Chapter 3 Provider Data Set

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I.   Revision History

Table 1. Document Revision History

Document Revision History				
Version Number	**Effective Date**	**Revision Date**	**Description**	**Author**
12.0	07/01/2017	05/10/2017	♦ Completed Version 12.0	SAMH Data Unit

I. General Policies and Considerations

This data set contains the provider agency's demographic information. It is the "parent" of **all** other data sets reported to any of the Department of Children and Families Office of Substance Abuse and Mental Health data systems.

A. Who submits provider data?

Provider data are required from all agencies that contract with the Department of Children and Families (DCF) Circuit Substance Abuse and Mental Health (SAMH) offices or Managing Entities for community mental health or substance abuse services. Additionally, **all** DCF licensed substance abuse facilities (Private funded or DCF contracted) **must** submit this information to be registered in the statewide Provider Database which updates the Substance Abuse and Mental Health Information System (SAMHIS) and the Incident Reporting and Analysis System (IRAS).

B. General policies related to the provider data

All provider information must be provided to the DCF Office of Substance Abuse and Mental Health by the circuit SAMH office, Managing Entity or the provider agency at the time of licensure or when the contract is issued. This information is provided by completing an electronic version of the "New Facility Registration Form" and sending the form via Email to Sherry Catledge at Sherry.Catledge@myflfamilies.com. Any change in information for existing providers/provider sites, e.g., a change of address, name, status, etc. should be reported on the appropriate "New Facility Registration Form" by marking the "Change" box and providing the new information in the appropriate areas. Be sure to always put the Provider ID and Site ID where the change is occurring. You may also report changes by Email to Sherry Catledge at the above Email address or by phone at (850) 717-4404.

Note: You can download the appropriate electronic "New Facility Registration Form" from the following link:

http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-12

C. Relationship of Records in the Provider Data Set to Records in Other Data Sets

1. "Parents" of Provider Data

Provider data are the "parent" of all other data. This means that the Office of Substance Abuse and Mental Health data systems will only accept other data if there is a record for the agency on the state database with a valid Federal Tax ID.

2. "Children" of Provider Data

All other data sets are children of the Provider Data. The agency must be registered in the state Provider Database before any other activity can occur.

II. Basic Instructions for the Provider Data Set

A. Instructions for All Agencies (Private and Contracted) and Managing Entities

1. A provider record is used to create and maintain the provider agency's demographic information, including the provider type, and program types. It has been developed to allow the system to hold certain provider information that can be linked to any data provided to the Office of Substance Abuse and Mental Health data systems by that specific provider agency.

2. The site identifier is provided to an agency when it registers a new physical location with the Office of Substance Abuse and Mental Health or appropriate Managing Entity. All service providers have a site identifier of '00' to designate the administrative office or headquarters. Each additional site identifier will reflect additional service locations and will be in sequential order starting with 01. If you have services at the same location as the administrative office, those services can be reported under the 00 site identifier, however, should the services move to a different location than the administrative office, a new site identifier will need to be created for the new location (unless it is moved to an existing site identifier and will be reported under this existing site's identifier).

Note: When Managing Entities set up Site IDs for their subcontractors, the same Site ID should be set up under the subcontractor's Provider ID. The SAMHIS system currently has keys on ProviderID (this identifies the DCF contract holder) and SiteID. Therefore each site under a Managing Entity should be different as SAMHIS does not currently have keys on ProviderID, SubcontractorID and SiteID to allow same sites for different providers. It is imperative that each service location have the correct physical address association. Site ID is tied to the physical address.

The Managing Entity should work with the subcontracted providers to set up the specific SiteIDs. The Managing Entity becomes the site "00", thus site "00" should not be used for any of the subcontractor Site IDs under the Managing Entity's Provider ID (FEIN). Alpha-Numeric numbers can be used to accommodate the number of subcontractor sites/locations. Managing Entities may opt not to use the 01 – 99 numbers depending on sites that were already set up for the subcontractors prior to Managing Entities coming on board. Existing Site IDs cannot be re-used but they can be marked inactive and a new site can be created to accommodate the Managing Entity.

Each Managing Entity has their own data system to manage in their own manner, however when reporting the data to SAMHIS it should be understood that the Key fields in the Provider set are currently on Provider ID (ME ID) and Site ID, not Subcontractor ID and SiteID nor Provider ID, Subcontractor ID and Site ID. Site ID is tied to the physical address.

