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## **ProviderConnect Inpatient Concurrent Review User Manual**

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## Introduction

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<b>Introduction</b>	The ProviderConnect application provides a variety of self-service functions to help providers access and view information about members and authorizations as well as complete requests for service authorizations.
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<b>What is Covered in this Module?</b>	This module covers general functions within ProviderConnect as well as the Concurrent Review process for Inpatient Psychiatric authorizations.
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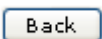

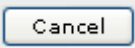
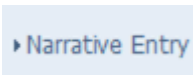
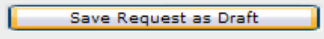
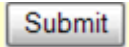
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<b>Training Objectives</b>	As a result of this training module, you will be able to: <ul style="list-style-type: none"><li>▪ Log in to ProviderConnect.</li><li>▪ Search for and view Member records.</li><li>▪ Complete an Inpatient concurrent review request.</li></ul>
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## Introduction, continued

**Navigation Features** Throughout the ProviderConnect screens, navigation features are available to simplify movement through the fields and screens. Below are a few basic features available.

Feature	What it Looks Like	Description
<b>“Breadcrumbs”</b>		Tabs with titles of each request screen will display on all of the request screens to show progress through the process.
<b>Asterisk</b>	*Level of Service	Any field with an asterisk next to it indicates that the field is required and a data item must be entered or selected in order to complete the request. Conditionally required fields will not have asterisks.
<b>Back Button</b>		A <b>Back</b> button is available on most ProviderConnect screens to help navigate to previous screens. The Back button on the ProviderConnect screens should only be used when navigating to the previous screen. Do not use the back button on your Internet browser.
<b>Calendar Icon</b>		For date fields, a pop-up calendar can be accessed by clicking the calendar icon. When the calendar opens, click the date desired and the date field will automatically update with the selected date.
<b>Cancel Button</b>		A <b>Cancel</b> button is available within some screens to allow a user to exit from the function.
<b>Checkboxes</b>	<input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cardiovascular Problem	Any data items with checkboxes next to them indicate that more than one data item can be selected for that field. Click inside of the box to select the value.
<b>Expand/Collapse</b>		Any title with an arrow (►) to the left of the title indicates that it is a section that can be expanded to display fields or information. Click on the title to expand or collapse the section.
<b>Hyperlinked Codes</b>	<u>301.3</u>	Any underlined codes that are input options for a field will populate the field when clicked.
<b>Hyperlinked Field Titles</b>	<u>Diagnosis Code 1</u>	Any underlined field title will open screens, help text, a list of codes, etc. when clicked.
<b>Radio buttons</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Any data items with radio buttons next to them indicate that only one data item can be selected for that field. Click inside of the circle to select the value.
<b>Save Request as Draft</b>		A <b>Save Request as Draft</b> button is available on the Request for Services screens, which will save the record when clicked. As a saved record, it is only available within ProviderConnect and is not available to access in CareConnect.
<b>Submit</b>		A <b>Submit</b> button is available on some screens, which will submit the record when clicked.
<b>Text Boxes</b>	Member's Guardian <input type="text" value="John Smith"/>	Any open text box indicates that free form text can be entered into the box.

