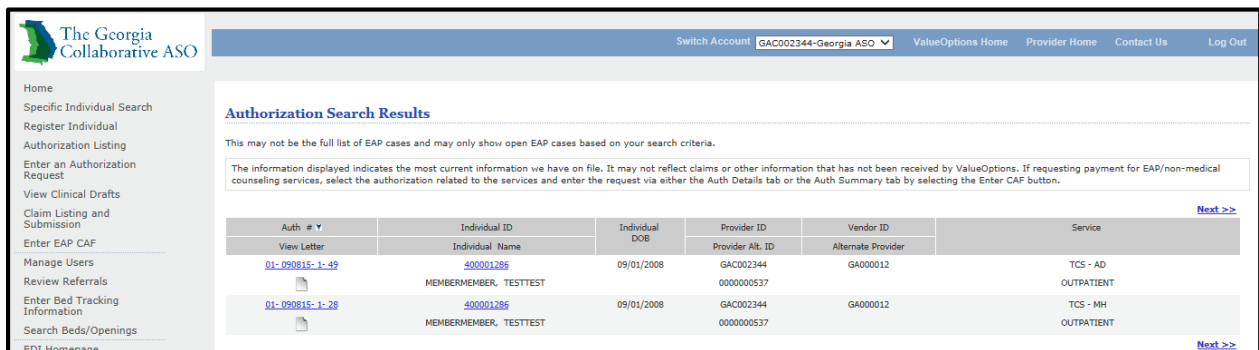
*Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.*  
 Activity Date span cannot exceed seven (7) days.  
 Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From  (MMDDYYYY)  
 Activity Date To  (MMDDYYYY)  
 Delimiter Type  Comma ','  Pipe '|'

Search Authorizations Screen

The Authorization Search Results screen displays.

**Note:** Authorizations shown are specific to the provider number. Providers will only be able to view authorizations generated by their organization.



The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

Auth #	Individual ID	Individual Name	Individual DOB	Provider ID	Vendor ID	Service
<a href="#">01-090815-1-49</a>	<a href="#">400001288</a>	MEMBERMEMBER, TESTTEST	09/01/2008	GAC002344	GA000012	TCS - AD
				000000537		OUTPATIENT
<a href="#">01-090815-1-28</a>	<a href="#">400001288</a>	MEMBERMEMBER, TESTTEST	09/01/2008	GAC002344	GA000012	TCS - MH
				000000537		OUTPATIENT

Authorization Search Results Screen

3. Click on the [Authorization #](#) link adjacent to the appropriate service.

**Note:** Individual IDs also display as links.

The Auth Summary screen displays.

- Click on the [Update Existing Authorization](#) tab

Auth Summary | Auth Details | Associated Claims

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by Beacon Health Options.

**Authorization Header**

Member ID	<a href="#">987654321</a>	<a href="#">Return to search results</a>
Member Name	SUSAN ASLAN	<a href="#">Send Inquiry</a>
Authorization #	070516-1-2	<a href="#">Complete Discharge Review</a>
Client Auth # <sup>?</sup>	N/A	<a href="#">Update Existing Authorization</a>
Authorization Status	O - Open	
From Provider	PETER TUMNUS	
Admit Date	07/05/2016	
Discharge Date		

The Requested Services Header screen will display


**PROVIDERCONNECT**  
BEACON HEALTH OPTIONS

INITIAL | ADDITIONAL INFO | REQUESTED SERVICES | RESULTS

**Requested Services Header**

Requested Start Date <b>07/05/2016</b>	Individual Name <b>ASLAN, SUSAN</b>	Provider Name <b>PETER TUMNUS,</b>	Vendor ID <b>A00003</b>
Type of Request <b>INITIAL</b>	Individual CID <b>987654321</b>	Provider ID <b>123456</b>	NPI # for Authorization SELECT... ▼
Level of Service <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>Mental Health</b>	Level of Care <b>Outpatient</b>	Type of Care <b>ASSERTIVE COMMUNITY TREATMENT (ACT)</b>
			Authorized User <input type="text"/>

All fields marked with an asterisk (\*) are required.

\* Update Request Effective Date (MM/DD/YYYY)  

**Explanation of Exceptions**

Please document any additional information that may be beneficial for making the medical necessity decision. Attention to any information that clarifies a request for services that varies from the standard level of care based on the identified assessment tool is helpful.

\* Narrative Entry (0 of 2000)

[Back](#) [Next](#)

Requested Services Header page

- Enter the effective date for the requested update.

**Note:** When adding a new service class, providers may choose the original start date of the authorization or a start date later than the original start date of the authorization. When adding additional units to an existing service class, the effective date must be after the original start date and prior to the end date of the existing authorization.

**Note:** For authorizations that have been discharged, the requested start date for the update must be prior to the discharge date on the authorization.

**Note:** The provider may also enter any additional information that may assist us with making the medical necessity determination and/ or to provide clarification to their request.

6. Click [next](#)

The Requested Services Header page displays.

**Requested Services Header**

Requested Start Date: 07/05/2016  
 Individual Name: ASLAN, SUSAN  
 Provider Name: PETER TUMNUS,  
 Vendor ID: A00003

Type of Request: INITIAL  
 Individual CID: 987654321  
 Provider ID: 123456  
 NPI # for Authorization: SELECT...  
 Level of Service: OUTPATIENT/COMMUNITY BASED  
 Type of Service: Mental Health  
 Level of Care: Outpatient  
 Type of Care: ASSERTIVE COMMUNITY TREATMENT (ACT)  
 Authorized User:

All fields marked with an asterisk (\*) are required.  
 Note: Disable pop-up blocker functionality to view all appropriate links.  
 For certain types of care, further clinical review is required before units can be determined. In these cases, the total number of units available as displayed on the bottom of this page will be zero. Please indicate the service classes that are being requested. Units should remain as zero on request until this further clinical review is completed.

* Place Of Service	Service Class Code	Description	* Visits/Units
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>
SELECT...	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL VISITS/ UNITS			0

INSTRUCTIONS  
 THIS REQUEST MUST INCLUDE DETAILED INFORMATION ABOUT SERVICE CLASS CODE(S), PLACE OF SERVICE, AND NUMBER OF VISITS/UNITS REQUIRED FOR EACH PROCEDURE.  
 PLEASE ENTER THE DETAILS ON THIS SCREEN.  
 NOTE: TOTAL # OF UNITS CANNOT EXCEED 290

[BACK](#) [SUBMIT](#)

Requested Services Header page

7. Click on Add/Modify Service Classes to select the service class code(s)
8. Enter Place of Service
9. Enter the number of units for each requested service
10. Click [submit](#)

**Note:** The total number of units requested cannot exceed the maximum number of units allowed for the service

## Determination Status

### 1. Review Status

**Note:** Will show approved, pending, or denied

**Note:** Authorization # is an internal tracking number and can be used to search within ProviderConnect. Client Authorization # (12 digits) is used for billing purposes when submitting a claim to HP and the Georgia Collaborative and can also be used to search within ProviderConnect

### 2. Select option to print or download the request

- Print Authorization Result (Prints the Determination Status page)
- Print Authorization Request (Prints entire authorization request)
- Download Authorization Request (Downloads entire authorization to specified folder)

**Note:** This is the only place where the authorization can be printed or downloaded. Once this page is left you will not have the option to print or download again.

Determination Status:		***** APPROVED *****						
Individual Name <b>INDIVIDUAL DEMO</b>	Individual ID <b>400001805</b>	Individual DOB <b>09/01/1988</b>	Subscriber Name <b>INDIVIDUAL DEMO</b>	Subscriber ID <b>400001805</b>				
Authorization # <b>100915-1-10</b>	Client Authorization # <b>90000001153</b>	Type of Request <b>INITIAL</b>						
Date of Admission/ Start of Services <b>10/09/2015</b>	From - To <b>10/09/2015 - 01/07/2016</b>	Submission Date <b>10/09/2015</b>						
Level of Service <b>OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>MENTAL HEALTH</b>	Level of Care <b>OUTPATIENT</b>	Type of Care <b>NON-INTENSIVE OUTPATIENT</b>					
Reason Code <b>A70</b>								
Provider Name & Address <b>GEORGIA TEST 1 PEACHTREE AVE NE ATLANTA GA 30305</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>0000000537</b>	NPI # for Authorization <b>N/A</b>					
Place of Service		Service Class Code	Description	Visits Requested/Approved				
11		FAM	10180-FAMILY OUTPATIENT SERVICES	5/ 5				
11		GRP	10170-GROUP OUTPATIENT SERVICES	5/ 5				
Total Units For Auth: 100915-1-10 From: 10/09/2015 To: 01/07/2016				10				
Total Units Authorized This Episode For: 100915-1-10				10				
<p>Message</p> <p><b>A70</b></p> <p>Claims payment is restricted to services for which the provider is contracted to deliver and is conditional upon services authorized, clinical necessity, and the enrolled individual being eligible for services on the date of service. Clinical authorization is not a guarantee of payment.</p> <p>If further authorization is required for treatment of this individual, please submit a new request prior to the end date of the current authorization or exhaustion of the number of units.</p>								
<p><b>Attached Documents</b> <span style="color: red;">There are no documents attached with this Authorization Request</span></p> <table border="1"> <thead> <tr> <th>Document Title</th> <th>Document Description</th> </tr> </thead> <tbody> <tr> <td colspan="2">There are no documents attached with this Authorization Request</td> </tr> </tbody> </table>					Document Title	Document Description	There are no documents attached with this Authorization Request	
Document Title	Document Description							
There are no documents attached with this Authorization Request								
<p><b>Authorization Printing &amp; Downloading Options:</b> (For the best print results, please print in Landscape format)</p> <p> <input type="button" value="Print Authorization Result"/> <input type="button" value="Print Authorization Request"/> <input type="button" value="Download Authorization Request"/> <input type="button" value="Return to Provider Home"/> </p> <p> <small>Print the Results page (This page)</small> <small>Print the entire Authorization Request</small> <small>Download the entire Authorization Request</small> <small>Return to the ProviderConnect Homepage</small> </p>								

## Determination Status

## Entering a Discharge

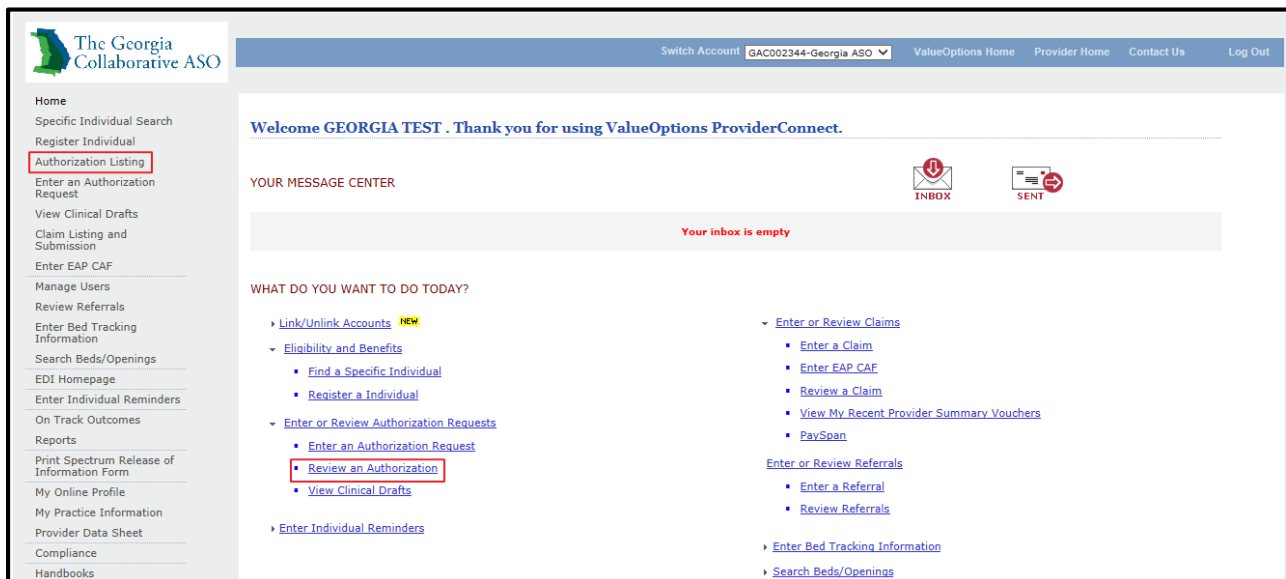
In this section of ProviderConnect, a user can search for information on provider-specific authorizations (e.g., authorization letters, associated claims).

**Note:** To research a specific individual's authorizations, select **Specific Individual Search** on the navigation bar instead of selecting **Authorization Listing**.

**Note:** Required fields in this guide are shown in **blue**

**Note:** Required fields in ProviderConnect are denoted with an asterisk (\*)

To access the Authorization Listing section, either click [Authorization Listing](#) on the navigation bar or [Review an Authorization](#) on the main menu. The Search Authorizations screen displays.



ProviderConnect Home Screen

5. Click [View All](#) to see all the authorizations for the provider. (The Search Results screen displays all the authorizations.)

**Note:** Results can be sorted by individual ID, individual name, or authorization number.

- or -

6. A user may search by Vendor ID, Individual ID, Authorization # (example: 01-120115-1-1), Client Authorization # (example: 0000000123).

**Note:** Authorization # is an internal tracking number and can be used to search within ProviderConnect. Client Authorization # is used for billing purposes and can also be used to search within ProviderConnect

**Note:** Search results can be sorted by individual ID, individual name, authorization number or client authorization number.

7. Enter a date range in the Effective Date and Expiration Date fields.



8. Click **Search**.

### Search Authorizations

Click the **View All** button below to see all authorizations regardless of effective and expiration dates. The Search Results screen will display all the authorizations. To search by effective and expiration date, enter the effective & expiration dates in the appropriate field and click on the **Search** button. The Search Results screen will display all the authorizations for the specified date range.

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
Please select a Provider ID below, to perform any one of the Authorization Search transactions below.

\* Provider ID  ▼

NPI # for Authorization  ▼

---

Vendor ID

Individual ID

Authorization #  -  -  (No spaces or dashes)

Client Authorization #

Effective Date   (MMDDYYYY)

Expiration Date   (MMDDYYYY)

Only display EAP cases where final billing and/or disposition has not occurred.

---

To search for and retrieve a downloadable authorization file listing within a specific date range, enter the desired activity From & To dates below, choose the delimiter type and click on the **Download** button.

*Note: Please clear the effective and expiration date fields above in order to enable the download authorization function.*

Activity Date span cannot exceed seven (7) days.  
Activity Date Range can only be entered without a value in the Effective or Expiration Date fields above (or vice-versa).

Activity Date From   (MMDDYYYY)


Activity Date To   (MMDDYYYY)

Delimiter Type  Comma ','  Pipe '|'

Search Authorizations Screen

The Authorization Search Results screen displays.

**Note:** Authorizations shown are specific to the provider number. Providers will only be able to view authorizations generated by their organization.



Switch Account  ▼
ValueOptions Home
Provider Home
Contact Us
Log Out

**Authorization Search Results**

This may not be the full list of EAP cases and may only show open EAP cases based on your search criteria.

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions. If requesting payment for EAP/non-medical counseling services, select the authorization related to the services and enter the request via either the Auth Details tab or the Auth Summary tab by selecting the Enter CAF button.

