

Inventory of Behavioral Health Services (I-BHS) Online State User Manual 3.2

with

I-BHS Facilities Change Management

and

I-BHS Quick Retrieval Service (IQRS)

Prepared for:

Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 2-1044
Rockville, MD 20857

Prepared by:

Synectics for Management Decisions, Inc.
1901 N. Moore St., Suite 900
Arlington, VA 22209

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1 Introduction

1.1 Purpose and Scope

This document is intended for use by State personnel who work with the Inventory of Behavioral Health Services (I-BHS). It provides instructions for using the I-BHS Online, which is composed of the I-BHS Facilities Change Management application and the I-BHS Quick Retrieval Service, to update the I-BHS.

1.1.1 Inventory of Behavioral Health Services (I-BHS)

The I-BHS is an electronic national inventory of behavioral health facilities maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA) in cooperation with the States. It contains all substance abuse and mental health facilities known to SAMHSA, including facilities that have been "approved" by their State's behavioral health agency as well as facilities that are not "State-approved." . The I-BHS contains basic information about each facility such as name, location address, mailing address, telephone number, director name, and general services offered. Keeping the I-BHS current is of critical importance to the BHSIS programs.

Information about new facilities, closed facilities, and changes in facility data is provided primarily by State behavioral health agencies, but also comes from individual facilities and the National Survey of Substance Abuse Treatment Services (NSSATS) and the National Mental Health Services Survey (N-MHSS). Personnel, known as Super Users, have comprehensive access to IBHS Online and authority to approve changes made to the IBHS database.

The I-BHS guidelines document is available on the BHSIS web site at http://www.dasis.samhsa.gov/dasis2/manuals/isats_guidelines.pdf.

1.1.2 I-BHS Online

The I-BHS Online is an Internet-based application that provides access to the I-BHS to allow State behavioral health agency staff to review and update facility information. I-BHS Online is the portal for the I-BHS Facilities Change Management application and the IQRS.

1.1.2.1 I-BHS Facilities Change Management Application

The Facilities Change Management Application is a web based application that allows authorized State users to add new facilities and view and modify the information for existing I-BHS facilities in their state.

1.1.2.2 I-BHS Quick Retrieval Service

The IQRS is a tool that allows authorized State users to search the I-BHS to produce a list or file of the facilities in their state. Lists may be produced by

searching on the state, city, county, zip code, I-BHS ID, State ID, facility name, or facility address.

The IQRS Users Manual is available on the BHSIS web site at http://www.dasis.samhsa.gov/dasis2/manuals/isats_instruction.pdf.

1.2 Behavioral Health Services Information System (BHSIS)

The Behavioral Health Services Information System comprises four components. They are the I-BHS, TEDS, N-SSATS and N-MHSS. Complete information about all BHSIS components, including the latest versions of all manuals and other materials, is available on the BHSIS web site at <http://www.dasis.samhsa.gov>.

1.2.1 I-BHS

I-BHS is one of four components of the Behavioral Health Services Information System and is described above.

1.2.2 TEDS

TEDS is a compilation of data on substance abuse treatment events (admissions and discharges) that are routinely collected by States in monitoring their individual substance abuse treatment systems. It includes, primarily, information about clients admitted to programs that receive public funds.

1.2.3 N-SSATS

N-SSATS is an annual survey of all substance abuse treatment facilities included in the I-BHS. The survey collects information from public and private substance abuse treatment facilities about the facilities' organizational characteristics, services provided, and client counts. Data are collected at the facility level.

Facilities that respond to N-SSATS and are State-licensed or State-approved are included in the *National Directory of Drug and Alcohol Abuse Treatment Programs* and on the web-based version of the National Directory, called the Behavioral Health Treatment Services Locator (<http://findtreatment.samhsa.gov>).

1.2.4 N-MHSS

N-MHSS is a survey of all mental health treatment facilities included in the I-BHS. Facilities that respond to N-MHSS appear in the Mental Health Treatment Locator.

1.3 Document Overview

Section 2 teaches State Users how to obtain User IDs and Passwords; how to access I-BHS Online, the I-BHS Facilities Change Management application, and IQRS, and how to change their Passwords.

Section 3 provides an overview of all functionality available to the State User and describes the features and functions on the Submit Facility Change Requests page. All facilities and key information are displayed on this page and can be redisplayed through various sorts and searches.

Section 4 provides detailed instructions to perform tasks using the I-BHS Facilities Change Management application. It provides details and descriptions of these tasks, which were highlighted in Section 3.

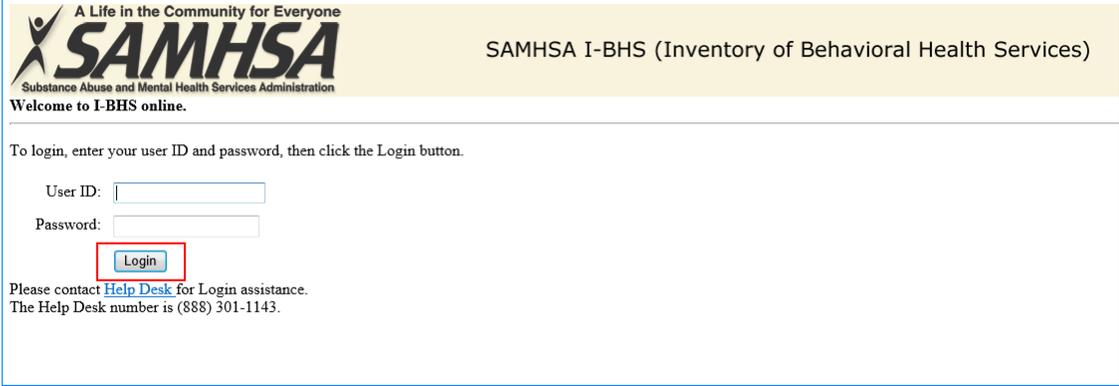
2 Using I-BHS Online

All users require a valid User ID and Password to access I-BHS Online. Contact the I-BHS Project Office at 1-888-301-1143 or by email at ibhs_help@smdi.com to have an account activated.

2.1 Getting Started

The IBHS Project Team will provide a User ID and Password to authorized State personnel. Based on the fact that some State personnel manage data for substance abuse facilities only; some manage data for mental health facilities only, and some manage data for both substance abuse and mental health facilities, three different types of User IDs will be issued to provide the appropriate access.

After following the information provided by the IBHS Project Team to access I-BHS Online, the login page will be displayed.



A Life in the Community for Everyone
SAMHSA
 Substance Abuse and Mental Health Services Administration

SAMHSA I-BHS (Inventory of Behavioral Health Services)

Welcome to I-BHS online.

To login, enter your user ID and password, then click the Login button.

