

Chapter 3 Provider Data Set

Table of Contents

Revision History----- 3-1

General Policies and Considerations----- 3-2

Who Submits Provider Data----- 3-2

General Policies Related to the Provider Data----- 3-2

Provider Relationship Diagram----- 3-2

Relationship of Records in the Provider Data Set to Records in Other Data Sets----- 3-2

Basic Instructions for the Provider Data Set----- 3-2

Instructions for All Agencies----- 3-2

Instructions for Substance Abuse Agencies----- 3-3

Instructions for Completing New Facility Registration Form for Non-Contracted Providers----- 3-3

Basic Provider Information----- 3-3

Licensing and Staff Information----- 3-4

New Facility Registration Form for Non-Contracted Providers----- 3-5

Instructions for Completing Managing Entity and Subcontractor Facility Registration Form----- 3-6

Managing Entity and Subcontractor Facility Registration Form----- 3-8

Revision History

Version 10.3

- ◆ Created Table of Contents
- ◆ Moved Revision History to start of chapter
- ◆ Updated New Facility Registration Form Instructions
- ◆ Updated New Facility Registration Form
- ◆ Updated the document footer.

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 the SAMH Central Offices by the provider agencies.

A. Who submits provider data?

Provider data are required from all agencies that contract with the Department of Children and Families (DCF) district SAMH offices for community mental health or substance abuse services. Additionally, all DCF licensed substance abuse facilities should also submit this information.

B. General policies related to the provider data

All provider information must be provided to the DCF SAMH Central Office by the district SAMH office or the provider agency at the time of licensure or when the contract is issued. This information is provided to the DCF SAMH Central Office by completing a “New Facility Registration Form”. This form can be sent to the DCF SAMH Central Office via Email, fax or regular mail. Any change in the provider information, e.g., a change of address, name, status, etc. should be reported by phone or Email to the DCF SAMH Central Office. All appropriate numbers and addresses will be found on the form attached below.

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

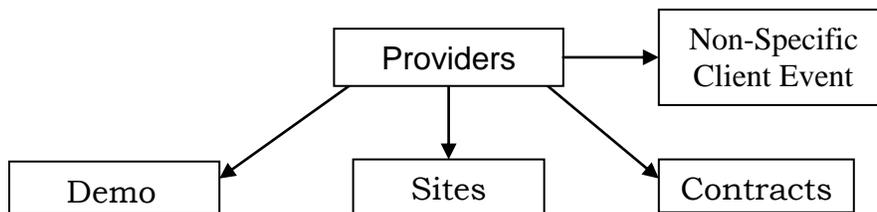
1. “Parents” of Provider Data

Provider data are the “parent” of all other data. This means that the SAMH data warehouse will only accept other data if there is a record for the agency on the state database with valid Federal Tax ID.

2. “Children” of Provider Data

The “children” of provider data are admission data, site data, contract data, and non-specific client data. None of these records is accepted by the SAMH data warehouse unless a provider record is present on the state database.

D. Provider Relationship Diagram



NOTE: The site and contract records are maintained by the Central Office and are not the responsibility of providers.

II. Basic Instructions for the Provider Data Set

A. Instructions for All Agencies

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 SAMH Central Office by that specific provider agency.

2. The site identifier is provided to an agency when it registers a new physical location with the Central Office. All agencies have a site identifier of '00' to designate the administrative office or headquarters. Each additional site identifier will reflect additional agency locations. The only exception to this policy is when the agency has only one location and a site identifier of '01' is used to indicate where services are provided.

B. Instructions for Substance Abuse Agencies

The registration of every licensed substance abuse provider by the Policy Integration and Information Systems (PDMHI) Office is required before these providers can submit data. To register, obtain an electronic version of the "New Facility Registration Form" from your SAMH district office Data Liaison or call Sherry Catledge at (850) 717-4403. Once the registration information is received via Email, you will be sent a verification of receipt. A paper version of the form can be sent via fax or regular mail if you do not have electronic capability.

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 at 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 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

IV. New Facility Registration Form

There are two separate New Facility Registration Forms below. One for private non-contracted providers and one for Managing Entities and Sub-contractors.

NEW FACILITY REGISTRATION FORM for 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 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: _____

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: _____ Data Contact Fax: _____
(Person responsible for the data submission for 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: _____

*National Provider Identification Number

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**

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: _____
(Federal Tax ID) (National Provider ID)
 Managing Entity Contact: _____ ME Phone: _____ ME Email: _____

Sub-Contracted Provider Information:

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

***National Provider Identification Number**