Auth # ▼	Individual ID	Individual DOB	Provider ID	Vendor ID	Service
View Letter	Individual Name		Provider Alt. ID	Alternate Provider	
<a href="#">01-090815-1-49</a>	400001286	09/01/2008	GAC002344	GA000012	TCS - AD
<input type="button" value=""/>	MEMBERMEMBER, TESTTEST		0000000537		OUTPATIENT
<a href="#">01-090815-1-28</a>	400001286	09/01/2008	GAC002344	GA000012	TCS - MH
<input type="button" value=""/>	MEMBERMEMBER, TESTTEST		0000000537		OUTPATIENT

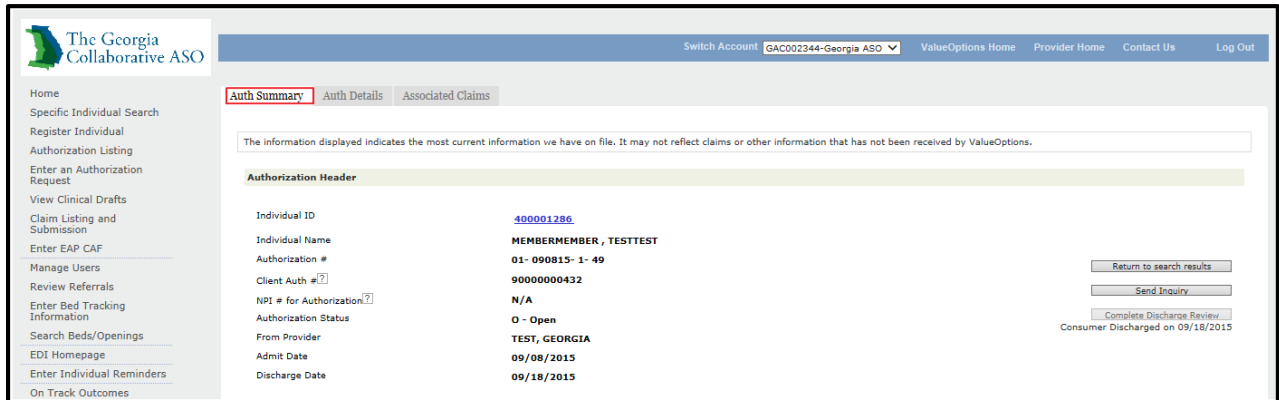
[Next >>](#)

Authorization Search Results Screen

11. Click on the **Authorization #** link adjacent to the appropriate service.

**Note:** Individual IDs also display as links.

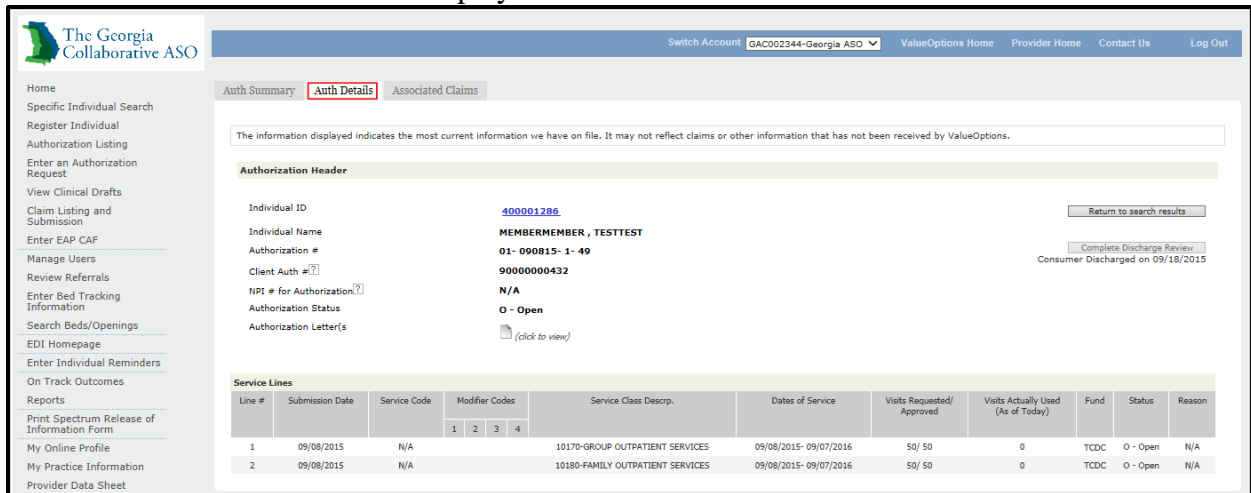
The Auth Summary screen displays.



Auth Summary Screen

12. Click the [Auth Details](#) tab to view the authorization details.

The Auth Details screen displays.



Auth Details Screen

## Complete Discharge Review

The *Complete Discharge Review* function enables users to electronically submit Discharge information for Outpatient and Inpatient services in the following scenarios.

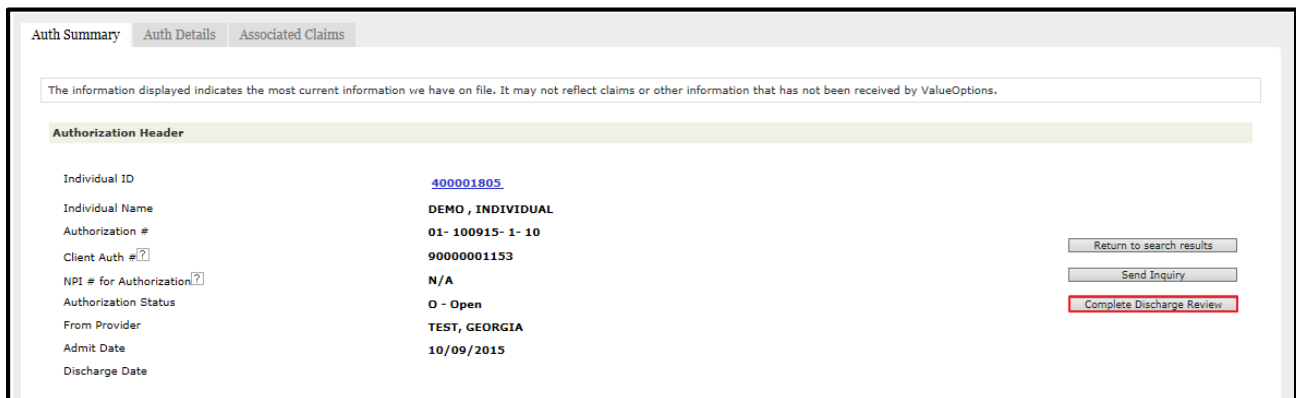
- Individual discharges from an inpatient level of service.
- Individual discharges from all outpatient services at the agency.

**Note:** Discharges do not affect the Individuals registration

**Note:** Required fields in this guide are shown in blue

**Note:** Required fields in ProviderConnect are denoted with an asterisk (\*)

Select the authorization to discharge. When a provider has multiple active authorizations, the authorization with the appropriate level of service and latest end date should be selected. To access the Complete Discharge Review section, Search for an authorization and click **Complete Discharge Review** on either the *Auth Summary* or *Auth Details* tab of the authorization.



The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

**Authorization Header**

Individual ID	<a href="#">400001805</a>
Individual Name	DEMO , INDIVIDUAL
Authorization #	01- 100915- 1- 10
Client Auth # <sup>?</sup>	90000001153
NPI # for Authorization <sup>?</sup>	N/A
Authorization Status	O - Open
From Provider	TEST, GEORGIA
Admit Date	10/09/2015
Discharge Date	

Return to search results  
Send Inquiry  
**Complete Discharge Review**

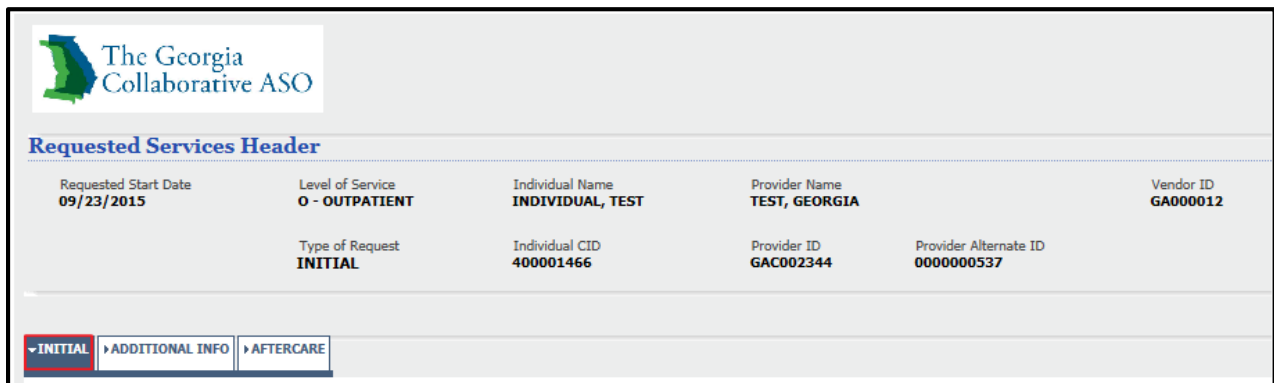
### Auth Summary: Complete Discharge Review

All requests generate the following screens.

- Initial
- Additional Info
- Aftercare

### Initial

The Initial screen is completed first. Review all information and update as needed.



**Requested Services Header**

Requested Start Date 09/23/2015	Level of Service O - OUTPATIENT	Individual Name INDIVIDUAL, TEST	Provider Name TEST, GEORGIA	Vendor ID GA000012
	Type of Request INITIAL	Individual CID 400001466	Provider ID GAC002344	Provider Alternate ID 000000537

INITIAL | ADDITIONAL INFO | AFTERCARE

### Initial

## Discharge Information

5. Enter **Actual Discharge Date** (MMDDYYYY)
6. Enter **Date of Last Service** (MMDDYYYY)
7. Select **Discharge Reason**

Discharge Information			
*Actual Discharge Date (MMDDYYYY)	*Date of Last Service (MMDDYYYY)	Type of Service	Level of Care Discharged From
<input type="text"/>	<input type="text"/>	<b>P - MENTAL HEALTH</b>	<b>O - OUTPATIENT</b>
*Discharge Reason			
Select...			

Discharge Information

## Diagnosis

Review all diagnosis information and update as needed. Please see the following sections on how to enter a diagnosis code:

- Behavioral Diagnoses
- Primary Medical Diagnoses
- Social Elements Impacting Diagnosis

### Serious and Persistent Mental Illness (Adult)

1. Answer *Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?*

Serious and Persistent Mental Illness	
* Does the individual have a mental illness that meets the definition of a Serious and Persistent Mental Illness (SPMI)?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
To answer Yes, BOTH the following must be true:	a) a mental, behavioral, or emotional disorder diagnosable currently or within the past year with sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders b) the mental illness leads to a serious functional impairment, which substantially interferes with or limits one or more major life activities

Serious and Persistent Mental Illness (SPMI)

### Serious Emotional Disorder (Child)

2. Answer *Does the child/youth have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?*

**Serious Emotional Disorder**

\* Does the child/youth have a diagnosable mental, behavioral, or emotional disorder that meets the definition of a Serious Emotional Disorder (SED)?

Yes  No  Unknown

To answer Yes, BOTH the following must be true:

a) Currently or at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM

b) that resulted in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities

Serious Emotional Disorder (SED)

### Medical Implications

1. Answer *Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?*
2. Answer *Is the individual receiving appropriate medical care for the comorbid medical conditions?*
3. Answer *Is the individual currently pregnant?*

*Note: If individual has been identified as male NA will prepopulate*

4. Answer *Does the individual have dependent children under the age of 19?*

**Medical Implications**

Are there any comorbid medical conditions that impact the treatment of the diagnosed MHSU conditions?  Yes  No  Unknown

Is the individual receiving appropriate medical care for the comorbid medical conditions?  Yes  No  Unknown

Is the individual currently pregnant?  
 Yes  No  Not Applicable  Unknown

\* Does the individual have dependent children under the age of 19?

Medical Implications

### Metabolic Assessment Tool

1. Enter Current Weight, Height, Waist Circumference, and BMI
2. Enter Results of BMI indicate and Recommendation
3. Enter Results of Metabolic Syndrome Assessment

*Note: This section is optional but is highly recommended to complete if information is available.*

**- or -**

4. Select BMI not assessed
5. Enter Narrative Entry as to why BMI was not assessed.

**Metabolic Assessment Tool**

Current Weight  lbs    Height  ft  in    Waist Circumference in inches  in    BMI

**BMI Categories:** Underweight < 18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9 Obese = BMI of 30 or greater.

Results of BMI indicate that the individual may be  Recommendation

Additional information on Metabolic Syndrome and assessment tools are available at <http://www.valueoptions.com/providers/Protocols.htm>. A direct link to the page is available on the Provider Home Page of ProviderConnect under Clinical Support Tools or you may click on the above link to open directly in a separate browser window.

Results of Metabolic Syndrome Assessment

BMI not assessed

Please provide additional information on reason for not obtaining BMI or if recommendation is to follow-up, details around the follow-up when available.

▶ Narrative Entry (0 of 2000)

Metabolic Assessment Tool

## Functional Assessment

1. Select Assessment Measure
2. Enter Assessment Score
3. Select Secondary Assessment Measure
4. Enter Assessment Score

## Adult Needs and Strength Assessment (ANSA) 18 yrs. +

1. Review and Complete each section of the ANSA as needed

**Note:** [CANS/ANSA](#) is required in all discharges

**Note:** If unable to obtain all information in the ANSA zero (0) can be selected for the unknown fields

## Child and Adolescent Needs and Strengths (CANS)

1. Review and Complete each section of the CANS as needed

**Note:** [CANS/ANSA](#) is required in all discharges

**Note:** If unable to obtain all information in the CANS zero (0) can be selected for the unknown fields

## Substance Use

1. Select [Type of Substance\\*\(s\)](#) used

**Note:** If None is selected next steps are not required

2. Select Primary Substance
3. Select Route of Administration
4. Select Frequency of Use

5. Enter Age of First Use  
*Note: Secondary and Tertiary Substances can be completed but are not required*
6. Answer *Has the individual participated in any self-help groups for recovery in the past 30 days?*
7. Answer *How many times has the individual attended any self-help groups in the past 30 days?*
8. Click [Next](#)

### Substance Use

\*Type of substance(s) used  None  Alcohol  Drugs  Both

---

#### Primary Substance

Substance  Route of Administration  Frequency of Use

Enter Age of First Use

---

#### Secondary Substance

Substance  Route of Administration  Frequency of Use

Enter Age of First Use

---

#### Tertiary Substance

Substance  Route of Administration  Frequency of Use

Enter Age of First Use


Has the individual participated in any self-help groups for recovery in the past 30 days?

How many times has the individual attended any self-help groups for recovery in the past 30 days?

Substance Use

### Additional Info

The Additional Info screen is completed second.



