

CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

MAX – Provider Portal

Training Exercises for Contracted Providers



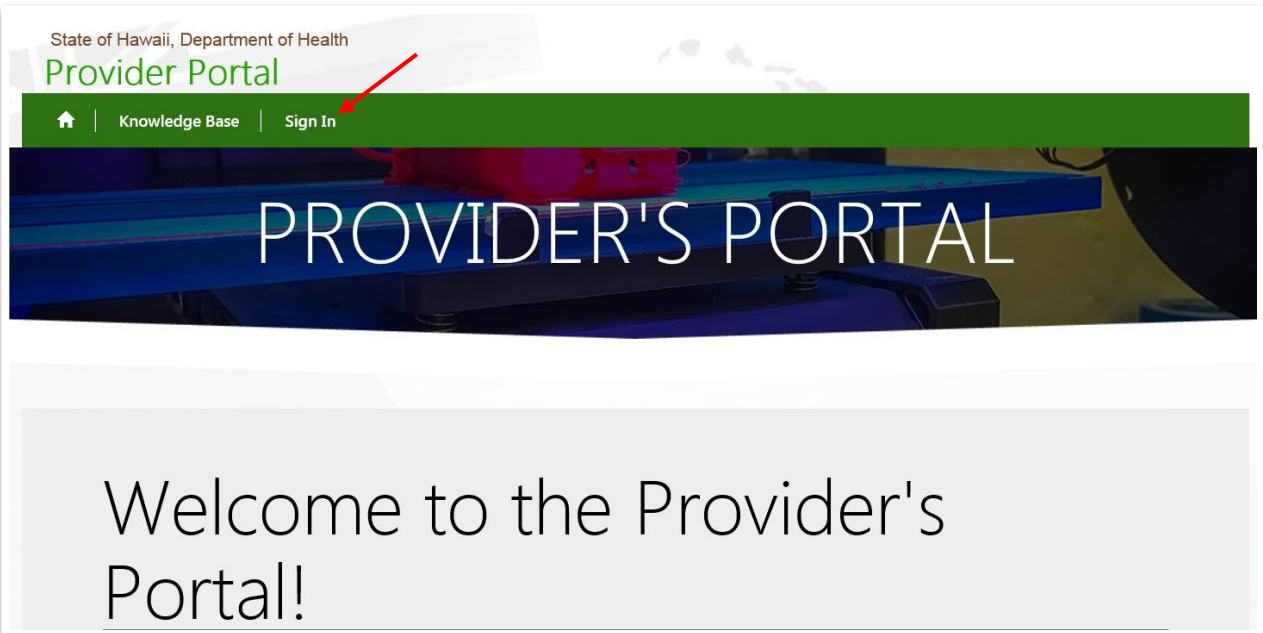
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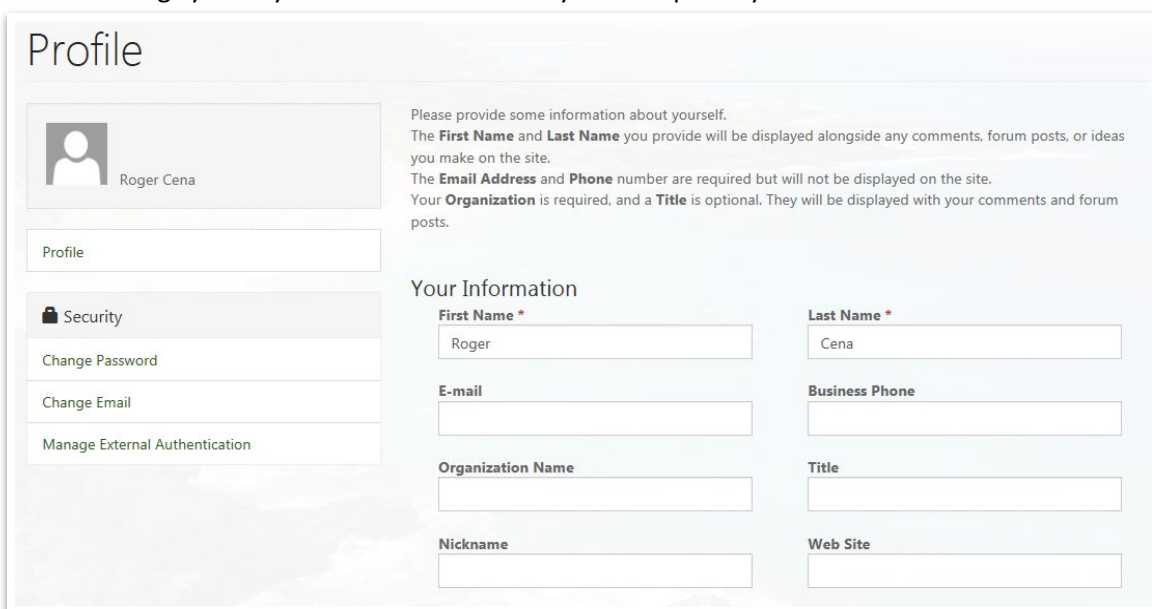
1 Portal Basics

1.1 LOGIN & USER PROFILE

- Go to <https://bhaproduct.dynamics365portals.us/> to access the Provider Portal login page
 - You can access the training portal here: <https://bhatrainportal.dynamics365portals.us/>
 - The training portal is the best environment for new staff to learn the system
- Click **Sign In** located in the top navigation bar



- Sign in using your username and password
 - *Username:*
 - *Password:*
- This brings you to your user Profile where you can update your business information



Profile

Please provide some information about yourself.
The **First Name** and **Last Name** you provide will be displayed alongside any comments, forum posts, or ideas you make on the site.
The **Email Address** and **Phone** number are required but will not be displayed on the site.
Your **Organization** is required, and a **Title** is optional. They will be displayed with your comments and forum posts.

Your Information

First Name *	Last Name *
<input type="text" value="Roger"/>	<input type="text" value="Cena"/>
E-mail	Business Phone
<input type="text"/>	<input type="text"/>
Organization Name	Title
<input type="text"/>	<input type="text"/>
Nickname	Web Site
<input type="text"/>	<input type="text"/>

1.2 USER ROLES

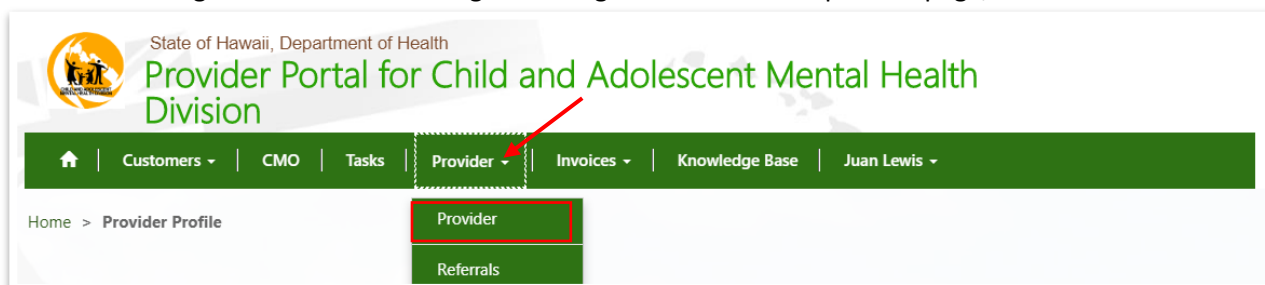
There are three user roles within the provider portal with different viewing and editing capabilities.

- **Provider Administrator:** This designated person(s) within your organization can edit agency profile information, send portal invites, edit provider roles/access rights, respond to provider referrals, and create and submit progress notes and invoices
- **Rendering Provider Supervisor:** This designated person(s) within your organization has permission to view and complete tasks, view customers, cases, and service authorizations, respond to provider referrals, edit and submit provider plans, and create and submit progress notes
- **Rendering Provider:** This designated person(s) within your organization has permission to view and complete tasks, view customers, cases, and service authorizations, edit provider plans, and create progress notes

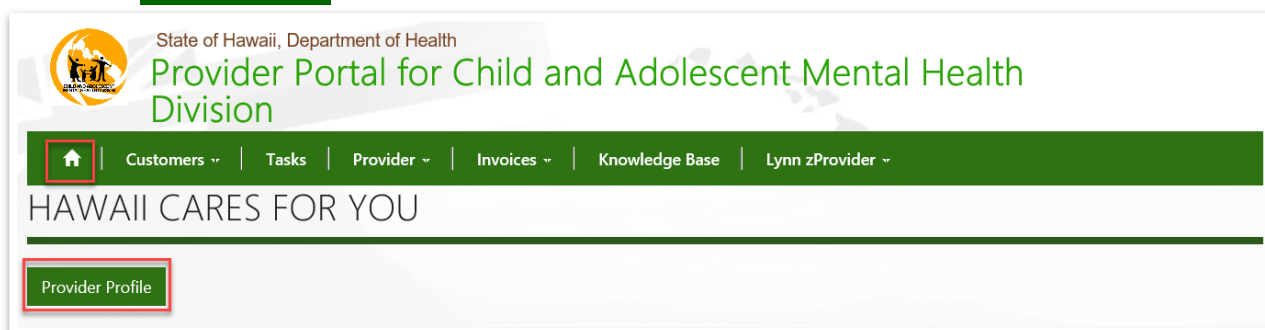
1.3 AGENCY PROFILE

Note: All authenticated users for the agency can view the profile, but only individuals with a **Provider Administrator role can edit** the information within the Provider Profile.

