CHILD AND ADOLESCENT MENTAL HEALTH DIVISION

MAX – Provider Portal

Instructions for Contracted Providers

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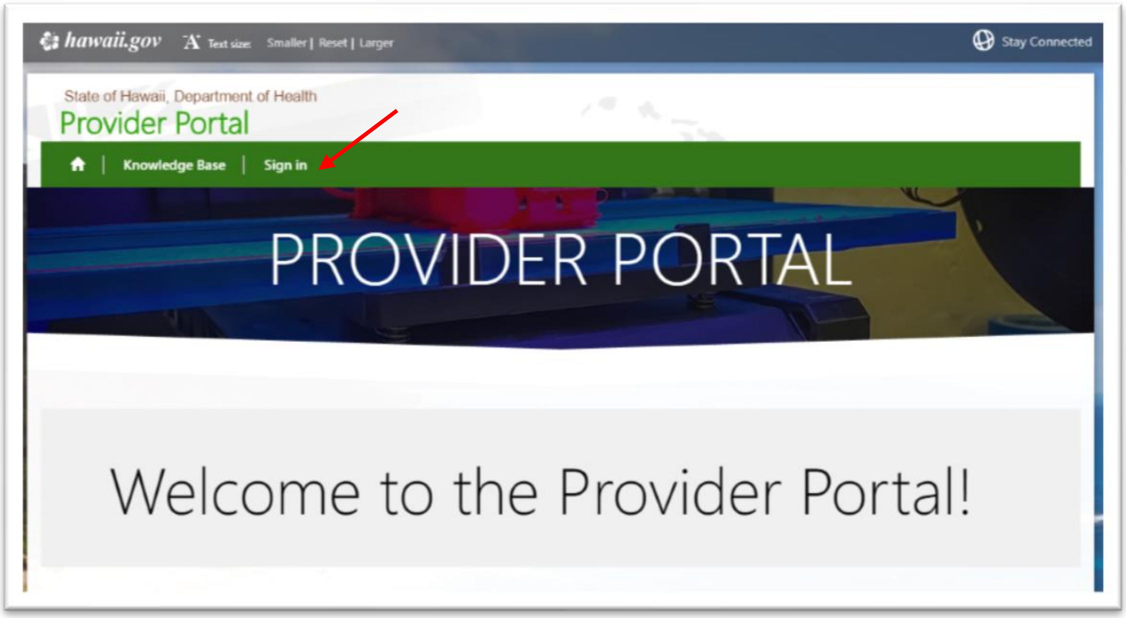
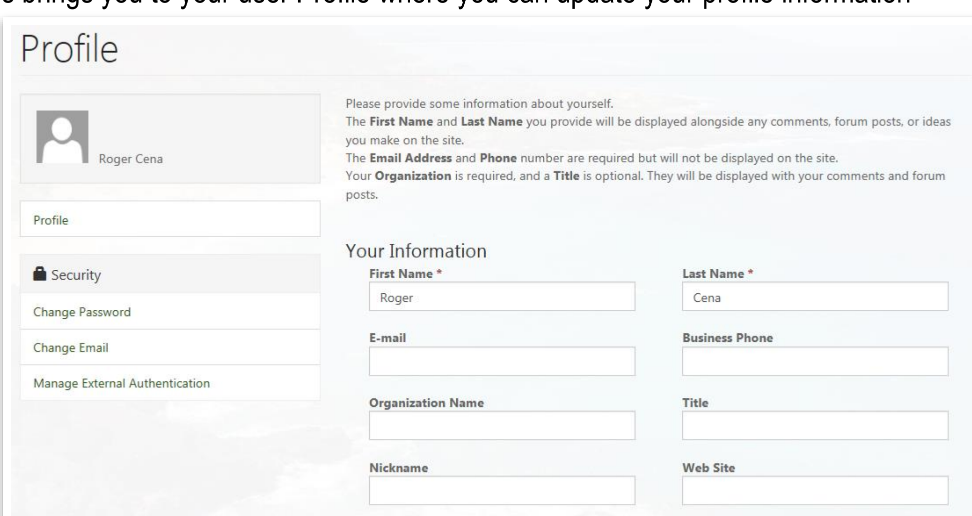
1 Portal Basics

1.1 Login & User Profile

- Go to https://bhaprod.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
    - Contact the CAMHD HelpDesk for assistance by phone (808-733-9309) or email (DOH.CAMHD.Provider@doh.hawaii.gov)
- 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 profile information



1.2 USER ROLES

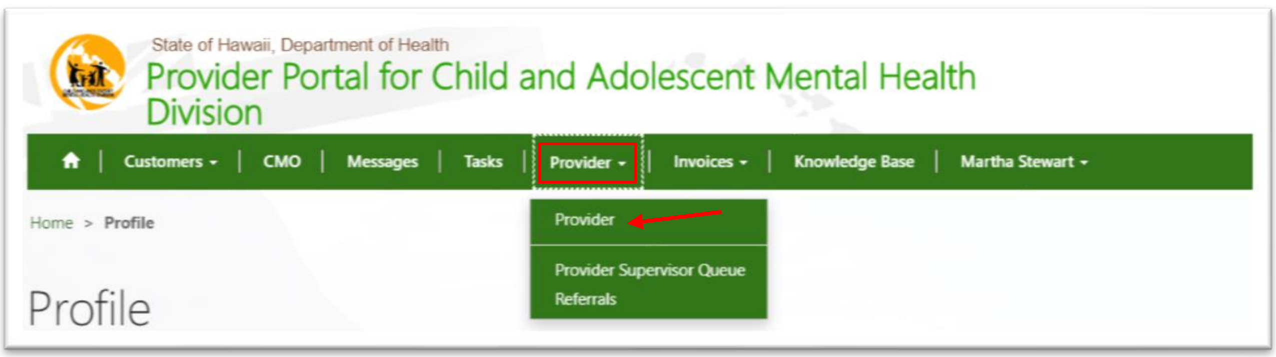
There are three user roles within the provider portal with different viewing and editing capabilities.

- **Provider Administrator**: This designated person(s) within your organization can edit agency profile information, respond to provider referrals, and create and submit progress notes and invoices
- **Rendering Provider Supervisor (must be QMHP)**: 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

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.

- Navigate to the Provider Profile by clicking **Provider** in the green navigation bar at the top of the page and selecting **Provider**

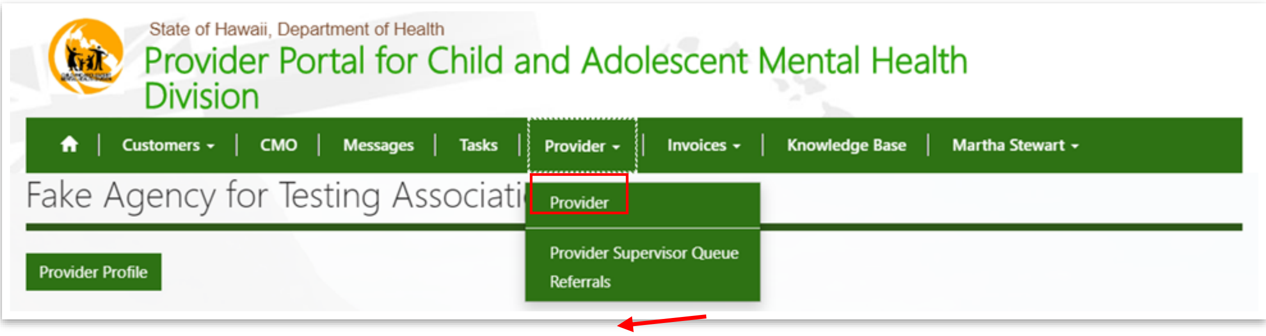


- From the **Provider Profile** page, the user can:
  - Update Provider Attributes
  - Update Contact Details (General)
  - Update Provider Address
  - View Rendering Providers and Credentials
  - View Provider Contracts
- Enter data in the fields you would like to update then click **Update Information** at the top right of the profile page

2 Referrals

2.1 Viewing Referrals

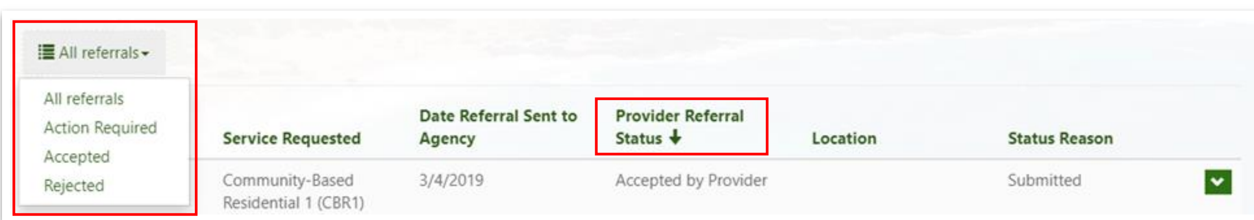
Only those with the **Provider Administrator** and/or **Rendering Provider Supervisor** roll can respond to referrals.



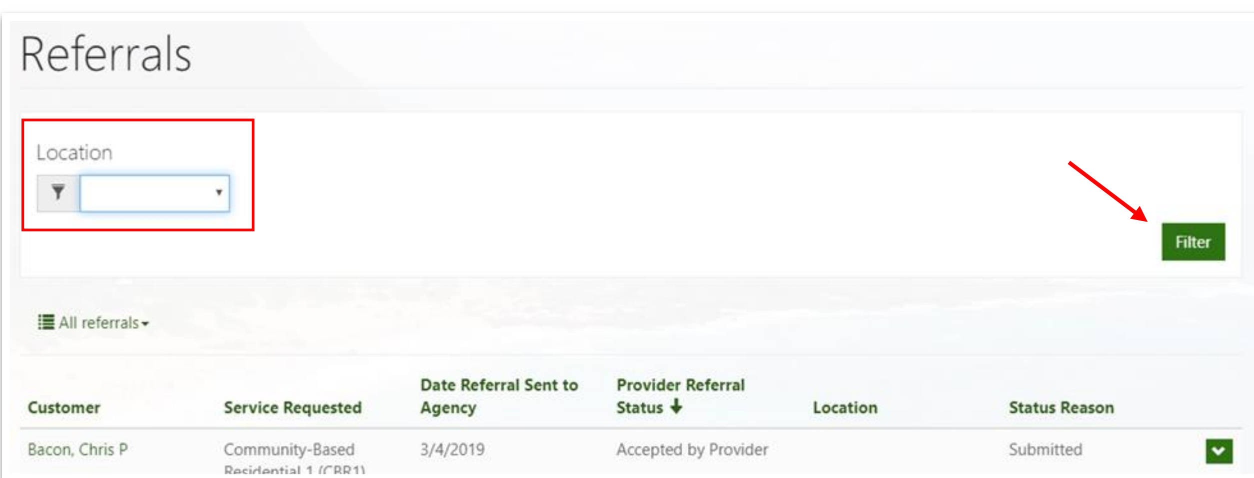
- Navigate to **Provider** in the green navigation bar at the top of the page, then select **Referrals**

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.

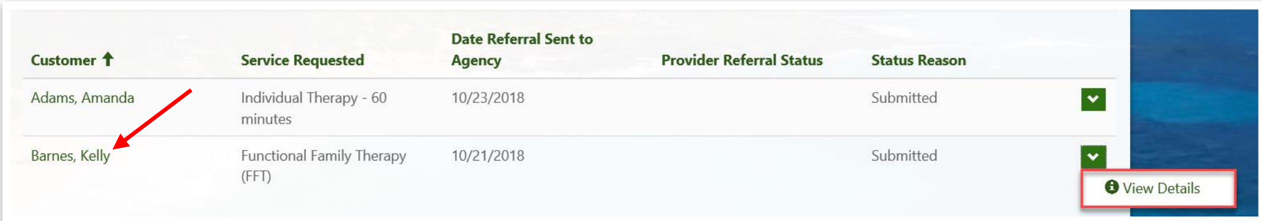
- You can change the list view by selecting an option from the menu or clicking on a column heading to sort ascending / descending



- You can also filter by Location, choose a Location from the list and click **Filter**



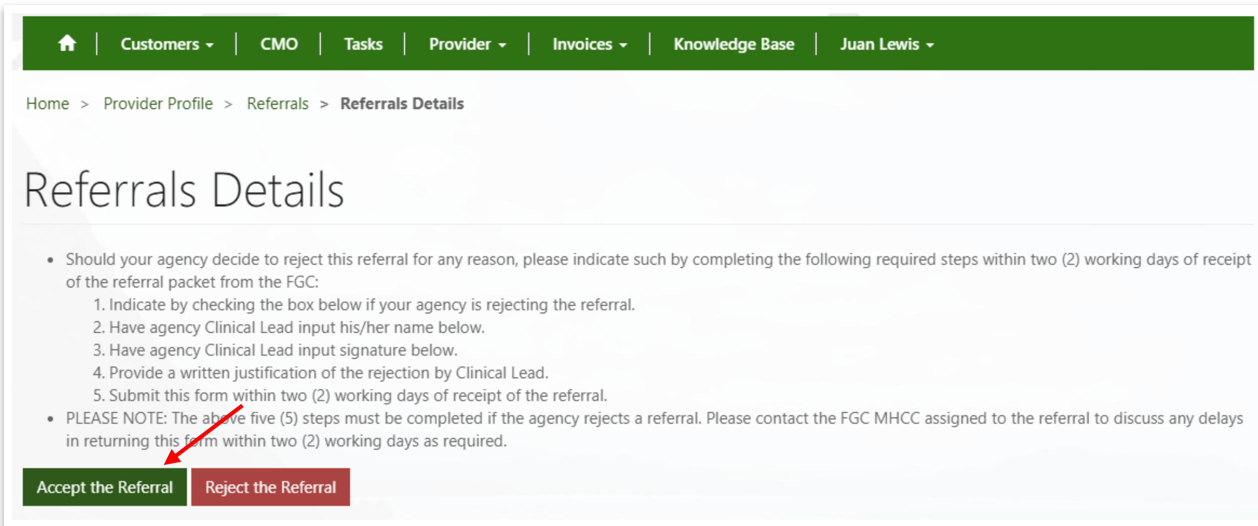
- To view referrals, click on the **Customer** name or the action dropdown (downward arrow on the far right of the screen) and select **View Details**



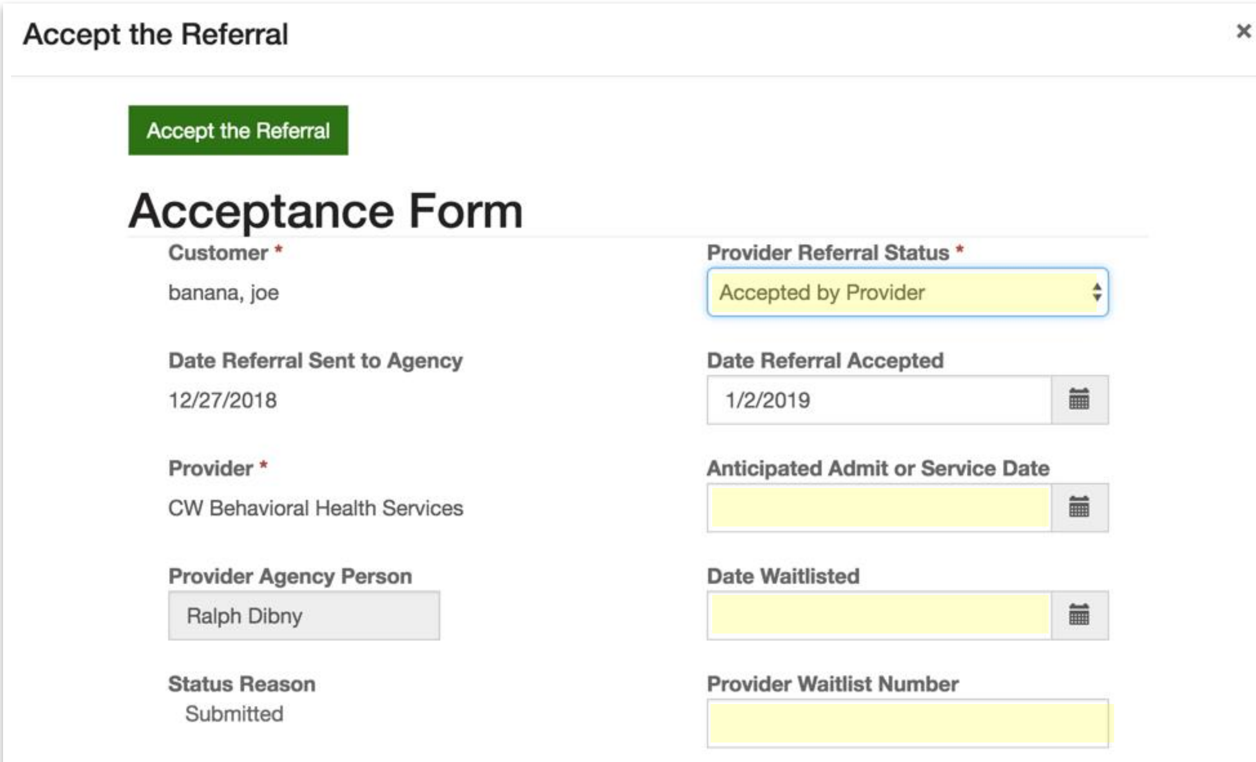
- From the **Referral Details** page, review the Customer, Contacts, Case, and Service Plan information

