

CREATE FACILITY, INDIVIDUAL, OR SERVICE OFFERINGS

Summary

This guide will walkthrough how to create, update, and close:
facilities, individuals, and service offerings

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Introduction

The Master Provider Enterprise Repository, MPER, includes pertinent information for each Allegheny County, Department of Human Services, contracted/non-contracted provider.

It is the responsibility of the provider to maintain information in MPER.

This job aid pertains to the following screens:

- Provider Facility - Create a facility for each location where services are provided.
- Provider Individual – Create an individual for CYF caregivers such as foster parents.
- Service offering ID - Create a service offering which is a combination of a contracted service and the location where the service is provided.

Tool tips are available by hovering over the field name. Shaded fields are mandatory to save the entered information.

Create New Facility

- Hover over the Provider button.
- Hover over New.
- Click Facility (Agency is greyed out for provider users).



- Click the Direct Service Provider checkbox.
- Facility - Enter the name of the facility.
- Enter Doing Business As if applicable.
- Audit shows Last Updated Date and By and Originally Created Date and By. This is not editable

Provider Facility

General Info

Services Provided

Preference

Provider Type

☒ Direct Service Provider
 ☐ Vendor
 ☐ County Contracted Vendor

☐ Internal Service Provider
 ☐ Contract Applicant

Audit

Last Updated Date

Originally Created Date

Updated By

Originally Created By

Provider Information

Provider Number

Facility**
Lollipop - 123 Main Street

Doing Business As
Lollipop Inc.

Input Addresses

- o Enter a Start Date. (The date this address became in existence, or the fiscal year start date.)
 - o Enter a Primary Phone number.
 - o Enter an Email Address.
 - o Click the Edit button.
- Click New Addresses for additional addresses if applicable.

Addresses

Address Type	Address Line 1	Address Line 2	City	State	Zip Code	Secondary Phone	Primary Phone	Fax Phone	Start Date	End Date	Address Verified

☒ View Current Addresses
 ☐ View All Addresses

Address*

Start Date*

End Date

Edit

Phone Number

Primary Phone*

Extn

Secondary Phone

Extn

Fax Phone

Other Phone Type

Other Phone

Extn

Email Address*

- o Address type defaults to Local Address.
- o Enter the street number and name in Address Line 1 field.
- o Enter the City.
- o Choose the State from the dropdown list.
- o Enter the Zip.

- o Click the Search button.
- o Review the Search Results if applicable. Select the Alternate Address if shown; otherwise click the OK button.
- Check the Save Without Verification check box only when the system will not take the address you are trying to enter; then OK

Enter Address

Address Details

Address Format

☒ Domestic Address
 ☐ Foreign Address

Address Type

☒ Local Address

Address Line 1

123 Main st

Address Line 2

City

pittsburgh

State

Pennsylvania

Zip

15222 -

☐ Save Without Verification

OK

Search

Cancel

Input Provider Detail

- o Complete the mandatory fields and other fields that are applicable.
- o Service Location Type is not editable.
- This field will reflect on this screen if chosen on the service offering screen associated to this facility.
- o Click the Save button.

Provider Detail

Type of Service at this Location*

N/A

Legal Status

Non-Profit

Facility Representative First Name*

DORRIN

JDE Number

Facility DDAP Number

123456

Facility Representative Last Name*

JONES

Business Designation

In-Home Provider Type

Facility Representative Phone Number *

4125554569

TDD#

PH/AD Mainframe ID

Agency Website Address

Agency School District

Select

Accessibility Accommodations *

Hearing Impaired

Select

Service Location Type

Facility

In-home

Prison

School

Save

Import Family Profile

Cancel

o Click the Select button.

Checking for Duplicates

▪ If the pop up screen shows possible duplicate facilities, review the information to determine if the facility is already created. Click on the Select button for the correct facility.