- As a Provider Administrator, you can navigate to the Provider Profile the following ways:
 - Navigate to **Provider** in the green navigation bar at the top of the page, then select **Provider**



- Click the **Home** button in the green navigation bar at the top of the page, then select **Provider Profile**



- From the **Provider Profile** page, the user can:
 - Update Provider Attributes

Provider Attributes

Case Load Capacity

Yes

Capacity Updated Date

11/13/2018

Current Case Load Capacity

125

Gender

Both

Total Case Load Capacity

30

- Update Contact Details (General)

General

Main Contact

Harry Franks



Preferred Method of Contact *

Portal

Phone Number

Email

Fax

Web URL

- Add or Edit Provider Services

Provider Services

Provider Services

Add

Associate

Service	Start Date	End Date	Service Capacity	Capacity Effective Date ↑
	8/7/2018	8/7/2019		



- Update Provider Address

Provider Address

BILLING ADDRESS

Street 1
98 BL4H BL4H ST

Street 2

City
Honolulu

State
HI ✕ Q

ZIP
96123

County
Honolulu ✕ Q

Country
US ✕ Q

MAILING ADDRESS

Street 1
98 BL4H BL4H ST

Street 2

City
Honolulu

State
HI ✕ Q

ZIP
96123

County
Honolulu ✕ Q

Country
US ✕ Q

- View Rendering Providers and Credentials

Rendering Providers & Credentials

RENDERING PROVIDER CREDENTIALS

Rendering Provider ↑	Credential Level	Provider ID (Provider)	NPI Number (Provider)	Effective Start Date	Effective End Date
Roger Cena	QMHP			7/1/2018	6/30/2019

- View Provider Contracts

Contracts

Provider Agency	Contact ↑	Contract Number	Start Date	End Date
H4H4 Cares About You	Harry Franks	12345	10/1/2018	10/1/2019

- Enter data in the fields you would like to update then click **Update Information** at the top right of the profile page

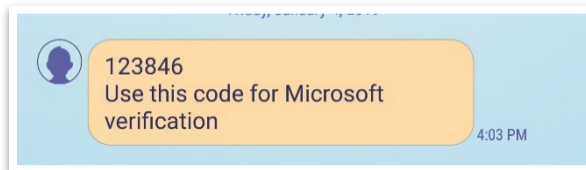
1.4 MULTIFACTOR AUTHENTICATION (MFA)

Note: You will need to set up Multifactor Authentication (MFA) for logging in to the Provider Portal. Each time you are login in, you will need to enter a six-digit code that will be sent to you via **Landline, Business cell phone, or Personal cell phone.**

- When setting up your MFA, you have three options:
 - **Landline** (i.e. Business line, home phone, etc.)
 - **Business cell phone**
 - **Personal cell phone**


Note: If a **Landline** is used, a call will be sent to your landline to give you a six-digit code (you need to be around the landline that you had set up when logging in to the provider portal).

- **Landline:**
 - If you are choosing a **landline**, you will receive a call with a voice message that will have a six-digit code
- **Business cell phone:**
 - If you are choosing a **business cell phone**, your cell phone will receive a text message with a six-digit code
- **Personal cell phone:**
 - If you are choosing a **personal cell phone**, your cell phone will receive a text message with a six-digit code



Note: When entering your six-digit code you will be given an option to remember your login for up to 14 days.

Enter code

 We texted your phone +X XXX XXX-XX02. Please enter the code to sign in.

123846

Enter Code Here

☒ Don't ask again for 14 days

Check box

Having trouble? [Sign in another way](#)

[More information](#) **Click to Verify**

Verify

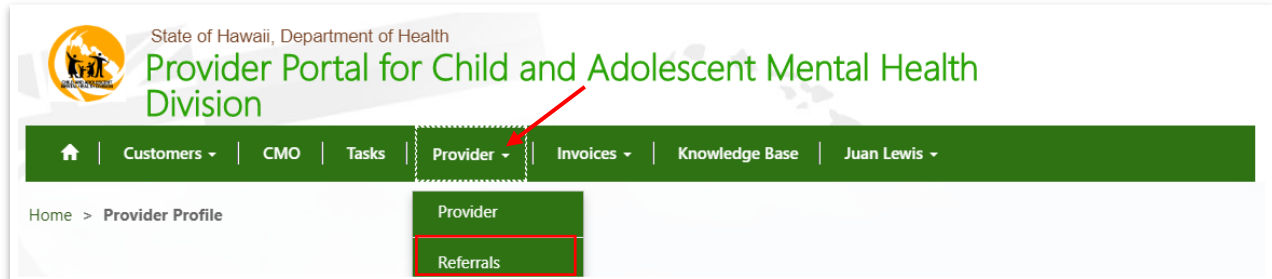
Use of this resource constitutes acceptance of the Terms and Conditions of the Acceptable Use of Information Technology Resources Policy located at <https://dhrd.hawaii.gov/wp-content/uploads/2012/11/0103001-090717.pdf>

2 Referrals

2.1 VIEWING REFERRALS

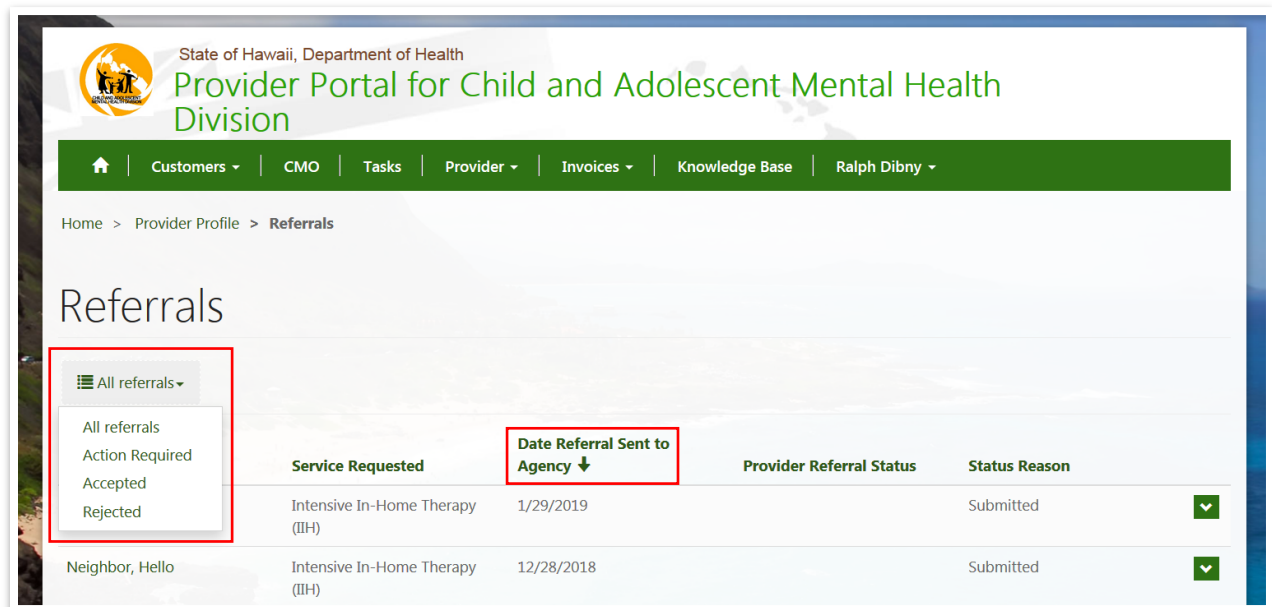
Note: Only **Provider Administrator** and **Rendering Provider Supervisor** users can respond to a Referral.

- Navigate to **Provider** in the green navigation bar at the top of the page, then select **Referrals**

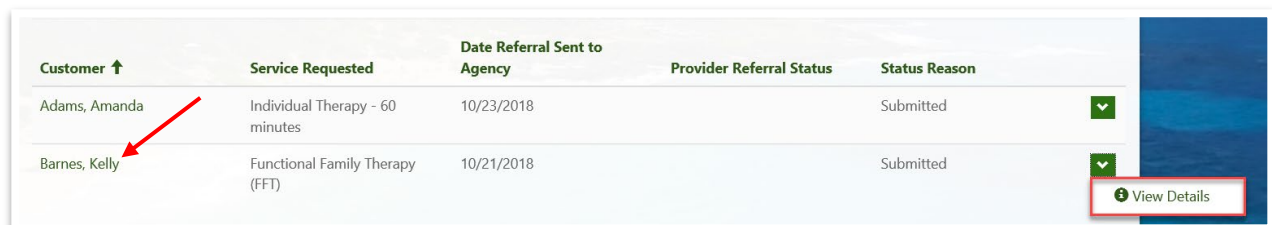


Note: By default, the **Referrals** page will display a list of all referrals that have been *Submitted* to your agency. If another agency is selected by CAMHD to provide the service (Status Reason = Alternate Provider Selected), the referral will no longer appear on your referral list.

- You can change the list view by selecting an option from the menu or clicking on a column heading to sort ascending / descending



- To view referrals, click on the **Customer** name or the action dropdown (downward arrow on the far right of the screen) and select **View Details**



- From the **Referral Details** page, review the Customer, Case and Service Plan information

2.2 ACCEPTING REFERRALS

- Open a referral and click **Accept the Referral**

Home > Provider Profile > Referrals > Referrals Details

Referrals Details

- Should your agency decide to reject this referral for any reason, please indicate such by completing the following required steps within two (2) working days of receipt of the referral packet from the FGC:
 1. Indicate by checking the box below if your agency is rejecting the referral.
 2. Have agency Clinical Lead input his/her name below.
 3. Have agency Clinical Lead input signature below.
 4. Provide a written justification of the rejection by Clinical Lead.
 5. Submit this form within two (2) working days of receipt of the referral.
- PLEASE NOTE: The above five (5) steps must be completed if the agency rejects a referral. Please contact the FGC MHCC assigned to the referral to discuss any delays in returning this form within two (2) working days as required.

Accept the Referral **Reject the Referral**

- On the **Referral Acceptance Form (RAF)**, complete the following fields:
 - *Provider Referral Status* (select option: Accepted by Provider; Accepted but No Start Date; or Accepted as Waitlist)
 - *Anticipated Admit / Start Date* (if Status = Accepted by Provider)
 - *Date Waitlisted & Waitlist Number* (if Status = Accepted as Waitlist)

Accept the Referral

Accept the Referral

Acceptance Form

Customer * banana, joe	Provider Referral Status * Accepted by Provider
Date Referral Sent to Agency 12/27/2018	Date Referral Accepted 1/2/2019
Provider * CW Behavioral Health Services	Anticipated Admit or Service Date
Provider Agency Person Ralph Dibny	Date Waitlisted
Status Reason Submitted	Provider Waitlist Number

- *Rendering Provider 1* (assign therapist)
- *Rendering Provider 1 Credential* (select therapist's credential level)
- *Rendering Provider 2* (assign paraprofessional / additional provider if applicable)
- *Rendering Provider 2 Credential* (select additional provider's credential level)
- *Provider Agency Contact Signature* (enter name of person completing the RAF)

Additional Properties

Rendering Provider 1 * <input type="text"/> <input type="button" value="Q"/>	Rendering Provider 2 <input type="text"/> <input type="button" value="Q"/>
Rendering Provider 1 Credential * <input type="text"/> <input type="button" value="Q"/>	Rendering Provider 2 Credential <input type="text"/> <input type="button" value="Q"/>
Provider Agency Contact Signature * <input type="text"/>	

- Click **Accept the Referral** at the top of the form to submit the RAF

Note: For **Accepted** Customers, the RAF can be updated or modified, this includes changing the *Rendering Provider* and/or *Provider Referral Status* by clicking **Accept the Referral** on the Referral Details page (**Reject the Referral** no longer appears).

