ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

ProviderConnect Registration Manual

VERSION 1.8
JUNE 2013

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Version 1.0 – Published February 17, 2009

Included in this manual is the following functionality which will be available on March 2, 2009.

- New Closing Functionality and required fields at closing
- New Address Update Functionality
- ICG registrations during consumer's SASS eligibility
- Special Programs require End Date
- Closing Disposition has selections of 'Other' and 'Unknown'
- Registration Start date, MH Closure Date and all Special Program End dates cannot be a Future Date

Version 1.1 – Published March 2009

The following updates will be available on March 30, 2009

Updated Registration Overview section as follows:

- Added new ICG Community special fund (ICGC)
- Added instructions for providers registering for this new ICGC fund
- Updated instructions to include ICGC fund registration during a consumers SASS eligibility period

New fields added to initial page of registration for Special Program - ICG Community

- Special Program ICG Community
- Special Program ICG Community Begin Date
- Special Program ICG Community End Date

Renamed tab 'GAF/CGAS Scores/Locus Results' to 'Functional Impairment and Assessment Scores' and added the following fields to this page:

- Columbia Scale
- Ohio Scale – Problem Severity
- Ohio Scale – Functioning

New field added to the Guardian Page

- Adoption Indicator

Changed Guardian Type 1 to be required if the consumer is being registered for ICG Residential or ICG Community and added option of 'SELF' to Guardian Type 1 and Guardian Type 2 fields

Version 1.2 – Published April 2009

Effective April 25, 2009

New message on Confirmation page: Reminder, Please request any required authorizations within the next 30 days

Version 1.3 – Published June 2009

Effective June 27, 2009

- New Income Documentation Source Field
- 'Unknown' radio buttons have been removed from the following fields:
  - Household Income
  - Client Income
  - Household Size
- Consumer Registration Confirmation Screen Layout Changes
- New Error Message "Client Income cannot be greater than Household Income"
- Clarified definitions of Household Income and Client Income as monthly dollar income
- Standardized the look of the registration screens
  - All navigation buttons are the same size
  - Consumer Registration Status screen has defined area for provider information and consumer information

Version 1.4 – Published August 2009

Effective August 29, 2009

- Two New Fields to support 2 DMH initiatives
  - Permanent Supported Housing
  - Money Follows the person
- Income Documentation Source Field is now required.

Version 1.5 – Published January 2010

Effective January 29, 2010

- New CHP Special Program – three new registration fields
  - CHP indicator
  - CHP Begin Date
  - CHP End Date

Version 1.6 – Published September 2010

Effective September 19, 2010

- New fields
  - Qualifying Exception

    - First Presentation Diagnosis
    - First Presentation Other Conditions
    - First Presentation Medication
    - Devereaux Protective Factors for infants/toddlers
    - Devereaux Protective Factors for Youths
    - Devereaux Behavioral Concerns
- Income Documentation Source removed
- GAF Score is being expended to 3 positions - valid values for GAF: 000 – 100
- CGAS Score is being expended to 3 positions – valid values for CGAS score: 001 – 100
- GAF/CGAS Score at closing is being expended to 3 positions – valid values for CGAS score: 001 – 100, valid values for GAF: 000 – 100
- Age requirement for Functional Scale used at Closing
- Functional Scale will automatically be filled in based on consumer age on registration start date
- Axis 3 Diagnosis 1 is required for registrations and closings
- Household Size – valid values changed to 01 – 20
- Household and Client Incomes – valid values changed to 00000 – 99998
- Columbia Scale Score is required for consumers age 5 through 17 on registrations and closings
- Workers Ohio Problem Severity is required for consumers age 5 through 17 on registrations and closings
- Workers Ohio Functionality Scale is required for consumers age 5 through 17 on registrations and closings
- Confirmation page updated to include notice of ineligible consumer
- Eligibility Status (Target – Adult, Target – Child, Eligible and Ineligible) and First Presentation Status added to registration view

Version 1.7 – Published December 2011

Effective December 10, 2011

- Add field for Williams Class Consumer Indicator: Y or N
- Add new field for IMD Home Code – list of valid IMD home codes are in section 1 – Registration overview
- Add new value to Residential Arrangement: 80 - IMD
- Add new value to Qualifying Exceptions: 4- Williams Class Consumer
- Add new value to MH Closing Disposition: 10 - Refused Transition
- Add new value to marital status to accommodate civil union: C- Civil Union

Version 1.8 – Published June 2013

Effective June 10, 2013

- New IMD Home Code Added (6010060) to list of valid IMD home codes in section 1 – Registration overview

Version 1.9 – Published June 2020

Effective June 30, 2020

- Updated questionable RIN to ILLTEST01

1 Registration Overview

The registration process is used to determine a consumer's eligibility and enroll them into available programs for claims reimbursement. The consumer registration data is vital to accurate reporting and decision making; it is important that information concerning the consumer is reported and updated every 6 months.

To register a consumer it is first necessary to obtain a RIN and DHS Social services (DHS SS) for the consumer. Only consumers with DHS SS on file with the Collaborative will be allowed to be registered. The process for obtaining a RIN and DHS SS is through the E-Rin system. This information will be updated in the Collaborative system within 5 business days.

In the Collaborative system Programs are labeled as Funds.

HFS Eligibility File

The Collaborative receives an eligibility file from HFS daily. This file updates the Collaborative system with a consumer's DHS SS and SASS eligibility. If a consumer had DHS SS or SASS effective before 7/1/08 this will be reflected in the system as 7/1/08. As of 7/1/09 the Collaborative system is also updated with Medicaid status. If the consumer's Medicaid was effective before 7/1/09 this will be reflected as 7/1/09.

The funds assigned are as follows:

STBO – DHS SS
SASS – SASS
MED – Medicaid

DHS Eligibility file – CHP eligibility

Beginning in January 2010 the Collaborative will receive a file from DHS with CHP eligible consumers. These consumers will be loaded into the Collaborative system with a fund code of ECHP. Only consumers with active DHS SS (STBO) and ECHP can be registered in the CHP fund.

CHP fund was discontinued 3/31/11

Registration Funds

The registration process has 2 categories of funds for which the consumer can be registered – Core Funds and Special Funds.

Core Funds are:

131 – Child/Adolescent Flex funds
213 – Consumer Centered Recovery Support
350 – Psychiatric Leadership
572 – Client Transitional Subsidies
573 – Adolescent Transition to Adult Services
574 – Psychiatric Medications
860 – Crisis Residential
ABC – Medicaid and non Medicaid Fee for Service
WCC – Williams Class Consumers (new Fund – implemented on 12/9/11)

Special Funds are:

121 – Juvenile Justice
550 – CHIPS – Community Hospital Inpatient Psych services
575 – Path Grants
620 – CILA
820 – Supported Residential
830 – Supervised Residential
ICG – Individual Care Grant (as of 4/1/09 this fund is only for ICG Residential consumers)
ICGC - Individual Care Grant Community (new fund as of 4/1/09 for ICG Community consumers)
CHP – Community Health and Prevention Program (new fund – implemented on 1/29/10 – fund is available for registrations for start date of 8/1/09 – discontinued 3/31/11)

Selecting funds

The registration process requires selection of the special funds for which the consumer should be registered.

If the CHP fund is selected then no other special fund can be selected and the consumer will only be registered in the CHP fund.

If the CHP fund is not selected then the consumer will be registered in all Core Funds and any other Special Funds selected for which the registering agency is contracted.

Consumers in SASS

If a consumer is SASS eligible then the only programs that can be registered are ICG (ICG residential), ICGC (ICG Community) and 121 (Mental Health Juvenile Justice). If the consumer is SASS eligible on the registration start date and the registration does not indicate enrollment into ICG, ICGC or 121 then the registration will be rejected with a message explaining that the consumer has SASS.

If a consumer becomes SASS eligible during the 6 month period for which a registration is already on file and the registration does not include ICG, ICGC or 121 then the registration should be closed.

If a consumer becomes SASS eligible during the 6 month period for which a registration is already on file and the registration does include ICG, ICGC or 121 then the registration can remain open as long as the agency is providing ICG, ICGC or 121 services to the consumer. Once the agency is no longer providing these services the registration should be closed.

Any claims submitted while the consumer is SASS eligible for programs other than ICG, ICGC or 121 will be rejected.

ICG Community Consumers registered in ICG before 4/1/09

The current ICG fund selection will be for ICG residential only. All ICG Community consumers who are currently registered under this ICG fund will need to have this fund end dated as of 3/31/09. To move an ICG Community consumer to the new ICGC fund the following will need to be done:

1. On 3/31/09 (or after) – Find the consumer by doing the Consumer Search, select view registrations. Select the CLOSE registration button and the close registration page will display. On the close registration page enter 3/31/09 in the end date field for ICG Residential and select Submit. This will close the consumer in the ICG fund.

2. On 4/1/09 (or after as long as step 1 is completed) – Find the consumer by doing the Consumer Search, select view registrations. Select the RE-REGISTER button (If all records are CLOSED then select the Add a Registration button). On the registration page enter 4/1/09 as the registration start date, select 'Yes' for the ICG Community Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter all other required fields on this page and continue through the registration process.

If an ICG Community consumer needs to be registered after 4/1/09 with a registration start date before 4/1/09 then the following will need to be done:

Either both number 1 and 3 will need to be done or both number 2 and 3 will need to be done.

- Find the consumer by doing the Consumer Search, then select view registrations.

1. If there is a current registration on file for the consumer but it does not include ICG then select the RE-REGISTER Button. On the registration page enter the registration start date, select '1' for the Residential Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter the End Date of 3/31/09 for the ICG program. Enter all other required fields on this page and continue through the registration process.
2. If there is not a current registration on file for the consumer then select the Add a Registration button and enter all required registration information. Select '1' for the Residential Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter the End Date of 3/31/09 for the ICG program. Continue through the registration process.

3. From the confirmation page of the registration select RETURN. This will bring up the Demographics page for the consumer. Select view registrations. Select the RE-REGISTER button (If all records are CLOSED then select the Add a Registration button). On the registration page enter 4/1/09 as the registration start date, select 'Yes' for the ICG Community Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter all other required fields on this page and continue through the registration process.

The processes above will result in the consumer being in the ICG program for ICG authorizations until 3/31/09 and in the ICGC fund effective 4/1/09 for authorizations and claims processing.

Consumers in the ICG Residential program will continue to register consumers by selecting '1' for the Residential program regardless of the start date of registration.

Message on confirmation Page

As of 4/25/09 a new message has been added to the registration confirmation page. The message is a reminder that if an authorization is required for the services being rendered to the consumer the authorization must be requested within 30 days of the registration. The authorization will be pre-populated with the following information from the registration.

- AXIS I Diagnosis Code 1
- AXIS I, Diagnosis Code 2
- AXIS I, Diagnosis Code 3
- AXIS II, Diagnosis Code 1
- AXIS II, Diagnosis Code 2
- AXIS II, Diagnosis Code 3
- AXIS III, Diagnosis Code 1
- AXIS III, Diagnosis Code 2
- AXIS III, Diagnosis Code 3

- GAF Score or CGAS Score

- LOCUS Results
    - Risk of Harm
    - Recovery Environmental – Environmental Stressors
    - Recovery Environmental – Environmental Support
    - Functional Status
    - Co-morbidity
    - Recovery And Treatment History
    - Acceptance and Engagement
    - LOCUS Recommended Level of Care
    - Assessor Recommended Level of Care
    - Composite Score

- Worker Ohio Problem Severity Scale Score
- Worker Ohio Functionality Scale

If any of the above information has changed then the consumer needs to be re-registered so the authorization will pre-populate with the current information for the consumer.

Consumer Registration Confirmation

Registration Status: ********** APPROVED **********

Provider ID	Provider Last Name	Provider First Name	Provider Address
999999	PROVIDER	ILL TEST	, NORFOLK, VA 23502

Consumer ID	Last Name	First Name	Consumer Address
[redacted]	CONSUMER	TEST	123 FIRST ST , CHICAGO, IL 60290

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
131	ILLINOIS-CHILD/ADOLESCENT FLEX FUNDS	06/01/2009	12/01/2009
213	ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	06/01/2009	12/01/2009
350	ILLINOIS-PSYCHIATRIC LEADERSHIP	06/01/2009	12/01/2009
572	ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	06/01/2009	12/01/2009
573	ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	06/01/2009	12/01/2009
574	ILLINOIS-PSYCHIATRIC MEDICATION	06/01/2009	12/01/2009
860	ILLINOIS-CRISIS RESIDENTIAL	06/01/2009	12/01/2009
ABC	ILLINOIS MEDICAID FFS	06/01/2009	12/01/2009

MESSAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS.
IF THE ELIGIBILITY STATUS IS APPROVED, THE CONSUMER HAS BEEN ENROLLED IN THE VALUEOPTIONS ELIGIBILITY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.

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

Return

CHP Registrations

If the CHP fund is selected then no other special fund can be selected and the consumer will only be registered in the CHP fund.

If the consumer is registered by your agency for any other funds that registration needs to be closed before the consumer can be registered in the CHP fund.

If the consumer is registered by your agency for the CHP fund that registration needs to be closed before the consumer can be registered for any other funds.

Eligibility Status

The eligibility status will be determined at the time of registration based on the DMH eligibility definitions for all registrations except ICG and ICGC only registrations or CHP registrations.

- TADL – Target Adult
- TCHD – Target Child
- ELIG – Eligible
- INEL - Ineligible

The weekend of 9/17/10 all active registrations will be updated with the eligibility status

- If the registration status is determined to be ineligible (INEL) then all funds for that consumer in that registration will be terminate 9/30/10.
- If the status is not INEL then the current ABC benefit package of IABC will be terminated 9/30/10. The new benefit package based on eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status will be added effective 10/1/10 through the end of the registration period. All other funds will remain active through the end of the registration period.

All registrations submitted after 9/17/10 will all be subject to the new data requirements and the eligibility status will be determined.

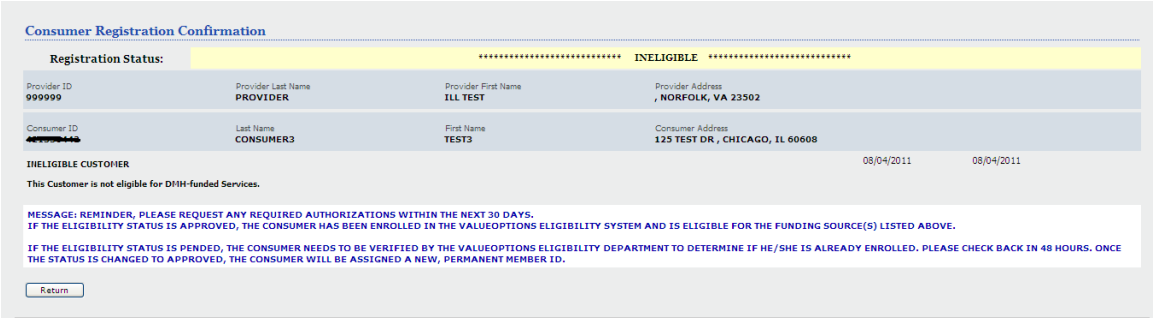
If the registration start date is before 10/1/10

- And the eligibility status is INEL (ineligible)
  - The ABC fund benefit package of IABC will be assigned from the registration start date through 9/30/10. All other funds being registered will be effective on the registration start date and terminated 9/30/10.
- And the eligibility status is not INEL
  - The ABC fund benefit package of IABC will be assigned from the registration start date through 9/30/10. The new benefit package based on eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status will be added effective 10/1/10 through the end of the registration period. All other funds will be effective on the registration start date through the end of the registration period.

If the registration start date is on or after 10/1/10

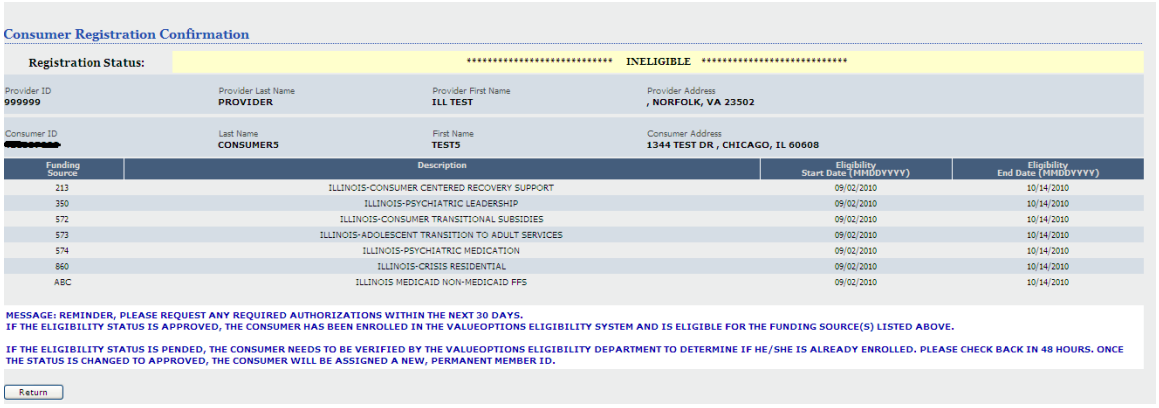
- And the eligibility status is INEL and this is a new registration for the consumer
  - The consumer will not be eligible for any funds

The confirmation page will display the registration status of ineligible.



- And the eligibility status is INEL and this is a re-registration for the consumer
  - All funds for the consumer will be terminated with a termination date of one day before the re-registration start date (if the determination of INEL

was due to a keying error and the consumer should be eligible then you should re-register the consumer using the same start date)



Consumer Registration Confirmation

Registration Status: ********** INELIGIBLE **********

Provider ID	Provider Last Name	Provider First Name	Provider Address
999999	PROVIDER	ILL TEST	, NORFOLK, VA 23502

Consumer ID	Last Name	First Name	Consumer Address
[redacted]	CONSUMER5	TEST5	1344 TEST DR , CHICAGO, IL 60608

Funding Source	Description	Eligibility Start Date (MMDDYYYY)	Eligibility End Date (MMDDYYYY)
213	ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT	09/02/2010	10/14/2010
350	ILLINOIS-PSYCHIATRIC LEADERSHIP	09/02/2010	10/14/2010
572	ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES	09/02/2010	10/14/2010
573	ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES	09/02/2010	10/14/2010
574	ILLINOIS-PSYCHIATRIC MEDICATION	09/02/2010	10/14/2010
860	ILLINOIS-CRISIS RESIDENTIAL	09/02/2010	10/14/2010
ABC	ILLINOIS MEDICAID NON-MEDICAID FFS	09/02/2010	10/14/2010

MESSAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS.
IF THE ELIGIBILITY STATUS IS APPROVED, THE CONSUMER HAS BEEN ENROLLED IN THE VALUEOPTIONS ELIGIBILITY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE.

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

Return

- And the eligibility status is not INEL
  - For the ABC fund the new benefit package based on eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status will be assigned effective on the registration start date through the end of the registration period. All other funds will be effective on the registration start date through the end of the registration period.

ABC Fund benefit Packages

Effective 10/1/10, the benefit package for consumers will be determined based on the eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status.

For a registration, if the consumer's eligibility status is INEL then the INEL benefit package will be assigned and the consumer is not eligible for any benefits.

For a re-registration of a consumer who was previously not INEL then benefits will be terminated the day before the re-registration start date. The benefit package will remain the same.

For all registrations and re-registrations not INEL the benefit package will be assigned according to the chart below.

Income Group	Eligibility / Benefit Groups Payable from ABC funds		
	1st SMI Pres	Eligible	Target
Income Exception Benefit package	**A1EX**	**AEEX**	**ATEX**
Payment Rate	100%	100%	100%

Income < 200% FPL Benefit package	000A	000E	000T
Payment Rate	100%	100%	100%
Income 200% FPL -up to 250% FPL Benefit package	200A	200E	200T
Payment Rate	80%	80%	80%
Income 250% FPL -up to 300% FPL Benefit package	250A	250E	250T
Payment Rate	60%	60%	60%
Income 300% FPL - up to 350% FPL Benefit package	300A	300E	300T
Payment Rate	40%	40%	40%
Income 350% FPL - up to 400% FPL Benefit Package	350A	350E	350T
Payment Rate	20%	20%	20%
Income 400% FPL and above Benefit Package	400A	400E	400T
Payment Rate	0%	0%	0%

DHS Eligibility file – Williams Class Fund eligibility

Beginning in December 2011 the Collaborative will receive a file from DHS with Williams Class eligible consumers. These consumers will be loaded into the Collaborative system with a fund code of EWCC. Consumers with active DHS SS (STBO) and EWCC can be registered in the Williams Class (WCC) fund.

This list contains the valid IMD Home Codes for the Williams Consumers.

IMD Home Codes

IMD Home Code (IMDCDE)

HOMECODE	NF_NAME	NF_ADR	NF_CITY	NF_ZIP	NF_CNTY
6007959	ALBANY CARE	901 MAPLE AVENUE	EVANSTON	60202	COOK
6000848	BELMONT NURSING HOME	1936 WEST BELMONT AVENUE	CHICAGO	60657	COOK
6002018	BRYN MAWR CARE	5547 NORTH KENMORE	CHICAGO	60640	COOK
6001598	CENTRAL PLAZA RESIDENTIAL H	321-27 NORTH CENTRAL	CHICAGO	60644	COOK
6001846	CLAYTON RESIDENTIAL HOME	2026 NORTH CLARK STREET	CHICAGO	60614	COOK

6001994	COLUMBUS MANOR RES CARE HOME	5107-21 WEST JACKSON BOULEVARD	CHICAGO	60644	COOK
6003776	GRASMERE PLACE	4621 NORTH SHERIDAN	CHICAGO	60640	COOK
6000202	GREENWOOD CARE	1406 CHICAGO AVENUE	EVANSTON	60201	COOK
6005623	LYDIA HEALTHCARE	13901 SOUTH LYDIA	ROBBINS	60472	COOK
6005755	MARGARET MANOR	1121 NORTH ORLEANS	CHICAGO	60610	COOK
6005763	MARGARET MANOR - NORTH BRANCH	940 WEST CULLOM AVENUE	CHICAGO	60613	COOK
6006290	MONROE PAV HLTH/TREATMENT CTR	1400 WEST MONROE STREET	CHICAGO	60607	COOK
6008734	RAINBOW BEACH CARE CENTER	7325 SOUTH EXCHANGE STREET	CHICAGO	60649	COOK
6008320	SACRED HEART HOME	1550 SOUTH ALBANY	CHICAGO	60623	COOK
6008643	SKOKIE MEADOWS NRSG CENTER #2	4600 WEST GOLF ROAD	SKOKIE	60076	COOK
6009385	THORNTON HEIGHTS TERRACE	160 WEST 10TH STREET	CHICAGO HEIGHTS	60411	COOK
6010045	WILSON CARE	4544 NORTH HAZEL STREET	CHICAGO	60640	COOK
6010060	WINCREST NURSING CENTER	6326 NORTH WINTHROP AVENUE	CHICAGO	60660	COOK
6001069	BOURBONNAIS TERRACE	133 MOHAWK DRIVE	BOURBONNAIS	60914	KANKAKEE
6004972	KANKAKEE TERRACE	100 BELLE AIRE	BOURBONNAIS	60914	KANKAKEE
6000038	ABBOTT HOUSE	405 CENTRAL AVENUE	HIGHLAND PARK	60035	LAKE
6000764	BAYSIDE TERRACE	1100 SOUTH LEWIS AVENUE	WAUKEGAN	60085	LAKE
6009807	LAKE PARK CENTER	919 WASHINGTON PARK	WAUKEGAN	60085	LAKE
6007363	DECATUR MANOR HEALTHCARE	1016 W. PERSHING RD.	DECATUR	62526	MACON
6007926	SHARON HEALTH CARE WOODS	3223 WEST RICHWOODS BOULEVARD	PEORIA	61604	PEORIA

2 ProviderConnect Consumer Registration Overview

ProviderConnect is an online system that gives providers an easy-to-use application for completing Consumer Registrations. This system will allow users to access information 24 hours per day/seven days per week.

Providers will be able to use ProviderConnect to:

- Obtain information on consumers eligibility and benefit status
- Register Consumers
- Re-Register Consumers
- Close Consumer Registrations
- Update Consumer Address

Assumptions

The assumptions are that each user has a valid Illinois Mental Health Collaborative Provider ID and password, and that each user has been set up within the ProviderConnect application.