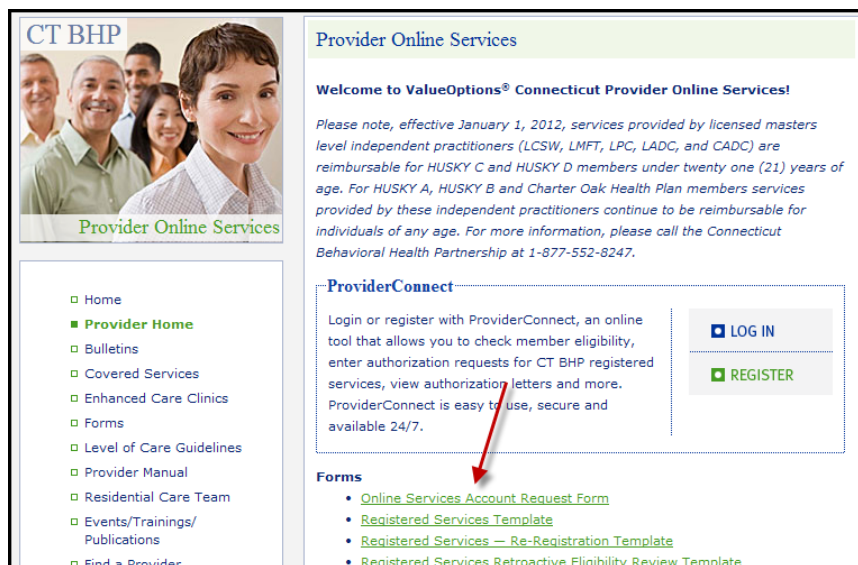


## Accessing ProviderConnect, *continued*

1. Go to the CT BHP website at [www.CTBHP.com](http://www.CTBHP.com).
2. Select the 'For Providers' button.



3. Under the forms section, Select the 'Online Services Account Request Form' hyperlink.

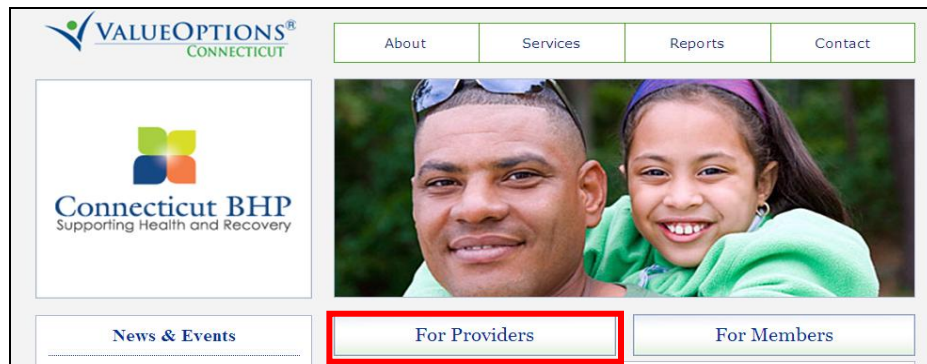


4. Complete the form and fax it to the Provider Relations Department at (855)750-9862. Completed forms can also be emailed to the Provider Relations Department at [ctbhp@valueoptions.com](mailto:ctbhp@valueoptions.com).
5. User Accounts are created within 2 business days. Once the Account is created, you will be sent an email with your ProviderConnect User Name and Password. If you have any questions, please contact the CT BHP Provider Relations department at 1-877-552-8247.

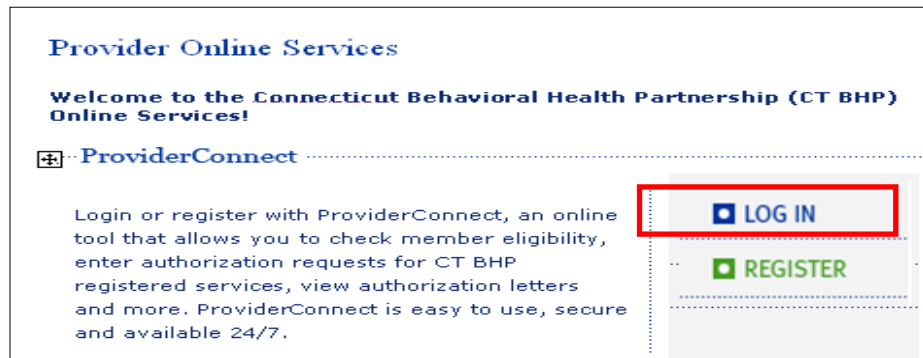


**Overview** The ProviderConnect web application is found on the CT BHP website:

1. Go to [www.CTBHP.com](http://www.CTBHP.com).
2. Select For Providers.



3. Select Log In.
4. \*\*\*Providers should never select Register.



5. New Users without an ID refer to page 6, otherwise,
6. Enter User ID and Password.

The screenshot shows the 'Please Log In' form. It has a heading 'Please Log In' and a note: 'Required fields are denoted by an asterisk ( \* ) adjacent to the label.' Below this is a text box with the instruction 'Please log in by entering your User ID and password below.' There are two input fields: '\*User ID' and '\*Password'. Below the '\*Password' field is a link 'Forgot Your Password?'. At the bottom of the form is a 'Log In' button (highlighted with a red rectangle). Below the button is a disclaimer: 'The information and resources provided through the ValueOptions site are provided for informational purposes only. ValueOptions site ("Providers") are solely responsible for determining the appropriateness and...'.

7. Select Log In.
8. Select Accept to the User Agreement to proceed to the home page.



## ProviderConnect Basics

### Searching for and Viewing Member Records

ProviderConnect allows users to search for specific members to view additional information about that member.

Below are the key actions for completing this step. The fields with an asterisk indicate that the field is required.

1. Select **Specific Member Search** from the navigational bar or **Find a Specific Member** on the Home page

Staging

Home  
[Specific Member Search](#)  
 Authorization Listing  
 Enter an Authorization Request  
 View Clinical Drafts  
 Review Referrals  
 Enter Bed Tracking Information  
 My Online Profile

Welcome THE HARTFORD DISPENSARY . Thank you for using ValueOptions

YOUR MESSAGE CENTER

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT
07-28-10	REFERRAL

WHAT DO YOU WANT TO DO TODAY?

[Eligibility and Benefits](#)  
[Find a Specific Member](#)

2. Enter values for the **Member ID** and **Date of Birth**
  - a. Note: The **As of Date (MBR Eligibility Date)** will auto-populate with today's date. To search a previous eligibility date, users can enter a previous date.