III. **Instructions for the "New Facility Registration Form for Non-Contracted Providers"**

A. **Basic Provider Information**

1. **Action** – Indicate if this is: **a)** a new provider to be added, **b)** an existing provider with some changes, or **c)** an existing provider site that has closed (or no longer provides services) and needs to be inactivated

2. **Opening Date** – The first day that your agency/site opened for services after being licensed or contracted through DCF

3. **Closure Date** – The date that the provider location closed or became inactivated

4. **ProviderID** – This is the 10 digit ProviderID (Federal Tax ID) number for your agency with a dash after the second number - (example: 59-2347892)

5. **Provider Name** – The official name of the your agency as stated under the Division of Corporations for your Federal Tax ID

6. **SiteID** – A 2-digit site identification number for each separate *physical location* that provides substance abuse or mental health services. The sites should be set up by different service locations and *not* by different programs at the same location. The Administrative Office should be SiteID '00'. Service sites start with site 01 and use sequential numbers through 99. After site 99, you can start using alpha numeric characters, i.e. '1A', 1B etc.

7. **National Provider Identification (NPI) –** a number issued by the Federal Government. Leave blank if not applicable or unknown.
8. **Site Name** – A unique name to identify each service location/site of the agency
9. **Mailing Address** – The address including city, state and zip code where you want to receive mail from our office
10. **Physical Address** – The actual location of the service site including city, state and zip code
11. **County Name** – Name of county for the physical address of the service site
12. **Circuit** – Circuit number of the physical address of the service site
13. **Phone Number** - The number that clients would call for information/appointments/services
14. **Fax Number** - The fax number that clients would use

B. **Licensing and Staff Information**

1. **Fund Source** – Private for non-contracted providers
2. **Program Type** – Check all of the types that apply for your service site: Adult Substance Abuse (ASA), Children Substance Abuse (CSA), Adult Mental Health (AMH) Children Mental Health (CMH) and gender that is served
3. **DCF SA License #** - Substance Abuse License Number Issued by DCF for your services
4. **Type** – Type of license issued – Regular, Probationary or Interim
5. **Date Issued** – The effective date of the license
6. **Expiration** – The expiration date of the license
7. **Substance Abuse Licensed Services** – List all licensed substance abuse services provided at the service site
8. **Mental Health Services** – List all mental health services provided at the service site
9. **Data Contact** – First and last name of the person submitting the substance abuse or mental health data who would be contacted for questions about the data or other information
10. **Data Contact Phone** – Office phone number of the Data Contact listed above
11. **Data Contact Email** – Email address of the Data Contact listed above
12. **Director** - First and last name of Executive Director of the agency or person who should receive all correspondence concerning the agency
13. **Director Phone** – Executive Director's office phone number
14. **Director Email** – Email address of the Executive Director (3-5 & 3-8)

IV. New Facility Registration Form for Non-Contracted Providers

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NEW FACILITY REGISTRATION FORM NON-CONTRACTED PROVIDERS

All DCF licensed or DCF contracted substance abuse and mental health providers must complete a registration form for each of their sites/locations to be registered in the SAMH Provider Database. This database updates other systems such as SAMHIS, IRAS, KITS, and DOC.

Please call Sherry Catledge at (850) 717-4404 with any questions.

Return completed forms to Sherry Catledge at the following address:
Email: Sherry.Catledge@myflfamilies.com

Action: ☐New ☐Change ☐Inactivate   **Opening Date:_____**   **Closure Date:_____**

Basic Provider Information:

ProviderID: _____   Provider Name: _____
(Federal Tax ID)

Site ID:_____   NPI: _____
(National Provider ID)

Site Name: _____

Mailing Address: _____

Physical Address: _____
(Must have physical address)

County: _____   Circuit:____   Phone Number:_____   Fax Number:_____

Licensing and Staff Information:

Fund Source:_____   Client/Service Type: ☐CSA ☐ASA ☐CMH ☐AMH   ☐Female ☐Male
(P=Private S=State Contracted)   (Check all that apply)

DCF SA License #:_____   Type:____   Date Issued:_____   Expiration: _____
(Substance Abuse License)   R = Regular P = Probationary I = Interim

Substance Abuse Licensed Services: _____
  (Refer to your SAMH Contract or DCF substance abuse license for the services (i.e., Res level II, Outpt, TASC)

Mental Health Services: _____

Data Contact: _____   Data Contact Phone:_____
(Person responsible for the data at this site that should be contacted with any data questions from DCF Headquarters or Circuit Office)

Data Contact Email: _____

Director:_____   Director Phone:_____

Director Fax:_____   Director Email: _____

V. Instructions for the Managing Entity and SubContractor Facility Registration Form

A. General Information:

1. **Action** – Indicate if this is: **a)** a new provider to be added, **b)** an existing provider with some changes, or **c)** an existing provider site that has closed (or no longer provides services) and needs to be inactivated