Contact Information

Collaborative EDI Help Desk – Technical questions regarding:

- Batch Registration
- ProviderConnect questions regarding:
    - Getting sign on
    - Reporting degradation with system response time
    - Messages/errors that need clarification
    - Navigation

Call - 1 (888) 247-9311
Email - esupportservices@valueoptions.com

Collaborative Customer Service – Any other registration questions:

Call - 1 (866)359-7953
TTY - 1(866) 880-4459

e-Rin – Call: 1 800-385-0872

DHS – Call: 1 800-843-6154

3 ProviderConnect Log On

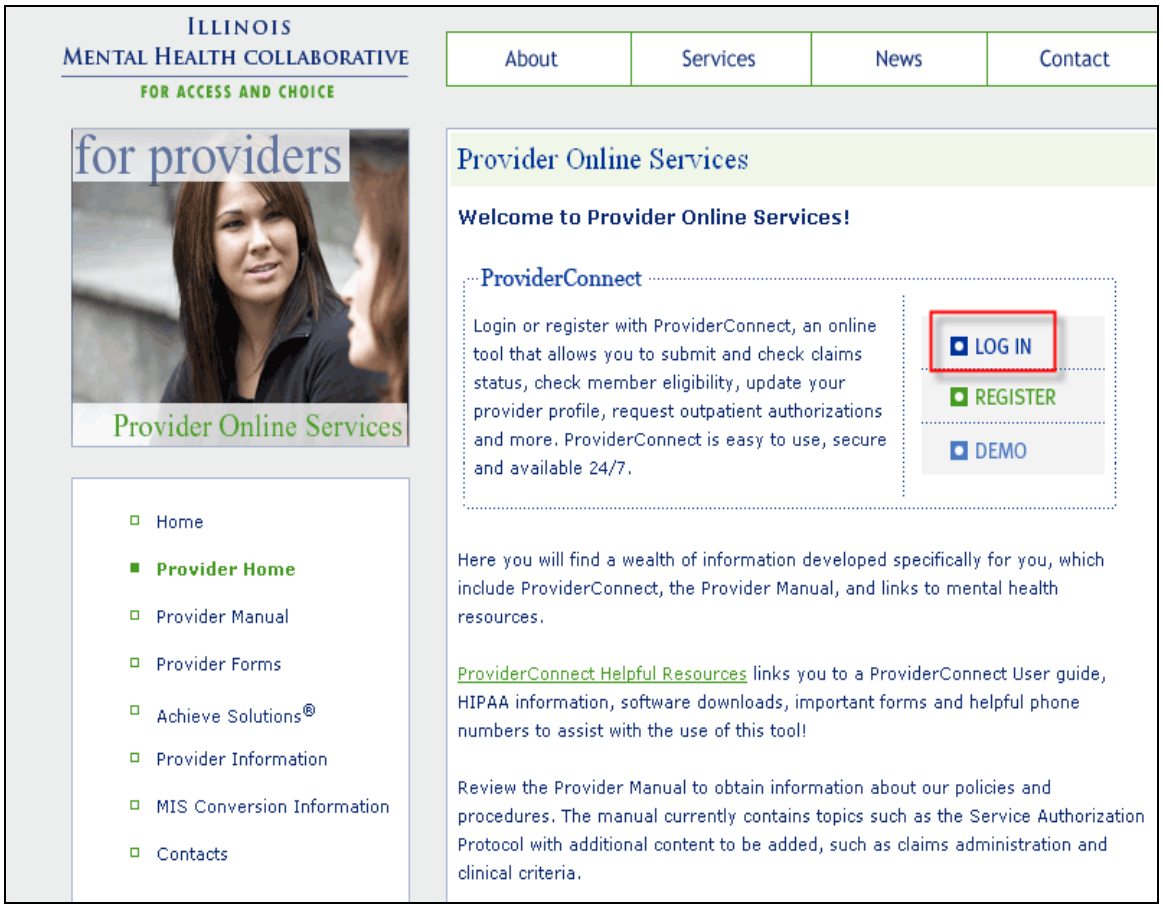
ProviderConnect is a web-based application that can be accessed from the Illinois Mental Health Collaborative web site.

Access ProviderConnect

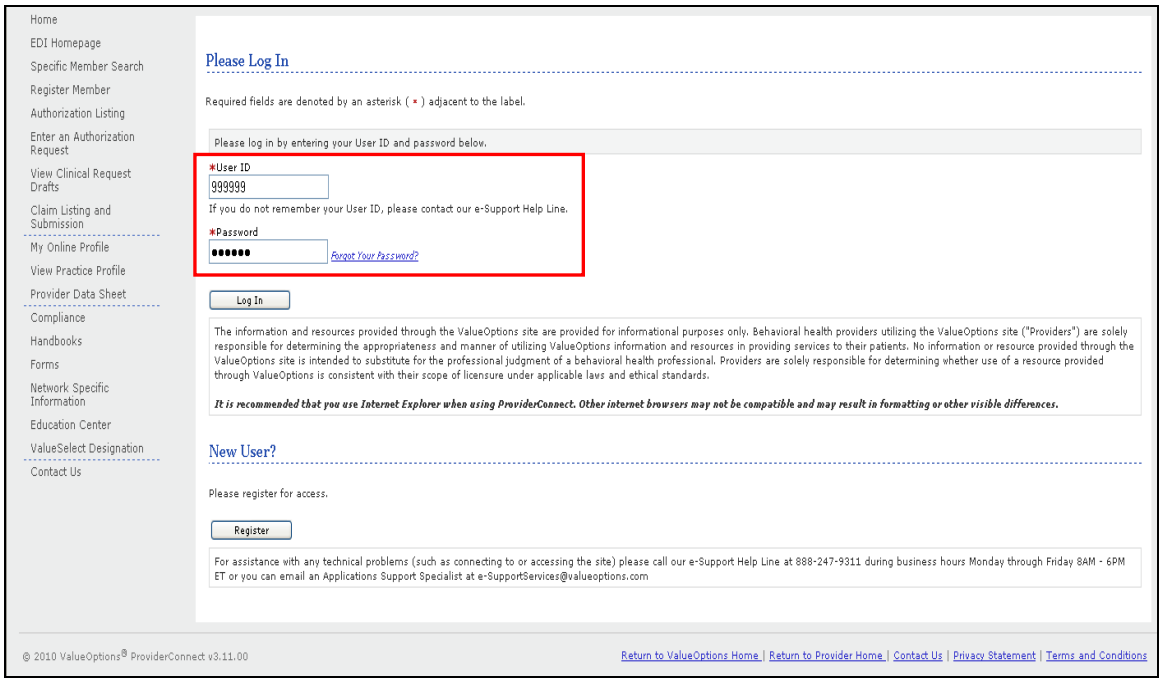
To access ProviderConnect:

Enter the URL http://www.illinoismentalhealthcollaborative.com/index.htm in the web browser.

1. The ProviderConnect home page will display.
2. Click the **Log In** box.



3. Enter your **User ID & Password.**
4. Click **Log In.**



5. Read the **User Agreement** Page, then click **I agree** to access ProviderConnect.

ProviderConnect Use Agreement

Welcome to www.valueoptions.com, the website for ValueOptions, Inc.

Please carefully read the terms of this Agreement before you click the "I Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "I Agree" button at the end of this screen in order to proceed

By clicking the "I Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility: (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect.

If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect.

This ProviderConnect Use Agreement (the "Agreement") is between you and ValueOptions, Inc. on behalf of itself and its affiliates and subsidiaries ("ValueOptions®") and governs your use of ProviderConnect. By accessing the ProviderConnect site or using any of the online services available, you agree to the following terms:

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Independent Contractors. You and ValueOptions are independent contractors. Nothing in this Agreement is or should be construed to create or imply any other relationship as between you and ValueOptions.

Liability. NEITHER VALUEOPTIONS NOR ANY OF ITS OFFICERS, DIRECTORS, EMPLOYEES, LICENSORS, CONTRACTORS OR SUPPLIERS ARE RESPONSIBLE OR LIABLE TO YOU OR ANY THIRD PARTY FOR DAMAGES (WHETHER, DIRECT, INDIRECT, COMPENSATORY, SPECIAL, INCIDENTAL, CONSEQUENTIAL, EXEMPLARY, OR PUNITIVE) SUFFERED AS A RESULT OF: (1) ACCESS TO, USE OR MISUSE OF OR DIFFICULTY OR INABILITY TO USE (AND/OR ANY DELAYS RELATED THERETO) PROVIDERCONNECT AND/OR ANY ONE OR MORE OF THE ONLINE TRANSACTIONS OR SERVICES AVAILABLE THEREUNDER, INCLUDING WITHOUT LIMITATION COMPUTER VIRUSES, MALICIOUS CODE OR COMPATIBILITY ISSUES; (2) ANY INACCURACY OR INCOMPLETENESS OF INFORMATION OR DATA SUBMITTED OR TRANSMITTED BY YOU; (3) ANY INAPPROPRIATE OR ILLEGAL ACCESS OR USE OF PROVIDERCONNECT AND/OR INFORMATION, DATA OR MATERIALS CONTAINED THEREIN; (4) UNAUTHORIZED ACCESS TO OR ALTERNATIVE OF YOUR TRANSMISSIONS OR DATA; (5) ANY OTHER MATTER RELATED TO OR ARISING FROM ACCESS OR USE OF PROVIDERCONNECT AND/OR ANY ONLINE TRANSACTIONS OR SERVICES THEREUNDER.

Indemnification. In addition to your obligations under this Agreement and your provider agreement with ValueOptions, you agree to indemnify, defend and hold harmless ValueOptions, its affiliates, subsidiaries, licensors, officers, directors, employees and contractors against any claims, losses, damages, fines, penalties, judgments, expenses or costs (including without limitation reasonable attorneys fees and costs) arising from and/or incurred as a result of and/or related to your breach of this Agreement and/or your use or misuse of ProviderConnect and/or any online transactions or services available thereunder and/or information contained within or transmitted through ProviderConnect by you or your authorized designee.

Updates & Modifications. ValueOptions, in its sole discretion, may update or modify this Agreement from time to time. ValueOptions will provide notice of updates or modifications to this Agreement on this website. If you continue to use or access the ProviderConnect site following such notice, you are deemed to have accepted the updated or modified Agreement and agreed to all of the terms and conditions contained therein. This Agreement is available on the ProviderConnect site. You agree to review this Agreement periodically.

Assignment & Governing Law. You may assign this Agreement only with the prior written consent of ValueOptions. This Agreement and all disputes, lawsuits and claims relating to this Agreement shall be governed by the laws of the Commonwealth of Virginia, excluding its conflicts of law rules.

Termination. You may terminate this Agreement by providing written notice to ValueOptions and discontinuing your use of ProviderConnect. ValueOptions may terminate this Agreement and your right to access or use ProviderConnect at any time, with or without cause.

999999
ILL TEST PROVIDER

NORFOLK, VA 23502

I Agree | I Disagree

For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com

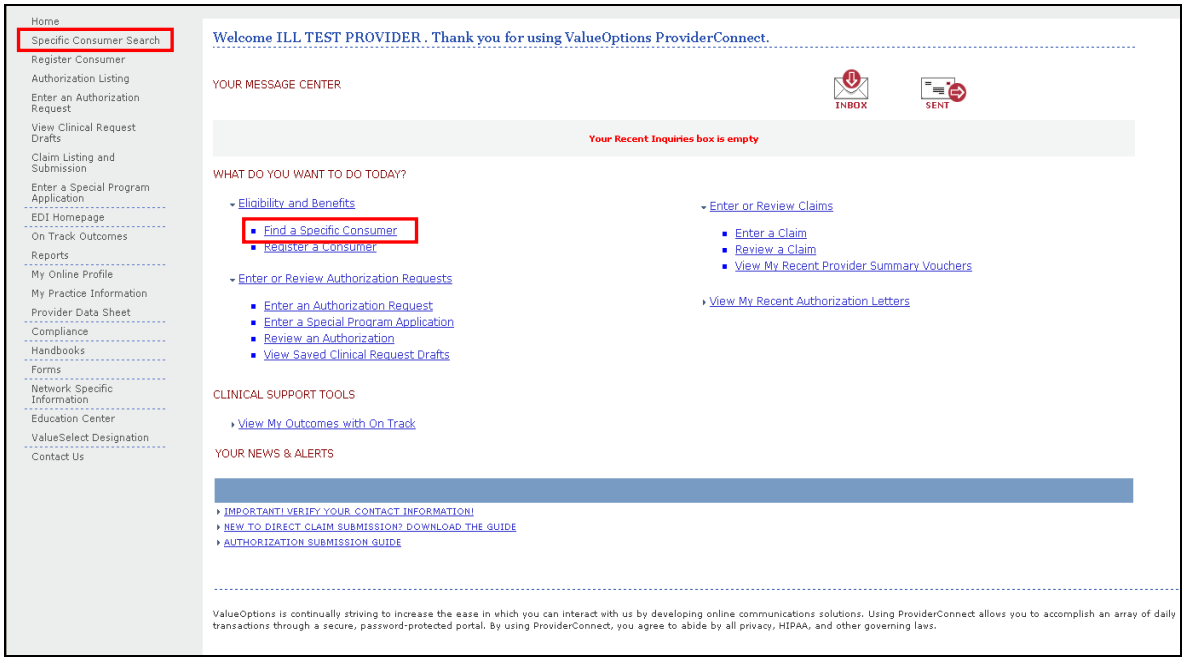
4 Consumer Information

A user can search for and access information for a specific consumer through the **Specific Consumer Search** section of ProviderConnect.

Search Consumer

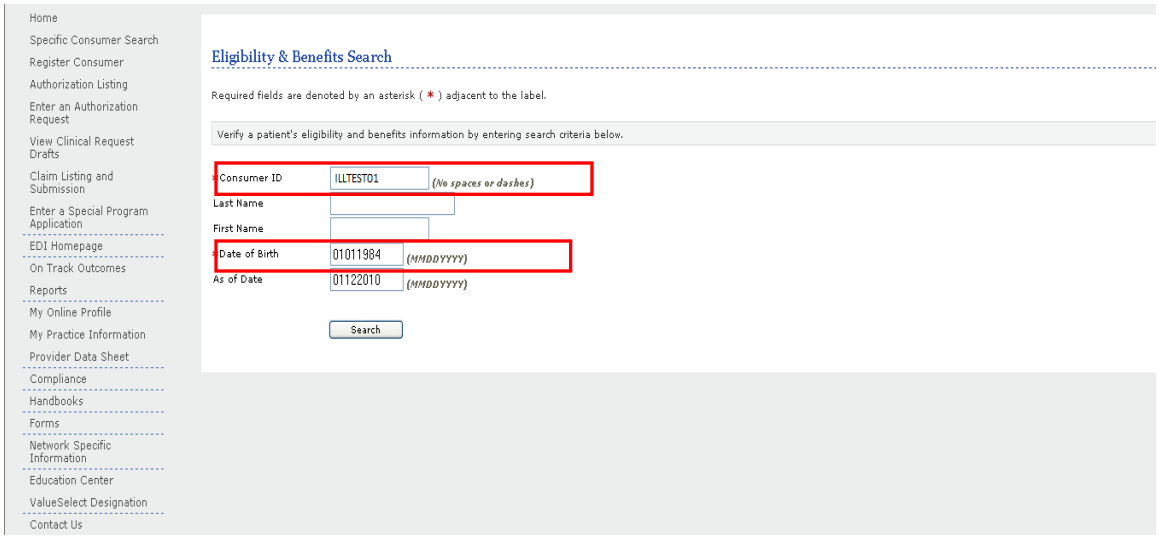
To search for a consumer:

1. Click on either the **Specific Consumer Search** link on the navigation bar or on the **Specific Consumer Search (eligibility, benefits, claims, and authorizations)** button on the **Main Menu** page.

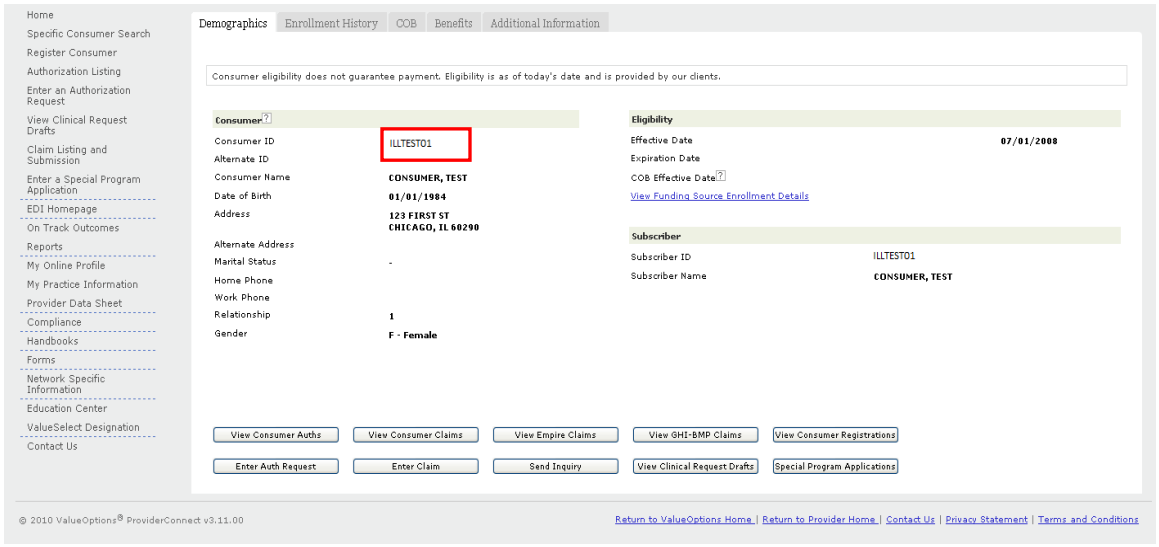


The **Eligibility & Benefits Search** screen will display. To retrieve consumer information:

1. Enter consumer RIN # in the **Member ID** field.
2. Enter a date in the **Date of Birth** field.
   Note: *Enter information in MMDDYYYY format only.*
3. Enter the consumer's first and last names to further refine the search (this step is optional).
4. Click **Search**.



The **Demographics page** will display the searched consumer.



5 Enrollment History

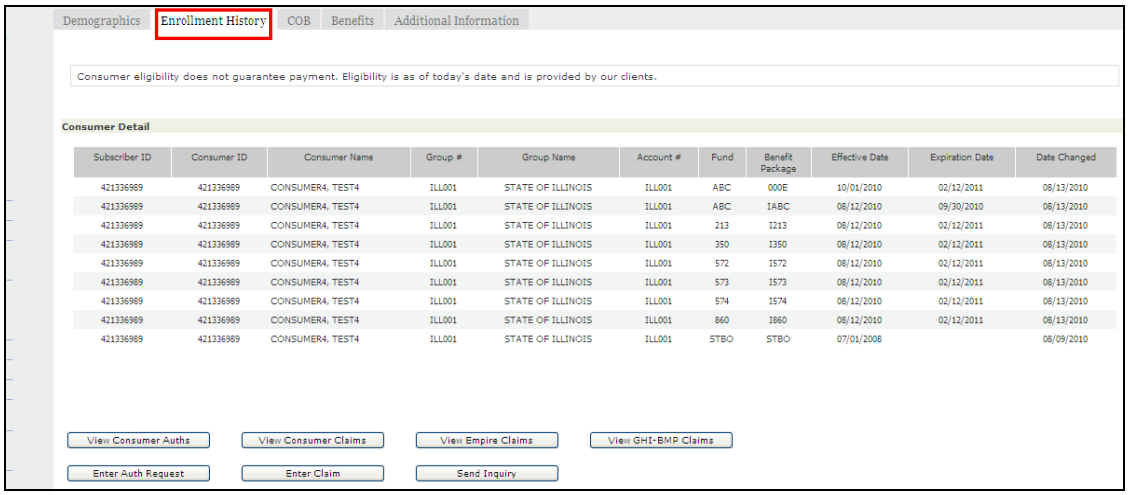
The **Enrollment History** page displays the funds the consumer has on file with the Collaborative.

The fund STBO represents DHS SS. This is the last fund shown below and shows this consumer has STBO effective 7/1/08 with no expiration date. DHS SS is very rarely terminated.

If the consumer was SASS eligible then SASS would appear under the Fund column with the associated effective and expiration dates to the right of the SASS fund.

If the consumer was CHP eligible the ECHP fund would appear under the Fund column with the associated effective and expiration dates to the right of the ECHP fund.

When a re-registration is completed for the consumer the effective date will not change but the expiration date will be extended to reflect the 6 month re-registration period.



6 Consumer Registration

The registration process allows providers to manage enrollment of consumers with Funding Sources and ensure required information is provided to maintain the consumer's eligibility.

Consumer Registration will be used for the following:

- Register a new consumer
- Register a new consumer and close at the same time (This would be used when a consumer came in for crisis services and did not continue in services)
- Register a consumer who had been previously closed

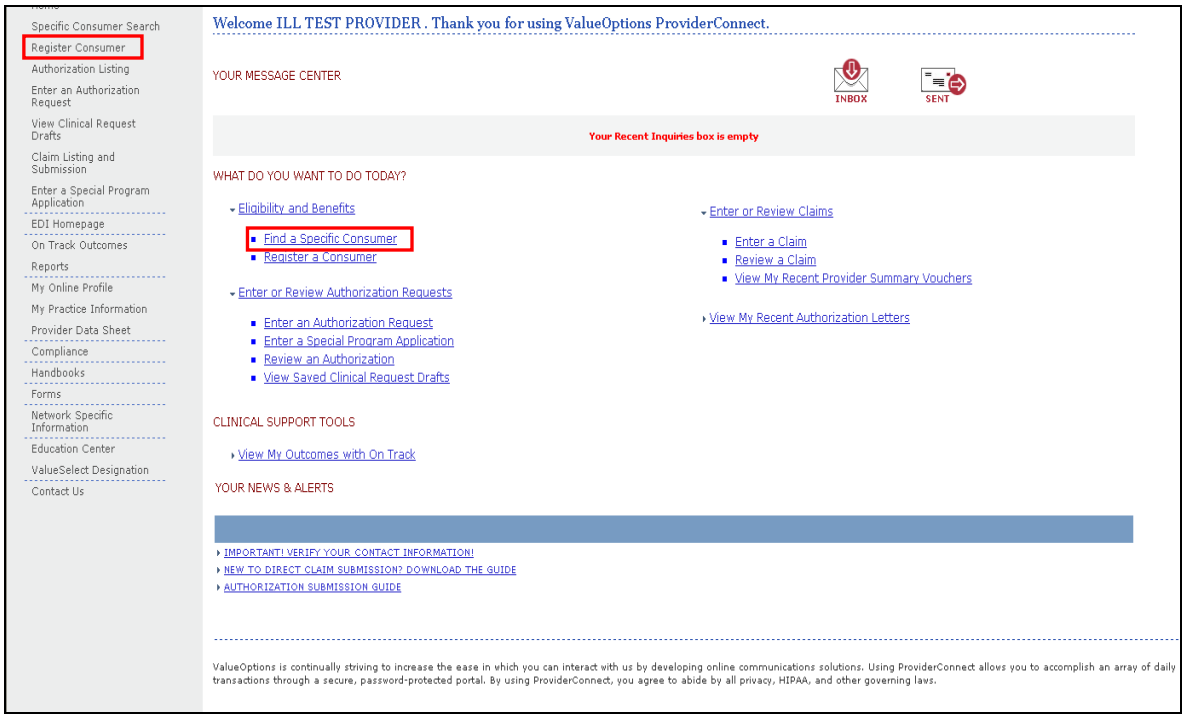
There are two paths available to register a consumer:

- Perform Specific Consumer Search
- Go directly from the Home Page to Register Consumer

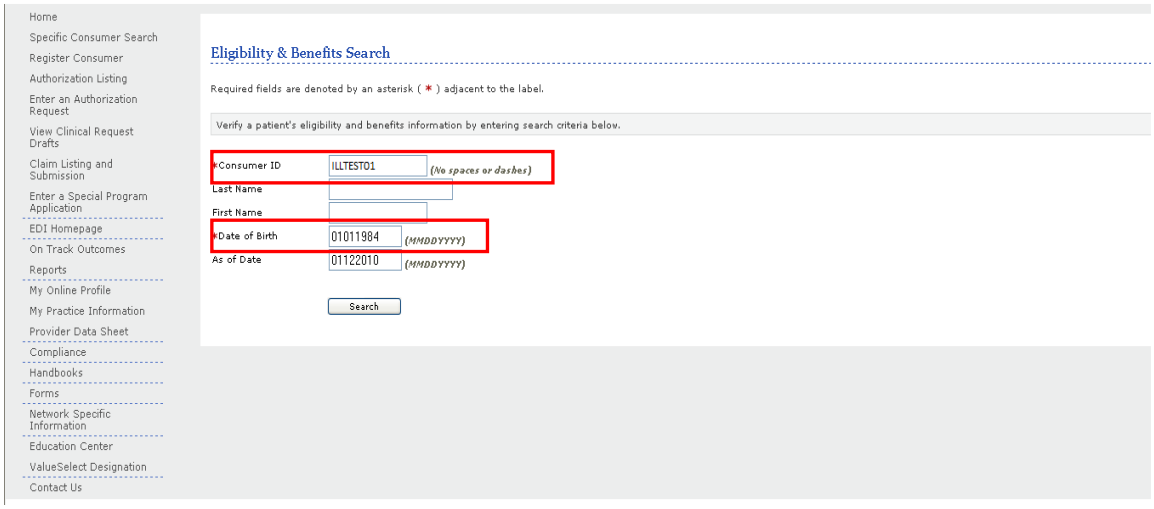
The Collaborative recommends the path of performing the Specific Consumer Search to verify the consumer is on file with the Collaborative. The direct path from the Register Consumer will require all consumer demographic information to be entered before the consumer is determined to be on file or not. Going through the Consumer Search will identify the consumer is on file, the registration will pre-populate with demographic information that is on file.