**Eligibility & Benefits Search**

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

Verify a patient's eligibility and benefits information by entering search criteria below

\*Member ID  (No spaces or dashes)

Last Name

First Name

\*Date of Birth  (MMDDYYYY)

As of Date  08162010 (MMDDYYYY)



## ProviderConnect Basics, continued

### Review Members record details

3. **Demographics** (Displays basic member information (i.e. address, phone, etc.)
4. **Enrollment History** (Displays active and expired enrollment records for member
5. **COB** (“Coordination of Benefits” - Display information on other insurance policies)
6. **Additional Information** ( Displays claims mailing address for the member)

Demographics Enrollment History COB Additional Information

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

7. **View Member Auths** (Displays Member specific authorizations)
8. **Enter Auth Request** (Initiates the Request for Services process)
9. **View Clinical Drafts** (Display member specific Clinical Drafts)
10. **View Referrals** (For Residential/Group Home Providers Only)

Home Phone  
Work Phone  
Relationship 1  
Gender M - Male

View Member Auths

Enter Auth Request

View Clinical Drafts

View Referrals



## Features

### Viewing Authorizations

Providers have the ability to view and print authorizations as well as view authorizations that have been pended to the CT BHP for further review. Authorizations and authorization requests can be viewed and opened by providers from the **Authorization Listing** on the ProviderConnect homepage.

Once logged into ProviderConnect, select **Authorization Listing** from the Home Page.

PROVIDERCONNECT  
VALUEOPTIONS

Home  
Specific Member Search  
**Authorization Listing**  
Enter an Authorization Request  
Enter a Treatment Plan  
View Clinical Drafts  
Review Referrals  
Enter Bed Tracking Information  
Search Beds/Opening  
My Online Profile

Welcome . Thank you for using ValueOptions ProviderConnect.

YOUR MESSAGE CENTER

INBOX SENT

Your Recent Inquiries box is empty

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
- Enter or Review Referrals
  - Review Referrals
- Enter or Review Authorization Requests
- Enter Bed Tracking Information

Enter CT (case sensitive) + the Member's Medicaid ID (i.e. CT00555555) in the **Member ID** field.

Home  
Specific Member Search  
Authorization Listing  
Enter an Authorization Request  
Enter a Treatment Plan  
View Clinical Drafts  
Review Referrals  
Enter Bed Tracking Information  
Search Beds/Opening  
My Online Profile

**Search Authorizations**

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 CBHP002120

NPI # for Authorization ? Select...

Vendor ID

Member ID CT00555555

Authorization #

Client Authorization #

Effective Date 08052010 (MMDDYYYY)

Expiration Date 08052011 (MMDDYYYY)

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 '|'

View All Search Download

Select **Search** to view the client's authorization(s).



## Features- Viewing Authorizations, *continued*

Specific Member Search

Authorization Listing

Enter an Authorization Request

Enter a Treatment Plan

View Clinical Drafts

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

My Online Profile

### Authorization 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.

Auth #	Member ID	Member Name	Member DOB	Provider ID	Vendor ID	Service
<a href="#">01-080411-1-8</a>	<a href="#">TEMP000740625</a>	SUPPORT, ANITA	01/01/1995	CBHP002120	VCB003159	EDT - COMM MH CTR
<a href="#">01-070611-1-3</a>	<a href="#">TEMP000740625</a>	SUPPORT, ANITA	01/01/1995	CBHP002120	VCB003159	Home Health
<a href="#">01-011011-45-23</a>	<a href="#">TEMP000740625</a>	SUPPORT, ANITA	01/01/1995	CBHP002120	VCB003159	IP HOS - I/P PSYCH
<a href="#">01-112310-26-21</a>	<a href="#">TEMP000740625</a>	SUPPORT, ANITA	01/01/1995	CBHP002120	VCB005769	OP - COMM MH CTR

Once the correct authorization is located, select the internal **Auth#** (the blue hyperlink starting with 01-Date) to the left of the member's ID#

Note: Users can sort authorization results using the Authorization Search Results bar and by selecting the desired category \*\* Select the header once for descending results or twice for ascending.

ProviderConnect - Providers -

Home

Specific Member Search

Authorization Listing

Enter an Authorization Request

Enter a Treatment Plan

View Clinical Drafts

Review Referrals

Enter Bed Tracking Information

Search Beds/Opening

My Online Profile

Log Out

### Auth Summary

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

Member ID	<a href="#">TEMP000740625</a>
Member Name	SUPPORT, ANITA
Authorization #	01-061011-5-10
Client Auth #	U0377105
NPI # for Authorization	N/A
Authorization Status	O - Open
From Provider	TEMP PROVIDER,
Admit Date	06/10/2011
Discharge Date	

Return to search results

Send Inquiry

Complete Discharge Review

Select the **Auth Details** tab to view the authorization details.