**Requested Services Header**

Requested Start Date <b>09/23/2015</b>	Level of Service <b>O - OUTPATIENT</b>	Individual Name <b>INDIVIDUAL, TEST</b>	Provider Name <b>TEST, GEORGIA</b>	Vendor ID <b>GA000012</b>
	Type of Request <b>INITIAL</b>	Individual CID <b>400001466</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>0000000537</b>

▼ INITIAL
▶ ADDITIONAL INFO
▶ AFTERCARE

Additional Info

### Legal Information

1. Select [Legal Status](#)
  2. Select [Legal Involvement](#)
  3. Select [Legal Custody](#)
  4. Answer *Has individual been involved with criminal/juvenile justice system in past year?*
  5. Enter [Number of Days](#)
  6. Answer *Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?*
  7. Answer *What is the date the individual was released from jail/RYDC or prison/YDC? (MMDDYYYY)*
- Note:** only required when step 6 is answered Released within 6 months
8. Answer *How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?*
  9. Answer *How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?*



**Legal Information**

\* Legal Status


\* Legal Involvement

\* Legal Custody

\* Has individual been involved with criminal/juvenile justice system in past year?  Yes  No  Unknown/Refused

\* Number of arrests in past 30 days:

\* Is the individual currently in jail/RYDC or prison/YDC or has the individual been released within the 6 months prior to the authorization start date?  
 Currently in jail  Released within 6 months  No  Unknown

What is the date the individual was released from jail/RYDC or prison/YDC? (MMDDYYYY)  

\* How many times has the individual been admitted to jail/RYDC or prison/YDC in the past 90 days?

\* How many days has the individual spent in jail/RYDC or prison/YDC in the past 90 days?

Legal Information

**Income and Sources**

1. Answer *Does the individual have income from any source?*

**Note:** If answered no move on to Non-Cash Benefits

2. Enter Monthly Amount in all applicable income fields

**Note:** Total Monthly Income will automatically add all Monthly Incomes

**Income and Sources**

\* Does the individual have income from any source?  
 Yes  No  Unknown

If income source is "Yes" indicate all sources and dollar amounts for the sources that apply. At least one value must be greater than zero:

	Monthly Amount:
Earned Income	<input type="text" value="0"/> .00
Unemployment Insurance	<input type="text" value="0"/> .00
Supplemental Security Income/Social Security Disability Insurance	<input type="text" value="0"/> .00
VA Service-Connected Disability	<input type="text" value="0"/> .00
Temporary Assistance for Needy Families (TANF)	<input type="text" value="0"/> .00
Trust Fund Payments	<input type="text" value="0"/> .00
Pension or Retirement Income from a Former Job	<input type="text" value="0"/> .00
Child Support	<input type="text" value="0"/> .00
Alimony or Other Spousal Support	<input type="text" value="0"/> .00
Other Source of Regular Income	<input type="text" value="0"/> .00
Specify source <input type="text"/>	
Total Monthly Income	<input type="text" value="0"/>

Income and Sources

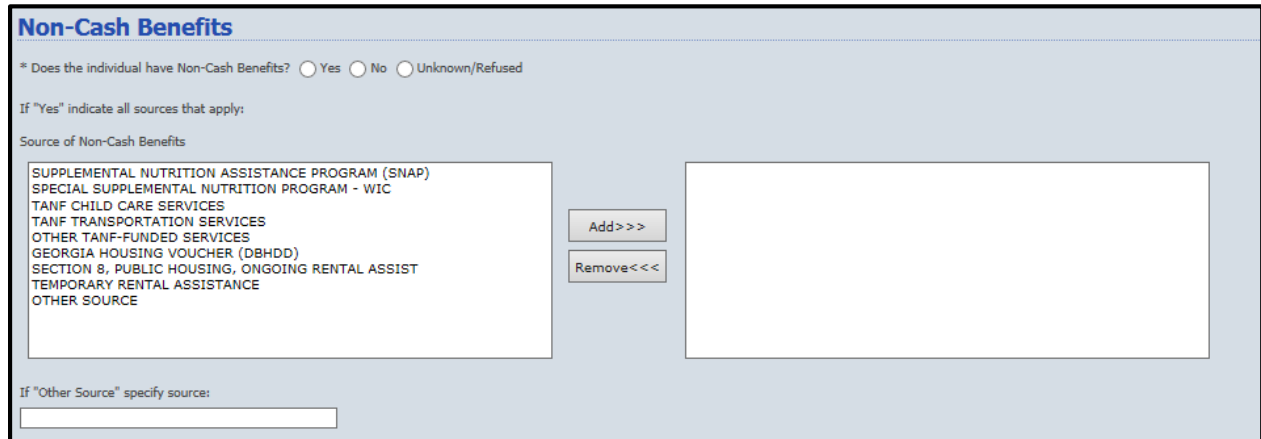
## Non-Cash Benefits

1. Answer *Does the individual have Non-Cash Benefits?*

*Note: If No move on to Health Insurance*

2. Select all applicable Sources of Non-Cash Benefits

*Note: Click on the specific source and click Add to select it*



**Non-Cash Benefits**

\* Does the individual have Non-Cash Benefits?  Yes  No  Unknown/Refused

If "Yes" indicate all sources that apply:

Source of Non-Cash Benefits

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM - WIC TANF CHILD CARE SERVICES TANF TRANSPORTATION SERVICES OTHER TANF-FUNDED SERVICES GEORGIA HOUSING VOUCHER (DBHDD) SECTION 8, PUBLIC HOUSING, ONGOING RENTAL ASSIST TEMPORARY RENTAL ASSISTANCE OTHER SOURCE	<input type="button" value="Add &gt;&gt;&gt;"/> <input type="button" value="Remove &lt;&lt;&lt;"/>	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	--

If "Other Source" specify source:

Non-Cash Benefits

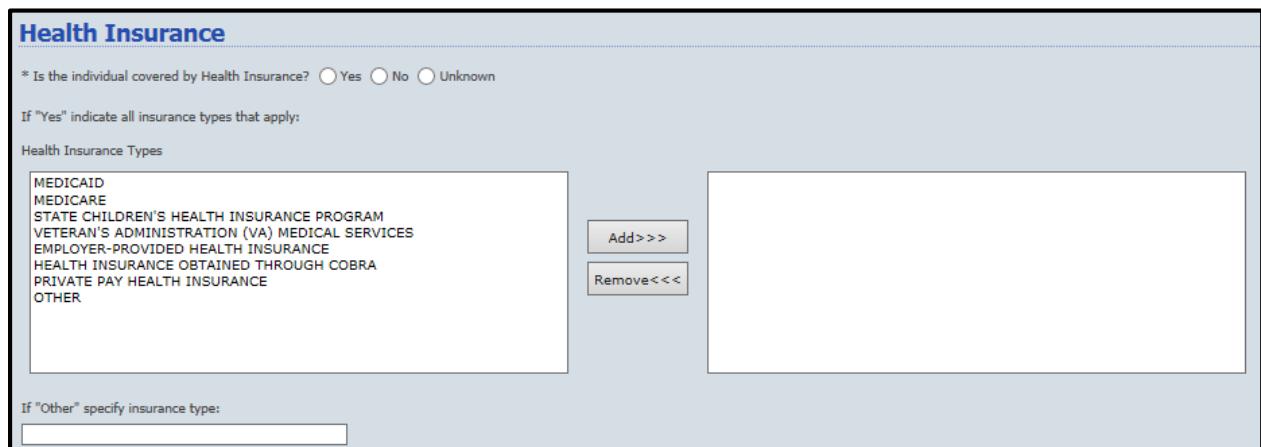
## Health Insurance

1. Answer *Is the individual covered by Health Insurance?*

*Note: If No move on to School*

2. Select all applicable Health Insurance Types

*Note: Click on the specific source and click Add to select it*



**Health Insurance**

\* Is the individual covered by Health Insurance?  Yes  No  Unknown

If "Yes" indicate all insurance types that apply:

Health Insurance Types

MEDICAID MEDICARE STATE CHILDREN'S HEALTH INSURANCE PROGRAM VETERAN'S ADMINISTRATION (VA) MEDICAL SERVICES EMPLOYER-PROVIDED HEALTH INSURANCE HEALTH INSURANCE OBTAINED THROUGH COBRA PRIVATE PAY HEALTH INSURANCE OTHER	<input type="button" value="Add &gt;&gt;&gt;"/> <input type="button" value="Remove &lt;&lt;&lt;"/>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------	--

If "Other" specify insurance type:

Health Insurance

## School

1. Answer *For individuals in school, what is their current grade level? If not in school, what is their highest grade level completed?*

**School**

\* For individuals in school, what is their current grade level? If not in school, what is their highest grade level completed?

SELECT... ▼

School

### Living Situation and Status

1. Enter Total days of homelessness in the past 90 days
2. Answer *Does the individual meet the federal definition of chronically homeless? (Note: this is not the same as being currently homeless.)*  

*Note: Definition of Chronically Homeless can be found at <https://www.nhchc.org>*
3. Answer *Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in the 12 months prior to the authorization start date?*
4. Answer *Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the authorization start date?*
5. Enter *How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days?*
6. Enter *What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days?*

**Living Situation and Status**

\*Total days of homelessness in the past 90 days:

\*Does the individual meet the federal definition of chronically homeless? (Note: this is not the same as being currently homeless.)  
 Yes  No  Unknown

\*Has the individual been seen in a hospital emergency room for a behavioral health condition three (3) or more times in the 12 months prior to the discharge date?  
 Yes  No  Unknown

\*Has the individual been admitted to an inpatient psychiatric hospital (not CSU) three (3) or more times in the 12 months prior to the discharge date?  
 Yes  No  Unknown

\*How many admissions to inpatient psychiatric hospitals and crisis stabilization units has the individual had in the past 90 days?

\*What is the total number of days the individual has been in inpatient psychiatric hospitals and crisis stabilization units in the past 90 days?

Living Situation and Status

### Employment

1. Complete one of the following

- Competitive Employment
- Non-Competitive Employment
- Unemployed

2. Click **Next**

### Employment

One of the following sections must be completed: Competitive Employment, Non-Competitive Employment or Unemployed status.

**Competitive Employment**

Competitive Employment indicates a community based job which pays at least minimum wage and for which any person can apply. Any job meeting these criteria should be considered competitive work, regardless of whether paid supports (e.g., a job coach) are needed to maintain that employment.

Date Employed (MMDDYYYY)   Hours Worked Typical Week   Hourly Wage

**Non-Competitive Employment**

Non-Competitive Employment includes work that pays less than minimum wage OR is located in a segregated setting OR is a position only open to individual's with disabilities. (Non-competitive Employment may be community or facility-based).

Date Employed (MMDDYYYY)   Hours Worked Typical Week   Type of Non-Competitive Employment

Community-based    Facility-based

**Unemployed**

Unemployed but available for work?

Yes    No

If answered "No" above, please indicate why individual is not available for work:

Employment

## Aftercare

The Aftercare screen is completed third.

The Georgia Collaborative ASO

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**Requested Services Header**

Requested Start Date <b>09/23/2015</b>	Level of Service <b>O - OUTPATIENT</b>	Individual Name <b>INDIVIDUAL, TEST</b>	Provider Name <b>TEST, GEORGIA</b>	Vendor ID <b>GA000012</b>
	Type of Request <b>INITIAL</b>	Individual CID <b>400001466</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>000000537</b>

▼ INITIAL
▶ ADDITIONAL INFO
▶ AFTERCARE

Aftercare

1. Answer *Discharge Plan in Place?*
2. Select *Type of Discharge*
3. Answer *PCP notified?*
4. Select *Highest Level of Care Discharged To*

**Note:** *If Other is selected Enter Describe Other Discharge Level of Care*

5. Select all [Treatment Involved](#)
6. Select [Actual Discharge Residence](#)
7. Answer *How long has the individual been in this residence?*
8. Answer *What is the individual's housing status/stability at the present time?*
9. Answer *Does the discharge plan involved individual, Guardian and/or Parent participation?*
10. Enter Medication information in Narrative Entry
11. Enter [Person to Contact for Follow Up](#)
12. Select [Relationship](#)
13. Enter [Phone Number](#)
14. Click [Save Discharge Information](#)

**Aftercare**

\*Discharge plan in place?  
 Yes  No

\*Type of Discharge      \*PCP notified?  
 AMA  Planned       Yes  No  N/A

\*Highest Level of Care Discharged To

Describe Other Discharge Level of Care

Treatment Involved  
**Check all that apply**

<input type="checkbox"/> Adverse Incident	<input type="checkbox"/> OP Provider
<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> Legal System
<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> None
<input type="checkbox"/> Family	
<input type="checkbox"/> Other Support	<input type="text"/>

\*Actual Discharge Residence

\*How long has the individual been in this residence?

\*What is the individual's housing status/stability at the present time?

Does the discharge plan involved individual, Guardian and/or Parent participation?  
 Yes  No  N/A

\*Person to Contact for Follow Up

\*Relationship

\*Phone Number  
   Ext

Medication at Discharge  
 Narrative History  
 Narrative Entry (0 of 250)

[Back](#) [Return to Provider Home](#) [Save Discharge Information](#)

Aftercare

**Determination Status**


1. Review Status

**Note:** *Will show Discharge Completed*

2. Select Print Discharge Result

**Note:** Only needed to print for providers records

**Note:** This is the only place where the Discharge Result can be printed. Once this page is left it cannot be returned to.


ProviderConnect Home

**Determination Status: \*\*\*\*\* DISCHARGE COMPLETED \*\*\*\*\***

Thank you. You have completed your discharge for this episode of care.

Individual Name <b>INDIVIDUAL DEMO</b>	Individual ID <b>400001805</b>	Individual DOB <b>09011988</b>	Subscriber Name <b>INDIVIDUAL DEMO</b>	Subscriber ID <b>400001805</b>
Related Authorization # <b>100915-1-10</b>	Related Client Authorization # <b>90000001153</b>	Discharge # <b>100915-1-10</b>	Discharge Date <b>10/19/2015</b>	
Level of Service <b>OP - OUTPATIENT/COMMUNITY BASED</b>	Type of Service <b>P - MENTAL HEALTH</b>	Level Of Care <b>O - OUTPATIENT</b>	Type of Care <b>NIO - NON-INTENSIVE OUTPATIENT</b>	
Provider Name & Address <b>GEORGIA TEST 1 PEACHTREE AVE NE ATLANTA GA 30305 -3001</b>	Provider ID <b>GAC002344</b>	Provider Alternate ID <b>0000000537</b>		

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**Printing & Navigation Options**  
*(For the best print results, please print in 'Landscape' format)*

Print the Results Page (this page)

Return to ProviderConnect homepage

Determination Status

## Enter a Claim

A user can enter and submit a claim for state funded services via ProviderConnect or via batch claim submission. This section will go over how to submit claims via ProviderConnect. For more information on batch claim submission see our Batch Submission Guide and Batch Claim Companion Guide.

Providers may submit encounters and state-funded claims for dates of service 9/1/2015 or later. Upon implementation of the Georgia Collaborative and until further notice, providers will have 180 days from the date of service to submit encounters and state-funded claims. Check runs will be every Tuesday.