- On the **Referrals** page, notice that *Provider Referral Status* has been updated

Home Customers CMO Tasks Provider Invoices Knowledge Base Ralph Dibny					
Home > Provider Profile > Referrals					
<h2>Referrals</h2>					
Accepted					
Customer ↑	Service Requested	Date Referral Sent to Agency	Provider Referral Status	Status Reason	
Aloha, Okalani	Intensive In-Home Therapy (IIT)	12/11/2018	Accepted by Provider	Selected for Service	▼
banana, joe	Intensive In-Home Therapy (IIT)	12/27/2018	Accepted by Provider	Submitted	▼

- The Care Coordinator will review the RAF and select an Agency to provide the requested service, this is reflected in the Status Reason column of the **Referrals** page

Note: If the Care Coordinator selects another Provider, the referral will disappear from your **Referrals** page.

3 The Mental Health Treatment Plan (MHTP)

3.1 DEVELOPING THE MHTP

- Once the Care Coordinator selects an Agency, the assigned therapist (Rendering Provider) will see *New Customer Case, Submit MHTP* on their **Tasks** list
- Click the Customer's name to view additional information about the youth / family

Home > Tasks

Tasks

All Tasks ▾

Search

Subject ↑	Regarding	Due Date	Priority	Status Reason
New Customer Case. Submit MHTP.	Bond, James	11/16/2018 9:47 AM	Normal	Not Started <input type="button" value="v"/>
New Customer Case. Submit MHTP.	Allen, Barry "Flash"	11/16/2018 10:00 AM	Normal	Not Started <input type="button" value="v"/>
New Customer Case. Submit MHTP.	East, Daffodil	11/17/2018 10:43 PM	Normal	Completed <input type="button" value="v"/>
New Customer Case. Submit MHTP.	bee, bumble	12/9/2018 2:46 PM	Normal	Not Started <input type="button" value="v"/>

- Scroll down to the **Provider Plan** section – an MHTP template has been started by the Care Coordinator – from the action dropdown, select **Edit**

Provider Plans

Name ↑	Plan Mode	Rendering Provider	Plan Approved Date	Provider Status	Status Reason
Bond, James - MHTP - CW Behavioral Health Services		Ralph Dibny		Draft	Pending <input type="button" value="v"/>

- Alternatively, navigate to **Customers** in the green navigation bar at the top of the page, then select **Provider Plans** to view a list of MHTPs assigned to you; select **Edit** from the action dropdown to open the MHTP

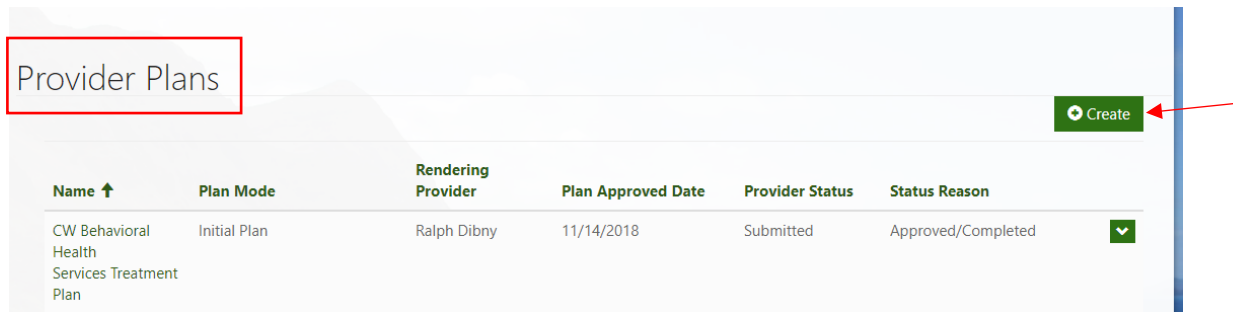
Home > Customers

Progress Notes

Service Authorizations

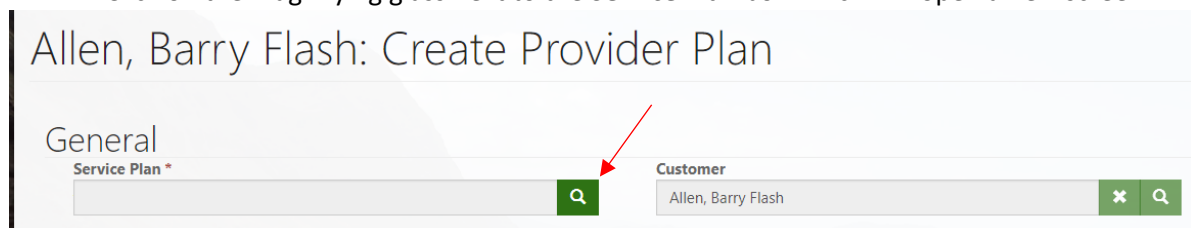
Provider Plans

- Select the customer you will be working on
- On the customer's profile page, scroll down to "**Provider Plans**" and click **+Create**

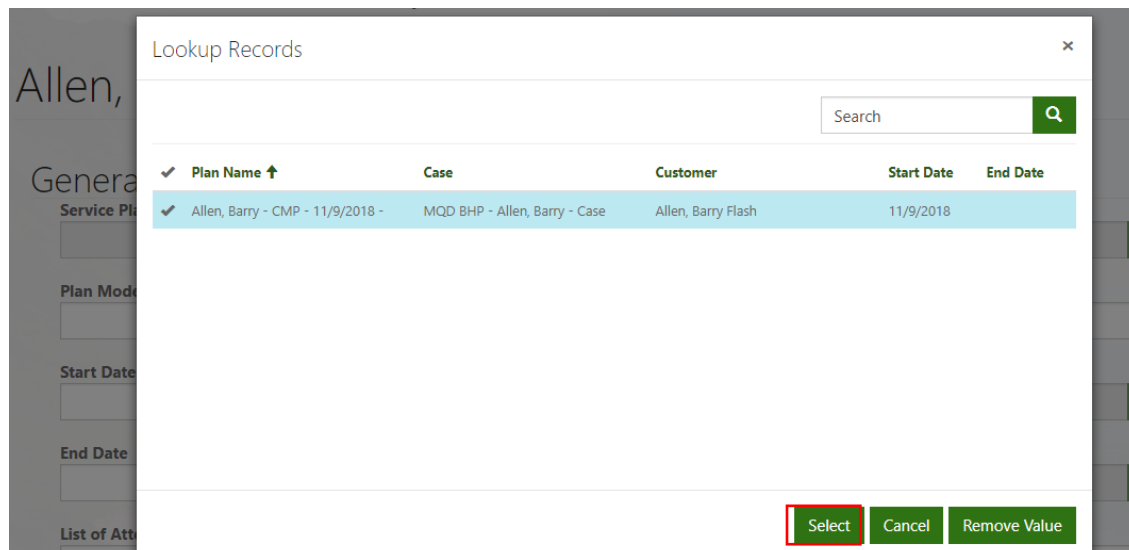


You will see one or more "Initial Plan" as Submitted and Approved/Complete, these are for billing purposes and will not be for editing. A new working MHTP will need to be created.

- Click on the magnifying glass next to the **Service Plan** box which will open a new screen.



- Only one "Plan Name" should show up. Confirm the customer's name.
- Click the "Select" button at the bottom of the box.



- Complete the following fields:
 - *Plan Mode* (select Initial Plan)
 - *Date of Plan* (date plan developed)
 - *Start Date* (admission date)

- *Youth Information* (Description, Strengths, Barriers)
- Notice the *Treatment Focus Areas* and *Treatment Targets* from the CMP appear in the **Treatment Recommendations** section
- Click **+ Create** in the **Provider Treatment Targets** section and complete the following fields:
 - *Treatment Focus* (select one of the options from the CMP)
 - *Behavior [Treatment Target]* (select one – preferably one that matches the CMP)
 - *Start Date* (goal start date)
 - *Projected End Date*
 - *Measurable Goal/Outcome*
- Click **Submit**
- The treatment target should populate in the **Provider Treatment Targets** table
 - *See attachment / last page for full listing of Treatment Target options*

- From the action dropdown, select **Edit** to add Practice Elements for the given treatment target
- At the bottom of the treatment target form, click **+ Create** to add practice elements

- Choose the practice element using the look up function (magnifying glass)
 - *See attachment / last page for full listing of Practice Element options*

The screenshot shows a 'Create' form with the following fields:

- Practice:** A text input field with a search icon (magnifying glass) on the right, highlighted by a red box.
- Start Date:** A date picker field with a calendar icon on the right.
- Treatment Description:** A large text area for entering details.
- End Date:** A date picker field with a calendar icon on the right.
- Submit:** A green button at the bottom of the form.

- Add Start date and any treatment description as necessary
- **Repeat the above steps to create Goals and Practice Elements for each identified Treatment Target**
- Click **+ Create** in the **Treatment Format** section and complete the following fields:
 - *Name* (enter a number or letter – 1 or A)
 - *Intervention Format* (select one of the options)
 - *Sessions Per Week*
 - *Units Per Session*
 - *Additional Comments* (if necessary)
- Click **Submit**
- **Repeat the above steps for all planned Treatment Formats**
- Click **Update** at the bottom of the MHTP form

Note: You do not have to complete the **Provider Plan Services** and **Provider Recommended Step-Down Treatment** sections at this time.

- Once all necessary info has been added to the MHTP, the **Rendering Provider Supervisor** can select **Proceed to Approval** at the bottom of the page

Provider Recommended Step-Down Treatment

RECOMMENDED STEP-DOWN TREATMENT

Service	Treatment Options	Probable Time-Frame ↑	Provider Step Down Tx Start Date	Provider Step Down Tx End Date
There are no records to display.				

Update [✓ Proceed To Approval](#)

- If you need to make changes to the MHTP, click [Back to Edit](#)
- If you are satisfied with the MHTP, enter a **Provider Approved Date** then click [Submit Provider Plan](#)

Note: The MHTP **cannot** be changed once it has been submitted.

Provider Approval

Approved By *
Ralph Dibny

Provider Approved Date *
1/2/2019

Provider Status *
Submitted

Plan Approved Date
—

[Submit the Provider Plan](#) [← Back To Edit](#)

- The Care Coordinator and Clinical Lead will be notified that the MHTP has been submitted; after reviewing it, they will set the status to either **Approved/Completed** or **Needs Revision**

3.2 REVISING THE MHTP

Only **Rendering Provider Supervisors & Provider Administrators** will see the “Proceed to Approval” and “Submit the Provider Plan” buttons.