## Features- Viewing Authorizations, *continued*

Auth Summary
Auth Details

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

Member ID	<a href="#">TEMP000804356</a>	<a href="#">Return to search results</a>
Member Name	EXAMPLE , IMD	<a href="#">Complete Discharge Review</a>
Authorization #	01- 072712- 1- 2	
Client Auth #?	U0532091	
NPI # for Authorization?	N/A	
Authorization Status	O - Open	
Authorization Letter(s)	(click to view)	

### Service Lines

Line #	Submission Date	Service Code	Modifier Codes				Service Class Descrp.	Dates of Service	Visits Requested/ Approved	Visits Actually Used (As of Today)	Status	Reason
			1	2	3	4						
1	07/27/2012	N/A					INPATIENT HOSPITAL	07/25/2012- 07/27/2012	2/ 2	0	O - Open	APPROVED AUTH
2	07/27/2012	N/A					INPATIENT HOSPITAL	07/27/2012- 07/27/2012	0/ 0	0	O - Open	APPROVED AUTH

**Note:** The Authorization Details screen will list the Dates of Service and the Visits Requested/Approved for each service line. The Visits Requested/Approved will detail the status of each authorization by the following:

- **Visits Requested Approved (##)** – Indicates the number of units/days that were requested and the number of units/days that were approved.
- **Visits Requested Approved (0/0)** – Indicates that the request has been pended for further review.
- **Visits Requested Approved (#/0)** – Indicates that the request has been denied.

Submitted Concurrent Requests for Inpatient Psychiatric care will “PEND” to the CT BHP Clinical Team for further review. **Users will follow the above steps to view the status of the authorization within 24 hours of a request being submitted.**



## Features

### Saving Requests as Drafts

While working with requests for authorizations in ProviderConnect, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Saved drafts can be viewed and opened by providers from the **View Clinical Drafts** screen accessible from the ProviderConnect homepage.

View Clinical Drafts

Review Referrals

Enter Bed Tracking Information

My Online Profile

Recent Inquires Responded to by ValueOptions

DATE RECEIVED	SUBJECT
07-28-10	REFERRAL

WHAT DO YOU WANT TO DO TODAY?

- Eligibility and Benefits
  - Find a Specific Member
- Enter or Review Authorization Requests
  - Enter an Authorization Request
  - Review an Authorization
  - View Clinical Drafts

Saved drafts are available for completion and submission for 30 days from the initial date the record was saved. **If the record is not submitted within the 30 days, it will automatically expire.**

Log Out

### 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: CBHP000454 Search Drafts

#### Saved Clinical Request Drafts

Saved request drafts will automatically expire 30 days after the Initial Saved Date

Delete Request Drafts

Next >>

	Initial Saved Date	Member ID	Member Name	Provider ID	Level of Service	Level of Care	Type of Care	Authorized User	Requested Start Date	
<input type="checkbox"/>	08/16/2010	TEMP000700053	WOODSIN, MOONEY	CBHP000454	OP	Outpatient	Family Support Teams (FST) - Home		08/16/2010	View Open

Next >>

**When a record is saved as a draft, it is NOT available for CT BHP clinical staff to review.**



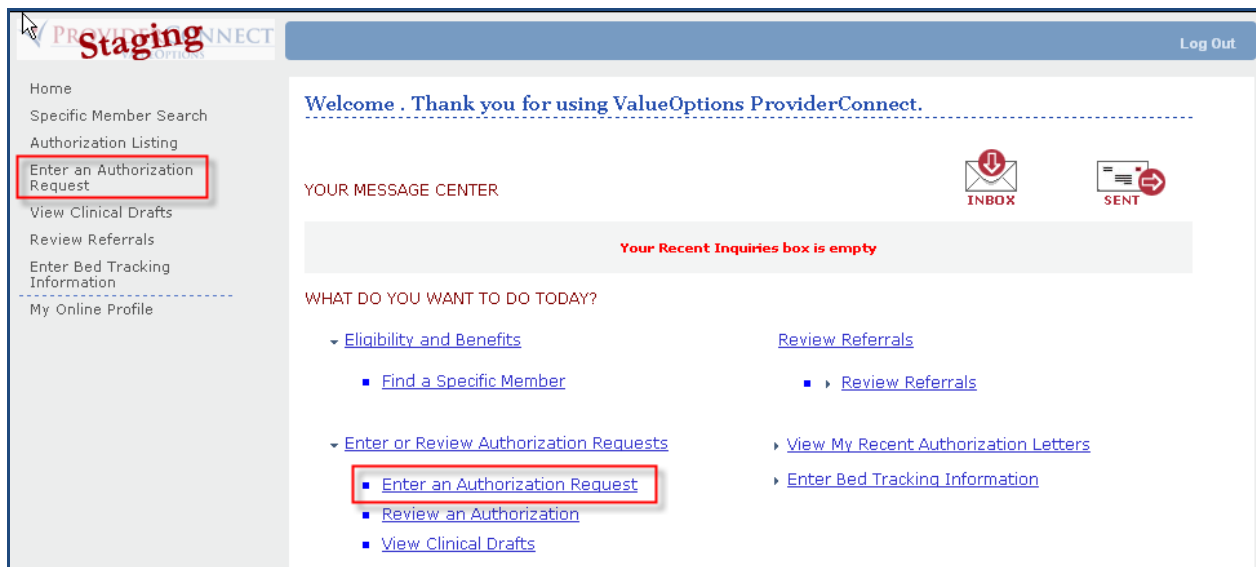
## Completing Inpatient Concurrent Requests

### Key Step 1: Initiate a Concurrent Request for Authorization

The first key step is to initiate the request for a concurrent review, which starts from the ProviderConnect Homepage. The function can also be initiated when the Member record is located first and then the **Enter an Auth Request** button is selected.