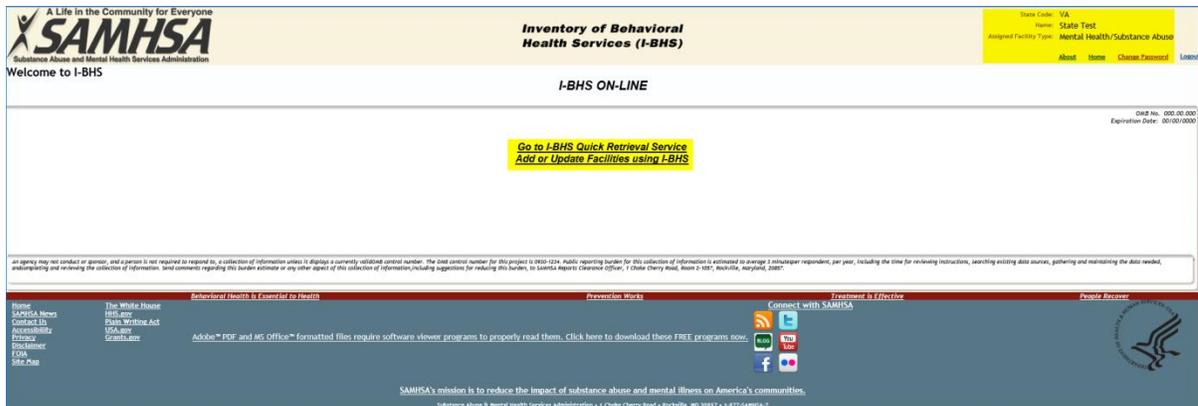
User ID:

Password:

Please contact [Help Desk](#) for Login assistance.
 The Help Desk number is (888) 301-1143.

1. Enter the User ID and Password and
2. Click on the “Login” button.

A Welcome page with user identification in the upper right corner and links to “log out” of I-BHS Online, “Change Password”, “Go to I-BHS Quick Retrieval Service”, and “Add or Update Facilities using I-BHS” will be displayed.



1. Click on “Go to I-BHS Quick Retrieval Service” to access IQRS, or
2. Click on “Add or Update Facilities using I-BHS” to access the Facilities Change Management Application.

2.2 Change Password

After users have been assigned user ids and passwords for the I-BHS Facilities Change Management application, they will be required by the Security Administrator to change their passwords immediately in order to maintain the security of the system.

Passwords can be changed by clicking on the “Change Password” link, which is highlighted in the image above. A password change form will be displayed.

**Substance Abuse & Mental Health
Services Administration
U.S. Department of Health
and Human Services**

Contact Management Change Password

User Id: TESTSTATE

Current Password: *

New Password: * TIP

New Password Match: *

Cancel Password Change
Apply Password Change

- Passwords must be at least eight characters long and contain the following characters:
 - Uppercase
 - Lowercase
 - Number
 - Special character

If the password change is accepted, the following form will be displayed:



After successfully changing their passwords, the users must exit the browser, because they will continue to be identified with their old passwords, which, now, are invalid. When the users return to the system in an instance of the new browser, they will be prompted to enter their user ids and passwords, again. Type the new password to gain access to the system.

3 Understanding the I-BHS Submit Facility Change Requests Page

State Users have access to all of their respective state's facilities in the I-BHS, including State approved and non-approved facilities.

Functionality available through the Facilities Change Management Application is identical for all State Users and is identified in the list below

The State User can

- Review all facilities in their state;
- Submit applications to add new facilities in their state;
- Submit facility change requests for all facilities in their state;
- Edit all facility change requests in their state that have not been approved;
- Delete facility change requests in their state that have not been approved;
- Send, Read and Acknowledge emails about facilities in their state;
- Write and Read comments about facilities in their state.

After logging in to the I-BHS Facilities Change Management application, the Facilities Change Management page will be displayed.

Note: DO NOT use the back arrow in the browser window in this application. Buttons are provided throughout the application to navigate through the pages.

State Users that manage data for both substance abuse and mental health facilities will be provided with the “Type Facility” drop down list, which will allow them to access either substance abuse or mental health facilities.

Inventory of Behavioral Health Services (I-BHS)

State Code: VA
State Name: State Text
Assigned Facility Type: Mental Health/ Substance Abuse

Facilities Change Management

Add/Edit New Substance Abuse Facilities

Submit Facility Change Requests Pending State Changes

Type Facility: Substance Abuse
State: Virginia
Display Modes: All
Status: Active

Facility Name: _____
I-BHS ID: _____
State ID: _____

Find By Facility Name:
Find By I-BHS ID:
Find By State ID:
Reset Search Fields

Advanced Search

| I-BHS ID | State ID | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|------------|----------------------------------|--------------------|-------------|-----------------------|
| VA102729 | 8965417944 | Abington Center for Psychiatry | No Changes Pending | | |
| VA102867 | 4086637730 | Addiction Medicine Specialists | No Changes Pending | | |
| VA100639 | VA100639 | Addiction Recovery Systems LLC | No Changes Pending | | |
| VA100939 | VA100939 | Adult Probation and Parole | No Changes Pending | | |
| VA100808 | 8630796616 | Advanced Behavioral Solutions | No Changes Pending | | |
| VA101840 | VA101840 | Affinity Health Care Group | No Changes Pending | | |
| VA101803 | VA101803 | Apeer Counseling and Therapeutic | No Changes Pending | | |

Submit New I-BHS Facility Application

Information
376 records retrieved for Virginia with "Active" status

State Users that manage only substance abuse or mental health facilities will not have this option.



3.1 Facilities List

All facilities in the I-BHS Database and the staging area are displayed on a list on the "Submit Facility Change Requests" page. The facilities displayed will be for a particular state and is determined by the State User's User ID. The facilities are displayed in alphabetical order by facility name. Throughout this document, this list is referred to as the Facilities List.

The information identifying the facility and its status is displayed in five columns on the Facilities List:

- I-BHS ID,
- State ID,
- Facility Name,
- Pending Status,
- Approved By.

The "Delete Change Request" column provides a method to delete a facility change request.

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|--------------|---------------------------------------|--------------------|-----------------------|-----------------------|
| FL116190 | 990600187400 | 16th Judicial Circuit Adult Diversion | Update: State | Not Authorized: State | |
| FL103210 | 610590013100 | 3rd Step Mental Health Program | Update: State | Not Authorized: State | |
| FL103987 | FL103987 | 5th Street Counseling | No Changes Pending | | |
| FL101388 | FL101388 | A Center for Positive Growth | Update: State | Not Authorized: State | |
| FL101395 | FL101395 | A Center for Positive Growth | No Changes Pending | | |
| FL101396 | FL101396 | A Center for Positive Growth | No Changes Pending | | |

3.1.1 Sort Facilities List Display

The Facilities List can be sorted in ascending or descending order by four different displayed fields:

- I-BHS ID,
- State ID,
- Facility Name, or
- Approved By.

The fields are mutually exclusive, so sorting can be performed on only one field at a time.

1. Place the cursor in the right corner of the labeled header for the field. Up and down arrows will be displayed.
2. Click on the up arrow to sort ascending and the down arrow to sort descending.

3.1.2 Display Facility List from Different Drop Down Lists

On the “Submit Facility Change Requests” page, particular facility change requests or facilities can be displayed by selecting an entry from the “Display Modes” or the “Status” drop down lists, which are highlighted in the image below.