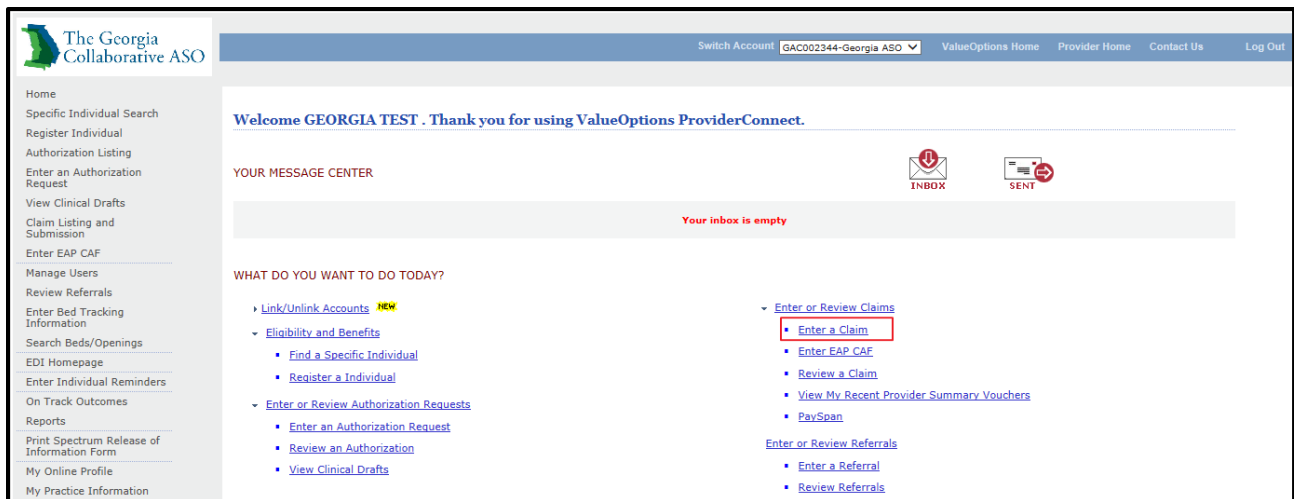
Claims for Medicaid services must be submitted to the GAMMIS system and adhere to timeliness rules outlined by the Department of Community Health.

**Note:** Required fields in this guide are shown in *blue*

**Note:** Required fields in ProviderConnect are denoted with an asterisk (\*)

1. Click the [Enter a Claim](#) button.

**Note:** Enter a Claim button appears on the Enrollment History, COB, Benefits, and Additional Information screens.



ProviderConnect Home Page

The Provider screen displays.

1. Select appropriate Vendor ID and Service Address

**Note:** Every location on file for the provider will be displayed

2. Click [Next](#).

**Provider**

Provider: TEST, GEORGIA (GAC002344) | Provider Last Name: TEST | Provider First Name: GEORGIA

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**Select Service Address**

Capture	Vendor ID	Service Address	Pay To Address
<input checked="" type="radio"/>	GA000012	GEORGIA TEST 77 ANDERSON RD BOX SPRINGS, GA 31801-3953	TEST FACILITY 4 77 ANDERSON RD BOX SPRINGS, GA 31801-3953

Back | **Next**

Select Service Address

The Submit A Claim – Step 1 of 3 screen displays.

3. Enter the [Individual ID](#)

**Note:** Individual ID can be the Consumer ID, Medicaid ID, Medicare ID, or Social Security Number.

4. Enter Individual Name

**Note:** Name fields are not required. If a name is entered, make sure the spelling is correct or an error message will display.

5. Enter [Individual DOB](#)

6. Enter the earliest date of service for the claim in the [First Date of Service](#) field.

**Note:** An error message will show if a Date of service is earlier than the date entered here

**Example:** First Date of Service Entered here is 12/15/2015 and a date of service on the subsequent screens is entered as 12/1/2015 an error message will appear

7. Select **No** in the [Is this claim being billed under EAP Services?](#) field
8. Click **Next**.



### Submit A Claim - Step 1 of 3

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

To submit a single claim, begin with step 1 below.

Provider Name	TEST GEORGIA
Service Address	77 ANDERSON RD, BOX SPRINGS, GA, 31801-3953
Pay To Address	77 ANDERSON RD, BOX SPRINGS, GA, 31801-3953
Vendor ID	GA000012
NPI Number	
Taxonomy Code	<input type="text"/>
Licensure Level	Select... <span style="float: right;">▼</span>
*Individual ID	<input type="text"/> <small>(X-digits, no spaces or dashes)</small>
Individual Name	<input type="text"/> <input type="text"/> <small>(First Last)</small>
Individual Account #	<input type="text"/> <small>(X-digits, no spaces or dashes)</small>
Program/Fund/Group ID	<input type="text"/>
*Individual DOB	<input type="text"/> <small>(MMDDYYYY)</small>
*First Date of Service	<input type="text"/> <small>(MMDDYYYY - Enter Earliest Date of Service for this claim)</small>
*Is this claim being billed under EAP Services?	<input type="radio"/> Yes <input type="radio"/> No

Previous
Next

Submit a Claim – Step 1 of 3

The Submit A Claim (Step 2 of 3) screen displays.

1. Select a [Frequency Type](#)

*Examples: Original, Corrected, Replacement, Void*

2. Enter Original Reference Number if needed

**Note:** Original Reference number is the Original claim number from the initial submission. This can be located in the Provider Summary Voucher

**Note:** Original Reference Number is only required when the frequency type is Corrected, Replacement, or Void

3. Enter the Prior Authorization Number
4. Select **No** for [Does a COB Exist for this Claim?](#)
5. Click [Next](#).

### Submit A Claim - Step 2 of 3

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Individual ID	Individual Name	Birth Date	NPI Number	Service Address	Pay To Address
400000010	TATER TOTS	02/11/1911	1801883780	523 DIXIE ST,CARROLLTON,GA,30117	PO BOX 277368,ATLANTA,GA,30384-7368

Frequency Type <div style="border: 1px solid black; padding: 2px;">           Select...            ORIGINAL            CORRECTED            REPLACEMENT            VOID         </div>	Original Reference Number <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	Prior Authorization Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------

Only populate **Other Payer Information** fields(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other payer e previously applied to this claim.

Does a COB exist for this claim?  
 Yes  No

### Submit a Claim – Step 2 of 3

The Submit A Claim (Step 3 of 3) screen displays. Complete the *Service Line Entry* section.

1. Enter dates in the [Service From](#) and [Service Through](#) fields.
2. Enter a Billing Code in the [Service Code](#) field.

**Note:** All alphanumeric codes must be capitalized

3. Enter codes, if needed, in the Modifier Code 1, 2, 3, and 4 fields.

**Example:** Billing Code H0031 with Modifiers of U4 and U6

**Note:** All alphanumeric codes must be capitalized

4. Enter a dollar amount in the [Charge Amount \(\\$\)](#) field.

**Note:** Enter amount per unit

**Note:** Allowed amount for services can be found in the [Service Class Matrix](#) for [Outpatient](#) or [Inpatient](#) Level of Care

5. Enter a code (from 00-99) in the [Place of Service](#) field.

**Note:** Codes can be found in the [Place of Service listing](#).

6. Enter a number (up to three digits) in the [Units](#) field.
7. Enter a code (e.g., F33.1) in the [Diagnosis Code 1](#) field.

**Note:** For dates of service 10/1/2015 and later, the diagnosis code should be an ICD-10 Behavioral Health Diagnosis Code. For dates of service prior to 10/1/2015, the diagnosis code must be an ICD-9 code.

8. Enter codes, if needed, in the Diagnosis Code 2, 3, 4, 5, 6, 7, and 8 fields.
9. Click the [Add Service Line](#) button.

**Note:** Primary Payer, Secondary Payer, and Tertiary Payer information should be left blank

**Submit A Claim - Step 3 of 3**

Required fields are denoted by an asterisk ( \* ) adjacent to the label.  
Note: Disable pop-up blocker functionality to view all appropriate links.

Individual ID 400001805	Individual Name INDIVIDUAL DEMO	Birth Date 09/01/1988	NPI Number	Service Address 77 ANDERSON RD,BOX SPRINGS,GA,31801-3953	Pay To Address 77 ANDERSON RD,BOX SPRINGS,GA,31801-3953
----------------------------	------------------------------------	--------------------------	------------	-------------------------------------------------------------	------------------------------------------------------------

To enter detail service lines for the claim, please follow these steps:  
1. Enter your first (or only) service line entry.  
2. Click the "Add Service Line" button to add that information into the claim.  
3. Repeat steps 1-2 as needed, up to a maximum of 10 service lines.  
4. The Service Through date will default to the Service From date if not keyed.

**Service Line Entry**

\*Service From (MMDDYYYY)  \*Service Through (MMDDYYYY)  \*Service Code (ex: 86753)  Modifier Code 1 (no spaces or dashes)  Modifier Code 2 (no spaces or dashes)  Modifier Code 3 (no spaces or dashes)  Modifier Code 4 (no spaces or dashes)  NDC Number (no spaces or dashes)

\*Charge Amount (\$) (ex: 123.45)  \*Place of Service (00 - 99)  \*Units (3-digits)  NDC Units (ex: 765.4 OR 765.0)  Type of Units

\*Diagnosis Code 1 (ex: 765.4)  \*Diagnosis Code 2 (ex: 765.4)  \*Diagnosis Code 3 (ex: 765.4)  \*Diagnosis Code 4 (ex: 765.4)  \*Diagnosis Code 5 (ex: 765.4)  \*Diagnosis Code 6 (ex: 765.4)  \*Diagnosis Code 7 (ex: 765.4)  \*Diagnosis Code 8 (ex: 765.4)

Primary Payer		Secondary Payer		Tertiary Payer	
COB Payer Paid 1 (ex: 99999.99) <input type="text"/>	COB Units Paid 1 (ex: 999) <input type="text"/>	COB Payer Paid 2 (ex: 99999.99) <input type="text"/>	COB Units Paid 2 (ex: 999) <input type="text"/>	COB Payer Paid 3 (ex: 99999.99) <input type="text"/>	COB Units Paid 3 (ex: 999) <input type="text"/>

This will add this service line information to the claim

Submit a Claim – Step 3 of 3

The Claim Detail: Ready to Submit screen displays.

To add an additional line repeat steps 1-10 above.

Click [Submit](#) to submit the entire claim. To remove a service line:

1. Click the Check to Remove option button
2. Click Remove
3. Click Previous to return to the preceding provider and individual entry page

**Claim Detail: Ready to Submit**

Click to Remove	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			NDC Number
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary	
<input type="radio"/>	10202015	10202015	H0004 11	HQ U6	U2	50.00	F11.23				
<b>Total</b>								0.00	0.00	0.00	

To remove a service line, select the "Click to Remove" button for the line needed to be removed, then click the "Remove" button below

**Attach an EOB**

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.


Attached Documents:

This will remove the service line selected above      This will submit the entire claim (including all service lines added)      This will return to the preceding data entry page

Claim Detail Ready to Submit

After the claim has been submitted, the Submit a Claim screen displays. This screen shows the submission results and the claim information.

Clicking on the Claim # link directs the user to the Claim Summary screen.


ProviderConnect Home

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**Submit A Claim**

**Submission Results :** \*\*\*\*\* CLAIM ENTERED \*\*\*\*\*

Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID: TEST-GAC002344  
 Vendor ID: GA000012  
 Patient ID: 400001805  
 Patient Name: DEMO, INDIVIDUAL  
 Program/Fund/Group ID:  
 Patient Date of Birth: 09/01/1988  
 NPI Number:  
 Taxonomy Code:  
 Licensure Level:  
 Claim #: 102215-04065-00001

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)					Fund	NDC Number	
	Start Date	End Date						Primary	Secondary	Tertiary			Allowed	Deductible	Pre-Paid	COIN	CoPay			NDC Units/Type of Units
1	10/20/2015	10/20/2015	H0004 11	HQ U6	U2	50.00	F11.23	0.00	0.00	0.00	50.00	O	50.00	0.00	0.00	0.00	0.00	SFAD		
<b>Total</b>								0.00	0.00	0.00										

Attached EOBs :

No EOB COB Documents Attachments

Submit A Claim

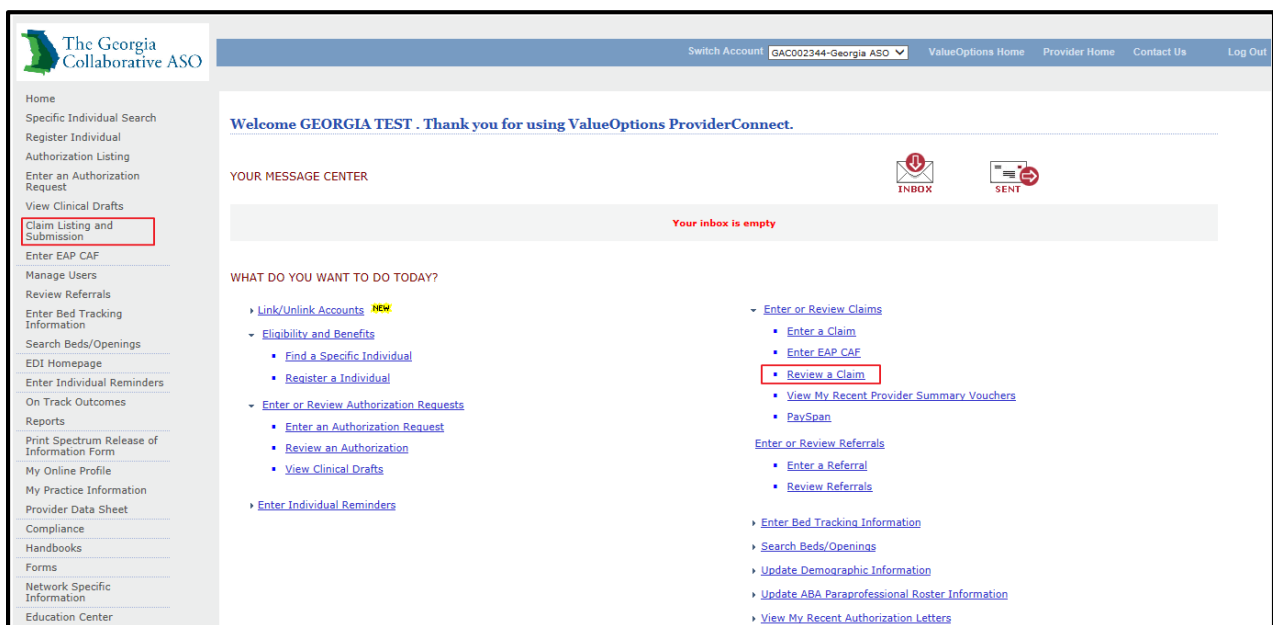
## Review a Claim

In this section of ProviderConnect search for a claim to check the status of the claim.

**Note:** Required fields in this guide are shown in *blue*

**Note:** Required fields in ProviderConnect are denoted with an asterisk (\*)

To access this section, either click [Claim Listing and Submission](#) on the navigation bar or [Review a Claim](#) on the main menu.



The screenshot shows the ProviderConnect Home Page. The top navigation bar includes 'Switch Account' (GAC002344-Georgia ASO), 'ValueOptions Home', 'Provider Home', 'Contact Us', and 'Log Out'. The left sidebar contains a menu with 'Claim Listing and Submission' highlighted in a red box. The main content area displays a welcome message for 'GEORGIA TEST' and a 'YOUR MESSAGE CENTER' section with 'INBOX' and 'SENT' icons. Below this, a 'WHAT DO YOU WANT TO DO TODAY?' section lists various actions, with 'Review a Claim' highlighted in a red box. Other actions include 'Link/Unlink Accounts', 'Eligibility and Benefits', 'Enter or Review Authorization Requests', 'Enter or Review Referrals', 'Enter Bed Tracking Information', 'Search Beds/Openings', 'Update Demographic Information', 'Update ABA Paraprofessional Roster Information', and 'View My Recent Authorization Letters'.