Starting from Specific Consumer Search to Register Consumer

1. Click on **Specific Consumer Search**

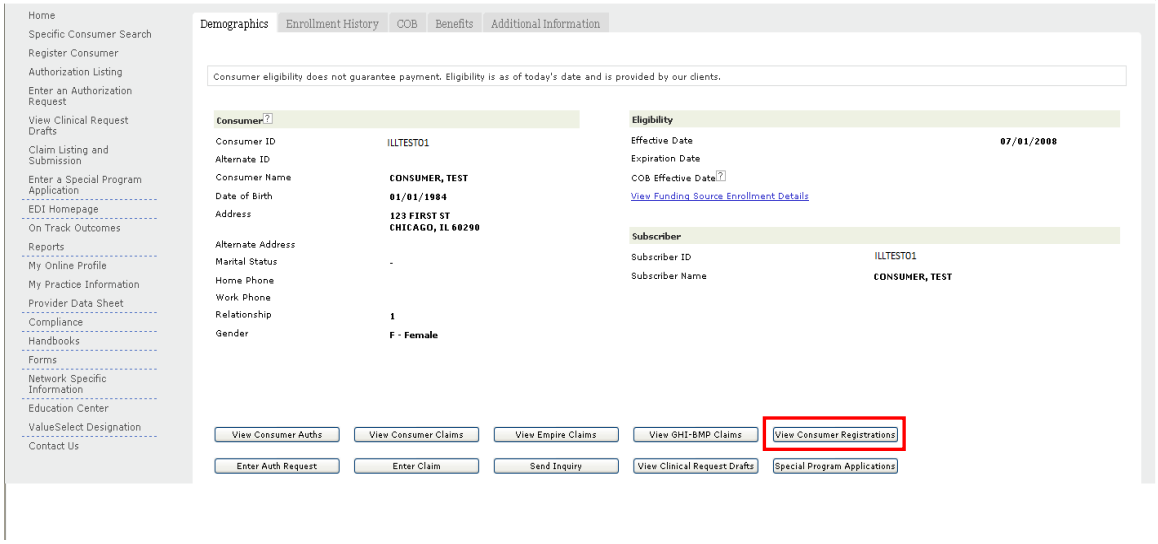


2. Enter the **Consumer ID** and **Date of Birth**
3. Click **Search**

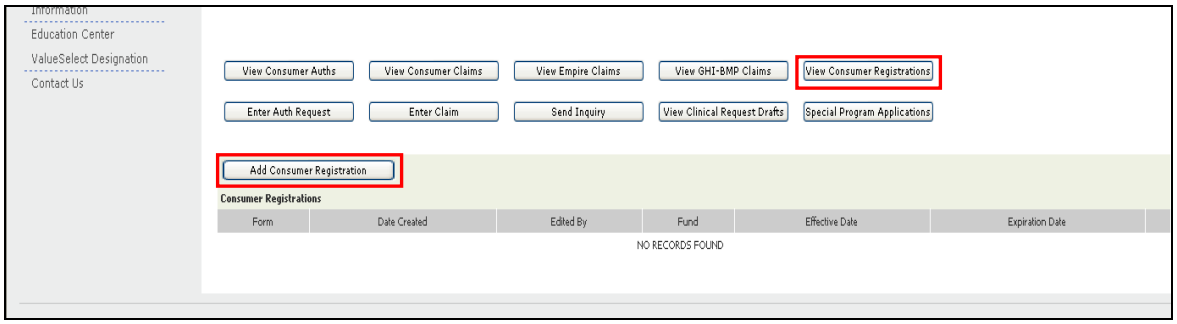


The Consumer Demographics screen will display.

4. Click on **View Consumer Registration** button at the bottom of the page.



If no existing registrations are found for the agency, NO RECORDS FOUND message will display at the bottom of the screen.

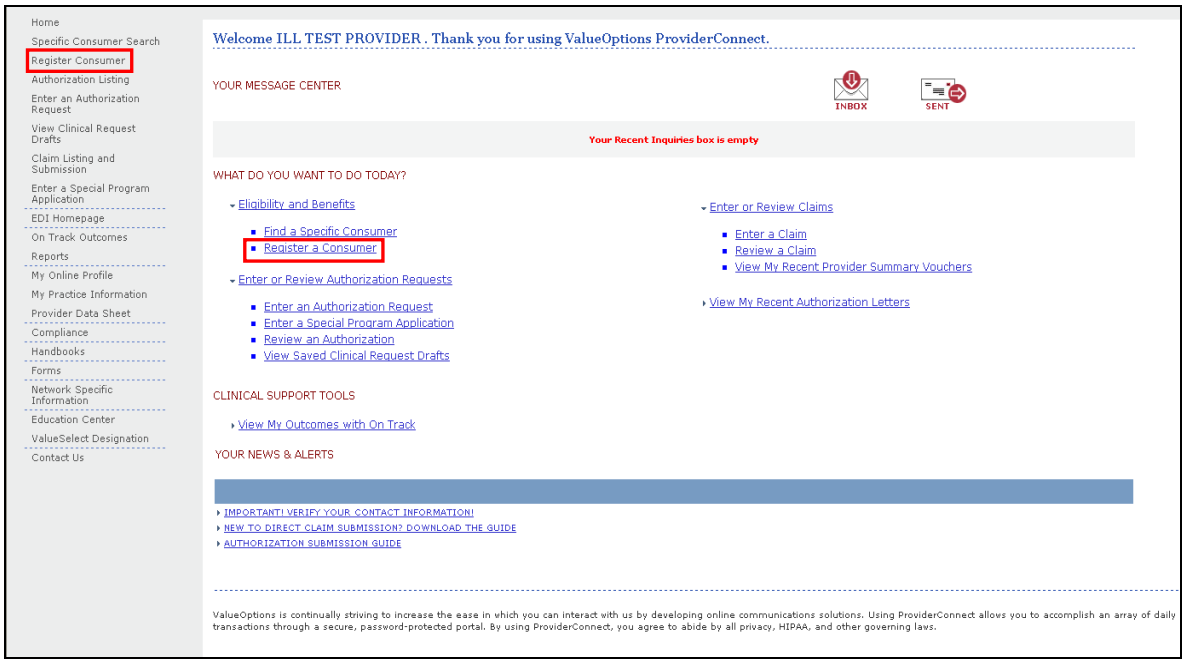


5. Click on **Add Consumer Registration**, and follow the Register Consumer process outlined below, starting with the Demographics screen.

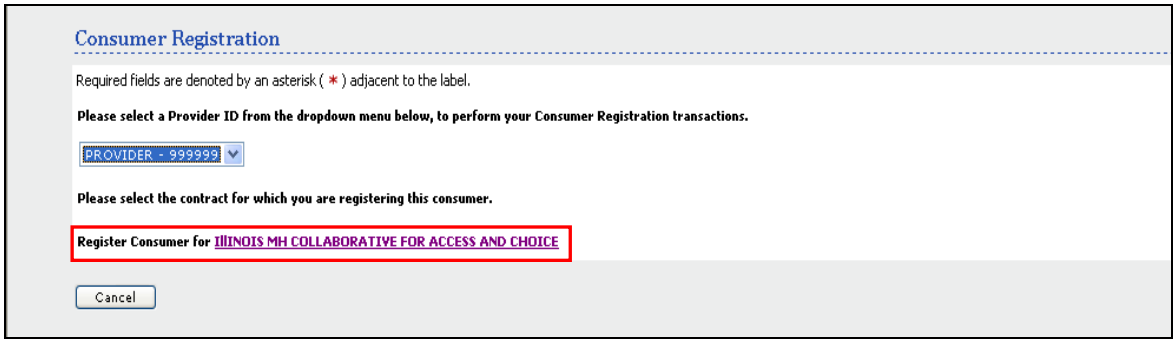
Starting from Home Page to Register Consumer

This is not recommended as the consumer is not identified when this path is used and will require that all consumer demographic information be entered.

1. Click **Register Consumer** link.

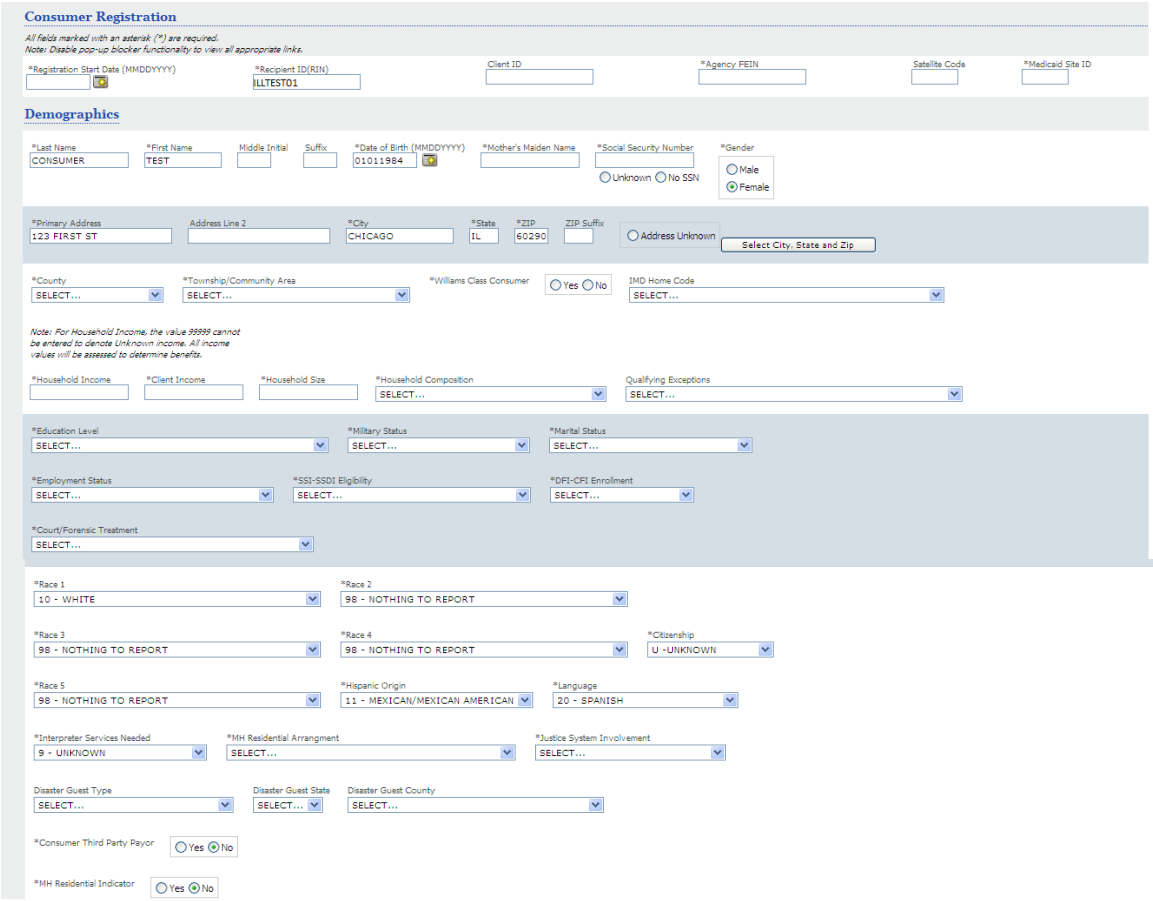


2. Select the contract for which you are registering this consumer then click the applicable hyperlink.



3. Complete the Demographics information.

Start of Consumer Registration process



All fields with an asterisk (*) are required and must be populated.

Below are field descriptions for the **Demographics Information** on the Consumer Registration Screen.

Any fields that are pre-populated can be overwritten if information has changed. For example: The consumer's address

Pre-populated fields can be edited if necessary.

Field	Description	Required?	Type
Registration Start Date	The begin date for this registrations 6 months registration period Cannot be backdated more than 90 days Cannot be a future Date	Y	Free form text with Calendar button
Recipient ID (RIN)	The client's recipient identification number (RIN) Pre-populates when registering using the Add Consumer Registration Button	Y	Free form text
Client ID	A unique ID number assigned by the agency to the client	N	Free form text
Agency FEIN	The agency's nine digit Federal Employer Identification	Y	Free form text

Field	Description	Required?	Type
	Number (FEIN)		
Satellite Code	The agency's Satellite Code Values **00-99**	N	Free form text
Medicaid Site ID	DHFS assigned Medicaid site ID number where the client is registered Non-Medicaid enrolled agencies report 000 for this field.	Y	Free form text
Last Name	The consumer's legal last name Pre-populates when registering using the Add Consumer Registration Button	Y	Free form text
First Name	The consumer's legal first name Pre-populates when registering using the Add Consumer Registration Button	Y	Free form text
Middle Initial	Middle initial of the consumer Pre-populates when registering using the Add Consumer Registration Button	N	Free form text
Suffix	The name suffix if the consumer has one (Jr, Sr, III, etc)	N	Free form text
Date of Birth	The date on which the consumer was born. Must be valid date and not future date Pre-populates when registering using the Add Consumer Registration Button	Y	Free form text with Calendar button
Mother's Maiden Name	The legal maiden last name of the consumer's mother **UNKNOWN** if this name was not determined	Y	Free form text
Social Security Number	The consumer's SSN If SSN entered cannot be 111111111, 222222222, 333333333, 444444444, up to 888888888 or 123456789 or 987654321 Pre-populates when registering using the Add Consumer Registration Button	Y	Free form text
Unknown SSN	Used if consumer's SSN is unknown If unknown SSN radio button is selected the SSN will default to **999999999 –** consumer SSN is not known	C	Radio button
No SSN	Used if consumer has no SSN If no SSN radio button is selected the SSN will default to **000000000 –** consumer has no SSN	C	Radio button
Gender	Gender of the consumer. **F** - Female **M** - Male	Y	Radio button
Primary Address	The current Street or box number of the consumer Radio button for Address unknown – Will default to UNKNOWN Pre-populates when registering using the Add Consumer Registration Button	C	Free form text

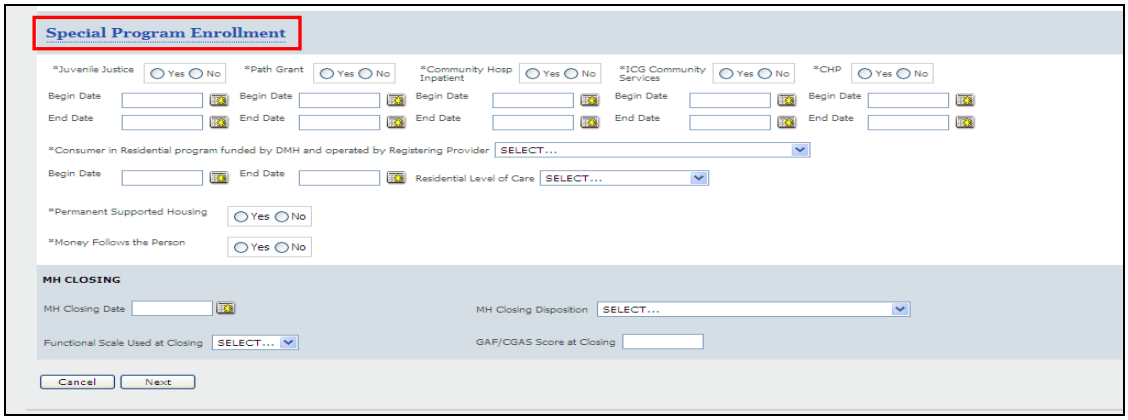
Field	Description	Required?	Type
Address Line 2	Will be pre-populates when registering using the Add Consumer Registration Button	N	Free form text
City	The current City of the consumer Radio button for address unknown – Will default to UNKNOWN Pre-populates when registering using the Add Consumer Registration Button	C	Free form text
State	The current State of the consumer Radio button for address unknown – Will default to ZZ Pre-populates when registering using the Add Consumer Registration Button	C	Free form text
ZIP	The current Postal zip code of the consumer Radio button for address unknown – Will default to 99999 Pre-populates when registering using the Add Consumer Registration Button	C	Free form text
ZIP Suffix	4 digit ZIP extension Pre-populates when registering using the Add Consumer Registration Button		
Address Unknown	If populated, client address defaults to values identified in description of field	C	Radio button
County	The Illinois county code where the consumer currently lives	C	Drop down box
Township/ Community Area	The Community Area if the consumer resides in Chicago or Township if the consumer resides outside the Chicago city limits as applicable, where the consumer currently lives	C	Drop down box
Williams Class Indicator	Indicates if the consumer is a Williams Class Consumer. Yes, consumer is a Williams Class Consumer No, consumer is not a Williams Class Consumer	Y	Radio button
IMD Home Code	The facility the Consumer is in – must be valid IMD Home code	C	Drop down box
Household Income	The total monthly income of all family members in the consumer's household at the time of this registration. This should be entered as dollars only. Round to nearest dollar. 99999 is no longer valid as unknown income. Example: 151.21 would be entered as 151 Range: **00000 – 99998**	Y	Free form text
Client Income	The total monthly income of the consumer at the time of this registration. This should be entered as dollars only. Round to nearest dollar. Example: 151.21 would be entered as 151 Range: **00000 – 99998**	Y	Free form text

Field	Description	Required?	Type
Household Size	The total number of family members in the household, including the consumer. Range: **01 – 20**	Y	Free form text
Household Composition	The consumer's household composition **10** -Lives alone **20** -Lives with one or more relatives **30** - Lives with non-related persons **99** -Unknown	Y	Drop down box
Qualifying Exception	Indicates if the consumer has a qualifying exception that would allow registration without meeting income requirement This field is not required and if not applicable should be left blank Valid Values: 1 – Consumer is age 12 up to 18 seeking services without parental consent or knowledge 2 – Consumer is member of household liable for household debt for medical expenses > 7.5% of annual household income 3 – Provider is unable to obtain documented/verified income 4- Williams Class Consumer	N	Drop down box
Education Level	The highest grade level completed by the consumer **00** - Never attended school **01 - 11** - Last primary/secondary grade completed **20** - Preschool/kindergarten **30** - High School diploma **31** - General Equivalency Diploma (GED) **32** - Special Education Certificate of Completion **40** - Post-secondary training **41** - One year college **42** - Two years college **43** - Three years college **50** - College Bachelor's degree **60** - Post Graduate college degree **99** - Unknown	Y	Drop down box
Military Status	The military status of the consumer **0** -Not a Veteran **1** -Veteran **2** -Currently on active duty **9** - Unknown	Y	Drop down box
Marital Status	Marital status of the consumer **1** -Never Married **2** -Married **3** -Widowed **4** -Divorced **5** -Separated **C**- Civil Union **9** -Unknown, declines to specify	Y	Drop down box
Employment Status	The current employment status of the consumer **10** -Employed **11** -Employed full time (unsubsidized) **12** - Employed part time (unsubsidized) **13** -Employed, subsidized/supported **14** -Attending vocational/day program **20** -Unemployed/layoff from job **30** -Not in the Labor Force **90** -Other **99** -Unknown	Y	Drop down box
SSI-SSDI	The Supplemental Security Income (SSI) and Social Security	Y	Drop down box

Field	Description	Required?	Type
Eligibility	Disability Insurance (SSDI) eligibility status for the consumer **0** -Not Applicable **1** -Eligible, receiving payments **2** -Eligible, not receiving payments **3** -Eligibility determination pending 4 -Potentially eligible but has not applied or status unknown **5** -Determined to be ineligible **9** -Eligibility status unknown		
DFI-CFI Enrollment	The consumer's Donated Funds Initiative (DFI) or Contracted Funds Initiative (CFI) enrollment status **N** -Not Applicable **Y** -Enrolled in DFI/CFI	Y	Drop down box
Court/ Forensic Treatment	Status of forensic/court-ordered treatment plans at the time of registration **00** –Not applicable **01** –Department of Corrections client **02** –Unable to Stand Trial **03** –Unable to Stand Trial-ET (Extended Term) **04** –Unable to Stand Trial-G2 **05** –Not Guilty by Reason of Insanity **06** –Civil court-ordered treatment **07** –Criminal court-ordered treatment **08** –Court-ordered evaluation/assessment only **99** –Forensic status unknown	Y	Drop down box
Race 1	Race of the consumer **10** - White **20** - Black/African American **30** - Asian **40** - American Indian/Alaskan Native **50** - Native Hawaiian or Other Pacific Islander **99** – Unknown	Y	Drop down box
Race 2	Race of the consumer **10** - White **20** - Black/African American **30** - Asian **40** - American Indian/Alaskan Native **50** - Native Hawaiian or Other Pacific Islander **98** – Nothing to report	Y	Drop down box
Race 3	Race of the consumer **10** - White **20** - Black/African American **30** - Asian **40** - American Indian/Alaskan Native **50** - Native Hawaiian or Other Pacific Islander **98** – Nothing to report	Y	Drop down box
Race 4	Race of the consumer **10** - White **20** - Black/African American **30** - Asian **40** - American Indian/Alaskan Native **50** - Native Hawaiian or Other Pacific Islander **98** – Nothing to report	Y	Drop down box
Citizenship	The citizenship status of the consumer **Y** -U.S. Citizen **N** -Non-U.S. Citizen **U** -Unknown	Y	Drop down box
Race 5	Race of the consumer **10** - White **20** - Black/African American **30** - Asian **40** - American Indian/Alaskan Native **50** - Native Hawaiian or Other Pacific Islander **98** – Nothing to report	Y	Drop down box
Hispanic Origin	Hispanic origin of a person of Spanish culture or origin, regardless of race	Y	Drop down box

Field	Description	Required?	Type
	00 - Not of Hispanic origin **11** - Mexican/Mexican American **12** - Puerto Rican **13** – Cuban **14** – Central American **18** – Other Hispanic **99** – Unknown, not classified		
Language	Primary language of the consumer **10** - English **20** - Spanish **30** - Other Western European **40** - Eastern European **41** - Bosnian **42** - Polish **43** - Russian **50** - Asian **51** - Arabic **52** - Chinese **53** - Indian **54** - Korean **55** - Vietnamese **60** - African **70** - American Sign Language **90** - Other **99** – Unknown	Y	Drop down box
Interpreter Services Needed	The type of interpreter services required by the consumer **0** - Services Not Needed **1** - American Sign Language **2** - Foreign Language **9** - Unknown	Y	Drop down box
MH Residential Arrangement	The consumer's primary residential situation while services are being provided **10** -Homeless **21** -Private residence - supervised **22** -Private residence - unsupervised **31** -Other residential setting - supervised **32** -Other residential setting - unsupervised **40** -State-Operated Facility **50** -Jail or correctional facility/institution **60** -Other institutional setting **70** - skilled/intermediate care nursing facility **80** - IMD **90** -Other **99** -Unknown	Y	Drop down box
Justice System Involvement	The consumer's criminal justice system involvement at the time of registration 0**0** - Not Applicable 0**1** - Arrested 0**2** - Charged with a Crime 0**3** - Incarcerated (jail) 0**4** - Incarcerated (prison) 0**5** - Juvenile Detention Center, **06** – Detained(Jail), **07** – Mental Health Court 0**8** – Other **0 9** - Unknown **10** - Adult Probation **11** - Adults	Y	Drop down box
Disaster Guest Type	Indicates the Disaster that brought the consumer to Illinois **HK** - Hurricane Katrina , **HR** - Hurricane Rite , **NI** - NIU Incident	N	Drop down box
Disaster Guest State	The Post Office abbreviation for the consumer's home state if he/she is an Illinois guest due to a disaster	N	Drop down box
Disaster Guest County	The FIPS County Code where the consumer lived in their state	N	Drop down box
Consumer Third Party Payer	Consumer third party payer **Yes** or **No**	Y	Radio button
MH Residential Indicator	Designates whether the consumer is enrolled in the DHS funded MH CILA program. **Yes** or **No**	Y	Radio button

4. Select the appropriate **Special Program Enrollment** and **MH Closing** information criteria.
5. Click **Next.**



Note: *Click on the* ***Cancel*** *button to cancel the registration. Any information entered on the registration will not be retained. Click on the* ***Next*** *button to go to the next page in the registration process. This will bring up the* ***Select Funds*** *page.*

Below are field descriptions for the **Special Program Enrollment** screen.