Below are the key actions for completing this step. The fields with an asterisk indicate that the field is required.

1. Select **Enter an Authorization Request** link from either the left navigational menu or the middle of the ProviderConnect homepage.





## Completing Concurrent Requests, continued

- Review the Disclaimer and select the **Next** Button.

**Disclaimer**

Please note that ValueOptions recognizes only fully completed and submitted requests as formal requests for authorization. ValueOptions does not recognize or retain data for partially completed requests. Upon full completion of the "Enter an Authorization Request" process, you will receive notification that your request has been received by ValueOptions.

**Next**

- Search for Member Record by entering the Member's, 9 digit, Medicaid ID (00#####) and Date of Birth (MMDDYYYY). Then select **Search**.

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

Verify a patient's eligibility and benefits information by entering search criteria below.

\*Member ID: temp000700058 (No spaces or dashes)

Last Name:

First Name:

\*Date of Birth: 01151995 (MMDDYYYY)

As of Date: 08172010 (MMDDYYYY)

**Search**

- Select the **Next** button on the Member record to continue.

**Member?**

Member ID	TEMP000700058
Alternate ID	
Member Name	WOODSIN, MOONEY
Date of Birth	01/15/1995
Address	500 ENTERPRISE DR HARTFORD, NB E7M
Alternate Address	
Marital Status	-
Home Phone	
Work Phone	
Relationship	1
Gender	M - Male

**Next**

- The **Select Service** screen will display.



## Completing Concurrent Requests, continued

- Capture the Service Address/Vendor by selecting the radio button next to the Provider ID. The record that is selected will be attached to the request and authorization that will be created. NOTE: You must select the same Service Address/Vendor that was used on the Pre-Cert for the system to recognize this as a Concurrent Review.

Select Service Address

Provider		Vendor		
Capture	Provider ID	Last Name	Vendor ID	Vendor Last Name
		First Name		Vendor First Name
	Tax ID	Service Address	Paid To Vendor ID	Pay To Address
	Alternate ID			
<input checked="" type="radio"/>	CBHP002120	TEMP PROVIDER	VCB003159	TEMP PROVIDER
		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR OTP STE 4D ROCKY HILL, CT 06067-3913-
	<a href="#">TEMPFAC</a>			
<input type="radio"/>	CBHP002120	TEMP PROVIDER	VCB005769	TEMP PROVIDER
	999999999	500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-		500 ENTERPRISE DR STE 4D ROCKY HILL, CT 06067-3913-
	<a href="#">999999999</a>			

Back Next

- Select the **Next** button to continue. The **Requested Service Header** will display.



**Key Step 2:  
Complete  
Initial Entry  
Request  
Screen**

The second key step is to complete the concurrent entry request screen. This screen displays for all types of requests. However, the information entered determines which clinical screens will display and which authorization parameters will be applied to the request. The fields with an asterisk indicate the field is required.

8. Enter the **Requested Start Date**. (The Requested Start Date is the last date authorized on the current authorization.)
9. Select the **Level of Service = INPATIENT/HLOC**. (When the level of service is selected, the screen will update with the required fields specific to the level of service.)
10. Select the **Type of Service = MENTAL HEALTH**.
11. Select the **Level of Care = INPATIENT**
12. Select the **Type of Care = INPATIENT – INPATIENT HOSPITAL**  
*Note: (Inpatient – IP Psych Facility – Natchaug Hospital Only)*
13. Enter the **Admit Date (MMDDYYYY)**. (The Admit Date is the start date on the original pre-certification.)
14. Attach a document (**CT BHP registered services do not require attached documents, users can proceed to step 7**)
15. If the Admit Time field is not auto-populated, users should enter 0000.
16. Select the **Next** button

**Requested Services Header**

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

*Requested Start Date (MMDDYYYY) 02212013	*Level of Service INPATIENT/HLOC
*Type of Service MENTAL HEALTH	*Level of Care INPATIENT
Type of Care INPATIENT - INPATIENT HOSPITAL	*Admit Date (MMDDYYYY) 02152013
	Admit Time (HHMM) 0000

Provider		
Tax ID	Provider ID CBHP002120	Provider Last Name TEMP PROVIDER
Member		
Member ID TEMP000846467	Last Name SSISTANCE	First Name ANITA

**Attach a Document**

*Complete the form below to attach a document with this Request  
The following fields are only required if you are uploading a document*

\*Document Type: \_\_\_\_\_ Does this Document contain clinical information about the Member? Yes ☐ No ☐

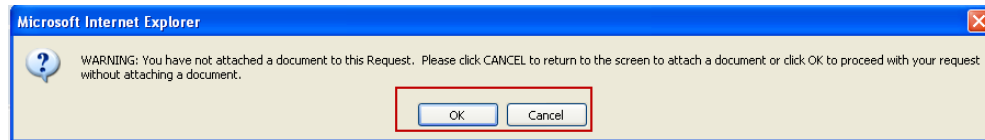
\*Document Description: SELECT...  *Click to attach a document*  *Click to delete*