ProviderConnect Home Page

## View All Claims

1. Click [View All](#)

### New Claims

To enter a claim for immediate adjudication, use the option below.

To submit a claims file, use the option below.

**\*Note:** In order to activate your provider account, please complete [Account Request Form](#) and return it to ValueOptions. **\*\*Signature must be on file.**

To research a specific member's claims, please select 'Specific Individual Search' (eligibility,benefits,claims,authorizations) from the menu on the left

### Search Claims

Provider ID:

EDI Submission Number:  (X-digits, no spaces or dashes)

Claim #:  -  (X-digits, no spaces or dashes)

Service From:   (MMDDYYYY)

Service Through:   (MMDDYYYY)

### Claims Screen – View All

The Claims Search Results screen displays all claims associated with the Provider ID.

2. Click on the [Claim #](#) link adjacent to the appropriate claim.

### Claims Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Click a Claim Number for more detail on that claim.

Claim #	Individual Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
<a href="#">01-102215-4065-1</a>	DEMO, INDIVIDUAL 400001805	GAC002344	TEST FACILITY 4, GA000012	10/20/2015- 10/20/2015	In Process	50.00

### Claim Search Results

The Claim Summary screen displays.

## Search for a Specific Claim

The Claims screen displays with sections titled New Claims, Search Claims. A user can search for information about a specific claim.

1. Enter Claim #
2. Enter Service From date
3. Enter Service Through date
4. Click **Search Claims**

### New Claims

To enter a claim for immediate adjudication, use the option below.

To submit a claims file, use the option below.

**\*Note:** In order to activate your provider account, please complete [Account Request Form](#) and return it to ValueOptions. **\*\*Signature must be on file.**

To research a specific member's claims, please select 'Specific Individual Search' (eligibility,benefits,claims,authorizations) from the menu on the left

### Search Claims

Provider ID:

EDI Submission Number:  (X-digits, no spaces or dashes)

Claim #:  -  (X-digits, no spaces or dashes)

Service From:   (MMDDYYYY)

Service Through:   (MMDDYYYY)

Claims Screen – Search Claims

**Note:** Clicking Enter Claim will bring you to the Enter a Claim section

The Claims Search Results screen displays all the claims that meet the selected criteria.

1. Click on the **Claim #** link adjacent to the appropriate claim.

### Claims Search Results

The information displayed indicates the most current information we have on file. It may not reflect claims or other information that has not been received by ValueOptions.

Click a Claim Number for more detail on that claim.

Claim #	Individual Name ID	Provider ID	Vendor Name ID	Dates of Service	Claim Status	Charge Amount (\$)
<a href="#">01- 102215- 4065- 1</a>	DEMO, INDIVIDUAL 400001805	GAC002344	TEST FACILITY 4, GA000012	10/20/2015- 10/20/2015	In Process	50.00

Claim Search Results

The Claim Summary screen displays.

**Claim Summary** | Service Line Detail

**Claim Detail** [Return to search results](#)

Claim # **01- 102215- 4065- 1**  
 Claim Status **In Process**  
 Patient Account #  
 Individual ID **400001805**  
 Individual Name **DEMO , INDIVIDUAL**  
 Provider Name **TEST , GEORGIA**  
 Group Name **GEORGIA**  
 Statement Dates  
 Charge Amount (\$) **50.00**

[Change / Reprocess Claim](#)

**Service Lines**

Line #	Service Date	Type of Service	Procedure Code	Charge Amount (\$)
1	10/20/2015 - 10/20/2015		H0004	50.00

[Send Inquiry](#)

### Claim Summary

1. Click the Service Line Detail tab to view the Claim details.

Claim Summary | **Service Line Detail**

**Claim Detail** [Return to search results](#)

Claim # **01- 102215-4065-1**  
 Claim Status **In Process**  
 Individual ID **400001805**  
 Individual Name **DEMO , INDIVIDUAL**  
 Amount Paid (\$) **50.00**  
 Paid To **PROVIDER**

[Change / Reprocess Claim](#)

**Service Line Detail**

Line #	Status		Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt	COIN	Check#	Fund	EOP	NDC Number
	Start Date	End Date		1	2	3	4								
1	In Process		H0004 /1	HQ	U2	U6	50.00	F11.23	50.00	0.00	0.00		SFAD		
	10/20/2015	10/20/2015					50.00		50.00	0.00	0.00				

**Explanation of Payment**

EOP Code	Code Description
	<i>Claim is pending review.</i>

### Service Line Details

**Note:** Claim status will show **In Process** or **Processed**. When a claim is processed the amount paid will populate with an Explanation of Payment (EOP) code. The EOP Codes and descriptions will advise whether the claim is paid or denied

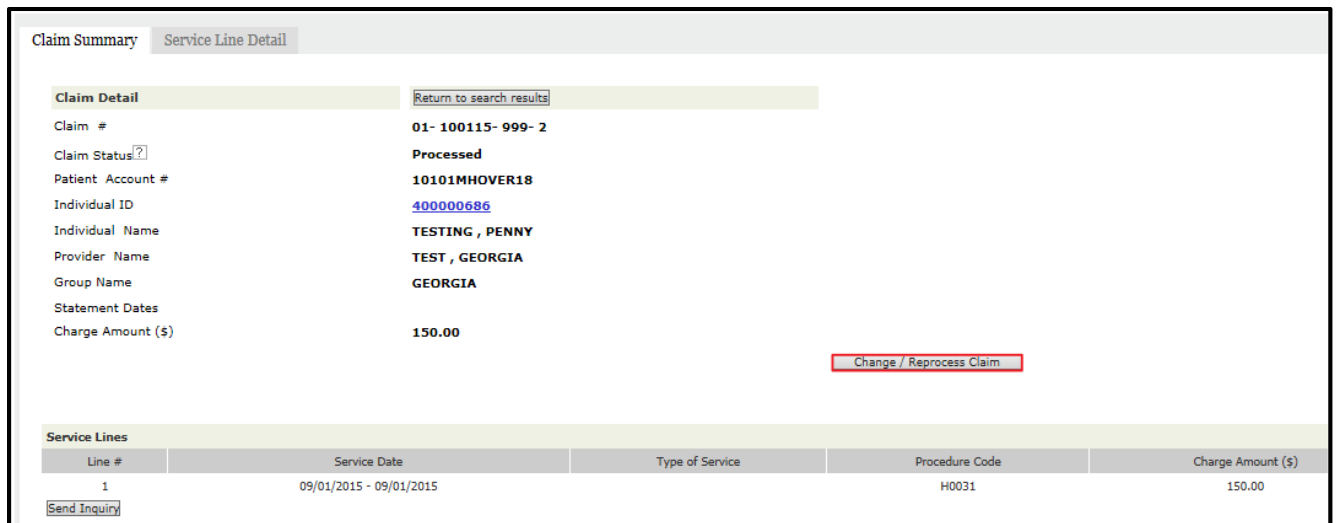


## Change/Reprocess Claim

In this section of ProviderConnect you can change your claim information and have it reprocessed.

*Note: This button is only available if the claim has been processed*

1. Search your claim using the Review A Claim functionality
2. In the Claim Summary or Service Line Detail click [Change/Reprocess Claim](#)



### Claim Summary

1. Read Disclaimer and click [Next](#)



### Disclaimer

The Service Line Detail screen will show.

*Note: Lines available to be changed will be highlighted in yellow*

1. Select [Type of Adjustment](#)
  - Change Claim Data: **Allows you to change and update any claim information except for the Individual the claim is for**  

*Note: To change the individual the claim is for select Void Entire Claim and submit new claim*
  - Resubmit Previously Denied Charge: **Allows you to resubmit the exact same claim data that was entered in the Original claim**

**Example: This can be used when a claim was denied for no authorization or registration on file and the authorization or registration is now on file for the dates of service**

- Void Entire Claim: Allows you to void entire claim

**Note: To void Individual lines in a claim choose Change Claim Date**

2. Select appropriate Reason for Adjustment
3. Enter Explanation
4. Click Next

**Claim Detail**

Claim # 01-100115-999-2  
 Claim Status: Processed  
 Individual ID 400000686  
 Individual Name TESTING, PENNY  
 Amount Paid (\$) 38.97  
 Paid To PROVIDER

**Service Line Detail**

Line #	Status	Start Date	End Date	Service Code/Units	Modifier Codes				Charge Amt (\$)	DX	Allowed Amt		Check#	Fund	EOP
					1	2	3	4			Deductible	CoPay			
1	Processed	09/01/2015	09/01/2015	H0031 /1	U2	U6			150.00 38.97	311	38.97 0.00	0.00 0.00	1006 09/17/2015	TCDC	BS

**Explanation of Payment**

EOP Code BS Code Description  
 Provider notice: billed amount exceeds fee schedule rate. Important member information about this denial. If you are seeing an in network provider, the provider should not charge you for the difference between their normal charge amount and their contracted fee with ValueOptions. For out of network providers refer to the section of your plan/benefits titled out of network benefits. Please refer to the benefit limitations and exclusions and/or coverage limitation provisions in your summary plan description or plan document.

Only highlighted lines may be changed. Do you wish to continue?

Type of Adjustment

Reason for Adjustment

Explanation

Maximum characters: 77  
 You have  characters left.

Service Line Detail

1. Select appropriate Servicing and Pay To Address
2. Click Next

**Provider**

**Change/Reprocess a Claim**

Change selection or continue if selection is correct. Press Next to continue

Provider  Provider Last Name TEST Provider First Name GEORGIA

**Select Service Address**

Capture	Vendor ID	FedTax	Service Address	Pay To Address
<input checked="" type="radio"/>	GA000012	456123434	GEORGIA TEST 77 ANDERSON RD BOX SPRINGS, GA 31801-3953	TEST FACILITY 4 77 ANDERSON RD BOX SPRINGS, GA 31801-3953

### Select Service Address

1. Update the First Date of Service if needed

**Note:** Cannot be changed for Resubmit Previously Denied Charge or Void Entire Claim

2. Click [Next](#)

**Change/Reprocess a Claim**

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Change incorrect fields or continue if information is correct. Press Next to continue

Provider Name	TEST GEORGIA
Service Address	77 ANDERSON RD, BOX SPRINGS, GA, 31801-3953
Pay To Address	77 ANDERSON RD, BOX SPRINGS, GA, 31801-3953
Vendor ID	GA000012
NPI Number	
Taxonomy Code	<input type="text"/>
Licensure Level	Select... <span style="float: right;">▼</span>
*Individual ID	<input type="text" value="400000686"/> <small>(X-digits, no spaces or dashes)</small>
Individual Name	<input type="text" value="PENNY"/> <input type="text" value="TESTING"/> <small>(First Last)</small>
Individual Account #	<input type="text" value="10101MHOVER18"/> <small>(X-digits, no spaces or dashes)</small>
Program/Fund/Group ID	<input type="text"/>
*Individual DOB	<input type="text" value="09011985"/> <small>(MMDDYYYY)</small>
*First Date of Service	<input type="text" value="09012015"/> <small>(MMDDYYYY - Enter Earliest Date of Service for this claim)</small>
*Is this claim being billed under EAP Services?	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Change/Reprocess Claim 1

1. Update Coordination Of Benefits information as needed

**Note:** Cannot be changed for Resubmit Previously Denied Charge or Void Entire Claim

2. Click [Next](#)

### Change/Reprocess a Claim

Required fields are denoted by an asterisk ( \* ) adjacent to the label.

Individual ID 40000686	Individual Name PENNY TESTING	Birth Date 09/01/1985	NPI Number	Service Address 77 ANDERSON RD,BOX SPRINGS,GA,31801-3953	Pay To Address 77 ANDERSON RD,BOX SPRINGS,GA,31801-3953
---------------------------	----------------------------------	--------------------------	------------	-------------------------------------------------------------	------------------------------------------------------------

Only populate **Other Payer Information** field(s) if Coordination of Benefit (COB) information is applicable to dates of service on this claim. i.e., If any payment from other payer entities were previously applied to this claim.

Does a COB exist for this claim?  
 Yes  No

[Other Payer Information - Primary](#)

[Other Payer Information - Secondary](#)

[Other Payer Information - Tertiary](#)

### Change/Reprocess Claim 2

1. Under Claim Detail: Ready to Submit Click Void or Edit next to the Service Line to be updated

### Claim Detail: Ready to Submit

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
<input type="button" value="Void"/> <input type="button" value="Edit"/>	09012015	09012015	H0031 11	U2	U6	150.00	311	0.00		
Total										

### Claim Detail: Ready to Submit

2. Update Information in Service Line Entry

**Note:** Cannot be changed for Resubmit Previously Denied Charge or Void Entire Claim

3. Click [Save Changes](#)

### Service Line Entry

\*Service From: 09012015 (MMDDYYYY)

\*Service Through: 09012015 (MMDDYYYY)

\*Service Code: H0031 (ex: 86753)

Modifier Code 1: U2 (no spaces or dashes)

Modifier Code 2: U6 (no spaces or dashes)

Modifier Code 3: (no spaces or dashes)

Modifier Code 4: (no spaces or dashes)

\*Charge Amount (\$): 150.00 (ex: 123.45)

\*Place of Service: 11 (00 - 99)

\*Units: 1 (3-digits)

\*Diagnosis Code 1: 311 (ex: 765.4)

Diagnosis Code 2: (ex: 765.4)

Diagnosis Code 3: (ex: 765.4)

Diagnosis Code 4: (ex: 765.4)

Diagnosis Code 5: (ex: 765.4)

Diagnosis Code 6: (ex: 765.4)

Diagnosis Code 7: (ex: 765.4)

Diagnosis Code 8: (ex: 765.4)

Primary Payer		Secondary Payer		Tertiary Payer	
COB Payer Paid 1 0.00 (ex: 99999.99)	COB Units Paid 1 (ex: 999)	COB Payer Paid 2 (ex: 99999.99)	COB Units Paid 2 (ex: 999)	COB Payer Paid 3 (ex: 99999.99)	COB Units Paid 3 (ex: 999)

This will cancel the changes made to the service line

This will save the changes made to the service line

This will add this service line information to the claim

## Service Line Entry

4. Repeat steps 1 through 3 as needed
5. Click [Submit](#)

**Claim Detail: Ready to Submit**

Select	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid		
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary
Void   Edit	09/01/2015	09/01/2015	H0021 11	U2	U6	150.00	311	0.00		
<b>Total</b>								0.00	0.00	0.00

**Attach an EOB**

Click Upload File to attach a COB EOB with this claim.

This will attach an EOB document to the claim.


Attached Documents:

This will return to the previous data entry page
This will cancel the entire transaction
Submit the entire claim for processing

## Claim Detail Ready to Submit with Submit Button

1. Review Submission Results


ProviderConnect Home

**Submit A Claim**

**Submission Results:** \*\*\*\*\* CLAIM ENTERED \*\*\*\*\*

Your claim has been submitted successfully. You may contact Claims Customer Service with any questions related to this claim.

