Clinician's Gateway New CBO/FSP/CHOICES Readiness Review

General Info	
Program Name:	
RU Number(s):	

Provider Task Check-List
Check Items as You Complete Them in *Preparation for Requesting Clinician's Gateway Training*

- ☐ Data Collection Agreement Submitted
- ☐ RU Number(s) Assigned *(Required)*
- ☐ BHCS Data Collection Training *(Required {Support Staff} – Provider Relations)*
- ☐ FSP Data Collection Training *(Required as Appropriate – IS or FSP staff)*
- ☐ INSYST User Authorizations Requested *(Required)*
- ☐ INSYST Staff Numbers Requested (for CG Users & Clinicians) *(Required)*
- ☐ INSYST Training Completed *(Admin., Support Staff Only)*
- ☐ INSYST Client Registration & Episode Input *(For at Least 1 Client During InSyst Training)*
- ☐ Staff Log/MAA Training Completed *(Required as Appropriate – Provider Relations)*
- ☐ Clinician's Gateway Staff Authorizations Requested *(Required)*
- ☐ Check-List Completed *(Date:_____)*
- ☐ Form Faxed (510-567-8161) or E-Mailed (HIS@acbhcs.org) to IS Support Team

Program Contact Name:_____ **Phone #** _____

For IS Use ONLY

IS Support Task Check-List *To be Completed and Checked Off by IS Staff*

- ☐ Network Accounts Created – CG Published App Assigned
- ☐ INSYST Staff Numbers Assigned
- ☐ Clinician's Gateway Training Scheduled

Clinician's Gateway Set Up
- ☐ Groups *(Templates, Roles)* Group # _____
- ☐ Shared Workgroups: _____
- ☐ Accounts *(Choices if Appropriate)*
- ☐ RUs Assigned
- ☐ Procedure Codes Assigned *(197, 198, MAA Codes as Appropriate)*
- ☐ Clinician's Gateway Training Completed

Choices
- ☐ FSP PSC's Registered with State
- ☐ RU added to 485 Distribution List *(Program RUs)*
- ☐ Choices RU and Group Assigned to Accounts

- ☐ All Items Completed *(Date: _____)*

Log #_____   IS Staff:_____

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Information Systems Support   Phone: (510) 567-8181   Fax To: (510) 567-8161   E-mail To: HIS@acbhcs.org