2.2 Accepting Referrals

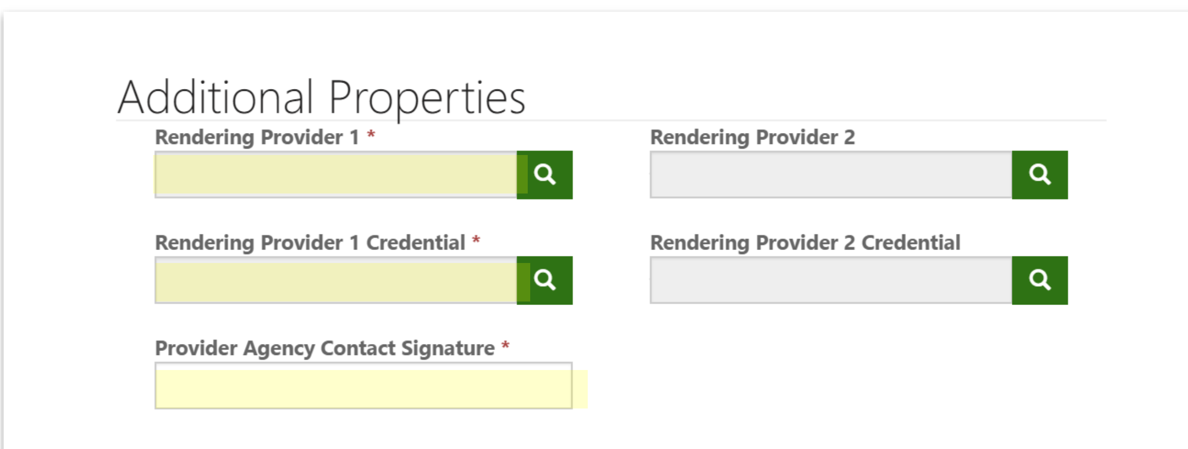
- Open a referral and click **Accept the Referral**



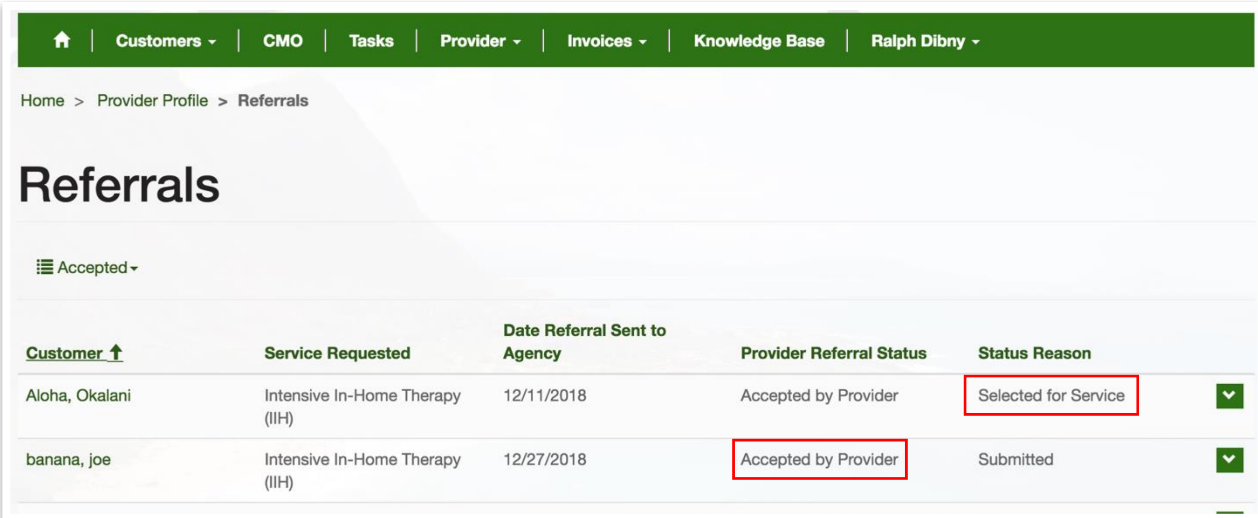
- On the **Referral Acceptance Form (RAF)**, complete the following fields:
  - *Provider Referral Status* (select option: Accepted by Provider; Accepted but No Start Date; or Accepted as Waitlist). Choose:
    - **Accepted by Provider** if you anticipate starting services within 2 weeks
    - **Accepted as Waitlist** if you anticipate starting services after 2 weeks
  - *Anticipated Admit / Start Date* (if Status = Accepted by Provider or Accepted as Waitlist)
  - *Date Waitlisted & Waitlist Number* (if Status = Accepted as Waitlist)



- *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)



- Click **Accept the Referral** at the top of the form to submit the RAF
- On the **Referrals** page, notice that *Provider Referral Status* has been updated



- 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
- You can modify **Accepted** referrals as long as the *Status Reason* equals **Submitted** – this includes changing the *Rendering Provider* and/or *Provider Referral Status* and/or *Waitlist Number*
- If the Care Coordinator selects another Provider, the referral will disappear from your **Referrals** page.

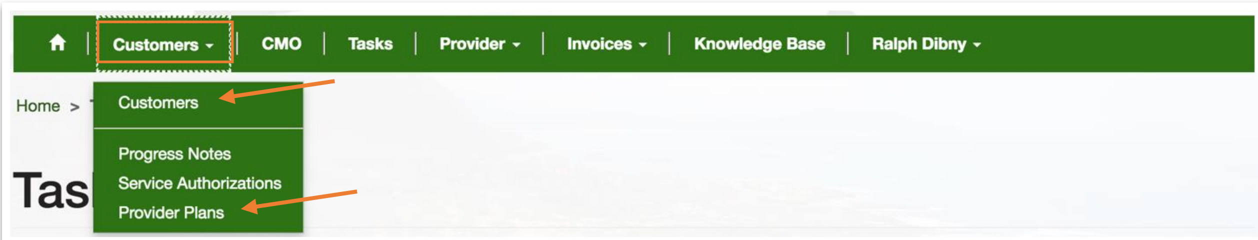
Rejections are reserved for situations where the Provider feels the youth is not appropriate for the requested level of care / service and require a specific protocol as outlined in the Teal Book.

3 The Mental Health Treatment Plan (MHTP)

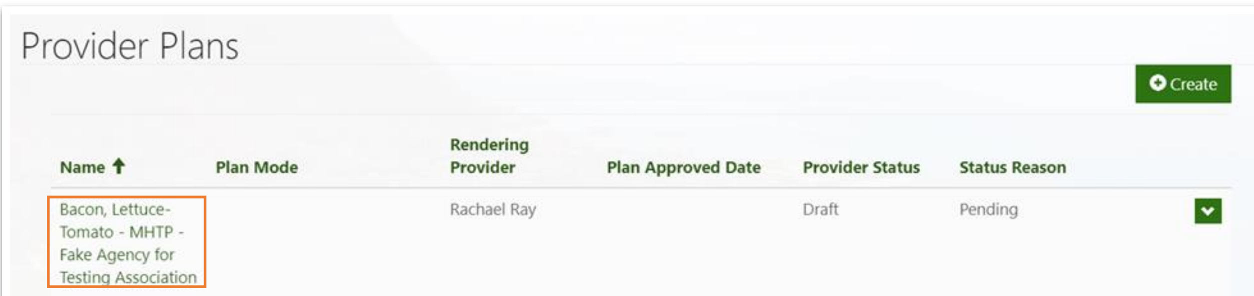
3.1 Developing the Initial MHTP

Once the Care Coordinator selects you as the service provider, the youth will appear in your Customer List.

- Navigate to **Customers** from the green navigation bar at the top of the page, select **Customers** (or **Provider Plans**) and select the customer you will be working on



- On the customer's profile page, scroll down to **Provider Plans** and click on the plan name



You no longer need to create a second plan – you should only have one (1) plan for each youth, unless you provide more than one service to that youth, in which case you will have one (1) plan per service.

- Complete the following fields:
  - *Plan Mode* (select **Initial Plan**)
  - *Service Start Date*
  - Rendering Provider (select assigned **Therapist**)
  - *Date of Plan*
  - *Version Number* (enter **1**)
  - *List of Attendees of MHTP Meeting* (participants who helped develop the plan)
  - *To Approved By* (select **Supervisor** - must be a QMHP)
  - *Youth Information* (Description, Strengths, Barriers)
- Click **Update**

MHTP Date Fields Defined

Service Start Date = date the service started / date of intake / date of first contact with youth/family (this field will not change throughout the course of services)

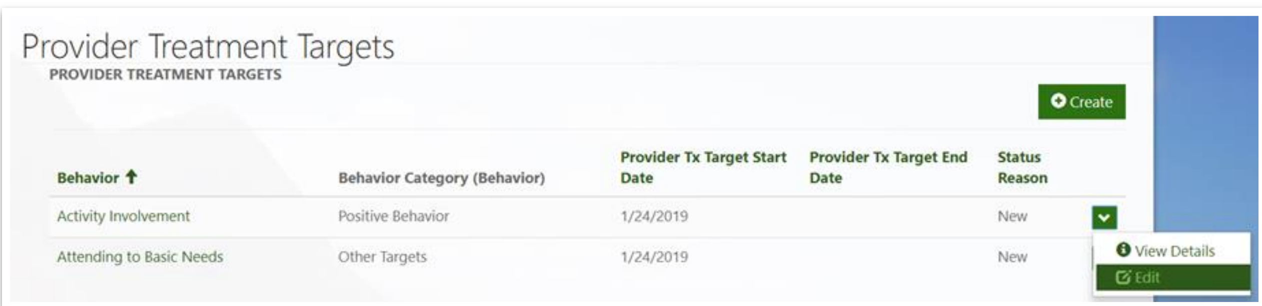
Date of Plan = date the plan is created and/or updated (this field will change throughout the course of services – minimally every 3 months)

Service End Date = date the service ended / date of final session / date of discharge (this field will remain empty throughout the course of services)

- Return to the treatment plan, review the **Treatment Recommendations** section which reflects the *Treatment Focus Areas* and *Treatment Targets* from the CMP
- Proceed down to the **Provider Treatment Targets** section, click **+ Create** and complete the following fields:
  - *Treatment Focus* (select one of the options from the CMP)
  - *Behavior [Treatment Target*[1]*]* (select one – preferably one that matches the CMP)
  - *Start Date*
  - *Projected End Date*
  - *Measurable Goal/Outcome*

Treatment Target Date Fields Defined
Start Date = date the Treatment Target is created (this field will not change throughout the course of services)
Projected End Date = estimated end date for the Treatment Target / best guess of how long target will be active
End Date = date the Treatment Target is completed / discontinued / closed (this field will remain empty until the target is no longer needed)

- Click **Submit**
- The treatment target should populate in the **Provider Treatment Targets** table
- 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 and complete the following fields:
  - *Practice*[1]
  - *Start Date*
  - *Treatment Description*
- **Repeat the above steps to create Goals and Practice Elements for each Treatment Focus Area**

Practice Element Date Fields Defined
Start Date = date the Practice Element is created (this field will not change throughout the course of services)
End Date = date the Practice Element is completed / discontinued / closed (this field will remain empty until the element is no longer needed)

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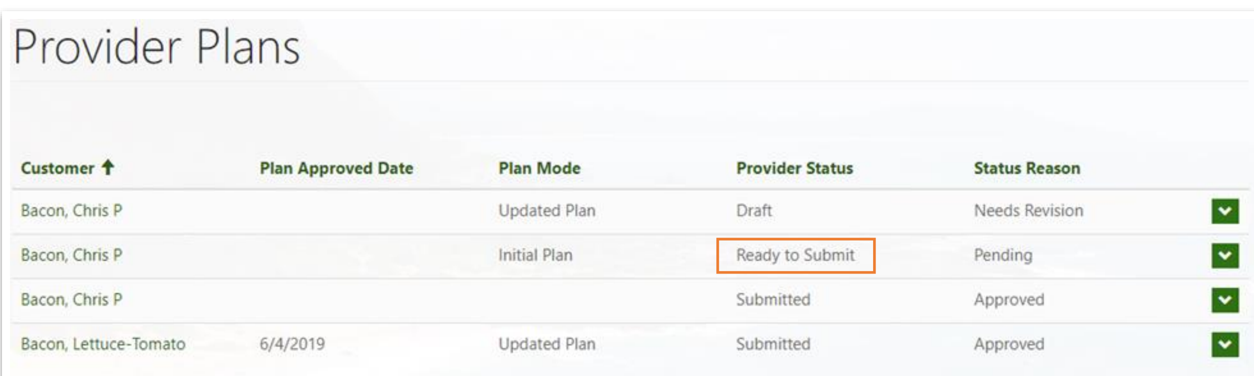
[1] *See attachment / last page for a full listing of Treatment Target and Practice Element options, also checkout the newly updated Codebook for definitions*

- Proceed down to the **Treatment Format** section, click **+ Create** 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**
- Proceed down to the **Provider Recommended Step Down Treatment** section, click **+ Create** and complete the following fields:
  - *Treatment Options* (select **Preferred Option**)
  - *Probable Time-Frame*
  - *Important Indicators for Discharge*
  - *Anticipated Barriers for Discharge*
  - *Discharge Plan*
  - *Discharge Criteria*
- Click **Submit**
- If you are still working on the MHTP and want to save your progress, click **Update** at the bottom of the page
- If you are ready to submit your MHTP to your Supervisor, click **Submit to Approver Queue**
- The Provider Status of the MHTP should now state “Ready to Submit”

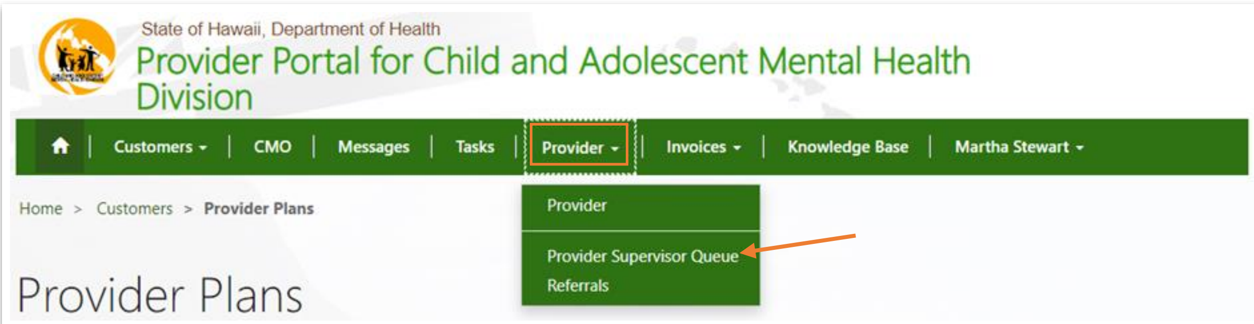

Provider Plans

Customer	Plan Approved Date	Plan Mode	Provider Status	Status Reason
Bacon, Chris P		Updated Plan	Draft	Needs Revision
Bacon, Chris P		Initial Plan	Ready to Submit	Pending
Bacon, Chris P			Submitted	Approved
Bacon, Lettuce-Tomato	6/4/2019	Updated Plan	Submitted	Approved

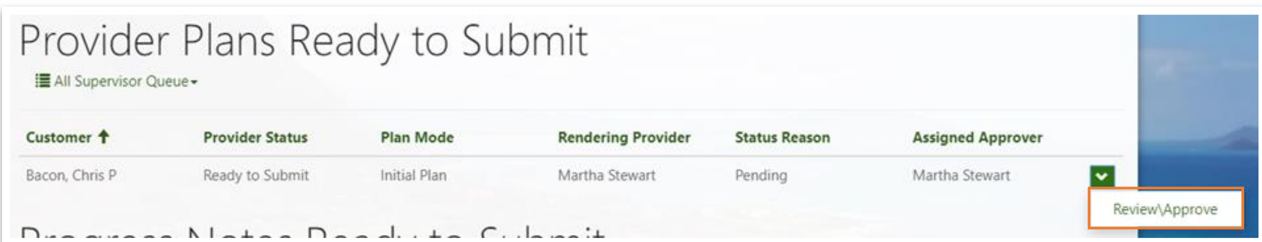
3.2 APPROVING THE MHTP

Only those with the **Rendering Provider Supervisor** roll can submit treatment plans.

