***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.**