***Subject: Activation* (New) *County/ Contract Provider***

**Activation Tracking Form**

**Program** to complete as much information on this form as available and submit to QMS for review. Form is then submitted to IRIS to begin building program into the IRIS system – time is crucial! As more information is known, Program to submit updated tracking form with current date and only updated information that is being added/changed.

|  |  |
| --- | --- |
| **Today’s Date:** | Click here to enter a date. |
| **Provider Name *DHCS*** (60 characters max including spaces)**:** | Click here to enter text. |
| **Provider Name *IRIS*** (16 characters max including spaces)**:** | Click here to enter text. |
| **Provider NPI #:** | Click here to enter text. |
| **Address (include 9-digit zip code):** | Click here to enter text. |
|  | Click here to enter text. |
| **Phone #:** | Click here to enter text. |
| **Fax #:** | Click here to enter text. |
| **Legal Entity #:** | Click here to enter text. |
| **Provider #:** (Apply using PFU, approx. 1-2 month wait) | Click here to enter text. |
| **Service Chief/ HOS:** | Click here to enter text. |
| **Service Chief/ HOS’s phone #:** | Click here to enter text. |
| **Date MC billing can begin (last of the following three dates determines MC Activation date):**   * **Date provider requested certification (complete application received by DHCS/ Contract completion date):** * **Date Site is Operational (Date Client will receive first service):** * **Date of Fire Clearance (Fire clearance must be approved prior to provider delivering services):** | **To Be Determined by QMS Certification**  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Please check types of Mental Health Service Activity to be terminated below.** | **Price Per Unit completed by IRIS** |
| **05/40 Crisis Residential,** Number of Beds (maximum of 16)  **15/01 Case Management including 15/07 Intensive Care Coordination (ICC)**  **15/20 Peer Support Services**  **15/30 Mental Health Services including 15/57 Intensive Home-Based Services**  **15/58 Therapeutic Behavioral Services (TBS)**  **15/60 Medication Support;  Prescription-only  Medication Room**  **15/70 Crisis Intervention** | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Date Provider Number Posted on DHCS (MH location only):** | Click here to enter a date. |
| **MC Certification posted on PIMS** (after DHCS Site Review) | Click here to enter a date. |

**IRIS Liaison and Service Chief to coordinate staff information needed to build providers into IRIS.**