Field	Field Description	Required?	Type
Juvenile Justice	Special Program Enrollment Juvenile Justice Program To enroll the consumer in the Juvenile Justice Program select the **Yes** button and the Juvenile Justice Begin Date will be required, if the consumer is not being enrolled in this program then select the **No** button.	Y	Radio button
Juvenile Justice Begin Date	Juvenile Justice Begin Date If the Special Program Enrollment Juvenile Justice Program button Yes was selected then the begin date is required. The begin date is the initial enrollment date into the Juvenile Justice program	C	Free form text with Calendar button
Juvenile Justice End Date	Juvenile Justice End Date Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	N	Free form text with Calendar button
Path Grant	Special Program Enrollment PATH Grants To enroll the consumer in the PATH Grant Program select the **Yes** button and the PATH Grant Begin Date will be required, if the consumer is not being enrolled in this program then select the **No** button.	Y	Radio button
Path Grant Begin Date	PATH Grant Begin Date If the Special Program Enrollment PATH Grants button Yes was selected then the begin date is required. The begin date is the initial enrollment date into the PATH Grant program.	C	Free form text with Calendar button
Path Grant	PATH Grant End Date	N	Free form

Field	Field Description	Required?	Type
End Date	Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.		text with Calendar button
Community Hosp Inpatient	Special Program Enrollment Comm Hosp Inpatient (CHIPS) To enroll the consumer in the CHIPS Program select the **Yes** button and the CHIPS Begin Date will be required, if the consumer is not being enrolled in this program then select the **No** button.	Y	Radio button
Community Hosp Inpatient Begin Date	Community Hosp Inpatient Begin Date If the Special Program Enrollment Comm Hosp Inpatient (CHIPS) Yes button was selected then the begin date is required. The begin date is the initial enrollment date into the CHIPS program.	C	Free form text with Calendar button
Community Hosp Inpatient End Date	Community Hosp Inpatient End Date Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	N	Free form text with Calendar button
ICG Community Services	Special Program Enrollment ICG Community To enroll the consumer in the ICG Community Program select the **Yes** button and the ICG Community Begin Date will be required, if the consumer is not being enrolled in this program then select the **No** button.	Y	Radio button
ICG Community Services Begin Date	ICG Community Services Begin Date If the Special Program Enrollment ICG Community Yes button was selected then the begin date is required. The begin date is the initial enrollment date into this program.	C	Free form text with Calendar button
ICG Community Services End Date	ICG Community End Date Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	N	Free form text with Calendar button
CHP	Special Program Enrollment CHP To enroll the consumer in the CHP Program select the **Yes** button and the CHP Begin Date will be required, if the consumer is not being enrolled in this program then select the **No** button.	Y	Radio button
CHP Begin Date	CHP Begin Date If the Special Program Enrollment CHP Yes button was selected then the begin date is required. The begin date is the initial enrollment date into this program.	C	Free form text with Calendar button
CHP End Date	CHP End Date Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	N	Free form text with Calendar button
Consumer in Residential	Special Program Enrollment Residential Program	Y	Drop down box

Field	Field Description	Required?	Type
program funded by DMH and operated by Registering Provider	Valid Values: **0** = Not in Residential Program **1** = ICG **2** = Program 620 (CILA) **3** = Program 820 (Supported Residential) **4** = Program 830 (Supervised Residential) To enroll the consumer in a residential Program select from the drop down the appropriate residential program and the Residential Program Begin Date will be required, if the consumer is not being enrolled in a residential program then select '0' – Not in residential program.		
Consumer Residential Program Begin Date	Consumer Residential Program Begin Date If the Special Program Enrollment Residential Program Drop Down is 1 - 4 then the begin date is required. The begin date is the initial enrollment date into the residential program.	C	Free form text with Calendar button
Consumer Residential Program End Date	Consumer Residential Program End Date Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	N	Free form text with Calendar button
Residential Level of Care	Residential Level of Care consumer is in Valid Values: **1** = Low intensity **2** = Medium intensity **3** = High intensity At this time this field should be a '2' when required	N	Drop down box
Permanent Supported Housing	Indicates the consumer is in Permanent Supported Housing Valid Values: Yes – Consumer is in Permanent Supported Housing No - Consumer is not in Permanent Supported Housing	Y	Radio button
Money follows the Person	Indicates the consumer is enrolled in the DMH/HFS "Money Follows the Person" Initiative Valid Values: Yes – Consumer is enrolled in the Money follows the Person initiative No - Consumer is not enrolled in the Money follows the Person initiative	Y	Radio button
MH Closing Date	The date that the agency terminated its commitment to provide services to the consumer The date entered will terminate the consumer for all programs on that date and make the registration no longer available for the re-registration process. If a consumer needs services after they have been closed then the	N	Free form text with Calendar button

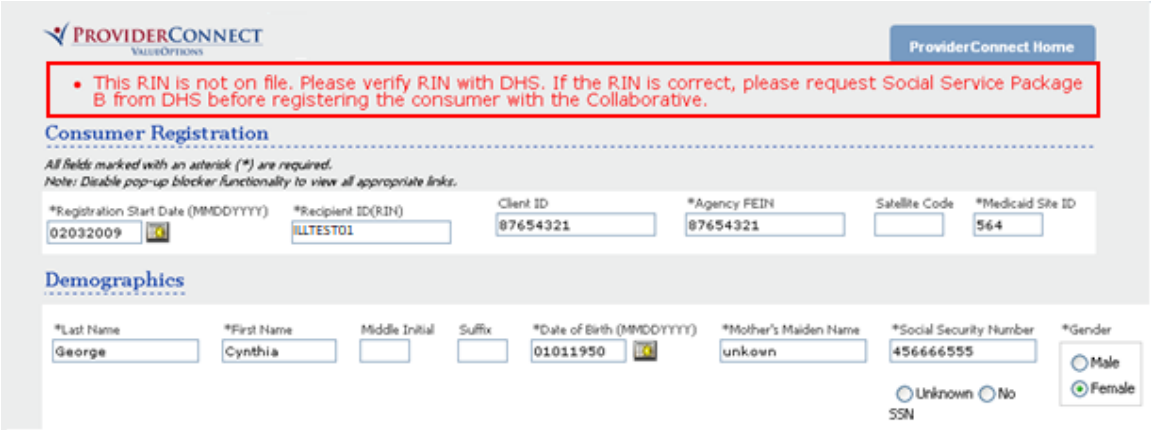
Field	Field Description	Required?	Type
	Add Consumer Registration process will be need to be used.		
MH Closing Disposition	The disposition of the consumer at the point he/she stops receiving services If the MH Closing date is entered then this is required. Select from the drop down list the reason the consumer is no longer receiving services. Valid Values: **01** - Deceased **02** - Completed treatment **03** - Refused treatment **04** - Transfer **05** - Moved **06** - Transfer to Long Term Care provider setting **07** - Transfer to State-Operated facility **08** - Incarcerated **10** - Refused Transition **90** - Other **99** - Unknown	C	Drop down box
Functional Scale used at Closing	The functional scale used at the time of the closing process If the MH Closing date is entered then this is required. Valid Values: **C** - CGAS **G** – GAF If the consumer is 18 or older on registration start date – 'G' must be entered If the consumer is under 18 on the registration start date – 'C' must be entered	C	Drop down box
GAF/CGAS Score at Closing	Current functioning scale score as assessed at the time of the closing process If the MH Closing date is entered then this is required. Valid Values: **CGAS: 001 – 100** **GAF: 000 - 100**	C	Free form text

Note: *Required fields that have not been entered will result in an error message identifying which fields need to be populated. (Example below)*

The following error will only be received if the registration was entered by going directly to the Consumer Registration without going through the specific Consumer Search and

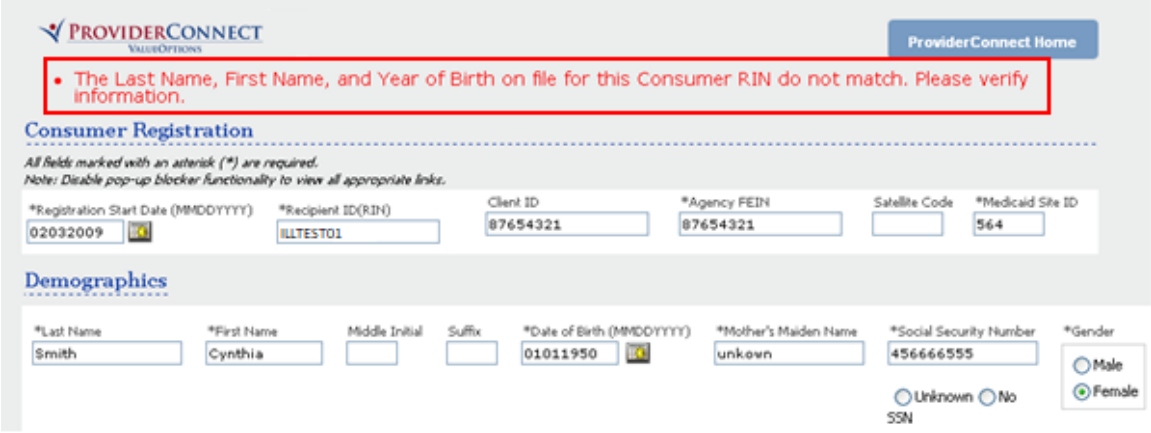
the Add Consumer Registration option or if the information that was pre-populated from the demographic information on file was overwritten.

"If RIN is not on file the user will not be allowed to register the consumer".



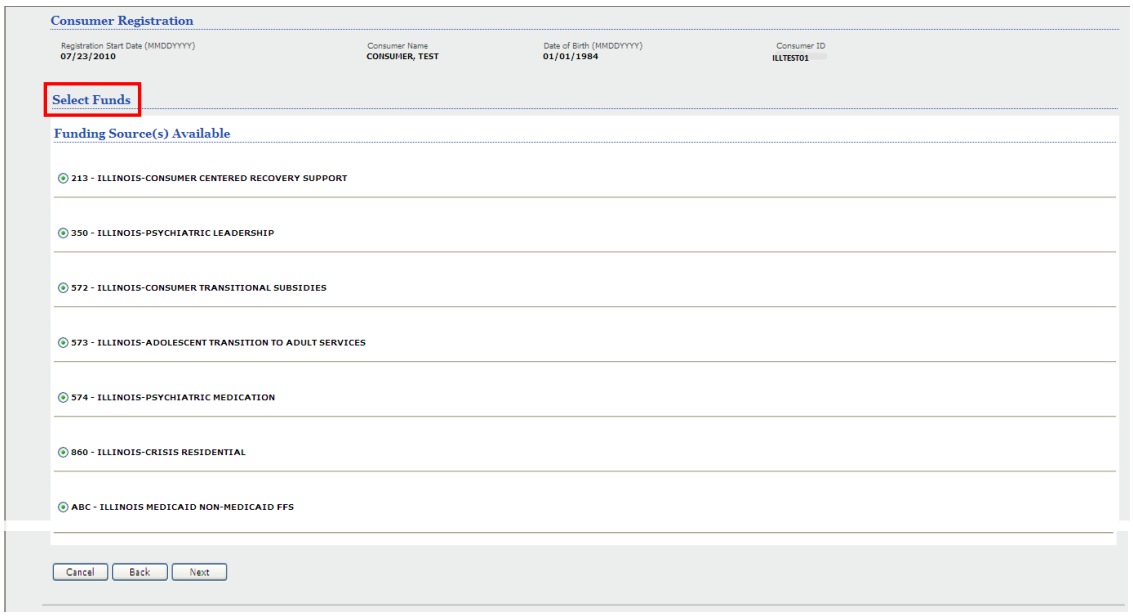
The following error will only be received if the registration was entered by going directly to the Consumer Registration without going through the specific Consumer Search or if the information that was pre-populated from the demographic information on file was overwritten.

"If the Last Name, First Name & Date of Birth on file doesn't match the consumer's RIN, please verify information".



6. The **Funding Source(s) Available** section will display the selected pre-populated funding source(s) according to selected programs, contract status and consumer eligibility criteria.
7. Click **Continue**

Note: *The system will automatically default to the eligible funding sources.*

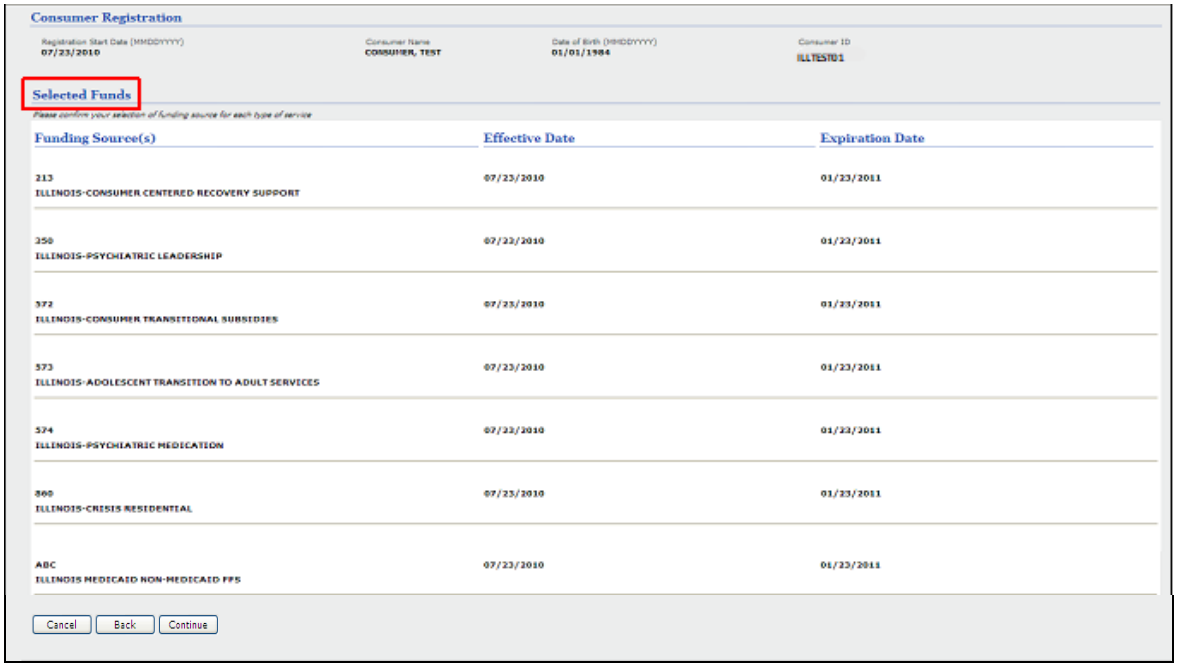


Note: *Click on the* ***Cancel*** *button to cancel the registration. Any information entered on the registration will not be retained. Click on the* ***Back*** *button to go to the previous page in the registration process. Click* ***Continue*** *to proceed to the Funding Source(s) page.*

8. The **selected Funding Sources** will display.

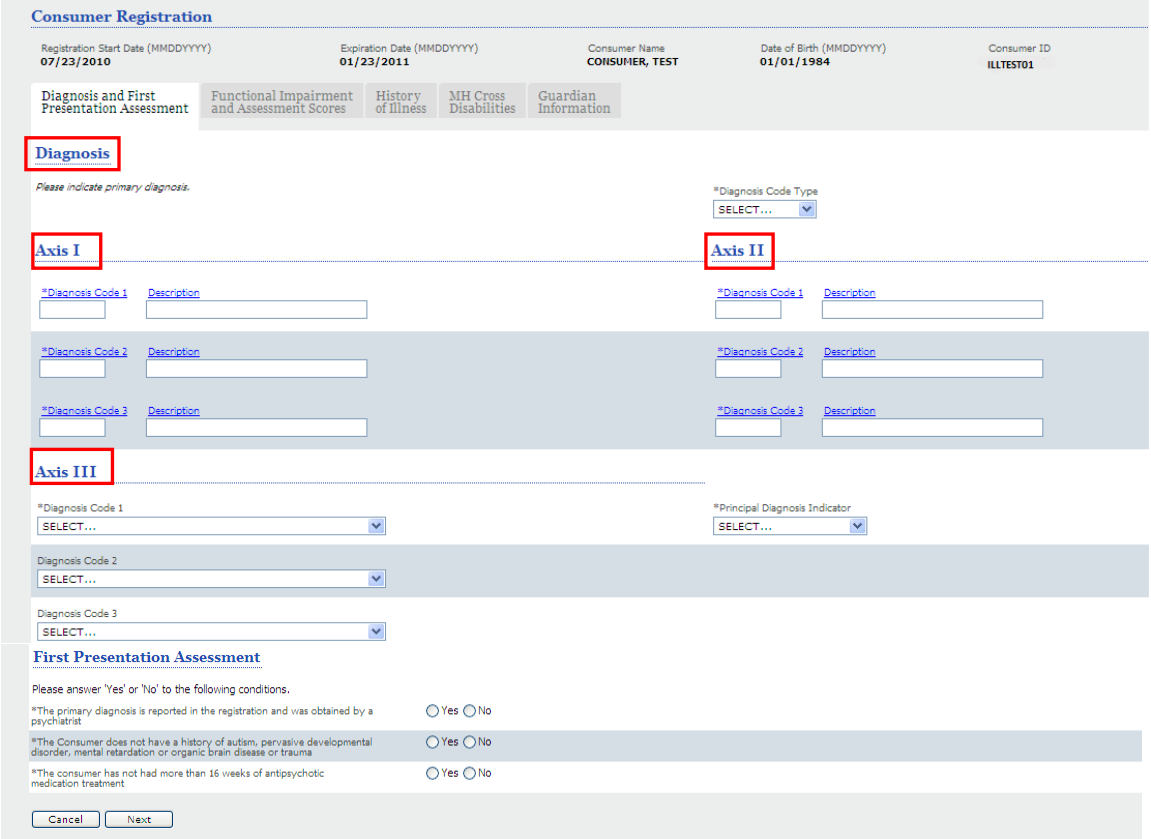
Messages that could be displayed for the funding sources:

- **Current Registration Found** – This fund was already registered for that registration date.
- **This Service cannot be registered for this consumer** – The provider agency is not contracted for that fund.



Note: *Click on the* ***Cancel*** *button to cancel the registration. Any information entered on the registration will not be retained. Click on the* ***Back*** *button to go to the previous page in the registration process. Click* ***Continue*** *to proceed to the Diagnosis Tab.*

9. Click **Continue**
10. Enter the **Diagnosis Code** for Axis I through Axis III.
11. Click **Next**.



Note: *Click on the* ***Cancel*** *button to cancel the registration. Any information entered on the registration will not be retained. Click* ***Next*** *button to proceed to the GAF/CGAS Score Locus Results Tab.*

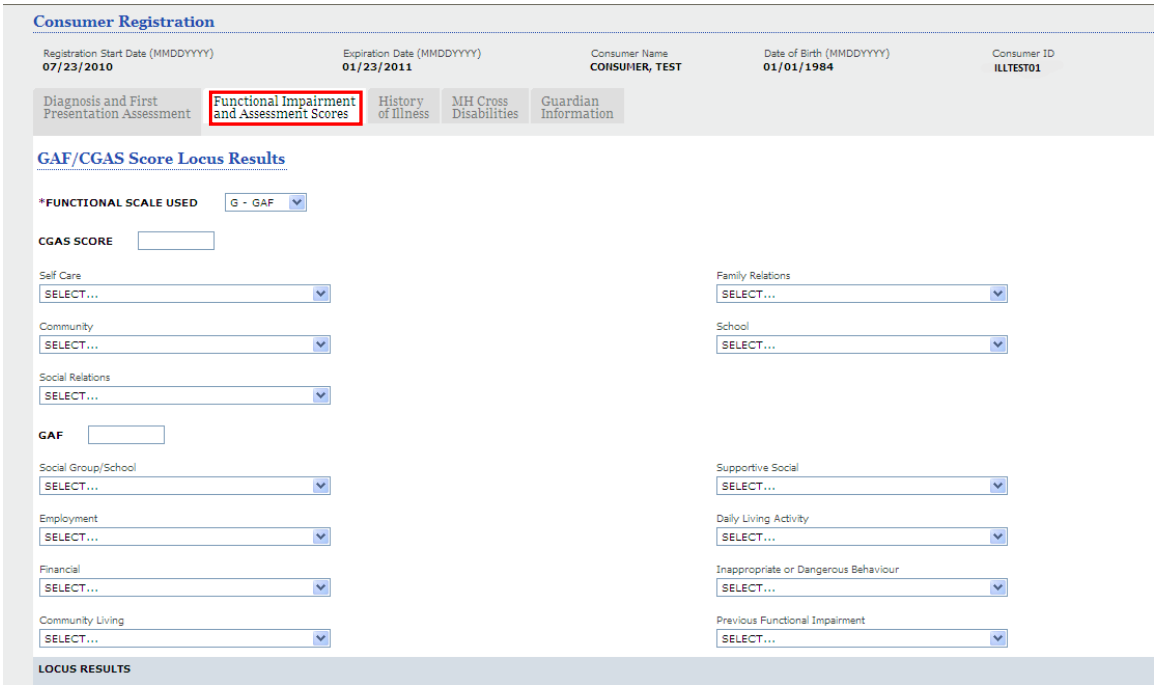
Below are field descriptions for the **Diagnosis Page** on the Consumer Registration Screen.

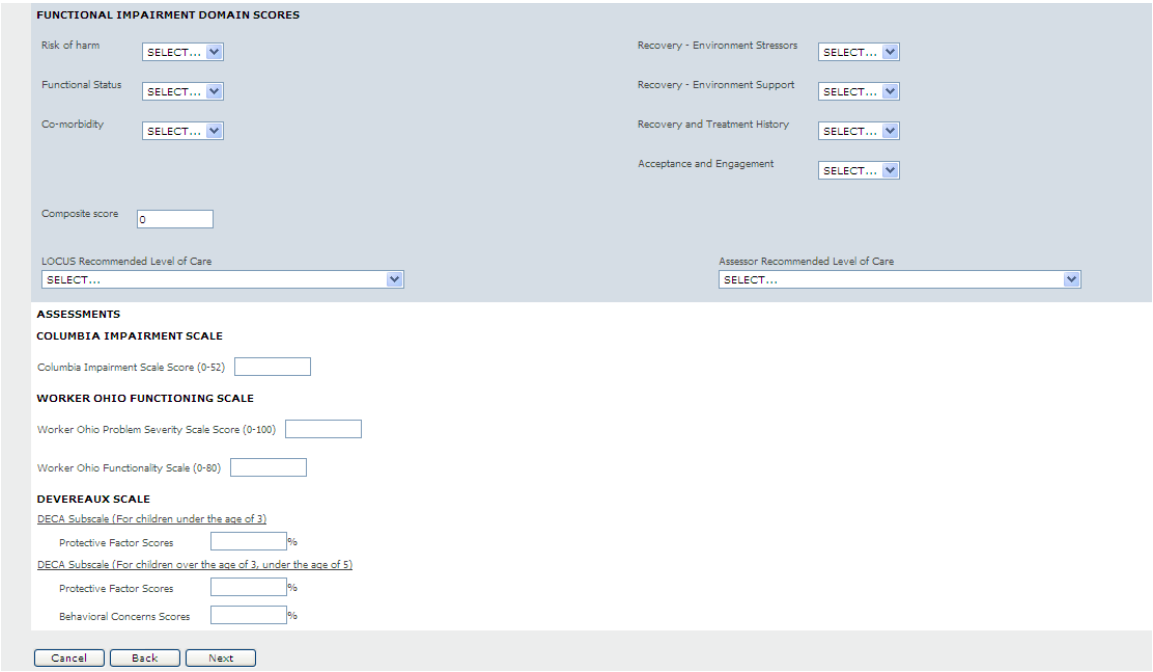
Field	Description	Required?	Type
Diagnosis Code Type	The manual used for reporting diagnosis codes for Axis I and II. **D** –DSM-IV **I** –ICD-9-CM	Y	Drop down box
Axis 1 Diagnosis Code 1	Valid Axis 1 Diagnosis Code	Y	Hyperlink / Free form text
Axis 1 Diagnosis Code 1 Description	Axis 1 Diagnosis Code 1 Description	N	Hyperlink / Free form text
Axis 1 Diagnosis	Valid Axis 1 Diagnosis Code	Y	Hyperlink / Free form

Field	Description	Required?	Type
Code 2			text
Axis 1 Diagnosis Code 2 Description	Axis 1 Diagnosis Code 2 Description	N	Hyperlink / Free form text
Axis 1 Diagnosis Code 3	Valid Axis 1 Diagnosis Code	Y	Hyperlink / Free form text
Axis 1 Diagnosis Code 3 Description	Axis 1 Diagnosis Code 3 Description	N	Hyperlink / Free form text
Axis 2 Diagnosis Code 1	Valid Axis 2 Diagnosis Code	Y	Hyperlink / Free form text
Axis 2 Diagnosis Code 1 Description	Axis 2 Diagnosis Code 1 Description	N	Hyperlink / Free form text
Axis 2 Diagnosis Code 2	Valid Axis 2 Diagnosis Code	Y	Hyperlink / Free form text
Axis 2 Diagnosis Code 2 Description	Axis 2 Diagnosis Code 2 Description	N	Hyperlink / Free form text
Axis 2 Diagnosis Code 3	Valid Axis 2 Diagnosis Code	Y	Hyperlink / Free form text
Axis 2 Diagnosis Code 3 Description	Axis 2 Diagnosis Code 3 Description	N	Hyperlink / Free form text
Axis 3 Diagnosis Code 1	Valid Medical Category	Y	Drop down box
Axis 3 Diagnosis Code 2	Valid Medical Category	N	Drop down box
Axis 3 Diagnosis Code 3	Valid Medical Category	N	Drop down box
Principal Diagnosis Indicator	The consumer's principal diagnosis for the focus of treatment **A** -Axis I, Diagnosis 1 **B** -Axis I, Diagnosis 2 **C** -Axis I, Diagnosis 3 **D** -Axis II, Diagnosis 1 **E** -Axis II, Diagnosis 2 **F** -Axis II, Diagnosis 3	Y	Drop down box
First Presentation Assessment The Primary Diagnosis reported in the	The First Presentation Diagnosis indicates if the consumer's primary diagnosis reported in this registration was obtained by a psychiatrist. If Yes, select the Yes button	Y	Radio button

Field	Description	Required?	Type
registration was obtained by a psychiatrist	If No, select the No button		
First Presentation Assessment The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma	The First Presentation Other Conditions indicates if the consumer has a history of autism, pervasive developmental disorder, mental retardation, or organic brain disease or trauma. If the consumer **does not** have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma, select the Yes button. If the consumer **does** have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma, select the No button.	Y	Radio button
First Presentation Assessment The consumer has not had more than 16 weeks of antipsychotic medication treatment	The First Presentation Medication Treatment indicates if the consumer has had more than 16 weeks of antipsychotic medication treatment. If the consumer **has not** had more than 16 weeks of antipsychotic medication treatment, select the Yes button. If the consumer **has** had more than 16 weeks of antipsychotic medication treatment, select the No button.	Y	Radio button

12. Enter the appropriate **Functional Impairment** and **Assessment Scores.**
13. Click **Next.**





Note: *Click on the* ***Cancel*** *button to cancel the registration. Any information entered on the registration will not be retained. Click on the* ***Back*** *button to go to the previous page in the registration process. Click* ***Next*** *button to proceed to the History of Illness Tab*

Below are field descriptions for the **Functional Impairment** and **Assessment Scores** on the Consumer Registration Screen.