- If the MHTP Status Reason reads **Needs Revision** or **Pending**, the MHTP can be modified by selecting **Edit** from the action dropdown

Body, Any	Initial Plan	Draft	Needs Revision	View Details
Bond, James		Draft	Pending	Edit
Boogie, Bruddah	Initial Plan	Draft	Approved/Completed	

- When the MHTP opens, notice the **Revisions Requested** field

The screenshot shows the MHTP form with the following fields:

- Plan Mode:** Initial Plan (dropdown)
- Date of Plan:** 12/18/2018 (calendar icon)
- Start Date:** 12/18/2018 (calendar icon)
- End Date:** (calendar icon)
- Care Coordinator:** (text field)
- Version Number:** (text field)
- Business Unit:** (text field)
- Status Reason:** Needs Revision
- List of Attendees of MHTP Meeting:** (text field)
- Revisions Requested:** fix this part and this too (highlighted with a red box)

- Make the necessary changes and click **Update** at the bottom of the MHTP form
- Open the MHTP again, select **Proceed to Approval** at the bottom of the page
- Enter a **Provider Approval Date** and click **Submit Provider Plan**



Note: When you need to update the MHTP, ask the Care Coordinator to set the Status to **Draft** or initiate a new MHTP template.

We realize this is less than ideal – please know we are working on changing this process and hope to have it corrected in a few months.

4 Progress Notes

4.1 IN-HOME SERVICES (ABI, IIH, IILS, FFT, MST)

- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers**
- Click on your Customer's name to open the Customer record
- Select the **Progress Notes** tab and click **+ Create**

- When the **New Progress Note** template opens, complete the following fields:
 - *Name* (rename the note: DAP – service date)
 - *Service Authorization* (if there is more than one active Service Auth, click on the  and select the appropriate one then click **Select**)
 - *Start Date & Time*
 - *End Date & Time*
 - *Place of Service* (click on the  and select the appropriate location then click **Select**)
 - *Units*
 - *Service Format*

- *Other Service Setting* (if applicable)
- *Other Service Format* (if applicable)
- *Data*
- *Plan*
- *Assessment*
- *Date Completed*
- Click **Save & Continue**

SIGNATURE

Provider *
 CW Behavioral Health Services ✕ 🔍

Rendering Provider *
 Ralph Dibny ✕ 🔍

Date Completed (Rendering Provider)
 12/18/2018 📅

Provider Status *
 Draft

Additional Comments/Recommendations

Status Reason

Save & Continue **← Cancel**

- Once the **Progress Note** is saved, you can now add **Treatment Targets** and **Practice Elements**
- Click **+ Create** to add a **Treatment Target**

TREATMENT TARGETS

+ Create

Behavior ↑ **Progress Rating**

- Click on the 🔍 select a Behavior (Treatment Target) that matches your MHTP then click **Select**
- Select a Progress Rating, then click **Submit**

Behavior *
 Aggression ✕ 🔍

Progress Rating
 4

Practice Elements

Submit **← Return to Progress Note**

- Click **+ Add** to add a **Practice Element**

Practice Elements

Practice Name (Practice) Practice Category (Practice)

+ Add

- Click on the **Q** and select a Practice Element that matches your MHTP then click **Select**
- Click **Submit**
- Repeat the above steps to add more Practice Elements
- Click **Save & Return**

Practice Elements

Practice Name (Practice) Practice Category (Practice)

Attending Behavior Management

+ Add

Save & Return **← Return to Progress Note**

- Add more Treatment Targets and Practice Elements if necessary
- To submit the Progress Note, click **Proceed To Submission** or **Update** (if Rendering Provider)

SIGNATURE

Provider *
CW Behavioral Health Services

Rendering Provider *
Ralph Dibny

Date Completed (Rendering Provider)
12/18/2018

Provider Status *
Draft

Rejected Reason
—

Additional Comments/Recommendations

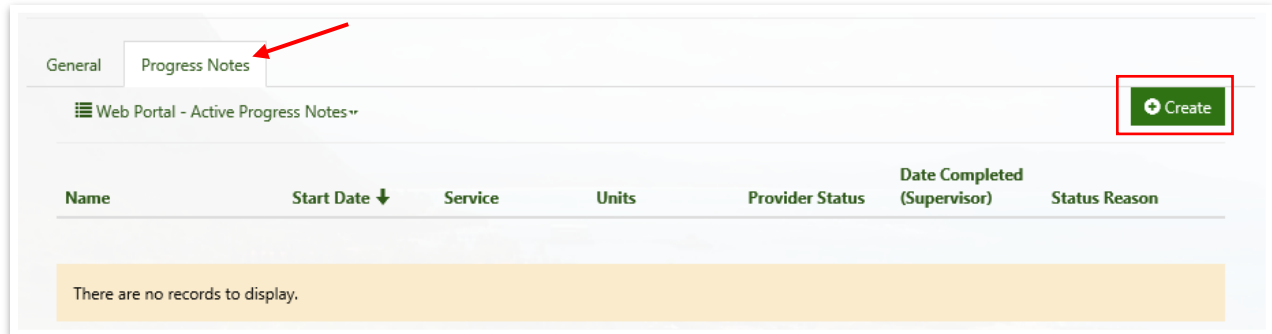
Status Reason
Draft

NOTE: Only Rendering Provider Supervisors and Provider Administrators can Proceed to Submission.

Update **✓ Proceed To Submission**

4.2 OUT-OF-HOME SERVICES (CBR, HBR, TFH) – THERAPY & GROUP SESSIONS

- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers**
- Click on your Customer's name to open the Customer record
- Select the **Progress Notes** tab and click **+ Create**



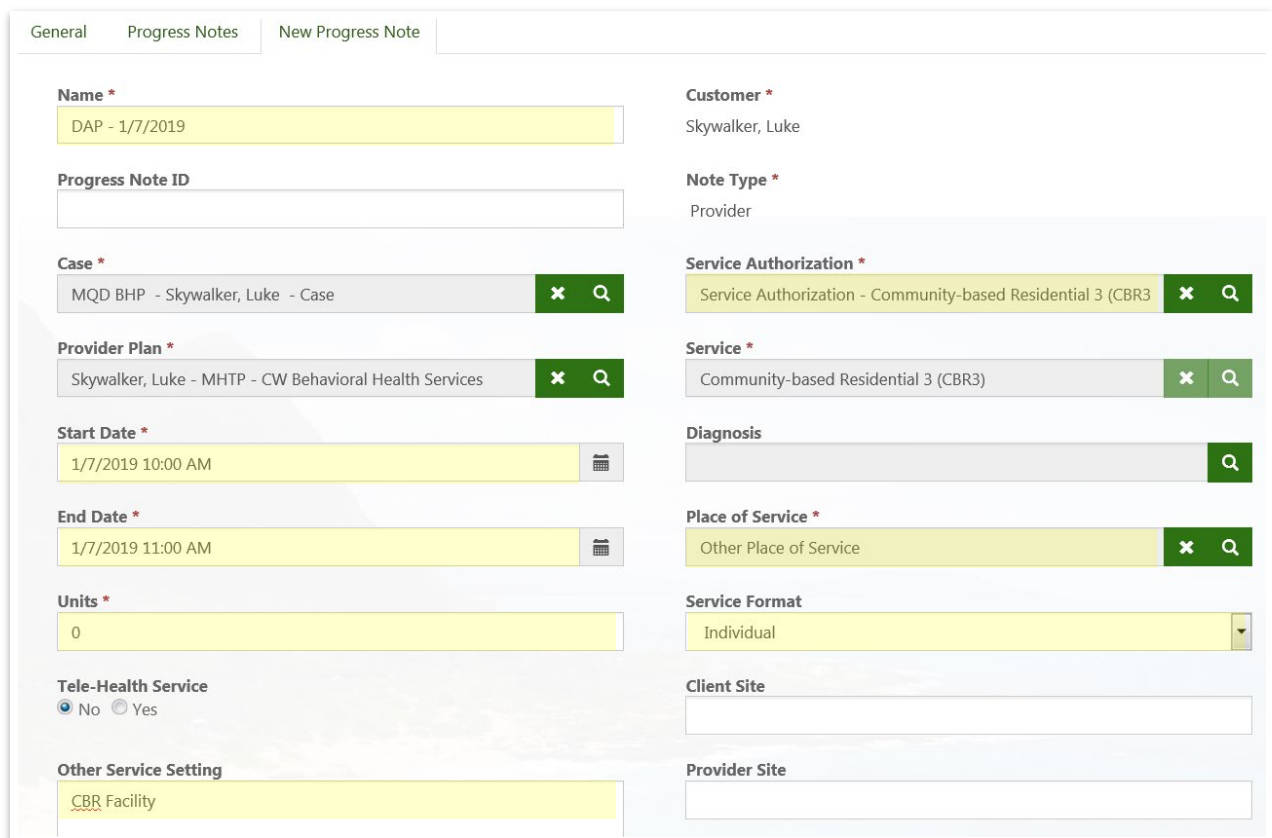
General Progress Notes

Web Portal - Active Progress Notes

+ Create

Name	Start Date ↓	Service	Units	Provider Status	Date Completed (Supervisor)	Status Reason
There are no records to display.						

- When the **New Progress Note** template opens, complete the following fields:
 - *Name* (rename the note: DAP – service date)
 - *Service Authorization* (if there is more than one active Service Auth, click on the **Q** and select the appropriate one then click **Select**)
 - *Start Date & Time*
 - *End Date & Time*
 - *Place of Service* (click on the **Q** and select the appropriate location then click **Select**)
 - *Units* (**DAP Note Units = 0**)
 - *Service Format*



General Progress Notes New Progress Note

Name *
DAP - 1/7/2019

Progress Note ID

Case *
MQD BHP - Skywalker, Luke - Case

Provider Plan *
Skywalker, Luke - MHTP - CW Behavioral Health Services

Start Date *
1/7/2019 10:00 AM

End Date *
1/7/2019 11:00 AM

Units *
0

Tele-Health Service
☒ No ☐ Yes

Other Service Setting
CBR Facility

Customer *
Skywalker, Luke

Note Type *
Provider

Service Authorization *
Service Authorization - Community-based Residential 3 (CBR3)

Service *
Community-based Residential 3 (CBR3)

Diagnosis

Place of Service *
Other Place of Service

Service Format
Individual

Client Site

Provider Site

- *Other Service Setting* (if applicable)
- *Other Service Format* (if applicable)
- *Data*
- *Plan*
- *Assessment*
- *Date Completed*
- Click **Save & Continue**
- Once the **Progress Note** is saved, you can now add **Treatment Targets** and **Practice Elements**
- Click **+ Create** to add a **Treatment Target**

TREATMENT TARGETS

+ Create

Behavior ↑ Progress Rating

- Click on the **🔍** select a Behavior (Treatment Target) that matches your MHTP then click **Select**
- Select a Progress Rating, then click **Submit**