Extra Info

- Services Provider tab – enter information if the facility is a CYF residential/group home.
 - o Enter a description for Other Services Provided, Referral Process, Restrictions/Additional Information and Admission Requirements/Eligibility.
 - o To enter Payment/Insurance information, click Select under the Payment/Insurance box. Highlight all that apply, click >> and click OK.
 - o To enter Special Skills/Background information, click Select under the Special Skills/Background box. Highlight all that apply, click >> and click OK.
 - o Click the Save button to save entries.

General Info

Services Provided

Preference

Household Member

Other Services Provided

Referral Process

Restrictions/Additional Information

Admission Requirements/Eligibility

Payments/Insurance

Special Skills/Background

Select

Select

Save

Import Family Profile

Cancel

- Preference tab - enter information if the facility is a CYF residential/group home.
 - o Click Select Preferred Clients.
 - o Enter the fields.

Note: Enter the number of children the facility would want to host by age and gender of preference. Multiple entries should only be created if preferences differ by gender or age

Approved Number of Children

Gender	Number Preferred	Ages Accepted From:	Ages Accepted To:
		Year, Month	Year, Month

Gender*

Both

Number Preferred

3

Ages Accepted From

Yrs.

5

Mnth.

0

Ages Accepted To

Yrs.

12

Mnth.

0

New

Delete

OK

Cancel

- Room Structure
 - o Enter the information in each field for the first entry.
 - o Click the Save button.
 - o Click the New button for subsequent entries.

Provider Individual

General Info

Services Provided

Preference

Household Member

Preferred Clients

Select Preferred Clients

Room Structure

Number of Rooms	Number of Beds Per Room	Gender Restriction	
			New

Save

Number of Rooms

Number of Beds Per Room

Gender Restriction

PAT Level Able to Accept

Facility Interests

Provider Language Spoken

Select

Select

Select

Note:

If there are multiple rooms with different numbers of beds or gender restrictions, please have an entry for every room. If the room structure is the same (e.g., 2 rooms with 2 beds that can take either boys or girls), you only need one entry.

To enter PAT Level, click Select under the PAT Level Able to Accept box. Highlight all that apply, click >> and click OK.

To enter Facility Interests information, click Select under the Facility Interests box. Highlight all that apply, click >> and click OK.

To enter Provider Language Spoken information, click Select under the Provider Language Spoken box. Highlight all that apply, click >> and click OK.

- Considerations
 - o Click Yes or No in the Willing to Consider column.
 - o Check the box for Experienced with and Interested in Training if applicable.
 - o Select Shelter only or willing to accept both shelter and long-term.
 - o Select Willingness to accept siblings.
 - o Select Willing to adopt.
 - o Select Pets in the facility. If yes, complete the info in the facility; describe narrative field.
 - o Enter notes in the Additional Comments/Considerations field.
 - o Click the Save button.

Cancel

Save

Cancel

Considerations

	Willing to Consider	Experienced with	Interested in Training
1. Verbal aggression	☐ Yes ☐ No	☐	☐
2. Physical aggression	☐ Yes ☐ No	☐	☐
3. Destructive/Disruptive behavior (Biting, damage to property)	☐ Yes ☐ No	☐	☐
4. Self-harm behavior	☐ Yes ☐ No	☐	☐
5. Runaway from placement	☐ Yes ☐ No	☐	☐
6. Sexually acting out behavior	☐ Yes ☐ No	☐	☐
7. Alleged/Reported sexual abuse perpetrator	☐ Yes ☐ No	☐	☐
8. Mental health diagnosis	☐ Yes ☐ No	☐	☐
9. Substance abuse disorder	☐ Yes ☐ No	☐	☐
10. School truancy/attendance issues	☐ Yes ☐ No	☐	☐
11. Intellectual disability diagnosis	☐ Yes ☐ No	☐	☐
12. Special medical needs/handicap accessibility	☐ Yes ☐ No	☐	☐
13. Pregnant/pending teen	☐ Yes ☐ No	☐	☐
14. Transgender or gender non-conforming	☐ Yes ☐ No	☐	☐
15. Gay, lesbian or bisexual youth	☐ Yes ☐ No	☐	☐

Shelter only or willing to accept both shelter and long-term

Willing to accept siblings

Willing to adopt

Pets in facility

If pets in the facility, please describe

Additional Comments/Considerations

Save

Cancel

- License information is entered by DHS.
- Provider Contacts information is captured on the Provider Detail section.
- This tab can be used to identify other contacts if applicable.
- Availability

- Update a Start Date
- Enter an End date (see below for instructions).
- HMIS Program List is entered only for HMIS users if applicable.