2. **Opening Date** – The first day that your agency/site opened for services after being licensed or contracted through DCF

3. **Closure Date** – The date that the provider location closed or became inactivated

B. Contracted Provider Information:

1. **Contractor ID** – A 10-digit number using the Federal Tax ID number for your agency with a dash after the 2nd number (example 59-2347892)

2. **Contractor Name** – The official name of the contracted agency as stated under the Division of Corporations for your Federal Tax ID

3. **SiteID** – Contractors assign a 2-digit site identification number for each subcontractor ***physical location*** that provides substance abuse or mental health services. The sites should be set up by different service locations and ***not*** by different programs at the same location. The Contractor's agency Administration SiteID is always '00'. Subcontractor's sites start at site 01 and use sequential numbers through 99. Use alpha numeric numbers after site 99 is used. Example 1A, 1B etc.

4. **National Provider Identification (NPI)** – a number issued by the Federal Government. Leave blank if not applicable or unknown.

5. **Contract #** - Report the current DCF contract number for your agency

6. **Region** – Region for the physical address of the Managing Entity/Contractor

7. **Managing Entity Contact** – First and Last name of contact person at ME/Contractor level

8. **ME Phone** – Managing Entity Contact's phone number

9. **ME Email** - Managing Entity Contact's Email address

C. Sub-Contracted Provider Information:

1. **SubcontractorID** – Subcontracted provider's 10-digit Provider ID/(Federal Tax ID)

2. **Subcontractor Name** – The official name of the service provider as stated under the Division of Corporations associated with the Federal Tax ID

3. **Site Name** – A unique name to identify each location/site of the subcontractors

4. **Site Phone** - The number that clients would call for information/appointments/services

5. **Site Fax** - The fax number that clients would use to send information/requests

6. **County Name** – Name of county for the physical address of the service site

7. **Circuit** – Circuit number of the physical address of the service site

8. **Fund Source** – Managing Entities and their Subcontractors will be 'ADM Contracted'

9. **Program Type** – Check all of the types of services you provide: Adult Substance Abuse (ASA), Children Substance Abuse (CSA), Adult Mental Health (AMH) Children Mental Health (CMH) and gender that is served at this site

10. **Physical Address** – The actual location of the service site including city, state and zip code

11. Mailing Address – The address that you want to receive mail from our office including the city, state and zip code

12. DCF SA License # - Substance Abuse License Number Issued by DCF for subcontractor

13. Type – Type of license issued – Regular, Probationary or Interim

14. Date Issued – The effective date of the SA license

15. Expiration – The expiration date of the SA license

16. Substance Abuse Licensed Services – List all substance abuse services provided at the service site

17. Mental Health Services – List all mental health services provided at the service site

VI. Managing Entity and Subcontractor Facility Registration Form

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MANAGING ENTITY AND SUBCONTRACTOR FACILITY REGISTRATION FORM

Managing Entities must register every site/location of their subcontractors who are providing substance abuse or mental health services into the Provider Database. This database updates other systems such as SAMH, IRAS, KITS, and DOC.

Please call Sherry Catledge at (850) 717-4404 with any questions.

Return completed forms to Sherry Catledge at the following address:
Email: sherry_catledge@dcf.state.fl.us

Action: ☐New ☐Change ☐Inactivate   **Opening Date:** _____   **Closure Date:** _____

Contracted Provider Information:

ContractorID: _____   Contractor Name: _____

Site ID: _____   NPI: _____   Contract #:_____   Region: _____
                           (National Provider ID)

Managing Entity Contact: _____   ME Phone:_____

ME Email: _____

Sub-Contracted Provider Information:

Subcontractor ID: _____   Subcontractor Name: _____
(Federal Tax ID)

Site Name: _____   Site ID: _____   *NPI:_____

Site Phone: _____   Site Fax: _____   County: _____   Circuit:_____

Fund Source:____   Program Type: ☐CSA ☐ASA ☐CMH ☐AMH   ☐Female ☐Male   (P=Private
S=State Contracted)   (Check all that apply)

Physical Address: _____
(Must have physical address)

Mailing Address: _____
(Must have physical address)

DCF SA License #: _____   Type: _____   Date Issued: _____   Expiration: _____

SA Licensed Services:_____
(List services from SA license for this site)

Mental Health Services:_____
(List MH services for this site)

Staff Information

Director Name: _____   Director Phone: _____Director Fax: _____

Director Email: _____

Data Contact: _____   Data Contact Phone: _____

Data Contact Fax: _____   Data Contact Email: _____