Field	Description	Required?	Type
Functional Scale Used	The functional scale used. Valid Values: **C** - CGAS **G** - GAF C will be automatically selected when the consumer's age is under 18 on the registration start date G will be automatically selected when the consumer's age is 18 or older on the registration start date Cannot be changed. Note: Scale selection will prescribe which client functioning information has been reported. If Children's Global Assessment Scale (CGAS) scale is used, the Child & Adolescent client functioning fields are required; if Global Assessment of Functioning (GAF) scale is used, the Adult client functioning fields are required.	Y	Automatically selected based on consumer's age
CGAS Score	Current functioning scale score as assessed for child or adolescent	C	Free form text

Field	Description	Required?	Type
	If Functional Scale used is C – CGAS then this is required. Valid Values: **001 – 100**		
Child and Adolescent - Self Care	Determination of impairment criteria for children and adolescents If Functional Scale used is C – CGAS then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Child and Adolescent - Community	Determination of impairment criteria for children and adolescents If Functional Scale used is C – CGAS then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Child and Adolescent - Social Relations	Determination of impairment criteria for children and adolescents If Functional Scale used is C – CGAS then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Child and Adolescent - Family Relations	Determination of impairment criteria for children and adolescents If Functional Scale used is C – CGAS then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Child and Adolescent - School	Determination of impairment criteria for children and adolescents If Functional Scale used is C – CGAS then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
GAF Score	Current functioning scale score as assessed for adult If Functional Scale used is G - GAF then this is required. Valid Values: **000 - 100**	C	Free form text
Adult -Social Group/School	Determination of impairment criteria for adults	C	Drop down box

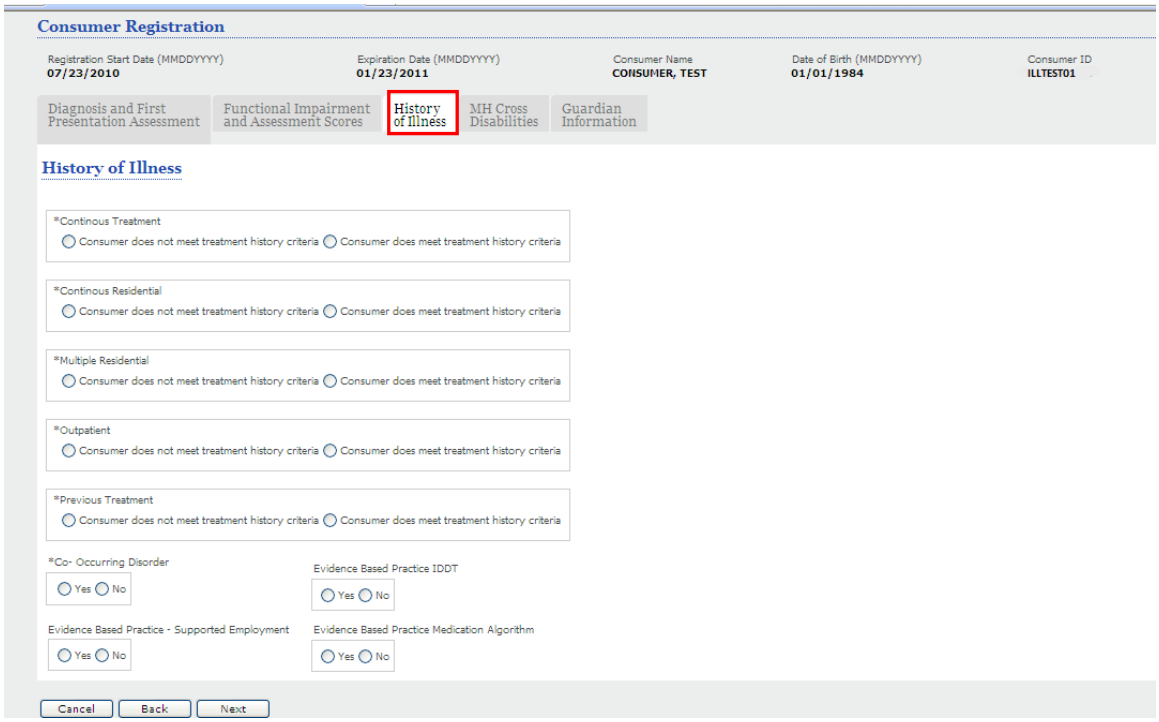
Field	Description	Required?	Type
	If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met		
Adult - Employment	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Adult - Financial	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Adult - Community Living	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Adult - Supportive Social	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Adult -Daily Living Activity	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Adult - Inappropriate or Dangerous Behavior	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met **01** –Serious Impairment has not been met	C	Drop down box
Adult - Previous Functional Impairment	Determination of impairment criteria for adults If Functional Scale used is G - GAF then this is required. Valid Values: **00** –Serious Impairment has been met	C	Drop down box

Field	Description	Required?	Type
	01 –Serious Impairment has not been met		
LOCUS - Risk of Harm	LOCUS - Risk of Harm score Indicate score for LOCUS - Risk of Harm Valid Values: **1-5**	N	Drop down box
Recovery-Environment-Stressor	LOCUS - Recovery-Environment-Stressor score Indicate score for LOCUS - Recovery-Environment-Stressor Valid Values: **1-5**	N	Drop down box
Recovery Environment-Supports	LOCUS - Recovery Environment-Supports score Indicate score for LOCUS - Recovery Environment-Supports Valid Values: **1-5**	N	Drop down box
Functional Status	LOCUS - Functional Status score Indicate score for LOCUS - Functional Status Valid Values: **1-5**	N	Drop down box
Co-Morbidity	LOCUS - Co-Morbidity score Indicate score for LOCUS - Co-Morbidity Valid Values: **1-5**	N	Drop down box
Recovery and Treatment History	LOCUS - Recovery and Treatment History score Indicate score for LOCUS - Recovery and Treatment History Valid Values: **1-5**	N	Drop down box
Acceptance and Engagement	LOCUS - Acceptance and Engagement score Indicate score for LOCUS - Acceptance and Engagement Valid Values: **1-5**	N	Drop down box
Composite Score	Sum of 7 LOCUS scores The sum of 7 LOCUS scores. This is automatically calculated when the scores are entered on the individual LOCUS fields		Auto-populating Free form text
Level of Care Recommended - Locus	Recommended Level of Care based on the LOCUS score This is automatically calculated based on the Composite Score Values: **01** - Level I (Recovery Maintenance and Health Management score 7 – 13) **02** - Level II (Low Intensity Community Based Services score 14 – 16) **03** - Level III (High Intensity Community Based Services score 17 – 19) **04** - Level IV (Medically Monitored Non-Residential Services score 20 – 22) **05** - Level V (Medically Monitored Residential Services score 23 – 27) **06** - Level VI (Medically Managed Residential Services score 28 or more)		Drop down box
Level of Care Recommended – Assessors-	Assessors recommended level of care The Assessors recommended level of care		Drop down box

Field	Description	Required?	Type
	Valid Values: **01** - Level I (Recovery Maintenance and Health Management score 7 – 13) **02** - Level II (Low Intensity Community Based Services score 14 – 16) **03** - Level III (High Intensity Community Based Services score 17 – 19) **04** - Level IV (Medically Monitored Non-Residential Services score 20 – 22) **05** - Level V (Medically Monitored Residential Services score 23 – 27) **06** - Level VI (Medically Managed Residential Services score 28 or more)		
Columbia Impairment Scale Score (0 – 52)	The consumer's score on the Columbia Impairment Scale Valid Range: **0 – 52** This is required if the consumer is greater than or equal to 5 and less than or equal to 17.	C	Free form text
Worker Ohio Problem Severity Scale Score (0 – 100)	The consumer's score on the Worker Ohio Problem Severity Scale Valid Range: **0 – 100** This is required if the consumer is greater than or equal to 5 and less than or equal to 17.	C	Free form text
Worker Ohio Functionality Scale Score (0 – 80)	The consumer's score on the Worker Ohio Functionality Scale Valid Range: **0 – 80** This is required if the consumer is greater than or equal to 5 and less than or equal to 17.	C	Free form text
Devereaux Scale – DECA Subscale (for children under the age of 3) - Protective Factor Scores	The Devereaux Scale Score for Protective Factors for Infants/toddlers. Required when the consumer's age is less than 3 (calculated age based on age as of the registration start date) Valid Values: **0 – 100** Must be blank if consumer is 3 or older	C	Free form text
Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) - Protective Factor Scores	The Devereaux Scale Score for Protective Factors for Youths. Required when the consumer's age is greater than or equal to 3 and less than 5 (calculated age based on age as of the registration start date) Valid Values: **0 – 100** Must be blank when consumer is less than 3 or greater than or equal to 5	C	Free form text

Field	Description	Required?	Type
Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) - Behavioral Concerns Scores	The Devereaux Scale Score for Behavioral Concerns. Required when the consumer's age is greater than or equal to 3 and less than 5 (calculated age based on age as of the registration start date) Valid Values: **0 – 100** Must be blank when consumer is less than 3 or greater than or equal to 5	C	Free form text

14. Select the applicable **History of Illness** radio buttons.
15. Click **Next**.



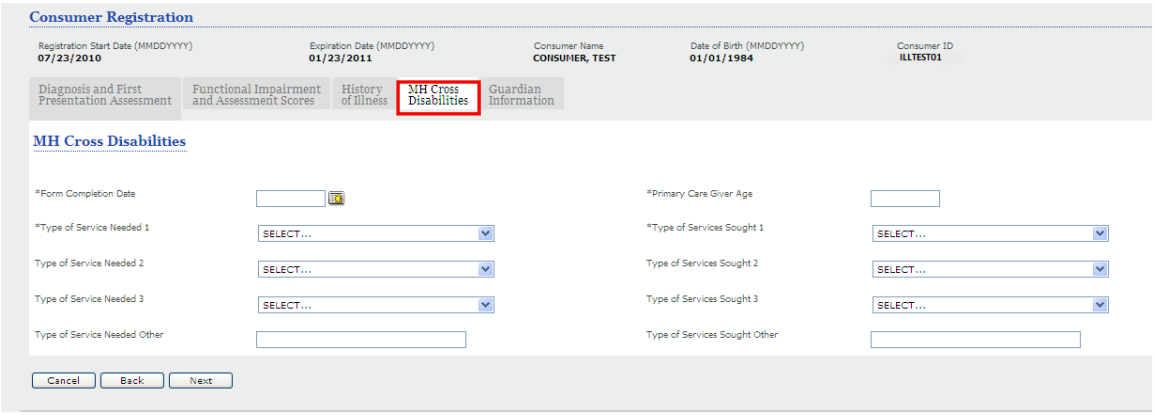
Note: *Click on the **Cancel** button to cancel the registration. Any information entered on the registration will not be retained. Click on the **Back** button to go to the previous page in the registration process. Click **Next** button to proceed to the MH Cross Disabilities Tab.*

Below are field descriptions for the **History of Illness** on the Consumer Registration Screen.

Field	Description	Required?	Type
History of Illness - Continuous Treatment	Continuous treatment of six months or more in one or a combination of the following treatment modalities: inpatient treatment; day treatment; partial hospitalization Select the appropriate radio button client does not meet treatment history criteria (This will be stored as 00) client meets treatment history criteria (This will be stored as 01)	Y	Radio button
History of Illness - Continuous Residential	Six months continuous residence in a residential treatment program Select the appropriate radio button client does not meet treatment history criteria (This will be stored as 00) client meets treatment history criteria (This will be stored as 01)	Y	Radio button
History of Illness - Multiple Residential	Two or more admissions to inpatient treatment, day treatment, partial hospitalization or residential treatment program within a 12 month period Select the appropriate radio button client does not meet treatment history criteria (This will be stored as 00) client meets treatment history criteria (This will be stored as 01)	Y	Radio button
History of Illness - Outpatient	History of using the following outpatient services over a one year period, whether continuously or intermittently: psychotropic medication: outreach and engagement services, including SASS and intensive community-based services Select the appropriate radio button client does not meet treatment history criteria (This will be stored as 00) client meets treatment history criteria (This will be stored as 01)	Y	Radio button
History of Illness - Previous Treatment	Previous treatment in an outpatient modality and a history of at least one mental health psychiatric hospitalization Select the appropriate radio button client does not meet treatment history criteria (This will be stored as 00) client meets treatment history criteria (This will be stored as 01)	Y	Radio button
Co-Occurring	Indicates if the consumer has been screened for co-occurring mental illness/ substance abuse disorders	Y	Radio button

Field	Description	Required?	Type
Disorder	Select **Yes** if the consumer has been screened for co-occurring disorder Select **No** if the consumer has not been screened for co-occurring disorder		
Evidence Based Practice - IDDT	Select **Yes** if evidence based practice was used Select **No** if evidence based practice was not used	N	Radio button
Evidence Based Practice – Supported Employment	Select **Yes** if evidence based practice was used Select **No** if evidence based practice was not used	N	Radio button
Evidence Based Practice – Medication Algorithm	Select **Yes** if evidence based practice was used Select **No** if evidence based practice was not used	N	Radio button

16. Choose the appropriate **MH Cross Disabilities** in the drop-down box.
17. Click **Next.**



Note: *Click on the **Cancel** button to cancel the registration. Any information entered on the registration will not be retained. Click on the **Back** button to go to the previous page in the registration process. Click **Next** button to proceed to the Guardian Information Tab.*

Below are field descriptions for the **MH Cross Disabilities** on the Consumer Registration Screen. All fields will be pre-populated on re-registration.

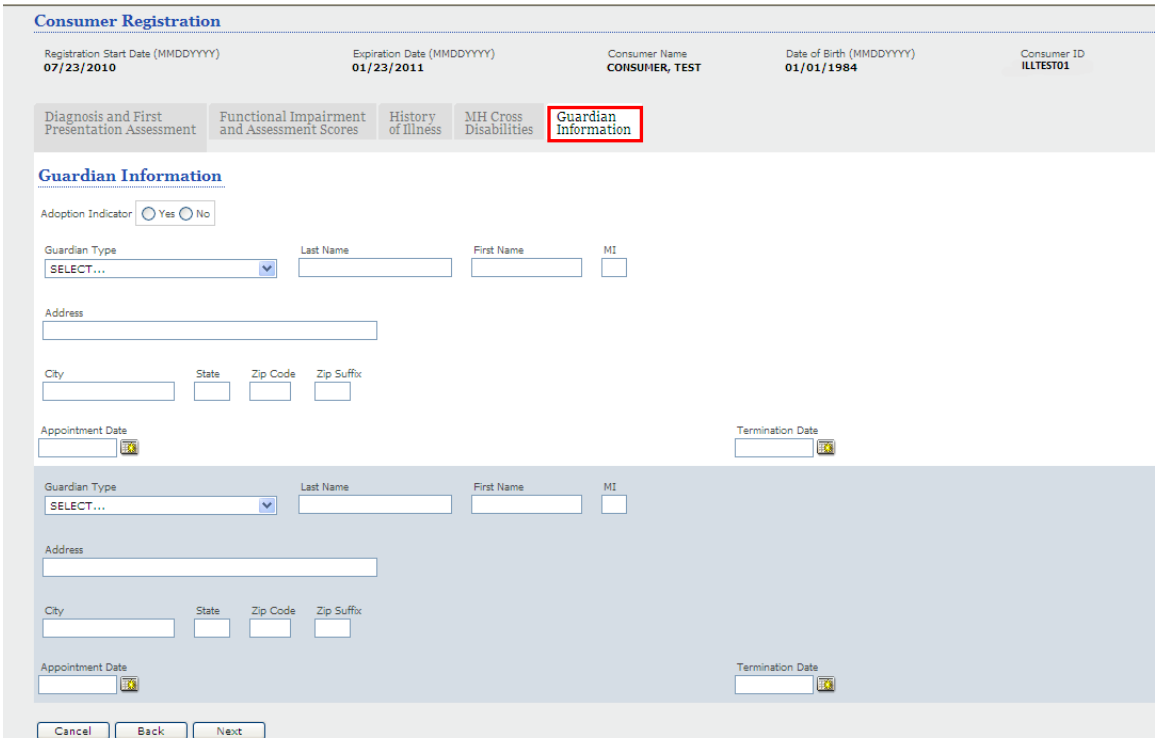
Field	Description	Required?	Type

Field	Description	Required?	Type
Form Completion Date	The date on which the MH cross disabilities database information was completed Enter date or select date from the calendar option	Y	Free form text with Calendar button
Primary Care Giver Age	The age of the primary care giver Valid Values: **18-98** **00** - Not Applicable **99** - Unknown	Y	Free form text
Type of Services Needed 1	The type of services needed by the client as determined by the assessment staff Select one of the Valid Values: **01** - Residential/Living Arrangements **02** - Vocational Rehabilitation **03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** – Other **99** - Unknown	Y	Drop down box
Type of services Needed 2	The type of services needed by the client as determined by the assessment staff. If there are additional services needed as determined by the assessment staff select one of the valid values: **01** - Residential/Living Arrangements **02** - Vocational Rehabilitation **03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** – Other **99** - Unknown	N	Drop down box
Type of Services Needed 3	The type of services needed by the client as determined by the assessment staff. If there are additional services needed as determined by the assessment staff select one of the valid values: **01** - Residential/Living Arrangements **02** - Vocational Rehabilitation **03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** – Other **99** - Unknown	N	Drop down box
Type of Services	Describes the type of services when Other (90) is selected for Type of Services Needed	C	Free form text

Field	Description	Required?	Type
Needed Other Description	If 90 – Other was selected for the Type of Services needed 1, 2 or 3 then this is required. Free form field that should describe the other service that is needed as determined by the assessment staff		
Type of Services Sought 1	The type of services sought by the consumer as determined by the consumer Select one of the Valid Values: **01** - Residential/Living Arrangements **02** - Vocational Rehabilitation **03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** – Other **99** - Unknown	Y	Drop down box
Type of Services Sought 2	The type of services sought by the consumer as determined by the consumer If there are additional services sought by the consumer select one of the valid values: **01** - Residential/Living Arrangements **02** - Vocational Rehabilitation **03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** – Other **99** - Unknown	N	Drop down box
Type of Services Sought 3	The type of services sought by the client as determined by the consumer If there are additional services sought by the consumer select one of the valid values: **01** - Residential/Living Arrangements **02** - Vocational Rehabilitation **03** - Transportation **04** - Medical **05** - Substance Abuse Treatment **06** - MH Case Management **07** - Hospitalization **90** – Other **99** - Unknown	N	Drop down box
Type of Services Sought Other Description	Describes the type of services when Other (90) is selected for Type of Services Sought If 90 – Other was selected for the Type of Services sought 1, 2 or 3 then this is required.	N	Free form text

Field	Description	Required?	Type
	Free form field that should describe the other service that is sought as determined by the assessment staff		

18. Enter the applicable **Guardian Information.**
19. Click **Next.**



Note: *Click on the* ***Cancel*** *button to cancel the registration. Any information entered on the registration will not be retained. Click on the* ***Back*** *button to go to the previous page in the registration process. Click* ***Next*** *button to proceed to the Consumer Registration Confirmation screen.*

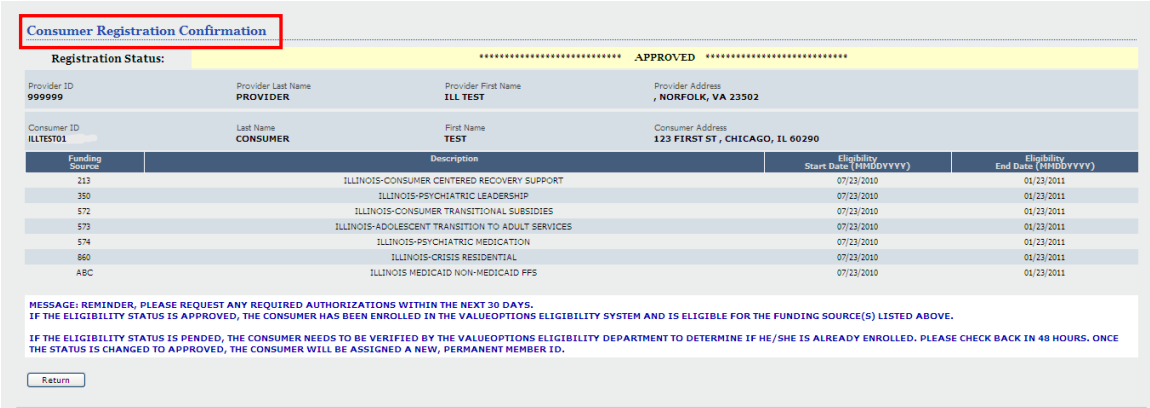
Below are field descriptions for the **Guardian Information** on the Consumer Registration Screen.

Field	Description	Required?	Type
Adoption Indicator	Indicates if the consumer was adopted. **Yes** or **No**		Radio Button
Guardian 1 Type	Describes the relationship of the guardian or responsible person to the consumer **02** - Parent of minor child 0-17, **05** - Plenary of Person, **07** – Self Required if consumer is being registered for ICG Residential or ICG Community	C	Drop down box
Guardian 1 Last Name	The last name of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 First Name	The first name of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text

Field	Description	Required?	Type
Guardian 1 Middle Initial	Middle initial of the guardian or responsible person	N	Free form text
Guardian 1 Address	Street or box number of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 City	City of the guardian or responsible person	C	Free form text
Guardian 1 State	Post Office abbreviation for State of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 Zip Code	Postal zip code of the guardian or responsible person Required if Guardian 1 Type is 02, 05 or 07	C	Free form text
Guardian 1 Zip Code Suffix	The last four positions of the zip code of the guardian or responsible person	N	Free form text
Guardian 1 Appointment Date	The date of appointment as guardian by the court for Guardian Type 05	C	Free form text with Calendar button
Guardian 1 Termination Date	The date the guardian terminated the relationship with the consumer	N	Free form text with Calendar button
Guardian 2 Type	Describes the relationship of the guardian to the client. Note: Guardian 2 **02** - Parent of minor child 0-17, **05** - Plenary of Person, **07** - Self	C	Drop down box
Guardian 2 Last Name	The last name of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 First Name	The first name of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 Middle Initial	Middle initial of the guardian or responsible person	N	Free form text
Guardian 2 Address	Street or box number of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 City	City of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 State	Post Office abbreviation for State of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text
Guardian 2 Zip Code	Postal zip code of the guardian or responsible person Required if Guardian 2 Type is 02, 05 or 07	C	Free form text

Field	Description	Required?	Type
Guardian 2 Zip Code Suffix	The last four positions of the zip code of the guardian or responsible person	N	Free form text
Guardian 2 Appointment Date	The date of appointment as guardian by the court for Guardian Type 05	C	Free form text with Calendar button
Guardian 2 Termination Date	The date the guardian terminated the relationship with the consumer	N	Free form text with Calendar button

The Consumer Registration Confirmation screen will display. (Status: Approved)



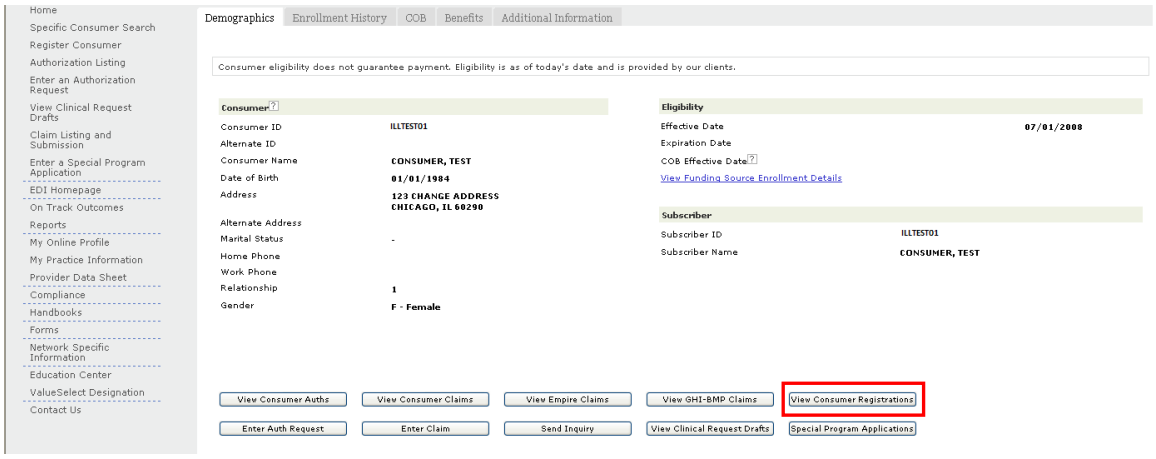
Select **Return** button to go back to the consumer demographics page

7 Consumer Re-Registration

Consumer Re-Registration will be used for the following:

- Re-register a consumer and update key fields to extend coverage every 6 months
- Re-register a consumer, update key fields and close at the same time (This would be used if the previous registration on file for the consumer was past the 6 months and at the time of re-registering the consumer was no longer receiving services)
- Re-register a consumer, update key fields and end date a special program (This would be used when a special program is being closed and the consumer needed to be re-registered for other funds)

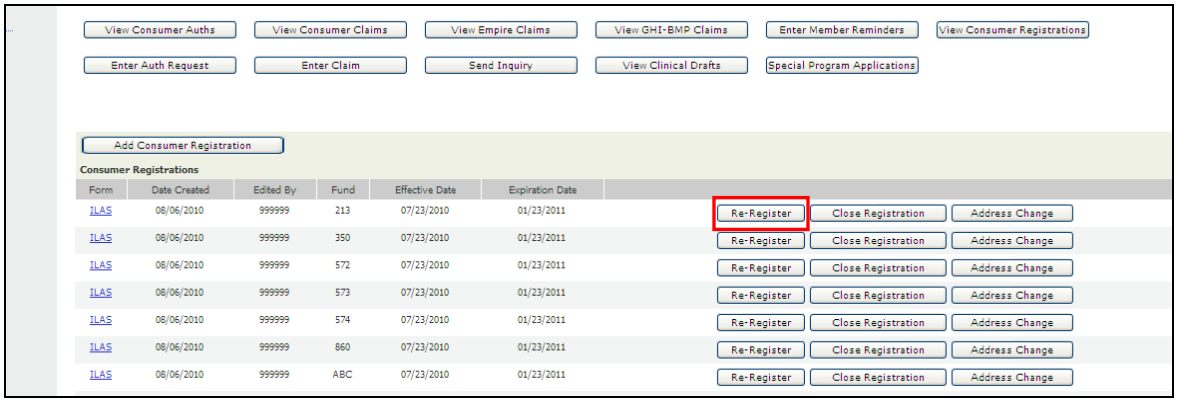
1. Select '**View Consumer Registration'** at the bottom of the screen.



Previous Consumer Registrations will appear.