Facilities Change Management
[Add/Edit New Substance Abuse Facilities](#)

Submit Facility Change Requests Pending State Changes

State: Florida Facility Name: Find By Facility Name: Advanced Search:
 I-BHS Id: Find By I-BHS Id:
 State Id: Find By State Id:
 Reset Search Fields

Display Modes: State Changes Pending
Status: Active

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|--------------|--------------------------------------|----------------|---------------------------------|-----------------------|
| FL101201 | FL101201 | A Center for Positive Growth | Update: State | Not Authorized: State | [X] |
| FL101497 | 590162280900 | Advocate Program | Update: State | Not Authorized: State | [X] |
| FL121240 | 590186062673 | Agency for Community Treatment Servs | Update: State | Authorized: ISATS_SUPER1: State | [X] |
| FL105011 | 510017727304 | Centers Inc | Update: State | Not Authorized: State | [X] |
| FL101737 | 590190534406 | Duval Halfway House | Update: State | Not Authorized: State | [X] |

[Submit New I-BHS Facility Application](#)

Information
 13 records retrieved for Florida for "State Changes Pending" with "Active" status

3.1.2.1 Display Modes Drop Down List

The entries in the "Display Modes" drop down list represent the various states of the facilities and facility change requests. Selecting one of the following seven entries, described in Table 1 below, allows the user to view and work with a specific subset of facilities separated from the larger set.

| DISPLAY MODES | DESCRIPTION |
|---|---|
| All | All facilities in the I-BHS Database and staging |
| Changes Pending | All pending facility change requests |
| State Changes Pending | Pending changes submitted by State |
| Survey Changes Pending | Pending changes submitted by Survey |
| Survey Changes Pending, Requiring Authorization | Pending changes submitted by Survey that have not been approved |
| State Changes Pending, Requiring Authorization | Pending changes submitted by State that have not been approved |
| Outstanding State Notifications | Emails that have not been acknowledged |

Table 1 - Display Modes Drop Down List Entries

3.1.2.2 Status Drop down List

The entries in the "Status" drop down list represent the different statuses of the facilities in the I-BHS Database. Selecting an entry allows the user to view and work with a specific set of facilities reduced from the larger set. The possible entries and their definitions are identified in Table 2.

| STATUS | DESCRIPTION |
|--|---|
| Active | Facility is in operation and active |
| Duplicate closed | Facility is a duplicate of another active facility in the I-BHS |
| Inactive | Facility is closed/reason unknown |
| Ineligible closed | Facility is ineligible for the IBHS |
| Merged with Another Facility | Facility Merged with another active facility in the I-BHS |
| No longer provides substance abuse or mental health services | Facility is still in business, but does not provide substance abuse or mental health services |
| Physically closed | Facility no longer is in business |
| Satellite closed | Facility is a satellite office only |

Table 2 - Status Drop Down List Entries

3.1.3 Pending Status

The "Pending Status" field identifies both the user who made the facility change request and the type of request that has been submitted. Table 3, below, describes the entries in the Pending Status field.

| (ACTION):(USER) | EXPLANATION |
|--------------------|---|
| Action | Add or Update |
| User | State or Survey |
| Add: State | State or the Super User entered a request to add a facility |
| Update: State | State or Super User entered a request to change a facility |
| Update: Survey | A request to change a facility was uploaded by Survey |
| No Changes Pending | Facility is in the I-BHS Database without changes |

Table 3 - Pending Status Entries

3.1.4 Approved By

The "Approved By" field identifies whether or not the facility change request has been approved; who made the decision, and the User Id of the person who approved it. Table 4, below, describes the entries in the Approved By field.

| (STATUS):(USERID):(USER) | EXPLANATION |
|----------------------------|--|
| Status | Not Authorized or Authorized |
| Userid | Identified when change is approved |
| User | State or Survey |
| Not authorized: State | State or Super User made a change that has not been approved |
| Not authorized: Survey | Survey made a change that has not been approved |
| Authorized:<userid>:State | <userid> approved a State or Super User change |
| Authorized:<userid>:Survey | <userid> approved a Survey change |
| Blank entry | Facility is in the I-BHS Database without changes |

Table 4 - Approved By Entries

3.2 Search Fields

Facility information can be searched by Facility Name, I-BHS ID, and State ID. Searching can be performed on only one field at a time. These searches are mutually exclusive. Full or partial searches can be performed. The "Display Modes" and "Status" drop down lists can be used to narrow the search. All search and sort options can be performed on the results returned on the Facilities List for further refinement.

All search results will be displayed in the Facilities List in alphabetical order. The number of facilities that match the search criteria will be displayed under the information symbol located below the “Submit New I-BHS Facility Application” button. See image below.

Note: Click the “Reset Search Fields” button after every search to reset the page and redisplay the Facilities List. You will not get the expected search results if you fail to do so.

3.2.1 Search by Facility Name

The Facility Name field can contain a maximum of 20 characters.

1. Enter the name in the “Facility Name” field.
2. Click on the “Find By Facility Name” button.

Facilities Change Management

[Add/Edit New Mental Health Facilities](#)

Submit Facility Change Requests Pending State Changes

State: Georgia Facility Name: family Find By Facility Name: Advanced Search:
 Display Modes: All I-BHS Id: Find By I-BHS Id:
 Status: Active State Id: Find By State Id:
 Reset Search Fields

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|----------|--|--------------------|-------------|-----------------------|
| GA102682 | 1305115 | Family and Children First LLC | No Changes Pending | | |
| GA102716 | 1305665 | Family Center of Columbus | No Changes Pending | | |
| GA102630 | 1304446 | Family Center of South DeKalb LL | No Changes Pending | | |
| GA102492 | 1303104 | Family Counseling Center of | No Changes Pending | | |
| GA102517 | 1303515 | Family Counseling Center of Central GA | No Changes Pending | | |
| GA102518 | 1303528 | Family Counseling Center of Central GA | No Changes Pending | | |
| GA102683 | 1305131 | Family Empowerment Services Inc | No Changes Pending | | |

Submit New I-BHS Facility Application

i Information
 12 records retrieved for Georgia with "Active" status and facility name starting with "family"

3.2.2 Search by I-BHS ID

The I-BHS Id field can contain a maximum of 8 characters.

1. Enter the I-BHS Id in the “I-BHS ID” field.
2. Click on the “Find By I-BHS ID” button.

Facilities Change Management
Add/Edit New Mental Health Facilities

Submit Facility Change Requests Pending State Changes

State: Georgia Facility Name: Find By Facility Name: Advanced Search:
 Display Modes: All I-BHS Id: ga1025 Find By I-BHS Id:
 Status: Active State Id: Find By State Id:
 Reset Search Fields

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|----------|--------------------------------------|--------------------|-------------|-----------------------|
| GA102593 | 1303913 | A Family First Community Services | No Changes Pending | | |
| GA102594 | 1303926 | Agape Sanctuary for the Children Inc | No Changes Pending | | |
| GA102586 | 1303845 | Apping Hospital | No Changes Pending | | |
| GA102521 | 9401451 | Atlanta VAMC | No Changes Pending | | |
| GA102522 | 9401464 | Atlanta VAMC | No Changes Pending | | |
| GA102523 | 9401477 | Atlanta VAMC | No Changes Pending | | |
| GA102524 | 9401480 | Atlanta VAMC | No Changes Pending | | |

Submit New I-BHS Facility Application

Information
 59 records retrieved for Georgia with "Active" status and facility I-BHS ID starting with "ga1025"

3.2.3 Search by State ID

The State Id field can contain a maximum of 20 characters.