Provider Name/ ID: TEST-GAC002344  
 Vendor ID: GA000012  
 Patient ID: 400001805  
 Patient Name: DEMO, INDIVIDUAL  
 Program/Fund/Group ID:  
 Patient Date of Birth: 09/01/1988  
 NPI Number:  
 Taxonomy Code:  
 Licensure Level:  
 Claim #: [102215-04065-00001](#)

Line #	Service Date		Service Code	Modifier Code 1	Modifier Code 2	Charge Amount (\$)	Diagnosis Code 1	COB Payer Paid			To-Pay	Status	Dollar Amount (\$)					Fund	NDC Number
	Start Date	End Date	Place of Service	Modifier Code 3	Modifier Code 4			Primary	Secondary	Tertiary			Allowed	Deductible	Pre-Paid	COIN	CoPay		
1	10/20/2015	10/20/2015	H0004 11	HQ	U6	50.00	F11.23	0.00	0.00	0.00	50.00	0	50.00	0.00	0.00	0.00	0.00	SFAD	
<b>Total</b>								0.00	0.00	0.00									

Attached EOBs:

No EOB COB Documents Attachments

## Submission Results

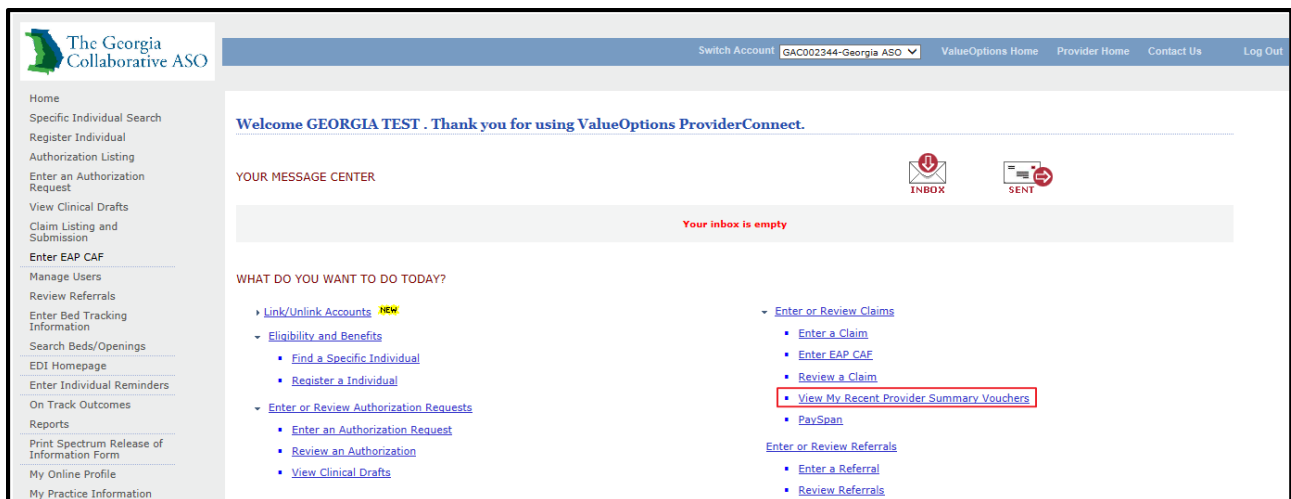
## Provider Summary Vouchers

The Provider Summary Voucher (PSV) will show claims that paid and denied. Explanation of Payment codes will show to give more details into the reason for denials. Electronic remittance advice (835 files) can be received through PaySpan.

Users can view their PSVs by clicking on the [View My Recent Provider Summary Vouchers](#) link.

**Note:** Only Encounters and State-funded claims paid by The Georgia Collaborative ASO will show

**Note:** Medicaid claims will not be viewable in ProviderConnect. Please utilize the GAMMIS system to review Medicaid claims.



ProviderConnect Home Page

Provider summary vouchers can be retrieved by

- Searching PSVs by Provider
- Searching PSVs by Check

### Search Provider Summary Vouchers by Provider

Provider summary vouchers can be retrieved by:

- Searching PSVs by Provider

**Note:** This is the default

- Enter Tax ID
- Enter Check #
- Enter [Paid Date Range](#)

*Note: Paid date range will auto populate to previous 30 day range but can be a range of up to 365 days. Provider Summary Vouchers can be searched for any 365 day range and as far back as 12/01/2015*

- Click [Search](#)

Search By Provider Search By Check

**Search Provider Summary Voucher by Provider** Please disable the popup blocker to view the Summary Voucher.

Provider ID ?  ▼

Tax ID ?  OR Vendor ID ?

Check #  (No spaces or alpha characters)

Paid Date Range ? From  [calendar] Through  [calendar] (MMDDYYYY)

## Search Provider Summary Vouchers by Check

- Searching PSVs by Check
  - Enter [Check #](#)
  - Enter [Check Amount](#)
  - Enter [Paid Date](#)
  - Click [Search](#)

Search By Provider Search By Check

**Search Provider Summary Voucher by Check** Please disable the popup blocker to view the Summary Voucher.

\*Check #  (No spaces or alpha characters)

\*Check Amount

\*Paid Date  [calendar] (MMDDYYYY)

The search results will contain records that match the search criteria. A specific PSV can be viewed by clicking on the [View](#) link.

## Your Message Center

A *Your Message Center* is available that provides a secure message center to ensure confidentiality and to comply with HIPAA requirements. Providers can send messages to and receive messages from Beacon Health Options. Providers can also send messages to and receive messages from Individuals. (Refer to the Secure Provider/Individual Communications chapter for more information.)

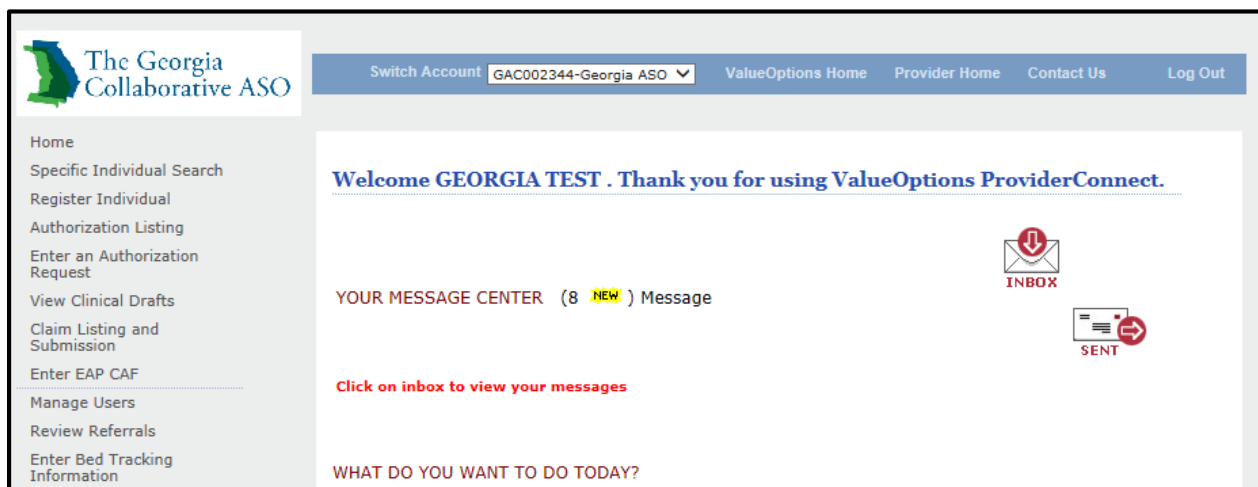
To view the Inbox, click the Inbox icon. The Message Center – Inbox screen displays.

- If there are no messages in the provider’s Inbox, the following text displays: “*Your Inbox is empty.*”
- If there are messages in the provider’s Inbox, the following text displays: “*Click on Inbox to view your messages.*”

**Note:** All messages in the provider’s Inbox, including messages from Beacon Health Options, will be available for viewing until the provider deletes them.

## Viewing and Responding to a Message in Your Message Center

To access the Message Center Inbox click [Inbox](#) on the main menu. The Inbox screen displays.



ProviderConnect Home Page – Inbox

1. Click the [Inquiry #](#) for the message to be viewed

**Note:** To delete a message click the trash icon to the right of the message



**Message Center - Inbox**

Thank You for your recent web inquiry. Listed below are the responses sent within the past 30 days.

*\*\*Clicking the trash icon will delete the message permanently.*

Inquiry #	Date Received	Subject	Member Name	Delete
<a href="#">06172011-4314105-010000</a>	06/20/2011	PROS OP/MED MGMT	SUSAN ASLAN	
<a href="#">06242010-1111111-010000</a>	06/24/2010	ADVERSE DETERMINATION	SUSAN ASLAN	
<a href="#">01192010-7034559-010000</a>	01/19/2010	RETURNED AUTHORIZATION REQUEST	SUSAN ASLAN	
<a href="#">01192010-7034547-010000</a>	01/19/2010	RETURNED AUTHORIZATION REQUEST	SUSAN ASLAN	

Message Center - Inbox

1. Read Message
2. Click Yes to Reply
3. Enter message
4. Attach a Document
  - Select Document Type
  - Click Upload File and select file from computer
5. Click Submit

Search By Provider  Search By Check

**Search Provider Summary Voucher by Provider**

Provider ID

Tax ID  OR Vendor ID

Check #  (No spaces or alpha characters)

Paid Date Range  From  Through

**Provider Summary Voucher Search Results**

Click on View to see the Provider Summary Voucher.

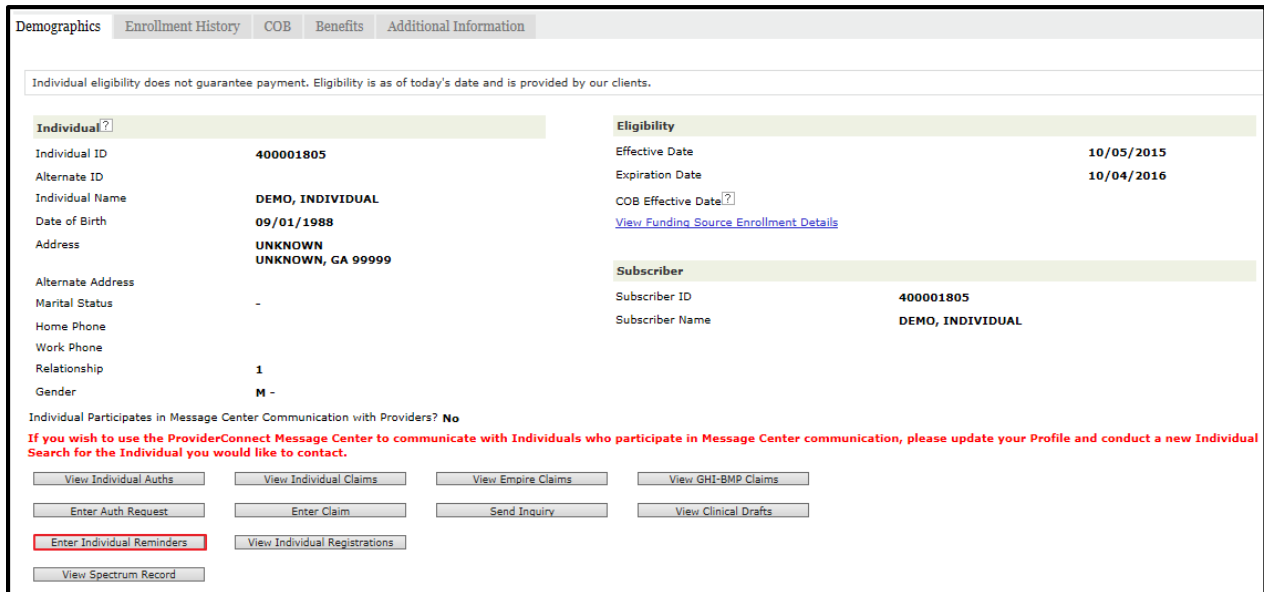
Select	Vendor Name	Vendor Number	Paid Date	Check Number	Check Amount
<a href="#">View</a>		A00003	01/23/09	000011111	120.00

Search Provider Summary Voucher Screen

## Enter Individual Reminders

A user can enter Individual reminder information, allowing appointment and medication reminders to be displayed. This is not a required piece but some providers may find it useful.

1. Search the Individual
2. Click the [Enter Individual Reminders](#) button on the Demographics tab.



Demographics | Enrollment History | COB | Benefits | Additional Information

Individual eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our clients.

Individual?		Eligibility	
Individual ID	400001805	Effective Date	10/05/2015
Alternate ID		Expiration Date	10/04/2016
Individual Name	DEMO, INDIVIDUAL	COB Effective Date?	
Date of Birth	09/01/1988	<a href="#">View Funding Source Enrollment Details</a>	
Address	UNKNOWN UNKNOWN, GA 99999		
Alternate Address		<b>Subscriber</b>	
Marital Status	-	Subscriber ID	400001805
Home Phone		Subscriber Name	DEMO, INDIVIDUAL
Work Phone			
Relationship	1		
Gender	M -		

Individual Participates in Message Center Communication with Providers? **No**

**If you wish to use the ProviderConnect Message Center to communicate with Individuals who participate in Message Center communication, please update your Profile and conduct a new Individual Search for the Individual you would like to contact.**

### Demographics Tab – Enter Individual Reminders

The Enter Individual Reminders screen displays the Individual ID and Individual name, with links pertaining to setting up appointment and medication reminders.

**Note:** Clicking on the [Individual ID](#) link re-directs you to the Individual Demographics page.

1. Click [How does the individual want to receive Appointment and Medication Reminders?](#)
2. Select [Phone](#) or [Email](#)
3. Enter Email Address or Phone #
4. Select [Preferred Time of Day for Reminders](#)
5. Select [Time Zone](#)

Welcome GEORGIA TEST . Thank you for using ValueOptions ProviderConnect.

**Header Info**

Individual ID	400001805	Individual Name	DEMO, INDIVIDUAL
---------------	-----------	-----------------	------------------

**Enter Individual Reminders**

[How does the Individual want to receive Appointment and Medication reminders?](#)

Phone  Email

Email Address

Validate Email Address

\*Preferred Time of Day for Reminders  
Select...

\*Time Zone  
Select...

Phone #

Ext

### Individual Reminder

6. Click on each link and enter the necessary information for setting up reminders.

- Appointment Reminders:
  - Click [Appointment Reminders](#)
  - Enter [Provider Name](#)
  - Select [Provider Type](#)
  - Enter [Appointment Date](#)
  - Enter [Appointment Time](#)
  - Select [AM](#) or [PM](#)
  - Click [Save](#)

[How does the member want to receive Appointment and Medication reminders?](#)

[Appointment Reminders](#)

*(After Clicking SAVE another reminder can be added.)*

Provider Name

Provider Type

Appointment Date (MMDDYYYY)

Appointment Time (hh:mm)

AM  PM

### Appointment Reminder

- Medication Reminders:
  - Click [Medication Reminders](#)
  - Enter [Medication Name](#)
  - Select [Medication Refill Reminder](#) or [Medication Reminder Only](#)
  - Select [Reminder Time 1](#)
  - Select [Reminder Time 2, 3, and 4](#)
  - Enter [Days Supply](#)
  - Enter [Last Date Filled \(MMDDYYYY\)](#)
  - Click [Save](#)

[Medication Reminders](#)  
(After Clicking SAVE another reminder can be added.)