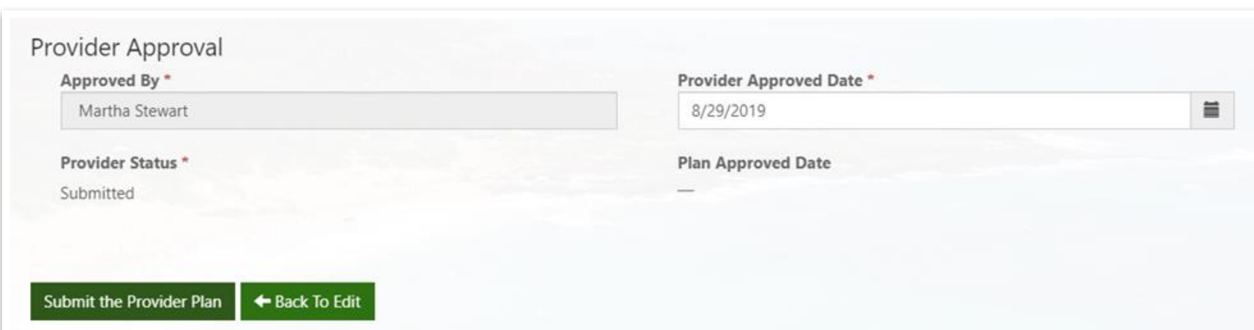
- Navigate to **Provider** from the green navigation bar at the top of the page, select **Provider Supervisor Queue**



- Click on the action dropdown button of a treatment plan and select **Review\Approve**



- If you have already reviewed the plan with the therapist in supervision, enter a **Provider Approved Date** then click **Submit the Provider Plan** which will send it to the Family Guidance Center for review
- If you still need to review the plan, click **Back to Edit** which will allow you to view the full plan and make any necessary changes



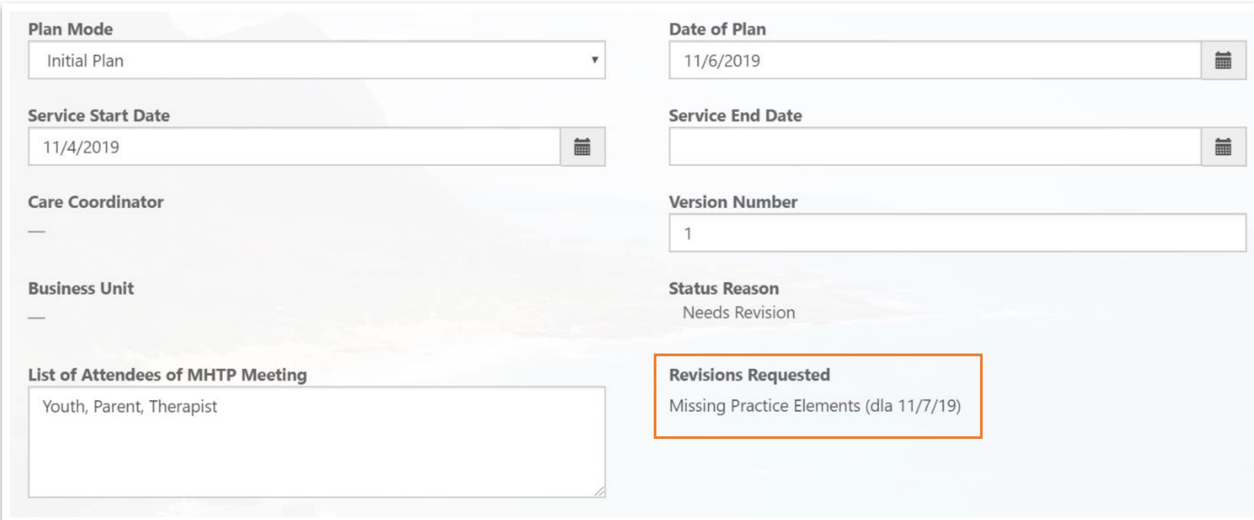
- Once submitted, you should see the Provider Status change to Submitted and the Status Reason (i.e., CAMHD status) change to Pending within the Provider Plans list view

- 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 **In Progress** or **Needs Revision**

3.3 Revising the MHTP

If the FGC team requests revisions to the initial plan, the Status Reason will show **Needs Revision**.

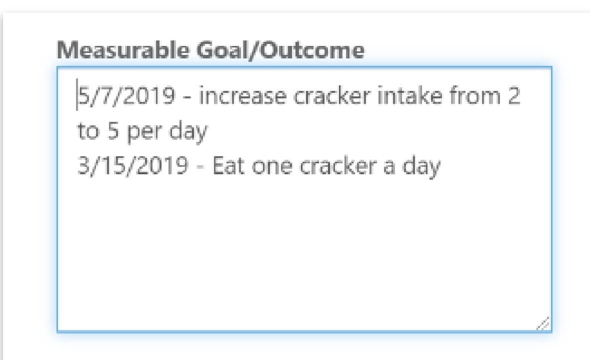
- Open the treatment plan
- Note what needs to be fixed; make necessary corrections and click **Submit to Approver Queue**

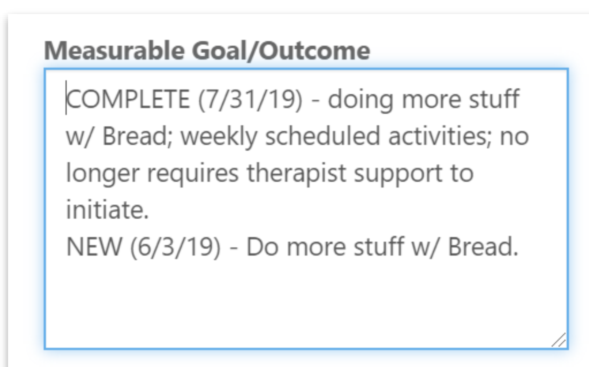


3.4 Updating the MHTP

Updates should be made to the existing MHTP (i.e., do not create a new MHTP for every quarterly update). MHTP updates may be requested by FGC staff if more information is needed or if a quarterly update is due.

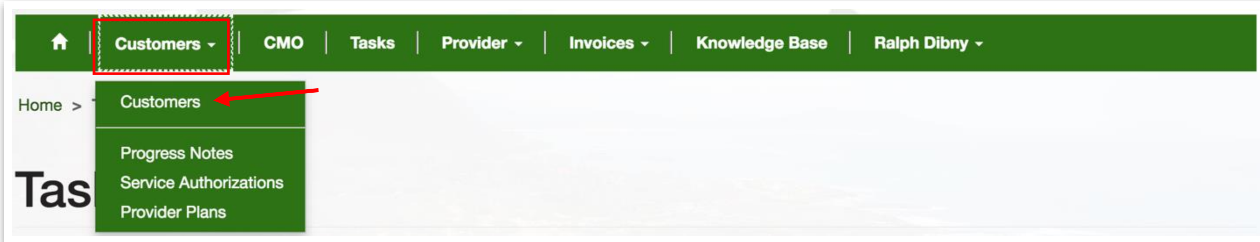
- Open the existing treatment plan
- If doing a quarterly update, update the following fields:
  - *Plan Mode* (select **Updated Plan**)
  - *Date of Plan*
  - *Version Number*
  - *Youth Information* (if necessary)
- Click **Update** at the bottom of the page
- When updating Treatment Target Goals, do not write over the existing goal unless you have received a PDF version of the initial / previous plan; instead, document updates like this:



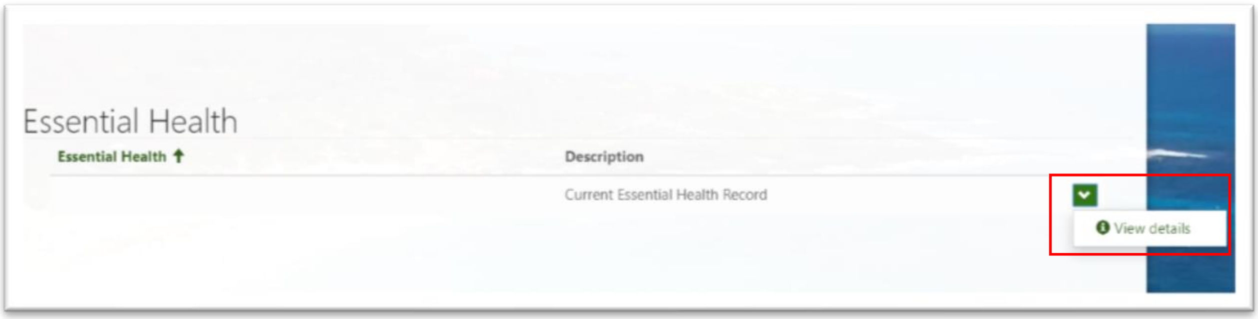


4 Safety Plans

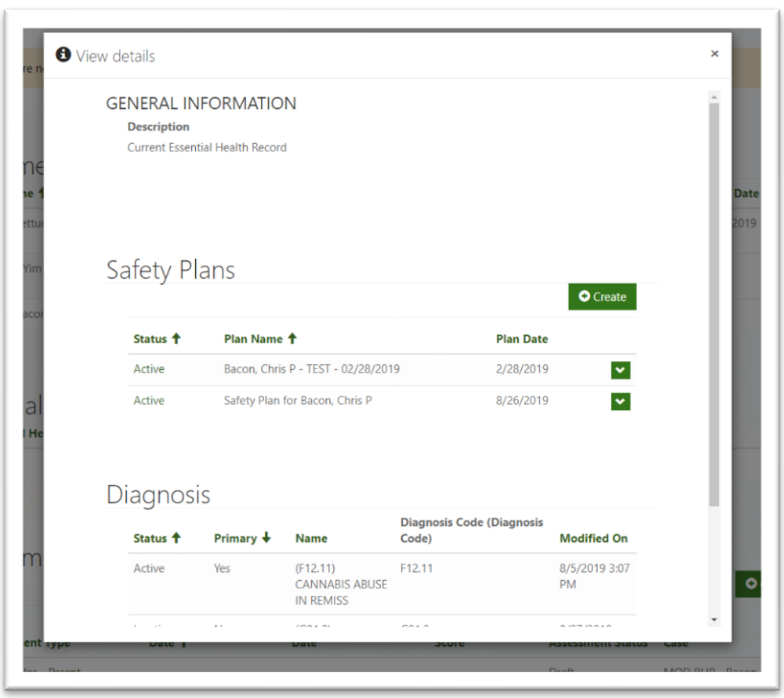
- Navigate to **Customers** from the green navigation bar at the top of the page, then select **Customers** and select the customer you will be working on



- Scroll down to the **Essential Health** section, click on the action dropdown and select **View Details**

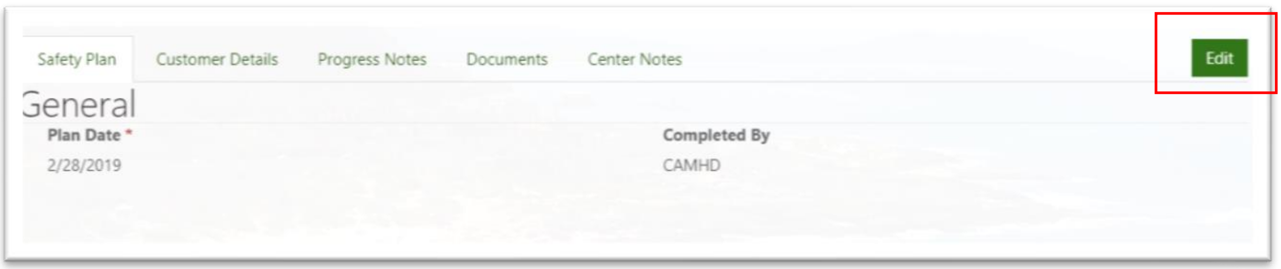


- The Essential Health record will appear in a pop up window that displays current Safety Plan(s) and Diagnosis



- To create a new Safety Plan, click **Create**; to edit an exisitng Safety Plan, click the action dropdown and select **Edit**

- Complete the Safety Plan sections:
    - *Problem Behaviors*
    - *Triggers*
    - *Warning Signs*
    - *Interventions*
    - *Things that Make it Worse*
    - *Crisis Strategies*
    - *Additional Stategies*
- Click the **Submit** button to save
- The Safety Plan can be edited at any time by clicking on the **Edit** button



- The easiest way to print the Safety Plan is to print from the provider portal (i.e., use Ctrl + P while on the Safety Plan)

5 Progress Notes

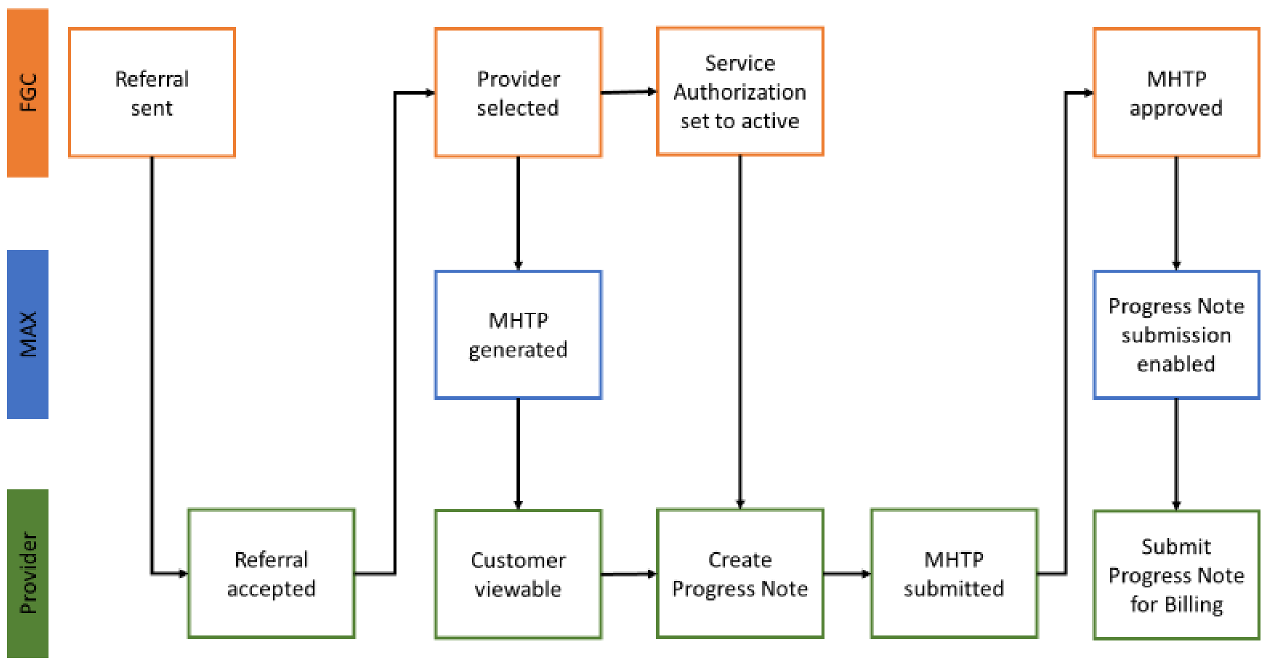
5.1 Progress Notes and the MHTP

The ability to enter Progress Notes is determined by (a) an active Service Authorization and (b) a submitted and approved MHTP (see diagram below). Until the MHTP has been approved by CAMHD, a provider agency and therapist can only create progress notes in draft form (i.e., cannot validate and submit for billing).

The MAX case management system automatically generates MHTP based on a provider being selected from an existing referral. That is, when an FGC care coordinator selects your agency for service within the referral acceptance form, the system generates a shell MHTP that is pushed to the provider portal.

The Customer is then viewable within your agency's portal and you can view existing service plans and assessments for the youth. Once an active service authorization is entered for your agency and that specific youth, your agency can create and save draft progress notes.

Progress notes can be submitted once the MHTP has been submitted by the provider agency and approved by the FGC. The CAMHPS (Teal Book) requires that MHTP be submitted within 10 days from the start of services.