Behavior *

Aggression

Progress Rating

4

Practice Elements

Submit **← Return to Progress Note**

- Click **+ Add** to add a **Practice Element**

Practice Elements

+ Add

Practice Name (Practice) Practice Category (Practice)

- Click on the **🔍** and select a Practice Element that matches your MHTP then click **Select**
- Click **Submit**
- Repeat the above steps to add more Practice Elements

- Click **Save & Return**

Practice Elements

+ Add

Practice Name (Practice)	Practice Category (Practice)
Attending	Behavior Management ▼

Save & Return
← Return to Progress Note

- Add more Treatment Targets and Practice Elements if necessary
- To submit the Progress Note, click **Proceed To Submission** or **Update** (if Rendering Provider)

SIGNATURE


Provider *

CW Behavioral Health Services **✕** **Q**

Rendering Provider *

Ralph Dibny **✕** **Q**

Date Completed (Rendering Provider)

12/18/2018 

Provider Status *

Draft

Rejected Reason

—

Additional Comments/Recommendations

Status Reason



Draft

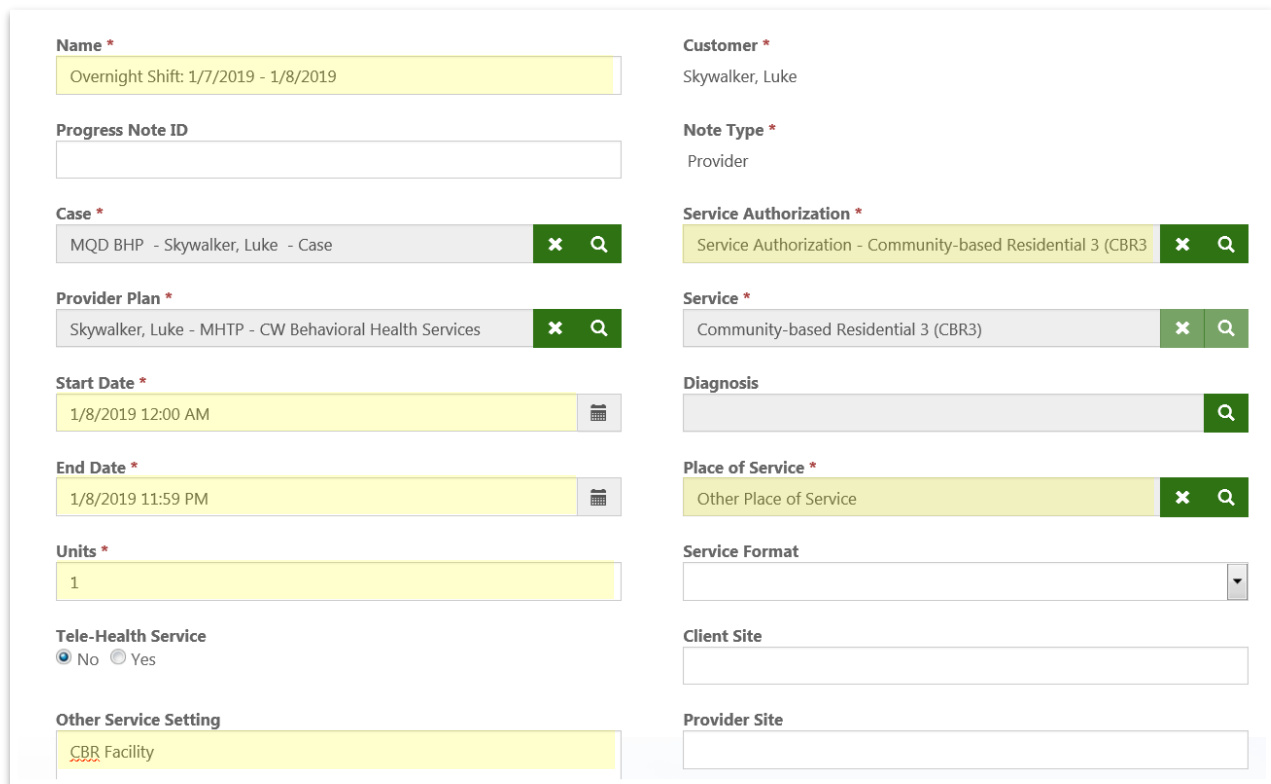
NOTE: Only Rendering Provider Supervisors and Provider Administrators can Proceed to Submission.

Update
✓ Proceed To Submission

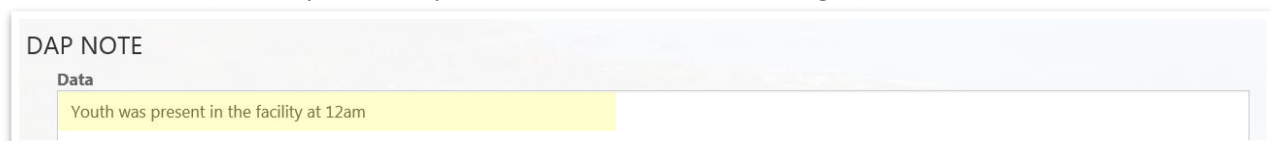
4.3 OUT-OF-HOME SERVICES (CBR, HBR) – OVERNIGHT SHIFT NOTE

Note: The Overnight Shift Note is the billing moment for Residential Services.

- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers**
- Click on your Customer's name to open the Customer record
- Select the **Progress Notes** tab and click **+ Create**
- When the **New Progress Note** template opens, complete the following fields:
 - *Name* (rename the note: Overnight Shift - service dates)
 - *Service Authorization* (click on the  select the appropriate Service Auth and click **Select**)
 - *Start Date & Time* (Note: these must be on the same day, i.e. 12:00 midnight to 7:00 am)
 - *End Date & Time*
 - *Place of Service* (click on the  and select the appropriate location then click **Select**)
 - *Units* (**Overnight Shift Note Units = 1**) Note: 1 unit per note is the maximum acceptable.
 - *Other Service Setting* (if applicable)





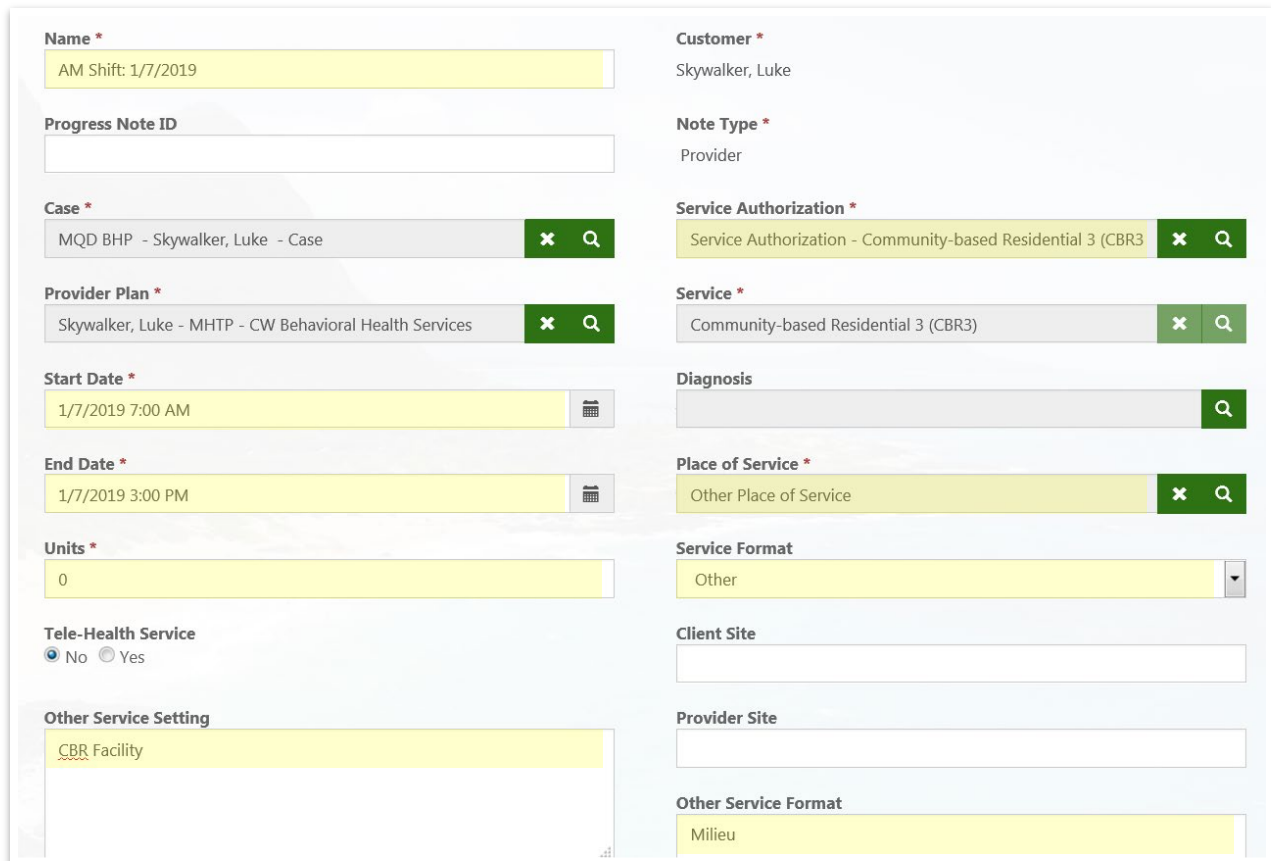
- *Data* (state if youth was present – in their bed – at midnight)



- *Date Completed*
- Click **Save & Continue**
- To submit the Progress Note, click **Proceed To Submission**

4.4 OUT-OF-HOME SERVICES (CBR, HBR) – AM / PM SHIFT NOTE

- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers**
- Click on your Customer's name to open the Customer record
- Select the **Progress Notes** tab and click **+ Create**
- When the **New Progress Note** template opens, complete the following fields:
 - *Name* (rename the note: Overnight Shift - service dates)
 - *Service Authorization* (click on the  select the appropriate service auth and click **Select**)
 - *Start Date & Time*
 - *End Date & Time*
 - *Place of Service* (click on the  and select the appropriate location then click **Select**)
 - *Units* (**AM / PM Shift Note Units = 0**)
 - *Service Format*
 - *Other Service Setting* (if applicable)