Medication Name

Medication and Refill Reminder  Medication Reminder Only

I am supposed to take this medication at the following time(s):  
(enter up to 4 times)

Reminder Time1 <input type="text" value="Select..."/>	Reminder Time2 <input type="text" value="Select..."/>	Reminder Time3 <input type="text" value="Select..."/>	Reminder Time4 <input type="text" value="Select..."/>
----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------	----------------------------------------------------------

Days Supply

Last Date Filled (MMDDYYYY)  

### Medication Reminder

## Appendix A

Glossary – Available in the next revision

## Appendix B

### Contact Us

Department	Issue	Hours	Phone	Email
GCAL	Crisis Line	24 hours a day, 7 days a week	800.715.4225	N/A
Customer Service	General	M-F 8AM- 5PM	855.606.2725	N/A
Provider Relations	Training	M-F 8AM- 8PM	800.397.1630	<a href="mailto:GACollaborativePR@beaconhealthoptions.com">GACollaborativePR@beaconhealthoptions.com</a>
EDI Helpdesk	Technical Assistance regarding ProviderConnect	M-F 8AM- 5PM	888.247.9311	<a href="mailto:e-supportservices@beaconhealthoptions.com">e-supportservices@beaconhealthoptions.com</a>
Fraud Waste and Abuse	Report Instances of fraud, waste and abuse	M-F 8AM- 5PM	888.293.3027	<a href="mailto:GACompliance@beaconhealthoptions.com">GACompliance@beaconhealthoptions.com</a>

## Appendix C

### Default Funds

These are funds that are assigned based on the information that is entered and the registering agency being contracted for the fund. These funds will be assigned when:

- a short registration is not selected
- the provider agency is contracted for the fund
- all required information for a regular registration is entered and
- the individual meets the criteria outlined in the below grid

Fund Assigned	Description	Length of Registration (Days)
SFDD	Developmentally Disabled - State Funded	365
GFCFA	General Funds - Child & Adolescent	365
GFAD	General Funds - Adult	365
SFAD	Behavioral Health - State Fund - Adult	365
SFCA	Behavioral Health - State Funded - Child, Adolescent and Young Adult	60, 365 Length varies depending on Medicaid, Private Health Coverage, and PeachCare Application status. Registration will end at 22 <sup>nd</sup> birthday if less than 365 days.

*Note: The SFCA and SFAD funds include the services in the Short Term, Immediate Services fund (GACF). The Short Term, immediate services fund should only be selected when the individual is unknown to the provider as outlined in appendix D below.*

## Appendix D

### Selected Funds

These are funds that will be selected based on several fields on the layout being entered as well as the registering agency being contracted for the fund.

Field Description	Who Registers	Short or Regular Registration/ Fund	Fund assigned	Duration of Fund assigned
Referral Registration	Behavioral Health Link Staff	Short	GANC	30 days
Short term, Immediate Services Registration	Provider Agency or Behavioral Health Link Staff	Short	GACF	7 days
CBAY Funds (MFP, BIP or State) Registration	Provider Agency	Regular	CMFP (CBAY MFP) CBIP (CBAY BIP) SFCB (CBAY State)	365 days
Women's Treatment and Recovery Services Registration	Provider Agency	Regular	WTSO (Outpatient) WTSR (Residential)	Outpatient – 90 days Residential – 12 months
Treatment Court Registration – Mental Health Court or Drug Court	Provider Agency	Regular	TCMH (Mental Health) TCDC (Drug Court)	90 days

*Note: Adults who are not lawfully present are only eligible for the temporary fund (GACF) and are only eligible for the services in the Crisis Services Type of Care. If the individual is under age 18, select "n/a".*

### Additional Selected Funds Information

CBAY Funds (MFP, BIP or State) Registration– Provider agencies would register an individual for a CBAY fund.

- An individual can only be in one CBAY fund at a time
- If an individual is in a CBAY fund and you re-register the individual for a different CBAY fund, the prior one will be terminated one day before the re-registration date
- If the re-registration of a different CBAY fund has a start date prior to the original CBAY fund than the original CBAY fund will be voided.

Example:

Original CBAY BIP registration for 1/1/16 – 12/31/16

Re-registration of CBAY MFP for start date 12/1/15

Result:

CBAY BIP will be voided

CBAY MFP will be active 12/1/15 – 11/30/16



Women's Treatment and Recovery Services (Residential or Outpatient) Registration -  
Provider agencies would register an individual for one of these funds.

- An individual can only be in one Women's Treatment and Recovery Services fund at a time
- If an individual is in the Residential Women's Treatment and Recovery Services fund and you re-register the individual for the Outpatient fund, the Residential will be terminated one day before the Outpatient registration start date.
  - If the re-registration has a start date prior to the original than the original will be voided.
- If an individual is in the Outpatient Women's Treatment and Recovery Services fund and you re-register the individual for the Residential fund, the Outpatient will be terminated one day before the Residential registration start date
  - If the re-registration has a start date prior to the original than the original will be voided.
- There is also an end date field for this program. When an individual leaves the Women's Treatment and Recovery Services program, then this end date would be entered. It is not used to move an individual from one fund to another within the program.
- Please see bullets 2 and 3 above for how to move between funds.
- If you are registering the individual and they have already left the program you can register and end date the program at the same time. Indicate that you are registering for the appropriate fund (Residential or Outpatient) and also enter the date the individual left the program. The fund will be terminated on the date entered here or the duration the fund is allowed (90 or 365 days) whichever is less.

Treatment Court (Mental Health Court or Drug Court) Registration – reporting for treatment court services has not been implemented at this time. Providers should not select this fund source.

- Provider agencies would register an individual for one of these funds.
- An individual can only be in one Treatment Court fund at a time
- If an individual is in a Treatment court fund and you re-register the individual for a different Treatment Court fund, the prior one will be terminated one day before the re-registration date
  - If the re-registration has a start date prior to the original than the original will be voided.

## Appendix E

### Service Class/Code Description List<sup>1</sup>

BEACON INTERNAL AUTH/SERVICE CLASS	SERVICE CLASS DESCRIPTION (*Please note the prefacing 5 digit number is the current APS Code)
BHA	10101-BH ASSESSMENT & SERVICE PLAN DEVELOPMENT
TST	10102-PSYCHOLOGICAL TESTING
DAS	10103-DIAGNOSTIC ASSESSMENT
CAO	10104-INTERACTIVE COMPLEXITY ADD-ON CODE
CIN	10110-CRISIS INTERVENTION
PEM	10120-PSYCHIATRIC TREATMENT (E&M)
NUR	10130-NURSING SERVICES
MED	10140-MEDICATION ADMINISTRATION
CSI	10150-COMMUNITY SUPPORT INDIVIDUAL
PSR	10151-PSYCHOSOCIAL REHABILITATION
ADS	10152-ADDICTIVE DISEASE SUPPORT SERVICES (ADSS)
TIN	10160-INDIVIDUAL OUTPATIENT SERVICES
GRP	10170-GROUP OUTPATIENT SERVICES
TIN	10160-INDIVIDUAL OUTPATIENT SERVICES
FAM	10180-FAMILY OUTPATIENT SERVICES
CSU	20101-CRISIS STABILIZATION UNIT (CSU)
IPF	20102-INPATIENT PSYCH & SA DETOX
CSC	20103-CRISIS SERVICE CENTER
UHB	20105-TEMPORARY OBSERVATION
CTP	20106-COMMUNITY TRANSITIONAL PLACEMENTS
MCB	20107-MOBILE CRISIS
PSW	20302-PEER SUPPORT WHOLE HEALTH & WELLNESS
YPS	20303-YOUTH PEER SUPPORT SERVICES
FPS	20304-FAMILY PEER SUPPORT SERVICES
WRC	20305-WELLNESS & RECOVERY CENTERS
PSI	20306-PEER SUPPORT-INDIVIDUAL
PSP	20307-PEER SUPPORT-GROUP
SE8	20401-SUPPORTED EMPLOYMENT
TORS	20402-TASK ORIENTED REHABILITATION (TORS)
IRS	20501-INDEPENDENT RESIDENTIAL SERVICES
SRS	20502-SEMI-INDEPENDENT RESIDENTIAL SERVICES
INT	20503-INTENSIVE RESIDENTIAL SERVICES

<sup>1</sup> Please note that while all services are listed in this table, some services are not yet being reported through the Georgia Collaborative (Bridge, Transition, Housing Voucher Program, Clubhouse, Wellness and Recovery Centers and all IDD services)

PRT	20506-PRTF-PSYCHIATRIC RESIDENTIAL TRMT FACILITY
STR	20510-STRUCTURED RESIDENTIAL
GHV	20515-GEORGIA HOUSING VOUCHER PROGRAM
WTT	20517-WOMEN'S TRMT & RECOVERY SUPPORTS-TRANSITION
ACT	20601-ASSERTIVE COMMUNITY TREATMENT (ACT)
IFI	20602-INTENSIVE FAMILY INTERVENTION
CST	20605-COMMUNITY SUPPORT TEAM (CST)
WTR	20616-WOMEN'S TRMT & RECOVERY SUPPORTS-RESIDENTIAL
PRE	20908-PSYCHOSOCIAL REHABILITATION-GROUP
MDM	21001-OPIOD MAINTENANCE
IDF	21101-RESIDENTIAL DETOXIFICATION
OPD	21102-AMBULATORY DETOXIFICATION
CT1	21202-COMMUNITY TRANSITION PLANNING
LCT	21203-LEGAL SKILLS & COMPETENCY TRAINING
LCT	21203-LEGAL SKILLS/COMPETENCY TRAINING
ICM	21301-INTENSIVE CASE MANAGEMENT
CMS	21302-CASE MANAGEMENT SERVICES
BFG	30001-BRIDGE FUNDING
CH1	30101-C&A CLUBHOUSE
CH2	30102-C&A CLUBHOUSE
CH3	30103-C&A CLUBHOUSE
CH4	30104-C&A CLUBHOUSE
CH5	30105-C&A CLUBHOUSE
CH6	30106-C&A CLUBHOUSE
CH7	30107-C&A CLUBHOUSE
CH8	30108-C&A CLUBHOUSE
CMT	31101-CARE MANAGEMENT
SE7	31102-SUPPORTED EMPLOYMENT
CTR	31103-COMMUNITY TRANSITION SERVICES
CUS	31104-CUSTOMIZED GOODS AND SERVICES
CCS	31105-CLINICAL CONSULTATIVE SERVICES
ECS	31106-EXPRESSIVE CLINICAL SERVICES
TR5	31107-TRANSPORTATION SERVICES3
RE8	31108-RESPIRE SERVICES
BEH	31109-BEHAVIORAL ASSISTANCE
FS1	31110-FINANCIAL SUPPORT SERVICES31109-BEHAVIORAL ASSISTANCE

## Appendix F

### Place of Service Code List

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
09	Prison / Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services. (Effective May 1, 2010)

18	Place of Employment - Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from

		inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
57	Non-residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
71	Public Health Clinic	A facility maintained by either State or local health departments that provide ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
99	Other Place of Service	Other place of service not identified above.

## Appendix G

### LOS/TOS/LOC/TOC Mapping

Level of Service	Type of Service	Level of Care	Type of Care	Service
INPATIENT/HLOC	MENTAL HEALTH	CSU	BEHAVIORAL	Crisis Stabilization Unit (CSU)
INPATIENT/HLOC	MENTAL HEALTH	INPATIENT	BEHAVIORAL	Inpatient
INPATIENT/HLOC	MENTAL HEALTH	NURSING HOME	BEHAVIORAL	Preadmission Screening and Resident Review (PASRR) Facility Auth
INPATIENT/HLOC	MENTAL HEALTH	PRTF	BEHAVIORAL	Child & Adolescent Psychiatric Residential Treatment (PRTF)
INPATIENT/HLOC	MENTAL HEALTH / SUBSTANCE USE	CSU	BEHAVIORAL	Crisis Stabilization Unit (CSU)
INPATIENT/HLOC	MENTAL HEALTH / SUBSTANCE USE	INPATIENT	BEHAVIORAL	Inpatient
INPATIENT/HLOC	SUBSTANCE USE	CSU	DETOX	Crisis Stabilization Unit (CSU), Detox
INPATIENT/HLOC	SUBSTANCE USE	INPATIENT	DETOX	Inpatient, Detox
INPATIENT/HLOC	SUBSTANCE USE	RESIDENTIAL	DETOX	Residential Detox
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	ACT	Assertive Community Treatment (ACT)
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	CASE MANAGEMENT (ADA)	Case Management (CM)
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	CBAY	Community Based Alternatives for Youth (CBAY)

OUTPATIENT	MENTAL HEALTH	OUTPATIENT	CRISIS SERVICES	Crisis Services
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	CST	Community Support Team (CST)
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	INDEPENDENT RESIDENTIAL	Independent Residential - MH
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	INTENSIVE CASE MANAGEMENT	Intensive Case Management (ICM)
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	INTENSIVE FAMILY INTERVENTION	IFI (Intensive Family Intervention)
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	INTENSIVE RESIDENTIAL	Intensive Residential - MH
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	NON-INTENSIVE OUTPATIENT	Non-Intensive Outpatient Services
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	PASRR SPECIALIZED SERVICES	Preadmission Screening and Resident Review (PASRR) Specialized Services (440 Services)
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	PEER SUPPORT PROGRAM	Peer Support Program
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	PSYCHOSOCIAL REHAB PROGRAM	Psychosocial Rehab Program
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	SEMI-INDEPENDENT RESIDENTIAL	Semi-Independent Residential - MH
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	SUPPORTED EMPLOYMENT	Supported Employment
OUTPATIENT	MENTAL HEALTH	OUTPATIENT	TREATMENT COURT SERVICES - MH	Treatment Court Services – MH
OUTPATIENT	MENTAL HEALTH / SUBSTANCE USE	OUTPATIENT	ACT	Assertive Community Treatment (ACT)
OUTPATIENT	MENTAL HEALTH / SUBSTANCE USE	OUTPATIENT	CRISIS SERVICES	Crisis Services



OUTPATIENT	MENTAL HEALTH / SUBSTANCE USE	OUTPATIENT	NON-INTENSIVE OUTPATIENT	Non-Intensive Outpatient Services
OUTPATIENT	MENTAL HEALTH / SUBSTANCE USE	OUTPATIENT	PEER SUPPORT PROGRAM	Peer Support Program
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	AMBULATORY DETOX	Ambulatory Detox
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	CRISIS SERVICES	Crisis Services
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	INDEPENDENT RESIDENTIAL	Independent Residential - AD
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	INTENSIVE RESIDENTIAL	Intensive Residential - AD
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	NON-INTENSIVE OUTPATIENT	Non-Intensive Outpatient Services
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	OPIOID MAINTENANCE	Opioid Maintenance
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	PEER SUPPORT PROGRAM	Peer Support Program
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	SAIOP - ADULT	SA IOP (Adult)
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	SAIOP - C&A	SA IOP (C&A)
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	SEMI-INDEPENDENT RESIDENTIAL	Semi-Independent Residential -AD
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	STRUCTURED RESIDENTIAL – C&A	Structured Residential Supports - AD (C&A)
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	TREATMENT COURT SERVICES - AD	Treatment Court Services - AD
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	WTRS - OUTPATIENT	Women's Treatment and Recovery Supports - Outpatient
OUTPATIENT	SUBSTANCE USE	OUTPATIENT	WTRS - RESIDENTIAL	Women's Treatment and Recovery Supports - Residential