Attached Document: \_\_\_\_\_

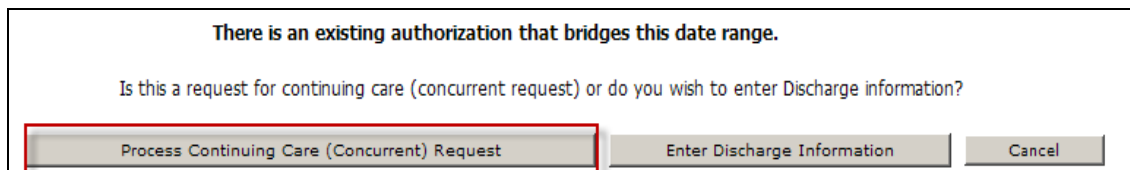


## Completing Concurrent Requests, continued

17. A warning message will display to confirm whether you want to proceed without attaching a document. Select the **OK** button to proceed.



18. Select the **Process Continuing Care (Concurrent) Request** button to complete the Concurrent Request.

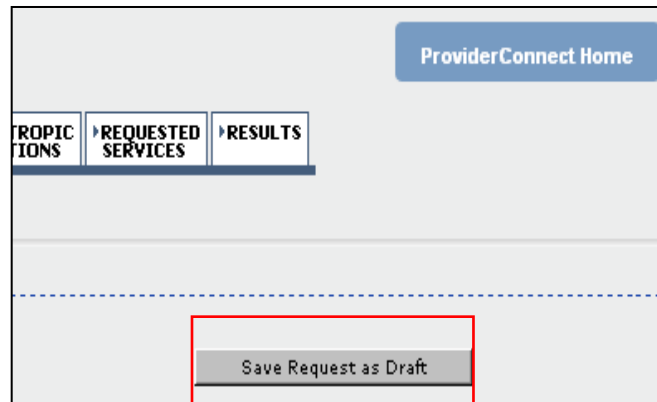


**If you do not see the “Process Continuing Care (Concurrent) Request” button, DO NOT continue.** Return to the previous page and re-enter the information again, making sure the Requested Start Date and Admit Date fields are correct. If you are not prompted with the button above, please call the CT BHP to troubleshoot your situation.



**IMPORTANT  
NOTE: Saving  
Requests as  
Drafts**

Once the clinical screens in ProviderConnect have been accessed, providers have the ability to save a request as a draft in the event that they cannot complete it at the time the request was started. Users can click **Save Request as Draft** on the top right of the screen.



Saved drafts can be viewed and opened by providers from the **View Clinical Drafts** screen accessible from the ProviderConnect homepage (See pg. 11).



## Completing Concurrent Requests, continued

### Key Step 3: Complete the Clinical Screens

For concurrent inpatient service requests, the clinical screens for the inpatient request form workflow will display. This workflow consists of eleven (11) clinical screens. The amount of information collected within each screen varies and not all fields are required.

1. Level of Care
2. Current Risks
3. Current Impairments
4. Diagnosis
5. Treatment History
6. Psychotropic Medications
7. Substance Abuse (Not Required)
8. Focal Treatment Plan
9. Additional MTPPR Information (Not Required)
10. Treatment Request & Discharge Planning
11. Results

Below is information for completing each screen.

### Key Step 4: Complete the Clinical Screens - Tips for Working through the Clinical Screens

- The screens will display in the order listed above when the **Next** button is clicked within each screen.
- Requests must be completed in order. *All required fields must be completed to move to the next screen.*
- Previous screens can be accessed by clicking the **Back** button at the BOTTOM of each page. Do not click the Back button on the top left corner of your browser window. You must click the **Next** button to proceed forward.
- Within any clinical screen the request can be saved as a draft by clicking the **Save Request as Draft** button within the screen header.



## Completing Concurrent Requests, continued

### Key Step 5: Complete the Clinical Screens – Level of Care Screen

The Level of Care screen is the first screen that will display after the Initial Entry screen. Much of the information is required for completion of this screen.

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

Step	Action
1	The Level of Care screen will have been completed on the initial pre-certification of services and users will not be required to complete fields on this screen. Providers can update member's current location, preparer, phone number and DCF legal status if needed.
2	Select the <b>Next</b> button. <ul style="list-style-type: none"> <li>The <b>Current Risks</b> tab will display next.</li> </ul>

### Key Step 6: Complete the Clinical Screens – Current Risks Screen

The Current Risks tab captures a snapshot of the member's current mental status by allowing providers to complete ratings for the member's risk to self and risk to others.

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

Step	Action
1	Select the radio button for the appropriate rating for <b>Current Risks</b> : <ul style="list-style-type: none"> <li>MEMBER'S RISK TO SELF *</li> <li>MEMBER'S RISK TO OTHERS *</li> </ul>
2	<ul style="list-style-type: none"> <li>If either of the above ratings is rated as Moderate (2) or Severe (3), users will have to also check all the areas that apply under the risk (<i>i.e. Ideation, Intent, Plan, Means, etc.</i>). Additionally, providers will have to enter the date and details of the last attempt or gesture blow.</li> </ul>
6	Select the <b>Next</b> button. <ul style="list-style-type: none"> <li>The <b>Current Impairments</b> screen will display next.</li> </ul>



## Completing Concurrent Requests, continued

### Key Step 7: Complete the Clinical Screens – Current Impairments Screen

The Current Impairments screen captures a snapshot of the member's current mental status by allowing providers to complete ratings for twelve (12) different impairments.