There is a consumer registration record for each fund for which the consumer was registered. The screen shot below shows 6 registration records on file. Any one of the records where the re-registration button appears can be selected to re-register all funds.

2. Click on the applicable **Re-Registration** button.

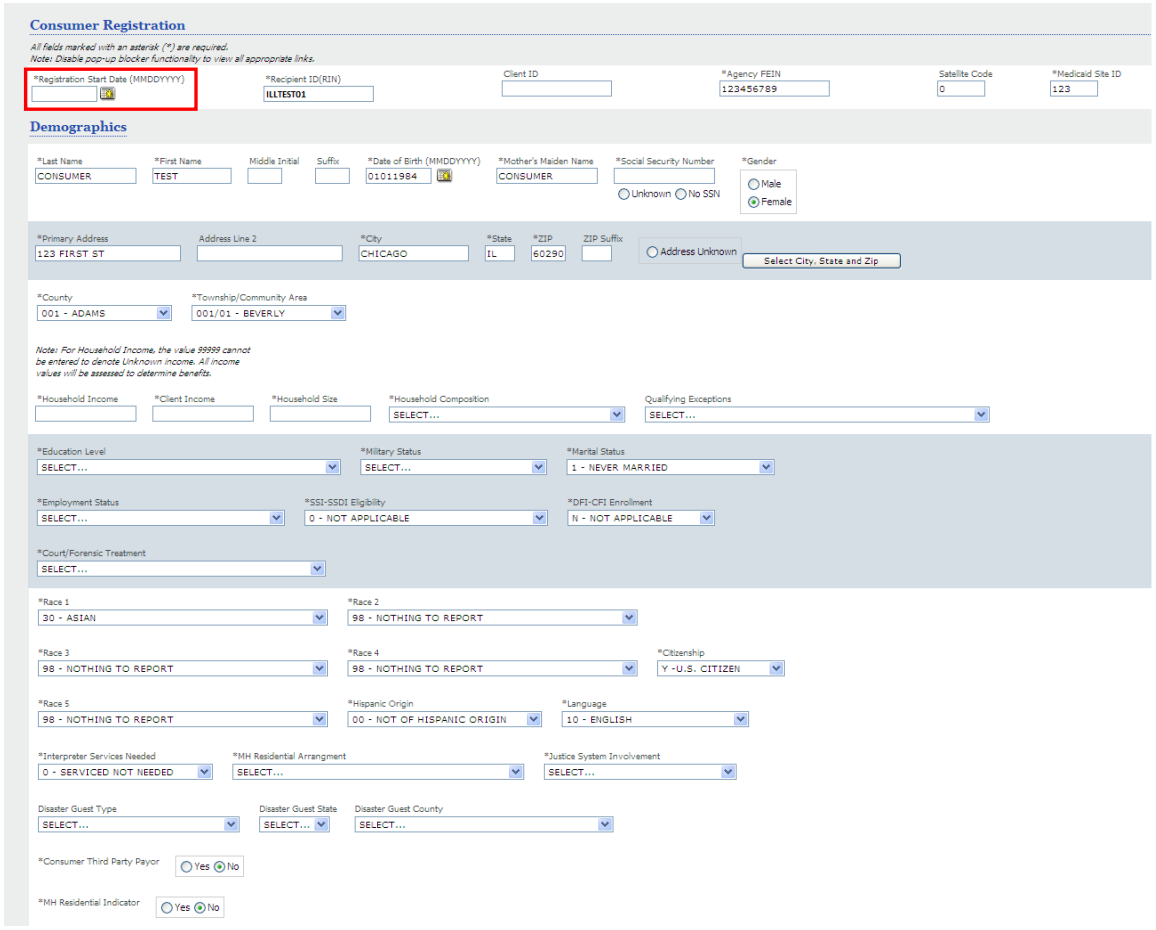


3. After clicking the **Re-Registration** button, the previous **Consumer Registration** will appear, requiring only selected fields to be re-entered.

   Note: *Certain pre-populated fields have been carried over from the original consumer registration and may be edited if necessary.*

4. Enter the required fields to continue with the consumer re-registration process.
5. Click **Next**.

The Registration Start date is used to calculate the 6 month registration period.



Note: *All fields with asterisk that have not auto populated are required to be entered. Any fields that are pre-populated should be updated if the information has changed.*

The fields below will **not** be auto-populated

Field Description
Registration Start date
IMD Home Code
Client Income
Family Income
Household Size
Household Composition
Education Level
Military Status
Employment Status
Court/Forensic Treatment
MH Residential Arrangement
Justice System Involvement
Qualifying Exception

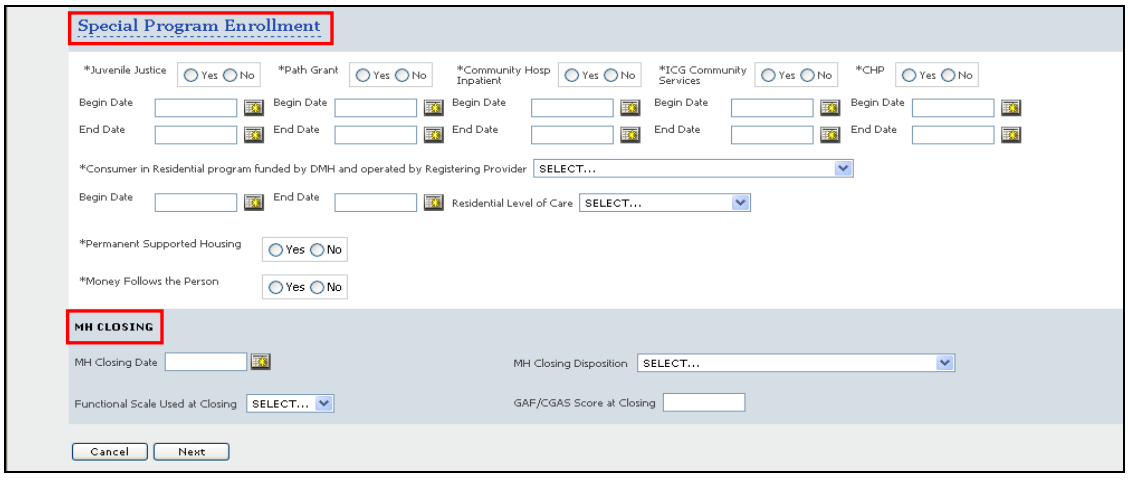
Special Program Enrollment and **MH Closing Information** section

If a special program was previously selected and not end dated the special program begin date will be pre-populated.

1. If the special program should be re-registered then indicate 'Yes' for that special program indicator.
2. If the special program should be end dated then select 'Yes' and enter the end date. The end date of the special program cannot be before the registration start date. If it is then the special program will need to be end dated using the Close Registration process.

If a special program was end dated on the previous registration then the special program indicator, the begin date and end date will not be pre-populated.

Any special program not previously selected or previously end dated will require the user to indicate if the consumer should be registered in that program with this re-registration.

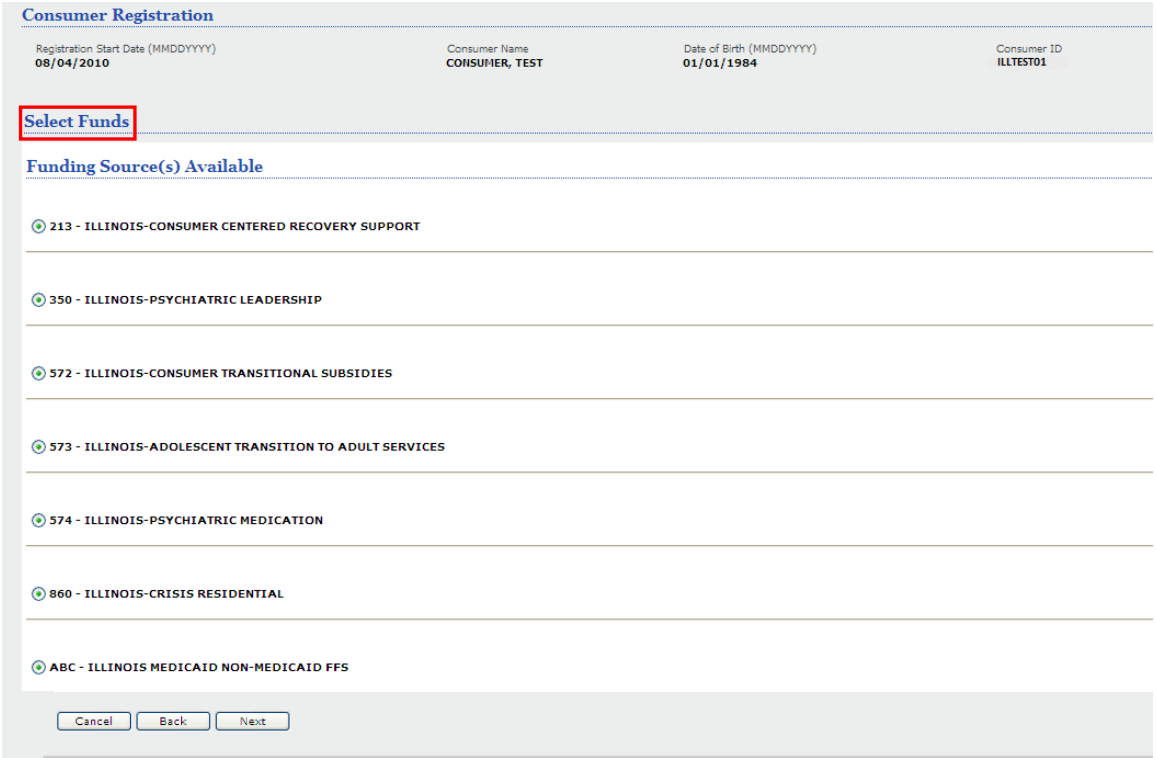


The fields below will **not** be auto-populated

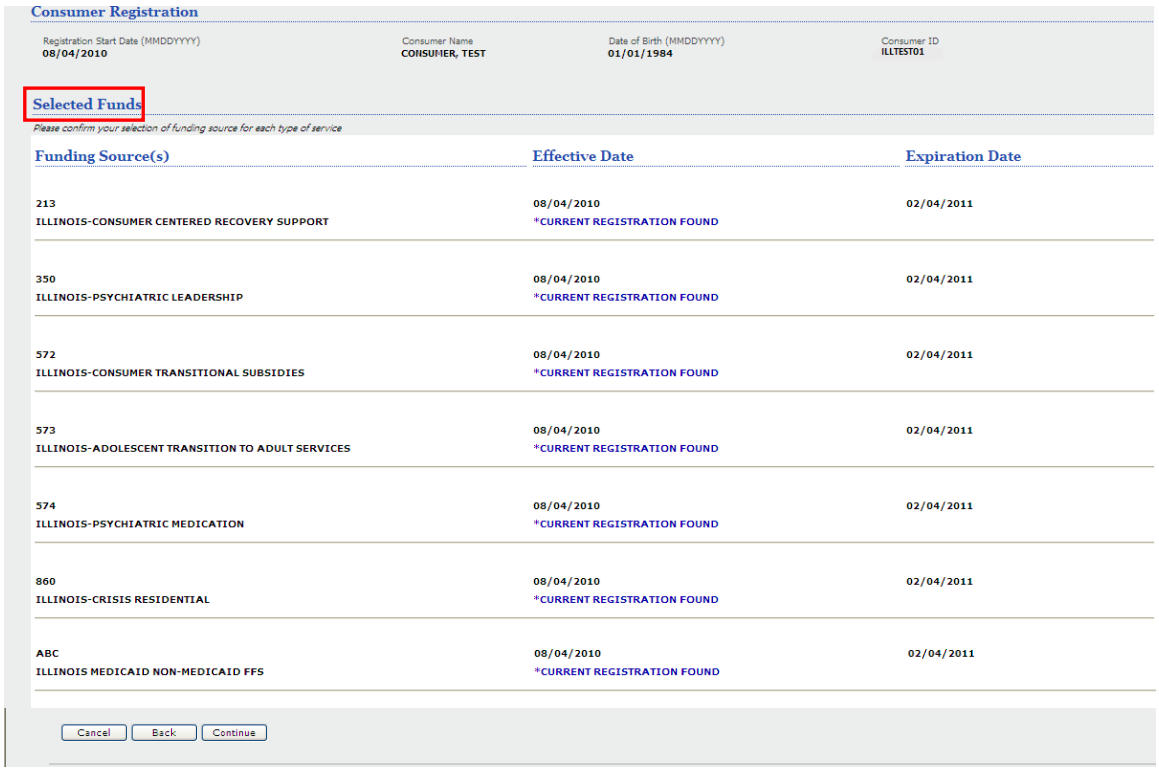
Field Description
Special Program Enrollment Juvenile Justice Program
Special Program Enrollment PATH Grants
Special Program Enrollment Comm Hosp Inpatient (CHIPS)
Special Program Enrollment ICG Community services
Special Program Enrollment CHP
Consumer in residential program funded by DMH and operated by registering provider
Permanent Supported Housing
Money Follows the Person

Note: *Required fields that have not been entered will result in an error message identifying which fields need to be populated. (Example below)*

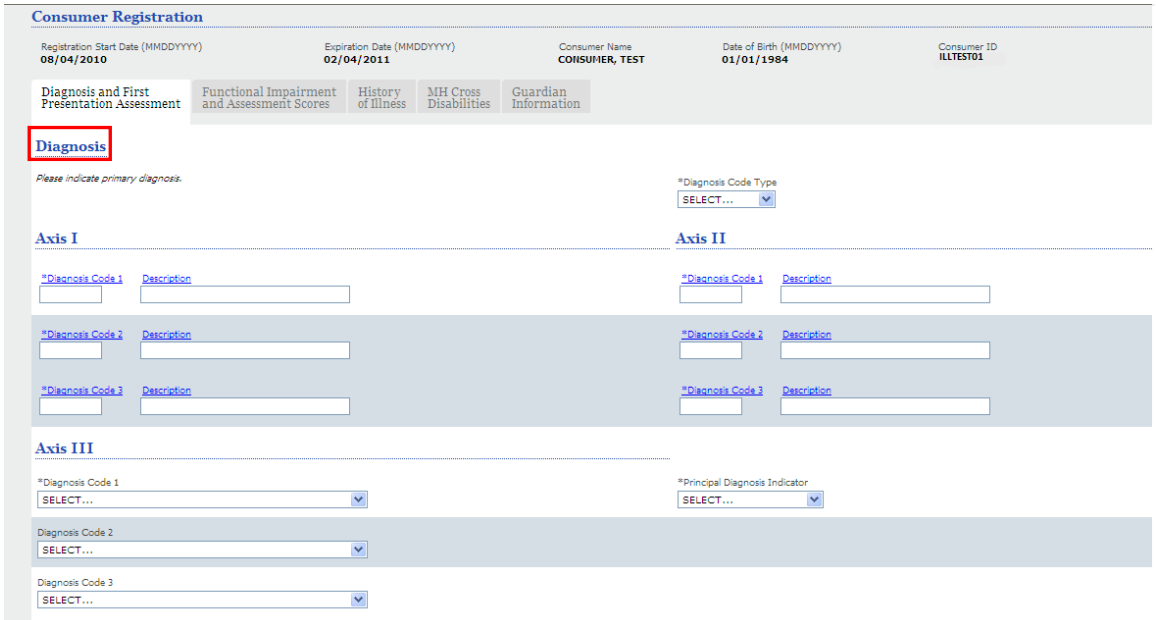
2. The **Available Funding Sources** will display.
3. Click **Next**.

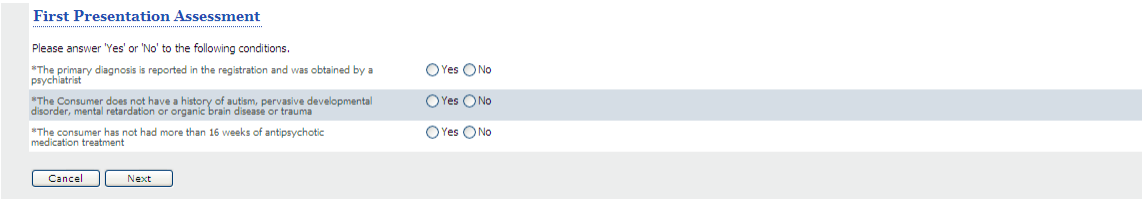


4. The **Consumer Registration Funding Sources** screen will display.
5. Click **Continue**.



1. The **Diagnosis** screen will appear, requiring entry of all required fields.
2. Click **Next**.

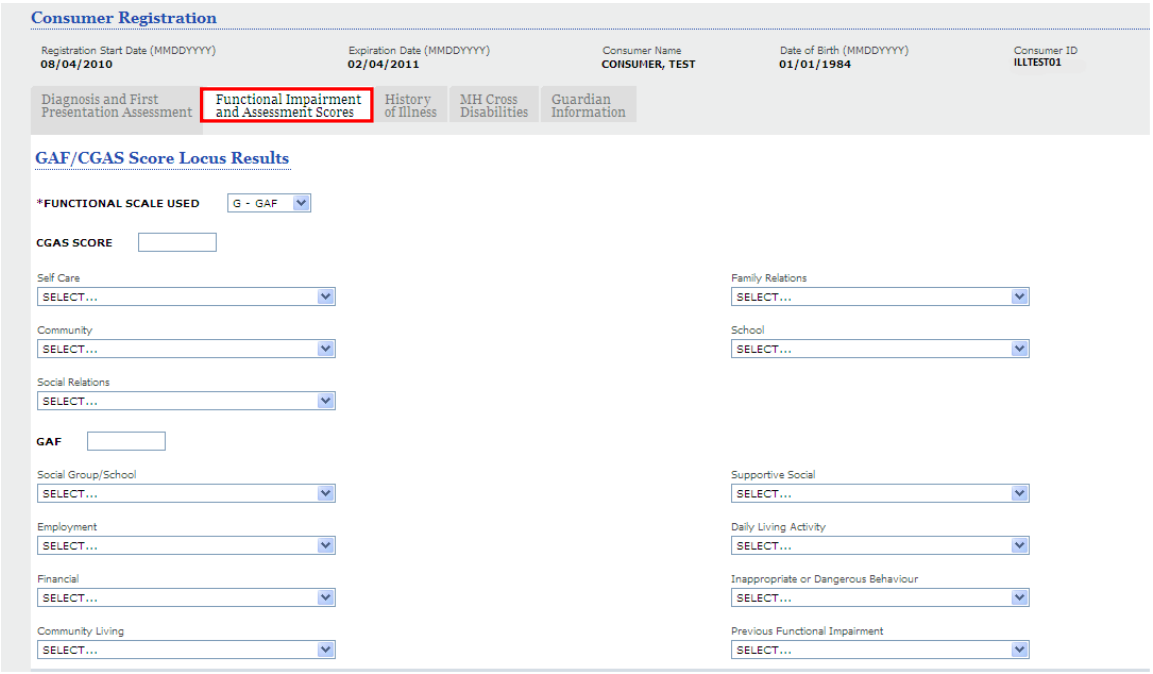


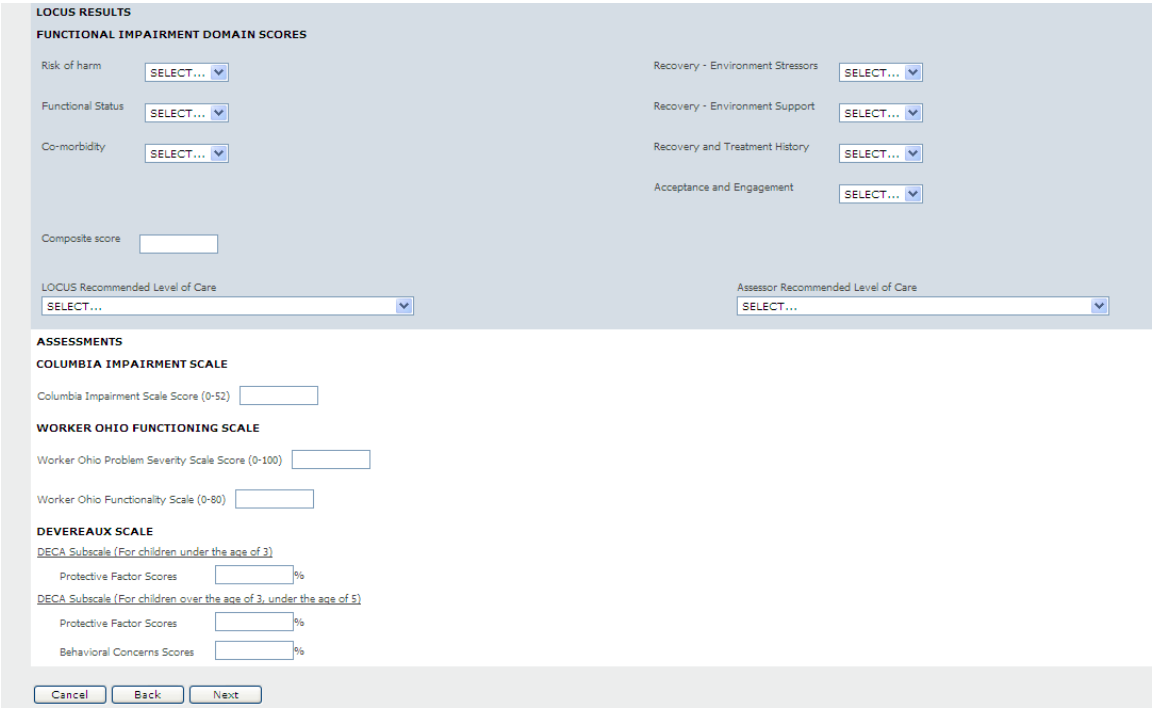


The fields below will **not** be auto-populated

Field Description
MH Diagnosis Type
Axis 1 Diagnosis 1
Axis 1 Diagnosis 2
Axis 1 Diagnosis 3
Axis 2 Diagnosis 1
Axis 2 Diagnosis 2
Axis 2 Diagnosis 3
Axis 3 Diagnosis 1
Axis 3 Diagnosis 2
Axis 3 Diagnosis 3
MH Principal Diagnosis Indicator
First Presentation Diagnosis
First Presentation Other Conditions
First Presentation Medications

1. The **Functional Impairments and Assessment Scores** page will appear, requiring the user to re-enter all required fields.
2. Click **Next**.



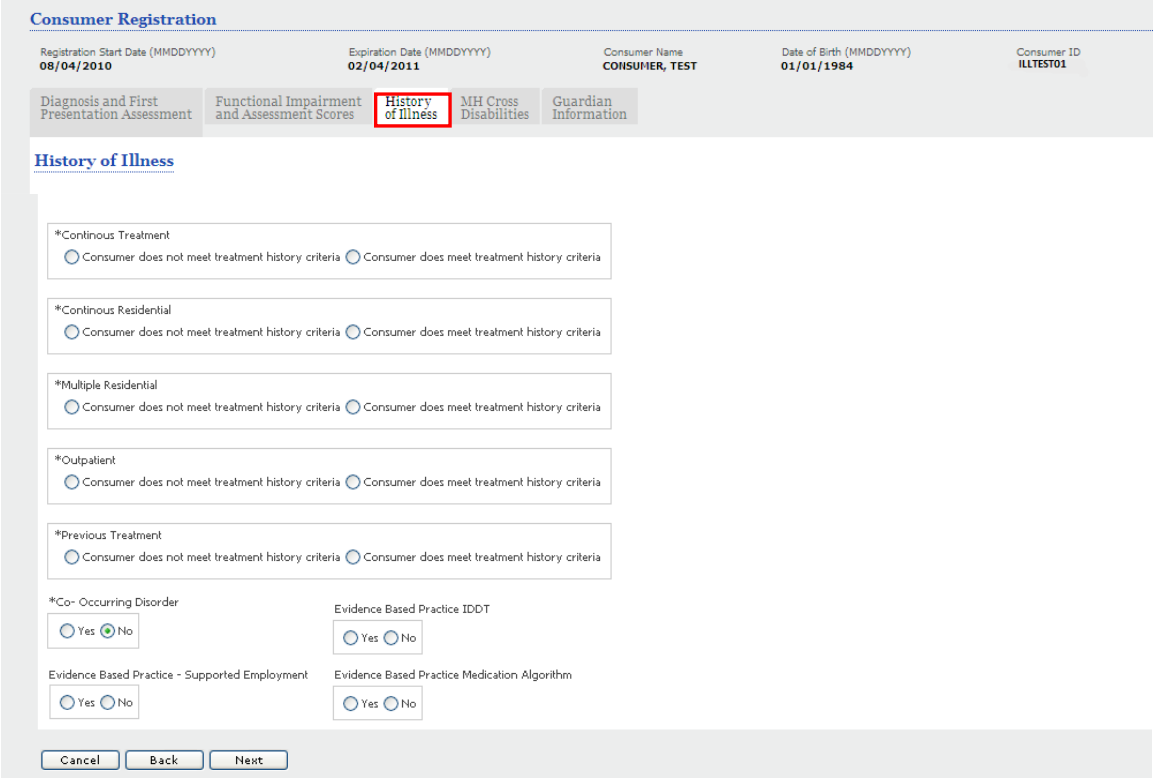


The fields below will **not** be auto-populated

Field Description
GAF/CGAS Score
Child Functioning – Self Care
Child Functioning – Community
Child Functioning – Social Relations
Child Functioning – Family Relations
Child Functioning – School
Adult Functioning – Social Group School
Adult Functioning – Employment
Adult Functioning – Financial
Adult Functioning – Community Living
Adult Functioning – Supportive Social
Adult Functioning – Daily Living Activity
Adult Functioning – Dangerous Behavior
Adult Functioning – Previous Functional Impairment
LOCUS - Risk of Harm
Recovery-Environment-Stressor
Recovery Environment-Supports
Functional Status:
Co-Morbidity
Recovery and Treatment History
Acceptance and Engagement
Composite Score
Level of Care Recommended – Locus
Level of Care Recommended – Assessors
Columbia Impairment Scale Score
Worker Ohio Problem Severity Scale Score
Worker Ohio Functionality Scale Score
Devereaux Scale – DECA Subscale (for children under the age of 3) -Protective Factor Scores
Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) -Protective Factor Scores

Field Description
Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) - Behavioral Concerns Scores

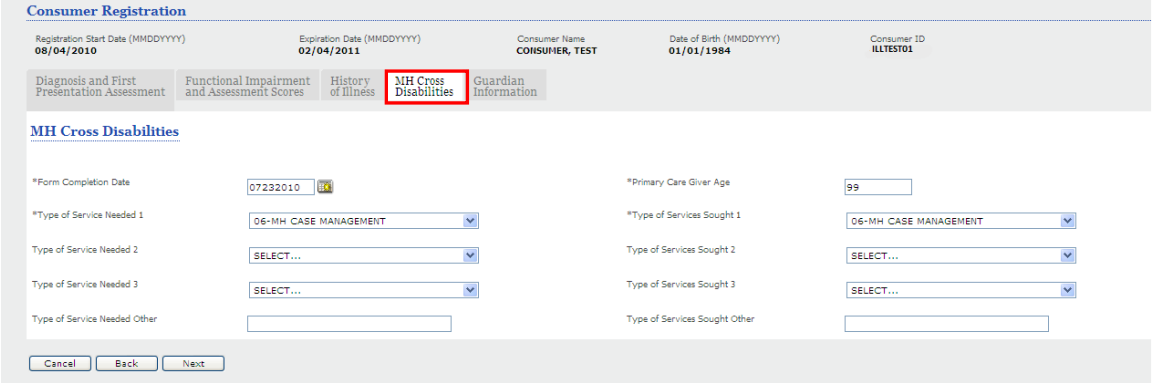
1. The **History of Illness** page will appear, requiring the user to re-enter all required fields.
2. Click **Next**.