1. Enter the State Id in the “State ID” field.
2. Click on the “Find By State Id” button.

Facilities Change Management
Add/Edit New Substance Abuse Facilities

Submit Facility Change Requests Pending State Changes

State: Florida Facility Name: Find By Facility Name: Advanced Search:
 Display Modes: All I-BHS Id: Find By I-BHS Id:
 Status: Active State Id: fl103 Find By State Id:
 Reset Search Fields

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|----------|-------------------------------|--------------------|-----------------------|-----------------------|
| FL103672 | FL103672 | 12 Palms Recovery Inc | No Changes Pending | | |
| FL103148 | FL103148 | 16th Judicial Circuit Adult | No Changes Pending | | |
| FL103150 | FL103150 | 16th Judicial Circuit Adult | Update: State | Not Authorized: State | |
| FL103987 | FL103987 | 5th Street Counseling | No Changes Pending | | |
| FL103416 | FL103416 | A Life Recovery Center Inc | No Changes Pending | | |
| FL103737 | FL103737 | A Stepping Stone to Success | No Changes Pending | | |
| FL103730 | FL103730 | Access Recovery Solutions LLC | No Changes Pending | | |

Submit New I-BHS Facility Application

Information
 177 records retrieved for Florida with "Active" status and facility State_ID starting with "fl103"

3.2.4 Advanced Search

The Advanced Search button allows the user to search on 15 different fields to locate specific State facilities in the I-BHS Database based on the specified search criteria.

Each field, provided in the popup window, can be searched individually or in combination with any number of the 15 fields to produce a specific search or to narrow the search. The search fields are dependent on each other so that the

scope of the search can be very narrow and produce very specific results. Full or partial searches can be performed.

The screenshot shows a search window with the following fields and controls:

- Status: Active (dropdown)
- State: Georgia (dropdown)
- Facility Name: (text input)
- I-BHS ID: (text input)
- Facility Service: (dropdown)
- Telephone Number: (text input)
- Web site: (text input)
- Director First Name: (text input)
- Director Last Name: (text input)
- Address Street line 1: (text input)
- Address Street line 2: (text input)
- City: (text input)
- National Provider Id: (text input)
- Zip: (text input)
- County: (text input)
- Buttons: Begin Search, Clear, Cancel

The fifteen fields in the popup search window are described in Table 5.

| INPUT FIELD | DESCRIPTION |
|---------------------|---|
| Status | Drop down list; required field; defaults to “active” |
| State | Set to state associated with User ID |
| Facility Name | Line 1 is the corporate or highest level name of the facility. Line 2 is the unit or program name that uniquely identifies the facility. |
| I-BHS ID | |
| Facility Service | Drop down list with entries that differ for Substance Abuse and Mental Health facilities. <u>Substance Abuse:</u> Administrative Services Only, Treatment/Detoxification Services, Non treatment Halfway House, Other Non-treatment Services <u>Mental Health:</u> Mental Health Services Treatment, Administrative Only, Non-Treatment (Intake, Assessment, referral, etc) |
| Telephone Number | Telephone number for facility providing services. |
| Web site | URL of home page of this facility’s website. |
| Director First Name | First name of the director |
| Director Last Name | Last name of the director. |

| | |
|-----------------------|--|
| Address Street Line 1 | Street address where services are provided, not P.O. Box number. |
| Address Street Line 2 | Second line of street address. |
| City | City in which facility is located and services are provided. |
| National Provider Id | National Provider Identification Number issued by HHS. |
| Zip | Zip code for facility location where services are provided. |
| County | County in which facility is located and services are provided. |

Table 5 - Advanced Search Fields

4 Using the I-BHS Facilities Change Management Application

4.1 Submit New I-BHS Facility Application

A new facility application can be submitted and then saved to be reviewed and modified at a later time.

1. Click on the “Submit New I-BHS Facility Application” button on the “Submit Facility Change Requests” page.

Facilities Change Management

[Add/Edit New Mental Health Facilities](#)

Submit Facility Change Requests Pending State Changes

State: Georgia Facility Name: Find By Facility Name:

Display Modes: All I-BHS Id: Find By I-BHS Id:

Status: Active State Id: Find By State Id:

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|----------|-------------------------------------|--------------------|-------------|-----------------------|
| GA102438 | 1302503 | Bridge Inc | No Changes Pending | | |
| GA102381 | 1301863 | Pineland Area MH/DD/AD/CSB Toombs | No Changes Pending | | |
| GA102593 | 1303913 | A Family First Community Services | No Changes Pending | | |
| GA102651 | 1304734 | A New Day LLC | No Changes Pending | | |
| GA102668 | 1304925 | Academy for Family Empowerment | No Changes Pending | | |
| GA102675 | 1305021 | Advance Therapeutic Concepts Inc | No Changes Pending | | |
| GA102259 | 1300440 | Advantage Behavioral Health Systems | No Changes Pending | | |

Submit New I-BHS Facility Application

Information

417 records retrieved for Georgia with "Active" status

The “New Facility Request” page will be displayed.

Facilities Change Management
(New Facility Request for Mental Health)

Facility Information: I-BHS Services/Director Information:

State Id: GA100007

* Activation Date: (MM/DD/YYYY) 3/15/2013

▶Select Input Area

Facility Name: |

Attention

*Facility Address:

*City:

Approved City

*State: Georgia

*Zip: -

County Name:

Mailing Same As Location

Mailing Address

City

State

Zip -

*Facility Phone:

Facility Fax:

[Some Phone Number formats](#)

State Reviewed:

State Approved:

National Directory Eligible

Non Published No

Cancel And Return To Facilities List Save And Return To Facilities List

2. Enter the information into the fields. Facility Name, Facility Address, City, Zip, and Facility Phone are required fields. Approved City, State, and County Name will be filled in by the application. The Attention field will be entered by the Super User. The I-BHS ID is automatically assigned.