Create an Individual

- Hover over the Provider button.
- Hover over New.
- Click Individual (Agency is greyed out for provider users).



- Click the Direct Service Provider checkbox.
- Enter First and Last Name of the person designated as the head of household.
- Enter Date of Birth.
- Choose Marital Status from the dropdown.
- Choose Gender from the dropdown.
- Choose Ethnicity from the dropdown.
- Click radio button for Head of Household 1.
- Audit shows Last Updated Date and By and Originally Created Date and By. This is not editable.

- o Click the Search button.
- o Review the Search Results if applicable. Select the Alternate Address if shown; otherwise click the OK button.
- Check the Save Without Verification check box only when the system will not take the address you are trying to enter.

Enter Address

Address Details

Address Format

☒ Domestic Address

☐ Foreign Address

Address Type

☒ Local Address

Address Line 1

123 Main st

Address Line 2

City

pittsburgh

State

Pennsylvania

Zip

15222 -

☐ Save Without Verification

OK

Search

Cancel

- Provider Detail
 - o Enter all fields that are applicable. Shaded fields are mandatory to save the individual.
 - Depending on Type of Service chosen and/or Type of Home determines which fields will become mandatory.
 - o Click the Save button.

New Address

Provider Detail

Type of Service at this Location*

Non-Placement

Legal Status *

Non-Profit

Social Security Number*

126940230

JDE Number

FEIN Number

Total Facility Capacity

Total Annual Budget:

of Volunteers

In-Home Provider Type

Is this facility bed Ready ?

TDD#

FH/AD Mainframe ID

Business Designation

Agency School District

Other

Agency Website Address:

Select

Type of Home

Select

Save

Import Family Profile

Cancel

Checking for Duplicates

- o Click the Select button.
 - If the pop up screen shows possible duplicate facilities, review the information to determine if the facility is already created. Click on the Select button for the correct individual

Extra Info

- Import Family Profile can be selected if applicable.
- Services Provider tab
 - o Enter a description for Other Services Provided, Referral Process, Restrictions/Additional Information and Admission Requirements/Eligibility.
 - o To enter Payment/Insurance information, click Select under the Payment/Insurance box. Highlight all that apply, click >> and click OK.
 - o To enter Special Skills/Background information, click Select under the Special Skills/Background box. Highlight all that apply, click >> and click OK.
 - o Click the Save button to save entries.

General Info

Services Provided

Preference

Household Member

Other Services Provided

Referral Process

Restrictions/Additional Information

Admission Requirements/Eligibility

Payments/Insurance

Special Skills/Background

Select

Select

Save

Import Family Profile

Cancel

- Preference tab
 - o Click Select Preferred Clients.
 - o Enter the fields.

Note: Enter the number of children the facility would want to host by age and gender of preference. Multiple entries should only be created if preferences differ by gender or age

Approved Number of Children

Gender	Number Preferred	Ages Accepted From:	Ages Accepted To:
		Year, Month	Year, Month

Gender*

Both

Number Preferred

3

Ages Accepted From

Yrs. Mnth.

5 0

Ages Accepted To

Yrs. Mnth.

12 0

New

Delete

OK

Cancel

- Room Structure
 - o Enter the information in each field for the first entry.
 - o Click the Save button.
 - o Click the New button for subsequent entries.

