

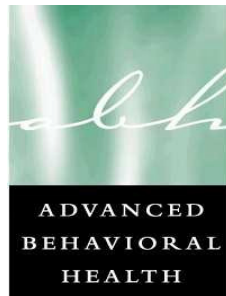
# **GENERAL ASSISTANCE** **BEHAVIORAL HEALTH PROGRAM**

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## ***Electronic Registration System (ERS)***

### **User Manual**

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Advanced Behavioral Health, Inc.  
April 2005

## Table of Contents

	<b>Page</b>
I. Introduction.....	3
II. System Access/System Requirements.....	4
III. Security Information.....	5
IV. Service/Level of Care Information	
A. Level I.1MH (Outpatient Mental Health).....	6
B. Level I.1SA (Outpatient Substance Abuse).....	8
C. Level I.2SA (Outpatient Methadone Detoxification).....	10
D. Level I.3SA (Methadone Maintenance).....	12
E. Level II.1SA (Substance Abuse Intensive Outpatient).....	14
F. Level II.1MH (Mental Health Intensive Outpatient).....	16
V. Using the System	
A. Access/Login & Password.....	18
B. Using the Care History Screen.....	19
C. Viewing Authorization Information/Clients In Care.....	19
D. Viewing Authorization Information/Discharged Clients.....	20
E. Registration Process.....	21
F. Continued Care Review.....	24
G. Discharge Notification.....	26
VI. How to Contact Us.....	28
VII. Rights & Responsibilities Statement.....	29
VIII. Access Confirmation Form.....	30
IX. Access Request Form.....	31
X. ERS Review Worksheet/Form.....	32
XI. ERS Discharge Notification Form.....	33

## **Introduction**

The Electronic Registration System (ERS) was developed in 2001 to introduce new efficiencies to agencies providing treatment services for clients served by the General Assistance Behavioral Health Program. ERS uses the latest Internet technology to provide a safe, secure method to approved users for the following functions:

- **View site-specific current and historical authorization information for GABHP clients authorized at your agency**

ERS allows providers with access to view ABH authorizations issued to a specific site location of their organization at any time during the contract's existence. This authorization information is client-specific, site-specific and episode-specific, and is available for any contracted level of care at the particular site. Access may be obtained for single site or multiple sites of a specific agency. **Single site access** allows the user to perform ERS system functions for a single location of the specific agency. **Multiple site access** allows the user to perform ERS system functions for all service locations of the specific agency contracted by DMHAS as part of the GABHP.

- **Obtain initial and continued care authorizations, with access to online verification of authorization for the following levels of care:**

- Level I.1MH (Outpatient Mental Health)
- Level I.1SA (Outpatient Substance Abuse)
- Level I.2SA (Outpatient Methadone Detoxification)
- Level I.3SA (Methadone Maintenance)

- **Provide discharge information for all levels of care**

Providers may use the discharge notification function in ERS to report discharge information for clients previously authorized at any level of care. The GA Behavioral Health Program requires that discharge plans be submitted for any service requiring authorization. ERS provides a mechanism for providers to supply this information in a quick, efficient fashion.

- **Monitor authorization information to allow for timely re-authorization for continuing care and efficient claims submission**

The ability to view current and historical authorization information sorted by authorization end date allows providers to pro-actively seek authorization for continued care in a timely fashion. It is hoped that this function will help your agency to avoid late notification or non-notification penalties.

## **System Access/System Requirements**

Due to the confidential nature of the information contained in the Electronic Review System, users must possess an active login and password to access ERS. Access to the system is granted upon successful completion of training, which takes approximately one (1) hour. ABH must obtain approval for any access to ERS from your immediate supervisor before a login/password will be granted. It is expected that any login/password will NOT be shared; this will preserve the integrity of the system.

In order to successfully access this secure internet-based system, users must have accessibility to the Internet. To successfully view the system, the computer used must have an Internet browser that will allow viewing of 128-bit encrypted transmission. The following are the minimum system requirements for Internet browsers:

- ◆ Internet Explorer (Microsoft): Version 4.0 or higher
- ◆ Netscape Navigator: Version 4.07 or higher

If your current Internet browser does not support use of ERS, access to browser upgrades has been made available through the Advanced Behavioral Health, Inc. web site at [www.abhct.com](http://www.abhct.com).

ERS is best viewed using the 800x600 resolution of your computer screen setting. The system may be viewed adequately at other resolutions such as 640x480, but use of the system is optimal at 800x600. The minimum modem speed should be no less than 56K.

## **Security Information**

The GA Behavioral Health Program is committed to protecting confidential client information and ensuring compliance with state and federal regulations regarding privacy and confidentiality. With Advanced Behavioral Health's security infrastructure in place as well as the security built into your own browser, we are confident that your online information is protected from those individuals not approved for access.

## **YOUR RESPONSIBILITY**

While ABH does everything it possibly can to protect the confidentiality of the online client information, we cannot do it alone. Just as in your treatment setting, where you take steps to protect your client records, you will need to take ownership of your online safety. Here are some important tips for protecting yourself and your clients while using the Electronic Review System via the Internet:

1. **NEVER** reveal your ERS login/password to anyone – EVER!! Your login and password are designed to protect the privacy of the client information available, but they can only work if you keep them secret. Each member of your agency wishing to use ERS must request and obtain their own individual access to the system. Attempts to break these passwords are monitored by special software, which will only allow three (3) attempts before the password needs to be reset by our office. If you suspect your online login/password has been compromised, contact us immediately at 800-606-3677, Ext. 6166. In order to reactivate or change your password, you will be asked to answer a challenge question. The challenge question and expected answer is discussed with you during your training. This account validation protects your privacy by preventing unauthorized individuals from changing your account information.
2. Don't leave your computer while you are in the midst of an ERS online session.
3. When you are finished using ERS, be sure to leave the system by using the HOME button at the top left of the screen before visiting other web sites.
4. If other people have access to your computer, clear your browser's cache in order to remove copies of web pages that may have been stored temporarily on your system. Refer to your browser's Help file for instructions on clearing your cache.
5. If you send email to any Advanced Behavioral Health staff member, please remember to not include any client identifiers such as a name or Social Security number in your email. Email sent via the internet is potentially able to be read in transit by others.
6. ABH reserves the right to suspend or terminate any user's access at any time if there is evidence of misuse or breach of security. Reactivation may be considered following submission of a corrective action plan by the user.

## **System Security**

Advanced Behavioral Health, Inc. uses 128-bit encryption during your online sessions to safeguard your data. Encryption is essentially a sophisticated way of scrambling the information you enter online before it leaves your computer, so that it will be totally unreadable if it is intercepted by another party.

You can identify that your online information is encrypted in Netscape if the small key or lock at the bottom left-hand corner of your screen is unbroken. Users of Microsoft web browsers will see a lock appear during an encrypted session.

## **Other Security Features**

We have in place a "Firewall" which is highly sophisticated software and hardware that reviews data coming in and out of our system, so that only authorized users are able to pass information in to our Case Management System. ERS users have limited access to the minimally necessary client-specific, site-specific current and historical authorization information stored in our Case Management Review System, but are restricted from access to any clinical data. Any data entered in ERS that does not conform to the policies and procedures associated with the GA Behavioral Health Program will result in rejection of the authorization request. Clinical data entered and saved by the user during the session will be transmitted to our Case Management Review System and will be reviewed by the clinician assigned to your agency.

The data entered by system users are stored on secure servers within ABH. ABH servers physically reside in a locked data center and are protected against data loss. The data center stores data entered in a backup file three times a day and maintains these backup files outside of the organization for redundancy and recovery purposes.

To help you ensure that you are really connected to ERS during your online sessions, we use digital identity verification. ABH has a digital server certification from VeriSign™ which your browser uses each time you sign on to let you verify that you are connected to ERS. This certificate enables the IIS server to perform SSL encryption at the 128-bit level. The server certification can be viewed at the bottom of the page by clicking on the VeriSign™ gold medal symbol.

Lastly, we have other security measures that we have put in place which are HIPAA compliant and reflective of industry standard. These security measures are in place to guarantee that we meet our commitment to protecting and serving the clients served by the GA Behavioral Health Program, as well as improving the efficiency of your agency.