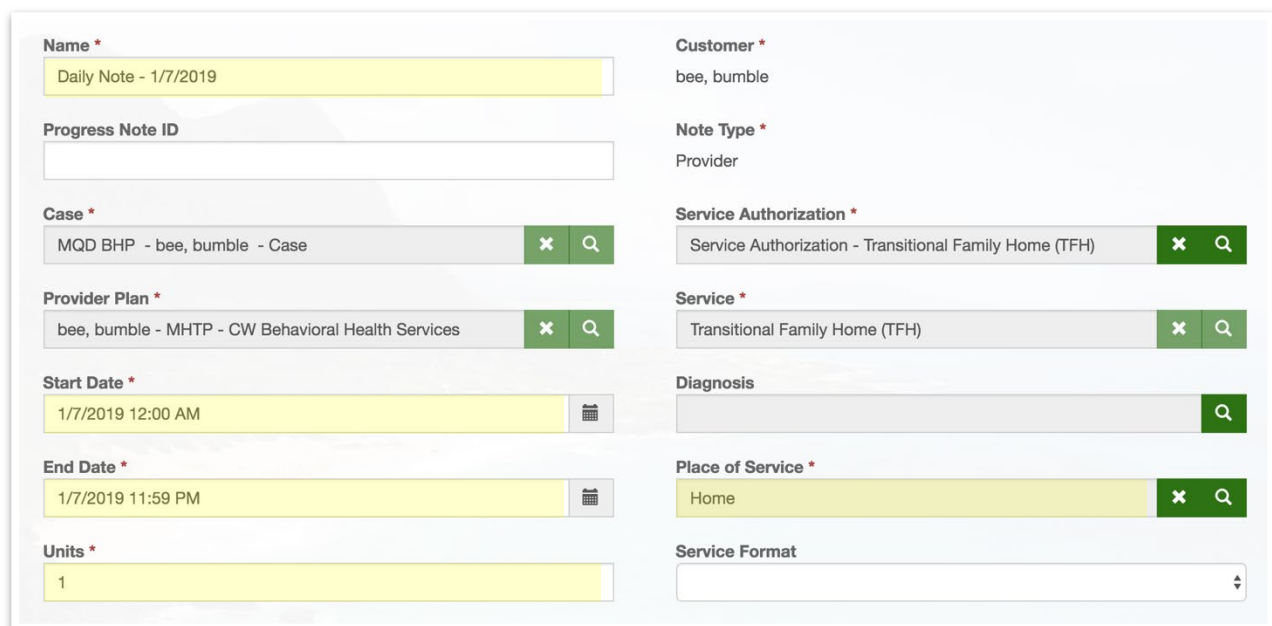
The screenshot displays the 'New Progress Note' form for AM/PM Shift Note. The form is organized into two main columns. The left column contains fields for Name, Progress Note ID, Case, Provider Plan, Start Date, End Date, Units, Tele-Health Service, and Other Service Setting. The right column contains fields for Customer, Note Type, Service Authorization, Service, Diagnosis, Place of Service, Service Format, Client Site, Provider Site, and Other Service Format. Each field is accompanied by a search icon or a dropdown menu, indicating that users can search for or select values from a list. The form is designed to capture detailed information about the service provided, including the date, time, location, and the provider's name.

- *Data*
- *Plan*
- *Assessment*
- *Date Completed*
- Click **Save & Continue**
- To submit the Progress Note, click **Proceed To Submission**

4.5 OUT-OF-HOME SERVICES (TFH, TRH) – DAILY NOTE

Note: The Daily Note is the billing moment for TFH / TRH Services.

- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers**
- Click on your Customer's name to open the Customer record
- Select the **Progress Notes** tab and click **+ Create**
- When the **New Progress Note** template opens, complete the following fields:
 - *Name* (rename the note: Daily Note - service date)
 - *Start Date & Time* (Note: these must be on the same day, i.e. 12:00 midnight to 7:00 am)
 - *End Date & Time*
 - *Place of Service* (click on the  and select the appropriate location then click **Select**)
 - *Units* (**Daily Note Units = 1**)



Name * Daily Note - 1/7/2019	Customer * bee, bumble
Progress Note ID 	Note Type * Provider
Case * MQD BHP - bee, bumble - Case	Service Authorization * Service Authorization - Transitional Family Home (TFH)
Provider Plan * bee, bumble - MHTP - CW Behavioral Health Services	Service * Transitional Family Home (TFH)
Start Date * 1/7/2019 12:00 AM	Diagnosis
End Date * 1/7/2019 11:59 PM	Place of Service * Home
Units * 1	Service Format

- *Data* (state if youth was present – in their bed – at midnight)



DAP NOTE

Data

Youth was present in the home at 12am
Description of daily activities and behaviors...

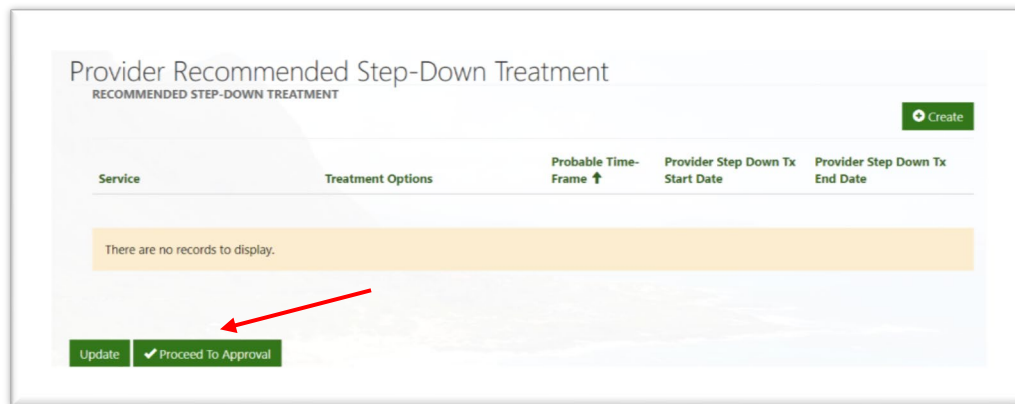
- *Date Completed*
- Click **Save & Continue**
- To submit the Progress Note, click **Proceed To Submission**

4.6 SUPERVISOR APPROVAL

Note: Only users with **Provider Administrator** and/or **Rendering Provider Supervisor** roles can approve MHTP and Progress Notes.

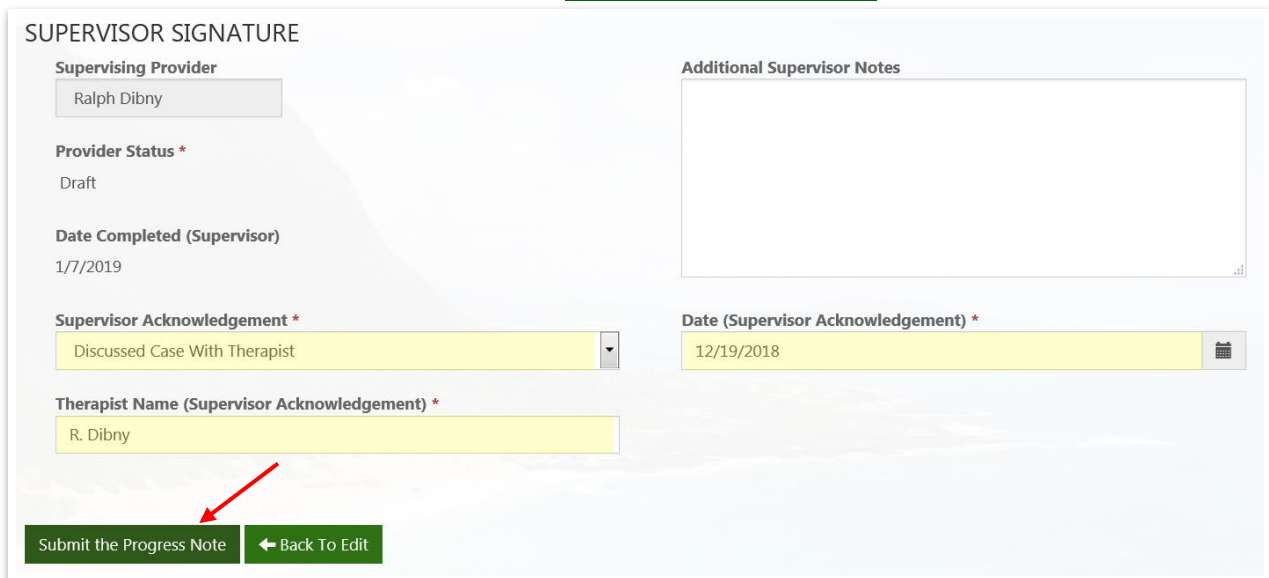
MHTP

- Navigate to the Provider Plans from the Customers tab in the green ribbon
- Click on Edit on the Provider Plans from the drop down green arrow
- Click on **Proceed to Approval** to submit the MHTP



Progress Notes

- Once on the **Submission Form**, review the Progress Note and complete required fields in the Supervisor Signature section, then click **Submit the Progress Note**



- If the submission is successfully processed and no errors are found, the *Status Reason* will update to **Validated**

Note: Once the Progress Note is validated, it will be **Read Only**, meaning you can no longer edit it.

SIGNATURE

Provider *
HAWAII CARES FOR YOU

Additional Comments/Recommendations
—

Rendering Provider *
Juan Lewis

Date Completed (Rendering Provider)
10/30/2018

Provider Status *
Processed

Status Reason
Validated

Rejected Reason
—

- If there are any errors found during the validation process, the *Status Reason* will update to **Rejected** and a **Rejected Reason** will display

SIGNATURE

Provider *
HAWAII CARES FOR YOU

Additional Comments/Recommendations
—

Rendering Provider *
Juan Lewis

Date Completed (Rendering Provider)
11/8/2018

Provider Status *
Processed

Status Reason
Rejected

Rejected Reason
Rendering Provider's active credentials do not equal or exceed the credential level required on the service during date range of service dates.

- When a Progress Note is **Rejected**, you can edit and resubmit the Progress Note
- A list view of Active and Rejected Progress Notes for the Customer is located on the Customer **Progress Notes** tab

Barnes, Kelly

General

Progress Notes

Web Portal - Rejected Progress Notes

Create

Web Portal - Active Progress Notes
Web Portal - Rejected Progress Notes

Completed Advisor	Service	Units	Provider Status	Status Reason	
Functional Family Therapy (FFT) on 11/8/2018	Functional Family Therapy (FFT)	2	Processed	Rejected	

5 Invoicing

5.1 CREATE INVOICE

You must have a **Provider Administrator** role to access **Invoicing**.