If there are multiple rooms with different numbers of beds or gender restrictions, please have an entry for every room. If the room structure is the same (e.g., 2 rooms with 2 beds that can take either boys or girls), you only need one entry.

To enter PAT Level, click Select under the PAT Level Able to Accept box. Highlight all that apply, click >> and click OK.

To enter Facility Interests information, click Select under the Facility Interests box. Highlight all that apply, click >> and click OK.

To enter Provider Language Spoken information, click Select under the Provider Language Spoken box. Highlight all that apply, click >> and click OK

Provider Individual

General Info

Services Provided

Preference

Household Member

Preferred Clients

Select Preferred Clients

Room Structure

Number of Rooms	Number of Beds Per Room	Gender Restriction	New
			Save

Number of Rooms

Number of Beds Per Room

Gender Restriction

PAT Level Able to Accept

Select

Facility Interests

Select

Provider Language Spoken

Select

- Considerations
 - o Click Yes or No in the Willing to Consider column.
 - o Check the box for Experienced with and Interested in Training if applicable.
 - o Select Shelter only or willing to accept both shelter and long-term.
 - o Select Willingness to accept siblings.
 - o Select Willing to adopt.
 - o Select Pets in the facility. If yes, complete the info in the facility; describe narrative field.
 - o Enter notes in the Additional Comments/Considerations field.
 - o Click the Save button

Details

Select

Service

Considerations

	Willing to Consider	Experienced with	Interested in Training
1. Verbal aggression	☐ Yes ☐ No	☐	☐
2. Physical aggression	☐ Yes ☐ No	☐	☐
3. Destructive/disruptive behavior (firesetting, damage to property)	☐ Yes ☐ No	☐	☐
4. Social/self-harm behavior	☐ Yes ☐ No	☐	☐
5. Runaway from placement	☐ Yes ☐ No	☐	☐
6. Sexually acting out behavior	☐ Yes ☐ No	☐	☐
7. Alleged/reported sexual abuse perpetrator	☐ Yes ☐ No	☐	☐
8. Mental health diagnosis	☐ Yes ☐ No	☐	☐
9. Substance abuse disorder	☐ Yes ☐ No	☐	☐
10. School truancy/attendance issues	☐ Yes ☐ No	☐	☐
11. Intellectual disability diagnosis	☐ Yes ☐ No	☐	☐
12. Special medical needs/handicap accessibility	☐ Yes ☐ No	☐	☐
13. Pregnant/pregnant teen	☐ Yes ☐ No	☐	☐
14. Transgender or gender non-conforming	☐ Yes ☐ No	☐	☐
15. Gay, lesbian or bisexual youth	☐ Yes ☐ No	☐	☐

Shelter only or willing to accept both shelter and long-term

Willing to accept siblings

Willing to adopt

Pets in facility

If pets in the facility, please describe

Additional Comments/Considerations

New

Cancel

- Household Member Tab
 - o Head of Household 1 is populated from the information entered on the General Info screen.
 - o Click the New button to create a new household member.

Note: Head of Household 2 or N/A. You can only choose one option. TIP: If the Household Member is indicated to be HOH 1, then the relationship to HOH 2 is selected. The Relationship to HOH 1 defaults to ‘Self’.

- o Enter applicable fields; shaded fields are mandatory to save.
- o Click Save household member button.
- o Household Information can be edited by clicking on the row for the household member.
 - Change the applicable field.
 - Click Save household Member button.

Provider Individual

General Info

Services Provided

Preference

Household Member

Household Member(s)

HouseholdMemberName	SSN	DOB
Lucy Lee	126-94-0230	01-01-1997

New

Cancel

Prefix

First

Middle

Last

Care 24hr FL

Respite Service FL

Received Child Clearance

Received Criminal Clearance

Minimum Age Served

Maximum Age Served

NA Child Clearance Reason

NA Criminal Clearance Reason

Date of Birth

SSN

Gender

Date of Death

01/01/1997

126940230

Female

Religion

Marital Status

Head of Household Member

Head of Household 1

Head of Household 2

N/A

Relationship to Head of Household 1

Relationship to Head of Household 2

Ethnicity

Race

Puerto Rican

Select

Save household Member

Cancel

- Insurance - enter information per direction from the contract monitor
- License CYF - is entered by DHS.
- Provider Contacts information is captured on the Provider Detail section.
 - This tab can be used to identify other contacts if applicable.
- Availability
 - Update a Start Date
 - Enter an End date (see below for instructions).
- HMIS Program List is entered only for HMIS users if applicable.