## **Level I.1MH – Outpatient Mental Health Treatment**

### **Level of Care Description**

The services covered under an authorization for this level of care involve the evaluation, diagnosis and treatment of individuals, couples or families and include standard outpatient services such as individual, group and family therapies, medication management.

### **What is the difference between an authorization for Level I.1MH and I.1SA?**

Authorization should be requested for Level I.1MH (Outpatient Mental Health) when:

- The client has a primary Axis I diagnosis considered to be psychiatric which will be the major focus of the planned treatment
- The client has co-occurring psychiatric and substance abuse disorders, but the focus of the planned treatment is primarily on the psychiatric disorder

### **Authorization Time Requirements**

The initial authorization (registration) must be entered no later than ten (10) business days following the first visit. If a late request is attempted, you will be directed to contact Advanced Behavioral Health, Inc. Requests for continued care may be entered up to two (2) days prior to the expiration of the current authorization, but no later than the date the current authorization expires. Continued Care Reviews entered prior to the date the current authorization expires must be completed and authorized by ABH clinical staff.

### **Registration Information Requirements**

Required fields (viewed in ERS in Red text) are:

- Client's EMS Identification Number
- Admission date (Date of First Visit)
- Service/Level of Care Requested
- Primary Focus of Treatment (Psychiatric/Dual Diagnosis)
- Axis I diagnosis (If Dual Diagnosis, one Psychiatric and one Substance Abuse Diagnosis will be required)
- Type of Visits planned (i.e., Individual, Group, Family, etc.)
- Anticipated Discharge Date
- Anticipated Aftercare Plan

### **Continued Care Information Requirements**

Required fields (viewed in ERS in Red text) are:

- Client's name/EMS Identification Number must be selected from the Care History Screen
- Primary Focus of Treatment (Psychiatric/Substance Abuse/Dual Diagnosis)
- Axis I Diagnosis (If Dual Diagnosis, one Psychiatric and one Substance Abuse Diagnosis is required)
- Current Symptoms (selected from Symptom Checklist)
- Current Treatment Status (selected from Status Checklist)
- Current Medications, if any
- If client is seen for active (acute) or maintenance care
- Current Type of Visits (i.e., Individual, Group, Family, etc.)
- Number of additional visits for which you are requesting authorization
- Anticipated Discharge Date
- Anticipated Aftercare Plan (Service Level, Name of Provider)

## **Level I.1MH (Outpatient Mental Health)**

### **Authorization Description/Limitations**

With the exception of the initial evaluation (CPT Code - 90801), authorizations issued in ERS are provided in an authorization grouping called a bucket code, which appears in authorization letters as OPBEH. Providers must make a selection in the ERS related to what types of visits are anticipated. The number of sessions authorized will correspond with the number entered in the Number of Visits field in ERS, but cannot exceed a **total** of twenty-six (26) visits. If the client has been seen for an initial evaluation (Procedure Code 90801), you must indicate this in your registration.

With the exception of psychological/neuropsychological testing and Electro-convulsive (ECT) therapy, providers may use the OPBEH authorization to submit claims for any contracted Level I.1MH service provided according to GA Behavioral Health Program guidelines as long as the total number of visits does not exceed those authorized.

Please note that a provider organization may not be reimbursed for more than one (1) initial evaluation (procedure code 90801) within a six-month period, or if the client for whom authorization is sought is admitted to a higher level of care at the same provider organization within ten (10) calendar days following the initial evaluation.

### **In what situations would providers be unable to obtain authorization in ERS?**

- If the provider is seeking authorizations for psychological/neuropsychological testing or Electro-convulsive Therapy (ECT) – Providers must submit a written Psychological Evaluation Request (PER) form to ABH to request authorization for services. To request authorization for ECT, providers must contain the ABH pre-certification line at (800) 606-3677.
- The client has a current, active authorization on file for any level of care (Registrations). Continued Care authorization cannot be obtained if the client has a current, active authorization on file for the same level of care at another agency.
- The client does not yet have an assigned EMS Identification number, and/or is not on file with the GA Behavioral Health Program
- The provider has requested an authorization for services more than 10 business days after the date of admission, or is requesting continuing care authorization after expiration of the previous authorization
- The provider has requested continuing authorization for services more than 5 days prior to the expiration of the current authorization
- The provider has attempted to obtain authorization for a non-contracted service

### **What should happen if the request for authorization is not accepted?**

***If the request for registration is not allowed before or after clinical information is entered***, please contact our clinical staff at (800) 606-3677, Option 1 on the telephone menu. Any clinician available should be able to assist you in determining the next possible action to take.

***If the request for continued care is not allowed, either before or after clinical information is entered***, please contact the Advanced Behavioral Health clinician assigned to your agency to determine the next possible action to take. If you are unsure of how to contact your assigned ABH clinician, or your request is of an urgent nature, please contact our clinical staff at (800) 606-3677.

## **Level I.1SA – Outpatient Substance Abuse Treatment**

### **Level of Care Description**

The services covered under an authorization for this level of care includes, but is not limited to, professionally directed evaluation and treatment services for clients with substance abuse disorders. Services are provided in regularly scheduled weekly sessions, but no less frequently than every 30 days.

### **What is the difference between an authorization for Level I.1SA and I.1MH?**

Authorization should be requested for Level I.1SA (Outpatient Substance Abuse) when:

- The client has a primary Axis I diagnosis considered to be substance-abuse related which will be the major focus of the planned treatment
- The client has co-occurring substance abuse and psychiatric disorders, but the focus of the planned treatment is primarily on the substance abuse disorder

### **Authorization Time Requirements**

The initial authorization (registration) must be entered no later than ten (10) business days following the first visit. If a late request is attempted, you will be directed to contact Advanced Behavioral Health, Inc. Requests for continued care may be entered up to two (2) days prior to the expiration of the current authorization, but no later than the date the current authorization expires. Continued Care Reviews entered prior to the date the current authorization expires must be completed and authorized by ABH clinical staff.

### **Registration Information Requirements**

Required fields (viewed in ERS in **Red** Text) are:

- Client's EMS Identification Number
- Admission date (Date of First Visit)
- Service/Level of Care Requested
- Primary Focus of Treatment (Substance Abuse/Dual Diagnosis)
- Axis I diagnosis (If Dual Diagnosis, one Substance Abuse and one Psychiatric Diagnosis will be required)
- Type of Visits planned (i.e., Individual, Group, Family, etc.)
- Anticipated Discharge Date
- Anticipated Aftercare Plan

### **Continued Care Information Requirements**

Required fields (viewed in ERS in **Red** Text) are:

- Client's name/EMS Identification Number must be selected from the Care History Screen
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I Diagnosis (If Dual Diagnosis, one Substance Abuse and one Psychiatric Diagnosis is required)
- Current Symptoms (selected from Symptom Checklist)
- Current Treatment Status (selected from Status Checklist)
- Current Medications, if any
- If client is seen for active (acute) or maintenance care
- Current Type of Visits (i.e., Individual, Group, Family, etc.)
- Number of additional visits for which you are requesting authorization
- Anticipated Discharge Date
- Anticipated Aftercare Plan (Service Level, Name of Provider)



## **Level I.1SA – Outpatient Substance Abuse Treatment**

### **Authorization Description/Limitations**

With the exception of the initial evaluation (CPT Code - 90801), authorizations issued in ERS are provided in an authorization grouping called a bucket code, which appears in authorization letters as OPBEH. Providers must make a selection in the ERS related to what type of visits are anticipated and enter the number of visits they are requesting. This authorization differs from those previously issued because it does not assign a specific number of authorized units to a specific revenue code. The number of sessions authorized will correspond with the number entered in the Number of Visits field in ERS, but cannot exceed a **total** of twenty-six (26) visits. If the client has been seen for an initial evaluation (Procedure Code 90801), you must indicate this in your registration.

With the exception of psychological/neuropsychological testing and Electro-convulsive (ECT) therapy, providers may use the OPBEH authorization to submit claims for any contracted Level I.1MH service provided according to GA Behavioral Health Program guidelines as long as the total number of visits does not exceed those authorized.