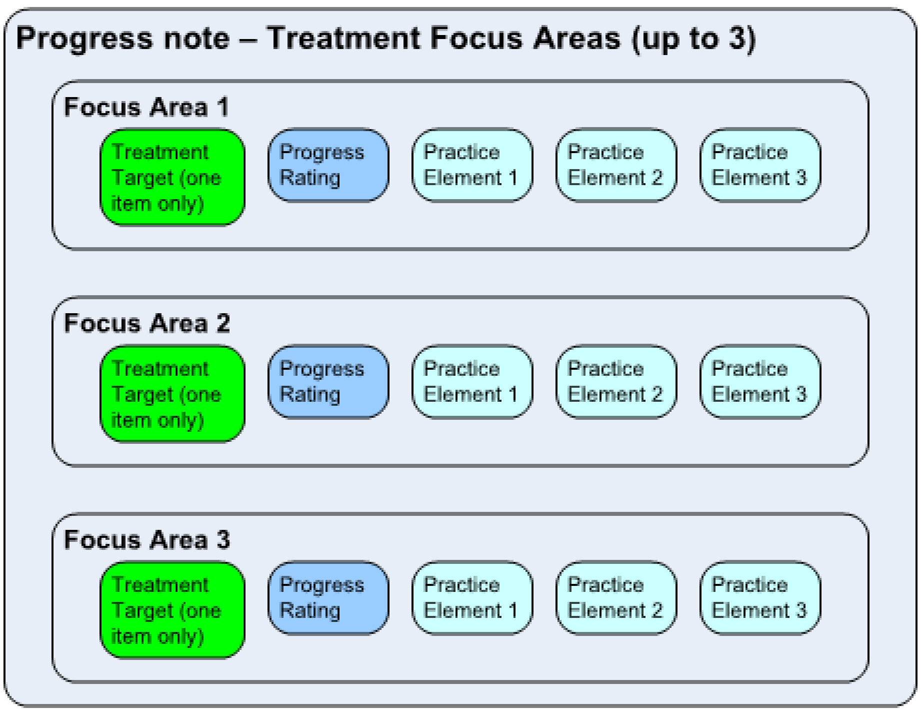
A comprehensive table of MHTP status values are presented below to help troubleshoot any problems with creating and submitting progress notes.

Provider Status	Status Reason	Customer Visible on Portal	Progress Note on Portal
Draft	In Progress	Yes	Create / Update
Draft	Pending	Yes	Create / Update
Draft	On Hold	No	N/A
Draft	Approved	Yes	Create / Update
Draft	Completed	No	N/A
Draft	Needs Revision	Yes	Create / Update
Draft	Action	Yes	Create / Update
Submitted	In Progress	Yes	Create / Update
Submitted	Pending	Yes	Create / Update
Submitted	On Hold	No	N/A
Submitted	Approved	Yes	Create / Update / Submit
Submitted	Completed	No	N/A
Submitted	Needs Revision	Yes	Create / Update
Submitted	Action	Yes	Create / Update

5.2 TREATMENT FOCUS AREAS, TREATMENT TARGETS, & PRACTICE ELEMENTS

A quick note regarding ***Treatment Focus Areas***, ***Treatment Targets***, and ***Practice Elements*** as it relates to progress notes (see visual below):

- A ***Treatment Focus Area*** should be a narrative of a major problem area identified by CAMHD clinical teams (e.g., increase family functioning and communication)
  - Treatment Focus Areas are not needed on the progress note
- A ***Treatment Target*** is a behavior or specific area of focus in treatment (e.g., oppositional behavior)
  - A provider may identify up to three Treatment Targets in one note (which may correspond to one or more Treatment Focus Areas)
  - One progress rating (see table at the end of this document) should be assigned to the Treatment Target
- A ***Practice Element*** is an intervention used to address treatment targets in therapy
  - A provider may identify up to three Practice Elements used to address a Treatment Target and associated progress rating for the session



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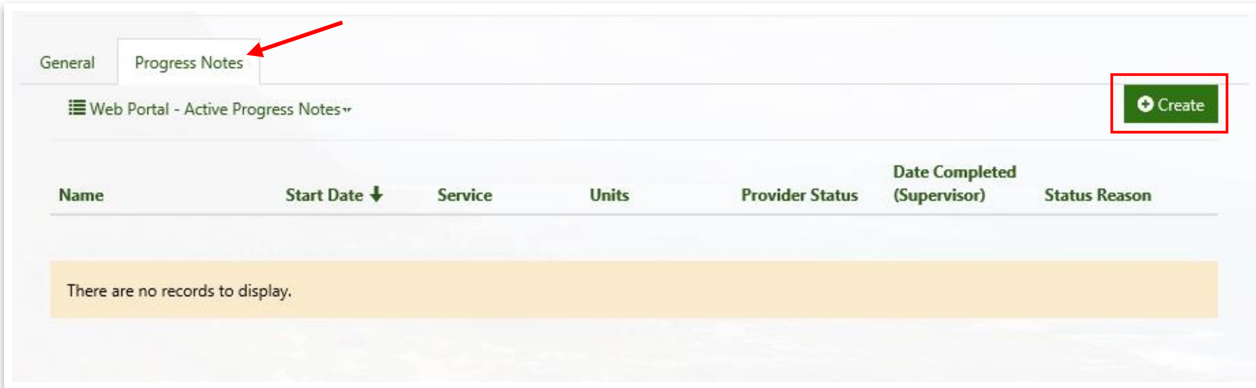
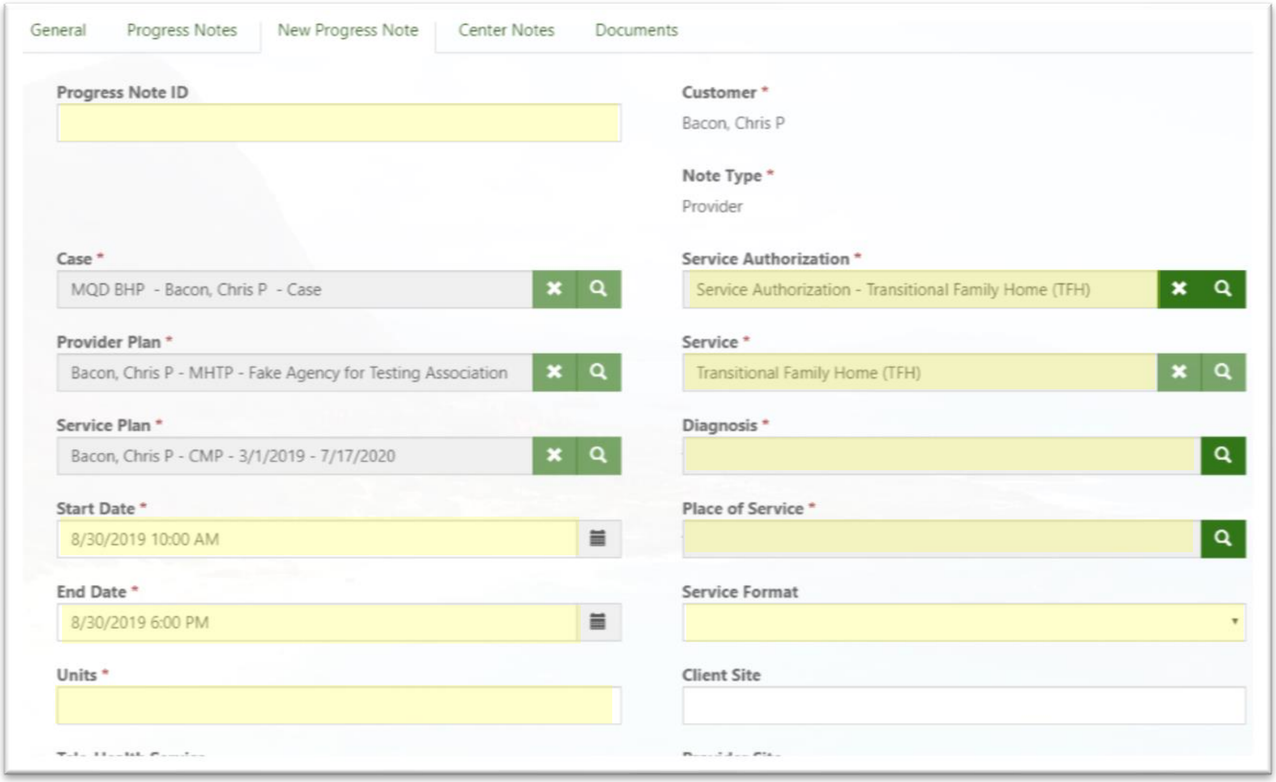
5.3 In-Home Services (ABI, IIH, IILS, FFT, MST)

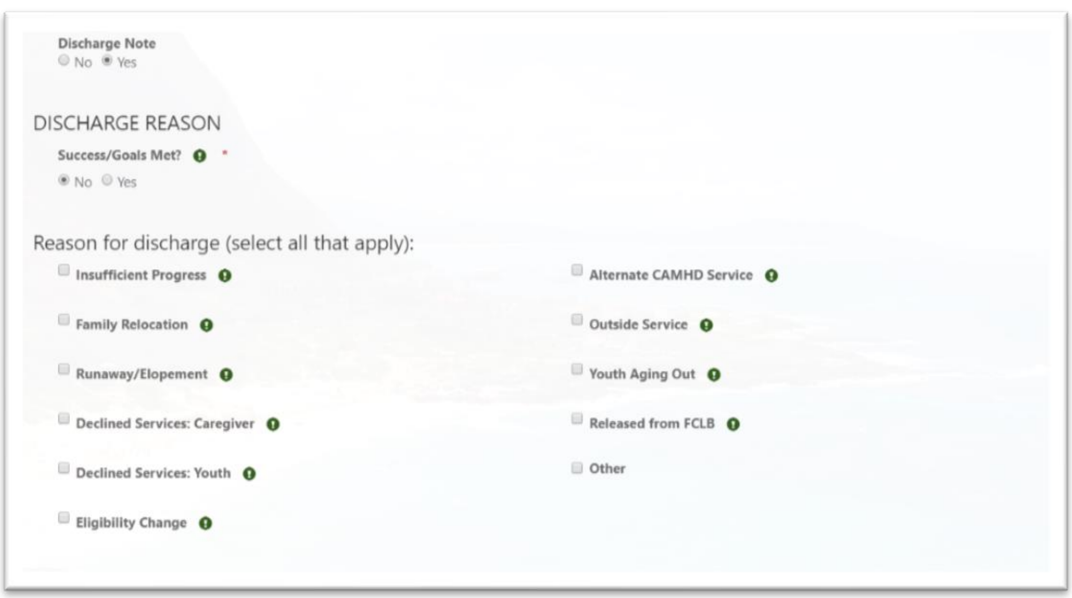
- Navigate to **Customers** in the green navigation bar at the top of the page, then select **Customers**
- Click on your Customer's name to open the Customer record
- Select the **Progress Notes** tab and click **+ Create**



- 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*
  - *Diagnosis*
  - *Place of Service* (click on the and select the appropriate location then click **Select**)
  - *Service Format*
  - *Units*



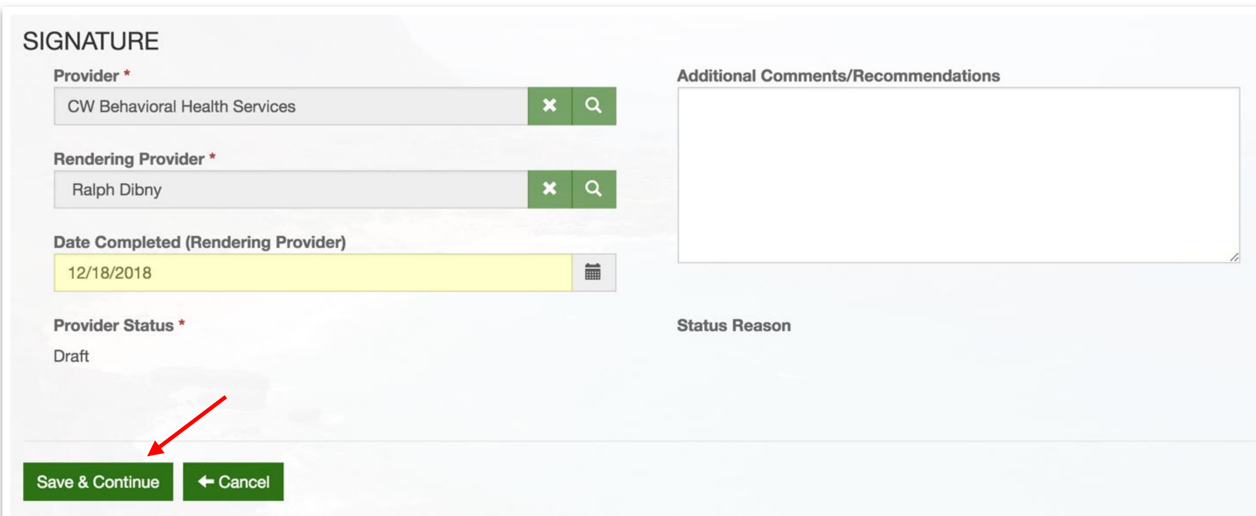
- *Other Service Setting* (if applicable)
- *Other Service Format* (if applicable)
- If this is a Discharge note, click on the Yes button to reveal additional fields to complete
    - *Success/Goals Met?*
    - *Reason for discharge (select all that apply)*



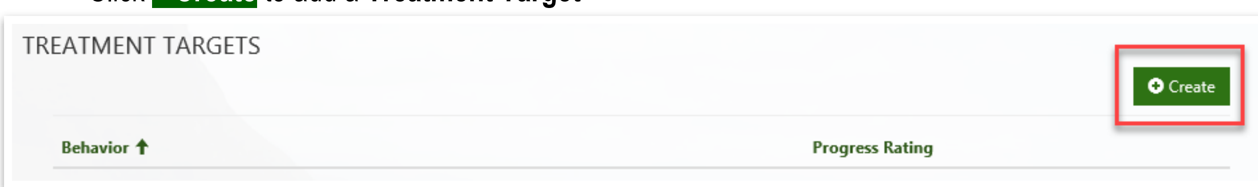
- *Sensitivity* (if Yes, include the content category and indicate in DAP section the areas to redact)

- *Data*
- *Plan*
- *Assessment*
- *Date Completed*

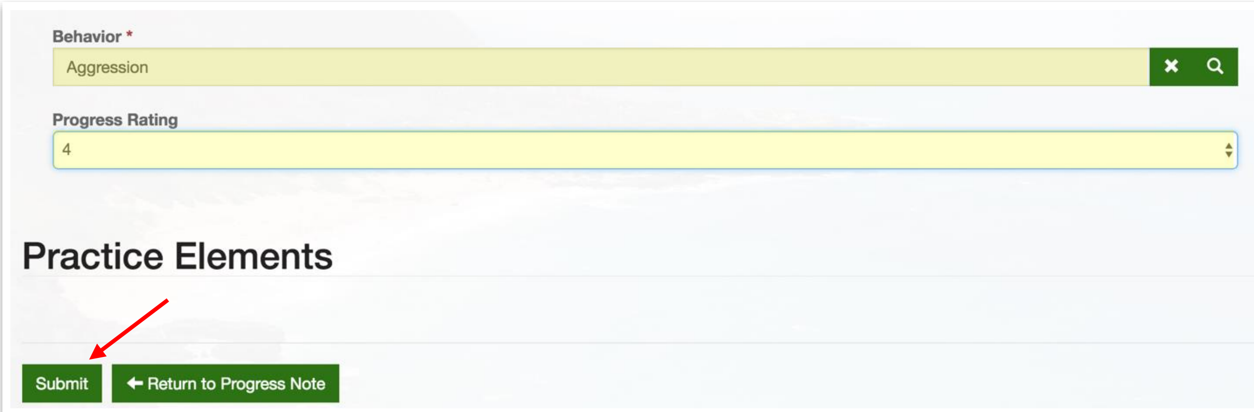
- Click **Save & Continue**



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

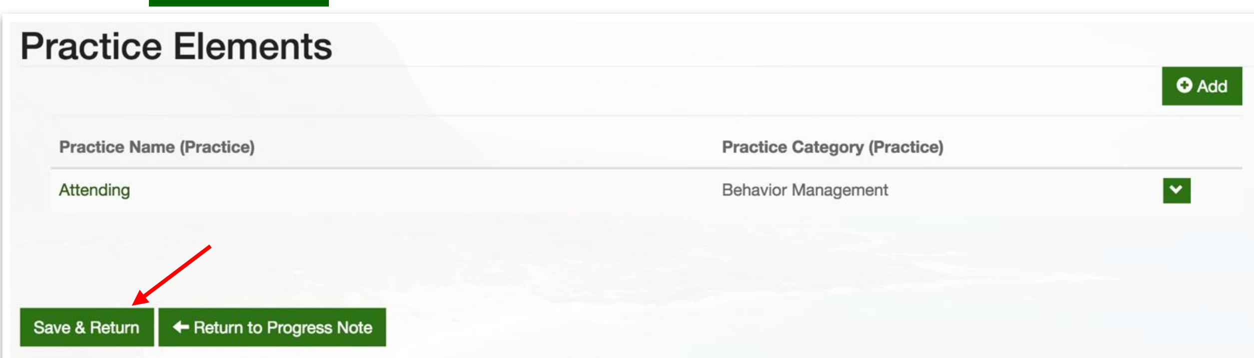


- Click on the 🔍 select a Behavior (Treatment Target) that matches your MHTP then click **Select**
- Select a Progress Rating, then click **Submit**