## Appendix H

### FY2016 Outpatient BH Service Class Matrix

Level of Service	Type of Service	Type of Care Code	Type of Care Description	Service Class Code	Service Groups Available	Service Description	Initial Auth		Concurrent Auth		Max Daily Units	Place of Service
							Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd		
Outpatient	MH, MHSU	ACT	ACT	ACT	20601	Assertive Community Treatment	90	240	90	240	60	11, 12, 53, 99
				CT1	21202	Community Transition Planning	90	50	90	50	12	11, 12, 53, 99
Outpatient	SU	AMBDTX	AMBULATORY DETOX	OPD	21102	Ambulatory Detox	14	32	varies	varies	24	11, 12, 53, 99
				BHA	10101	BH Assmt & Service Plan Development	14	32	varies	varies	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	14	2	varies	varies	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	14	22	varies	varies	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	14	40	varies	varies	2	11, 12, 53, 99
				ADS	10152	Addictive Disease Support Services	14	24	varies	varies	16	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	14	8	varies	varies	1	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	14	80	varies	varies	4	11, 12, 53, 99
Outpatient	MH	CM	CASE MANAGEMENT (ADA)	CMS	21302	Case Management	180	104	180	104	24	11, 12, 53, 99
				PSR	10151	Psychosocial Rehabilitation - Individual	180	104	180	104	48	11, 12, 53, 99
				CT1	21202	Community Transition Planning	180	100	180	100	12	11, 12, 53, 99
Outpatient	MH	CBAY	CBAY	CMT	31101	Intensive Customized Care Coordination	90	see notes	90	see notes	see notes	11, 12, 53, 99

				SE7	31102	Supported Employment	90	see notes	90	see notes	see notes	11, 12, 18, 53, 99
				CTR	31103	Community Transition Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				CUS	31104	Customized Goods and Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				CCS	31105	Clinical Consultative Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				ECS	31106	Expressive Clinical Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				TR5	31107	Transportation Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				RE8	31108	Respite Services	90	see notes	90	see notes	see notes	11, 12, 14, 53, 55, 56, 99
				BEH	31109	Behavioral Assistance	90	see notes	90	see notes	see notes	11, 12, 53, 99
				FS1	31110	Financial Support Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				YPS	20303	Youth Peer Support Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
				FPS	20304	Family Peer Support Services	90	see notes	90	see notes	see notes	11, 12, 53, 99
Outpatient	MH, SU, MHSU	CS	CRISIS SERVICES	CSC	20103	Crisis Service Center	20	7	20	7	1	11, 52, 53, 55, 56, 99
				CTP	20106	Community Transitional Placements	20	20	20	20	1	11, 12, 14, 53, 55, 56, 99
				UHB	20105	Temporary Observation	20	7	20	7	1	11, 52, 53, 55, 56, 99
				BHA	10101	BH Assmt & Service Plan Development	20	32	20	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	20	2	20	2	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	20	22	20	22	4	11, 12, 53, 99
				CIN	10110	Crisis Intervention	20	80	20	80	8	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	20	40	20	40	2	11, 12, 53, 99
				NUR	10130	Nursing Services	20	80	20	80	5	11, 12, 53, 99
				MED	10140	Medication Administration	20	24	20	24	1	11, 12, 53, 99

				CSI	10150	Community Support - Individual	20	32	20	32	32	11, 12, 53, 99
				PSR	10151	Psychosocial Rehabilitation - Individual	20	32	20	32	8	11, 12, 53, 99
				ADS	10152	Addictive Disease Support Services	20	24	20	24	16	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	20	14	20	14	1	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	20	80	20	80	4	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	20	20	20	20	4	11, 12, 53, 99
				CMS	21302	Case Management	20	84	20	84	12	11, 12, 53, 99
Outpatient	MH	CST	CST	CST	20605	Community Support Team	90	240	90	240	60	11, 12, 53, 99
				CT1	21202	Community Transition Planning	90	50	90	50	12	11, 12, 53, 99
Outpatient	MH, SU	IR	Independent Residential	IRS	20501	Independent Residential	90	90	90	90	1	11, 12, 14, 53, 55, 56, 99
Outpatient	MH, SU	SIM	Semi-Independent Residential	SRS	20502	Semi-Independent Residential	90	90	90	90	1	11, 12, 14, 53, 55, 56, 99
Outpatient	MH, SU	INR	Intensive Residential	INT	20503	Intensive Residential	90	90	90	90	1	11, 12, 14, 53, 55, 56, 99
Outpatient	SU	SRC	Structured Residential - C&A	STR	20510	Structured Residential - C&A	180	180	180	180	1	11, 12, 14, 53, 55, 56, 99
Outpatient	MH	ICM	ICM	ICM	21301	Intensive Case Management	90	104	90	104	24	11, 12, 53, 99
				PSR	10151	Psychosocial Rehabilitation - Individual	90	104	90	104	48	11, 12, 53, 99
				CT1	21202	Community Transition Planning	90	100	90	100	12	11, 12, 53, 99
Outpatient	MH	IFI	Intensive Family Intervention	IFI	20602	Intensive Family Intervention	90	288	90	288	48	11, 12, 53, 99

				CT1	21202	Community Transition Planning	90	50	90	50	12	11, 12, 53, 99
Outpatient	SU	SAIOPA	SAIOP - Adult	BHA	10101	BH Assmt & Service Plan Development	180	32	180	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	180	4	180	4	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	180	48	180	48	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	180	12	180	12	2	11, 12, 53, 99
				NUR	10130	Nursing Services	180	48	180	48	16	11, 12, 53, 99
				ADS	10152	Addictive Disease Support Services	180	200	180	200	48	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	180	36	180	36	1	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	180	1,170	180	1,170	20	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	180	100	180	100	8	11, 12, 53, 99
				PSI	20306	Peer Support - Individual	180	312	180	312	48	11, 12, 53, 99
				PSW	20302	Peer Support Whole Health & Wellness	180	208	180	208	6	11, 12, 53, 99
Outpatient	SU	SAIOPC	SAIOP - C&A	BHA	10101	BH Assmt & Service Plan Development	180	32	180	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	180	4	180	4	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	180	48	180	48	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	180	12	180	12	2	11, 12, 53, 99
				NUR	10130	Nursing Services	180	48	180	48	16	11, 12, 53, 99
				CSI	10150	Community Support - Individual	180	200	180	200	48	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	180	36	180	36	1	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	180	1,170	180	1,170	20	11, 12, 53, 99

				FAM	10180	Family Outpatient Services	180	100	180	100	16	11, 12, 53, 99
Outpatient	MH, SU, MHSU	NIO	Non-Intensive Outpatient <sup>4</sup>	BHA	10101	BH Assmt & Service Plan Development	90	32	275	64	24	11, 12, 53, 99
				TST	10102	Psychological Testing	90	5	275	10	5	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	90	2	275	4	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	90	24	275	96	4	11, 12, 53, 99
				CIN	10110	Crisis Intervention	90	20	275	96	16	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	90	12	275	48	2	11, 12, 53, 99
				NUR	10130	Nursing Services	90	12	275	120	16	11, 12, 53, 99
				MED	10140	Medication Administration	90	6	275	120	1	11, 12, 53, 99
				CSI	10150	Community Support - Individual	90	68	275	160	48	11, 12, 53, 99
				PSR	10151	Psychosocial Rehabilitation - Individual	90	52	275	160	48	11, 12, 53, 99
				ADS	10152	Addictive Disease Support Services	90	100	275	600	48	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	90	8	275	48	2	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	90	480	275	400	20	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	90	32	275	120	16	11, 12, 53, 99
				CT1	21202	Community Transition Planning	90	24	275	48	24	11, 12, 53, 99
				LCT	21203	Legal Skills / Competency Restoration	90	200	275	800	8	11, 12, 53, 99
				CMS	21302	Case Management	90	68	275	160	24	11, 12, 53, 99
				PSI	20306	Peer Support - Individual	90	72	275	312	48	11, 12, 53, 99
				PSW	20302	Peer Support Whole Health & Wellness	90	72	275	312	6	11, 12, 53, 99

Outpatient	SU	OM	Opioid Maintenance	MDM	21001	Opioid Maintenance	180	180	180	180	1	11, 12, 53, 99
Outpatient	MH, SU, MHSU	PSP	Peer Support Program	PSI	20306	Peer Support - Individual	180	520	180	520	48	11, 12, 53, 99
				PSP	20307	Peer Support - Group	180	650	180	650	5	11, 12, 53, 99
				PSW	20302	Peer Support Whole Health & Wellness	180	400	180	400	6	11, 12, 53, 99
Outpatient	MH	PRP	Psychosocial Rehab Program	PSR	10151	Psychosocial Rehabilitation - Individual	180	104	180	104	48	11, 12, 53, 99
				PRE	20908	Psychosocial Rehabilitation - Group	180	300	180	300	20	11, 12, 53, 99
Outpatient	MH	SE	Supported Employment	SE8	20401	Supported Employment	90	3	90	3	1	11, 12, 18, 53, 99
				TOR	20402	Task Oriented Rehabilitation	90	150	90	150	8	11, 12, 53, 99
Outpatient	SU	TCSAD	Treatment Court - AD	BHA	10101	BH Assmt & Service Plan Development	365	32	365	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	365	5	365	5	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	365	2	365	2	2	11, 12, 53, 99
				CIN	10110	Crisis Intervention	365	48	365	48	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	365	24	365	24	2	11, 12, 53, 99
				NUR	10130	Nursing Services	365	60	365	60	16	11, 12, 53, 99
				MED	10140	Medication Administration	365	60	365	60	1	11, 12, 53, 99
				ADS	10152	Addictive Disease Support Services	365	300	365	300	48	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	365	24	365	24	2	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	365	200	365	200	20	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	365	60	365	60	16	11, 12, 53, 99
				CT1	21202	Community Transition Planning	365	24	365	24	24	11, 12, 53, 99
PSI	20306	Peer Support - Individual	365	312	365	312	48	11, 12, 53, 99				

				PSW	20302	Peer Support Whole Health & Wellness	365	312	365	312	6	11, 12, 53, 99
Outpatient	MH	TCS	Treatment Court - MH	BHA	10101	BH Assmt & Service Plan Development	365	32	365	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	365	5	365	5	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	365	2	365	2	2	11, 12, 53, 99
				CIN	10110	Crisis Intervention	365	48	365	48	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	365	24	365	24	2	11, 12, 53, 99
				NUR	10130	Nursing Services	365	60	365	60	16	11, 12, 53, 99
				MED	10140	Medication Administration	365	60	365	60	1	11, 12, 53, 99
				PSR	10151	Psychosocial Rehabilitation - Individual	365	80	365	80	48	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	365	24	365	24	2	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	365	200	365	200	20	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	365	60	365	60	16	11, 12, 53, 99
				CT1	21202	Community Transition Planning	365	24	365	24	24	11, 12, 53, 99
				CMS	21302	Case Management	365	80	365	80	24	11, 12, 53, 99
				PSI	20306	Peer Support - Individual	365	312	365	312	48	11, 12, 53, 99
				PSW	20302	Peer Support Whole Health & Wellness	365	312	365	312	6	11, 12, 53, 99
Outpatient	SU	WTRSO	WTRS - Outpatient	BHA	10101	BH Assmt & Service Plan Development	180	32	180	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	180	4	180	4	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	180	48	180	48	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	180	12	180	12	2	11, 12, 53, 99
				NUR	10130	Nursing Services	180	48	180	48	16	11, 12, 53, 99
				ADS	10152	Addictive Disease	180	200	180	200	48	11, 12, 53, 99



						Support Services						
				TIN	10160	Individual Outpatient Services	180	36	180	36	1	11, 12, 53, 99
				GRP	10170	Group Outpatient Services	180	1,170	180	1,170	20	11, 12, 53, 99
				FAM	10180	Family Outpatient Services	180	100	180	100	8	11, 12, 53, 99
				WTT	20517	WTRS - Transitional Bed	180	180	180	180	1	11, 12, 14, 53, 55, 56, 99
				PSI	20306	Peer Support - Individual	180	156	180	156	48	11, 12, 53, 99
				PSW	20302	Peer Support Whole Health & Wellness	180	156	180	156	6	11, 12, 53, 99
Outpatient	SU	WTRSR	WTRS - Residential	BHA	10101	BH Assmt & Service Plan Development	180	32	180	32	24	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	180	4	180	4	2	11, 12, 53, 99
				CAO	10104	Interactive Complexity	180	48	180	48	4	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	180	24	180	24	2	11, 12, 53, 99
				NUR	10130	Nursing Services	180	48	180	48	16	11, 12, 53, 99
				MED	10140	Medication Administration	180	40	180	40	1	11, 12, 53, 99
				WTR	20516	WTRS - Residential	180	180	180	180	1	11, 12, 14, 53, 55, 56, 99
				WTT	20517	WTRS - Transitional Bed	180	180	180	180	1	11, 12, 14, 53, 55, 56, 99
Outpatient	MH	PSS	PASRR - Specialized BH Svcs (see footnotes)	BHA	10101	BH Assmt & Service Plan Development	365	80	365	80	10	11, 12, 53, 99
				DAS	10103	Diagnostic Assessment	365	12	365	12	1	11, 12, 53, 99
				CAO	10104	Interactive Complexity	365	76	365	76	4	11, 12, 53, 99
				CIN	10110	Crisis Intervention	365	144	365	144	10	11, 12, 53, 99
				PEM	10120	Psychiatric Treatment - (E&M)	365	24	365	24	2	11, 12, 53, 99
				TIN	10160	Individual Outpatient Services	365	52	365	52	1	11, 12, 53, 99

				FAM	10180	Family Outpatient Services	365	192	365	192	8	11, 12, 53, 99
Outpatient	MH	---	Georgia Housing Voucher	GHV	20515	Georgia Housing Voucher	N/A	N/A	N/A	N/A	N/A	11, 12, 53, 99

**Footnotes:**

1. **Services in red font are new services.**
2. CBAY services limits are identified in CBAY Manual.
3. PASRR Specialized BH Services only include a subset of procedure codes in classes. See Service Matrix for specific procedure codes.
4. Non-Intensive Outpatient - Initial/Concurrent authorization periods are being modified to 90/275 days respectively until a date to be determined. At which time will revert back to 30/365 days.

## Appendix I

### FY2016 Inpatient BH Service Class Matrix

Level of Service	Type of Service	Level of Care	Type of Care Code	Type of Care Description	Service Class Code	Service Groups Available	Service Description	Initial Auth		Concurrent Auth		Max Daily Units	Place of Service
								Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd		
Inpt	MH, MHSU	Inpatient	BEH	Behavioral	IPF	20102	Community Based Inpatient (Psych)	varies	varies	varies	varies	1	21, 51
Inpt	SU	Inpatient	DETOX	Detox	IPF	20102	Community Based Inpatient (Detox)	varies	varies	varies	varies	1	21, 51
Inpt	MH, MHSU	Crisis Stabilization Unit	BEH	Behavioral	CSU	20101	Crisis Stabilization <sup>1</sup>	20	20	varies	varies	1	11, 52, 53, 55, 56, 99
Inpt	SU	Crisis Stabilization Unit	DETOX	Detox	CSU	20101	Crisis Stabilization <sup>1</sup>	20	20	varies	varies	1	11, 52, 53, 55, 56, 99
Inpt	MH	PRTF	BEH	Behavioral	PRT	20506	PRTF	30	30	30	30	1	56
Inpt	SU	Residential	DETOX	Detox	IDF	21101	Residential Detox <sup>1</sup>	20	20	varies	varies	1	11, 12, 53, 99

**Footnotes:**

1. CSU and Residential Detox - Initial authorization period is being modified to 20 days until a date to be determined. At which time will revert back to 7 days. Concurrent authorization period varies based on request/approval.