Please note that a provider organization may not be reimbursed for more than one (1) initial evaluation (procedure code 90801) within a six-month period, or if the client for whom authorization is sought is admitted to a higher level of care at the same provider organization within ten (10) calendar days following the initial evaluation.

### **In what situations would providers be unable to obtain authorization in ERS?**

- The client has a current, active authorization on file for any level of care (registrations). Continued Care authorization cannot be obtained if the client has a current, active authorization on file for the same level of care at another agency.
- If the provider is seeking authorizations for psychological/neuropsychological testing or Electro-convulsive Therapy (ECT) – Providers must submit a written Psychological Evaluation Request (PER) form to ABH to request authorization for services. To request authorization for ECT, providers must contain the ABH pre-certification line at (800) 606-3677.
- The client does not yet have an assigned EMS Identification number, and/or is not on file with the GA Behavioral Health Program
- The provider has requested an authorization for services more than 10 business days after the date of admission, or is requesting continuing care authorization after expiration of the previous authorization
- The provider has requested continuing authorization for services more than 5 days prior to the expiration of the current authorization
- The provider has attempted to obtain authorization for a non-contracted service

### **What should happen if the request for authorization is not accepted?**

***If the request for registration authorization is not allowed before or after clinical information is entered***, please contact our clinical staff at (800) 606-3677, Option 1 on the telephone menu. Any clinician available should be able to assist you in determining the next possible action to take.

***If the request for continued care authorization is not allowed, either before or after clinical information is entered***, please contact the Advanced Behavioral Health clinician assigned to your agency to determine the next possible action to take. If you are unsure of how to contact your assigned ABH clinician, or your request is of an urgent nature, please contact our clinical staff at (800) 606-3677.

## **Level I.2 SA – Outpatient Methadone Detoxification**

### **Level of Care Description**

The outpatient services covered under an authorization for this level of care are designed to enable the GA client to become opiate-free within 30 days for short-term detoxification, or between 31 and 180 days for long-term detoxification.

### **Authorization Time Requirements**

The initial authorization (registration) must be entered no later than the date that services begin. If a late request is attempted, you will be directed to contact Advanced Behavioral Health, Inc. Requests for continued care may be entered up to three (3) days prior to the expiration of the current authorization, but must be entered no later than the date the current authorization expires. Continued Care Reviews entered prior to the date the current authorization expires must be completed and authorized by ABH clinical staff.

### **Registration Information Requirements**

Required fields (viewed in ERS in Red Text) are:

- Client's EMS Identification Number
- Admission date (Date of First Visit)
- Service/Level of Care Requested
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I diagnosis (If Dual Diagnosis, one Substance Abuse and one Psychiatric Diagnosis will be required)
- Axis II – V diagnoses
- Substance Abuse History (includes type of substance, amount/frequency/method of use, date of last use, and age of first use)
- Current Symptoms (symptom checklist)
- Current Status (status checklist)
- Medications (including Methadone dosage planned)
- Treatment Plan
- Frequency of Visits (usually 7 days/week)
- Requested Number of Units
- Anticipated Discharge Date
- Anticipated Aftercare Plan

### **Continued Care Information Requirements**

Required fields (viewed in ERS in Red Text) are:

- Client's name/EMS Identification Number must be selected from the Care History Screen
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I Diagnosis (If Dual Diagnosis, one Substance Abuse and one Psychiatric Diagnosis is required)
- Current Symptoms (selected from Symptom Checklist)
- Current Treatment Status (selected from Status Checklist)
- Date and Results of most recent drug toxicology
- Current Medications, including Methadone dosage
- Treatment Plan
- Number of Days/Week client is receiving services
- Number of additional visits for which you are requesting authorization
- Anticipated Discharge Date
- Anticipated Aftercare Plan (Service Level, Name of Provider)

## **Level I.2SA – Outpatient Methadone Detoxification**

### **Authorization Description/Limitations**

Authorizations issued for this level of care are issued in unit measurements of a day. Based on the UM guidelines designed by the Department of Mental Health & Addiction Services for use with the GA Behavioral Health Program, the maximum number of units (days) allowable is twenty-one (21) at time of registration or forty-five (45) at time of continued stay.

### **In what situations would providers be unable to obtain authorization in ERS?**

- The client has a current, active authorization on file for any level of care (registration). Continued Care authorization cannot be obtained if the client has a current, active authorization on file for the same level of care at another agency.
- The client does not yet have an assigned EMS Identification number, and/or is not on file with the GA Behavioral Health Program
- The provider has requested an initial authorization for services after the date of admission, or is requesting continuing care authorization after expiration of the previous authorization
- The provider has requested continuing authorization for services more than 1 day prior to the expiration of the current authorization
- The provider has attempted to obtain authorization for a non-contracted service

### **What should happen if the request for authorization is not accepted?**

***If the request for registration is not allowed before or after clinical information is entered,*** please contact our clinical staff at (800) 606-3677, Option 1 on the telephone menu. Any clinician available should be able to assist you in determining the next possible action to take.

***If the request for continued care is not allowed, either before or after clinical information is entered,*** please contact the Advanced Behavioral Health clinician assigned to your agency to determine the next possible action to take. If you are unsure of how to contact your assigned ABH clinician, or your request is of an urgent nature, please contact our clinical staff at (800) 606-3677.

## **Level I.3SA – Methadone Maintenance**

### **Level of Care Description**

The outpatient services covered under an authorization for this level of care involve daily methadone prescribed at individualized dosages, regularly scheduled psychosocial treatment sessions, and health education.

### **Authorization Time Requirements**

The initial authorization (registration) must be entered no later than the date that services begin. If a late request is attempted, you will be directed to contact Advanced Behavioral Health, Inc. Requests for continued care may be entered up to three (3) days prior to the expiration of the current authorization, and must be entered no later than the date the current authorization expires. Continued Care Reviews entered prior to the date the current authorization expires must be completed and authorized by ABH clinical staff.

### **Registration Information Requirements**

Required fields (viewed in ERS in **Red** Text) are:

- Client's EMS Identification Number
- Admission date (Date of First Visit)
- Service/Level of Care Requested
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I diagnosis (If Dual Diagnosis, one Substance Abuse and one Psychiatric Diagnosis will be required)
- Axis II – V diagnoses
- Substance Abuse History (includes type of substance, amount/frequency/method of use, date of last use, and age of first use)
- Current Symptoms (symptom checklist)
- Current Status (status checklist)
- Medications (including Methadone dosage planned)
- Treatment Plan
- Frequency of Visits (usually 7 days/week)
- Requested Number of Units
- Anticipated Discharge Date
- Anticipated Aftercare Plan

### **Continued Care Information Requirements**

Required fields (viewed in ERS in **Red** Text) are:

- Client's name/EMS Identification Number must be selected from the Care History Screen
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I Diagnosis (If Dual Diagnosis, one Substance Abuse and one Psychiatric Diagnosis is required)
- Current Symptoms (selected from Symptom Checklist)
- Current Treatment Status (selected from Status Checklist)
- Date and Results of most recent drug toxicology
- Current Medications, including Methadone dosage
- Treatment Plan
- Number of Days/Week client is receiving services
- Number of additional visits for which you are requesting authorization
- Anticipated Discharge Date
- Anticipated Aftercare Plan (Service Level, Name of Provider)

## **Level I.3SA – Methadone Maintenance**

### **Authorization Description/Limitations**

Authorizations issued for this level of care are issued in weekly units. Based on the UM guidelines designed by the Department of Mental Health & Addiction Services for use with the GA Behavioral Health Program, the maximum number of units (weeks) allowable is fifty-two (52), either at the time of registration or at continued stay.

### **In what situations would providers be unable to request or obtain authorization in ERS?**

- The client has a current, active authorization on file for any level of care (registration). Continued Care authorization cannot be obtained if the client has a current, active authorization on file for the same level of care at another agency.
- The client does not yet have an assigned EMS Identification number, and/or is not on file with the GA Behavioral Health Program
- The provider has requested an initial authorization for services after the date of admission, or is requesting continuing care authorization after expiration of the previous authorization
- The provider has requested continuing authorization for services more than 1 day prior to the expiration of the current authorization
- The provider has attempted to obtain authorization for a non-contracted service

### **What should happen if the request for authorization is not accepted?**

***If the request for registration is not allowed before or after clinical information is entered,*** please contact our clinical staff at (800) 606-3677, Option 1 on the telephone menu. Any clinician available should be able to assist you in determining the next possible action to take.