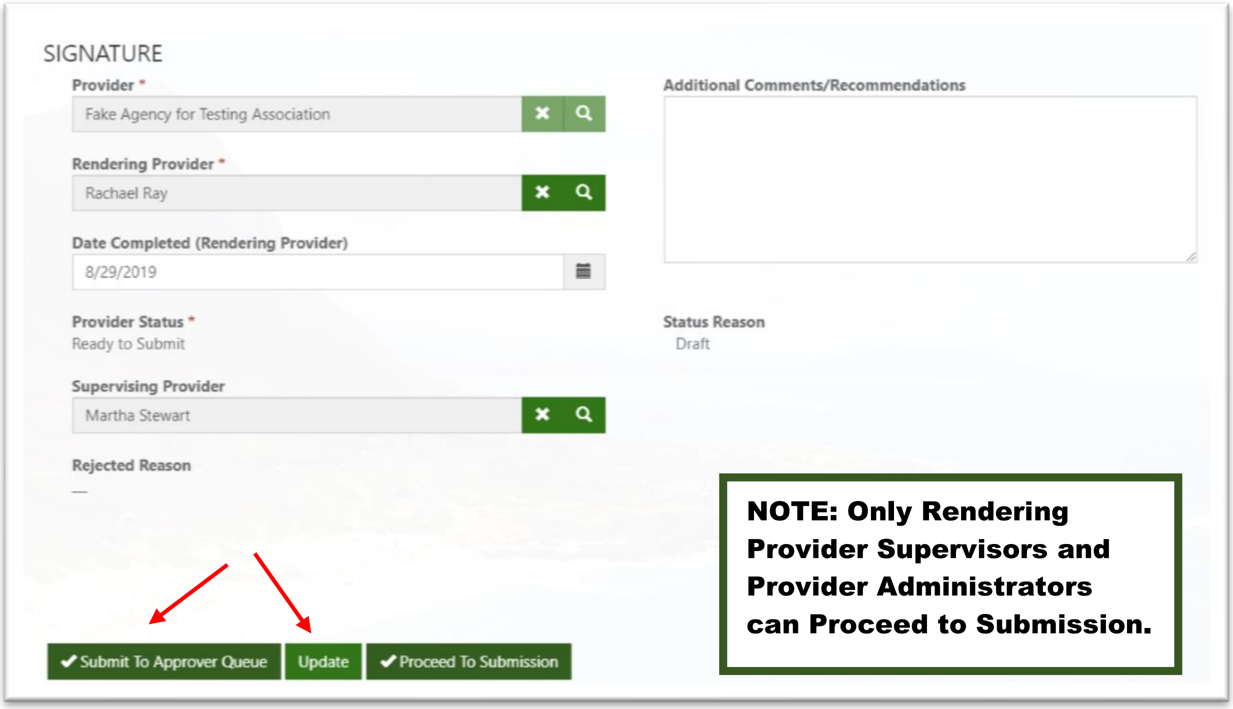


- Click **+ Add** to add a **Practice Element**

- 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**

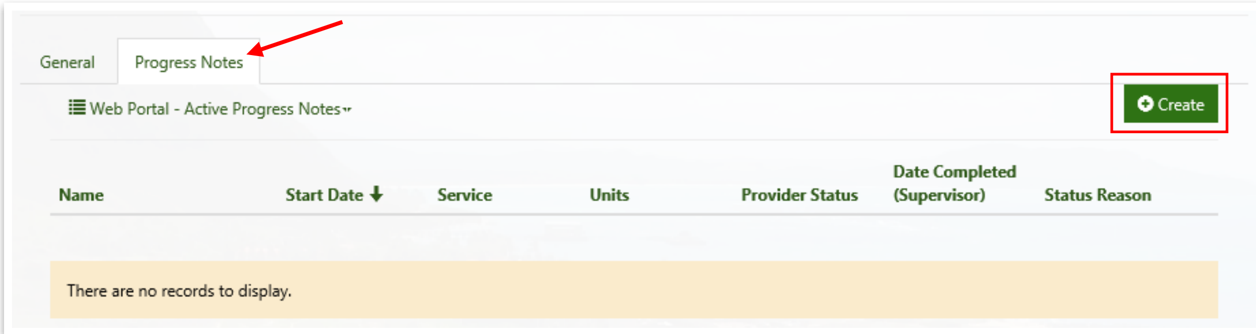


- Add more Treatment Targets and Practice Elements if necessary
- To submit the Progress Note, click **Update** or **Submit to Approver Queue** (if Rendering Provider)

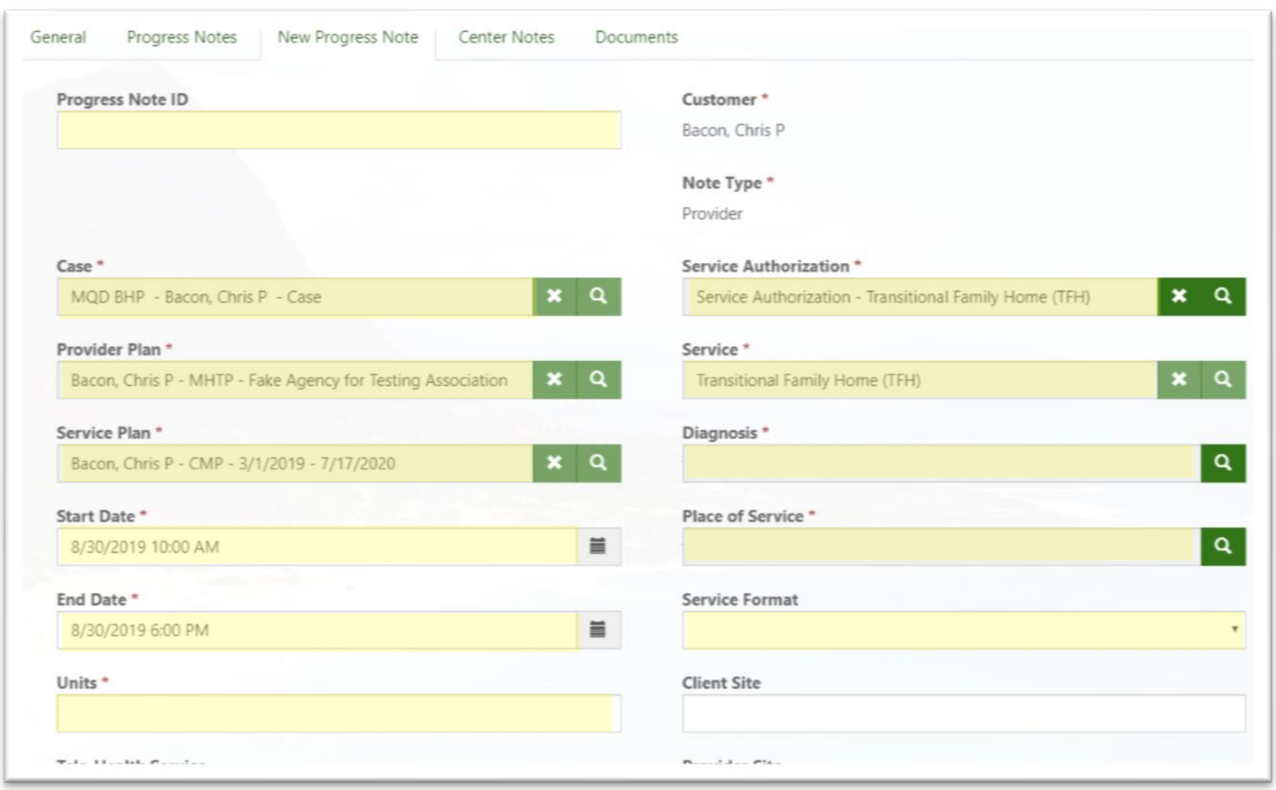

SIGNATURE
Provider *
Fake Agency for Testing Association
Rendering Provider *
Rachael Ray
Date Completed (Rendering Provider)
8/29/2019
Provider Status *
Ready to Submit
Supervising Provider
Martha Stewart
Rejected Reason
Additional Comments/Recommendations
Status Reason
Draft
Submit To Approver Queue
Update
Proceed To Submission
NOTE: Only Rendering Provider Supervisors and Provider Administrators can Proceed to Submission.

5.4 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**

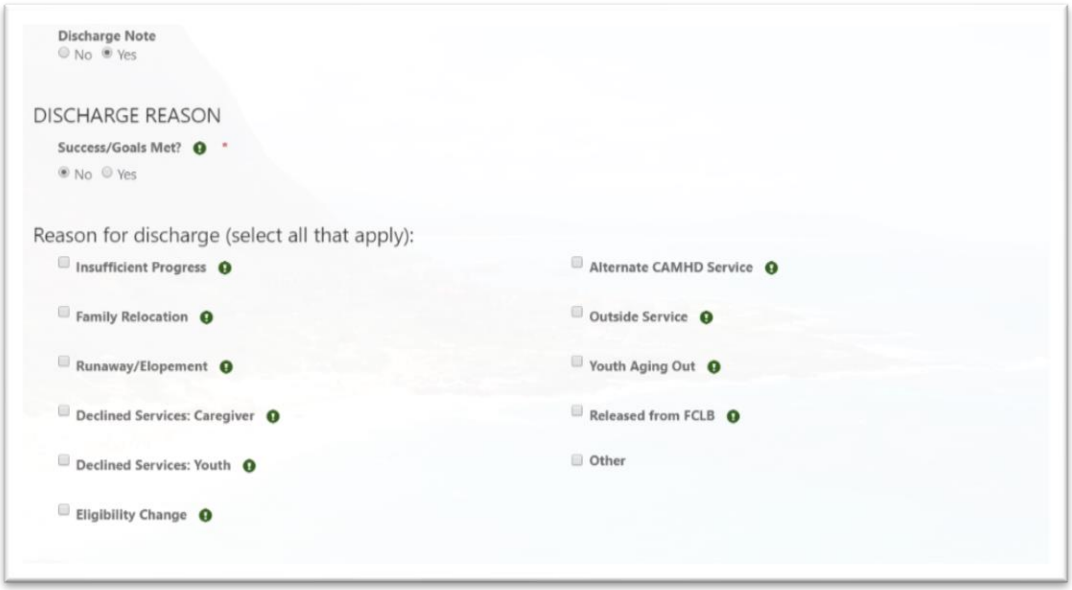


- When the **New Progress Note** template opens, complete the following fields:
  - *Progress Note ID* (description of session)
  - *Service Authorization* (if there is more than one active Service Auth, click on the and select the appropriate one then click **Select**)
  - *Start Date & Time*
  - *End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



  - *Other Service Setting* (if applicable)

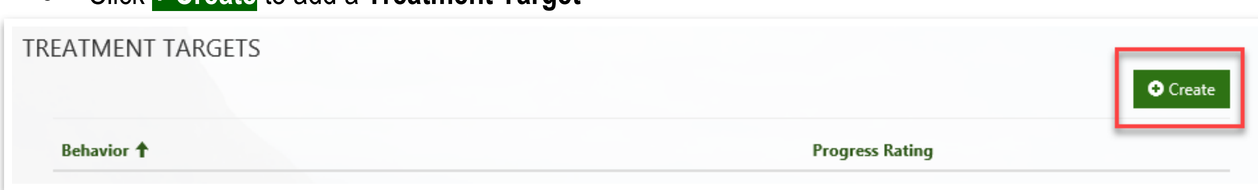
- ○ *Other Service Format* (if applicable)
- ○ If this is a Discharge note, click on the Yes button to reveal additional fields to complete
  - ▪ *Success/Goals Met?*
  - ▪ *Reason for discharge (select all that apply)*



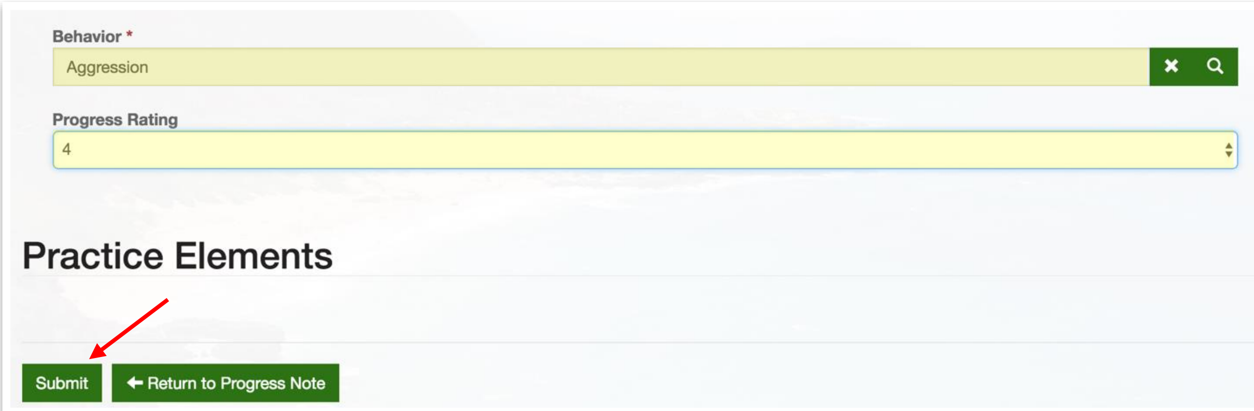
- ○ *Sensitivity* (if Yes, include the content category and indicate in DAP section the areas to redact)

- ○ *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**

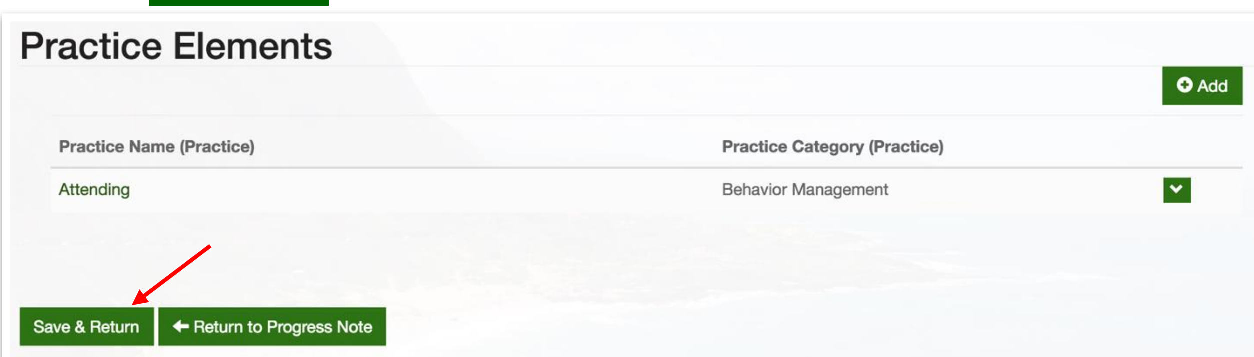


- Click on the 🔍 select a Behavior (Treatment Target) that matches your MHTP then click **Select**
- Select a Progress Rating, then click **Submit**

