

# SPLITTING AUTHORIZATIONS

When Reviewing a Treatment Plan for inclusion to the IPOS you can now add different Providers to each detail line.

3 IPOSs

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Dates	Assigned Staff	Next Review Date	
<b>Process Started</b> 10/13/2009 <b>Effective</b> 10/13/2009 <b>Expiration</b> 10/30/2009	MARTIN J. SOLES	10/30/2009	<a href="#">View</a> <a href="#">Print</a> <a href="#">Authorization Summary</a>

Input for IPOS			
Date	Location	Status	
10/13/2009	f	SIGNED BY: TANYA D. TIETEMA UNABLE TO SIGN:	<a href="#">Change Signed Document</a> <a href="#">View</a> <a href="#">Print</a>

Current Active IPOS Goals		
#	Goal	Dates
1	Goal / Dream	Effective: 10/14/2009 Target: 11/19/2009

IPOS Treatment Plans			
Initial Submission Date	Originating Document / Creator	Status	
11/10/2009	RN Treatment Plan Created By: Test GCC - Nurse		
11/10/2009	RN Treatment Plan Created By: Test GCC - Nurse	Submitted For Review	<a href="#">View</a> <a href="#">Print</a> <a href="#">Review</a> <a href="#">View RN Treatment Plan</a>
10/19/2009	RN Treatment Plan Created By: KATHY A. LAPORTE	Included	<a href="#">Change Signed Document</a> <a href="#">View</a> <a href="#">Print</a> <a href="#">View RN Treatment Plan</a>

Click here to access the Treatment Plan for Inclusion

- Click the [Review](#) link to the right of the Treatment Plan to be included into the IPOS.

The following screen will be displayed:

## Split Authorization

### 1. IPOS Treatment Plan: Treatment Plan

Treatment Plan Date

12/10/2009

IPOS to include Treatment Plan: IPOS Eff: 11/17/2009 Exp: 11/17/2010

If the IPOS you are looking for cannot be selected above, check the box below and enter a description in the text box. The case manager will review the consumer.

A suitable IPOS does not exist:

characters left: 128

Consumer signature is required for this treatment plan, for the following reason:

characters left: 128

Click the [Split Auth](#) link to access Authorizations and assign the Provider

Type	Details	
Goal	Goal / Dream	<a href="#">View</a>
Authorization	Authorization #: 0912A0056782	<a href="#">View</a> <a href="#">Update Provider</a> <a href="#">Split Auth</a>

The following screen will be displayed:

- Step 1 select providers

#### Step 1: Select Providers:

Make sure that you have a provider selected for each of the services below. You will have a chance to confirm your changes after you click the "Assign Providers" button.

T1016 Supports Coordination			Provider for line1	<a href="#">lookup</a>	<a href="#">clear</a>
5 Per Auth	Total: 5	Eff: 11/17/09 Exp: 11/17/10	<input type="text"/>	<input type="text"/>	
H0032 Treatment Plan Development by Non-Physician			Provider for line2	<a href="#">lookup</a>	<a href="#">clear</a>
1 Per Auth	Total: 1	Eff: 11/17/09 Exp: 11/17/10	<input type="text"/>	<input type="text"/>	
T1017 Targeted Case Management			Provider for line3	<a href="#">lookup</a>	<a href="#">clear</a>
5 Per Auth	Total: 5	Eff: 11/17/09 Exp: 11/17/10	<input type="text"/>	<input type="text"/>	

- Click the [lookup](#) button to search and select a provider, repeat for each detail line.

A separate window will open:

**Select a Provider**

Name:

Address:

Panel Type: \* All Panel Types

Provider Type: \* All Location Types

3 Provider(s)

Name	Address	Type	
Clare's Test Provider (6) Clare's 12121 - GENESEE COUNTY CMH	2922 Airport Road Waterford, MI 48329	Contracted Service Location	<a href="#">Select</a>

Enter Provider name and click search

Click here to select Provider

- Enter the Provider name (or partial name) and click the  button
- Click the [Select](#) link to the right of the Provider

**Step 1: Select Providers:**

Make sure that you have a provider selected for each of the services below. You will have a chance to confirm your changes after you click the "Assign Providers" button.

T1016 Supports Coordination			Provider for line1 <input type="button" value="lookup"/> <input type="button" value="clear"/>
5 Per Auth	Total: 5	Eff: 11/17/09 Exp: 11/17/10	<input type="text" value="5460"/> CMH ADULT CASE MANAGEMENT
H0032 Treatment Plan Development by Non-Physician			Provider for line2 <input type="button" value="lookup"/> <input type="button" value="clear"/>
1 Per Auth	Total: 1	Eff: 11/17/09 Exp: 11/17/10	<input type="text" value="5765"/> CMH CHILD & FAM SUPPORTS (DC
T1017 Targeted Case Management			Provider for line3 <input type="button" value="lookup"/> <input type="button" value="clear"/>
5 Per Auth	Total: 5	Eff: 11/17/09 Exp: 11/17/10	<input type="text" value="5465"/> CMH MEDICATION CLINIC - ADULT

- Click the  button
- Step 2 Confirm Providers

## Step 2: Confirm

Double check the authorizations below to verify each authorization contains the services you intended. Clicking confirm will split the original auth into the multiple auths listed below and assigne them to the listed providers.

0912A0056782 - CMH CHILD & FAM SUPPORTS (DD)		
T1016 Supports Coordination		
5 Per Auth	Total: 5	Eff: 11/17/09 Exp: 11/17/10
0912A0056783 - CMH ADULT CASE MANAGEMENT		
H0032 Treatment Plan Development by Non-Physician		
1 Per Auth	Total: 1	Eff: 11/17/09 Exp: 11/17/10
0912A0056784 - CMH MEDICATION CLINIC - ADULT		
T1017 Targeted Case Management		
5 Per Auth	Total: 5	Eff: 11/17/09 Exp: 11/17/10

- Verify that the Providers are correct.
- Click the **Confirm** button in the bottom left-hand corner of the screen

The following screen will be displayed:

Type	Details	
Goal	Goal / Dream	<a href="#">View</a>
Authorization	Authorization #: 0912A0056784 Provider: CMH MEDICATION CLINIC - ADULT	<a href="#">View</a> <a href="#">Update Provider</a>
Authorization	Authorization #: 0912A0056783 Provider: CMH ADULT CASE MANAGEMENT	<a href="#">View</a> <a href="#">Update Provider</a>
Authorization	Authorization #: 0912A0056782 Provider: CMH CHILD & FAM SUPPORTS (DD)	<a href="#">View</a> <a href="#">Update Provider</a>

- Click a link in the index or click the **Save and Continue to Signatures** button in the bottom left-hand corner of the screen to access the signature page.

The following screen will be displayed:

## 2. IPOS Treatment Plan: Signatures

### Electronic Signatures

#### Instructions

When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

To sign: Enter your password and click here

Primary Case Holder Signature Required By **lookup**  
11330 PCE Sabrina

Enter your password to sign

Sign and Save

Digital Signature To Be Obtained By **lookup** **clear**

To Be Signed By

\* Select Type

Use the drop-down to select who will sign the document

Click here to save without signing

Click here to lookup Staff member to obtain digital signature

Save Cancel

- Follow the below instructions if the form needs to be signed by the Consumer and/or Parent or Guardian. The Obtain Digital Signature link will not be displayed until the Primary Case Holder signs the document.
  - Use the **lookup** button to select the Staff Member that will obtain the signature.
  - Use the Drop-Down menu to select who will sign the form (Consumer or Parent/Guardian)
- Enter your Chip password and click the **Sign and Save** button to sign and exit the record.