***If the request for continued care is not allowed, either before or after clinical information is entered,*** please contact the Advanced Behavioral Health clinician assigned to your agency to determine the next possible action to take. If you are unsure of how to contact your assigned ABH clinician, or your request is of an urgent nature, please contact our clinical staff at (800) 606-3677.

## **SA II.1 – Intensive Outpatient**

### **Level of Care Description**

The services covered under an authorization for this level of care include non-residential services provided in a private freestanding psychiatric hospital, general hospital, state-operated facility or a facility licensed to offer "Outpatient Treatment". This services provides each GA client three to four hours per day, three to five days per week of clinically intensive programming based on an individualized treatment plan inclusive of one therapy session per day. Treatment focuses on relapse prevention.

### **Authorization Time Requirements**

The initial authorization (registration) must be entered no later than the date that services begin. If a late request is attempted within five days of the admission date, you will be directed to contact ABH after entering the request in ERS. If your late request for authorization is attempted more than five days after admission, you will be directed to call ABH. Requests for continued care may be entered up to three (3) days prior to the expiration of the current authorization, and must be entered no later than the date the current authorization expires. Continued Care Reviews entered prior to or after the date the current authorization expires must be completed and authorized by ABH clinical staff.

### **Registration Information Requirements**

Required fields (viewed in ERS in **Red** Text) are:

- Client's EMS Identification Number
- Admission date (Date of First Visit)
- Service/Level of Care Requested
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I diagnosis (If Co-occurring Disorders are present, one Substance Abuse and one Psychiatric Diagnosis will be required)
- Axis II – V diagnoses
- Substance Abuse History (includes type of substance, amount/frequency/method of use, date of last use, and age of first use)
- Current Symptoms (symptom checklist)
- Treatment Plan
- Requested Number of Days
- Frequency of Visits (number of days/week the client is expected to attend)
- Anticipated Discharge Date
- Anticipated Discharge (Aftercare) Plan

### **Continued Care Information Requirements**

Required fields (viewed in ERS in **Red** Text) are:

- Client's name/EMS Identification Number (must be selected from the Care History Screen)
- Primary Focus of Treatment (Substance Abuse or Dual Diagnosis)
- Axis I Diagnosis (If Co-occurring Disorders are present, one Substance Abuse and one Psychiatric Diagnosis is required)
- Current Symptoms (selected from Symptom Checklist)
- Current Treatment Status (selected from Status Checklist)
- Current Medications, if any
- Treatment Plan
- Number of Days/Week client is receiving services
- Number of additional visits for which you are requesting authorization
- Anticipated Discharge Date
- Anticipated Aftercare Plan (Service Level, Name of Provider)

## **SA II.1 – Intensive Outpatient (continued)**

### **Authorization Description/Limitations**

Authorizations issued for this level of care are issued in unit measurements of a day. Based on the UM guidelines designed by the DMHAS for use with the GABHP, the maximum number of units (days) allowable is up to ten (10) at time of registration or up to seven (7) at continued stay.

### **In what situations would providers be unable to obtain authorization in ERS?**

- The client has a current, active authorization on file for any level of care. Continued Care authorization cannot be obtained if the client has a current, active authorization on file for the same level of care at another agency.
- The client does not yet have an assigned EMS Identification number, and/or is not on file with the GABHP
- The provider has requested an initial authorization for services after the date of admission, or is requesting continuing care authorization after expiration of the previous authorization
- The provider has requested continuing authorization for services more than one (1) day prior to the expiration of the current authorization
- The provider has attempted to obtain authorization for a non-contracted service
- Patterns of service utilization in the current episode of care have been identified by ABH clinical staff for outlier review, based on frequency or number of visits authorized.

### **What should happen if the request for authorization is not accepted?**

***If the request for registration is not allowed before or after clinical information is entered,*** please contact our clinical staff at (800) 606-3677, Option 1 on the telephone menu. Any clinician available should be able to assist you in determining the next possible action to take.

***If the request for continued care is not allowed, either before or after clinical information is entered,*** please contact the ABH clinician assigned to your agency to determine the next possible action to take. If you are unsure how to contact your assigned ABH clinician, or your request is of an urgent nature, please contact our clinical staff at (800) 606-3677.

## **MH II.1 – Intensive Outpatient**

### **Level of Care Description**

The services covered under an authorization for this level of care include non-residential services provided in a private freestanding psychiatric hospital, general hospital, state-operated facility, or in a facility licensed to offer “Psychiatric Outpatient Clinic for Adults”. This service provides each client three to four hours per day, three to five days per week of clinically intensive programming based on an individualized treatment plan, inclusive of one therapy session per day. Treatment focuses on reducing symptoms, improving functioning, maintaining community tenure, preventing relapse and reducing the likelihood that care will be required in a more restrictive setting.

### **Authorization Time Requirements**

The initial authorization (registration) must be entered no later than the date that services begin. If a late request is attempted within five days of the admission date, you will be directed to contact ABH after entering the request in ERS. If your late request for authorization is attempted more than five days after admission, you will be directed to call ABH. Requests for continued care may be entered up to three (3) days prior to the expiration of the current authorization, and must be entered no later than the date the current authorization expires. Continued Care Reviews entered prior to or after the date the current authorization expires must be completed and authorized by ABH clinical staff.

### **Registration Information Requirements**

Required fields (viewed in ERS in Red Text) are:

- Client’s EMS Identification Number
- Admission date (Date of First Visit)
- Service/Level of Care Requested
- Primary Focus of Treatment (Psychiatric or Dual Diagnosis)
- Axis I diagnosis (If Co-occurring Disorders are present, one Psychiatric and one Substance Abuse Diagnosis will be required)
- Axis II – V diagnoses
- Substance Abuse History (includes type of substance, amount/frequency/method of use, date of last use, and age of first use – required only if Dual Diagnosis has been selected as the primary focus of treatment)
- Current Symptoms (symptom checklist)
- Treatment Plan
- Requested Number of Days
- Frequency of Visits (number of days/week the client is expected to attend)
- Anticipated Discharge Date
- Anticipated Discharge (Aftercare) Plan

### **Continued Care Information Requirements**

Required fields (viewed in ERS in Red Text) are:

- Client’s name/EMS Identification Number (must be selected from the Care History Screen)
- Primary Focus of Treatment (Psychiatric or Dual Diagnosis)
- Axis I Diagnosis (If Co-occurring Disorders are present, one Psychiatric and one Substance Abuse Diagnosis is required)
- Current Symptoms (selected from Symptom Checklist)
- Current Treatment Status (selected from Status Checklist)
- Current Medications, if any
- Treatment Plan
- Number of Days/Week client is receiving services
- Number of additional visits for which you are requesting authorization
- Anticipated Discharge Date



- Anticipated Aftercare Plan (Service Level, Name of Provider)

### **Authorization Description/Limitations**

Authorizations issued for this level of care are issued in unit measurements of a day. Based on the UM guidelines designed by the DMHAS for use with the GABHP, the maximum number of units (days) allowable is up to ten (10) at time of registration or up to seven (7) at continued stay.

### **In what situations would providers be unable to obtain authorization in ERS?**

- The client has a current, active authorization on file for any level of care (registration). Continued Care authorization cannot be obtained if the client has a current, active authorization on file for the same level of care at another agency.
- The client does not yet have an assigned EMS Identification number, and/or is not on file with the GABHP
- The provider has requested an initial authorization for services after the date of admission, or is requesting continuing care authorization after expiration of the previous authorization
- The provider has requested continuing authorization for services more than one (1) day prior to the expiration of the current authorization
- The provider has attempted to obtain authorization for a non-contracted service
- Patterns of service utilization in the current episode of care have been identified by ABH clinical staff for outlier review, based on frequency or number of visits authorized.