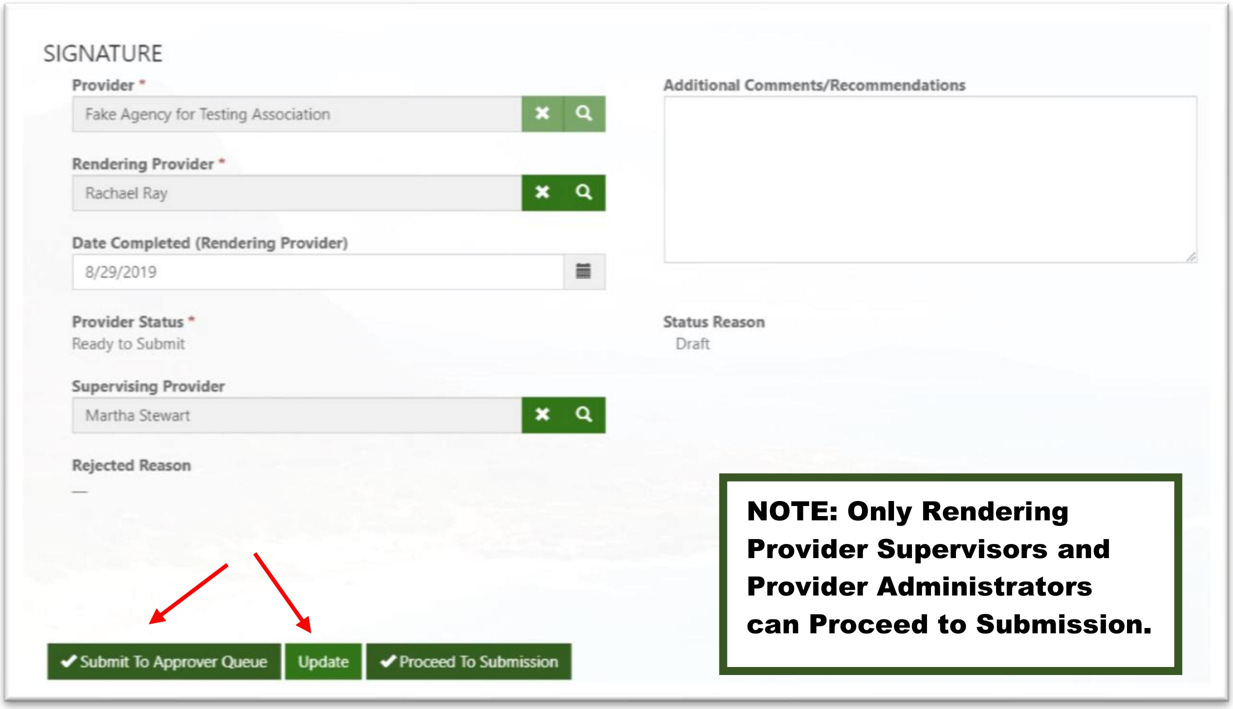


- Click **+ Add** to add a **Practice Element**

- Click on the [search icon] 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**



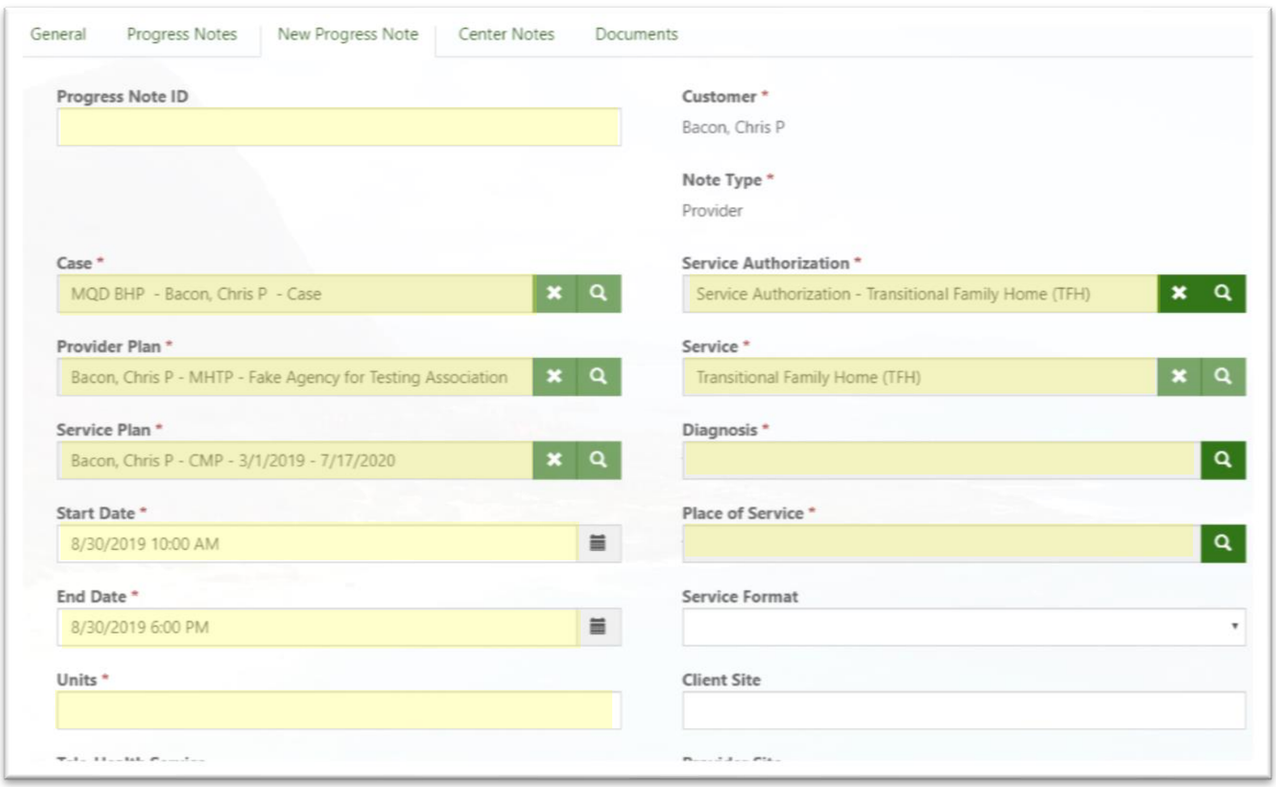
- Add more Treatment Targets and Practice Elements if necessary
- To submit the Progress Note, click **Update** or **Submit to Approver Queue** (if Rendering Provider)


SIGNATURE
Provider *
Fake Agency for Testing Association
Rendering Provider *
Rachael Ray
Date Completed (Rendering Provider)
8/29/2019
Provider Status *
Ready to Submit
Supervising Provider
Martha Stewart
Rejected Reason
—
Additional Comments/Recommendations
Status Reason
Draft
NOTE: Only Rendering Provider Supervisors and Provider Administrators can Proceed to Submission.
Submit To Approver Queue
Update
Proceed To Submission

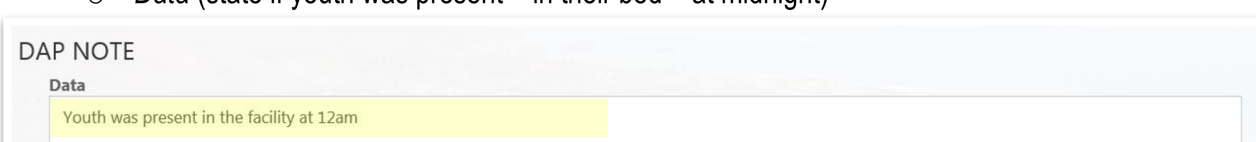
5.5 Out-of-Home Services (CBR, HBR) – Overnight Shift Note

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:
  - *Progress Note ID* (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.



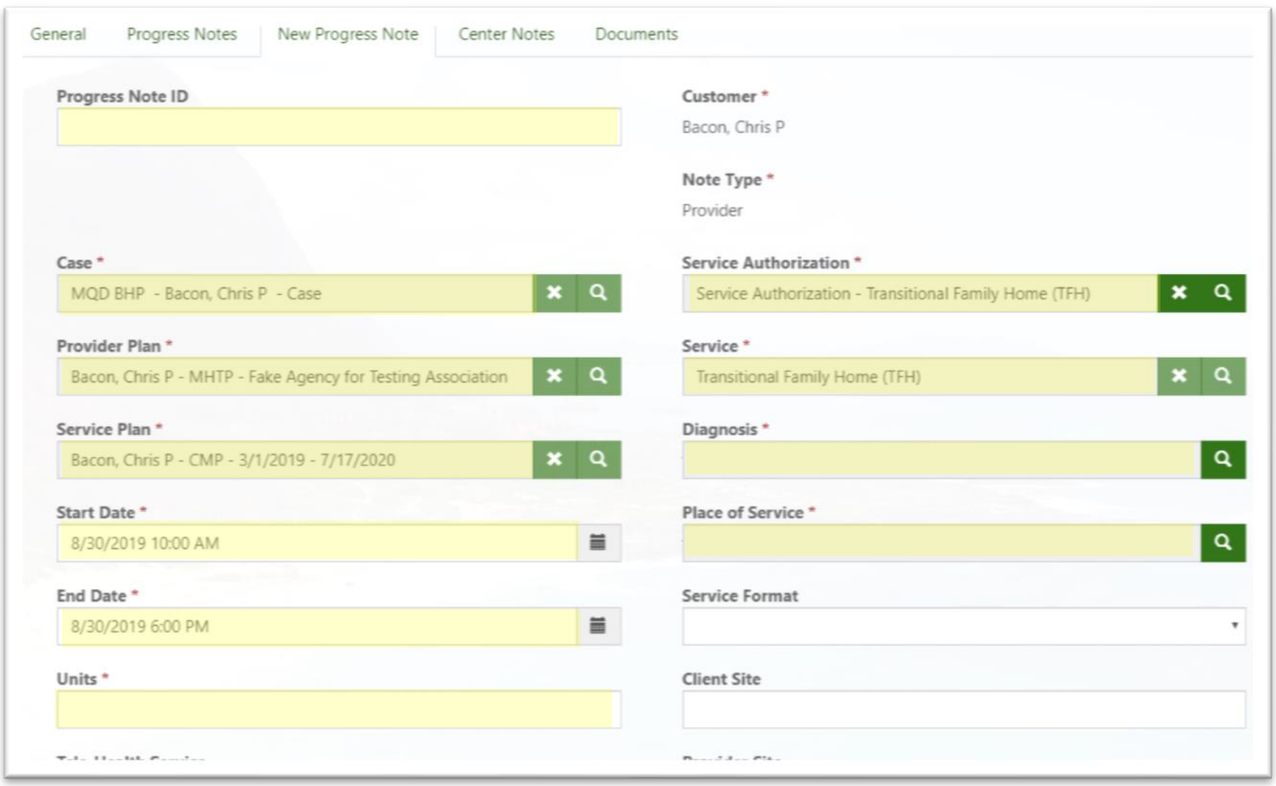
  - *Other Service Setting* (if applicable)
  - *Data* (state if youth was present – in their bed – at midnight)



  - *Date Completed*
- Click **Save & Continue**
- To submit the Progress Note, click **Update** or **Submit to Approver Queue**

5.6 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**)

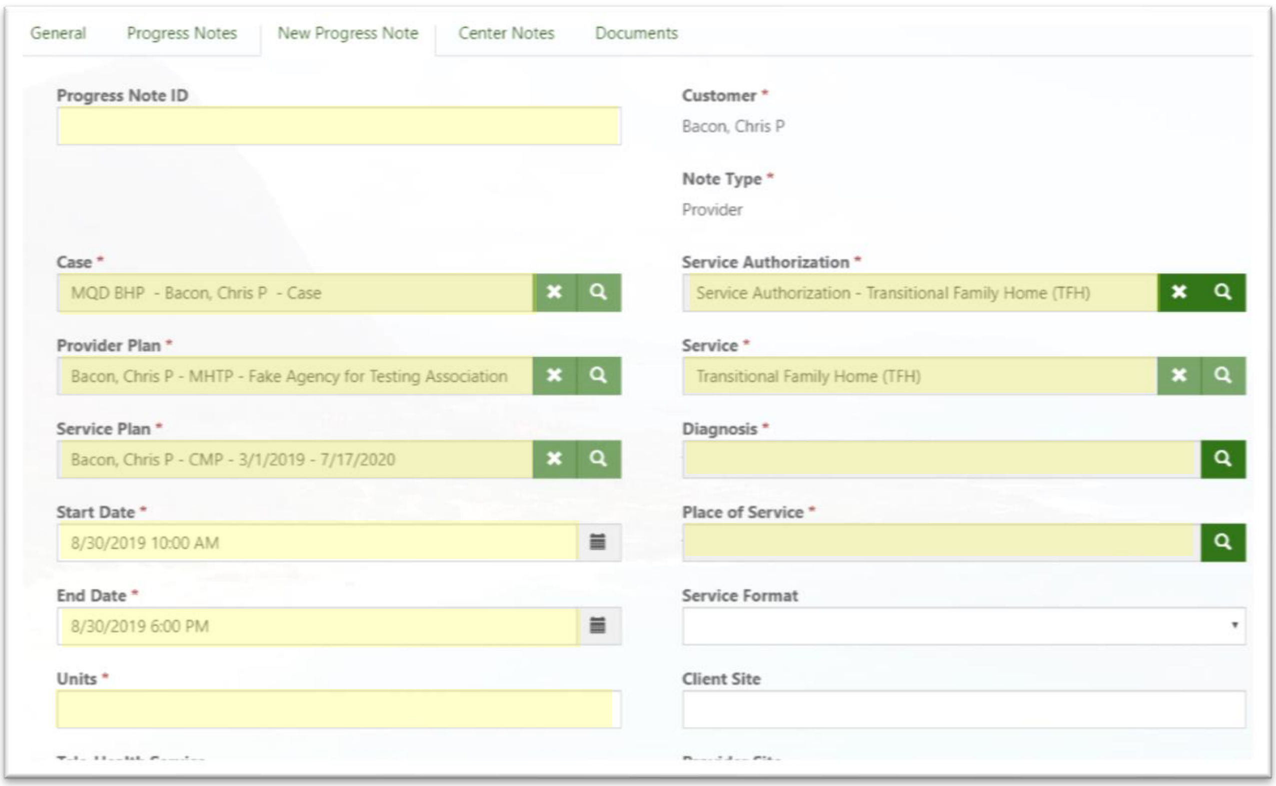


  - *Other Service Setting* (if applicable)
  - *Data*
  - *Plan*
  - *Assessment*
  - *Date Completed*
- Click **Save & Continue**
- To submit the Progress Note, click **Update** or **Submit to Approver Queue**

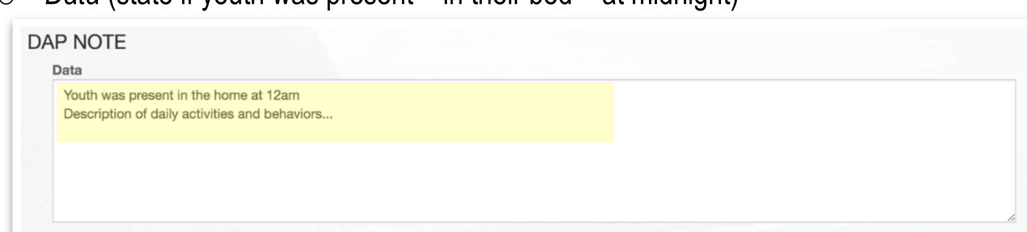
5.7 Out-of-Home Services (TFH, TRH) – Daily Note

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:
    - *Progress Note ID* (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**)



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



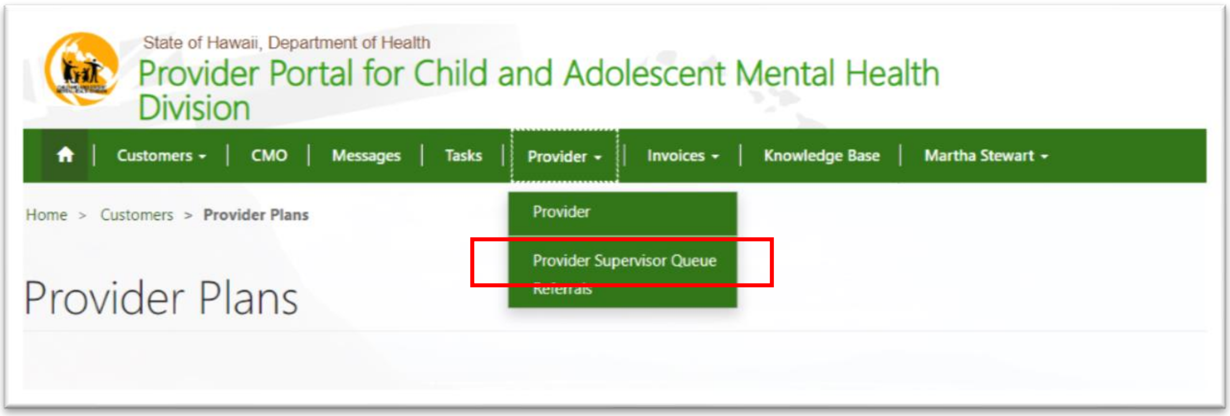
- *Date Completed*

- Click **Save & Continue**
- To submit the Progress Note, click **Update** or **Submit to Approver Queue**