The input fields on the "Facility Information" page are described in Table 6.

| INPUT FIELD | TYPE | REQ | DESCRIPTION |
|-----------------|------------|-----|---|
| State Id | Text Field | | Defaults to the I-BHS ID & may be changed |
| Activation Date | Text Field | Yes | Date that the facility was first licensed, sanctioned, or otherwise approved by the State to provide substance abuse or mental health services. Defaults to the date on which the record is being created. May be changed. |

| | | | |
|-----------------------------|------------|-----|---|
| Facility Name | Text Field | Yes | Line 1 should include the corporate or highest level name of the facility Line 2 should include a unit or program name that uniquely identifies the facility |
| Attention | Text Field | | Person to whom mail should be addressed. (Read Only. Determined by Super User.) |
| Facility Address | Text Field | Yes | Street address for facility where services are provided. Address must be 1 to 38 characters. Do not enter a P.O. box number |
| City | Text Field | Yes | City in which facility is located |
| Approved City | Text Field | | Filled in by application. Might not match entered City. (Read Only) |
| State | Text Field | | Filled in by application (Read Only) |
| Zip | Text Field | Yes | Zip code for facility's location |
| County Name | Text Field | | Filled in by application (Read Only) |
| Mailing Same as Location | Checkbox | | Check if the mailing address is identical to the location address |
| Mailing Address | Text Field | | Street address for facility's mailing address. Can be a P.O. box number. |
| City | Text Field | | City for facility's mailing address. Can be in a different state. |
| State | Text Field | | State for facility's mailing address. Can be a different state. |
| Zip | Text Field | | Zip code for facility's mailing address |
| Facility Phone | Text Field | Yes | Telephone number for facility providing services |
| Facility Fax | Text Field | | Fax number for facility providing services |
| State Reviewed | Checkbox | | Has the facility been reviewed by the State? |
| State Approved | Checkbox | | Has the facility been approved for inclusion by the Single State Agency? Default: checked yes. |
| National Directory Eligible | Drop down | | Is the facility eligible to be in the National Directory? |
| Non Published | Drop down | | Can information about this facility be published? Read Only. Determined by Super User. |

Table 6 - New Facility Application Fields

Note: If the Mailing Same as Location checkbox has been checked and the facility address is to be modified. It is important to adhere to the following sequence of steps when making corrections. First, remove the checkmark from the Mailing Same as Location checkbox. Enter the correct facility address, then click on the Mailing Same as Location checkbox. This will ensure both addresses are identical.

- 3. Click on the “I-BHS Services/Director Information” tab on the “Submit Facility Change Requests” page. The “I-BHS Services/Director Information” page will be displayed.

The information required on the I-BHS Services/Director Information page is different for substance abuse and mental health facilities.

Facilities Change Management
(New Facility Request for Substance Abuse)

Facility Information: I-BHS Services/Director Information:

Input Area

OTP ID Number For Methadone/LAAM:

EIN:

National Provider ID:

DEA Registration Number:

Input Area

Teds reporter No

Director Prefix:

Director First Name:

Director MI:

Director Last Name:

Director Suffix:

Director Title:

Director Phone:

* Facility Service None Currently Selected

Cancel And Return To Facilities List Save And Return To Facilities List

Facilities Change Management
(New Facility Request for Mental Health)

Facility Information: I-BHS Services/Director Information:

▶Input Area

National Provider ID:

▶Input Area

Teds reporter: No

Director Prefix:

Director First Name:

Director MI:

Director Last Name:

Director Suffix:

Director Title:

Director Phone:

* Facility Service: None Currently Selected

4. Enter the information about the facility services and director.

The input fields and “Facility Service” entries for Substance Abuse facilities are described in Table 7a.

| INPUT FIELD | TYPE | DESCRIPTION |
|----------------------------------|----------------|--|
| OTP ID Number for Methadone/LAAM | Text | Number issued if facility is an opioide treatment program that uses drugs such as methadone or LAAM in the treatment of narcotic addiction |
| EIN | Text | Employer Identification Number |
| National Provider ID | Text | Assigned by DHHS to health care providers |
| DEA Registration Number | Text | Drug Enforcement Agency registration number. Nine digit number. Format is 2 characters, A-Z, followed by 7 numbers, 0-9: aannnnnnn |
| Teds Reporter | Drop down list | Will this facility report admissions and discharges on clients to the TEDS (Treatment Episode Data Set)? |

| | | |
|---------------------|----------------|---|
| Director Prefix | Text | Self-explanatory, e.g., Dr. Ms. |
| Director First Name | Text | Self-explanatory |
| Director MI | Text | Self-explanatory |
| Director Last Name | Text | Self-explanatory |
| Director Suffix | Text | Self-explanatory, e.g., Jr., Sr. |
| Director Title | Text | Self-explanatory, e.g., “Director” |
| Director Phone | Text | Should be entered even if identical to facility phone |
| Facility Service | Drop down list | Required field. One of the entries below must be selected before saving. |
| | | <u>Administrative Services Only</u> : facility provides administrative services only. |
| | | <u>Treatment/Detoxification Services</u> : facility provides services that focus on initiating and maintaining an individual’s recovery from substance abuse and the management of acute intoxication and withdrawal. |
| | | <u>Non treatment Halfway House</u> : |
| | | <u>Other Non-treatment Services</u> : facility ONLY provides services such as intake, assessment, referral, sobering-up stations, and collateral services |

Table 7a - I-BHS Services/Director Information Fields for Substance Abuse Facilities

The input fields and “Facility Service” entries for Mental Health facilities are described in Table 7b.

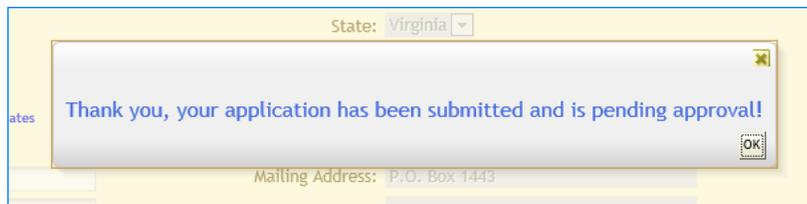
| INPUT FIELD | TYPE | DESCRIPTION |
|----------------------|----------------|--|
| National Provider ID | Text | Assigned by DHHS to health care providers |
| Teds Reporter | Drop down list | Will this facility report admissions and discharges on clients to the TEDS (Treatment Episode Data Set)? |
| Director Prefix | Text | Self-explanatory, e.g., Dr. Ms. |
| Director First Name | Text | Self-explanatory |
| Director MI | Text | Self-explanatory |
| Director Last Name | Text | Self-explanatory |
| Director Suffix | Text | Self-explanatory, e.g., Jr., Sr. |
| Director Title | Text | Self-explanatory, e.g., “Director” |
| Director Phone | Text | Should be entered even if identical to facility phone |
| Facility Service | Drop down list | Required field. One of the entries below must be selected before saving. |

| | | |
|--|--|--|
| | | <u>Mental Health Services Treatment</u> : facility provides services that focus on treating mental health issues. |
| | | <u>Non-Treatment (Intake, Assessment, referral, etc)</u> : facility provides services such as intake, assessment, referral, and collateral services. |
| | | <u>Administrative Only</u> : facility provides administrative services only. |

Table 8b - I-BHS Services/Director Information Fields for Mental Health Facilities

- Click on the “Save and Return to Facilities List” button to save the information.

A confirmation message will be displayed



- Click on the “OK” button to submit the new facility application.

The “Submit Facilities Change Request” page will be redisplayed. The new facility application will be found on the Facilities List with “Pending Status” set to *Add: State*. It will also be placed on the list on the “Pending State Changes” page until it is approved or deleted.