### **What should happen if the request for authorization is not accepted?**

***If the request for registration is not allowed before or after clinical information is entered,*** please contact our clinical staff at (800) 606-3677, Option 1 on the telephone menu. Any clinician available should be able to assist you in determining the next possible action to take.

***If the request for continued care is not allowed, either before or after clinical information is entered,*** please contact the ABH clinician assigned to your agency to determine the next possible action to take. If you are unsure how to contact your assigned ABH clinician, or your request is of an urgent nature, please contact our clinical staff at (800) 606-3677.

## Using the System

### Access to the System

Because of the need to protect the information collected by the GA Behavioral Health Program Utilization Management program, access to the Electronic Registration System (ERS) is restricted to approved users only. To obtain access to ERS, an individual must:

- ◆ Be employed by a provider who is contracted with DMHAS for the General Assistance Behavioral Health Program
- ◆ Receive the approval for access, including type of access (single or multi-site) from their immediate supervisor (written or verbal confirmation obtained by ABH)
- ◆ Receive training provided by Advanced Behavioral Health, Inc. in the proper use of the system
- ◆ Receive a unique, individualized login and password which is to be used by the registered user ONLY

### Login/Password Access

Access to the Login screen is obtained by going to the Advanced Behavioral Health, Inc. web site address given to you at the time of training. At the left side of the home page, you will see a link button called "ERS". By clicking your mouse on the link button, the following screen will appear:

The screenshot shows the login interface for the DMHAS General Assistance Electronic Registration System. At the top, there is a logo for Advanced Behavioral Health and the system title. Below the title are four navigation buttons: Home, Login, Care History, and Register Client. The main content area features the text "Please Login First" above a blue login form. The form contains two input fields: "User Name:" and "Password:". A "Go" button is positioned to the right of the password field.

Type your assigned login in the field for User Name. Move to the Password window by hitting the Tab key on your keyboard *OR* by clicking your mouse on the Password field. Once you have entered both your User Name and Password, hit the Enter key on your keyboard *OR* click your mouse on the Go button to the right of the Password field. If you have entered your User Name and Password correctly, the screen shown below, known as the Care History Screen, should appear.

The screenshot shows the Care History screen. It features the same navigation buttons as the login screen. Below the navigation buttons is a section titled "Provider Service Location:" with a dropdown menu labeled "Select a Provider Location". There are two buttons: "Clients Currently In Care" (highlighted in red) and "Discharged Clients". Below these buttons, it displays "Total Clients: 0, Start at 0". To the right, there is a "Sort By" dropdown menu set to "Client Name" and a "Go" button. At the bottom, there is a table header with columns: Client Name, EMS ID, Level of Care, Units, From, To, and HU.

## Using the Care History Screen

The Care History Screen is important in providing a variety of functions in ERS. The different varieties of functions available with ERS are accessible from the Care History Screen and include:

- ◆ Ability to view current and historical authorization for all clients served at a specific site location of the provider
- ◆ Ability to view client-specific, episode-specific authorization information
- ◆ Ability to register clients (obtain initial authorizations) for the following levels of care:
  - Level I.1MH (Outpatient Mental Health)
  - Level I.1SA (Outpatient Substance Abuse)
  - Level I.2SA (Outpatient Methadone Detoxification)
  - Level I.3SA (Methadone Maintenance)
- ◆ Ability to request continued care authorizations for the levels of care mentioned above
- ◆ Ability to report discharge information on clients previously authorized at any level of care

### Viewing Authorization Information – Clients Currently In Care

1. The **Clients Currently In Care** section contains any client previously authorized with the GABHP for whom discharge notification has not been received. **If you are a user with multiple-site access**, you will need to select the site location for which you wish to view authorization information. To select a location, choose a location from the dropdown menu selection of the field Provider Service Location, seen below. **CAUTION!!! When selecting a site location, please note that only those listings in UPPER CASE are active sites for your agency – agency locations listed in upper and lower case are no longer active in our system, but may contain information on clients authorized prior to 12/8/00.** If you are a user with single-site access, the Provider Service location field will be pre-filled for you.

The screenshot shows the DMHAS General Assistance Electronic Registration System interface. At the top, there is a navigation bar with buttons for 'Home', 'Login', 'Care History', and 'Register Client'. Below this is a 'Provider Service Location' dropdown menu with the text 'Select a Provider Location'. The main content area is divided into two sections: 'Clients Currently In Care' (highlighted in green) and 'Discharged Clients' (highlighted in dark green). At the bottom, it displays 'Total Clients: 0, Start at 0' and a 'Sort By' dropdown menu with options: Client Name, EMS ID, Level of Care, Units, From, To, and HU. A 'Go' button is next to the dropdown menu.

2. To View Clients currently in care, click your mouse on the green box with the text Clients Currently In Care. There are multiple ways to sort the client list, shown at right. To choose a sort method, simply choose the preferred method from the dropdown menu, then click your mouse on the GO button at far right.  
*\*\*Note: HU refers to High utilizer, a designation given to clients who have had 4 or more admissions to acute care in the last six months.*
3. To View Client-Specific, Episode-Specific authorization information, simply move your mouse over the name of the client you wish to view. Click your mouse on the “View” button to the far right of the line listing the client’s name. A new screen will appear which will list each authorization segment for the client for that specific episode of care.

**Viewing Authorization Information – Discharged Clients**

1. The **Discharged Clients** section contains any episode of care authorized by the GABHP which has been closed (discharge notification received). To view authorization information for discharge clients, click your mouse on the box titled Discharged Clients, as shown below.

**Provider Service Location:**  
Select a Provider Location

**Clients Currently In Care**      **Discharged Clients**

**Total Clients: 0, Start at 0**

**Discharged On or After:**  **GO**

**Sort By:** Client Name **GO**

**EMS ID:**  **GO**

Client Name	EMS ID	Level of Care	Units	Level of Care	Units	From	To	Decision
								HU

2. Next, click your mouse on the field to the right of the text “Discharged On or After” and enter a date parameter. *Note: Please be aware that the volume of clients in your search will lengthen if the date entered extends back to the beginning of the contract, 10/1/98.* Now, click your mouse on the GO button at the right side of the date field. The clients will appear in an alphabetical list.
3. If you would like the client list sorted using a different criteria such as level of care, select how you would like this client list sorted by selecting a choice from the “Sort By” field. Once you have selected a sort option, click your mouse on the GO button at the right side of the Sort field.
4. To View Client-Specific, Episode-Specific authorization information, simply move your mouse over the name of the client you wish to view. Now, click your mouse on the “View” button to the far right side of the line containing the client’s name. A new screen will appear which will list each authorization segment for the client for that specific episode of care. An example is shown below:

**Provider Service Location:** THE HARTFORD DISPENSARY, THE NEW BRITAIN CLINI

**EMS ID:** 999-88-7777S      DOE, JOHN

**HU (High Utilizer):** No

PA Number	Procedure	Units	From	To	Decision
55554444	3001Y	13	12/11/00	3/12/01	Approve

**Continue Care**      **Discharge Recipient**

## Registration Process

The screenshot shows a web interface with a yellow background. At the top, there are four green buttons: "LOC/Client", "Diagnosis", "History/Status", and "Treatment". Below these buttons, the text "Provider Service Location:" is displayed in red. Underneath, there is a text input field containing "Select a Provider Location". Below that, there are three red labels with corresponding input fields: "Level of Care:" with a dropdown menu showing "Select Level of Care", "Review Type:" with a dropdown menu showing "Psychiatric", and "Admission Date:" with three separate input boxes for month, day, and year. Below these is the "EMS ID:" label followed by three input boxes separated by dashes and a larger empty input field. At the bottom, there are two buttons: "Save and Continue" and "Reset".