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

**NOTE: For Concurrent Reviews, the previous review's ratings will be listed in a box to the right of the field. (i.e. L3 – Last rating 3, L1 – Last rating 1, LN – Last rating Not Assessed). Additional information can be entered in the Narrative Entry fields and users can view previous or historical information by clicking on and expanding the Narrative History fields.**

Step	Action
1	Select the radio button for the appropriate rating for <b>Current Impairments</b> : <ul style="list-style-type: none"> <li>MOOD DISTURBANCES (DEPRESSION OR MANIA)*</li> <li>WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER*</li> <li>ANXIETY*</li> <li>MEDICAL/PHYSICAL CONDITIONS*</li> <li>PSYCHOSIS/HALLUCINATIONS/DELUSIONS*</li> <li>SUBSTANCE ABUSE/DEPENDENCE*</li> <li>THINKING/COGNITION/MEMORY/CONCENTRATION PROBLEMS*</li> <li>JOB/SCHOOL PERFORMANCE PROBLEMS*</li> <li>IMPULSIVE/RECKLESS/AGGRESSIVE BEHAVIOR*</li> <li>SOCIAL FUNCTIONING/RELATIONSHIPS/MARITAL/FAMILY PROBLEMS*</li> <li>ACTIVITIES OF DAILY LIVING PROBLEMS*</li> <li>LEGAL*</li> </ul>
2	Complete additional required information when the rating is a '2' or '3' for the following fields (A sub-section will expand to display the fields that need to be completed) <ul style="list-style-type: none"> <li>WEIGHT LOSS ASSOCIATED WITH AN EATING DISORDER*</li> <li>SUBSTANCE ABUSE/DEPENDENCE*</li> </ul>
3	Complete additional required information when the LEGAL* impairment rating is a '1', '2' or '3'. <ul style="list-style-type: none"> <li>A sub-section will expand to display the fields that need to be completed.</li> </ul>
4	Enter additional details in the Narrative Entry boxes for each field that you rated a '2' or '3'. Be as specific as possible with your entry so the CT BHP clinician can get a detailed impression of the member's current status.
5	Select the <b>Next</b> button. <ul style="list-style-type: none"> <li>The <b>Diagnosis</b> tab will display next.</li> </ul>



## Completing Concurrent Requests, continued

### Key Step 8: Complete the Clinical Screens– Diagnosis Screen

The Diagnosis tab allows the capture of multiple diagnoses for Axis I, Axis II, Axis III and Axis IV as well as the Current GAF Score for Axis V.

Below are the key actions for completing this screen. Any field with an asterisk indicates that the field is required.

Step	Action
1	<b>Update Axis I and Axis II</b> Diagnosis Codes (if required)* <ul style="list-style-type: none"> <li>If no value or a partial value is entered in the Diagnosis Code or Description fields and the field title is selected, a list of codes will pop-up displaying the full list of values and descriptions or those that match the partial value. Click the code to populate the CODE and DESCRIPTION fields.</li> <li>DIAGNOSIS 2 is optional, if needed.</li> </ul>
2	Update applicable options for <b>Axis III</b> , if needed.
3	Update applicable options for <b>AXIS IV</b> , if needed.
4	Enter the CURRENT GAF SCORE for <b>Axis V</b> .
4	Enter the Baseline Functioning.
5	Select the <b>Next</b> button. <ul style="list-style-type: none"> <li>The <b>Treatment History</b> tab will display next.</li> </ul>

### Key Step 9: Complete the Clinical Screens – **Treatment History** Screen

The Treatment History screen details the member's psychiatric, substance abuse and medical treatment in the past 12 months.

Below are the key actions for completing this tab. Any field with an asterisk indicates that the field is required.

Step	Action
1	Complete the PSYCHIATRIC TREATMENT IN PAST 12 MONTHS and the SUBSTANCE ABUSE TREATMENT IN PAST 12 MONTHS sections.
2	Indicate <b>Yes, No or Unknown</b> for IS MEMBER CURRENTLY ON PSYCHOTROPIC MEDICATION?* Note: If user selects "Yes" then Medication information on the next clinical screen will be required.
3	Select the <b>Next</b> button. <ul style="list-style-type: none"> <li>The <b>Psychotropic Medications</b> screen will display next.</li> </ul>



## Completing Concurrent Requests, continued

### Key Step 10: Complete the Clinical Screens – Psychotropic Medications Screen

The Psychotropic Medications screen details the Psychotropic Medications that the member is currently utilizing and additional information regarding these medications.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	If user has selected “Yes” for IS MEMBER CURRENTLY ON PSYCHOTROPIC MEDICATION?* on the previous clinical screen, than Medication information on this page will be required.
2	Enter the DATE OF MOST RECENT MED EVALUATION or click UNKNOWN.*
3	Complete each of the Medication fields as necessary.  <b>NOTE: The hyperlink above each medication name field will bring up a list of psychotropic medications, sorted by class. If a medication is not listed in this list, users can choose ‘Other’ and then enter the name of the medication in the “Other” open text field below the Medication field.</b>
3	Select the <b>Next</b> button. ▪ The <b>Substance Abuse</b> screen will display next.