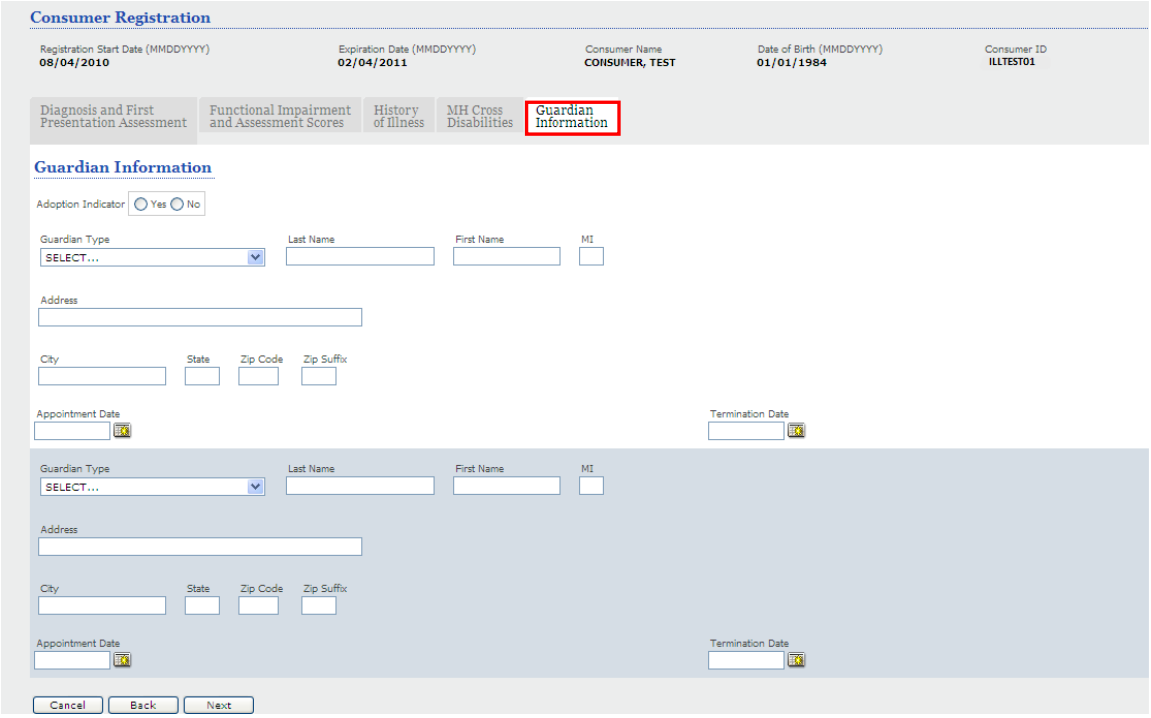
The fields below will **not** be auto-populated

Field Description
History of Illness – Continuous Treatment
History of Illness – Continuous Residential
History of Illness – Multiple Residential
History of Illness – Outpatient
History of Illness – Previous Treatment

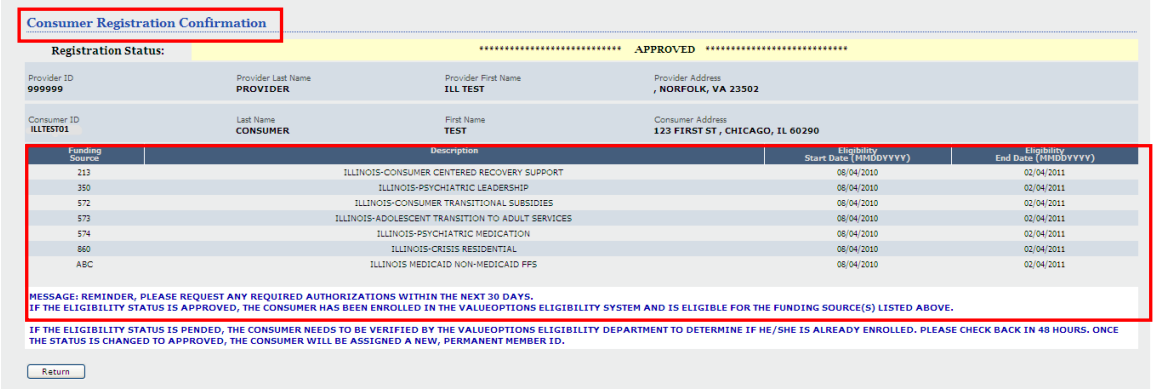
1. The **MH Cross Disabilities** page will display, containing all pre-populated fields from the previous **Consumer Registration**.
2. Click **Next**.



1. The **Guardian Information** screen will display, containing all pre-populated fields from the previous **Consumer Registration**.



2. The **Consumer Registration Confirmation** Screen will display the **Consumer's Eligibility and Fund Sources**.



8 Close Consumer Registration

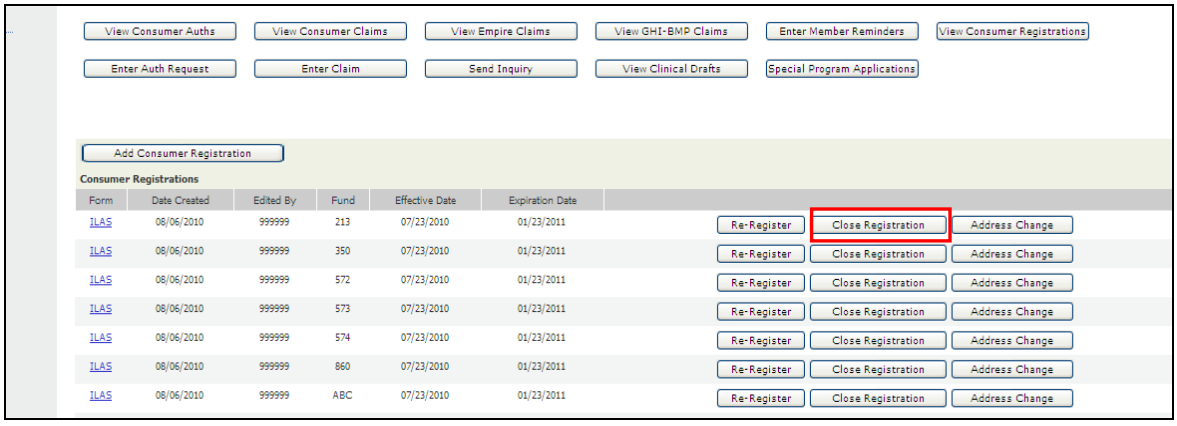
It is important that the consumer's status be updated when he/she is no longer enrolled in special programs or when the consumer is no longer being seen for services.

Close Consumer Registration will be used for the following:

- Close the consumer's registration
- End date a special program (this will end the selected special program only – The consumer will still be registered for all the other registered funds)
- End date a special program and close the registration -This will end date the special program on the end date specified and close the other registered funds on the closure date. If the special program(s) are being end dated on the same date as the registration is being closed then by entering the MH Closure Date the special programs will also be closed using that date.

There is a consumer registration record for each fund for which the consumer was registered. The screen shot below shows 6 registration records on file. Any one of these records can be selected to close the registration or end date a special program.

1. Click the **View Consumer Registration** button to display the all associated registrations.
2. Click the **Close Registration** button.

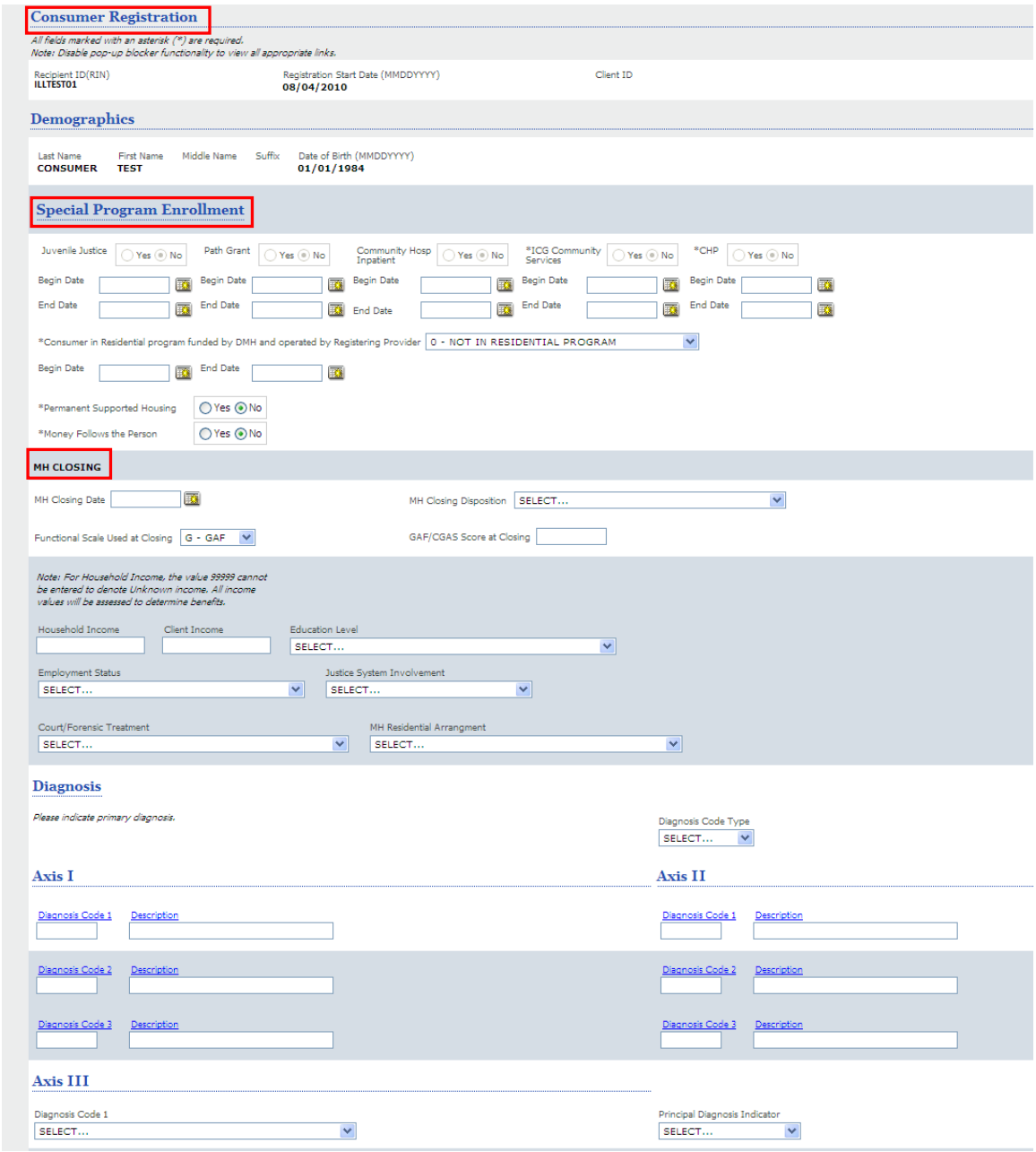


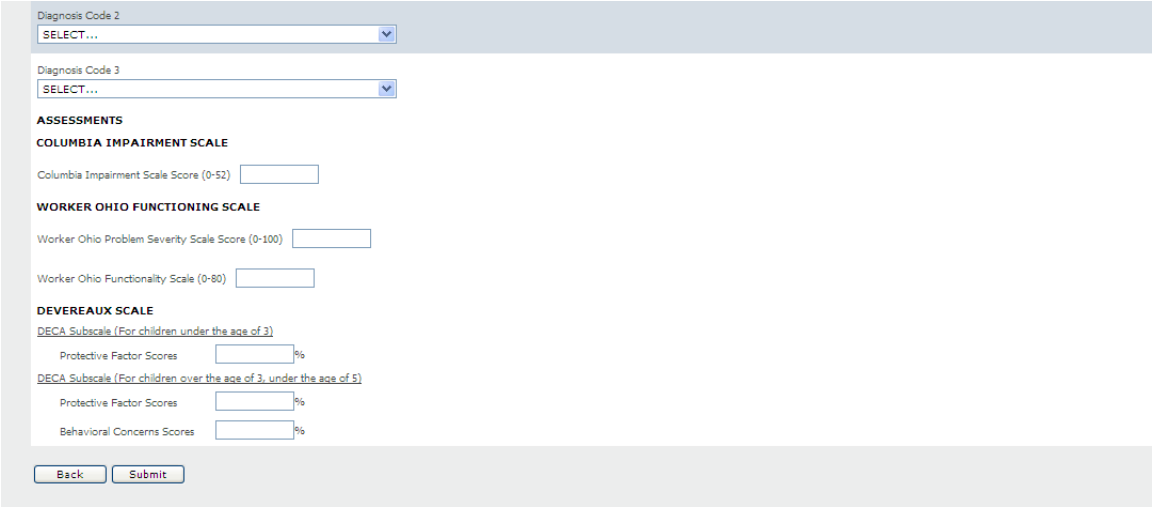
A screen will appear displaying the data fields required for closing a consumer or end dating a special program.

If the MH Closure Date is entered then all fields from the MH Closing Section to the bottom of the page are required. If only end dating a special program then only enter the end date for that special program.

At least one special program End Date or the MH Closure date must be entered.

3. Enter the required fields.
4. Click **Submit**.





Below are field descriptions for the **Close Registration** screen.

Field	Description	Required?	Type
Juvenile Justice	Special Program Enrollment Juvenile Justice Program This will be pre-populated from the previous registration.	N	Radio button
Juvenile Justice Begin Date	Juvenile Justice Begin Date This will be pre-populated from the previous registration.	N	Free form text with Calendar button
Juvenile Justice End Date	Juvenile Justice End Date If this special program is being closed then enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program	C	Free form text with Calendar button
Path Grant	Special Program Enrollment PATH Grants This will be pre-populated from the previous registration	N	Radio button
Path Grant Begin Date	PATH Grant Begin Date This will be pre-populated from the previous registration	N	Free form text with Calendar button
Path Grant End Date	PATH Grant End Date If this special program is being closed then enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program	C	Free form text with Calendar button
Community Hosp Inpatient	Special Program Enrollment Comm Hosp Inpatient (CHIPS) This will be pre-populated from the previous registration	N	Radio button
Community Hosp Inpatient Begin Date	Community Hosp Inpatient Begin Date This will be pre-populated from the previous registration	N	Free form text with Calendar

Field	Description	Required?	Type
			button
Community Hosp Inpatient End Date	Community Hosp Inpatient End Date If this special program is being closed then enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	C	Free form text with Calendar button
ICG Community Services	Special Program Enrollment ICG Community This will be pre-populated from the previous registration	N	Radio button
ICG Community Services Begin Date	ICG Community Services Begin Date This will be pre-populated from the previous registration	N	Free form text with Calendar button
ICG Community Services End Date	ICG Community End Date If this special program is being closed then enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	C	Free form text with Calendar button
CHP	Special Program Enrollment CHP To enroll the consumer in the CHP Program select the **Yes** button and the CHP Begin Date will be required, if the consumer is not being enrolled in this program then select the **No** button.	N	Radio button
CHP Begin Date	CHP Begin Date If the Special Program Enrollment CHP Yes button was selected then the begin date is required. The begin date is the initial enrollment date into this program.	N	Free form text with Calendar button
CHP End Date	CHP End Date Enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program.	C	Free form text with Calendar button
Consumer in Residential program funded by DMH and operated by Registering Provider	Special Program Enrollment Residential Program Valid Values: 1 = ICG 2 = Program 620 (CILA) 3 = Program 820 (Supported Residential) 4 = Program 830 (Supervised Residential) This will be pre-populated from the previous registration	N	Drop down box
Consumer Residential Program Begin Date	Consumer Residential Program Begin Date This will be pre-populated from the previous registration	N	Free form text with Calendar button
Consumer	Consumer Residential Program End Date	C	Free form

Field	Description	Required?	Type
Residential Program End Date	If Residential program is being closed then enter the date the consumer was no longer receiving services under this program. This will terminate benefits for this consumer for this program		text with Calendar button
Permanent Supported Housing	Indicates the consumer is in Permanent Supported Housing at time of closing Valid Values: Yes – Consumer is in Permanent Supported Housing No - Consumer is not in Permanent Supported Housing	Y	Radio button
Money follows the Person	Indicates the consumer is enrolled in the DMH/HFS "Money Follows the Person" Initiative at time of closing Valid Values: Yes – Consumer is enrolled in the Money follows the Person initiative No - Consumer is not enrolled in the Money follows the Person initiative	Y	Radio button
MH Closing Date	The date that the agency terminated its commitment to provide services to the consumer This will terminate the consumer for all programs on the date entered and make the registration no longer available for the re-register process If a consumer needs services after they have been closed then the Add Registration process will be need to be used	C	Free form text with Calendar button
MH Closing Disposition	The disposition of the consumer at the point he/she stops receiving services If the MH Closing date is entered then this is required Select from the drop down list the reason the consumer is no longer receiving services. Valid Values: 01 - Deceased 02 - Completed treatment 03 - Refused treatment 04 - Transfer 05 - Moved 06 - Transfer to Long Term Care provider setting 07 - Transfer to State-Operated facility 08 - Incarcerated 10 - Refused Transition 90 - Other 99 - Unknown	C	Drop down box

Field	Description	Required?	Type
Functional Scale used at Closing	The functional scale used. Valid Values: **C** - CGAS **G** - GAF C will be automatically selected when the consumer's age is under 18 on the registration start date G will be automatically selected when the consumer's age is 18 or older on the registration start date Cannot be changed.	C	Drop down box
GAF/CGAS Score at Closing	Current functioning scale score as assessed at the time of the closing process If Functional Scale used is C – CGAS then Valid Values: **001 – 100** If Functional Scale used is G – GAF then Valid Values: **000 – 100** If the MH Closing date is entered then this is required	C	Free form text
Household Income	The total monthly income of all family members in the consumer's household at the time of this closing. This should be entered as dollars only. Round to nearest dollar. 99999 is no longer valid as unknown income. Example: 151.21 would be entered as 151 Range: **00000 – 99998**	C	Free form text
Client Income	The total monthly income of the consumer at the time of this closing. This should be entered as dollars only. Round to nearest dollar. Example: 151.21 would be entered as 151 Range: **00000 – 99998**	C	Free form text
Education Level	The highest grade level completed by the consumer at the time of the closing process **00** - Never attended school **01 - 11** - Last primary/secondary grade completed **20** - Preschool/kindergarten **30** - High School diploma **31** - General Equivalency Diploma (GED) **32** - Special Education Certificate of Completion **40** - Post-secondary training **41** - One year college **42** - Two years college **43** - Three years college **50** - College Bachelor's degree **60** - Post Graduate college degree **99** – Unknown If the MH Closing date is entered then this is required	C	Drop down box

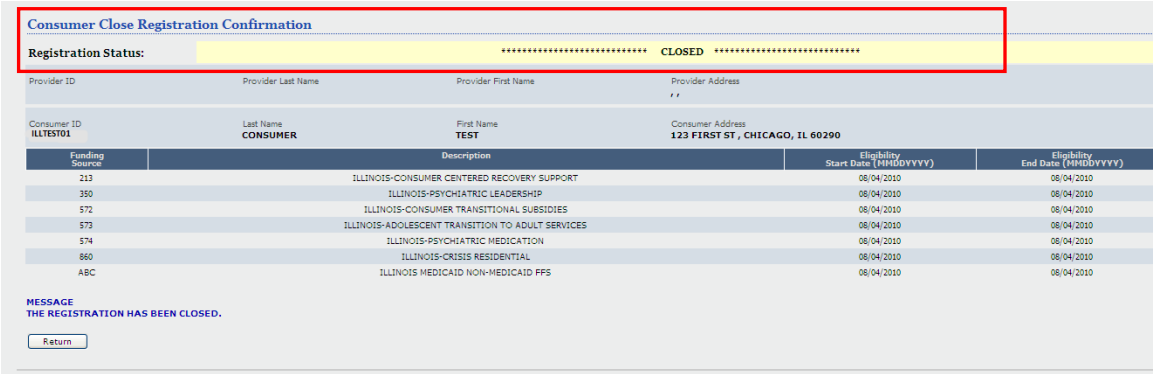
Field	Description	Required?	Type
Employment Status	The current employment status of the consumer at the time of the closing process **10** -Employed **11** -Employed full time (unsubsidized) **12** -Employed part time (unsubsidized) **13** -Employed, subsidized/supported **14** -Attending vocational/day program **20** -Unemployed/layoff from job **30** -Not in the Labor Force **90** -Other **99** –Unknown If the MH Closing date is entered then this is required	C	Drop down box
Justice System Involvement	The consumer's criminal justice system involvement at the time of the closing process **00** - Not Applicable **01** - Arrested **02** - Charged with a Crime **03** - Incarcerated (jail) **04** - Incarcerated (prison) 0**5** - Juvenile Detention Center, **06** – Detained(Jail), **07** – Mental Health Court **08** – Other **09** – Unknown **10** - Adult Probation **11** - Adults If the MH Closing date is entered then this is required	C	Drop down box
Court/Forensic Treatment	Status of forensic/court-ordered treatment plans at the time of the closing process **00** –Not applicable **01** –Department of Corrections client **02** –Unable to Stand Trial **03** –Unable to Stand Trial-ET (Extended Term) **04** –Unable to Stand Trial-G2 **05** –Not Guilty by Reason of Insanity **06** –Civil court-ordered treatment **07** –Criminal court-ordered treatment **08** – Court-ordered evaluation/assessment only **99** –Forensic status unknown If the MH Closing date is entered then this is required	C	Drop down box
MH Residential Arrangement	The consumer's primary residential situation at the time of the closing process **10** -Homeless **21** -Private residence - supervised **22** -Private residence - unsupervised **31** -Other residential setting - supervised **32** -Other residential setting - unsupervised **40** -State-Operated Facility **50** -Jail or correctional facility/institution **60** -Other institutional setting **70** - skilled/intermediate care nursing facility **80** - IMD **90** -Other **99** –Unknown If the MH Closing date is entered then this is required	C	Drop down box
Diagnosis Code Type	The manual used for reporting diagnosis codes for Axis I and II.	C	Drop down box

Field	Description	Required?	Type
	D –DSM-IV **I** –ICD-9-CM If the MH Closing date is entered then this is required.		
Axis 1 Diagnosis Code 1	Valid Axis 1 diagnosis code at the time of the closing process If the MH Closing date is entered then this is required	C	Hyperlink / Free form text
Axis 1 Diagnosis Code 1 Description		N	Hyperlink / Free form text
Axis 1 Diagnosis Code 2	Valid Axis 1 diagnosis code at the time of the closing process If the MH Closing date is entered then this is required	C	Hyperlink / Free form text
Axis 1 Diagnosis Code 2 Description		N	Hyperlink / Free form text
Axis 1 Diagnosis Code 3	Valid Axis 1 diagnosis code at the time of the closing process If the MH Closing date is entered then this is required	C	Hyperlink / Free form text
Axis 1 Diagnosis Code 3 Description		N	Hyperlink / Free form text
Axis 2 Diagnosis Code 1	Valid Axis 2 diagnosis Axis at the time of the closing process If the MH Closing date is entered then this is required	C	Hyperlink / Free form text
Axis 2 Diagnosis Code 1 Description		N	Hyperlink / Free form text
Axis 2 Diagnosis Code 2	Valid Axis 2 diagnosis code at the time of the closing process If the MH Closing date is entered then this is required	C	Hyperlink / Free form text
Axis 2 Diagnosis Code 2 Description		N	Hyperlink / Free form text
Axis 2 Diagnosis Code 3	Valid Axis 2diagnosis code at the time of the closing process If the MH Closing date is entered then this is required	C	Hyperlink / Free form text
Description		N	Hyperlink / Free form text
Axis 3 Diagnosis Code 1	Valid Medical Category at the time of closing process	C	Drop down box