1. To begin the registration process, click on the button at the top right of the Care History Screen which says "Register Client". **If you are a provider with single site access**, your agency name and location will have pre-filled into the Provider Service Location field. **If you are a provider with multiple site access**, you will need to select which of your agency locations you are seeking authorization for. **CAUTION!!! When selecting a site location, please note that only those listings in UPPER CASE are active sites for your agency – agency locations listed in upper and lower case are no longer active in our system and no authorization can be issued for those listings.** Once the provider service location has been selected, proceed to fill in the required fields on the screen (displayed as red text). **\*\*Note:** The client's EMS Identification Number is the only method available for selecting the client to be authorized. When adding the EMS ID to the system, you must type the letter "S" at the end of the EMS ID# or the system will not be able to read the number. Once you have entered the client's EMS ID#, click the Save and Continue button.
2. Your screen should now be on the Diagnosis page, seen below. Please enter information in the required (red text) Axis I – V diagnosis fields. Axis I, Axis II and Axis III diagnoses, if required, can be selected from a dropdown menu. Once all required fields have been filled, click the Save and Continue button. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed in the review.

The screenshot shows the same web interface as the previous one, but now the "Diagnosis" button is highlighted in green. Below the buttons, there are five red labels with corresponding input fields: "Axis I Diagnosis:" with a dropdown menu showing "Select one", "Secondary Axis I Diagnosis:" with a dropdown menu showing "Select one", "Axis II Diagnosis:" with a dropdown menu showing "Select one", "Axis III Diagnosis:" with a dropdown menu showing "Select one", and "Axis IV Diagnosis:" with a large empty text area.

3. Your screen should now be on the History/Status page, seen below. Please enter information in the required (red text) fields. Fields with available dropdown menus will have an arrow at the right of the field. Open fields, such as the Quantity field in Substance Abuse History, are narrative text fields that will allow you to type in information. Check box fields, such as those contained in the Symptom Checklist, are filled simply by clicking your mouse on the checkbox. Once all required fields have been filled, click the Save and Continue button. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed.

4. The Substance Abuse History fields are required for registrations for Methadone Detox and Methadone Maintenance. You must add a line for each substance the client has used. The definitions of the information needed in each field are as follows:
- Substance: Choose the substance or substance type from the dropdown menu provided
  - Last Use Date: Enter the date the client last used the substance. If unknown, enter the date “01/01/1980”,
  - Method: Choose the method the client utilizes to ingest the substance from a dropdown menu selection. You will note that some selections indicate multiple methods of use.
  - AFU (Age of First Use): Enter the age at which the client began to use the identified substance. If unknown, enter zero.
  - Quantity: Type in narrative text the amount of the substance used by the client. Commonly used slang terms such as “bags”, “fifth”, etc. are acceptable. If unable to quantify, type “Unknown”.
  - Frequency: Type in narrative text the frequency with which the client uses the substance. If unknown, type “Unknown”.
5. Your screen should now be on the last page of the review, Treatment, as seen below. Please enter information in the required (red text) fields. **NOTE:** For outpatient services (Levels I.1MH and I.1SA), the Evaluation checkbox **must** be selected if your agency plans to submit a claim for the initial evaluation (Procedure Code 90801). **Special Note:** In order to receive authorization for ongoing visits, you must check at least one other type of visit.

6. **IMPORTANT!!:** Please note that the number of visits/weeks/days should reflect the number of visits for which you are requesting authorization. **\*\*ERS will not allow the requested number of units to be authorized may not exceed those allowed by the GA Behavioral Health Program. This information is available in the Level of Care Information included in this manual.** Once all required fields have been filled, click the Submit button. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed.

7. If the review is complete, a screen will appear providing you with an encounter confirmation. On the same screen, you will see text that allows you to preview a print of the authorization letter. To preview the copy of the authorization letter, click your mouse on the Print Preview Letter text line. Once the authorization letter appears, you may print the letter using the print button on your browser.
8. **Important Note:** Please be aware that once you leave the review, you will not be able to print the authorization letter. If you have failed to print a copy of the authorization letter, and require proof of authorization, contact us at (800) 606-3677. **Special Note for Clients Identified as HIGH UTILIZERS (HU):** If the client for whom you are receiving authorization is currently identified as a high utilizer (4 or more admissions to acute care within the past 6 months), the authorization letter generated will contain additional text, shown below. We ask that you speak with the client about the ability to access General Assistance Intensive Case/Care Management services by signing the GAICM Release of Information form. Copies of the GAICM Release of Information are available by contacting our clinical staff at (800) 606-3677.

HIGH UTILIZER: Recipient is currently flagged as a High Utilizer in the system.  
Please contact the recipient's GAICM Recovery Manager if services are being authorized and disclosure is allowed.

NOTE: Even if Recipient is a High Utilizer, or has been flagged with a Treatment Alert, the GAICM staff or any other external Organization cannot be contacted until an ROI has been received—AND—that GAICM staff can be disclosed to.

Evidence of the registration will appear in the Care History screen 1 – 2 minutes after you have completed the transaction.

9. If your request for authorization cannot be completed (usually because the review has been entered beyond the timeframe allowed), a text message will appear asking you to contact ABH. A transaction confirmation number will also be displayed. If you wish to maintain a record of the transaction, this screen may be printed by using the print button on your browser. Contact us at (800) 606-3677 to complete your registration. The ABH clinician will ask you for the transaction confirmation number, which will assist them in viewing your registration.

## Continued Care Review

1. In the Care History Screen, click your mouse on the field "Clients Currently In Care". Locate the client for whom you wish to continue care. Once you have located the client, click your mouse on the "View" button at the far right side of the line containing the client's name. The screen will move to a page containing client-specific authorization information for this particular episode of care, as seen below. To continue care, click on the Continue Care button on the bottom left of the page indicated with an arrow below.

Provider Service Location: THE HARTFORD DISPENSARY, THE NEW BRITAIN CLINI

EM: 999-88-7777S | 0 | DOE, JOHN

HU (High Utilizer): No

PA Number	Procedure	Units	From	To	Decision
12345678	3001Y	13	12/11/00	3/12/01	Approve

Continue Care      Discharge Recipient

2. The screen will move to the LOC/Client section of the Review Screen, seen below. Please complete the required (red text) field, Review Type, on this page. You will note that much of the information on the page, including the one required field, has been pre-filled. Only those fields marked as required fields may be altered. Take a moment to confirm that the remainder of the pre-filled information is correct. If an item of information (such as Level of Care) is not correct, do not proceed with the review. Please contact your assigned ABH clinician immediately. Once you have confirmed the information contained in the screen and completed the required field, click the Save and Continue button.

LOC/Client      Diagnosis      History/Status      Treatment

Provider Service Location: THE HARTFORD DISPENSARY, THE NEW BRITAIN CLINI

Level of Care: SA 1.3 - Methadone Maintenance

**Review Type:** Substance Abuse

Continue Care Date: 4/16/01

EMS ID: 999-888-7777S | DOE, JOHN

Save and Continue      Reset

3. The next page of the review, Diagnosis, requires that you select at least one Axis I diagnosis for the client from a dropdown menu. If you have indicated on the previous page that the client is receiving services for a dual diagnosis, you will be required to provide one psychiatric and one substance abuse diagnosis. Once you have completed the required field(s), click the Save and Continue button. If this step is successful, your screen will move to the History/Status page of the review.



4. Please complete the required (red text) fields on the History/Status page. Fields with available dropdown menus will have an arrow at the right of the field. Open fields, such as the Quantity field in Substance Abuse History, are narrative text fields, which will allow you to type in information. Check box fields, such as those contained in the

**Symptom Checklist:** (Check all that apply)

Thought Disorder       Inappropriate Affect       Attention/Impulse Disorder

Isolation       Peer/Relationship Difficulty       Confusion/Disorientation

Symptom Checklist shown in an abbreviated form below, are filled simply by clicking your mouse on the checkbox. Once all required fields have been filled, click the Save and Continue button. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed. If this step is successful, your screen will move to the Treatment page of the review.

5. Please complete all required (red text) fields on the Treatment page, seen below. Please note that the requested number of visits/weeks/days should reflect the number of visits for which you are requesting authorization. **\*\*The requested number of units to be authorized may not exceed those allowed by the GA Behavioral Health Program. This information is available in the Level of Care Information included in this manual.** Once you have completed all fields, click the Submit button. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed. If the review is accepted as complete, an encounter confirmation number will appear on the screen, along with a text field "Print Preview Letter". To view and print the authorization letter, click your mouse on the print preview text. To print the letter, simply click the Print button on your browser. **Important Note:** Please be aware that once you leave the review, you will not be able to print the authorization letter. ABH will mail the provider a copy of the authorization letter within one (1) business day. This transaction will appear in the Care History Screen in 2-3 minutes. **For clients identified as high utilizers (4 or more acute care admissions in the prior 6 months),** additional text will appear in the authorization letter asking you to obtain a signed GAICM Release of Information form from the client in order to facilitate Recovery Manager involvement in treatment planning.