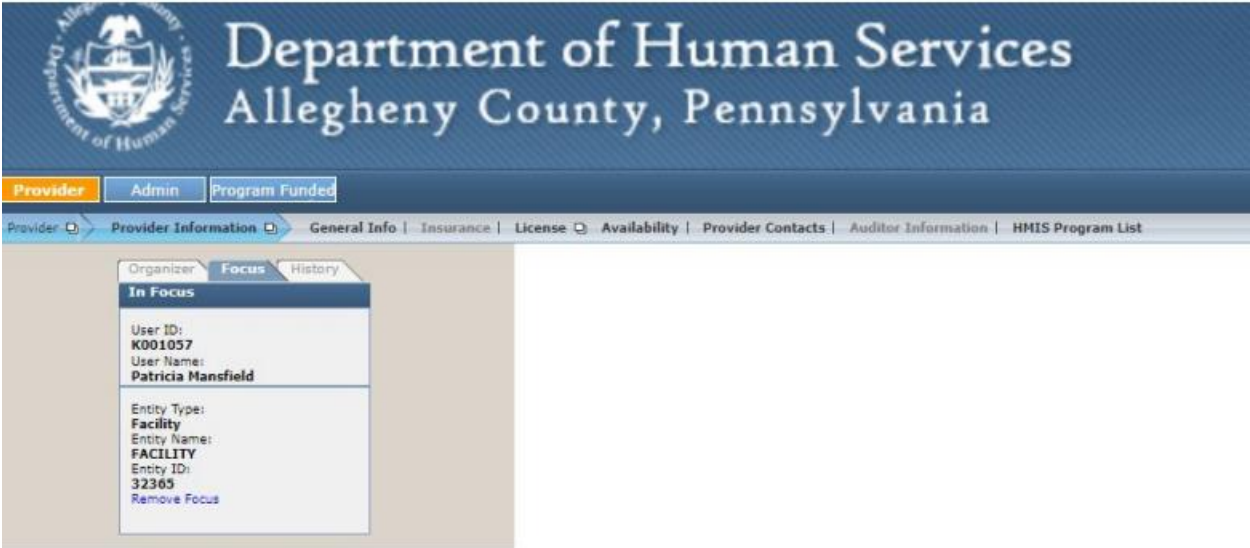
09/15/2023

Create Facility, Individual, or Service Offerings

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View and Update Facilities/Individuals

- Click on the Organizer tab
- Click My Facilities.
- Click the row of the facility to view.
- Click the Show button.
- Click Provider Information > General Info tabs.
- Make changes or additions.
- Click the Save button.



Close a Facility/Individual

- End date each service offering associated to the facility to be closed first.
- Go to My Facilities and select the row for the facility that needs to be closed
- Click the Show button.
- Navigate to the Availability tab—Provider>Provider Information>Availability
- Choose an end date in the dropdown – this must be the day after the service offering end date.
- Choose a reason in the dropdown. Enter comments if applicable.
- Click the Save button.

Availability Status

Worker Recommendations	Start Date	End Date	Comments
Available	01/01/1999		

Availability Details

Worker Recommendations

Available

Availability

Start Date

End Date

Reason

01/01/1999

Comments

New

Back

Cancel

Create New Service Offering

Service offerings are used to identify which facilities/individuals at the agency will be providing the services on the contract.

The facility must be created before a service offering can be created. If the facility is already created, navigate to the Service Offering List (see below).