After the IBHS Project Team reviews and accepts the new facility application, “Pending Status” will change to *No Changes Pending*.

4.2 Modify Facility Information

The functionality available to the State User when requesting to modify facility information is *almost* identical to that which is available when requesting to add a new facility.

- Select an I-BHS ID, State ID, or Facility Name from the Facilities List.

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|----------|---------------------------------|--------------------|-----------------------|-----------------------|
| VA101218 | 5101098 | 13 Acres Extended Day Treatment | Update: State | Not Authorized: State | |
| VA101722 | 5106718 | A Better Life Counseling | No Changes Pending | | |
| VA101126 | 5100125 | Abingdon Center for Psychiatry | No Changes Pending | | |
| VA101687 | 5106284 | Access Regional Taskforce Inc | No Changes Pending | | |
| VA101748 | 5107021 | Adol and Family Growth Center | No Changes Pending | | |
| VA101683 | 5106226 | Adolescent and Family Growth | No Changes Pending | | |

[Submit New I-BHS Facility Application](#)

The “Edit Existing or Change Request” page will be displayed.

Facilities Change Management
(Mental Health Change Request :Abingdon Center for Psychiatry:VA101126)

Facility Information: I-BHS Services/Director Information: Email Notifications/Comments:

Status: Active Survey Details: VA101126 State Id: 5100125
 • Effective Date of Change or Date Facility Closed: (MM/DD/YYYY) 3/15/2013 Display Current Facility

►Select Input Area State Submission: ►Select Comparison Info: Current Facility Info ►Current Facility Info

| | | |
|--|---|--|
| Facility Name: Abingdon Center for Psychiatry Attention: <input type="text"/> *Facility Address: 350 Russell Road NW *City: Fairfax Approved City: Fairfax *State: Virginia *Zip: 22030 - <input type="text"/> County Name: Washington Mailing Same As Location <input type="checkbox"/> Mailing Address: P.O. Box 1443 City: Abingdon State: Virginia Zip: 24212 - 1443 *Facility Phone: (276) 628-1612 Facility Fax: (276) 628-9875 State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: No | Facility Name: Abingdon Center for Psychiatry Attention: <input type="text"/> Facility Address: 350 Russell Road NW City: Abingdon State: Virginia Zip: 24210 - <input type="text"/> County Name: Washington Mailing Address: P.O. Box 1443 City: Abingdon State: Virginia Zip: 24212 - 1443 Facility Phone: (276) 628-1664 Facility Fax: (276) 628-9875 State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: No | Facility Name: Abingdon Center for Psychiatry Attention: <input type="text"/> Facility Address: 350 Russell Road NW City: Abingdon State: Virginia Zip: 24210 - <input type="text"/> County Name: Washington MailingAddress: P.O. Box 1443 City: Abingdon State: Virginia Zip: 24212 - 1443 Facility Phone: (276) 628-1664 Facility Fax: (276) 628-9875 State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: No |
|--|---|--|

Cancel And Return To Facilities List | State Email Notification | Add Comment | Save And Return To Facilities List

2. Make the necessary changes on the “Facility Information” page.

Note: The Effective Date of Change or Date Facility Closed should be the date that the facility started or stopped providing substance abuse or mental health services. It is a required field that, by default, is set to the date that the facility information is modified. The State User can change the date.

Additional features on the “Facility Information” page are described in Table 8.

| FIELD | DESCRIPTION |
|-----------------|--|
| Comparison Info | The Select Comparison Info column is a mirror image of the Select Input Area column to the left. The entries in the Select Comparison Info drop down list allow the user to select historical information or Survey information. By default, the comparison information displayed is the current database entry for the facility. Differences between the Select Input Area and the Select Comparison |

| | |
|---------------------------|--|
| | Info are highlighted in red. |
| Current Facility Checkbox | When the Display Current Facility checkbox is checked, a third column appears to the right of the Select Comparison Info column. This third column displays the facility information that is in the I-BHS Database. The purpose is to allow the user to see the current facility data while reviewing historical or Survey information. |
| Status | The status of the facility can be modified by selecting one of the entries from the Status drop down list. When updating the information for a facility, take note of the status code. If an inactive or closed facility is to be reopened, be sure to change the status code to “active”. It is not necessary to make changes to a facility that is to remain inactive, because inactive facilities do not appear in reports or directories, and are not part of the N-SSATS. |
| Survey Details | The date and time that surveys were completed can be found under the Survey Details drop down list. |
| Input Area | The Select Input Area drop down list can have two entries: State Submission and Survey Submission, or one entry: State Submission. The State User has permission to view the pending survey changes, but does not have permission to modify them. |

Table 8 - Additional Features when Modifying an Existing Facility

3. Click on the “I-BHS Services/Director Information” tab to access the “I-BHS Services/Director Information” page.

Note: Changes made to the Comparison Info column will be reflected on the “I-BHS Services/Director Information” page. If you have checked the “Display Current Facility Info” checkbox, a third column will also be displayed on the “I-BHS Services/Director Information” page.

4. Make the necessary changes about the facility services and director.
5. Click on the “Save and Return to Facilities List” button to save the changes.

The confirmation message will be displayed.

6. Click on the “OK” button.

The “Submit Facilities Change Requests” page will be redisplayed. The “Pending Status” of the modified facility will be *Update: State*. “Approved By” will be *Not Authorized: State*. It will also be placed on the list on the “Pending State Changes” page until it is approved or deleted.

After the administrator reviews and accepts the submission request, “Pending Status” will change to *No Changes Pending*.

4.3 Review and Modify Pending State Changes

A list of unapproved facility change requests is displayed on the “Pending State Changes” page so that they can be reviewed and edited from a central location. The following identifies the steps required to review and edit any of these unapproved facility change requests.

1. Click on the “Pending State Changes” tab.

The “Pending State Changes” page will be displayed. The message “State change records that need approval” will be written above a list that resembles the Facilities List and contains the following five columns:

- Facility Name,
- State ID,
- I-BHS ID,
- State, and
- Date Added

| Facility Name | State Id | I-BHS ID | State | Date Added |
|-----------------------------------|-----------|----------|------------|------------|
| 1st Mending Point Inc | 197438 | CA106337 | California | 8/23/2010 |
| Patton State Hospital | bhshs3456 | CA126353 | California | 9/22/1997 |
| Alcohol and Drug Abuse Prevention | 932933 | CA932933 | California | 9/7/1979 |
| test | CA100002 | CA100002 | California | 12/4/2012 |

2. Click on any field under the Facility Name column to edit the facility. The “Edit Existing Facility Request” page will be displayed
3. Review and make any desired changes to the facility change request.
4. Click on the “Save and Return to Facilities List” button.

The confirmation message will be displayed:

5. Click on the “OK” button.

The” Pending State Changes” page will be redisplayed.

6. Repeat steps 2 through 5 for all facility change requests that are to be reviewed and modified.

4.4 Delete Facility Change Request

A request to change a facility or a new facility application can be removed by following the steps outlined below.