**LOC/Client**    **Diagnosis**    **History/Status**    **Treatment**

**Treatment Plan:**

**Frequency of Visits:**

**Current Type(s) of Visits:** (Check at least one)

Evaluation     Individual Therapy     Group Therapy     Medication Management     Family Therapy

**Number of Weeks:**

If your request for authorization cannot be completed (usually because the review has been entered beyond the timeframe allowed), a text message will appear asking you to contact ABH. A transaction confirmation number will also be displayed. If you wish to maintain a record of the transaction, this screen may be printed by using the print button on your browser. Contact us at (800) 606-3677 to complete your registration. The ABH clinician will ask you for the transaction confirmation number, which will assist them in viewing your registration.

## Discharge Notification

1. Click on the field "Clients Currently In Care". Locate the client for whom you wish to continue care. Once you have located the client, click your mouse on the "View" button to the far right side of the line containing the client's name. The screen will move to a page containing client-specific authorization information for this particular episode of care, as seen below.

Provider Service Location: THE HARTFORD DISPENSARY, THE NEW BRITAIN CLINI  
EMS ID: 999-88-7777S DOE, JOHN  
HU (High Utilizer): No

PA Number	Procedure	Units	From	To	Decision
34343456	3001Y	13	12/11/00	3/12/01	Approve

Continue Care      Discharge Recipient

2. The LOC/Client screen, shown below, should appear. Please take a moment to confirm that you have selected the correct episode of care for the client before completing the required (red text) fields. Please be sure to review the discharge date entered before clicking your mouse on the Save and Continue button to move on in the review.  
**\*\*Note: If the discharge date entered occurred prior to the end date of the authorization previously issued, ABH will reduce the amount of authorization to coincide with the discharge date entered.**

LOC/Client      Diagnosis      Discharge

Provider Service Location: THE HARTFORD DISPENSARY, THE NEW BRITAIN CLINI  
Level of Care: SA 1.3 - Methadone Maintenance  
Review Type: Substance Abuse  
Discharge Date: 03 / 16 / 2001  
EMS ID: 999-88-7777S DOE, JOHN

Save and Continue      Reset

3. The next part of the review is the Diagnosis section. This section of the review will required you to enter either an Axis I Diagnosis (for clients identified in the review as Dual Diagnosis, one substance abuse and one psychiatric diagnosis are required). You will also be required to enter a Discharge Type. The definitions of each Discharge Type are explained on the following page. Once you have completed the required fields in the Diagnosis section of the review, please click your mouse on the Save and Continue button to move on to the Discharge Plan section. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed.

4. The following list includes the available choices in the dropdown menu Discharge Type along with the definition of each category.
- Regular: The client has completed treatment as planned
  - AMA: The client has left treatment against the advice of medical or clinical treatment staff
  - AWOL: The client has left an inpatient level of care without the knowledge of treatment staff
  - Transfer: The client has been transferred to a higher level of care or the same level of care at a new provider or location
  - No Care: The provider has discharged the client without a discharge plan in place
  - Refused Care: The client has refused to accept the discharge plan formulated by the provider
  - Noncompliance: The client has been discharged for failure to follow treatment recommendations or for violation of program rules
5. The next section of the review, Discharge Plan, is shown below. Please complete all required fields in this section. You will note that the required fields will change depending on the information entered. For example, if you indicated there was no discharge plan in place, the required fields changed to "Why is there no Discharge Plan?" Once you have entered information in all the required fields, click your mouse on the Submit button. If a required field is missed, a message will appear at the top of the screen detailing what fields were missed. If your information is complete, you will receive an encounter confirmation number.

## **How to Contact Us**

### **If you are experiencing problems using ERS:**

Please contact us at (800) 606-3677, Extension 6166.

### **If your Registration Authorization Request is not accepted:**

Please contact the first available clinician at (800) 606-3677, and press “1” on your phone keypad.

### **If your Continued Care Authorization Request is not accepted:**

Please contact your assigned clinician at (800) 606-3677. Your assigned clinician is \_\_\_\_\_ at Extension \_\_\_\_\_.

**GA BEHAVIORAL HEALTH PROGRAM**  
***Advanced Behavioral Health, Inc.***  
***Access to Web-Based Authorization & Claims Systems***  
**Statement of Rights & Responsibilities**

In order to maintain safe and secure communication that is consistent with all applicable state and federal rules and regulations including those outlined in the Health Insurance Portability & Accountability Act (HIPAA), it is essential that individuals granted access to the ABH secure, web-based authorization and claims systems (Electronic Registration System/ERS, ABH Claims Entry System/ACES) understand and comply with all safeguards. Comprehensive information related to safe and proper use of these secure applications is available in the ERS User Manual and the ACES User Manual. We ask you to review the following statements and to confirm your understanding of the statements contained by signing the bottom of the form.

1. I understand that the login and password assigned to me are intended for my use only and are \_\_\_\_\_ not to be shared or distributed to others.
2. I agree to maintain the confidentiality of client information while online by logging off the ERS if I leave my computer unattended.
3. I agree to follow the policies and procedures regarding requests for authorization as outlined in the GA Behavioral Health Program Provider Manual.
4. I understand that my employer will receive a list of the employees with current access to ERS, and will be informed of any suspension or termination of my access to ERS.
5. I agree to notify Advanced Behavioral Health, Inc. immediately if my employment status with \_\_\_\_\_ changes. I further understand that my access to ERS is fully conditional to my employment with this agency.
6. I understand that my access to the ABH online system(s) may be suspended or terminated immediately by ABH if there is evidence of inappropriate use or distribution of the system or my login/password.

Provider Agency Name: \_\_\_\_\_

Your Name (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*Please note supervisor name and signature required to process.

I have read and agree to the statements

**GA BEHAVIORAL HEALTH PROGRAM**  
**Internet-Based Electronic Registration System (ERS)**  
**Online Authorization Entry**  
***ACCESS REQUEST FORM***

PLEASE PRINT

Agency Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, CT Zip Code: \_\_\_\_\_  
 Trainee Name: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contact Fax: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Date requested: \_\_\_\_\_

\*\*\*Please use one form per person.

<b>Trainee Name</b> (First, Middle Initial, Last)  _____  <b>Electronic Registration System:</b> <input type="checkbox"/> One Site <input type="checkbox"/> Multiple Sites	
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<b>Trainee Name</b> (First, Middle Initial, Last)  _____  <input type="checkbox"/> Submit Batch <small>Please choose only one batch type</small> <input type="checkbox"/> 837I (UB-04) <input type="checkbox"/> 837P (HCFA-1500) <input type="checkbox"/> Retrieve Responses (Error files/835s) <b>Claim Inquiry/Claim Data Entry:</b> <input type="checkbox"/> One Site <input type="checkbox"/> Multiple Sites	
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***Facts to know when registering for access***

- Agency staff must receive a small amount of training in order to obtain their own login and password.
- To better ensure confidentiality and integrity of the system, *each* staff member using the electronic registration/review system or claims submission/inquiry must have their own login and password.
- For agencies with multiple site locations (for ERS and/or Data Entry/Claims Inquiry), staff may obtain a login/password that allows them to perform functions for one site only or for all active sites of the same agency.
- Upon request, Advanced Behavioral Health, Inc. will provide a list of agency staff possessing active access, but will not release actual login and password information.
- Questions or concerns -- please contact ABH toll-free at 1-800-606-3677 Option 3.