- Invoices are accessed from the main navigation bar

The screenshot shows the 'Invoices List' page in the Provider Portal. The header includes the State of Hawaii logo and the text 'State of Hawaii, Department of Health' and 'Provider Portal for Child and Adolescent Mental Health Division'. The navigation bar has links for Home, Customers, CMO, Tasks, Provider, Invoices (highlighted with a red box), Knowledge Base, and Juan Lewis. The breadcrumb trail is 'Home > Invoices List'. The main heading is 'Invoices List'. Below the heading, there is a filter dropdown for 'All Invoices' (highlighted with a red box) and buttons for '+ Create' and 'Download'. A table lists invoices with columns: Status Reason, Invoice Date, Start Date, End Date, Invoice Amount, and Total Expenditures. The first row shows an invoice with ID 'INV1025K6', Status 'Paid', Invoice Date '10/25/2018', Start Date '10/1/2018', End Date '10/25/2018', Invoice Amount '\$23.40', and Total Expenditures '\$0.00'. A green dropdown arrow is visible at the end of the first row.

- Create a new **Invoice** by selecting **+Create**
- Enter the following:
 - *Invoice Number* (unique 10 character max identifier)
 - *Invoice date* (defaults to current date)
 - *Provider* (defaults to your provider agency)
 - *Provider Contract* (Select this by LOC and geographic location)
 - *Start and End Date* of the Invoice
- Next, click **Continue to Submit**

The screenshot shows the 'New Invoice' form in the Provider Portal. The header is the same as the previous screenshot. The breadcrumb trail is 'Home > Invoices List > New Invoice'. The main heading is 'New Invoice'. The form contains the following fields:

- Invoice Number * (text input)
- Invoice Date * (date input, showing 11/8/2018)
- Provider * (dropdown menu, showing 'HAWAII CARES FOR YOU')
- Provider Contract * (dropdown menu)
- Start Date (date input)
- End Date (date input)

At the bottom of the form is a green button labeled 'Continue to Submit'.

- This will create the **Invoice** Record and you will have the ability to edit additional details

Note. There are two types of invoices that can be created in the Provider Portal: (a) unit cost/fee for service contracts, and (b) cost reimbursement contracts.

5.2 EDIT UNIT COST/FEE FOR SERVICE CONTRACT INVOICE

When **Contract Type = Unit Cost**, the Provider will submit only Progress Notes and **Invoices**.

Invoice Edit

Invoice Number *
INV102KB

Invoice Date *
10/25/2018

Provider *
HAWAII CARES FOR YOU

Provider Contract
Hawaii Cares Contract - 01

Start Date
10/1/2018

End Date
10/25/2018

Status Reason
Draft

Status Details
—

Invoice Amount
—

Total Expenditures
0.00

Paid Amount
—

Check Number
—

Check Date
—

Date Paid/Approved
—

Progress Notes

Associate multiple Associate

Customer	Name ↑	Service	Units	Amount	Start Date ↓	End Date	Provider Status	Status Reason
There are no records to display.								

Signature

DECLARATION: I DECLARE THAT THIS REPORT, INCLUDING ANY ACCOMPANYING SCHEDULES OR STATEMENTS HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE REPORT, MADE IN GOOD FAITH, FOR THE REPORTING PERIOD(S) STATED.

Report Prepared By *
Juan Lewis

Name and Title of Provider's Authorized Official *

Phone *

Date *
11/8/2018

Save Submit the Invoice

- Leave **Invoice Amount** blank (this will be calculated by CAMHD HSMO)
- **Associate Progress Notes** to the Invoice
 - To associate more than one Progress Note, select **Associate Multiple** in the Progress Note Section. Note: The pick list shows only validated Progress Notes.

- This will open a list of **Progress Notes** that fall within the **Invoice date range** and have not been associated to another Invoice
- This dialog shows in the description the date range it used to find unassigned **Progress Notes**

- You have the ability to deselect individual Progress Notes if necessary
 - Once all Progress Notes are selected, click the **Add Checked to Invoice** button; this will close the form, refresh the page and update the Invoice with the selected Progress Notes
- Enter the required fields, **save** the form, then click **Submit the Invoice**
 - You will receive a confirmation that the Invoice was sent for validation

Note. The submitted Invoice will become read-only. If the Invoice is rejected, it will become editable. It is possible to see submitted and rejected Invoices and view all associated Progress Notes.

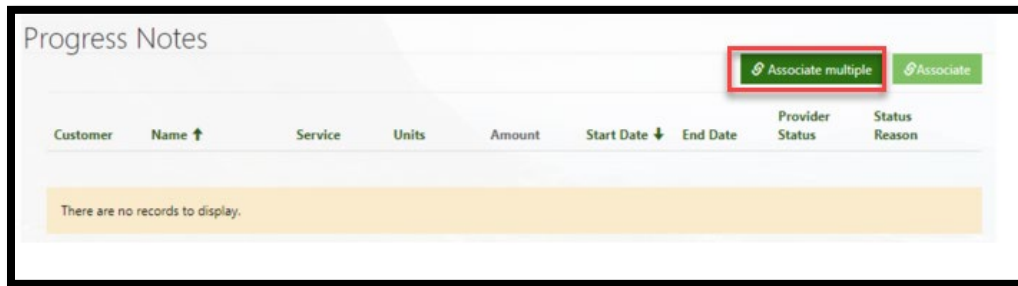
CAMHD Fiscal Office will now review the Invoice and process payment if accepted, via the standard process for provider billing of unit-cost or fee-for-service contracts.

5.3 EDIT COST REIMBURSEMENT CONTRACT INVOICE

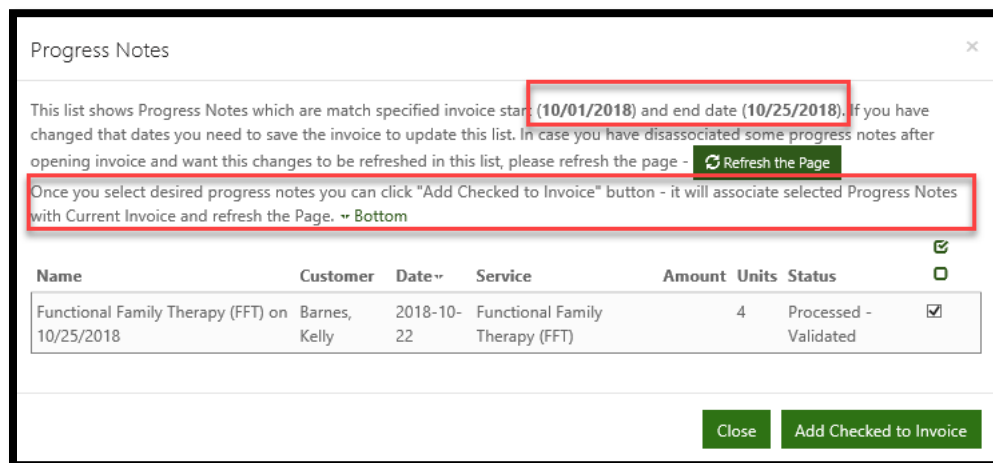
Personnel Cost and Expenditure Details will only be available on cost reimbursement invoices

- Leave **Invoice Amount** blank (this will be calculated by CAMHD HSMO)
- **Associate Progress Notes** to the Invoice

- To associate more than one Progress Note, select **Associate Multiple** in the Progress Note Section



- This will open a list of **Progress Notes** that fall within the **Invoice date range** and have not been associated to another Invoice
- This dialog shows in the description the date range it used to find unassigned **Progress Notes**



- You have the ability to deselect individual Progress Notes if necessary
- Once all Progress Notes are selected, click the **Add Checked to Invoice** button; this will close the form, refresh the page and update the Invoice with the selected Progress Notes

- Add/create **Expenditure details** and **Personnel Costs** by clicking **+Create** in the respective section.

Home > Invoices List > Invoice Edit

Invoice Edit

Invoice Number *

Invoice Date *

Provider *

Alpha House

Provider Contract

FY2019

Start Date

End Date

Status Reason

Draft

Status Details

Invoice Amount

Total Expenditures

0.00

Paid Amount

Check Number

Check Date

Date Paid/Approved

Will appear if Cost Reimbursement Contract

Expenditure Details

[+ Create](#)

Expenditure Category ↑	Expenditure Sub-Category	Amount
There are no records to display.		

Progress Notes

[Associate multiple](#) [Associate](#)

Customer	Name ↑	Service	Units	Amount	Start Date ↓	End Date	Provider Status	Status Reason
There are no records to display.								

Personnel Cost

[+ Create](#)

Provider ↑	Provider Contract	Provider Invoice
There are no records to display.		

[Save](#) [Submit the Invoice](#)

- Create Expenditure Details

The screenshot shows a 'Create' modal window overlaid on a 'MAX - Provider Portal' interface. The modal has a title bar with a close button. Inside, there are two dropdown menus: 'Expenditure Category' with the selected value 'B. OTHER CURRENT EXPENSES' and 'Expenditure Sub-Category' with the selected value 'Lease/Rental of Equipment'. Below these is a text input field for 'Amount' containing the value '10000'. A green 'Submit' button is located at the bottom left of the modal. The background interface shows an 'Invoice' form with fields for Invoice Number, Date, Provider, and Status.

- You will have the ability to edit these items after creation before submitting the **Invoice**

The screenshot shows the 'Expenditure Details' section of the application. It features a table with three columns: 'Expenditure Category', 'Expenditure Sub-Category', and 'Amount'. A 'Create' button is in the top right corner. A dropdown menu is open next to the first row, showing 'View Details' and 'Edit' options.

Expenditure Category ↑	Expenditure Sub-Category	Amount
B. OTHER CURRENT EXPENSES	Lease/Rental of Equipment	\$10,000.00

- To create a **Personnel Cost**, click **+Create**

The screenshot shows a 'Create' modal window overlaid on a background form. The modal has a title bar with a pencil icon and the word 'Create', and a close button (X) in the top right corner. The form is divided into two columns. The left column contains: 'Name' with a text input field containing 'Personnel cost for OCT 2018'; 'Provider' with a dropdown menu showing 'Aloha House' and a green button with a magnifying glass icon; and 'Total Full Time Equivalent' with a text input field. The right column contains: 'Provider Invoice *' with a text input field; 'Provider Contract' with a dropdown menu showing 'Aloha House' and a green button with a magnifying glass icon; and 'Total Salary Charged' with a text input field. At the bottom left of the modal is a green 'Submit' button. The background form is partially visible, showing fields for 'Provider Contract', 'Check Number', 'FY2019', 'Start Date' (10/1/2018), 'End Date' (10/19/2018), 'Status Reason' (Draft), 'Status Details', 'Expenditure', 'B. OTHER CU', and 'Progress'.