Field	Description	Required?	Type
	If the MH Closing date is entered then this is required		
Axis 3 Diagnosis Code 2	Valid Medical Category at the time of closing process	N	Drop down box
Axis 3 Diagnosis Code 3	Valid Medical Category at the time of closing process	N	Drop down box
Principal Diagnosis Indicator	The consumer's principal diagnosis for the focus of treatment **A** -Axis I, Diagnosis 1 **B** -Axis I, Diagnosis 2 **C** -Axis I, Diagnosis 3 **D** -Axis II, Diagnosis 1 **E** -Axis II, Diagnosis 2 **F** -Axis II, Diagnosis 3 If the MH Closing date is entered then this is required	C	Drop down box
Columbia Impairment Scale Score (0 – 52)	The consumer's score on the Columbia Impairment Scale Valid Range: **0 – 52** This is required on MH Closing if the consumer is greater than or equal to 5 and less than or equal to 17. (calculated age based on age as of the registration start date of the registration being closed)	C	Free form text
Worker Ohio Problem Severity Scale Score (0 – 100)	The consumer's score on the Worker Ohio Problem Severity Scale Valid Range: **0 – 100** This is required on MH Closing if the consumer is greater than or equal to 5 and less than or equal to 17. (calculated age based on age as of the registration start date of the registration being closed)	C	Free form text
Worker Ohio Functionality Scale Score (0 – 80)	The consumer's score on the Worker Ohio Functionality Scale Valid Range: **0 – 80** This is required on MH Closing if the consumer is greater than or equal to 5 and less than or equal to 17. (calculated age based on age as of the registration start date of the registration being closed)	C	Free form text
Devereaux Scale – DECA Subscale (for children under the age of 3) - Protective Factor Scores	The Devereaux Scale Score for Protective Factors for Infants/toddlers. Required on MH Closing when the consumer's age is less than 3 (calculated age based on age as of the registration start date of the registration being closed) Valid Values: **0 – 100** Must be blank if consumer is 3 or older	C	Free form text

Field	Description	Required?	Type
Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) -Protective Factor Scores	The Devereaux Scale Score for Protective Factors for Youths. Required on MH Closing when the consumer's age is greater than or equal to 3 and less than 5 (calculated age based on age as of the registration start date of the registration being closed) Valid Values: **0 – 100** Must be blank when consumer is less than 3 or greater than or equal to 5	C	Free form text
Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) -Behavioral Concerns Scores	The Devereaux Scale Score for Behavioral Concerns. Required on MH Closing when the consumer's age is greater than or equal to 3 and less than 5 (calculated age based on age as of the registration start date of the registration being closed) Valid Values: **0 – 100** Must be blank when consumer is less than 3 or greater than or equal to 5	C	Free form text

The **Consumer Close Registration Confirmation** page will display indicating the **Registration Status** is **CLOSED.**

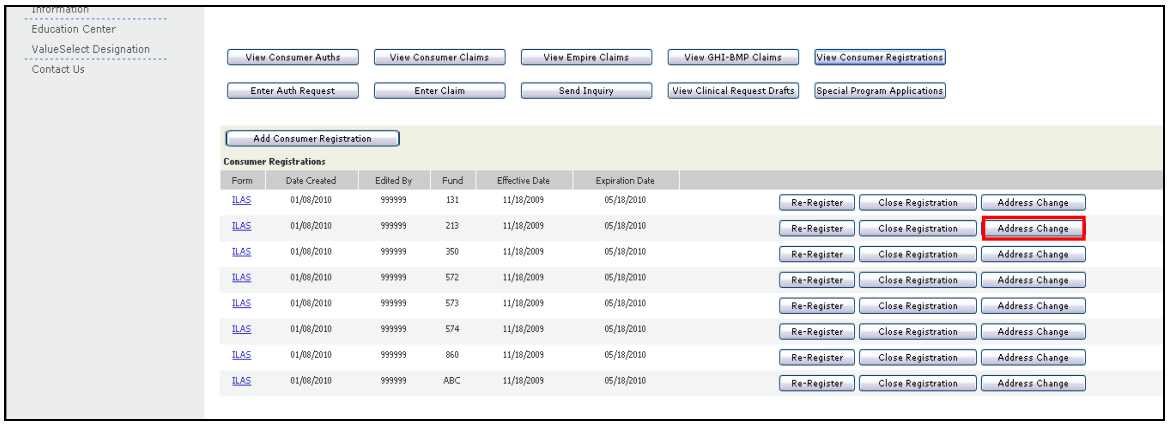


9 Consumer Registration Address Change

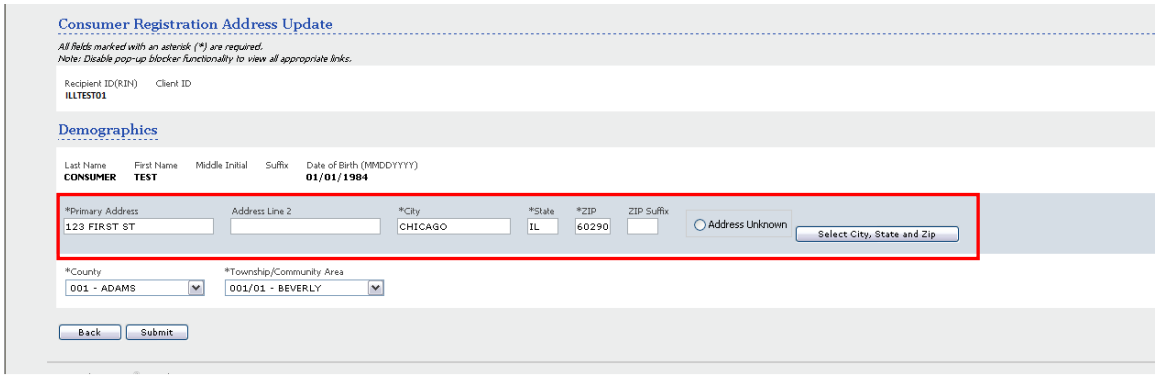
The Consumer Registration Address Change allows for the updating of the Consumer's address without updating the registration.

Note: *The registration and re-registration process will also update the consumer's address. The Address Update should only be used when the consumer's address only requires updated between registrations.*

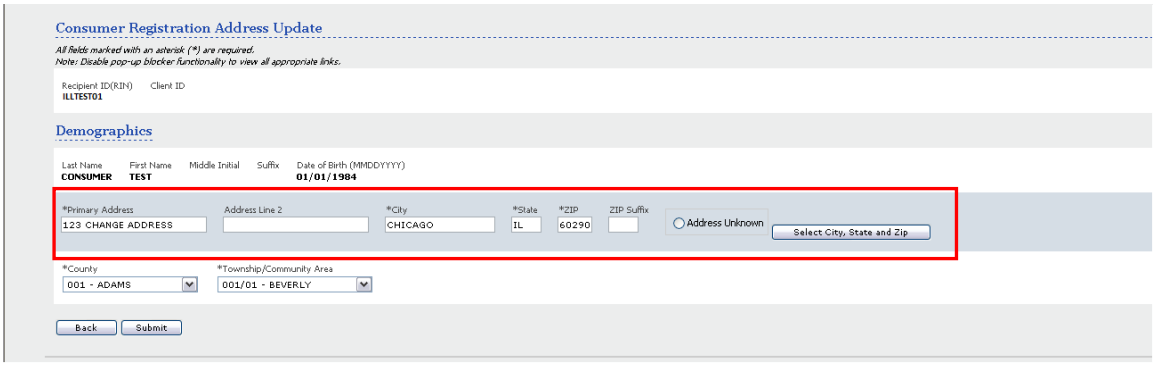
1. Click the **View Consumer Registration** button to display all associated registrations.
2. Click the **Address Change** button, located at the bottom of the screen.



A window will appear displaying the existing address fields which can now be modified and saved. This will update the address that is displayed on the Consumer Demographics page. The Consumer Address page will display the most current address on file with the Collaborative for the consumer.

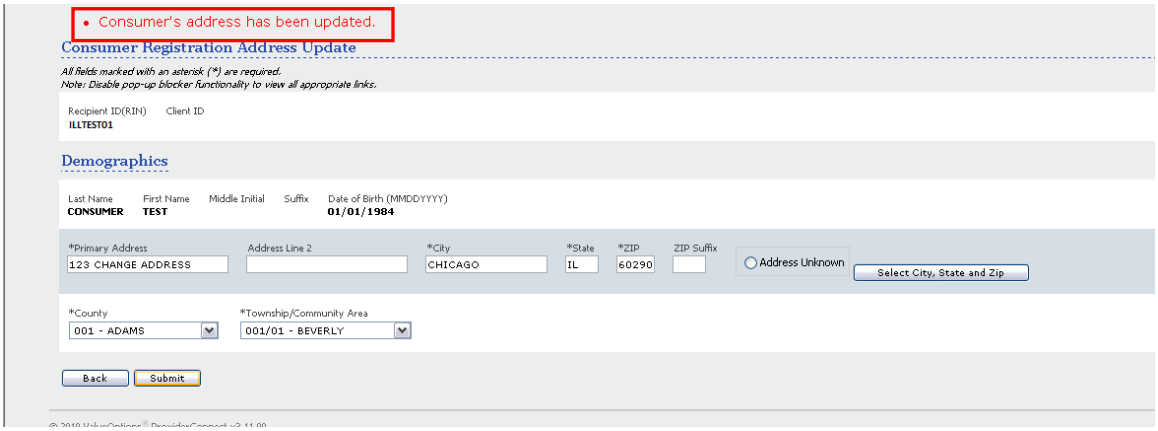


3. Make the appropriate address updates and click **Submit**.

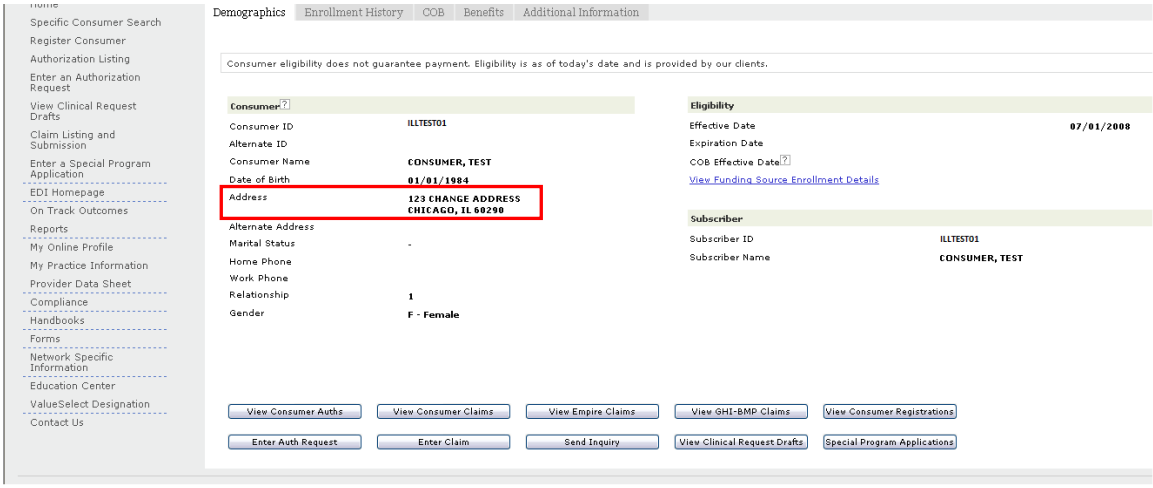


Note: *Click* ***Submit*** *to save the changes and display the confirmation message. Select the* ***Back*** *button to display the previous screen; this will not update the address.*

A confirmation message will appear indicating the address field(s) has been successfully updated.



Once the confirmation of the address change appears click the **Back button** to return to the previous screen, the address has been changed.

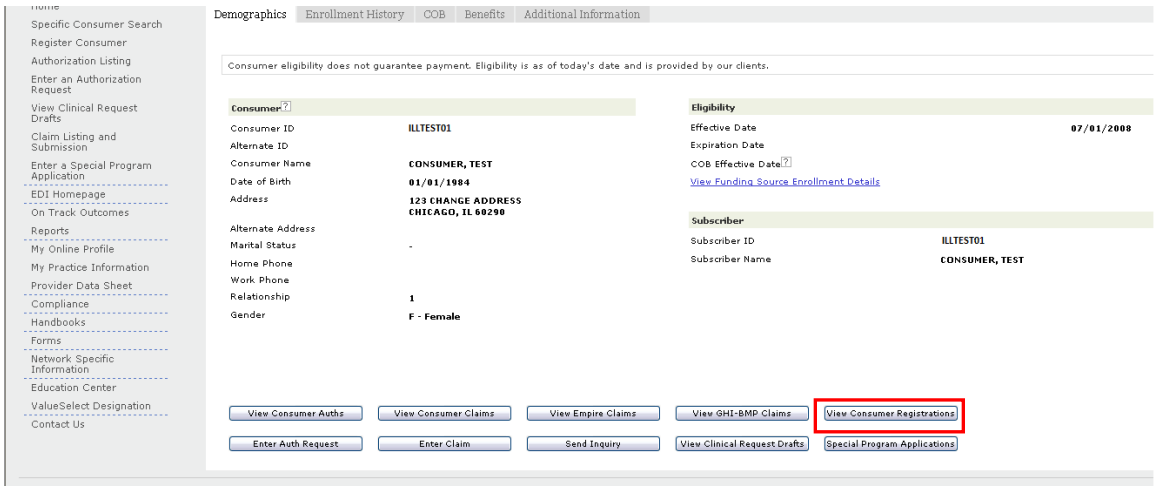


10 View Consumer Registrations

The View Consumer Registration will display all registrations on file for the consumer for your agency.

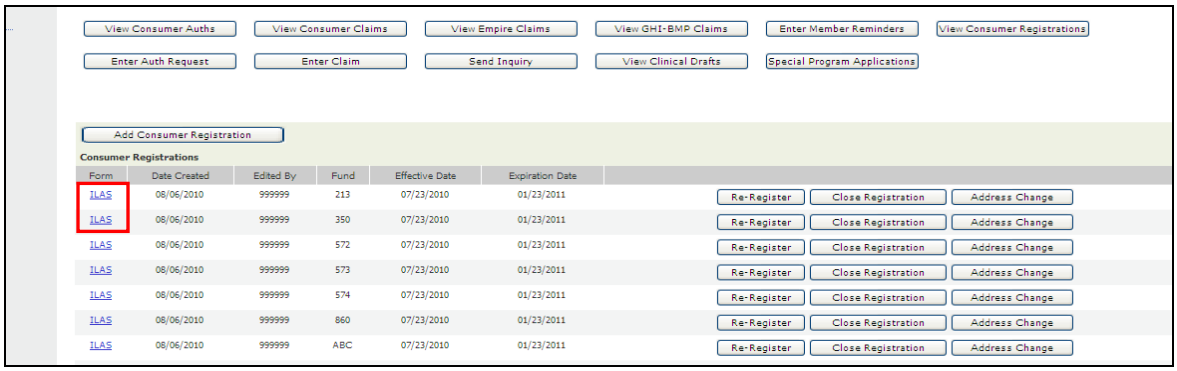
To View Consumer Registrations:

1. Click the **View Consumer Registration** button on the **Demographics** page to display all registrations for the consumer.



The Form column under the Consumer Registrations section is a hyperlink to the registration form which stores all the information entered for that registration.

To view all the registration fields that were entered for a specific registration for this consumer click the **Form** link, located to the left of the registration.



The Consumer Registration details will be displayed.

Consumer Registration

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

Registration Start Date (MMDDYYYY)	Recipient ID(RIN)	Client ID	Agency FEIN	Satellite Code	Medicaid Site ID
07/23/2010	ILLTEST01		123456789	0	123

Eligibility Status

Eligibility Status: **TADL**

First Presentation Indicator

First Presentation Indicator: **N - No**

Demographics

Last Name	First Name	Middle Initial	Suffix	Date of Birth (MMDDYYYY)	Mother's Maiden Name	Social Security Number	Gender
CONSUMER	TEST			01/01/1984	CONSUMER	No SSN	Female

Primary Address	Address Line 2	City	State	ZIP - ZIP Suffix
123 FIRST ST		CHICAGO	IL	60290

County	Township/Community Area
001 - ADAMS	001/01 - BEVERLY

Household Income	Client Income	Household Size	Household Composition	Qualifying Exceptions
500.0	500.0	1	Lives alone	Household med debt exp >=7.5% household yr income

Education Level	Military Status	Marital Status
General Equivalency Diploma (GED)	Not a Veteran	Widowed

Employment Status	SSI-SSDI Eligibility	DFI-CFI Enrollment
Emplyed part time (unsubsidized)	Eligible, not receiving payments	Enrolled in DFI/CFI

Court/Forensic Treatment: **Not applicable**

Race 1	Race 2
Native Hawaiian or Other Pacific Islander	Nothing to report

Race 3	Race 4	Citizenship
Nothing to report	Nothing to report	U.S. Citizen

Race 5	Hispanic Origin	Language
Nothing to report	Not of Hispanic origin	English

Interpreter Services Needed	MH Residential Arrangment	Justice System Involvement
Serviced Not Needed	Private residence-unsupervised	Not Applicable

Disaster Guest Type | Disaster Guest State | Disaster Guest County

Consumer Third Party Payor: **No**

MH Residential Indicator: **No**

Special Program Enrollment

Juvenile Justice	Path Grant	Community Hosp Inpatient	ICG Community Services	CHP
No	No	No	No	No
Begin Date	Begin Date	Begin Date	Begin Date	Begin Date
End Date	End Date	End Date	End Date	End Date

Consumer in Residential program funded by DMH and operated by Registering Provider: **Not in Residential Program**

Begin Date | End Date | Residential Level of Care

Permanent Supported Housing: **No**

Money Follows the Person: **No**

MH CLOSING

MH Closing Date	MH Closing Disposition
Functional Scale Used at Closing	GAF/CGAS Score at Closing

Diagnosis

Diagnosis Code Type: **ICD-9-CM**

Axis I

Diagnosis Code 1: **295**
Diagnosis Code 2: **v71.09**
Diagnosis Code 3: **v71.09**

Axis II

Diagnosis Code 1: **v71.09**
Diagnosis Code 2: **v71.09**
Diagnosis Code 3: **v71.09**

Axis III

Diagnosis Code 1: **Allergies**
Principal Diagnosis Indicator: **Axis I, Diagnosis 1**
Diagnosis Code 2
Diagnosis Code 3

First Presentation Assessment

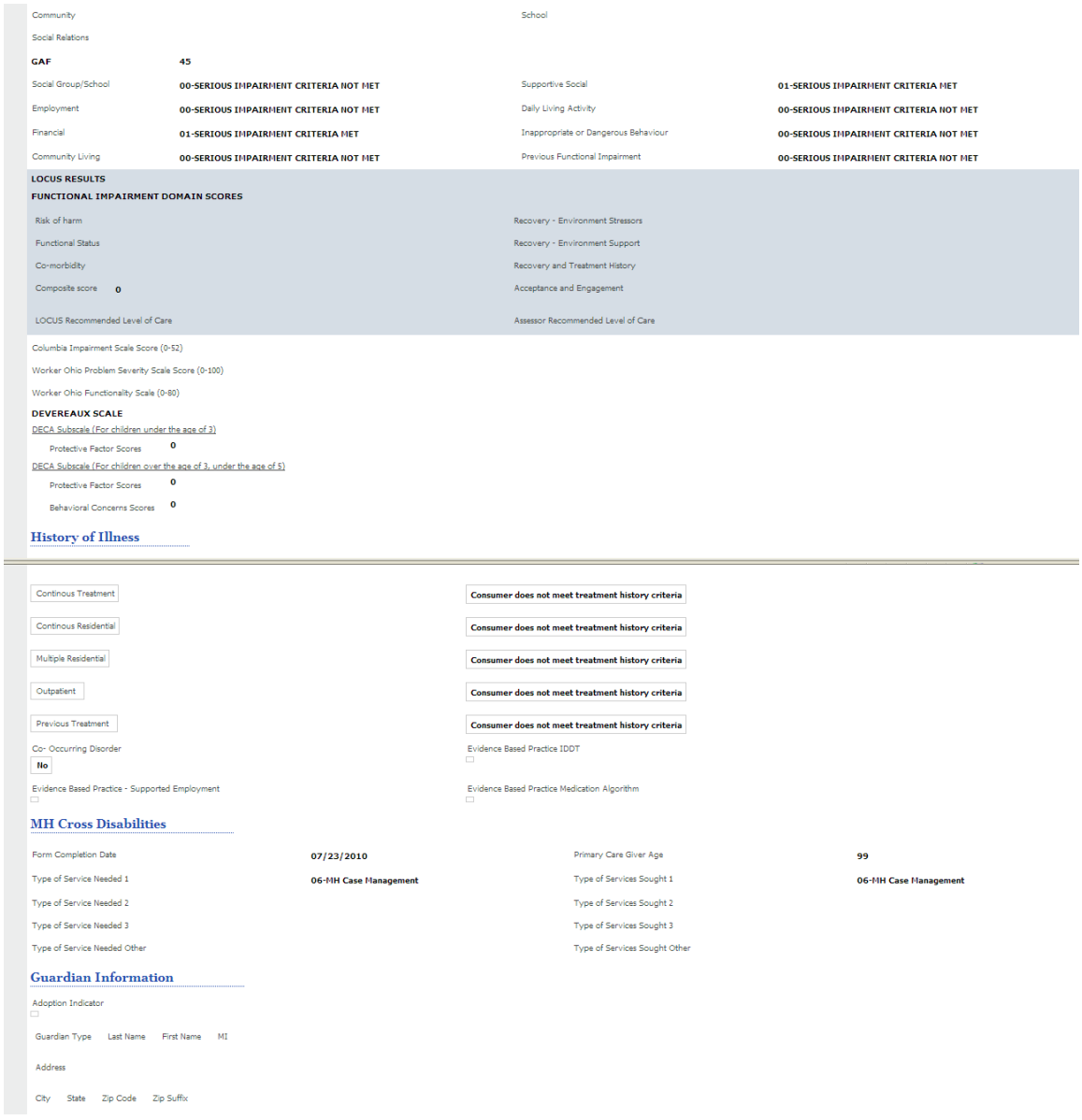
Please answer 'Yes' or 'No' to the following conditions.

*The primary diagnosis is reported in the registration and was obtained by a psychiatrist	N - No
*The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma	Y - Yes
*The consumer has not had more than 16 weeks of antipsychotic medication treatment	Y - Yes

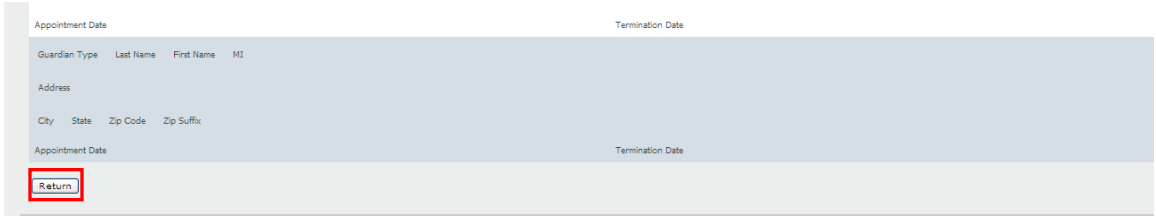
GAF/CGAS Score Locus Results

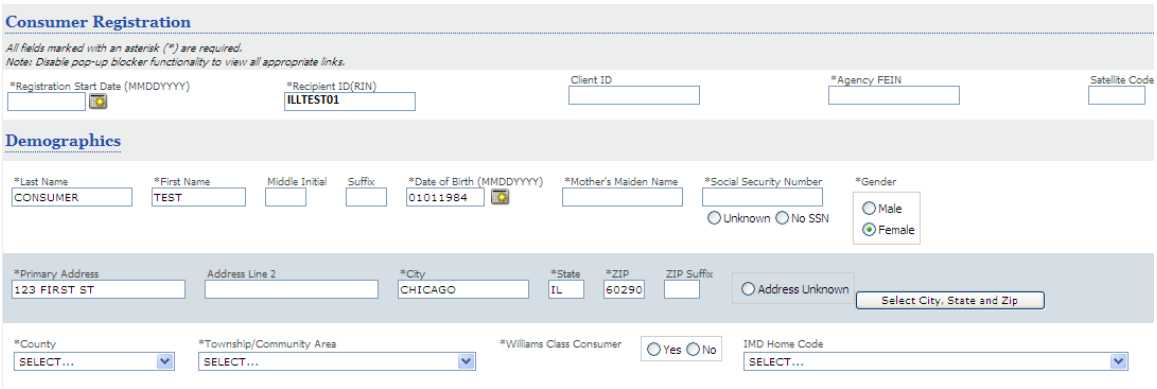
Functional Scale Used: **GAF**

CGAS SCORE



Click the **Return** button to go back to the **Demographics** page for this consumer.




Consumer Registration
All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.
*Registration Start Date (MMDDYYYY)
*Recipient ID(RIN)
ILLTEST01
Client ID
*Agency FEIN
Satellite Code
Demographics
*Last Name
CONSUMER
*First Name
TEST
Middle Initial
Suffix
*Date of Birth (MMDDYYYY)
01011984
*Mother's Maiden Name
*Social Security Number
Unknown
No SSN
*Gender
Male
Female
*Primary Address
123 FIRST ST
Address Line 2
*City
CHICAGO
*State
IL
*ZIP
60290
ZIP Suffix
Address Unknown
Select City, State and Zip
*County
SELECT...
*Township/Community Area
SELECT...
*Williams Class Consumer
Yes
No
IMD Home Code
SELECT...