<b><u>Please FAX completed form to:</u></b>  (860) 704-6145	<b><u>Or mail completed form to:</u></b> <b><u>GA Behavioral Health Program</u></b> c/o Advanced Behavioral Health, Inc. <b>213 Court Street 8<sup>th</sup> Floor</b> <b>Middletown, CT 06457</b> <b><u>Attn: Provider Relations Dept.</u></b>
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Supervisor's Signature: \_\_\_\_\_  
 Phone: (    )    -    \_\_\_\_\_

**SELECT ONE:**

Initial Registration

Continued Stay Review

**Electronic Registration System (ERS) Treatment Review Form**

**Client Name (Last, First):** \_\_\_\_\_  
**EMS ID# or Social Security Number:** \_\_\_\_\_  
**Client's Date of Birth:** \_\_\_\_\_ **Admission Date:** \_\_\_\_\_  
**Client's Address:** \_\_\_\_\_  
**Provider Name:** \_\_\_\_\_  
**Provider Service Address:** \_\_\_\_\_

**Substance Use History ( Required for all SA & Dual Admissions except Level I.1):**

Substance	Date Last Used	Method of Use	Age at First Use	Quantity	Frequency

**Service Type (MUST select one):**

<input type="checkbox"/> OP Substance Abuse (SA I.1)	<input type="checkbox"/> Recovery House Services
<input type="checkbox"/> Ambulatory Detox (SA I.D)	<input type="checkbox"/> MH Crisis Stabilization (MH II.9)
<input type="checkbox"/> OP Methadone Detox (SA I.2)	<input type="checkbox"/> OP Mental Health (MH I.1)
<input type="checkbox"/> Methadone Maintenance (SA I.3)	<input type="checkbox"/> MH Intensive Outpatient (MH II.1)
<input type="checkbox"/> Ambulatory Detox w/OSM (SA II.D)	
<input type="checkbox"/> SA Intensive Outpatient (SA II.1)	

**DIAGNOSES – AXIS I – V (Required)**  
**Axis I:** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
**Axis II:** \_\_\_\_\_  
**Axis III:** \_\_\_\_\_  
**Axis IV:** \_\_\_\_\_  
**Axis V:** Current GAF: \_\_\_\_\_ Highest GAF/Past Yr: \_\_\_\_\_ Lowest GAF/Past Yr: \_\_\_\_\_  
**Treatment Plan:** \_\_\_\_\_  
**Frequency of Visits (FOR IOP LEVEL OF CARE ONLY):**  
 3 Days Per Week     4 Days Per Week     5 Days Per Week

**Current Medications:**  No Medications

Medication	Dosage	Frequency	Method	Ended On

**Type of Visits Requested ( Required for Level I.1 only – MUST check at least one):**

<input type="checkbox"/> Initial Evaluation	<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Family Therapy
<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Medication Management	

**Status Checklist**

<input type="checkbox"/> Medication Compliant	<input type="checkbox"/> Frequent Therapeutic Intervention Needed
<input type="checkbox"/> Medication Non-compliant	<input type="checkbox"/> Frequently Misses Appointments
<input type="checkbox"/> Significant Risk for Relapse	<input type="checkbox"/> Compliant with Treatment
<input type="checkbox"/> Vocational/Job Issues	<input type="checkbox"/> Refusing Treatment Recommendations
<input type="checkbox"/> Housing Issues	<input type="checkbox"/> Stable/Preparing for Discharge
<input type="checkbox"/> Current/Chronic Medical Issues	<input type="checkbox"/> In Need of Higher Service Intensity
<input type="checkbox"/> Pending/Current Legal Issues	<input type="checkbox"/> Progress Made/Further Stabilization Needed
<input type="checkbox"/> Attending 12-Step Recovery Groups	<input type="checkbox"/> No Progress Made/Improvement Expected
<input type="checkbox"/> Using Community Supports	<input type="checkbox"/> Lacks Necessary Community Supports

**Requested Number of Units (Required):** \_\_\_\_\_

**Projected Discharge Plan (Required):**  
Anticipated Discharge Date: \_\_\_\_\_  
Referral Projected to: \_\_\_\_\_ (Service/Level of Care)  
\_\_\_\_\_ (Provider Name)

**Date/Results of Drug Toxicology (required for Continued Care, Levels I.2SA, I.3SA):**

Date of Most Recent Drug Toxicology: \_\_\_\_\_

Results:  Positive  Negative

If Positive, MUST select at least one:

<input type="checkbox"/> Opiates	<input type="checkbox"/> Benzodiazepines
<input type="checkbox"/> Cannabis	<input type="checkbox"/> Cocaine

**Symptom Checklist (Select at least one – Required)**

<input type="checkbox"/> Isolation	<input type="checkbox"/> Peer/Relationship Difficulty
<input type="checkbox"/> Eat/Sleep Disturbance	<input type="checkbox"/> Suicidal/Homicidal Ideation
<input type="checkbox"/> Manic Behavior	<input type="checkbox"/> Sexually Inappropriate Behavior
<input type="checkbox"/> Inadequate Self Care	<input type="checkbox"/> Active Substance Abuse
<input type="checkbox"/> Recent Relapse	<input type="checkbox"/> Paranoia
<input type="checkbox"/> Current symptoms of withdrawal	<input type="checkbox"/> Bizarre Behavior
<input type="checkbox"/> Delusions/Hallucinations	<input type="checkbox"/> Violent/Aggressive Behavior

<input type="checkbox"/> Attention/Impulse Disorder	<input type="checkbox"/> Intense/Frequent Drug Cravings
<input type="checkbox"/> Confusion/Disorientation	<input type="checkbox"/> Cognitive Impairment
<input type="checkbox"/> Early Recovery Issues	<input type="checkbox"/> Substance-related Medical Issues
<input type="checkbox"/> Obsessive/Compulsive Behaviors	<input type="checkbox"/> Acute psychosocial stressors
<input type="checkbox"/> Depression	<input type="checkbox"/> Thought Disorder
<input type="checkbox"/> Nightmares/Flashbacks	<input type="checkbox"/> Inappropriate Affect
<input type="checkbox"/> Anxiety/Panic Attacks	
<input type="checkbox"/> Recent suicide attempt(s)	

**Form Completed By:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GABHP Reviews may be faxed to: Advanced Behavioral Health, Inc. at (860) 704-6145  
Please keep a record of your successful fax**

**Discharge Notification Form\***

<b>Client Name:</b>		<b>Provider Name:</b>	
<b>Client EMS ID# or Social Security Number:</b>		<b>Provider Service Location:</b>	
		<b>Admission Date:</b>	
<b>Client's Date of Birth:</b>		<b>Discharge Date:</b>	
<b>Service Type/Level of Care Client was Discharged From:</b>			
<b>Axis I Diagnosis:</b> (1) _____ (2) _____			
<b>DISCHARGE TYPE</b>			
<input type="checkbox"/> Regular (Completed Treatment)	<input type="checkbox"/> Refused Care (Refused Treatment Referrals)	<input type="checkbox"/> Noncompliance (Did not follow treatment recommendations)	
<input type="checkbox"/> AMA (Against Medical or Clinical Advice)	<input type="checkbox"/> No Care (No Discharge Referrals/Plan Made)	<input type="checkbox"/> Administrative (Violation of program rules)	
<input type="checkbox"/> Transfer (transfer to higher level of care, or same level of care at a different location)	<input type="checkbox"/> AWOL (Left inpatient level of care without permission/staff knowledge)		
<input type="checkbox"/> Other (Please describe): _____			
<b>Did the client complete treatment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>DISCHARGE PLAN</b>			
<b>Provider Name:</b>	_____		
<b>Service/Level of Care:</b>	_____		
<b>Date of 1<sup>st</sup> Appointment:</b>	_____		
<b>Discharge Medications:</b>	_____		
<b>If there was no Plan, please explain why:</b>	_____		
	_____		
	_____		

**Form Completed By:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Discharge Notifications may be submitted via the internet-based Electronic Registration System (ERS) or by fax to Advanced Behavioral Health, Inc. at (860) 704-6145. If you are a provider who does not yet have access to ERS, please contact the GA Behavioral Health Program at (800) 606-3677 to request access. Additional information about ERS can be viewed at [www.abhct.com](http://www.abhct.com).

**Discharge Notification is required by the GA Behavioral Health Program for all authorized services.**

**Advanced Behavioral Health, Inc.  
Fax: (860) 704-6145**