1. Select “State Changes Pending, Requiring Authorization” from the “Display Modes” drop down list.

Facilities Change Management

[Add/Edit New Substance Abuse Facilities](#)

Submit Facility Change Requests Pending State Changes

Type Facility: Facility Name: Find By Facility Name: Advanced Search:

State: I-BHS Id: Find By I-BHS Id:

Display Modes: State Id: Find By State Id:

Status: Reset Search Fields:

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|------------|-----------------------------------|----------------|-----------------------|---------------------------------|
| CA106337 | 197438 | 1st Mending Point Inc | Update: State | Not Authorized: State | <input type="button" value=""/> |
| CA932933 | 932933 | Alcohol and Drug Abuse Prevention | Update: State | Not Authorized: State | <input type="button" value=""/> |
| CA126353 | WES09776-6 | Patton State Hospital | Update: State | Not Authorized: State | <input type="button" value=""/> |
| CA100002 | CA100002 | test | Add:State | Not Authorized:State | <input type="button" value=""/> |

i Information
4 records retrieved for California for "State Changes Pending, Requiring Authorization" with "Active" status

2. Identify the facility on the Facilities List.
3. Click on the trash can icon for that facility, which is located in the last column to the right under the "Delete Change Request" column.

A new screen with the message: "Are you sure you wish to delete the facility change request for: '<facility name>?'" will be displayed. "Yes" and "No" buttons are provided.



4. Click on the "Yes" button.

The Facilities List will be redisplayed and will have been updated as follows: if a new facility application was deleted, the application will be removed from the staging area and will not be on the Facilities List anymore; if the request had been to change a facility, the requested changes should be gone, "Pending Status" will display "No Changes Pending" and "Approved By" and "Delete Change Request" will be blank. The entry will no longer be included in the list on the Pending State Changes page.

4.5 Send State Email Notification

The following provides the steps required to send an email notification about an I-BHS facility with pending changes. Emails cannot be sent about new facility applications. If required facility information is missing, the “Send Email and Return” button will be disabled and email cannot be sent.

1. Click on the “State Email Notification” button located on the “Edit Existing Facility Request” page.

Facilities Change Management
Edit Existing Substance Abuse Request: 16th Judicial Circuit Adult Diversion: FL116190

Facility Information | I-BHS Services/Director Information | Email Notifications/Comments

Status: Active | Survey Details: FL116190 | Completed: Thu Jul 01 1999 | State ID: 990600187400
 * Effective Date of Change or Date Facility Closed: (MM/DD/YYYY) 12/4/2012 | Display Current Facility

Select Input Area: State Submission | Select Comparison Info: Current Facility Info

| | |
|--|--|
| Facility Name: 16th Judicial Circuit Adult Diversion Family and Juvenile Drug Court Program Attention: *Facility Address: 502 Whitehead Street *City: Key West Approved City: Key West *State: Florida *Zip: 33040 - County Name: Monroe View or change the Map Coordinates Mailing Same As Location <input type="checkbox"/> Mailing Address: City: State: Zip: - *Facility Phone: (305) 292-3463 Facility Fax: (305) 295-3670 Some Phone Number formats State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: Yes | Facility Name: 16th Judicial Circuit Adult Diversion Family and Juvenile Drug Court Program Attention: Facility Address: 502 Whitehead Street City: Key West State: Florida Zip: 33040 - County Name: Monroe Mailing Address: City: State: Zip: - Facility Phone: (305) 292-3463 Facility Fax: (305) 295-3670 State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: Yes |
|--|--|

The “Email” page will be displayed.

A Life in the Community for Everyone
SAMHSA
 Substance Abuse and Mental Health Services Administration

Email

Email Address:

From: VeenaP@smdi.com

Subject: State User, IBHS Alert I-BHS ID: (VA100967)

Contents:

2. Type the email address in the “Email Address” field.
3. Type additional email addresses, separated by semi-colons, or select them from the dropdown list that is to the right of the “Email Address” field and click the “Select Email Address” button.
4. Modify the subject, if desired.
5. Type the message into the “Contents” field.
6. Click the “Send Email and Return” button.

The email will have been sent to the recipients and recorded on the “Email Notifications/Comments” page. The “Edit Existing Facility Request” page will be redisplayed. The “Send State Email Notification” button will have been replaced with the “State Acknowledge Email Receipt” button for this facility as displayed below.

Facilities Change Management
(Edit Existing Substance Abuse Request:16th Judicial Circuit Adult Diversion:FL116190)

Facility Information: I-BHS Services/Director Information: Email Notifications/Comments:

Status: Active Survey Details: FL116190 Completed: Thu Jul 01 1999 State Id: 990600187400
 * Effective Date of Change or Date Facility Closed: (MM/DD/YYYY) 12/4/2012 Display Current Facility

Select Input Area: State Submission Select Comparison Info: Current Facility Info

| | |
|---|---|
| Facility Name: 16th Judicial Circuit Adult Diversion Family and Juvenile Drug Court Program Attention *Facility Address: 502 Whitehead Street *City: Key West Approved City: Key West *State: Florida *Zip: 33040 County Name: Monroe Mailing Same As Location Mailing Address City State Zip *Facility Phone: (305) 292-3463 Facility Fax: (305) 295-3670 State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: Yes | Facility Name: 16th Judicial Circuit Adult Diversion Family and Juvenile Drug Court Program Attention Facility Address: 502 Whitehead Street City: Key West State: Florida Zip: 33040 County Name: Monroe Mailing Address: City: State: Zip: Facility Phone: (305) 292-3463 Facility Fax: (305) 295-3670 State Reviewed: <input checked="" type="checkbox"/> State Approved: <input checked="" type="checkbox"/> National Directory Eligible: Yes Non Published: Yes |
|---|---|

Cancel And Return To Facilities List **State Acknowledge Email Receipt** Add Comment Save And Return To Facilities List

4.6 Identify, Read, and Acknowledge Email

The following provides the steps required to identify, read, and acknowledge an outstanding email notification about an I-BHS facility with pending changes.

1. Select “Outstanding State Notifications” from the “Display Modes” dropdown list on the “Submit Facility Change Requests” page. The facilities with outstanding email notifications will be displayed on the Facilities List.

Facilities Change Management
[Add/Edit New Substance Abuse Facilities](#)

Submit Facility Change Requests Pending State Changes

State: Florida Facility Name: Find By Facility Name: Advanced Search:
 Display Modes: Outstanding State Notifications I-BHS ID: Find By I-BHS Id:
 Status: Active State Id: Find By State Id:
 Reset Search Fields

| I-BHS ID | State Id | Facility Name | Pending Status | Approved By | Delete Change Request |
|----------|--------------|---------------------------------------|----------------|-----------------------|-----------------------|
| FL116190 | 990600187400 | 16th Judicial Circuit Adult Diversion | Update: State | Not Authorized: State | |
| FL101497 | 590162280900 | Advocate Program | Update: State | Not Authorized: State | |

Submit New I-BHS Facility Application

Information
 2 records retrieved for Florida for "Outstanding State Notifications" with "Active" status

2. Select the desired facility by clicking on the I-BHS ID, State ID, or Facility Name. The “Edit Existing Facility Request” page will be displayed.
3. Click on the “Email Notifications/Comments” tab.