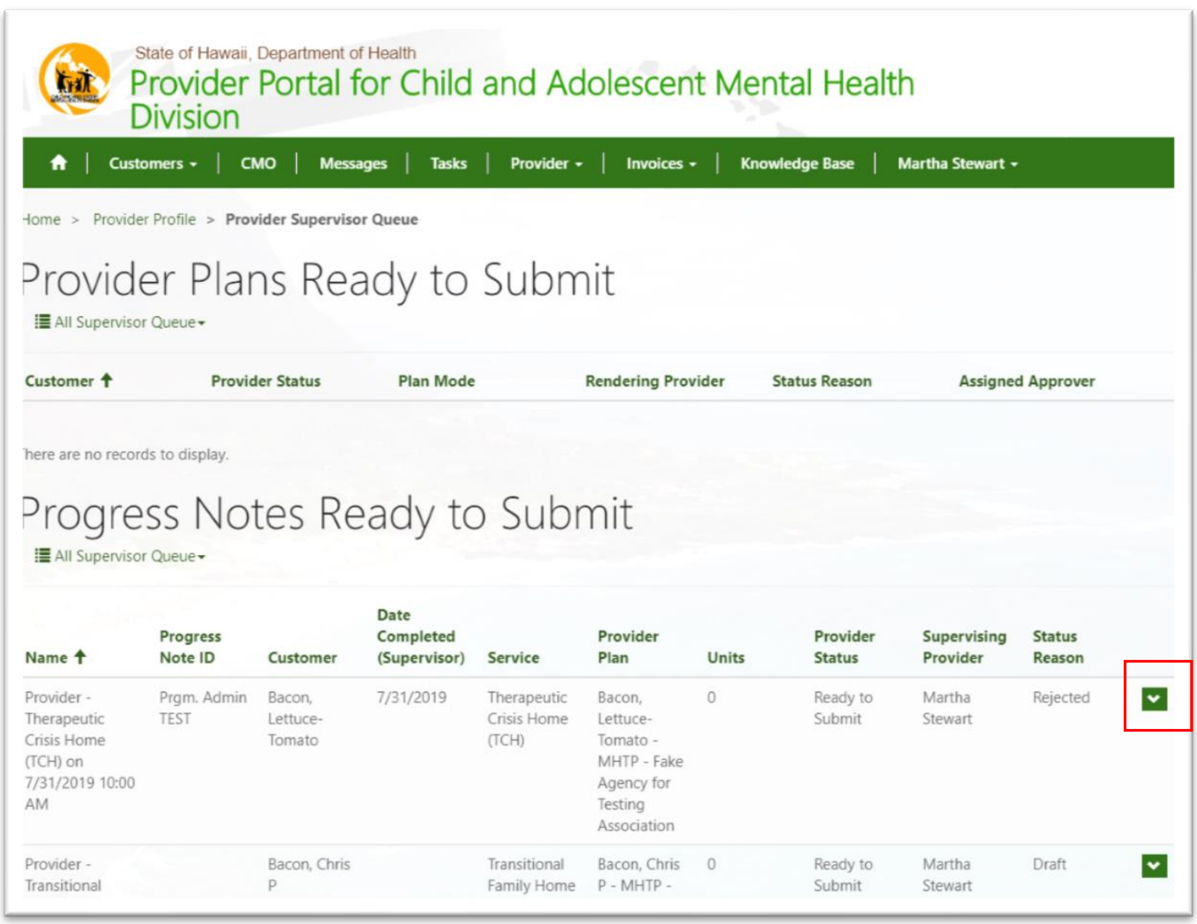
5.8 SUPERVISOR APPROVAL

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

- Navigate to the Provider Supervisor Queue from the drop down menu under Provider

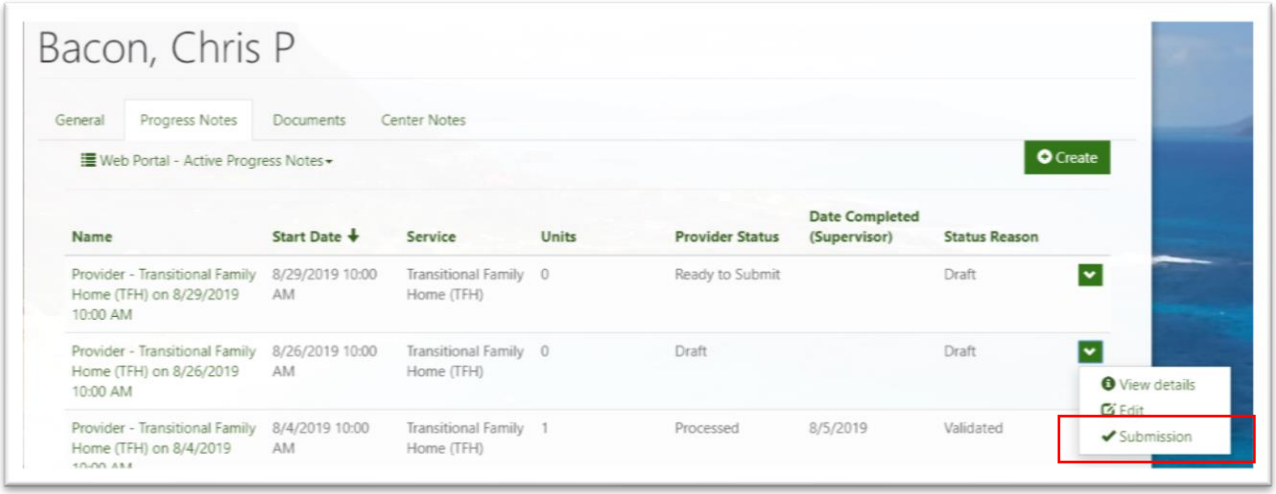


- A list of Progress Notes Ready to Submit should be populated in the list. Click on the drop down arrow to Review/Approve

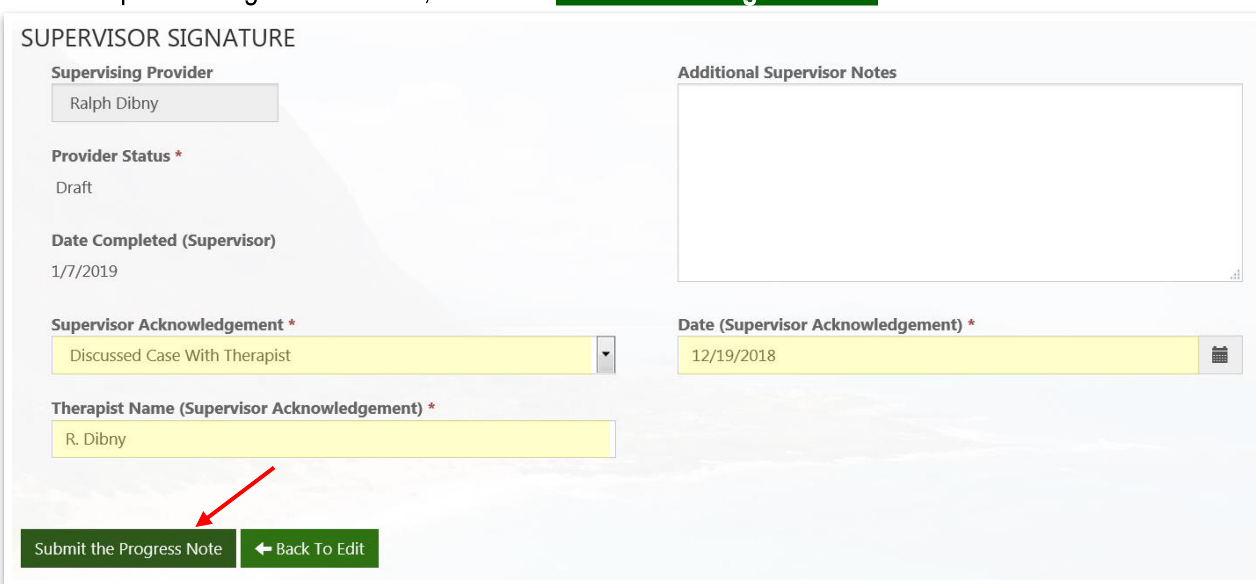


-

- Alternately, navigate by Customer in their Progress Note tab and clicking on the drop down arrow to Proceed to Submission

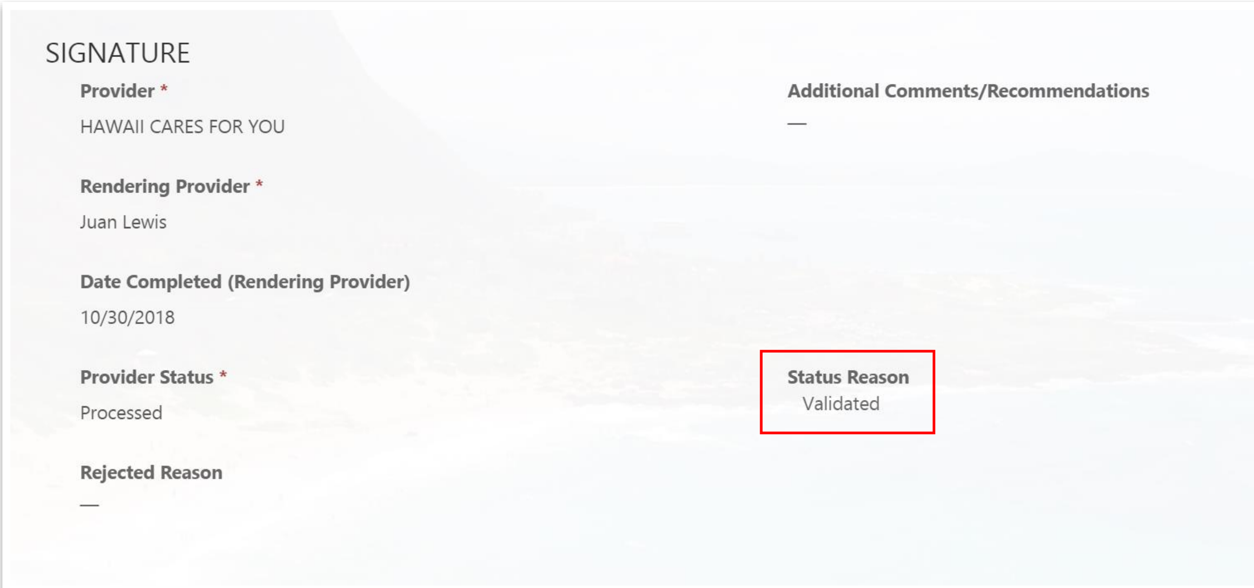


- Once on the **Submission Form**, review the Progress Note and complete required fields in the Supervisor Signature section, then click **Submit the Progress Note**

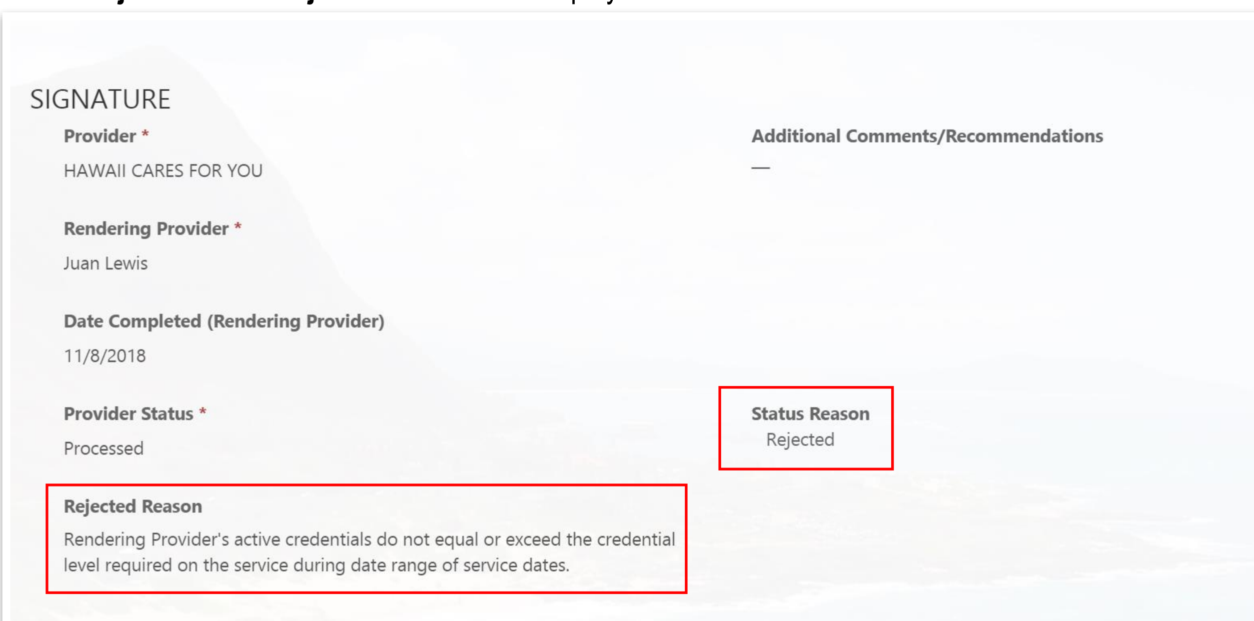


- If the submission is successfully processed and no errors are found, the *Status Reason* will update to **Validated**

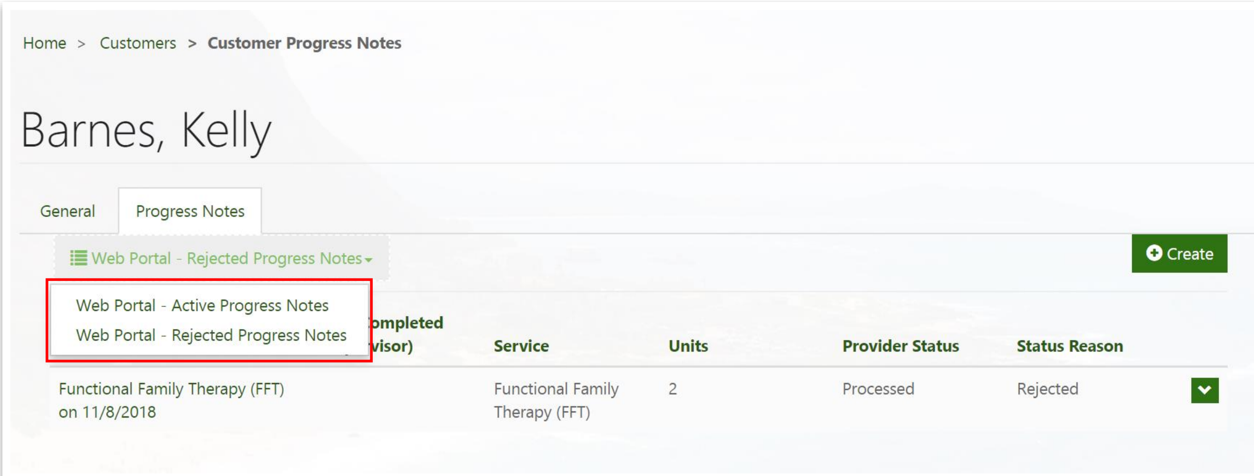
<u>Note</u>: Once the Progress Note is validated, it will be **Read Only**, meaning you can no longer edit it.



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



- 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



A full list of rejection reasons and definitions are listed below

Error Message	MAX Meaning	Provider Follow-Ups
Progress Note must be associated with an Active Case	Case is not set to active	Contact FGC care coordinator to set the case to active
Rendering Provider's active credentials do not equal or exceed the credential level required on the service during date range of service dates.	Provider credentials were not active during time of service	Contact MIS Helpdesk (733-9309)
Progress Note's Adjusted Units Exceeds the Available Units on the Service Authorization.	Service authorization units have been completely used	Contact FGC care coordinator to discuss adding more units
The Service Date/Times Overlap Service Date/Times for Other Progress Notes for the Customer, Provider and Rendering Provider.	Service date/time overlap based on Customer and/or Rendering Provider	Correct overlap and resubmit
This note is overlapping with another billable note for this Customer.	Service date/time overlap with another billable note	Correct overlap and resubmit

6 Invoicing

6.1 Create Invoice

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

Invoices can only be submitted on the 2nd and 4th Tuesday of each month. CAMHD Fiscal office processes these on the following Wednesday. There is an approximate 2-week turnaround from vouchering to check.