Create

Name
Personnel cost for OCT 2018

Provider
Aloha House

Total Full Time Equivalent
—

Provider Invoice *
—

Provider Contract
Aloha House

Total Salary Charged
—

Submit

- After **Personnel Cost Report** has been created, you Edit and/or add additional Personnel Expense Details

Home > Invoices List > Invoice Edit > Personnel Cost

Personnel Cost

Name
Personnel cost for OCT 2018

Provider
Aloha House

Provider Invoice *
2018-10-18-FY2019 INV05

Provider Contract
FY2019

Total Full Time Equivalent
0.00

Total Salary Charged
0.00

Personnel Expense Details (Personnel Expense) + Create

Name ↑	Position Number	Rendering Provider	Position Title	Full Time Equivalent	Full Time Monthly Salary	Percent time charged to contract	Salary Charged to Contract	
Alakai Na	12		Nurse	1.00	\$6,500.00	100.00	\$6,500.00	▼

Submit

- Add new **Personnel Expense Details** by selecting **+Create**

Home > Invoices List > Invoice Edit > Personnel Cost

Personnel Cost

Name
Personnel cost for OCT 2018

Provider
Aloha House

Provider Invoice *
2018-10-18-FY2019 INV05

Provider Contract
FY2019

Total Full Time Equivalent
0.00

Total Salary Charged
0.00

Personnel Expense Details (Personnel Expense) + Create

Name ↑	Position Number	Rendering Provider	Position Title	Full Time Equivalent	Full Time Monthly Salary	Percent time charged to contract	Salary Charged to Contract	
Alakai Na	12		Nurse	1.00	\$6,500.00	100.00	\$6,500.00	▼

Submit

- Enter the required fields, **save** the form, then click **Submit the Invoice**
- You will receive a confirmation that the Invoice was sent for validation

Note. The submitted Invoice will become read-only. If the Invoice is rejected, it will become editable. It is possible to see submitted and rejected Invoices and view all associated Progress Notes.

CAMHD Fiscal Office will now review the Invoice and process payment if accepted, via the standard process for provider billing of unit-cost or fee-for-service contracts.

5.4 VIEW PROGRESS NOTE & ASSOCIATED INVOICE STATUS

- To view a list of Invoices, go to **Invoices -> Invoices** for the main navigation bar

Home > Invoices List

Invoices List

All Invoices ▾ Create Download

Invoice Number ↑	Status Reason	Invoice Date	Start Date	End Date	Invoice Amount	Total Expenditures	
INV1025KB	Submitted	10/25/2018	10/1/2018	10/25/2018	\$23.40	\$0.00	▼

- To find a view of Progress Notes with associated Invoices, go to **Invoices -> Progress Notes with Invoices** from the main navigation bar
- From the Progress Notes with Invoices page, you can view all the Progress Notes in the system for your Provider Agency and view their Associated Invoice Status
- If the **Status Reason** listed has an exclamation point icon next to it, that means there is any information about Status Reason available. To access the additional detail, **click the icon**

Progress Notes with Invoices

Progress Note with Invoices Status ▾ Search Download

Name ↑	Customer	Customer ID	Service	Units	Service Rate	Amount	Start Date	Provider Status	Status Reason	Provider Invoice	Check #	Date Paid	Paid Amount	Invoice Status
Functional Family Therapy (FFT) on 10/25/2018	Barnes, Kelly	25204	Functional Family Therapy (FFT)	4	Functional Family Therapy (FFT) - \$23.40		10/22/2018 10:00 AM	Processed	Paid	INV1025KB				Paid
Functional Family Therapy (FFT) on 10/25/2018	Barnes, Kelly	25204	Functional Family Therapy (FFT)	4	Functional Family Therapy (FFT) - \$23.40		10/23/2018 2:00 PM	Processed	Validated					
Functional Family Therapy (FFT) on 11/8/2018	Barnes, Kelly	25204	Functional Family Therapy (FFT)	2			11/8/2018 10:00 AM	Processed	Rejected ⓘ					

Status Details

Rendering Provider's active credentials do not equal or exceed the credential level required on the service during date range of service dates.

- Note:** You have the ability to download the full report in Excel format to work with it off-site.

Progress Notes with Invoices

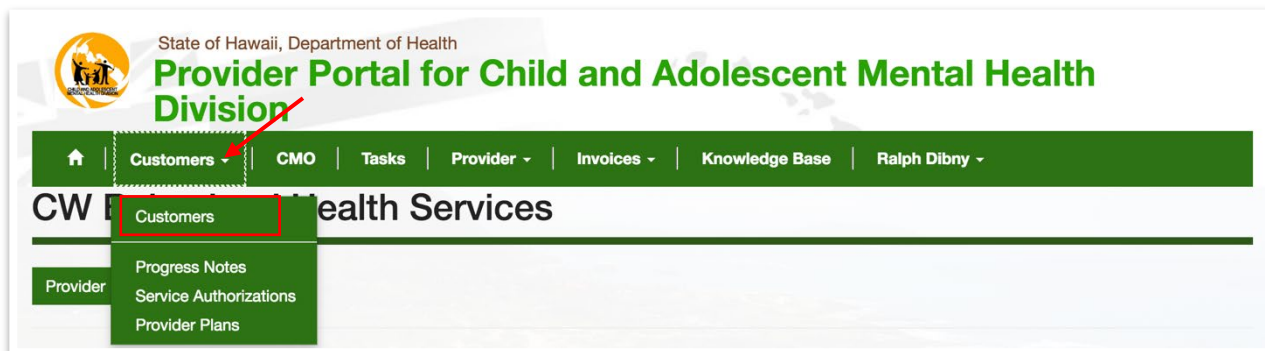
Progress Note with Invoices Status ▾ Search Download

Name ↑	Service	Units	Service Rate	Amount	Start Date	Provider Status	Status Reason	Provider Invoice	Check #	Date Paid	Paid Amount	Invoice Status
--------	---------	-------	--------------	--------	------------	-----------------	---------------	------------------	---------	-----------	-------------	----------------

6 Extras

6.1 VIEWING CUSTOMERS

- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers** from the dropdown list



- You can change the list view by clicking on a column heading to sort ascending / descending
- To view the Customer record, click on the **Customer** name

Note: By default, the **Customers** page only displays the Customers with an **Approved MHTP** (Billing MHTP).

Customers

Full Name ↓	Date of Birth	Last Four of SSN	Medicaid ID	Street 1	City	State	Zip Code
woman, iron	12/5/2013			12345 Hula St	Kihei	HI	96753
West, Wally	7/11/2002			2011 Central Cir.	Honolulu	HI	96818
Wayne, Bruce	12/6/1974			1234 Wayne Manor	Honolulu	HI	96825
TitanUp, Marcus	8/4/2013	8080		808 NFL Circle	Kalaepohaku	HI	96808
Thecat, Tony	1/3/2013			123 University Ave.	Kapolei	HI	96707
The cat, Pete	1/1/2010			123 Aloha Lane	Honolulu	HI	96816
South, Snowman	12/24/2005			1234 I don't know	Kaneohe	HI	96744

- On the Customer record, you will find general Customer information (address, contacts) as well as links to Assessments and Service Authorizations

Assessments

Assessment Type	Assessment Completed Date ↑	Assessment Expiration Date	Score	Case
CAFAS	11/12/2018	11/12/2019	170	MQD BHP - West, Wally - Case
Initial Mental Health Evaluation (IMHE)	11/12/2018	11/12/2019		MQD BHP - West, Wally - Case

- If you find Customer information that is incorrect or out-of-date, click **Create Change Request** and complete the form to notify the Care Coordinator

TREATMENT TARGET OPTIONS

Externalizing Behaviors	Internalizing Behaviors	Positive Behaviors	Other Targets
Aggression	Anxiety	Academic Achievement	Adjustment to Life Transition
Anger	Avoidance	Activity Involvement	Attending to Basic Needs
Attention Problems	Depressed Mood	Assertiveness	Cognitive Functioning
Fire-setting	Grief	Community Involvement	Eating / Feeding Problems
Hyperactivity	Phobia or Fears	Contentment / Happiness	Enuresis / Encopresis
Opposition / Non-Compliance	School Refusal / Truancy	Empathy	Gender Identity
Peer / Sibling Conflict	Self-Esteem	Peer Involvement	Health Management
Runaway / Elopement	Self-Injurious Behavior	Positive Family Functioning	Independent Living Skills
Substance Use	Suicidality	Positive Peer Interaction	LD / Underachievement
Willful Misconduct	Traumatic Stress	Positive Thinking / Attitude	Mania
		Self-Management / Control	Medication Adherence
		Social Skills	Occupational Functioning / Stress
			Personal Hygiene
			Psychosis
			Sexual Misconduct
			Sleep Disturbance / Hygiene
			Treatment Engagement

* Definitions can be found here: <https://health.hawaii.gov/camhd/files/2017/11/MTPS-codebook.pdf>

PRACTICE ELEMENT OPTIONS

Behavior Management	Coping/Self-Control	Core Practices	Other Practices
Attending	Activity Scheduling	Accessibility Promotion	Anger Management
Behavioral Contracting	Assertiveness Training	Cognitive Coping	Care Coordination
Commands or Limit Setting	Biofeedback / Neurofeedback	Family Engagement	Catharsis
Discrete Trial Training	Communication Skills	Insight Building	Crisis Management
Functional Analysis	Exposure	Motivational Interviewing	Cultural Training
Ignoring / DRO	Goal Setting	Psychoeducation w/ Child	Educational Support
Line of Sight Supervision	Guided Imagery	Psychoeducation w/ Parent	EMDR
Modeling	Hypnosis	Relationship / Rapport Building	Family Therapy
Natural & Logical Consequences	Maintenance & Relapse Prevention	Supportive Listening	Free Association
Parent / Teacher Monitoring	Mindfulness		Ind. Therapy for Caregiver
Parent Praise	Personal Safety Skills		Interpretation
Response Cost	Physical Exercise		Marital Therapy
Stimulus / Antecedent Control	Problem Solving		Parent Coping
Tangible Rewards	Relaxation		Medication / Pharmacotherapy
Therapist Praise / Rewards	Response Prevention		Mentoring
Time Out	Self-Monitoring		Milieu Therapy
	Self-Reward / Self-Praise		Parent Coping
	Skill Building		Peer Pairing / Peer Modeling
	Social Skills Training		Play Therapy
			Strengthening Informal Supports
			Twelve Step Program

* Definitions can be found here: <https://health.hawaii.gov/camhd/files/2017/11/MTPS-codebook.pdf>

PROGRESS RATINGS

- 1 - Deterioration <0%
- 2 - No Significant Changes 0% - 10%
- 3 - Minimal Improvement 11% - 30%
- 4 - Some Improvement 31% - 50%
- 5 - Moderate Improvement 51% - 70%
- 6 - Significant Improvement 71% - 90%
- 7 - Complete Improvement 91% - 100%