A panel labeled “List of I-BHS Email Alerts” will be displayed. It will present a list of one or more emails pertaining to the selected facility.

Facilities Change Management
[\(Edit Existing Substance Abuse Request:Addiction Medicine Specialists:VA100967\)](#)

Facility Information: I-BHS Services/Director Information: **Email Notifications/Comments:**

List of I-BHS Email Alerts

| Email Date | Email Subject | Email Contents |
|------------|---|----------------|
| 3/18/2013 | Super User, IBHS Alert I-BHS ID: (VA100967) | |
| 3/18/2013 | State User, IBHS Alert I-BHS ID: (VA100967) | |

4. Click on the envelope icon, located under the “Email Contents” column, for the email that is to be read. The “Email” page will be displayed.



5. After reading the contents of the email, click on the “Cancel and Return” button. The “List of I-BHS Email Alerts” panel on the “Email/Notifications/Comments” page will be redisplayed.
6. Click on the “State Acknowledge Email Receipt” button. It will be replaced with the “State Email Notification” button.

After returning to the “Submit Facility Change Requests” page, the facility will no longer be on the list produced when “Select Outstanding State Notifications” was selected from the “Display Modes” dropdown list.

4.7 Add a Comment to a Facility

It might be necessary to provide additional information about a facility that cannot be entered into fields provided in the facility record. The following provides the steps required to add a comment about an I-BHS facility. Comments cannot be posted about new facility applications.

1. Click on the “Add Comment” button located on the “Edit Existing Facility Request” page.

Facilities Change Management
(Mental Health Change Request :Alex Dept of Community and Human Servs:VA101132)

Facility Information | I-BHS Services/Director Information: | Email Notifications/Comments:

Status: Active | Survey Details: VA101132 | State Id: 5100196
Effective Date of Change or Date Facility Closed: (MM/DD/YYYY) 3/14/2013 | Display Current Facility

Select Input Area: State Submission | Select Comparison Info: Current Facility Info

| | |
|--|--|
| Facility Name: Alex Dept of Community and Human Ser Community Support Program | Facility Name: Alex Dept of Community and Human Servs Community Support Program |
| Attention: [text] | Attention: [text] |
| *Facility Address: 4480 King Street | Facility Address: 4480 King Street |
| *City: Alexandria | City: Alexandria |
| Approved City: Alexandria | |
| *State: Virginia | State: Virginia |
| *Zip: 22302 - [text] | Zip: 22302 - [text] |
| County Name: Alexandria City | County Name: Alexandria City |
| View or change the Map Coordinates | |
| Mailing Same As Location: <input type="checkbox"/> | |
| Mailing Address: [text] | Mailing Address: [text] |
| City: [text] | City: [text] |
| State: [text] | State: [text] |
| Zip: [text] - [text] | Zip: [text] - [text] |
| *Facility Phone: (703) 746-3500 | Facility Phone: (703) 746-3500 |
| Facility Fax: (703) 746-3917 | Facility Fax: (703) 746-3917 |
| Some Phone Number formats | |
| State Reviewed: <input checked="" type="checkbox"/> | State Reviewed: <input checked="" type="checkbox"/> |
| State Approved: <input checked="" type="checkbox"/> | State Approved: <input checked="" type="checkbox"/> |
| National Directory Eligible: Yes | National Directory Eligible: Yes |
| Non Published: No | Non Published: No |

Cancel And Return To Facilities List | State Email Notification | **Add Comment** | Save And Return To Facilities List

The “Add Comment” page will be displayed.

Add Comment

Comment Source: author

comment: Comment being added for user manual.

Submit | Cancel | Clear

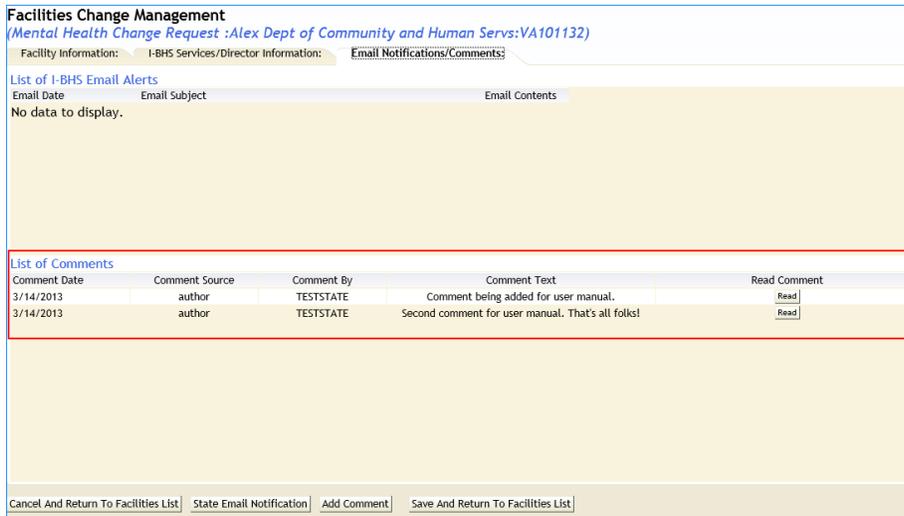
- 2. Type a personal identifier that is 10 characters or less in the “Comment Source” field. If this field is left blank, the User ID will be entered.
- 3. Type the message into the “Comment” field.
- 4. Click on the “Submit” button.

The comment will be recorded on the “Email Notifications/Comments” page.

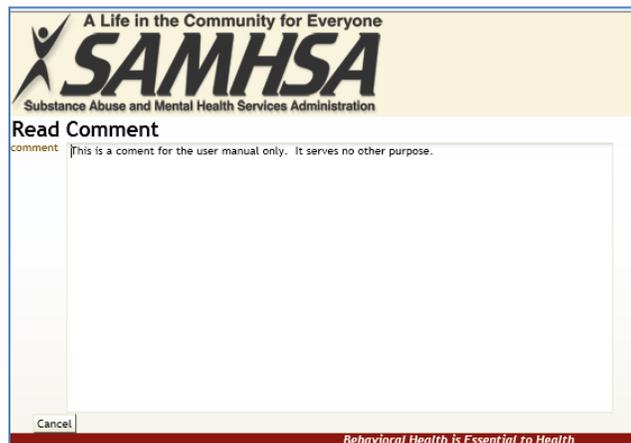
4.8 Read a Comment

The following provides the steps required to read a comment that has been posted about an I-BHS facility. The comment will be found when editing an I-BHS facility. Comments cannot be posted about new facility applications.

1. Click on the “Email Notifications/Comments” tab located on the “Edit Existing Facility Request” page. A list of comments pertaining to this facility will be displayed on the “List of Comments” panel that is located below the “List of I-BHS Email Alerts” panel.



2. Click on the “Read” button located under the “Read Comment” column for the comment that is to be read.



3. Read the comment and click on the “Cancel” button to return to the “Email Notifications/Comments” page.