To Focus the Agency after creating the facility

- Click the Organizer tab.
- Click the plus sign + beside My Agencies

Provider

Admin

Program Funded

Provider

New

Search

Provider Information

Organizer

Focus

History

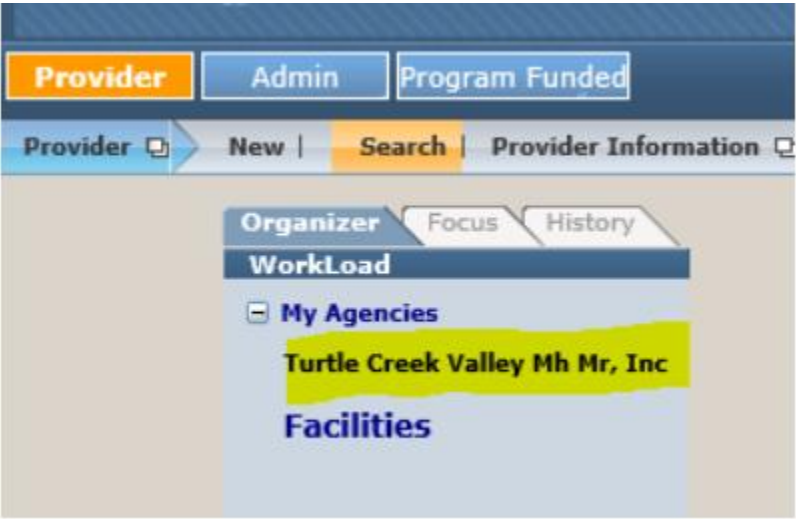
WorkLoad

+

My Agencies

Facilities

- Click on the agency's name



Navigation Path to List of Service Offering screen:
Hover over Provider > Scroll down to Contracts > Click on List of Contracts>Click into the row of the appropriate Contract ID>Click SHOW> Click Service Offerings tab > Click List of Service Offering tab

Creating the Service Offering

Creating the Service Offering initially only requires the input of three fields.

If a Service Offering needs updated, more info will be needed before you can save.

- Click the New button.
- Click the checkbox beside the contracted service(s) for which a service offering should be created (multiple services can be chosen).
- Click the Select button.

Contracted Services						
☐ Select All	Service ID	Contract #	Service	Date	Date	DHS Office
☐	33934	179404	Residential Community Residential Services (Non-Family Based) Housing Support Services Direct Support Services - Phone	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34124	179404	Residential Housing Support Services Days of Subsidy Payments	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34125	179404	Residential Housing Support Services Direct Support Services - FTF	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34126	179404	Residential Housing Support Services Guarantees + Other Subsidies	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34127	179404	Residential Housing Support Services Indirect Support	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34128	179404	Residential Housing Support Services Other Payments	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34129	179404	Residential Housing Support Services Regular	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
☐	34130	179404	Residential Housing Support Services Subsidy Payments	07/01/15	06/30/16	Office of Behavioral Health (Mental Health)
Select						

- Click Attach Facility to choose a facility that should already be created.

- Click Same as Agency only if the service offering is related to the Agency address.
- Enter a Service Offering Start Date (the date the agency started providing the service or the first date of the current fiscal year).
- Enter a Service Offering End Date (always the last date of the current fiscal year).
- Select ‘Create Service Offering’

Service Offering Detail

Service Description	Start Date	End Date	Status	Result	Action
Residential Housing Support Services Subsidy Payments	07/01/15	06/30/16			

ServiceOffering

Contacts

Facility Address*

Same as agency ☐

Attach Facility

Program Name:

Start Date *

End Date *

Create Service Offering

Updating a Service Offering

- Choose Is This Facility Bed Ready? from the dropdown list.
- Enter a Program Name is applicable.
- Type of Service at this Location is not editable.
- Adjust Dates if needed.
- Check the grid at the top of the screen.