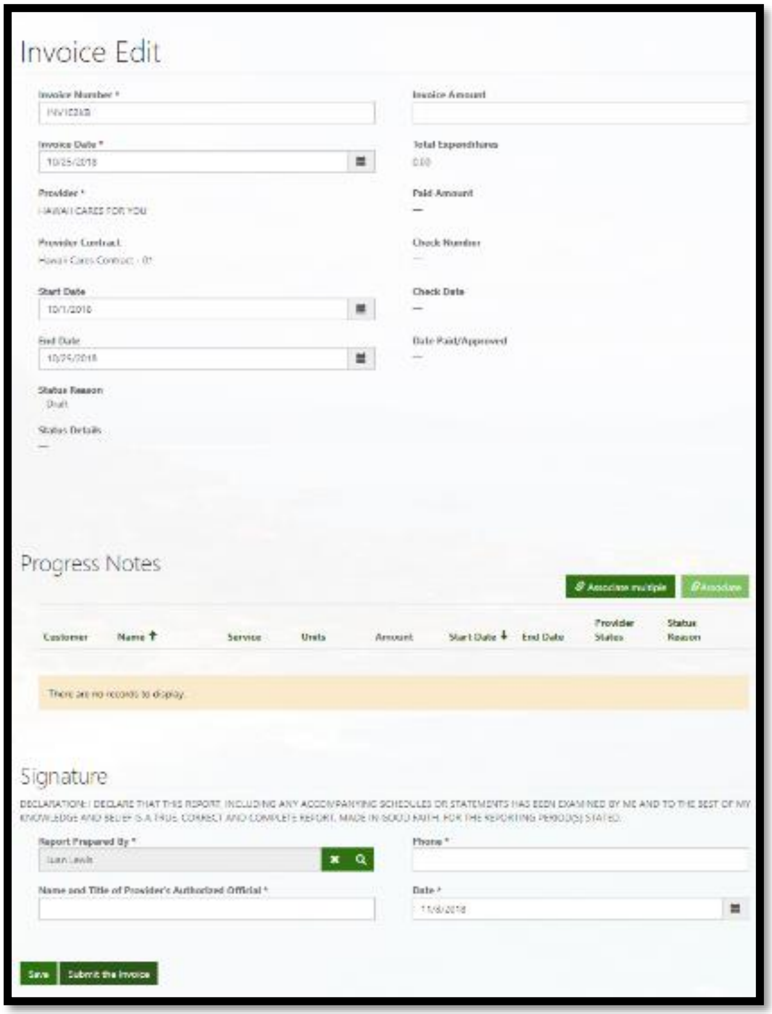
- Invoices are accessed from the main navigation bar

- 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**
- 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.

6.2 Edit Unit Cost/Fee for Service Contract Invoice

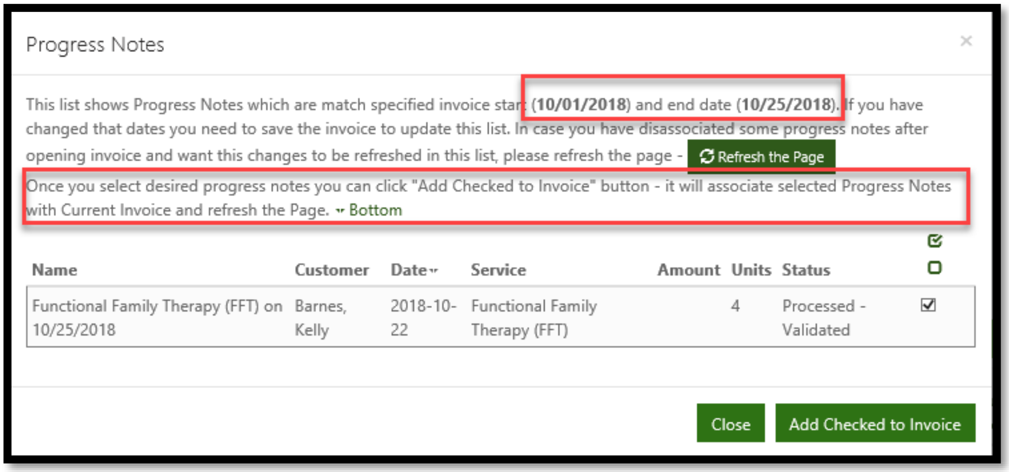
When **Contract Type = Unit Cost**, the Provider <u>will submit only</u> **Progress Notes** and **Invoices**.



- 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. 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 <u>not been</u> 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

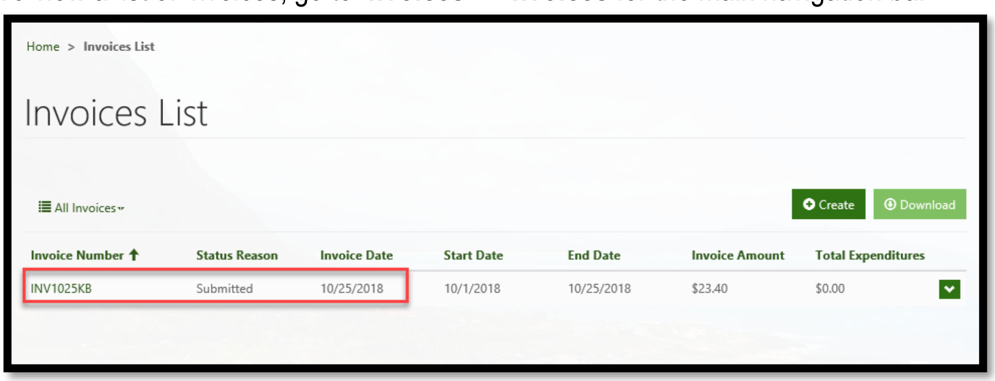
- Enter the required fields, **save** the form, then click **Submit the Invoice**
- You will receive a confirmation that the Invoice was sent for validation

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.

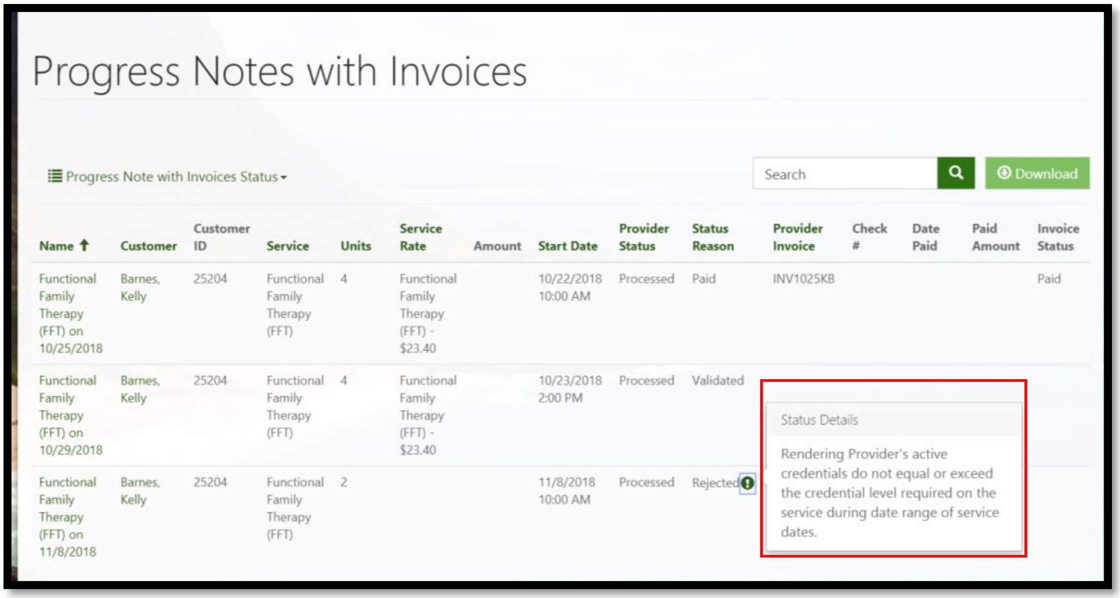
CAMHD Fiscal Office will now review the Invoice and process payment if accepted, via the standard process for provider billing of unit-cost or fee-for-service contracts.

6.3 View Progress Note & Associated Invoice Status

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



- 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**

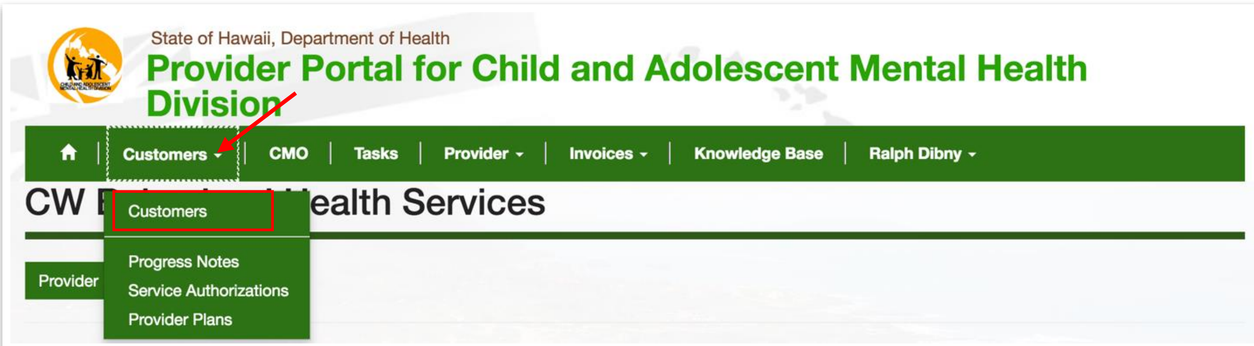


- **Note**: You have the ability to download the full report in Excel format to work with it off-site.

7 Extras

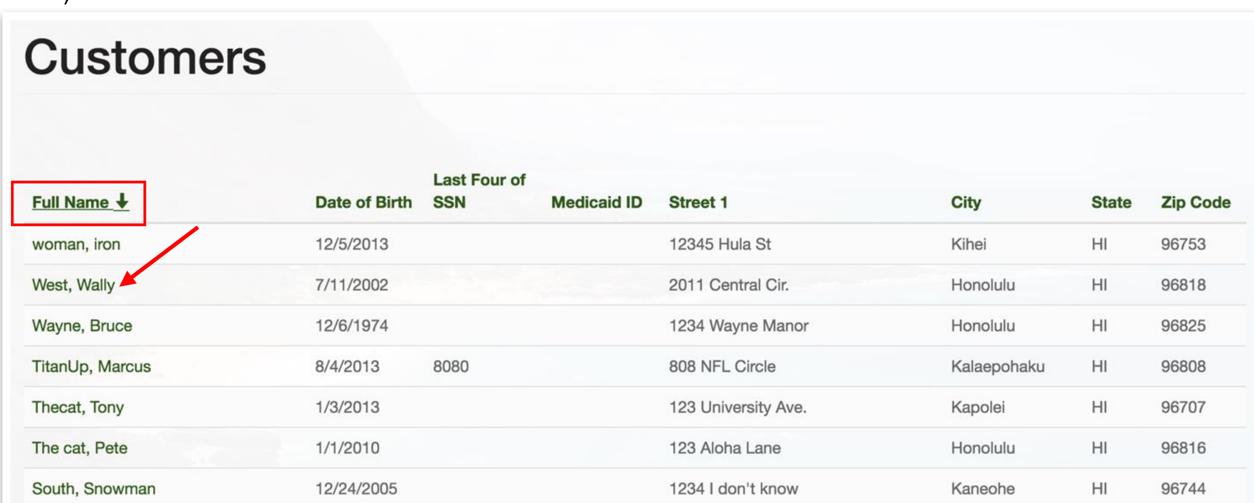
7.1 Viewing Customers

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

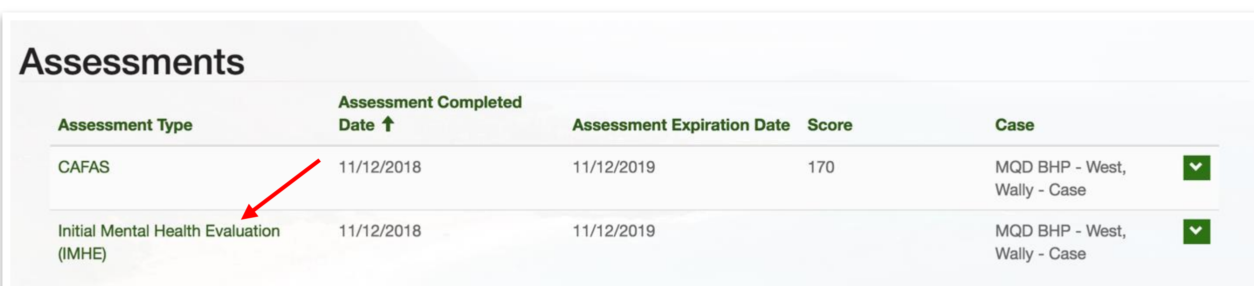


- You can change the list view by clicking on a column heading to sort ascending / descending
- To view the Customer record, click on the **Customer** name

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

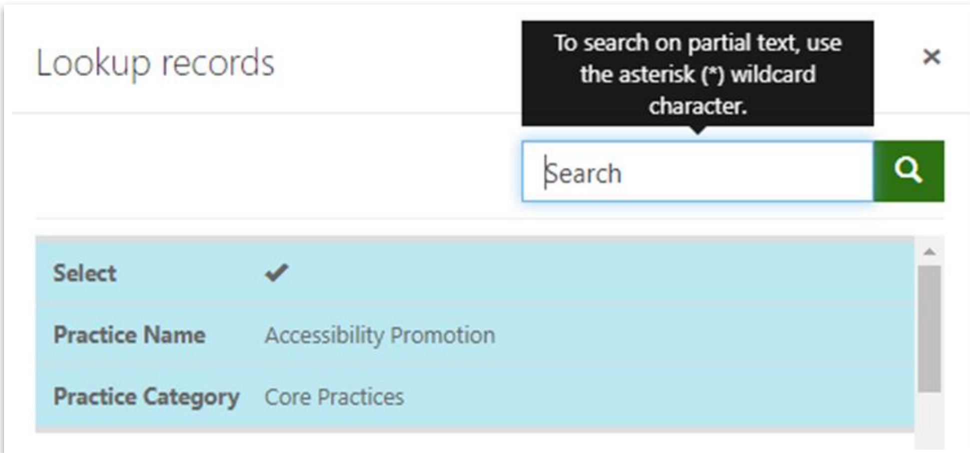


- On the Customer record, you will find general Customer information (address, contacts) as well as links to Assessments and Service Authorizations



- 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

7.2 Wildcard Search



TREATMENT TARGET OPTIONS

Externalizing Behaviors
Aggression
Anger
Attention Problems
Fire Setting
Hyperactivity
Oppositional/Non-Compliant Bx
Peer/Sibling Conflict
Runaway/Elopement
Substance Use
Willful Misconduct/Delinquency

Internalizing Behaviors
Anxiety
Avoidance
Depressed Mood
Grief
Phobia/Fears
School Refusal/Truancy
Self-Esteem
Self-Injurious Behavior
Suicidality
Traumatic Stress

Positive Behaviors
Academic Achievement
Activity Involvement
Assertiveness
Community Involvement
Contentment/Enjoyment/Happiness
Empathy
Peer Involvement
Positive Family Functioning
Positive Peer Interaction
Positive Thinking/Attitude
Self-Management/Control
Social Skills

Other Targets
Adjustment to Life Transition
Attending to Basic Needs
Cognitive/Intellectual Functioning
Eating/Feeding Problems
Enuresis/Encopresis
Gender Identity
Health Mgmt/Medical Reg Adhere
Impulsivity
Independent Living Skills
LD/Underachievement
Mania
Occupational Functioning/Stress
Personal Hygiene
Psychosis
Sexual Misconduct
Sleep Disturbance/Sleep Hygiene
Treatment Engagement

* Definitions can be found here: https://health.hawaii.gov/camhd/files/2019/10/TF-TT-PE-and-PR-Codebook-2019_10_24.pdf

PRACTICE ELEMENT OPTIONS

Behavior Management
Attending
Behavioral Contracting
Commands/Limit Setting
Discrete Trial Training
Functional Analysis
Ignoring/DRO
Line of Sight Supervision
Modeling
Natural & Logical Consequences
Parent or Teacher Monitoring
Parent or Teacher Praise
Response Cost
Stimulus/Antecedent Control
Tangible Rewards
Therapist Praise/Rewards
Time Out

Coping/Self-Control
Activity Scheduling
Assertiveness Training
Biofeedback/Neurofeedback
Communication Skills
Exposure
Goal Setting
Guided Imagery
Hypnosis
Maintenance/Relapse Prevention
Mindfulness
Personal Safety Skills
Physical Exercise
Problem Solving
Relaxation
Response Prevention
Self-Monitoring
Self-Reward/Self-Praise
Skill Building
Social Skills Training

Core Practices
Accessibility Promotion
Cognitive/Coping
Family Engagement
Insight Building
Motivational Interviewing
Psychoed w/ Child
Psychoed w/ Parent or Teacher
Relationship/Rapport Building
Supportive Listening

Other Practices
Anger Management
Assessment
Care Coordination
Catharsis
Crisis Management
Cultural Training
Educational Support
EMDR
Family Therapy
Free Association
Ind. Therapy for Caregiver
Interpretation
Marital Therapy
Medication/Pharmacotherapy
Mentoring
Milieu Therapy
Narrative
Parent Coping
Peer Pairing / Peer Modeling
Play Therapy
Strengthening Informal Supports
Twelve Step Programming

* Definitions can be found here: https://health.hawaii.gov/camhd/files/2019/10/TF-TT-PE-and-PR-Codebook-2019_10_24.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%