### Key Step 11: Complete the Clinical Screens – Substance Abuse Screen

The Substance Abuse screen details the member's substance abuse, withdrawal symptoms, vitals and ASAM/Other Placement criteria.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	The substance abuse screen will have been completed on the initial pre-certification of services.
2	Users may update or complete additional fields as needed.
3	Select the <b>Next</b> button. ▪ The <b>Focal Treatment Plan</b> screen will display next.



## Completing Concurrent Requests, continued

### Key Step 12: Complete the Clinical Screens – Focal Treatment Plan Screen

The Focal Treatment Plan screen details the member's focal treatment needs, the care planning team and the intervenable factors/goals of those treatment needs.

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	The focal treatment screen may have been completed on the initial pre-certification of services. Users will update or add information as necessary.
2	Update the Care Planning Team, if needed.
3	Update the Focal Treatment Need, if needed, in the Narrative Entry field. The Narrative History field will list the original information given during the initial authorization and possible subsequent reviews.
4	For each Intervenable goal/factor, users should update the Progress field from the drop down menu ( <i>i.e. Revised, Ongoing, Achieved, and Discontinued</i> ) and then provide Progress information in the Narrative Entry open text field below the Progress field. Users will also need to update Measureable Objective and Intervention fields.
3	Select the <b>Next</b> button. <ul style="list-style-type: none"> <li>The <b>Focal Treatment Plan</b> screen will display next.</li> </ul>

► Narrative Entry (81 of 250)

Why does the Member need this Care? What is the focus of the treatment?

1. \*Intervenable Factor/Goal

► Narrative History

► Narrative Entry (44 of 2000)

What symptomology are you looking change?

\*Measurable Objective

► Narrative History

► Narrative Entry (65 of 2000)

What do you want the Member to achieve to be ready for discharge?

\*Intervention

► Narrative History

► Narrative Entry (79 of 250)

How are you planning to use the you are requesting to support the member?

Target Date (MMDDYYYY)

Progress ONGOING

► Narrative History

► Narrative Entry (46 of 2000)

Additional Progress information can go here...

Date Revised 02212013 (MMDDYYYY)

Revision History



**Key Step 13:** The Additional MTPPR Information screen is only required for DCF Residential and Group Homes.

**Complete the Clinical Screens**  
 – **Additional MTPPR Information Screen**

Step	Action
1	This Clinical Screen is not required for inpatient requests.
3	Select the <b>Next</b> button. ▪ The <b>Treatment Request &amp; Discharge Planning</b> screen will display next.

**Key Step 14:** The Treatment Request & Discharge Planning screen allows for the capture of information about the authorization request and the discharge plans for the member.

**Complete the Clinical Screens**  
 – **Treatment Request & Discharge Planning Screen**

Below are the key actions for completing this step. Any field with an asterisk indicates that the field is required.

Step	Action
1	The Treatment Request & Discharge Planning tab will have been primarily completed on the initial review but some fields will be required when the review is concurrent.
2	Update the Treatment Request Sections by indicating <b>Yes</b> or <b>No</b> to IS THERE A CHILD OR ADULT IN MEMBER'S HOUSEHOLD IN NEED OF ANY SUPPORT SERVICES?
3	Select the PRIMARY REASON FOR CONTINUED STAY and PRIMARY BARRIER TO PROGRESS AND TREATMENT. Also, complete the IS SERVICE REQUESTED FOR HLOC BECAUSE APPROPRIATE LLOC NOT AVAILABLE question by selecting <b>Yes</b> or <b>No</b> .
4	Update the EXPECTED DISCHARGE DATE and select the PLANNED DISCHARGE LEVEL OF CARE from the drop down menu.
5	Select the PLANNED DISCHARGE RESIDENCE from the drop down menu.
6	Update Narrative Entry open text fields as needed for FOLLOW UP ACTIONS, CURRENT RECOMMENDATIONS, EFFORTS TAKEN, AND SIGNIFICANT BARRIERS
7	Select the <b>Submit</b> button.

**Key Step 9:** Once the **Submit** button is selected from the final clinical screen, the submission screen will display. **Inpatient Requests will be pended to the CT BHP clinical team for further review.**

**Request and Confirm Submission**

<b>Determination Status:</b> ***** PENDED *****				
The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.				
Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
ANITA IMDFOUR	TEMP000804350	01/01/1991	ANITA IMDFOUR	TEMP000804350
Pended Authorization #	Client Authorization #	Type of Request		
071112-1-1	U0532077	CONCURRENT		