Service Offering Detail

Service Description	Service Code	Fund Type	Service Offering Start Date	Service Offering End Date	Status	Result	Action
Treatment Outpatient new outpatient	04000	Program Funded	07/01/21	06/30/22	Success	Service offering successfully created.	Add Details

o If the status shows Success, click the Add Details button under the Action column.

- o Choose Mandatory Fields from the dropdown:
 - Offered In Home
 - Service Availability
 - Crisis Emergency Services Available
 - Capacity
 - Service Offering type
 - Is this service available to clients outside of Allegheny County?
 - Enter the Service Offering Email.
- o Complete non mandatory fields if applicable.
 - Extended Hours
 - The Service Location Type can be chosen.
- o The following fields are populated from another source; they are editable:
 - Ages Served
 - Situations
 - Genders Served
 - Domain
- o The following fields are populated from another source; they are not editable:

Note: If these fields are not populated, please create a service desk ticket. You cannot save the service offering details without these fields being populated.

 - Service Category
 - Service Category Code
 - Service Category Description
- o Click the Save button.

Is This Facility Bed Ready?

Program Name:

Type of service at this Location:

N/A

Service Offering Start Date *

07/01/2021

Service Offering End Date *

06/30/2022

Extension Type

Extension Date

Offered In Home *

Service Availability *

Extended Hours

Service Location Type

Facility

In-home

Prison

School

Ages Served *

Adult

Child

Infant

Senior

Situations *

Active Duty/Veteran

Assisted Living

Disabilities

Foster Care

Homeless

Immigrant/Refugee

Parent

Pregnant

Genders Served *

Agender

Cisgender Female

Cisgender Male

Gender Diverse

Gender Fluid

Genderqueer

Non-binary

Transfemale/Transfeminine

Crisis Emergency Services Available *

Capacity *

Special Needs

Attention Deficit Hyperactivity Disorder

Belongs to ethnic or racial minority

Dementia

Emotional problems

Hearing Impairment

History of abuse or neglect

Learning Disability

Mental Retardation

Non-English speaker - Albanian

Service Category *

Abuse Counseling

Service Category Code *

RP-1400.8000-020

Service Category Description *

Programs that provide individual, conjoint, family or group treatment for people who are experiencing physical, sexual, emotional and/or other forms of abuse in the context a marital, parental, sibling or other family relationship or, in some instances, outside the family. Included are programs that provide

Domain *

Mental Health & Addiction

Service Offering Type *

Is this service available to clients outside Allegheny County ? *

Service Offering Email *

Visible to the Public?

Notes

Save

Cancel

To End Date a Service Offering

- Navigate to your List of Service Offerings.
- Choose the row for the service offering to be end dated.
- Click the Show button.
- Change the end date to the appropriate date.
 - o If the details were not completed when the service offering was created, they must be completed now.

Program Name:

Start Date *

07/01/2021

End Date *

06/30/2022

Offered In Home *

Current Census *

Service Availability *

Extended Hours

Minimum Age Served *

Maximum Age Served *

Gender Served *

Crisis Emergency Services Available *

Special Needs

Non-English speaker - Cambodian

Non-English speaker - Chinese, Cantonese

Non-English speaker - Chinese, Mandarin

Non-English speaker - Chinese (Taipei)

Non-English speaker - Croatian

Non-English speaker - Czech

Non-English speaker - Danish

Non-English speaker - French

Non-English speaker - German

Service Offering Type *

Is this service available to clients outside Allegheny County ? *

Service Offering Email *

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Create Facility, Individual, or Service Offerings

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Misc

Users must be given their own access to MPER to log onto the application.

Contact the DHS Service Desk for user access by calling 412-350-4357 #2.

All questions and/or issues must be sent to the DHS Service Desk. servicedesk@alleghenycounty.us

To create an incident, send an email to the Service Desk and type ‘MPER issue” in the body of the email and include the following:

- Your full name
- Your agency name
- Your phone number
- Description of the issue

URL: <https://mper.county.allegheny.pa.us/mper/>